**Shoreham Village Senior Citizen Association**

**Update on Strategic Priorities**

**CEO Report to the Board of Directors**

**November 20, 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.***

*Team Recognition:* During the upcoming Long Term Care Gala on November 25th, Niki Rodenhizer has been short listed in the Better Together category as a leader in collaboration.

*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:* The implementation of Avanti, Shoreham’s new payroll, scheduling, and HR/Onboarding system, has started. The project is expected to be completed by March 31, 2025, as the current payroll system, Computerease, will no longer be supported after that date.

***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:* The land swap has been completed with all land components and easements being registered. RCS Construction Incorporated of Bedford was the successful bidder for the construction of the facility in the amount of $56,428,250. Site work is scheduled to begin during the week of November 17th.

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. Flooring replacements as identified have been completed. Clarification on floor painting has been asked for.

The Garburator was replaced with a smaller HP capacity unit. Work is complete and it is functioning.

The replacement heater was ordered and is being installed this week. It is expected to be complete by end of day today, pending pressure testing of pipes. The cost to replace was submitted to SLTC for emergency funding and was approved last Friday.

*Annual SLTC Capital Application Process:* Flooring replacement was completed. Review of needs started for capital submissions expected to be due in Jan 2025.

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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.***

Accreditation Update: Preparation is underway for Shoreham’s next on-site Accreditation assessment in 2027. Staff are currently engaged in self-assessment surveys based on the standards. Once completed, the results will be used to create a quality improvement action plan for the organization to address any gaps. The Board of Governors self-assessment will occur in November/December. The Governing Body Assessment Tool will launch in early 2025. This was previously called the Governance Functioning Tool.

InterRAI Implementation in Long Term Care: With the implementation of InterRAI in Long Term Care, Shoreham data is now being reported through the Canadian Institute for Health Information (CIHI). There are two other provinces besides Nova Scotia reporting in the new system (New Brunswick and Saskatchewan). All other provinces will be coming online soon. This information will be available to the public on December 5, 2024. Shoreham is looking for ways to improve benchmarking using the CIHI comparison. We have started to re-evaluate and change our benchmarks now that this provincial data is available i.e. restraint utilization. We are also looking to add additional indicators to the scorecard based on the new indicators available through CIHI i.e. mood, pain, potential inappropriate use of antipsychotics, etc.

***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.***

*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.

***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:* On November 13th, Charbel met with the Chester Councilors during a breakfast meeting to discuss housing needs in the area. They stated there were several projects happening and that they would stay connected with on for future opportunities.

**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. We have officially purchased this coverage.
2. **Service Delivery Risk**
   1. Resident concerns:

**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 (HealthcareCAN, 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.