

Shoreham Village Senior Citizen Association
Update on Strategic Priorities
CEO Report to the Board of Directors
May 19, 2020

I hereby confirm that all statutory withholdings and remittances relating to the organization's employees or otherwise have been made.

Strategic Priority: Achieving Accreditation by 2023.

Creating and sustaining a caring culture

- 1. Services are delivered and decisions made according to the organizations values**
- 2. A healthy and safe work environment and positive quality work life are promoted and supported**
- 3. A quality improvement culture is promoted throughout the organization**

COVID-19 response: Staffing levels throughout the outbreak period remained stable. Staff volunteered to work extra hours to support swabbing clinics and vaccine clinics.

Planning and designing services

- 4. Services are planned and designed to meet the needs of the community**
- 5. The changing needs and health status of the community served are understood**
- 6. Operational plans are developed and implemented to achieve the strategic plan, goals and objectives**
- 7. The organization's leaders collaborate with a broad network of stakeholders**

Garden Project: We have approached the Board of the apartments with the idea to develop a new inclusive, public park space behind us, by the duck pond. We have met with the Board twice. They are very supportive. Because this project does not involve the sale of the land, they do not need to seek approval from the membership. The initial cost estimate for the project is over \$200,000. We would collaborate with the Apartment Board to submit a grant application. There are several technical items that need to be factored in to the plan including insurance requirements and access to the pond for water in the event of a fire. We have engaged a landscape architect to work with us to develop a plan and prepare for the grant submission. The plan cost is \$8000. We have had a \$5000 donation that can assist in funding the plan. We have also inquired with the Foundation to see if they can assist in funding the plan development. We no longer need funding for the recliner that had been previously requested as we have been able to find a lower price on the resident rooms chairs that have been funded (below). We were permitted to purchase the recliner out of that funding. The grant we will be applying for; the Canada Healthy Communities Initiative Grant is a joint grant (partnering with members of the community). If we are not successful in this grant application, we would use the developed plan to perhaps implement over a number of years. We estimate the park would require \$5000 of annual

maintenance. We would seek support for this but if we are not able to obtain support, we will apply the revenues from the OHC contract - a non DHW revenue source.

Support during COVID-19 Outbreak:

- During our outbreak period we went through significant swabbing supplies. One day, the lab had sent supplies with the exception of specimen bags. OHC came to our resource until additional sabs arrived.
- On May 5, Tim Hortons donated coffee and donuts to staff.

Virtual Reality: The United Way has awarded us \$500 to reboot this program. A media interview for the Lighthouse was done. We had an opportunity to outline the project in detail, the benefits to the residents and the support for the United Way.

Canada Summer Jobs. We have been successful in obtaining funding through this program, for 4 staff in the Rec Department.

Allocating resources and building infrastructure

- 8. The organizations financial resources are allocated and managed to maximize efficiency and meet the service needs of the community**
- 9. The physical environment is safe**
- 10. The organization invests in its people and supports their professional development**
- 11. Information management policies and systems meet current information needs, take in to consideration future information needs, and enhance organizational performance**

DHW COVID-19 Expenses Grant: We have received additional funding for the period between April 1 - September 2021 as follows:

Expense IC Designate	Purpose	Funding Amount
	To support the temporary hiring of 0.6 FTE Registered Nurse (RN) in Nursing Homes and Licensed Nurse (LPN) in Residential Care Facilities to support IPAC education and capacity-building within the facility.	\$ 29,040
Environmental	To support the environmental management, including cleaning supplies, cleaning equipment, and/or the hiring of additional staff for the purposes of cleaning, as required.	\$ 55,800

LTCA	To support the continued use of Long-Term Care Assistants to support COVID-19 activities.	\$ 75,598
General COVID	Increase in operational expenses due to COVID-19. This includes all COVID-19 related expenses, such as, but not limited to, thermometers, probes, commodes, paper bags for masks, oxygen, Wi-Fi and storage for PPE if there is insufficient storage onsite. This may also include hand sanitizer, disinfectant, and cleaning supplies once environmental funding is allocated or exhausted.	\$ 7,959

Expenses incurred as a result of an outbreak can be billed separately.

Capital/Building Improvements/ Funded Project Updates: The waste pipe assessment / repair / epoxy solution project funded by the federal ICIP Program is on hold because of the outbreak and large number of exposures/active COVID 19 cases in the province. It is scheduled to begin on May 25. Hopefully we will be able to proceed at that time. The Resident Room upgrade project is on hold pending the waste pipe project in the event any areas need to be dug up following the assessment process.

IPAC Walk through recommendations: We have received funding to support improved infection control practice as follows:

Equipment	Quantity	Cost/item	Tax	Total
Over bed Tables	47	\$ 400.00	\$ 30.00	\$ 20,210.00
Resident Room Chairs	20	\$ 1,115.00	\$ 83.63	\$ 23,972.50
Bedpan Sanitizer (plumbing & electrical)	1	\$ 19,995.00	\$ 1,499.63	\$ 21,494.63
Total				\$ 65,677.13

The Bedpan sanitizer has been identified but the expense of installation is expected to exceed what was provided by DHW. We may have to use some of the COVID-19 Grant funding to cover the remaining expense.

Monitoring and improving quality and safety

- 12. There is a process to manage and mitigate risk in the organization**
- 13. The organization is prepared for disasters and emergencies**
- 14. Resident Safety is monitored and improved on an ongoing basis**
- 15. There is a defined quality management system used to assess performance and improve quality**

Management Team: Angela Cain has resigned her position of Nursing Services Manager. Roberta Gates-Thompson has accepted the position of Nursing Services Manager.

Staffing levels: We continue to invest significant time and energy to address ongoing staffing challenges. Our staffing has improved. While stable, we still have the following vacancies:

- LPN positions- 1-part time position
- CCA positions- 2 full time and 2 part time positions

COVID-19 Vaccine Clinics: We will be hosting a 2nd dose vaccine clinic during the week of May 17, 2021. All residents, except those who have refused, are vaccinated. We estimate that we are well over 60% of staff who have now been vaccinated.

Client Safety

COVID-19 Update: On May 11, 2021, the outbreak was declared to be over by the Medical Officer of Health. Admissions resumed May 12. Restrictions went back to the pre-outbreak lock down state. Staff returned to universal masking. We continue to offer voluntary asymptomatic testing of staff and DCGs once per week. As of writing this report, we have no staff, DCGs or staff that are reporting that they have tested positive for COVID- 19. In future, any residents who display symptoms will be placed on full precautions.

- Additional hire for dietary (Not LTCAs)
- Additional hire for Env Services (not LTCAs)
- Installation of bed pan sanitizer- cost over runs
- Extra staff for swabbing (salaries)
- Courier costs during the outbreak

There are several outstanding items remaining following the NSH IPAC Team walk through. Deficiencies include Dirty utility rooms (need one for each wing), additional private rooms and the square footage of existing private rooms. These items will be addressed in the building renewal plan.

Radon testing: Radon kits were collected on Monday, March 29, 2021. Results attached.

2. Strategic Priority: Facility Renewal:

Action Plan

See attached Briefing note.

Government has approved a full water study and development of a plan to ensure future water supply for the existing and the additional 6 beds that were requested to be included in the plan. The cost of this study will eventually be included in our building renewal plan cost.

Risk Report

COVID-19: On May 1, 2021, the Board was notified that we were notified by Public Health that a member of a staffing agency who worked with us for one shift on April 24th tested positive for COVID-19. As communicated, we tested regularly and have had no additional resident or staff positive test results.

On May 11, 2021, the outbreak was declared to be over by the Medical Officer of Health.

Reputational: NSHEPP experienced a potential employee information privacy breach. NSHEPP has notified plan members directly. They have been working through their go forward precautions. This item will be removed from the Risk Report.

Compliance Risk-Insurance: As previously communicated, the Ministerial Order has provided a temporary reprieve for the insurance industry Pandemic Exclusion. The insurance renewal date for Shoreham Village is April 2021. The province is examining an NSHEPP proposed solution. Please see attached a presentation regarding COVID-19 legal issues.

Compliance Risk: C- Wing- DHW had classified this unit as a secure unit. However, it was designed and staffed to reduce risks for residents with elopement risk only. Having the classification of a secure unit, we have seen an increase in resident referrals with complex responsive behaviors referred to this unit by the NSHA Placement Office. We have notified DHW that the door for C-Wing is no longer locked.

Reputational Risk: A resident reported 2 of our staff to the College of Registered Nurses. Both of the investigations have now been closed.

Service Delivery Risk: As a result of our experience at Northwood Halifax Campus, the facility poses many challenges with continuing the spread of COVID-19 with in a building with multiple shared rooms and minimal living space. Our best efforts will be to focus on preventing the introduction of the disease in the facility. We have been advised that our renovation project design should be developed to bring the full facility to the current Level 2 Care Facility Standards and address the infrastructure based infection control issues identified by IPAC during their walk through.

Risk Report Legend:

1. Corporate Risk: Strategic, Compliance, Financial, Operational and/or Reputational Risk

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)

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 (North Simcoe Muskoka LHIN, 2010)

Operational Risk: The risk of direct or indirect loss or inability to provide care services, especially to

stakeholders, resulting from inadequate or failed internal processes, people and systems or from external events. Operational risks involves factors such as technical or equipment malfunctions and human error, lack of prioritization, management support or expertise, etc. (North Simcoe Muskoka LHIN, 2010)

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 (North Simcoe Muskoka LHIN, 2010)

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).

2. Service Delivery Risk: This includes, but is not limited to any event that meets the definition of a Harmful Patient Safety Incident (Accreditation Canada, 2017), a Critical Incident as defined by the Department of Health and Wellness or a Serious Workplace Incident, Injury or Fatality as defined in the Occupational Health and Safety Act.

Harmful Incident: A patient safety incident that resulted in harm to the client. Replaces adverse event and sentinel event (Accreditation Canada, 2017a).

Critical Incident: A serious event affecting either the resident (client), staff or the public (Province of Nova Scotia, 2015)

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, 2017)

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, 2017)

Respectfully submitted,
Janet Simm
Chief Executive Officer
Shoreham Village Senior Citizen Association

Shoreham Village Building Renovation Project: revised approach to accommodate the expanded project scope.

Submitted to: DHW LTC Infrastructure Renewal Project Team

Submitted by: Josie Ryan, Jim Todd, Syd Dumaresq

Date: May 7, 2021

S SITUATION

Given the direction received to create additional beds and the goal for the beds that remain to meet current long term care standards, we are proposing a revised approach to the renovation project.

B BACKGROUND

The Shoreham Village Senior Citizen Association Long Term Care home is a one story, wood frame building originally built in 1975 with a gross area of approx. 44,533 sq. ft. (37,737 sq. ft. at level 1 and 6,796 sq. ft. in the basement). The building contains 89 resident beds with a mix of single and double occupancy units (21 in single units and 68 in double units), one respite care bed and one Palliative care suite. The layout comprises 5 resident wings, each containing approximately 18 beds and a very modest living and dining area. The facility has experienced ongoing infrastructure issues and challenges (attached).

In 2017, The Department of Health and Wellness and Infrastructure Renewal commissioned a review of the facility. Direction from government at the time was to look at the most cost effective approach to address the infrastructure issues with the least amount of disruption to residents and placement activity. Shoreham invested in the development of a plan to respond to the significant issues identified. A meeting was held on September 20, 2017 with Government Infrastructure staff to provide an overview of our proposed phasing plan and design for our renovated building.

The original 2017 plan recommended a new 18 bed addition which would allow 18 double occupancy rooms to be reduced to single occupancy, along with required modifications to bring the building fabric up to code. Following the March 29, 2021 announcement regarding the renovation/replacement of the facility, the Shoreham Village Project Team were advised of the requirement for an additional 6 beds to be included in the design and the goal of having all beds; the new wing and the beds that will remain, meet current long term care standards (size, infection control, tub rooms)