**Shoreham Village Senior Citizen Association**

**Update on Strategic Priorities**

**Shoreham Accountability Report to the Board of Directors**

**September 25, 2024**

I hereby confirm that all statutory withholdings and remittances relating to the organization’s employees or otherwise have been made.

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| **1. Strategic Direction: People**  Everything we do is for the care and comfort of our residents, the confidence of their family members who trust us and the wellbeing of our staff and volunteers. |

***Priority 1: Quality of care for our residents and strengthening the long-term care services we provide so that they are sustained to the highest possible standard.***

*Resident and Family Surveys:* Resident and Family surveys were conducted in the early summer. Results have been posted internally and are being shared at the Resident and Family Councils this month. An action plan has been developed with the team to respond to any areas for improvement.

**Key messages from Admission Survey:**

* *There were effective communication, welcoming atmosphere, and care team introduction during the admission process.*
* *The family member and half of the residents gave an Excellent remark for the overall admission experience, while the other half gave a good remark.*
* *There were some communication challenges (Pharmacy) noted but were beyond the scope of Shoreham Village.*
* *Overall, Shoreham Village did a great job in the admission process*

**Key messages from End of Life (EOL) Survey:**

* *100% of respondents reported Shoreham communicated effective regarding the EOL process.*
* *100% reported having an opportunity to discuss and understand their loved one's advanced health care decisions*
* *100% responded that pain was effectively managed*
* *66% responded yes and 33% somewhat that staff responded to the respondents needs*
* *Based on the result:*
  + *There was effective communication and pain management throughout the end-of-life process, staff were responsive to client and family needs, and an opportunity to discuss their loved one’s health care directives were provided to family members.*
  + *Overall, Shoreham Village provided a good end-of-life experience for clients and their family members.*

**Key messages from Disclosure of Serious Incidents survey:**

* Staff did great in providing respectful communication, prompt notification about the incident and showed genuine care for the residents.
* Family members also felt confident that Shoreham Village staff are able to provide a safe environment to the residents, made a thorough job in understanding why the incident occurred and were able to answer their questions during the disclosure process.
* However, it is important to ensure that apologies are always given to the family members.
* Overall, it is strongly agreed that Shoreham Village provided a good disclosure process to the family members.

**Key Messages from Recreation Family Survey:**

* 97% responded that they knew where to go to find out what activities and entertainment are occurring at Shoreham.
* 80% felt that the selection of activities offered met their loved ones needs, while 12% were unsure.
* 85% felt the recreation calendar provided them with the information needed to know what was happening at Shoreham.
* 85% knew how to contact the recreation staff involved in their loved one's care.
* A presentation by the Manager, Rec Therapy will occur this month at Family Council, information presented will include the rec assessment process, how rec/entertainment info is shared, where to find this information, and who to go to with any questions or concerns.

**Key Messages from Dignity, Autonomy and Well-being Resident Survey:**

* 81% of respondents felt that they are not made to do things they do not want to do
* 79% of respondents were not made to feel like a burden
* 77% felt that staff care about them and their overall well-being
* Ongoing in person, person centred care education will occur with the staff. Management will share results with staff at status meetings, along with the comments made by residents within the survey.

*Wing Naming:* Residents have been engaged in the renaming of our wings. This was a recommendation from our accreditation survey with the goal of creating a more warm, homey and welcoming environment. The selected names are:

A wing: Atlantic Avenue

B wing: Bayswater Beach

C wing: Chester Court

D wing: Driftwood Shore

E wing: East Coast Island

Will provide us with a good foundation for naming in our new building and we plan to carry over the marine/aquatic theme in our design and naming for the new building.

*Family Council:* The next meeting is scheduled for September 24th, 2024. Nikki will do a presentation on recreation therapy to Family council. The agenda will also include the sharing survey results and seeking feedback on some IPAC policies/procedures. Also, opening an invitation for 1 SV family member to join the Northwood P&T steering committee as an advisor.

*Shoreham Store:* In response to a request received via our comment box, we have extended the store hours.

*Infection Control:* We have discontinued our masking and Vaccine mandate for COVID-19. We continue to experience occasional respiratory illness outbreaks and utilizing outbreak measures including masking to help reduce/limit transmission.

***Priority 2: The best people are attracted to organizations that have a reputation for being a great place to work. Shoreham Village needs to be a recruitment magnet, which means that all staff experience a deep sense of belonging to an organization that values them.***

*Payroll/ Staff scheduling system:* We are in the process of planning for a new system implementation for fall 2024. Shoreham will be transitioning to the same system used by Northwood, fully integrating the staff scheduling and payroll systems. This new system will also offer tools and support for staff onboarding, and performance appraisal/electronic staff files. This has been a goal for several years. While transitioning to this new system will be challenging, the long-term benefits for the Northwood team supporting the Shoreham team will be significant and there are many features that will lessen the workload for the Shoreham management team.

*Recruitment:* We have all of our CCA vacancies filled. We continue to focus on LPN recruitment. We have 0 RN vacancies. We were able to release our last travel staff on August 31st and have received confirmation from SLTC that we are eligible for 4.1 hours of care. The funding has been received and we are working to further augment our staffing with our newly funded ratios.

Registered Nurse 7.49 FTE increasing to 9.42 FTE

Licensed Practical Nurse 10.79 FTE increasing to 11.30 FTE

Continuing Care Assistant 49.12 FTE increasing to 56.51 FTE

Students: Once again, this year we were approved through the Federal Program for 4 students for the summer. 2 of the students worked in recreation and the other 2 functions as Long-Term Care Aides.

***Priority 3: Shoreham Village is fortunate to have dedicated employees, and we want to keep them. Providing a safe and supportive workplace, creating a team environment, creating pathways for progressive career development and demonstrating that we value the dedication of our employees is vital to our retention strategy. We want to be an employer of choice in the community, and in the Continuing Care Sector.***

*Staff Recognition Committee:* The committee undertook a survey for staff to gain feedback on our current celebrations of our staff contributions and new ideas for the future.

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| **2. Strategic Direction: Places**  Our tag line is A Campus for Living. Our campus is shared by our partners who deliver affordable housing services to our community and the Health Centre (OHC). The Campus is a home for the residents who live in our long-term care facility and the tenants who live in the apartments, a workplace for our employees and volunteers and a resource hub for the community. To fulfill this mandate, we will work collaboratively with our partners to design and maintain our buildings, grounds and services to achieve the highest standards and maximum value for those who live, work and meet here. |

***Priority 1: Over the next five years, a major focus will be on the capital redevelopment of the current structure working with government as it fulfills its commitment to make the necessary investment to bring our facilities up to modern standards of safety and comfort.***

*Building Renewal Project:* We commenced the tender process over the summer and the bids are due back this month. Once a contractor is determined groundbreaking will begin quickly. The additional well was completed. The land swap agreement continues to progress. The legal descriptions related to the various easements (water, sewer, and access), and for the land parcels are nearing completion. These descriptions need to be incorporated in the document(s) required by the Apartment Association’ s Mortgagee, in accordance with the Land Transfer Agreement

*Water* *Supply:* The meeting with the Apartment Association on March 19, 2024, to discuss the water agreement and future arrangements for management of water resources. They have accepted the proposal that creates water management independence with the ability to provide back up to one another in the event water production of a well drops.

Lighthouse NOW Progress Bulletin featured the new build in a recent edition.

Facility Infrastructure Assessment: We received the Facility Assessment report. The Assessment was commissioned by the Department of Seniors and Long-Term Care and completed in September 2022. One item was identified as a priority (to be completed within 1 year: interior concrete floor painting). We are investigating the details of this requirement.

*Annual SLTC Capital Application Process:* We have applied for funding to repair flooring in 1 washroom, and 2 other areas.

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| **Strategic Direction: Performance**  Shoreham Village strives for excellence in all we do and will continue to build its reputation as a leader in the Continuing Care sector. The management agreement we have in place with Northwood Care, Inc. has proven to be fundamental to our success and we see a strong future for both organizations if we continue on this shared path. |

***Priority 1: Shoreham Village will participate in the national Accreditation process with the goal of meeting or exceeding all the standards set out.***

*SLTC Licensing:* The Evaluation Officers visited on March 4, 2024. Our compliance report that documented our action plan to respond to requirements/recommendations emanating from their visit was submitted on April 5, 2024. Our corrective action plan was accepted, and we received our license at the end of May.

***Priority 2: Shoreham Village entered into an innovative relationship in 2016 through the development of a management agreement model with Northwood Inc. On the strength of our experience, we believe there is much to be learned from this model and that it has the potential to benefit other organizations within and outside the Continuing Care sector.***

*Nova Scotia Health Partnership Evaluation:* The survey has been completed and results have been shared with the Leadership Team. The survey results, involving 7 respondents out of 16 who received the survey, highlight overwhelmingly positive feedback regarding the partnership between Shoreham Village and Northwood. Respondents, including leaders, community members, and others, unanimously reported satisfaction with the quality of care and an improved quality of life for residents. There is strong agreement on the enhancements in safety, incident management, operational efficiency, staff support, and leadership, which were all attributed to the partnership. Additionally, effective communication and collaboration have strengthened community reputation and stakeholder engagement. While minor barriers such as resistance to change and occasional weakened leadership were noted, the overall sentiment is that the partnership has been highly beneficial, with key enablers like improved care, efficiency, and governance playing a pivotal role in its success.

*Department of Seniors and Long-Term Care:* Our service agreement is up for renewal (industry wide). The initial meeting with the consultant supporting the negotiation happened during the summer. We are preparing our required documentation advocating for funding to support a number of priority areas to prepare us for the possible requirement to welcome 7 day a week admission as indicated by SLTC.

The impact of the Protected and Unprotected funding model will be a priority discussion item for us.

*CBord:* Jointly, with Northwood, we are in the process of implementing a new food services software program to modernize menu planning, forecasting, food waste reduction and eliminate manual & paper process to find efficiencies and support a high standard of service. This is the same program being implemented by NHS and IWK. The team evaluated 2 other programs and determined this will meet our needs. It also interfaces with our EHR.

***Priority 3: Partner with other service delivery organizations focused on the needs of the elderly and disabled in the Shoreham Village catchment area. Advocate and support for affordable housing and supports for assisted living.***

*Staff Housing:* We have secured an additional rental in Chester. We are not seeking more housing now but may need to as more newcomers arrive.

*Affordable Housing:* The Apartment Association has shared that, if we are successful in stabilizing the water situation, they will be exploring additional affordable housing on the site that is “swapped” once the current long term care facility is demolished following our move to the new facility.

*Music Therapy:* The Mental Health Foundation has approved our application to support our "Between the Mountains- Music Therapy".

**Risk Report**

1. **Corporate Risk**
   1. Compliance Risk: Infectious (Communicable) Disease Liability Insurance coverage:Marsh Canada has an Insurer that will provide Infectious (Communicable) Disease Liability Insurance coverage. We are applying for this insurance. We currently have coverage until November 2025.
2. **Service Delivery Risk**
   1. Resident concerns: Two falls that resulted in hip fractures and reported as critical incidents. No further follow-up required.

**Risk Report Legend:**

1. **Corporate Risk:** Strategic, Compliance, Financial, Operational and/or Reputational Risk, Client Safety, Staff Safety.
   1. Compliance Risk: The threat posed to an organization’s financial, organizational, or reputational standing resulting from violations of laws, regulations, codes of conduct, or organizational standards of practice (Deloitte, 2015)
   2. Financial Risk: The risk of financial loss to the organization’s ability to earn, raise or access capital, as well as costs associated with its transfer of risk. This includes effectiveness of financial processes for reporting, budgeting, funding allocation and fiscal stewardship (adapted from the American Society for Healthcare Risk Management, 2016)
   3. Operational Risk: The risk of direct or indirect loss or inability to provide core services, especially to stakeholders, resulting from inadequate or failed internal processes, people and systems or from external events. Operational risks involve factors such as technical or equipment malfunctions and human error, lack of prioritization, management support or expertise, etc. (adapted from the American Society for Healthcare Risk Management, 2016)
   4. Reputational Risk: The risk of significant negative public opinion that results in a critical loss of confidence (patient, staff, physician, family, public). The risk may involve actions that create a lasting negative image of, or loss of confidence in, the overall operations of the organization (adapted from the American Society for Healthcare Risk Management, 2016)
   5. Strategic Risk: Risks that affect the entire organization and its long-term objectives and are normally managed by the Board of Directors and Executive Team (Healthcare CAN, 2016).
   6. Client Safety Risk: Risks associated with the delivery and quality of care to clients. These risks may include, but are not limited to: failure to follow evidence based practice, medication errors resulting in serious harm, and other serious safety events (adapted from American Society for Healthcare Risk Management, 2016).
   7. Staff Safety Risk: Risks to staff associated with their working environment. These risks may include but are not limited to: risk of or actual physical or mental injury, violence, failure to follow safe work practices or provide a safe working environment (adapted from the American Society for Healthcare Risk Management, 2016)
2. **Service Delivery Risk**: Under this section of the report, any harmful or critical incident is reported, including details of the incident, type of event, and the stage at which the incident is in its investigation. Specifically, this includes, but is not limited to any incident that meets the criteria for a Harmful Patient Safety Incident as defined by Accreditation Canada, a Critical Incident as defined by the Department of Seniors and Long-Term Care, or a Serious Workplace Injury, Incident or Fatality, which are defined below:
   1. Harmful Incident: A patient safety incident that resulted in harm to the client. Replaces adverse event and sentinel event (Accreditation Canada, 2022).
   2. Critical Incident: A serious event affecting either the resident (client), staff or the public (Province of Nova Scotia, 2022).
   3. Serious Workplace Incident: An incident such as the following; an accidental explosion, major structural failure, major release of a hazardous substance, a fall from a work area where fall protection is required by regulations (Province of Nova Scotia, 2022).
   4. Serious Workplace Injury: an injury that endangers life or causes permanent injury, such as, loss of limb, third-degree burn, any injury that requires admission to a hospital (Province of Nova Scotia, 2022).
   5. Workplace Fatality: A death that occurs at work or while performing work related duties.

In addition to reporting corporate risk events, and harmful/critical incidents as defined above, the Board receives a quarterly report on aggregate incident data through the Corporate Scorecard. This includes the overall rate, and category (e.g. falls, medication errors, etc.) of incident compared to previous reporting periods, as well as commentary on the contributing/causal factors associated with an increase or decrease in incidents rates. If negative trending over several reporting periods is identified (e.g. an increase in the number of falls), systemic recommendations will be shared with the Board.