

**Shoreham Village Senior Citizens Association
Board of Directors Meeting Minutes
March 20, 2019
3:00 pm**

Present: Sue Neilson, Patsy Brown, Joseph Green (Arrived 3:10), John Frizzle, Nancy Timbrell-Muckle, Janet Simm, Reinhard Jerabek (via Skype), and Josie Ryan (via Skype)

Regrets: Alice Leverman and Liz Finney

Board Education Session

1. Specialty Teams Presentation:

- Wound Care (deferred due to outbreak). The CEO reported that the individual who was scheduled to report was looking forward to the presentation, so we decided to reschedule rather than finding a replacement.

We will schedule all 3 sessions for the next meeting- May 2019 Responsive Behavior, Risk, and now Wound)

The Board Chair welcomed Angela Cain, Nursing Manager

- Infection Control: Angela takes the lead; but it involves the full multidisciplinary team as well as family and visitors. All infections are tracked in the surveillance form - monthly. During care provision is the best time to monitor residents for symptoms and changes in resident status. Use trends to build action plan – for example, perhaps a spike in infections is related to new hires. May develop a training program for example. Angela sits on a NS wide based Committee: Infection Prevention and Control IPAC – (PAC Canada is a multidisciplinary member-based association committed to public wellness and safety by advocating for best practices in infection prevention and control in all). Gives us trending information and advises on evidenced practice. We were able to send 5 staff to the IPAC conference.
- Outbreak Management Control - Angela outlined the definition/criteria to deem an outbreak. We investigate first - may be a dietary issue. If several residents then we consult with Public Health. If confirmed, public area programming are put on hold and residents dine on wings as opposed in the Main Dining Room.
Hopefully by the end of next week we will be clear of our current outbreak. A number of staff are displaying symptoms and are off work.

The Chair congratulated the Northwood team on achieving the highest level of accreditation given by Accreditation Canada.

2. Audit Service Plan Presentation - Grant Thornton, (Kim Hopkins). See the attached hand out.

- One key item, under the technical updates: New audit standards - Appendix D. This will impact the audit report presentation. Appendix B - Engagement letter outlines the changes. First paragraph will be the Audit opinion. Auditor's responsibilities will be at the end of the report. Other than that there are not a lot of changes.
- Materiality - If we find that there are items that are not reported appropriately, we use materiality to assess if there are outstanding adjustments that could impact your financial status.
- Audit fees - As quoted in the RFP response.
- Will start Audit work in May – The Board will receive draft statements in June. Draft statements to be presented on June 5 at 3pm. Will need the package by end of May for circulation to the Board in advance.
- Audited Report will be presented to the AGM at the end of June.
- Asked the Board if they have any concerns that they should be concerned about during the audit. Any questions regarding the Audit Strategy as presented.
- Left the engagement letter for the Chair to sign.

Meeting called to order at 3:40 pm.

1. **Approval of Agenda**

- Agenda items 3.1 (now 4.1) and 4.1 (now 5.1) were moved to the end of the agenda, In-Camera.
- Agenda item 5.1 moved to the beginning of meeting to accommodate Reinhard's presence.

Nancy Timbrell-Muckle moved and seconded by Patsy Brown. Motion Carried

2. **Finance Report**

2.1 Financial Statements to February 28, 2019 (Attached)

- Noted cash amount - nothing unexpected.
- The LTC surplus - \$133,000 YTD.
- Revenue- we are showing over budget for the year - our assumption in building the budget was that there would be no additional funding from DHW but there was additional funding provided by DHW after the budget was developed and approved by the Board.
- Expense variances - a few variances. Our building repair costs and our electricity budget is in deficit (deficit- \$13,500). Will be doing some analysis to try to determine what the key driver is of the increased electrical cost.
- Page 5/13 - Schedule 1-2. Medical Director did not get paid a number of months prior year - it was a catch up payment.
- Cash Flow statement: Page 13/13. At the bottom - YTD amount. Started year \$600,000 - we are down some. Bottom line position of \$100,000. We are still fine to

proceed with the \$30,000-35, 000 for items to be purchased this fiscal year. What we will need to closely monitor as a result of this in the new year are additional Capital Projects. Department funds these projects over a period of years. In the mean time we have completed the projects and have paid the vendors. So we may have to take on borrowing to complete any upcoming projects dependent on our cash flow. We will need to think about borrowing in the next year.

- The \$65,000 that is recommended in the CEO report for the Front entrance project-manageable in the current cash flow.
- Hopefully we will have the budget /approved Capital Projects list from the Department of Health and Wellness before the meeting in June, as we will have to put a resolution before the AGM to support borrowing.
- Budget assumption – we are building the budget once again assuming there is will be no additional funding from DHW.

3. **Approval of Minutes – January 16, 2019**

A few minor revisions were noted.

Motion was made to approve the January 16th minutes with noted revisions. Patsy Brown/John Frizzle. Motion Carried.

4. **Business Arising**

- 4.1 Strategic Partnerships/Building Renewal Project – Discussion during the In Camera session
- 4.2 Foundation Board By-Laws

Currently the bylaws of both entities remain silent on the communication/linkages with the Shoreham Directors. Have a shared goal - welfare of Shoreham. There is currently great co-operation, but there is no obligation for the formal connection. It is great to highlight at the Golf Tournament what the money goes to. The Chair will look at the Northwood Bylaws re the relationship with the Foundation by the next meeting. Will meet with the Chair of the Shoreham Foundation prior to the next meeting as well.

- 4.3 Central Water Poll - 43/57 against. Council has decided that it is on hold.

5. **Chairs Report**

- 5.1 Shoreham Village/Northwood Partnership Agreement Review

A number of meetings have been held to do a review of the partnership Agreement with Northwood. A couple of key highlights recommended for change are: removal of the requirement to sit on the Northwood Board, adjustment of language to reflect a management services contract. To discuss further In Camera.

6. CEO Report (Attachment)

6.1 2018/19 Q3 Scorecard (Attachment)

Josie Ryan joined the meeting via Skype at 4:20pm. Josie provided an overview of key highlights:

Occupancy rates - higher occupancy and higher turnover. Over 70% turnover (primarily by death). Much higher than Northwood facilities - impacts work load.

Resident Incidents - only a few residents (4 residents) with repeat behaviors. The Nova Scotia Health Authority has provided additional funding for one-on-one services

We are refusing more people – primarily based on behaviors. There is a refusals committee. South Shore area is more difficult to get assistance from NSHA.

Questions from the Board regarding the Scorecard Information:

1. Will the new unit help to mitigate because of all private rooms and have requested additional staff as well?
2. Regarding the occupancy rate- Does that impact issues on C Wing? Will this will help as this will replace our existing C wing?

Hand Hygiene Audits - still good results. Need to increase the number of audits

Questions:

1. How do you audit Hand Hygiene Audits?
They are done via observation.
2. Are we concerned re the medication errors?
EMAR should be implemented in the fall. Our experience has been that this system almost completely eradicates missed doses and transcription errors.
3. B Wing has greatest number of infections. Why is this?
UTIs were spread out across 3 months - there was no cross contamination. There are 22 residents as opposed to other units at 16 residents. Skin infections may just be a reddened area and not an infection, but it demonstrates a heightened awareness.

Will be reporting on pressure injuries in the future.

6.2 Main Entrance Project

Clarification sought re the previous discussion and the proposed motions. The CEO will provide further clarity and we will facilitate an electronic vote of the clarified motion.

6.3 Foundation Logo - Foundation making some minor tweaks.

6.4 Definition of Critical Incident - This is in follow up to a question asked at the last Board Meeting. See pre-circulated report

7. **Monitoring Executive Expectations (Attachment)**

- 7.1 EE-3: Budgeting, Forecasting
- 7.2 EE-4: Financial Condition
- 7.3 EE-13: Risk and Incident Reporting

Evidence provided regarding EE-3, EE-4, and EE-13 demonstrates compliance with the policy.

Motion to accept monitoring reports for Policies EE-3, EE-4 and EE-13. Moved by John Frizzle; seconded by Patsy Brown. Motion Carried.

8. **Is there anything from our discussion today that we need to communicate with the Shoreham Foundation Board?**

Overall appreciation of their efforts. Once we know for a fact that we have the funding from the municipality- we will confirm. Thank them for the cultivation of the relationship with Mr. Nemerskeri who recently contributed \$25,000 to the Main Entrance Project.

9. **Board Policy Review**

- 9.1 EE-3: Budgeting, Forecasting
- 9.2 GP-4: Board Committee Principles

Motion to accept Board Policy Review report. Moved by John Frizzle; seconded by Joe Green. Motion Carried.

10. **Self-Monitoring Governance Process**

- 10.1 GP- 6: Conflict of Interest

Reported no conflict real or perceived.

Motion to accept Self-Monitoring Governance Process. Moved by Nancy Timbrell-Muckle; seconded by Patsy Brown. Motion Carried.

11. **Board-Executive Relationship**

- 11.1 BE-1: Global Board-Executive Relationship
- 11.2 BE-2: Monitoring Executive Performance

Time for CEO's annual performance review. Will be reaching out to the Northwood Board to see how Northwood is progressing on their CEO evaluation process.

Existing Evidence re CEO Performance: Have the Monitoring Reports and the CEO report. In addition to this evidence, the process last time we asked specific/simple questions to a number of selected individuals.

Board Discussion: What process would you like to use in addition to our regular reporting?

In combination with our internal reports, recommend that we carry out similar process to last time. The Chair and the Vice Chair will draft the process for the Board to consider. Next meeting we will bring back the specific questions for the Board to review and will establish the list of individuals to be contacted.

12. **Next meeting: May 15, 2019**

13. **Adjournment**

Motion to adjourn at 5:10 pm. John Frizzle and seconded by Nancy Timbrell-Muckle. Motion Carried.

Motion to go in-camera. Moved by Joe Green and seconded by John Frizzle. Motion Carried.

In Camera:

3.1 (now 4.1) Strategic Partnerships/ Building Renewal Update

The CEO left for the next portion of the In Camera agenda

4.1 (now 5.1) Shoreham Village/Northwood Partnership Agreement Review.