



Scorecard Quarterly Report  
Quarter 4 with annual comparison  
January 2024 – March 2024

Strategic Planning 2021-2026: From Strategy to Action

## Table of Contents

Strategic Planning 2021-2026: From Strategy to Action .....	1
How to Use this Document .....	3
Executive Summary.....	4
Performance Summary: Q4 January 2024 – March 2024 .....	5
Performance Summary: Annual Comparison .....	6
Strengthening the Long Term Care Services We Provide: Occupancy Rate .....	8
Be an employer of choice: Average Paid Sick Time per Employee .....	9
Be an employer of choice: WCB Hours of time loss per 100 employees.....	10
Strengthening the Long Term Care Services We Provide: Resident Incident Rates .....	11
Strengthening the Long Term Care Services We Provide: Resident Infection Rates .....	12
Strengthening the Long Term Care Services We Provide: Pressure Injury Prevalence.....	14
Strengthening the Long Term Care Services We Provide: % of Residents with a Physical Restraint .....	15
Be a recruitment magnet: Recruitment of CCAs/PCWs .....	16
Be a recruitment magnet: Number of Active Volunteers.....	17
Strengthening the Long Term Care Services We Provide: Hand Hygiene Compliance (%) .....	18
Strengthening the Long Term Care Services We Provide: Annual Licensing Inspection 2024.....	19
Appendix A: Shoreham Village Board of Directors – Management Contract Performance Measures .....	20



Finance quadrant



Internal process



Learning & Growth



Customer Quadrant



Externally Reported



Quarterly reporting



Annual Reporting

- Trend Arrows refer to change in direction from the previous quarter.
- A red arrow means the indicator is trending in the opposite of desired direction
- A green arrow means the indicator is trending in the desired direction
- Not all indicators currently have defined targets

## Executive Summary

### Introduction

The Shoreham scorecard reflects the majority of the quantitative performance indicators found in the management contract between Northwood and Shoreham Village (*refer to Appendix A: Shoreham Village Board of Directors – Management Contract Performance Measures*), plus additional quality of care and work life indicators. Additional qualitative indicators found in the management contract such as achieving accreditation status, finance reports, risk identification and mitigation are reported regularly i.e. Shoreham Village Board meetings, the CEO Monthly Report, and the Annual Community Report.

### How We've Done





























Shoreham experienced a number of successes in Q4 2023-24, as we worked towards our goal of providing safe and quality care/services to the people we serve. There has been a positive trend in many of our indicators when compared to Q3 2023-24. For those areas that we have had challenges, we continue to work towards making improvements.

For Q4 2023-24, areas we did well in include paid sick time. This was the first quarter in fiscal year 2023-24 that we were able to meet both the Nova Scotia and National targets with a rate of 13.2%. The previous rate in Q3 was 26.64%. Shoreham is also meeting its infection rate target of 3 at 2.62, and trending favorably compared to Q3 23-24. Hand Hygiene compliance also continues to exceed our internal target of 80% at 98% for this quarter. Lastly, we did see an improvement in net new CCAs this quarter with a net total of 10 CCAs, compared to a loss of 5 last quarter.














During Q4 23-24, Shoreham is reporting on their annual licensing inspection. Shoreham received 5 requirements, which was the same number of requirements compared to the 2023 inspection. An action plan has been created and implemented to respond to the items identified.










Areas for improvement this quarter includes the percent of residents with a restraint at 35%. This is significantly higher than the national average – 5.7%. There is ongoing work in this area through the associated committee. All restraints are seat belts and are used to prevent falls and help with positioning for frail residents. For this quarter, the pressure injury prevalence rate is holding at 4.49%, we are above the internal benchmark of 2%. Ongoing work occurs in this area through the Wound Resource Team. In Q4 23-24, there was also a small decrease in the number of active volunteers with a loss of 5 volunteers. We are currently not meeting our target of 158. Recruitment efforts continue.





Performance Summary: Q4 January 2024 – March 2024

Indicator	Rate	Target	Trend	Quadrant	Indicator	Rate	Target	Trend	Quadrant
LTC Occupancy Rate	98.9%	 99.2%			# of active volunteers	108	 158		
Paid Sick Hours per Employee (hrs.)	13.2	 19.375- 21.05			% of Residents with a Restraint	35%	 5.7%		
WCB Hours of time loss per 100 employees	5.18	TBD			Pressure Injury Prevalence Rate	4.49%	 2%	=	
Incident rate per 1000 resident days	10.41%	TBD			<b>Externally Reported Indicators</b>				
Resident Infection rate per 1000 resident days	2.62	 3.0			Hand Hygiene compliance	98%	 80%	=	
Net new CCAs	10	 Maintain staffing levels			Annual Licensing Inspection	5	 0	=	

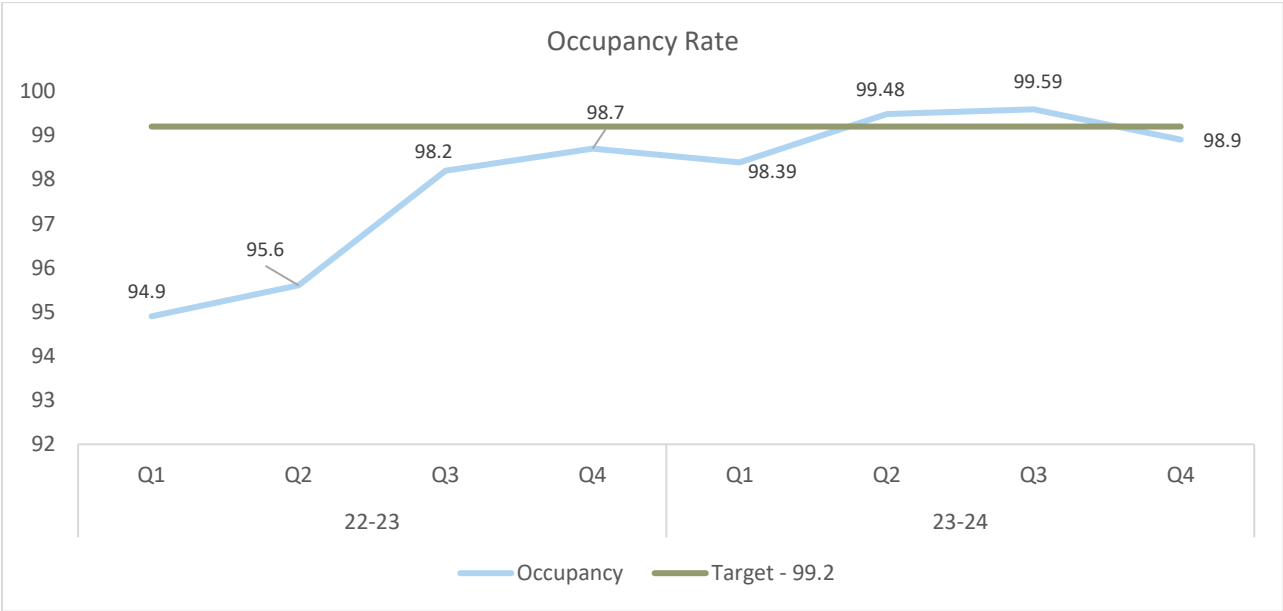
Performance Summary: Annual Comparison

Indicator	Q1 23-24	Q2 23-24	Q3 23-24	Q4 23-24	22-23	23-24	Target	Trend Since Last Fiscal Yr.
Occupancy Rate	98.39%	99.48%	99.59%	98.9%	96.9%	99.1%		
Paid Sick Hours per Employee	27.58hrs	24.54hrs	26.64hrs	13.2hrs	No data	22.99		Not available
WCB Hours of time loss per 100 employees	No data	No data	0	5.18	No data		TBD	Not available
WCB Rate per \$100 assessable payroll	Annual Indicator				6.96	7.11		
Resident Survey Quality of Care/Service:	Annual Indicator				86.2%	86.5%		
Family Survey Quality of Care/Service:	Annual Indicator				95.2%	92.9%		
Incident rate per 1000 resident days	20.07%	19.24%	15.18%	10.41%	17.27%	16.22%	TBD	
Resident Infection rate per 1000 resident days	3.63	4.16	2.92	2.62	3.79	3.33		
Pressure Injury Prevalence Rate	No data	5.6%	4.49%	4.49%	No data	4.86%		Not available

Indicator	Q1 23-24	Q2 23-24	Q3 23-24	Q4 23-24	22-23	23-24	Target	Trend Since Last Fiscal Yr.
% of Residents with a Restraint	37.5%	38%	39%	35%	47.1%	37.4%		
Net new CCAs	No data	-2	-5	10	No data	3 (Total)		Not available
# Active Volunteers	113	113	113	108	119	112		
Net New Volunteers	0	0	0	-5	9	-5 (Total)		
Staff Turnover	Annual Indicator							Will be reported in Q4 2024-25
Hand Hygiene Compliance	96.5%	96%	98%	98%	97%	97%		=
Licensing: # of Requirements	Annual Indicator				5	5		=

Strengthening the Long Term Care Services We Provide: Occupancy Rate				
98.9%				
Rate	Target	Trend	Reporting	Quadrant





**Measurement:** The Occupancy Rate is the ratio of occupied beds to the total number of beds that are licensed to operate by SLTC under the *Homes for Special Care Act*.



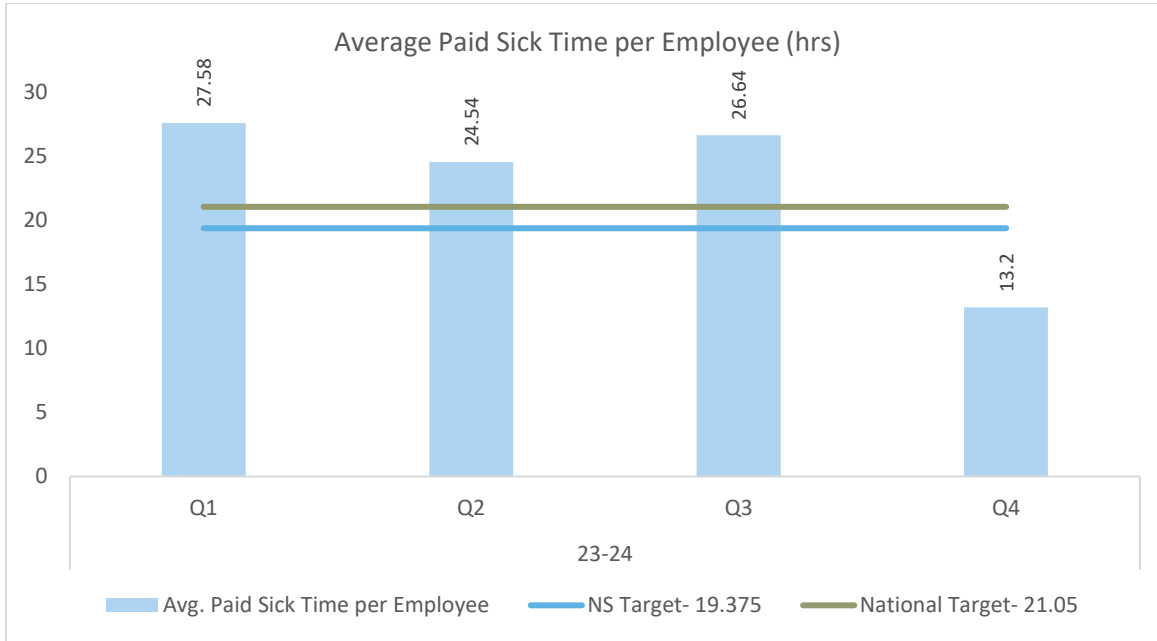
**Key Points**

The Q4 occupancy rate for 2023-24 was 98.9% (0.7 average vacant beds per day), which is just below the targeted rate from SLTC. The Q4 rate is also a slight improvement compared to the same period of 2022-23, which was 98.7%.






Be an employer of choice: Average Paid Sick Time per Employee				
13.2 paid sick hours per employee				
Rate	Target	Trend	Reporting	Quadrant

**Measurement:** Paid sick time includes paid sick hours, paid family ill and paid preventative medical. The number of hours per employee used during periods of illness, without any loss of pay.

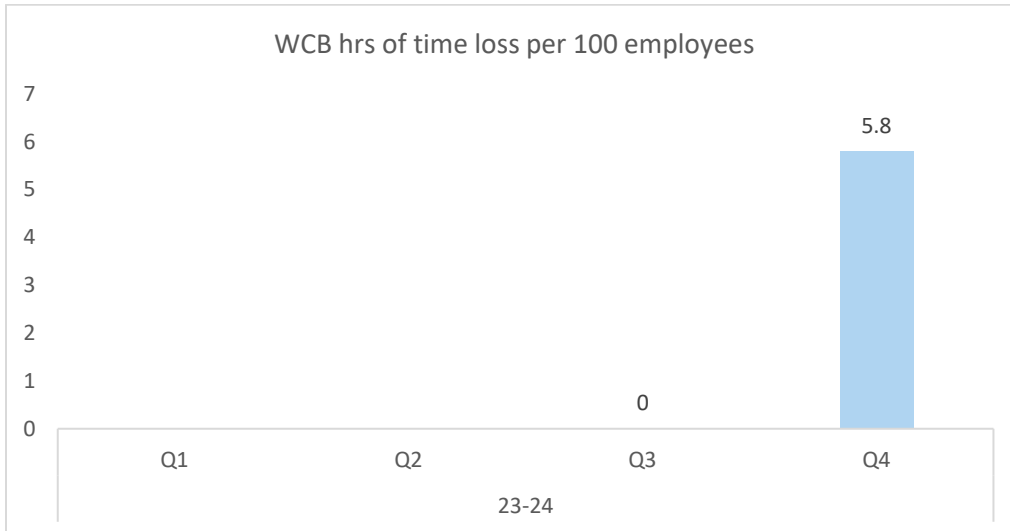


### Key Points

Shoreham is averaging 13.2 hours of sick time per employee in Q4 23-24, which is below both the NS and National targets. This is a significant decrease compared to Q1, Q2, Q3 23-24.

Be an employer of choice: WCB Hours of time loss per 100 employees				
5.8 hrs./100 employees	TBD			
<b>Rate</b>	<b>Target</b>	<b>Trend</b>	<b>Reporting</b>	<b>Quadrant</b>




**Measurement:** Hours of time loss per 100 employees.



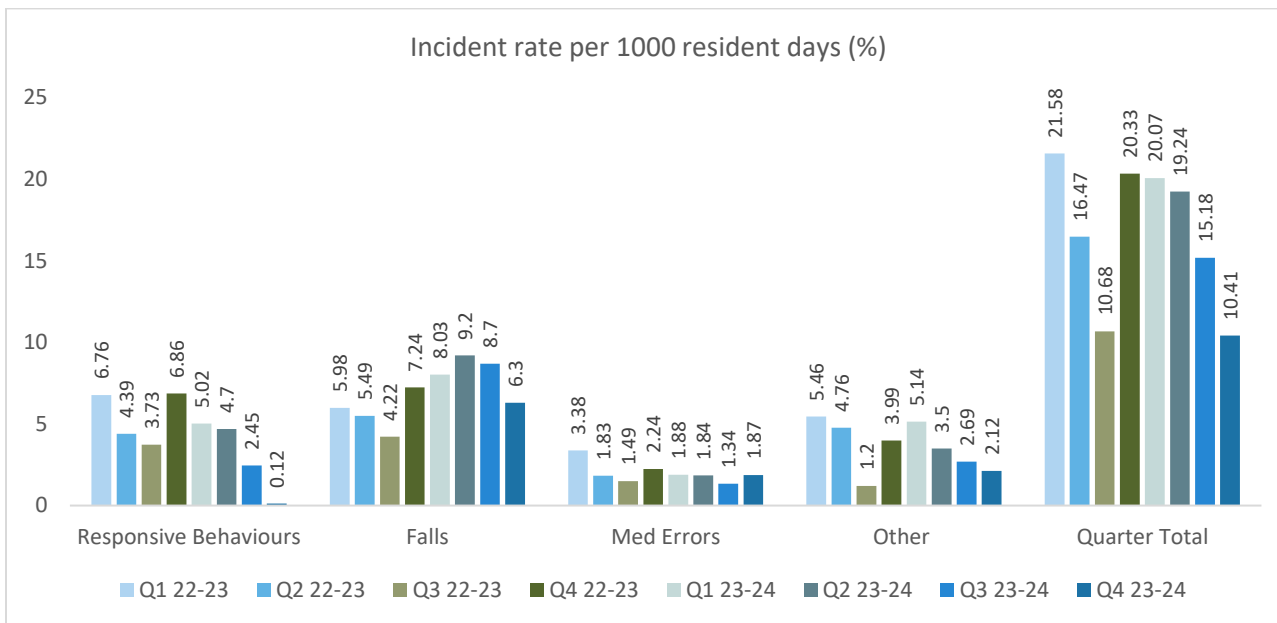
**Key Points**

Hours of time loss is 5.8 for Q4 23-24, which is an increase compared to Q3. There is no data to report for Q1, Q2 as this is a new indicator for Shoreham.

WCB hrs. of time loss is impacted by injury rates, severity, duration and return to work processes.

Strengthening the Long Term Care Services We Provide: Resident Incident Rates				
10.41% Incidents/ 1000 resident days	TBD			
Rate	Target	Trend	Reporting	Quadrant

Measurement: [# of incidents (by category)/ # occupied bed days] \*1000



### Key Points

The incident rate for Shoreham decreased from Q3 23-24 (15.18%) to Q4 23-24 (10.41%).

**Responsive Behaviors:** We are seeing a large decrease in Responsive Behaviors this quarter. This could be due to having a one-on-one staff approved for a resident with behavior challenges, increase in staffing, care plans have been effective and a change in residents (less mobility, transfer to another facility, death).

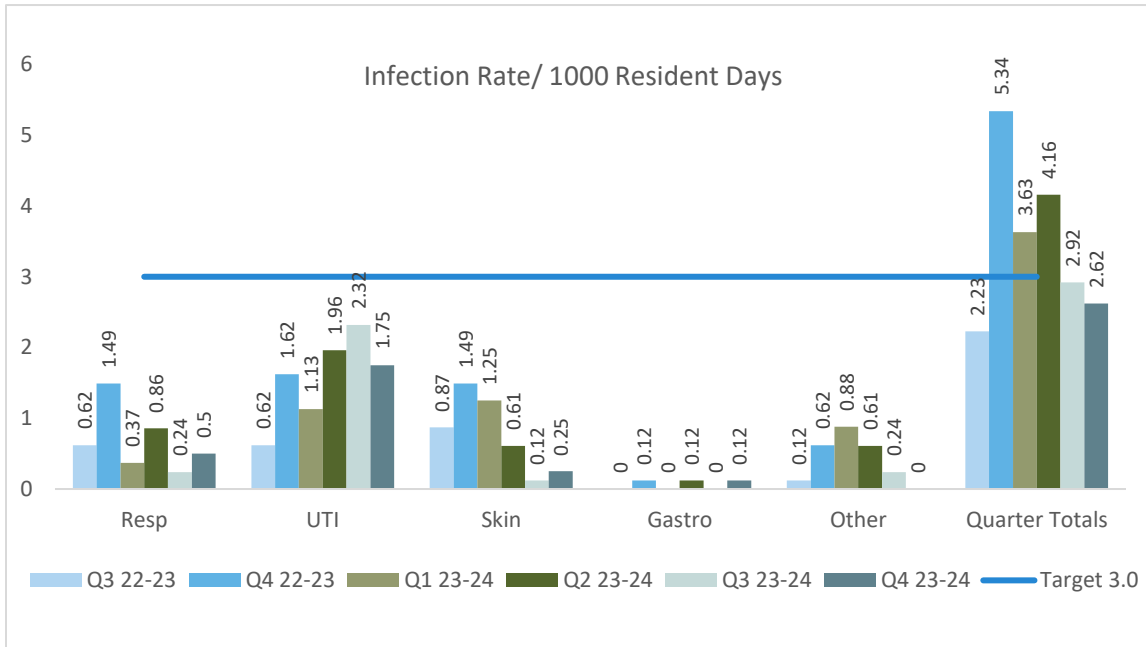
**Falls:** Of the 51 falls this quarter there have been 14 witnessed falls and 37 unwitnessed falls. 14 falls occurred on A wing, 13 on B wing, 9 on C wing, 6 on D wing, 9 on E wing.

**Medication Occurrences:** We had an increase in medication errors this quarter. 15 in total. 4 were pharmacy errors, 9 were missed doses and 2 were transcription/documentation errors. 1 of the errors occurred on A wing, 1 on B wing, 1 on C wing, 5 on D wing and 7 on E wing. Reminder to staff to double check medication porters and to take their time when administering medication. Ongoing audits occur.

**Other:** 4 injuries of unknown cause, 4 choking, 4 Elopement, 1 self-inflicted injury, 5 other.

Strengthening the Long Term Care Services We Provide: Resident Infection Rates				
2.62 Infections/ 1000 resident days				
Rate	Target	Trend	Reporting	Quadrant

**Measurement:** [# residents who are treated for an infection during the reporting period/ # of occupied bed days} \*1000



**Key Points:**

There were two outbreaks this quarter. January 10-31, 2024, and the second was a confirmed RSV outbreak in February. February 6-26, 2024. There were no outbreaks in March. There was no Influenza.

This is in keeping statistically of the winter months having high circulation of the respiratory viruses. The mask mandate for all staff and visitors was in place throughout this quarter. Covid and influenza vaccines were offered and administered as need was assessed and consents were obtained. Shoreham continues to follow the most recent respiratory guidelines as provided by Nova Scotia Health.

There were two skin infections this quarter, one with multiple treatments through the quarter. This is a pressure wound infection being followed by the wound care consultant.

There continues to be a high number of UTI's. However less than Q3 23-24. Cases are spread throughout the building and for the most part are with different residents. There is no one common thread but through an investigation there are several contributing factors that may be involved:




- Multiple new staff with various levels of experience and training. The initiation of mandatory personal care education has begun for all CCA's this quarter to ensure the knowledge is equal for all.
- Travel and agency staff which may not understand our protocols. This is a result of short staffing which also could be a factor in relation to workload on the wings. There is an increase in hires, so this will improve consistent care and workload.
- In review on flow from time of identification of symptoms to orders for urine cultures, culture result, treatment prescribed and given as well as follow up post treatment for resolution, this is not consistent at all. This could lead to prolonged treatment with multiple antibiotics, prolonged symptoms in residents. This continues to be a challenge and work is being done to try and build a closer relationship with the lab to determine ways to improve communication. Close tracking of

process times in the following areas are being tracked: time of order of collection, time of collection, time and route of results, type and number of antibiotics used, identified pathogens, outcomes of delays in treatment as well as outcome of treatments themselves.

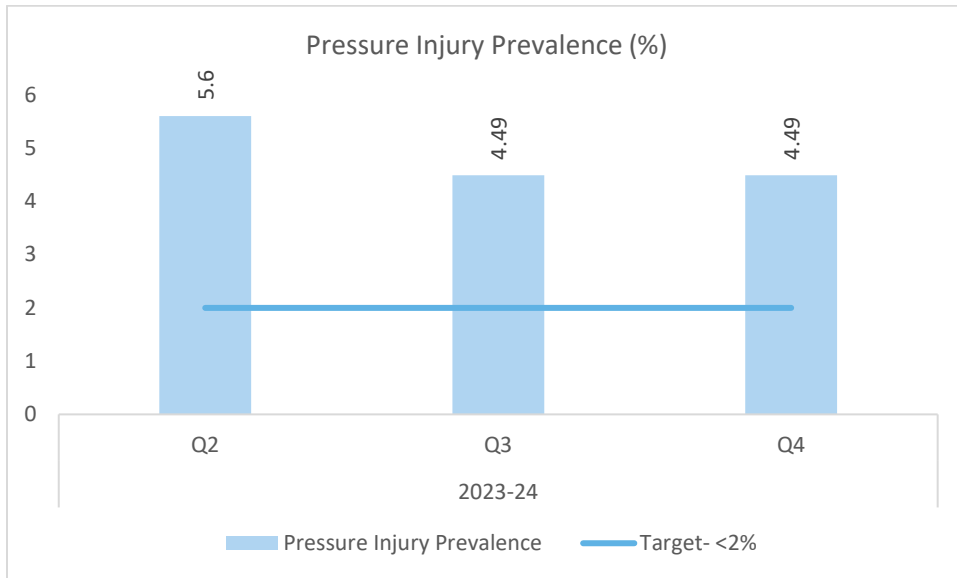
Plan of action:

- Inform staff of trend. Awareness is key.
- Roll out PCC Infection control module as this may assist with communication flow. Almost there! There have been program issues that PCC needed to resolve as the training module was not responding as required. Training will now take place.
- Education for CCA staff re proper peri-care to ensure that best practice is being carried out. This is in process. Mandatory training for all CCA's has begun as a review of personal care.
- Contact TENA rep for review of proper use of incontinent systems.
- Work with NP, staff and IPAC to do a data review to see if there is a standard care path specifically focused on prevention of UTI in the LTC population and if none exists then work to create one that looks at the above noted factors as well as pushing fluids regularly as medically indicated, flagging those at high risk, and timely interventions.

Further investigations into data to include those treated with indwelling catheters versus without, those with medical conditions that predispose to UTI's, those using incontinent systems versus those who do not and how many residents with multiple infections and type if bacteria if isolated.

Strengthening the Long Term Care Services We Provide: Pressure Injury Prevalence				
4.49%		=		
Rate	Target	Trend	Reporting	Quadrant





**Measurement:** Point Prevalence = [number of pressure injuries / # residents that day] x100



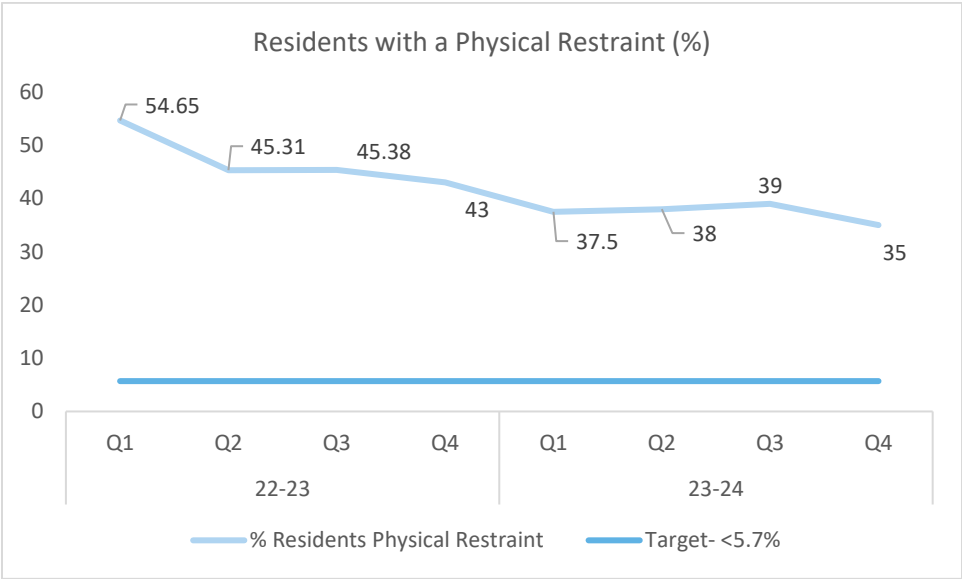
**Key Points:**

The Provincial Wound Care Program, overseen by Health Association of NS (HANS) collects data monthly through a submission to the Seniors & Long-Term Care (SLTC). Shoreham data is submitted on the pressure injuries (PIs) in the facility on a given date, the last day of the month. For Q4 23-24, it was reported at the end of March, which is 4.49%. This data captures pressure injuries and does not include other wounds i.e. skin tears, diabetic wounds.

In the last quarter Shoreham had 1 new facility acquired wound. The remaining wounds were acquired while in acute care or were existing wounds. The wound care team has regular monthly meetings. Shoreham also has regular check-ins with the wound consultant from the western zone wound program.





Strengthening the Long Term Care Services We Provide: % of Residents with a Physical Restraint				
35%				
Rate	Target	Trend	Reporting	Quadrant

**Measurement:** [# of residents with a physical restraint/ total # of residents] x 100

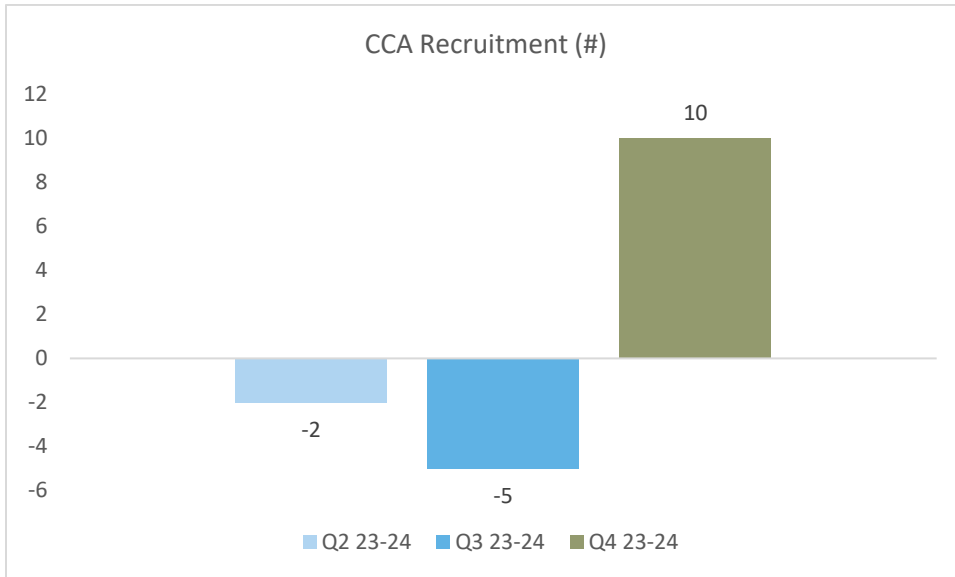


**Key Points:**

There was a slight decrease in the % of resident physical restraints in Q4 23-24 at 35% compared to Q3 23-24, which was 39%. Seat belts are the restraint being used, and it is primarily related to positioning to reduce the risk of falls.

Be a recruitment magnet: Recruitment of CCAs/PCWs				
10 net new CCAs				
Rate	Target	Trend	Reporting	Quadrant





**Measurement:** # of new hires minus the # of terminations during the quarter = net growth. The current target is to maintain staffing levels during the 2023-24 fiscal year.



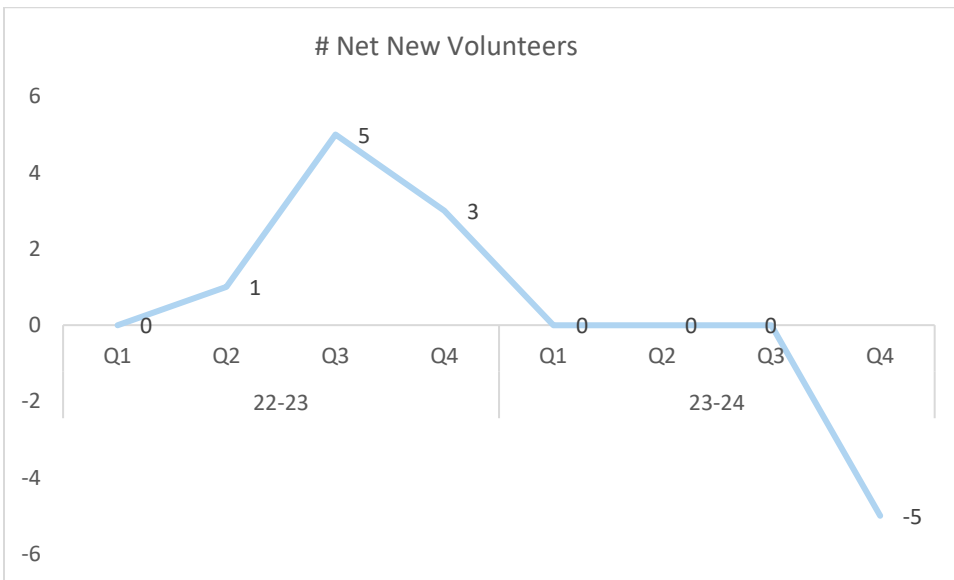
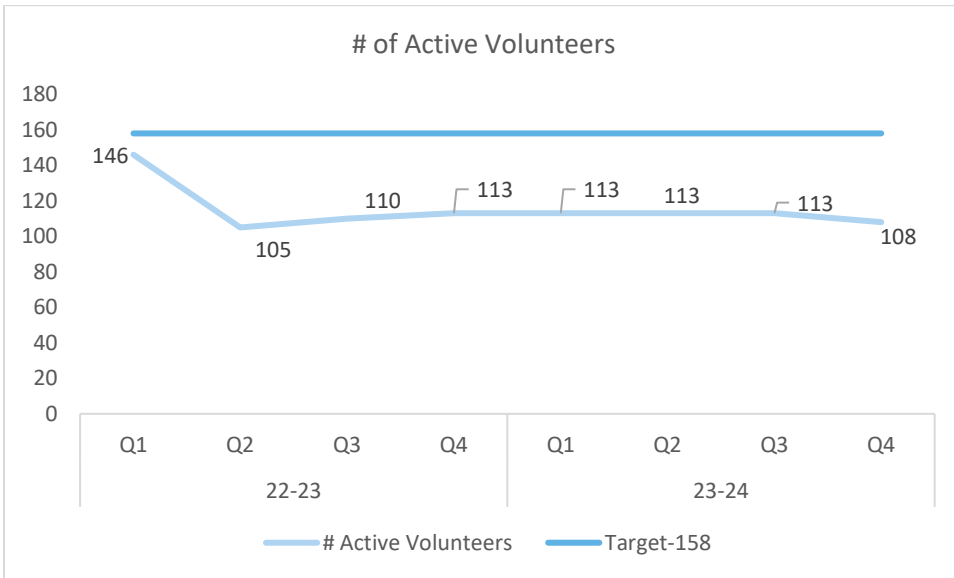
### Key Points

There were a total of 11 CCA new hires during this quarter with a loss of 1 CCA. We have seen an increase in applicants, which has helped with vacancies this quarter.






Be a recruitment magnet: Number of Active Volunteers				
108				
Rate	Target	Trend	Reporting	Quadrant

**Measurement:** the total number of volunteers based on those recruited and deactivated during the quarter.

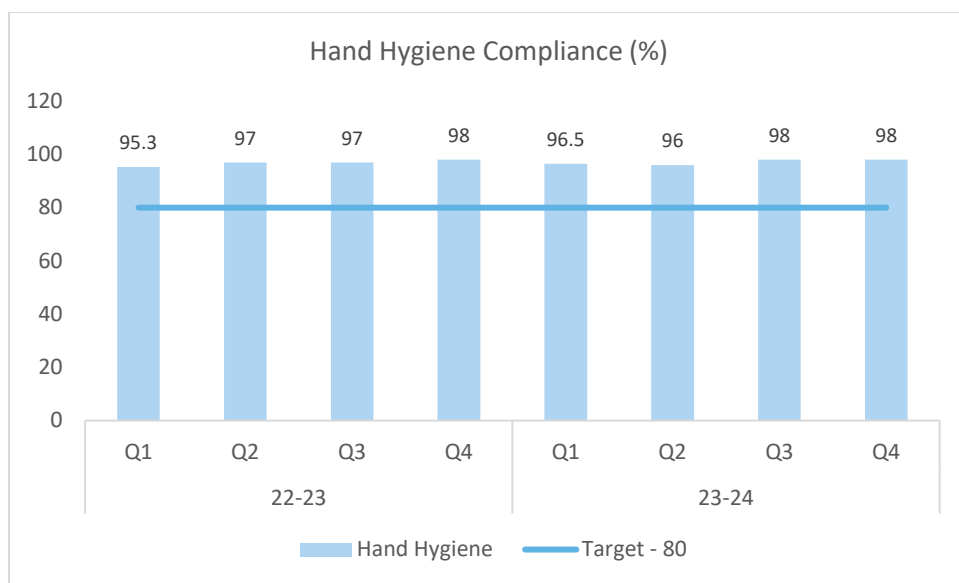


**Key Points:**

The number of active volunteers has decreased by 5 this quarter to 108.

Strengthening the Long Term Care Services We Provide: Hand Hygiene Compliance (%)				
98%		=		
Opportunities Met	Target	Trend	Reporting	Quadrant

**Measurement:** # of opportunities for hand hygiene met/ total # of opportunities observed. Random hand hygiene audits are completed on a quarterly basis with the goal to observe 10% of staff including regular, part time and casual staff.



**Key Points:**




Compliance has remained the same this quarter at 98%.

There has been an increase in audits this quarter in keeping with the fact that this is respiratory season with a reported increase in respiratory infections in our communities. Regular reminders for hand hygiene and mask usage have been completed.

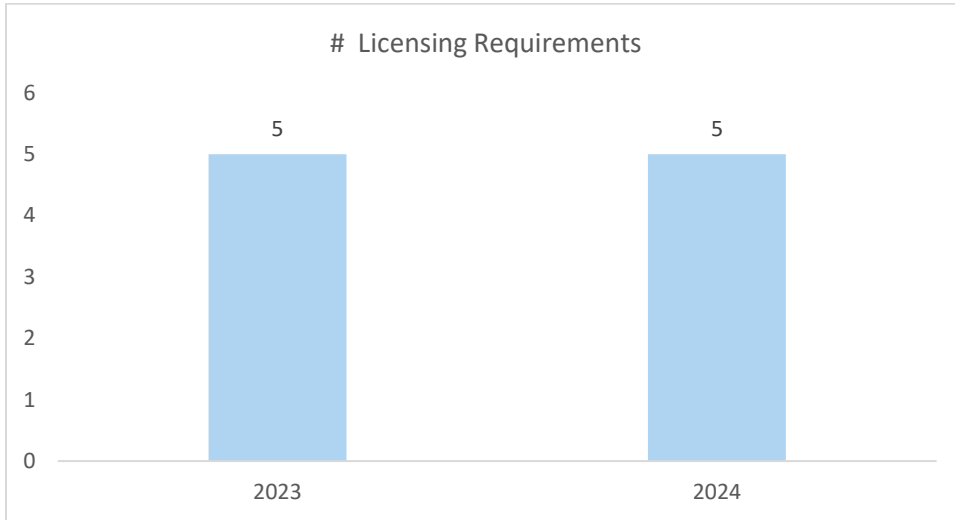
Areas to note: Handling of clean linen is our primary area of focus. This can be a result of facility space issues and multiple new staff and lack of staff. Multiple reminders continue to go out. This is an ongoing area of focus. This may be in part related to our facility structure given things can be cramped. We continue to hire new staff and regular reminders go out. Staff doing hand hygiene observations are also coaching at the point of the assessment if opportunities are missed to allow for point in time learning as well.

Other areas for improvement: Challenges around Mealtime: Supporting and assisting residents with their meals continues to be challenging. This will be a targeted area for the next quarter. The challenge is how to have hand sanitizer readily available at tables and still comply with licensing requirements. Further though and education may need to be completed in this area. This has improved this quarter but it is still an area to stay focused on.

Overall reminders for the moments of hand hygiene will be redistributed as well to all staff.

Strengthening the Long Term Care Services We Provide: Annual Licensing Inspection 2024				
5 Requirements		=		
<b>Rate</b>	<b>Target</b>	<b>Trend</b>	<b>Reporting</b>	<b>Quadrant</b>

### Annual Licensing Received



### Key Points:

Licensing at Shoreham Village in 2024 resulted in 5 requirements for follow-up, 4 new items and 1 that was considered outstanding from a previous inspection. Areas for follow up:

- On a review of staff meeting minutes, it was observed that staff meetings are not being held quarterly as required.
- On review of a selection of resident files, two residents did not have documentation to indicate that they had been seen by a physician for over six months.
- On review of a selection of care plans, one resident, admitted over six weeks ago, was observed to not have care plan goals regarding high falls risk, behaviors, specialized dietary needs, and other items identified during the debrief.
- A number of expired wound care products, as well as expired catheters were observed.
- During the June 16, 2023, Semi-Annual inspection, it was observed that flooring around water coolers on two units were stained, worn or degraded. It was reported that the facility is awaiting a quote for replacement of those sections of flooring.

An action plan was created and implemented to respond to the requirements.

Appendix A: Shoreham Village Board of Directors – Management Contract Performance Measures

Indicator		Measure (over 12 months)	Data Source	Finding (actual performance)	Value
Quality of Care	Resident experience /quality of care	Resident experience survey to be completed at a minimum of every 2 years. An action plan is established. All actions will be complete within 6 months unless the action is deemed more complex and/or requires additional funding to achieve.	Accrued report		
	Occupancy rate	Seniors and Long-Term Care (SLTC) Target of 99.2%	Scorecard		/5
	Incident rate	Incident Rate Per 1000 Resident Days remains under 20 / quarter	Scorecard		/5
	Responsive behaviours	Rate Per 1000 Resident Days remains under 5/ quarter	Scorecard		/5
	Falls	Fall Rate Per 1000 Resident Days remains under 8/ quarter	Scorecard		/5
	Medication errors	Rate Per 1000 Resident Days remains under 5/ quarter	Scorecard		/5
	Respiratory infections	Rate Per 1000 Resident Days remains under 5/ quarter	Scorecard		/5
	UTIs	Rate Per 1000 Resident Days remains under 10/ quarter	Scorecard		/5
	Pressure Injury Prevalence	Point Prevalence = [number of pressure injuries / # residents that day] x100. Internal benchmark 2% or less.	Scorecard		/5
	Gastrointestinal problems	Rate Per 1000 Resident Days remains under 5/ quarter	Scorecard		/5
	Licensing status	Continued good standing	licensing report		
Financial and Risk Management	Accuracy of forecasts	Forecast variances can be explained	Regular Board Meeting		/2.5
	Timeliness of financial reporting	No unreasonable delays in reporting	Regular Board Meeting		/2.5

	Risk identification and mitigation	Monitors Trends and develops Action Plans where required Identifies and responds to emergent risk issues Communicates with The Board in accordance with the Risk Management Framework which includes Service Delivery Risks (indicators noted above) and Corporate Risks: <ul style="list-style-type: none"> <li>- Compliance Risks (Standards and Licensing and Annual Audit Process)</li> <li>- Financial Risk (Monthly financial reporting, Annual Audited statements)</li> <li>- Operational Risks (Cyber security and COVID-19 2 solid indicators that the Partnership provides operational depth/redundancies, expertise and support as opposed to a stand-alone structure</li> </ul>	CEO report/ Risk Report/Scorecard		/5
		<ul style="list-style-type: none"> <li>- Reputational Risk (Public reporting, transparency)</li> <li>- Strategic Risk (Strategic Planning Process, progress toward established goals</li> </ul> <p>Emergent Risks are communicated to the Board via email. Risk Report tracking, monitoring and progress reports are communicated through the Scorecard, Financial Reports and Audited Statements and the</p> <p>CEO Report to the Board of Directors.</p>			
HR Management	Workplace safety	Same as or improved rate of injury/WCB claims	Scorecard		/5
	absenteeism	Same as or improved rate of absenteeism	Scorecard		/5
	Staff recruitment, training, retention and succession planning	Turnover rate	Scorecard		/5
	Volunteer recruitment, training and retention	Steady or growing volunteer base	Scorecard		/5
	Staff experience	Accreditation Survey tool minimum Q 4 years. Staff experience survey to be completed at a minimum of every 2 years. An action plan is established. All actions will be complete within 6 months unless the action is deemed more complex and/or requires additional funding to achieve.	Scorecard		/5
Values and Engagement	Shoreham reputation with stakeholders (families, community, government, sector)	Greater than 4 out of five star rating by all stakeholders	Survey/key informant interviews		/10

	Confidence in leadership	Greater than 4 out of five star rating by all board members	Survey/key informant interviews		/10

Total score (80 or higher, vote to renew; score below 80, review for improvement. Score below 70, consider termination) /100