

**Shoreham Village Senior Citizen Association**  
**Update on Strategic Priorities**  
**CEO Report to the Board of Directors**  
**September 15, 2021**

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 organization's 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**

OT/PT resources: We have been provided additional funding in these areas. With these additional resources, we will be able to hire dedicated Shoreham Village staff. This is part of DHW's commitment to implementing the recommendations in the Minister's Long-Term Care Expert Panel report. The following funding increases were approved:

Occupational Therapist: from 0.20 to 0.60 FTE

Physiotherapist: from 0.24 to 0.60

Rehabilitation Assistant: from 1.00 to 1.20 We will be discontinuing the shared service model that currently exists with Northwood.

Continuing Care Month is celebrated each year in October. "This year's Continuing Care Month theme is ***Continuing Care: Your Home, Our Passion***. The theme reflects the underlying message that every day in Nova Scotia, the people who work and volunteer in continuing care are making a remarkable difference in the lives of people of all ages who need care and support in their homes and communities." Every year, we take this time to formally recognize the contributions of staff and volunteers across the organization who work every day to improve quality of life and quality of care for individuals who rely on our support. We are currently finalizing the plan for recognizing the team in October.

*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 been advised that the awarding of the federal Canada Healthy Communities Initiative Grant has been delayed due to the federal election.

**Canada Day:** With support from the Celebrate Canada Celebration and Commemoration Program, we hosted outdoor activities for the residents. It was a beautiful day.

**Provincial Election:** We hosted all local candidates to familiarize residents with their campaign platforms. We were supported by Elections NS to have a polling station on site for the August 9, 2021 provincial election.

**Concerts for Care:** We were so pleased to once again be offered the opportunity to host another event for residents on September 1, 2021.

### *Allocating resources and building infrastructure*

- 8. The organization's 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 into consideration future information needs, and enhance organizational performance**

Capital/Building Improvements/ Funded Project Updates: The waste pipe assessment / repair / epoxy solution project funded by the federal ICIP Program start date was delayed to September 13, 2020 due to challenges in accessing the required materials. The Resident Room upgrade will follow that project as soon as the new doors have arrived. We had devised a plan for resident accommodations during the renovation project that did not involve in any further holds on admissions (more than the 3 beds we are currently holding related to COVID-19). However, the Fire Marshall did not support our proposed plan on one wing and we are working with DHW/NSH to revise our plan. We may need to hold additional beds for the length of the project. While each resident would be out of their room for approximately 2 weeks, the full project is expected to go on until May 2022. The Foundation/donor will cover the cost of all the new resident room dressers for the project. This will allow us to extend our DHW project funds to cover additional flooring repairs, draperies etc.

DHW Annual Capital Investment Program: We were provided funding to replace our emergency generator and our convection oven. The total amount awarded was \$273,000.

Gentle Persuasion Training: DHW has provided funding targeted toward supporting safety initiatives. In addition to some equipment purchases, we have invested in additional GPA training for staff.

### *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**

Leadership Team: on July 12, 2021 we welcomed Roberta Gates-Thompson to the Shoreham team as a Manager of Nursing Services. Roberta has 32 years of experience in both nursing and advanced nursing practice and is joining us after moving home to the community.

Roberta has spent much of her career working in Northern Outpost communities within the Sioux Lookout Zone, NWT & Nunavut. Roberta has worked in both major Emergency Departments as well as ICU within Halifax/Dartmouth and spent time as a course professor for the Rural Nursing Program while employed at the Registered Nurses Professional Development Centre. Roberta was also an Adjunct Professor with Dalhousie University in the Acute Care Nursing Program and has taught 2nd & 3rd year Nursing Students within the Dalhousie University School of Nursing.

Staffing levels: We continue to invest significant time and energy to address ongoing staffing challenges. The key issue is CCA vacancies which is an industry-wide issue. With several other providers, we have met with the Premier, the new Minister of DHW and Department of Seniors/ Long term care to offer employer-led solutions and suggested policy changes. We have undertaken a few unique strategies. We are virtually training several individuals at our staff meeting on September 2, 2021, we discussed with staff ideas to improve employee retention and we have established a small working group. We are also looking to recruit OT or PT Aides. These individuals have a very broad scope of practice and can support resident care activities during this period of high CCA vacancies.

Diversity and Inclusion: As we continue to invest in international recruitment, it is important that we create an environment that is welcoming to all. We have begun to implement a diversity strategy using tools and resources developed at Northwood.

Inter Rai: Funding has been approved for this provincial program. This will further our ability to benchmark our outcomes to other like organizations. Implementation will be complete for Shoreham within the next 18 months.

### *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. There remain no new cases of COVID-19 since the outbreak. We currently have several residents who need their second dose of the vaccine. This is underway. We continue to have 2 residents who refuse the vaccine. Our staff vaccine rate is above 80%. We continue to follow Public Health Guidelines for the easing of restrictions. We are not sure what the implications are for long term care in the Phase 5 of the reopening Plan. We have implemented an electronic screening tool to reduce resources required for the screening process and maintaining required documentation.

C- diff: We had a resident test positive and 3 staff members who were related to this resident test positive. The team was able to contain the spread of C-diff. There are currently no cases.

Staffing Model: We have received our staffing budget for the renovated building. There are some improvements to our funded staffing levels.

Ceiling lifts: Our new ceiling lifts have been installed but adjustments are required. This will be complete by end of September.

## **2. Strategic Priority: Facility Renewal Project**

Our Project Manager has been approved. We are now working on step 3 of the Long Term Care Facility Development Approval Process. The various elements of Step 3 include:

1. Project Plan: Complete and ready for submission
2. Functional Program: underway, expect to be complete by the end of September.
3. Project Budget- under development. This includes the Furniture, Fixtures and Equipment (FF&E) Report which is currently being costed.
4. Schedule- In the final stages. We continue to plan for a phased approach to construction and demolition of old resident room wings. At this time the project completion is estimated to be Fall of 2026. Several items are still under investigation:
  - a. Current building survey- survey complete awaiting report
  - b. Zoning issues. Our current plan exceeds height allowances. The architect is working with the Municipality to resolve. If a formal rezoning is required- this will take approximately 3- 6 months. This is allowed for in the schedule.
5. Risk Management Plan- complete and ready for submission to government.
6. Change Management Plan- underway- see attached draft.

Once these items are submitted to government. They have up to 2 months to review and respond.

As last reported, DHW has signaled that the final 2 elements of the proposal that need to be confirmed before a final Decision can be made regarding the facility renewal plan are:

1. Water System Supply Assessment: Government wants to ensure that there is adequate supply of water to support Shoreham Village into the future which includes the increase to 96 beds from the current 89 beds (plus one respite). Fracflow Consultants were engaged to do a full analysis of water supply and water quality. Highlights of their report and findings are as follows. Since the completion of water demand assessments in 2006 and 2009, significant changes in equipment and operations appear to have reduced the water demand of Shoreham Village. Three-to-five years ago, Shoreham upgraded its laundry facility to include low water-demand washers, upgraded the hot water heating and storage system, and also installed a new dishwasher. In 2016, the campus medical clinic was closed when Our Health Centre (OHC) was opened on an adjacent lot with its own water supply well. The former clinic was converted into four residential apartments. The projected average daily demand for the expanded Shoreham complex is estimated to be 39,783 Lpd, while the maximum daily demand is estimated to be 49,280 Lpd.

Production wells PW1, PW4, PW5 and PW6 are currently supplying all the water required by Shoreham. In Fracflow's opinion, those four wells have sufficient capacity to meet the current demand plus the modest increase associated with facility expansion.

They have made several recommendations improve the sustainability of the water supply, which includes construction of a backup well that can meet 25% of the projected maximum daily demand (8.6 Lpm). Calculations presented suggest that there is adequate storage in place for treated water at Shoreham, provided that there is a steady supply of raw groundwater from all four production wells. Fouling of the pumps with iron deposits reduces the raw groundwater supply over time, and any sudden loss or failure of a pump, combined with a delayed response to a service call, can remove water from storage faster than it can be replaced. Several recommendations have been developed to address that problem. Fracflow recommends that the design of the two new wings at the LTC Building include rainwater collection and storage, and potable and non-potable distribution systems. Rainwater stored in cisterns should be used to supplement the nonpotable water demands of toilet flushing, janitorial work, and laundry services. Treated water in the clear wells is currently designated as a source of water for fire fighting, and there is a fire hydrant at the pump house that is connected to the clear wells. It would be preferable to secure an alternate, primary source of water for fire suppression, which would ensure that all the treated water supply remains available at all times for potable use. Rainwater stored in one or both cisterns can be equipped with dry hydrants for fire fighting, but Fracflow also recommends that a dry hydrant be constructed in Shoreham Pond. The water balance assessment presented in this report suggests that Shoreham Pond will probably retain 50% of its maximum capacity during dry periods.

2. Renovation Cost: Once the detailed design is complete, we will go to tender to confirm our cost estimates.

## Risk Report

**Compliance Risk-** Contagious Disease Liability Insurance- Pandemic 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 was April 2021. The Health Association of NS (HANS) has been facilitating communication between HOPA and providers and assisting with the collection of the information required by HOPA to evaluate the viability of a group insurance purchase as a member of HOPA for insurance coverage without an infectious disease exclusion, including commercial excess insurance and alternative risk financing options.

An analysis of the submitted risk and financial information was recently presented to the HOPA Board for consideration and identification of next steps. HOPA remains committed to helping the sector identify possible solutions; however, the analysis has revealed there is more work to do to make the sector's potential block of business as attractive as possible in the marketplace. HANS assessed Sector interest in a collective response to this issue. The overall uptake was not as high as anticipated; so, as the basis of insurance is the spreading of risk, the greater the level of interest the better when going to market. As there is not the preferred critical mass anticipated, they continue to explore this issue and continue to keep The Department of Health and Wellness fully informed of the progress of these discussions.

### 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 involve 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.

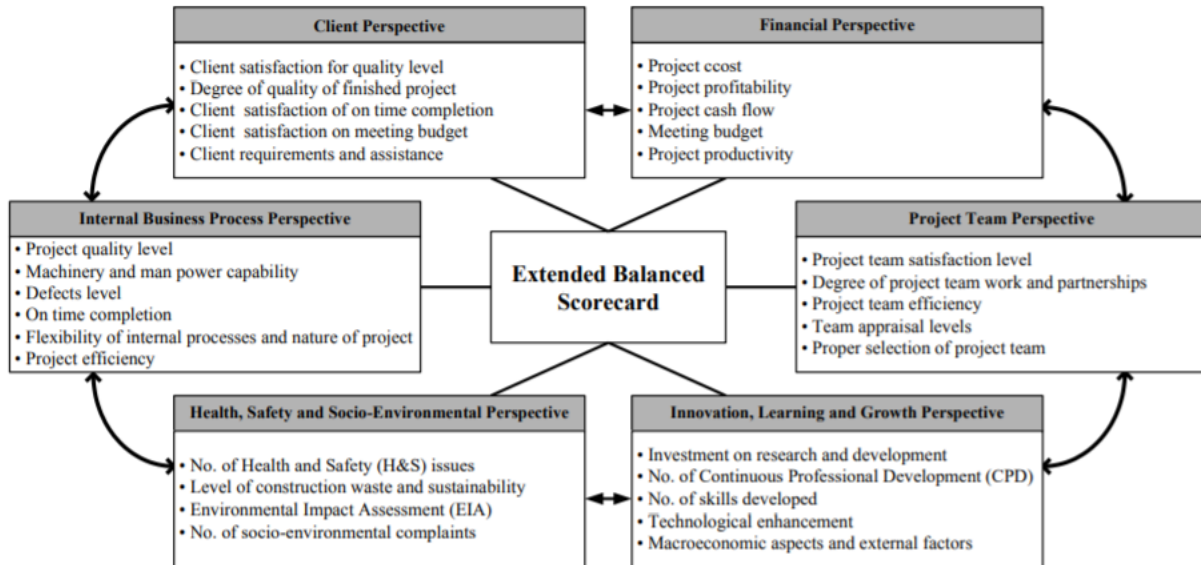
*Harmful Incident:* A patient safety incident that resulted in harm to the client. Replaces adverse event and sentinel event (Accreditation Canada, 2017a).

*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



## Purpose:

To prepare the Residents, families, Board of Directors and Shoreham Team to successfully transition to the newly renovated infrastructure.

- Engage Shoreham community to share and seek input into the design and functional program
  - Meetings: Resident Council, Family Council, Board Meetings, Communications Meeting, Status Sheets, Staff Meetings
- Engage and share information with the Foundation, Chester Community, Union
  - Community Town Hall, Social Media: Shoreham Website and Facebook
- Address questions and concerns along the way
  - Q & A on Website
- Create a Stakeholder - Building Renewal Team

## Phase 1 – Readying

Deliverable	Activity	Documentation	Responsibility
Approval from DHW to begin the process	Announcement of replaced or major renovations	<a href="https://novascotia.ca/news/release/?id=20210129004">https://novascotia.ca/news/release/?id=20210129004</a>	DHW
Initial Commitment for funding for Project	Approval to investigate option to rebuild resident living areas	DHW meeting March 3, 2021	DHW/Northwood Senior Leadership



Develop and Submit Functional Program	Draft is process Stakeholder Engagement	DHW Template	Project Lead Northwood Senior Leadership
Approval to Proceed			DHW
Project Commencement			Project Lead

Clarify responsibility, role and lead:

- Communication and engagement with DHW
- Communication and engagement with Northwood Leadership
- Communication and engagement with Board
- Communication and engagement Shoreham Team
- Communication and engagement with Stakeholders

## Phase 2 – Preparing

<b>Deliverable</b>	<b>Activity</b>	<b>Documentation</b>	<b>Responsibility</b>
Model of Care Impact	Appendix A		Shoreham Leadership Team Josie Ryan
HR Plan	Appendix B		Caroline Campbell Shoreham Leadership Team Josie Ryan
Resident Transition Plan	Appendix C		Shoreham Leadership Team Josie Ryan
Staff Transition Plan	Appendix D		Shoreham Leadership Team HR Team Josie Ryan
Licensing Prep	Appendix E		Shoreham Leadership Team Josie Ryan

## Phase 3 – Transitioning

<b>Deliverable</b>	<b>Activity</b>	<b>Documentation</b>	<b>Responsibility</b>
Licensing Approval	Appendix E		Shoreham Leadership Team

			Josie Ryan
Staff Transition and Orientation	Appendix C		Caroline Campbell Shoreham Leadership Team Josie Ryan
Resident Transition and Orientation	Appendix B		Shoreham Leadership Team Josie Ryan
Licensing Prep	Appendix E		Shoreham Leadership Team Josie Ryan

**Phase 4 – Evaluating** – *Will be important to start right away so we could correct any initial issues as we move into other projects. Maybe a simple tool to provide stakeholders along the way? Looking for a sample tool.*

<b>Deliverable</b>	<b>Activity</b>	<b>Documentation</b>	<b>Responsibility</b>
Lessons Learned Report	Appendix F	Evaluations tool Final Report	Project Lead Northwood Senior Leadership Shoreham Leadership Team Josie Ryan