**Shoreham Village Senior Citizen Association**

**Update on Strategic Priorities**

**Shoreham Accountability Report**

**January 15, 2025**

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 Holidays the teams enjoyed many treats, including the holiday gift which was a Shoreham blanket – it was popular and appreciated by staff. We also provided special boxes of treats for staff who worked on Christmas Day and New Years Night, Day & Evening.

*Infection Control: We have been closely monitoring and working on addressing a trend of increased UTIs in our population. We have taken steps to improve our internal practices and process with microbiology lab to ensure timely access to diagnostic results. Despite our efforts we continue to see elevated rates of UTIs. It has been noted across LTC nationally that there are increasing numbers of UTIs. The Public Health Agency of Canada sought interested organizations to apply to participate in a National Study on UTIs in LTC to help better understand and determine possible interventions and care practices. Shoreham enthusiastically applied and we were notified this past week that we had been chosen for this study. We are eager for the opportunity. Our Infection control & Occ Health Specialist is meeting with the study epidemiologist Jan 14th to learn about our role in the study and next steps.*

***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. The Avanti Implementation team is planning an education session for the March Board meeting.

***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.

*Public and Client Perception Via Communications:* Thanks to new human resources and access to updates media tools within the organization, social media and print communications are going to be updated more regularly, and with more efficiency going forward. Working with Shoreham staff, the communications team will locate and publish stories that highlight staff excellence, innovation, resident experiences, and events in order to enhance the perception of Shoreham within the greater community.

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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:* - Most tree clearing has been completed. Temporary fencing to be installed along the path from E-wing. Clearing has been prepared for the site trailer, now awaiting delivery of the trailer.

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

*Annual SLTC Capital Application Process:* Submissions for review are due at the end of January. Team is working now to identify needs based on expected 3-year life span for the existing building. Once list generated it will be shared for next board reports.

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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. The standard self-assessment surveys have been completed. The Board results will be shared at the January meeting. The Board results along with the staff self-assessments results will be used to create a quality improvement action plan for Shoreham to address any gaps. The Governing Body Assessment Tool will launch in January/February 2025. This was previously called the Governance Functioning Tool. This will be discussed at the January meeting.

With the implementation of InterRAI in LTC, Shoreham's data is now being reported to CIHI. Anyone can search these indicators at the facility level; however, the public reporting is based on data from the previous fiscal year (2023-24) at this time. This data was made available to the public on December 5, 2024, and Shoreham will be enhancing our benchmarking through CIHI comparisons.

We will begin incorporating some CIHI/InterRAI indicators into the Q3 24-25 scorecard, including Worsened Depressive Mood, Worsened Pain, Potentially Inappropriate Use of Antipsychotics and worsened pressure ulcer. Since the InterRAI assessments are completed every 92 days, we believe quarterly reporting through the scorecard is the most appropriate approach for these indicators.

Prior to the CIHI public reporting, Shoreham had been annually reporting several of our indicators on our website. With the addition of the new indicators from the InterRAI assessments, we plan to include more indicators on our website in 2025, enhancing transparency around our performance.

***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 has been renewed as of November 2024 for a 10-year term. We have received funding to add new positions and to support some current temporary positions to become permanent. We have posted to add a 1 FTE SW and 1 FTE Admin Support to the team along with a .5 FTE Clinical Dietician. Our IPAC & Occ Health Specialist position is now permanent, and we have been able to allocate funding to secure our NP position. We will be expected to welcome 7 day a week admissions in the future and we feel confident that this is achievable with the new resources available to the team.

***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:
		1. We have been supporting a resident who is experiencing extreme incidents of violent aggression which has resulted in some minor staff injuries and threats against other residents. We’ve been working with Continuing Care, NSH, Geriatric Psych, to support the resident – 1:1 care was funded by continuing care, medications have been adjusted, consults with Challenging behavior consultants have occurred. We have been supporting staff as well providing debriefing, EAP and team support for our staff. As of Jan 10th, following an incident on Jan 9th, where we engaged EHS & RCMP the resident has been admitted to hospital for stabilization.
		2. We had 1 unwitnessed fall resulting in a fracture in December which was reported to SLTC as a CI. Follow-up completed and case closed.
		3. PPCA investigation results were received in December for an incident we reported in May of 2024 related to a staff to resident abuse allegation. Shoreham internal founded the abuse and the employee is no longer employed by Shoreham. PPCA founded the incident and gave corrective requirements. Corrective action plan submitted January 3rd and accepted. File closure letter was received.

**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.