**Shoreham Village Senior Citizen Association**

**Update on Strategic Priorities**

**Shoreham Accountability Report**

**March 26th, 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.***

*Biannual Surveys:* We are currently seeking our biannual feedback on our End of Life Care, Admission process, and disclosure of adverse events.

*Infection Control:* We have been chosen as the pilot site to validate a new tool for UTI surveillance with the Public Health Agency of Canada. Our work will be used to roll out the new tool across Canada. We have received recognition from NS IPAC for our efforts to advance this work as it is atypical for them to choose to work with an organization outside of Ontario. They were impressed by our team's passion and leadership. The pilot will begin this spring and finish in the fall of 2025.

***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 in May 2025, as the current payroll system, Computerease, will no longer be supported after that date. The Avanti Implementation team will be providing an education session for the March Board meeting.

Students: We are hosting 3 high school co-op students

***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.

*CCA Exam:* We are supporting learners to achieve their CCA certification through a PLAR process. We were able to participate in a provincial challenge exam process and we have had several CCAs successfully pass!

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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:* - Three pours of footings and further footing excavation have been completed. Site siltation devices are being installed, and site services piping is underway.

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

*Annual SLTC Capital Application Process:* Submission complete. Sent to SLTC for review.

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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.***

***Licensing Update: We had our annual licensing inspection on March 4th. We had 3 requirements, and our corrective action plan has been created and implemented. It was an exceptional inspection, and the compliance officer was very complimentary of our service delivery and team.***

*Accreditation Update:* The Governing Body Assessment Tool was launched in January/February 2025. The results were shared with the Board via email and will be discussed at the March Board meeting to determine next steps. The Staff Workforce survey will launch this Spring.

The Q3 24-25 Scorecard will be presented to the Board at the March meeting. New indicators have been included as a result of the implementation of InterRAI and CIHI reporting, which are: Worsened Depressive Mood, Worsened Pain, and Potentially Inappropriate Use of Antipsychotics.

***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.***

*New FTEs:* We have hired the new permanent FT Admin assistant. We have extended an offer of employment to a clinical dietician who will join us after completing their Masters this coming summer. We continue to recruit for the Social Worker position and have two interviews being scheduled.

***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 us 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. We continue to work with our acute care partners but the residents remains unstable and in hospital.

**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.