

**Shoreham Village  
Board of Directors Meeting – Minutes  
November 25, 2020**

**Present (via phone):** Alice Leverman, Patsy Brown, Nancy Timbrell-Muckle, Liz Finney, Joseph Green, Andrew Snyder, Wayne Arnold, Janet Simm, Reinhard Jerabek, and Jennifer Tucker.

**Guests (via phone):** Mary Jane Hampton

**1. Welcome and introductions**

The meeting was called to order at 2:36 pm. The Chair welcomed Jennifer Tucker to the meeting. Jennifer will be Josie Ryan's replacement when she retires.

**2. Approval of Agenda**

*Motion to approve agenda. Joseph Green and seconded by Patsy Brown. Motion Carried.*

**3. Approval of Minutes – September 16, 2020**

*Motion to approve minutes from the September 16, 2020 meeting. Joseph Green and seconded by Andrew Snyder. Motion carried.*

**4. Finance Report**

**4.1 Financial Statements to September 30, 2020 (Attachment)**

- Cash has increased due to a lump sum funding provided by the DHW for capital projects.
- Long term debt is being paid down with no new borrowing actioned
- YTD surplus is \$64,000, however, this will be reduced to the YTD budget of \$15,000. A reconciliation of DHW revenue will decrease the surplus by approximately \$50,000.
- There are significant differences in the YTD revenue and expense, as CUPE retro was paid out to staff this year.
- It was asked if the DHW would increase funding provided for the exterior repairs and resident room renovations, since there has been an increase in building material costs. DHW has advised that all capital projects must be completed within previously approved budgets. The scope of the resident room renovations may have to be altered to stay within budget.
- The last remittance received from DHW was reduced by \$5,003. DHW will be reducing payments to any long term care facility that has more than a 3% vacancy. An appeal has been submitted to DHW as our vacancies were not our fault. Four beds were being held for the COVID unit and 5 beds Continuing Care was unable to find admissions that would suit the rooms we had available. This reduction will affect our surplus if we are unable to have this resolved.
- Residents that contract COVID-19 and live in a small long term care facility will be transported to a Regional Care Center. As a result, we will be able to release the four beds that we were holding for the COVID unit. This will bring us back to an 89 bed capacity.

## 5. Business Arising

### 5.1 Follow up with Apartment Board – Revised Well/Water Agreement (Attachment)

- Two key changes were made in the draft well water agreement:
  - Any charges incurred due to user error will be charged to which ever association is responsible for the error.
  - If water usage should change, then the proportion of billed costs will be adjusted.
- The Apartments have the draft agreement, but we have not received a response.
- Members will review the draft agreement.
- This will remain on the agenda until the document has been signed.

### 5.2 Formal Partnership Evaluation – Project with Dalhousie University (Attachment)

- **funding for a part time role to assist in the project**
- NSHA have requested documents outlining details of our partnership agreement with NW.
- Dr. Tom Marrie strongly recommended that we share our partnership module with other facilities. This research is a good opportunity to have our unique module evaluated and shared.
- Dr. Tara Sampalli is prepared to start work on this research project. Documents will be reviewed over a three month period and interviews will take place with our stakeholders. It will be a 6-8 month process.
- A direct contact person will be needed to coordinate interviews. There will be an extra expense for these additional resources.  
The Quality Specialist at NW would be the person designated to this project. She would be needed one day per week for the 6 month period. This would be a .2 position and would cost approximately \$10,000.  
It was felt that the small investment would be well worth it. Having this research might also help with achieving accreditation.  
This research is also a good quality improvement opportunity, as it can help us to discover areas of improvement.
- The one negative affect that the research might cause would be a burden on the organization. Researchers usually require a significant amount of information to be gathered and presented, which adds to staff work load.

***Patsy Brown made a motion that we move forward with the research project with Dr. Tara Sampalli. Seconded by Liz Finney. Motion Carried.***

***Patsy Brown made a motion that we approve the cost associated with having a direct contact person hired to assist Dr. Tara Sampalli in this research project. Seconded by Andrew Snyder. Motion Carried.***

### 5.3 Partnership Agreement/Policy alignment/Indicators for evaluating the Shoreham Northwood Partnership (Attachment) – Mary Jane Hampton to Attend

- Mary Jane Hampton was asked to review Board policies and outline how they are impacted by the NW partnership agreement. She was asked to develop indicators that could be used to evaluate the success of the partnership and the performance of the agreement.

- Mary Jane Hampton suggested that according to the partnership agreement, SV should not be doing a performance review of the CEO. According to the agreement, SV outsources Management Services to NW. The CEO position is included under Management Services. NW does a performance review of the CEO, so therefore we do not need to do our own review.  
The question is more whether the contract is fulfilling our needs as per the agreement, not necessary related to the CEO's performance. It would be a better choice to evaluate NW Contracted Services.
- Mary Jane suggested that we might want to include the indicators outlined on our scorecard.
- The established indicators could be reviewed several times per year or at special meetings.

The three key areas where indicators should be established are:

- **Quality of Care**
- **Financial Management**
- **HR Management**
  
- All indicators must be measurable.
- The indicators must be established by determining what matters most to our organization. This will evolve over time.
- Risk Management can be embedded within the three categories.
- It was noted that the CEO reporting is done as per accreditation standards, so we might be able to gather some indicator suggestions from her reports.

The Chair thanked Mary Jane for the clarification and for her assistance throughout this process. Mary Jane will create a template of suggested indicators and develop a detailed document outlining proposed directives. This will be presented for the Board's review at the next meeting.

***Nancy Timbrell-Muckle made a motion that we engage Mary Jane Hampton's service to create framework for assisting us with our strategic planning in developing indicators to evaluate the NW partnership. Seconded by Patsy Brown. Motion Carried.***

A meeting re indicators will be scheduled in the next few months. It would be nice to have something finalized by the spring.

#### **5.4 Board Policies**

- We will not be continuing with E-E and B-E Board policies. The indicators that we establish will be the replacement to these policies.

#### **5.5 Board Orientation Manual**

- The Chair reviewed the up-to-date version of the Board Orientation Manual. We are looking at other ways that we could get the information to members rather than having a binder for each member.

There are a couple of options:

- members could access information through a Board only section of the SV website
- hard copy could be kept at SV and members could review by request.
- members could access information through an accessible file.

***Nancy Timbrell-Muckle made a motion that Board orientation materials be stored in an electronic filing system that all members can access. Seconded by Liz. Motion Carried.***

## 5.6 Strategic Planning session in the spring

### 6. Chairs Report

Previously discussed.

### 7. CEO Report (Attachment)

- The newly hired Nurse Practitioner has resigned due to personal reasons. The .2 NP position doesn't seem to be attracting candidates. This position will probably have to be filled by sharing the NW NP with Shoreham.
  - It has been a difficult month for staffing. 4 new CCAs were hired and will be starting in December. Some are from out of province.
  - Small long term care facilities will no longer be keeping COVID-19 patients at their facilities. Residents in the Western Zone will be transported to either Yarmouth or the Valley. As a result of this decision, we will be releasing the 4 beds we were holding for COVID, which will bring us to an 89 bed capacity.
  - Submission was made to DHW for A and D wing kitchenette extensions. Since then we have decided to take \$3,000 out of the repairs/maintenance budget in operations to cover this project.
  - 5 Ceiling lifts for C wing were submitted to the Capital Funding for LTC Infection Prevention and Control (IPAC) projects. If these projects get approved then we may look at purchasing several more in the future through operations. The resident population is changing and we need ceiling lifts to protect staff and residents.
  - We have submitted for a grant through the Federal Senior Program for garden improvements. They have asked for some feedback and we are optimistic that we will be approved.
  - The CEO had a conversation with Vicki Elliott-Lopez with Continuing Care. There were some comments coming from the Minister that didn't align with what we have been told. Vicki assured that nothing has changed and that he is a new minister just learning the position.
  - Grand View Manor went public and have been keeping themselves on the radar by doing so. We do not want to do this, but it might be something to consider if government does not soon make a decision on our facility. The CEO will contact Grand View Manor asking for feedback on their decision to go public or any recommendations they may have for us if we decide to take the same approach.
- It was noted that we should all stand up as a sector and that there is power in advocacy, however we don't want to get lost in the process either. There are pros and cons to standing alone and standing as a unit. The premier is leaving so SV will be on the desk of the new premier.
- This will be discussed again in January.

#### 7.1 Q 2 Scorecard Q & A (Attached)

- Occupancy is significantly lower than last quarter. Down to 92.45%. This was due to admissions being on hold.
- Respite bed occupancy was 0% for the quarter. DHW had a closure of respite beds.
- There were 119 incident occurrences, which is down.
- Increase in medication errors. This was due to transcription errors made by a new LPN working on nights. Errors were discovered while doing month end checks. The LPN has been provided with education.
- Implementation of EMAR began on November 17<sup>th</sup>. This is going very well and staff are liking the program. We foresee improvements in med errors in the future.
- Respiratory infections are down. This is due to less contact and the use of masks.
- Slight increase in urinary infections. Team is reviewing.

- Hand Hygiene is down from 98% to 93%. This has to do with audits being significantly increased. More audits provides more opportunity to find staff not following proper hand hygiene, so considering this staff are doing very well.
- Only scored below 80% in one area and that was hand hygiene between residents. This is being reviewed by the infection control team.
- It was asked if Responsive behaviours and medication errors on C wing were related. The medication errors mostly had to do with the new LPN doing month end transcriptions incorrectly. EMAR will reduce these type of errors.

8. **Questions/Comments**

9. **Next Meeting: January 20, 2021**

10. **In Camera**

11. **Adjournment**

*Motion to adjourn at 4:50 pm.*

*Recording Secretary,*

*Tammy Leopold  
Business Office Assistant*