**Shoreham Village Senior Citizen Association**

**Update on Strategic Priorities**

**CEO Report to the Board of Directors**

**January 12, 2022**

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

|  |
| --- |
| **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.***

* The Department of Seniors and Long-Term Care (DSLTC) has announced a sector wide one-time additional funding of 5% over budgeted FTEs for RNs, LPNs and CCAs to help address identified HHR challenges. DSLTC is providing lump sum payments for the next six months, from November 15 – May 15, 2022, to support facilities with the costs to offer all the above noted employees the opportunity to increase their employment status (casual to part time to full time etc.). To further support staff vacancies, we may use this funding to fund alternative care models and to hire other health care professionals outside of the RN, LPN and CCA classifications as well as external candidates. We received our November Budget Letter for both facilities. While our budget has remained the same in both locations, they have introduced a new funding model. For expenses related to Resident Care and Food, they have indicated that any funds not used in these areas will have to be returned to DSLTC. While we continue to seek clarification regarding the specifics of this new model, we do not expect to have to return funds. We have fully utilized funding in those areas.
* Safety Equipment Fund: we received funding for the purchase of up to $8,038.27 in safety equipment through the DSLTC. The following items have been purchased:

* + Slings
  + Transfer Belts
  + Floor Lift
  + Slider Sheets
  + Anti-Fatigue Mats
* Ceiling lifts: Our new ceiling lifts have been installed but adjustments are required. This remains outstanding. This is impacted by global supply chain issues.

***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.***

* 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. We continue to work on International Recruitment initiatives. We have established on site accommodations to support staff who are travelling out of the area to work for Shoreham.
* Partnership with EMCI: Emergency Medical Care Inc. is developing a program allowing injured paramedics, either physically or psychologically, to re-enter the workforce by *volunteering* at various organizations within the province. They have approached Shoreham Village as a potential partner for this program. We are currently exploring this opportunity in greater detail. We have one more Long Term Care Aide who is interested in participating in the Northwood Training Program to become an NCA. The previous group of individuals who have participated in this creative approach are doing very well. The goal is to ultimately have these individuals become a CCA.
* CCAs continue to be in high demand. Government has interest in Recruitment resources for the Sector. Minister Adams announced an investment of $1.7 million to attract and retain more continuing care assistants and other healthcare workers into the continuing care sector. With the investment, three resources are being created:
* A team of six recruiters is being hired to provide dedicated HR support to the continuing care sector;
* An innovation fund will be available to help long-term care facilities and home-care agencies find local solutions to obstacles that can prevent potential new employees from accepting a job; and
* A skills development fund is being created to help long-term care staff further develop their skills and grow in their careers.

The Health Association Nova Scotia is hiring the recruiters and will administer the two funds. Northwood’s Director of People Services has been invited to be a member of the Stakeholder Advisory Committee which has been established to provide oversight of the Recruitment and Retention Program, and administration of the funds. The committee will consist of 8 members. The first Committee meeting took place on Tuesday November 16.

* Shoreham recruitment video: pleased follow the link to see the first draft of our recruitment video. <https://www.youtube.com/watch?v=BiW-MEoR_HM>
* It is with regret that we share that:
  + Dr Lesley Whynot has decided to discontinue her practice at Shoreham Village effective of January 31, 2022.
  + NP Aebin Paul has tendered his resignation.
  + Shoreham Village Nurse Manager. Roberta Gates Thompson has submitted her resignation effective January 4th 2022.

We are in the process of actively recruiting for all of these positions. We have met with the DHW /NSH Physician recruitment team to discuss our options. Dr Whynot has offered to provide virtual support (out of country) if we need her assistance during the transition.

* The Director of Infrastructure Services continues to be off. Starting Tuesday Nov 30th a Clinical Dietician at Northwood and Manager of Environmental Services Northwood began providing more comprehensive assistance.

***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.***

* In an effort to create better evidence to support decision making in long term care. The Province is moving toward the implementation of InterRai. This system will directly interface with our existing resident chart system: Point Click Care (PCC). This software has not been funded by government. The Department of Seniors and Long-Term Care will provide us **$5,761.74** annually to support our continued use of PCC if the following conditions are met:
  + PCC is subscribed to CIHI’s Integrated interRAI Reporting System (IRRS) (Vendor Specifications version 1.0.4.1) for interRAI-LTCF (version 9.1.3); and,
  + PCC has completed vendor conformance testing with CIHI to provide interRAI-LTCF assessment data to the IRRS, so your home is ready to submit assessments no later than October 2022.

Work on those 2 conditions is underway.

* OT/PT resources: As previously reported, we have been provided additional funding in the following areas:
  + Occupational Therapist: from 0.20 to 0.60 FTE
  + Physiotherapist: from 0.24 to 0.60
  + Rehabilitation Assistant: from 1.00 to 1.20

The new OT is in place. We are reposting for the PT position and Rehab Assistant.

|  |
| --- |
| **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.***

* Capital/Building Improvements/ Funded Project Updates:
  + The waste pipe assessment / repair / epoxy solution project funded by the federal ICIP Program is nearing completion. This company have also been engaged in the plumbing work for the new bed pan sanitizer.
  + The Resident Room upgrade project was initiated on Oct 25, 2021. Each resident would be out of their room for approximately 2-4 weeks, the full project is expected to go on until May 2022 unless the project is placed on hold due to COVID-19. At this point, they are allowed to continue the project because of the separate entrance and no interaction with residents or staff. The first group of residents have returned to their renovated rooms with very positive feedback
* Building Renewal Project: On October 21, 2021, we met with the Department of Health and Wellness and the Department of Seniors and Long Term care to review our Step 3 document submission. The various elements of Step 3 include:
  + Project Plan
  + Functional Program
  + Project Budget
  + Schedule- 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.
  + Risk Management Plan
  + Change Management Plan
  + Water System Supply Assessment

We have asked to undergo further investigations re the design being proposed as it relates to infection control. Josie Ryan has taken that feedback back to the architect and building design adjustments have been made and submitted. They have up to 2 months to review and respond.

* Garden Project, a partnership with SV and the SV Apartments: On December 21, we submitted a grant request of $25,000 through New Horizons.

|  |
| --- |
| **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.***

* Our survey visit is now tentatively scheduled for June 2023.
* On November 10, 2021, Accreditation Canada hosted a webinar to introduce organizations to their new Qglobal program/continuous assessment model. There continues to be some delays in the roll out of OnboardQI, which is their new online platform used to support our assessment activities, as well as collaborative action planning tools. Current projections are the end of November for the roll out of this platform.
* Please see attached the Q2 Scorecard

***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.***

* There is no further update on the NSH evaluation Project

***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.***

* Our new arrangement with the OHC for vaccine storage during a power outage was enacted in November with great collaboration.
* We will be supporting the Foundation as they discontinue their website and integrate with the Main Shoreham Village Website.

**Risk Report**

**1. Corporate Risk**

a. Compliance Risk- Contagious Disease Liability Insurance- Pandemic Insurance: Large increases in the cost of insurance and restrictions in coverage, such as infectious disease exclusions, have made it difficult for LTC and HC service providers to arrange appropriate insurance coverage. At present, all licensed service providers have liability protections through the Emergency Order. Once the state of emergency is lifted, this protection will no longer be in place. DSLTC has engaged with Health Organizations Protective Association (HOPA) to assess the viability of a long-term group purchase insurance solution. HOPA currently provides property and liability insurance to its member healthcare organizations in Nova Scotia and is well positioned to identify available options for a group purchase of insurance for LTC and HC service providers. HOPA is in the process of contacting eligible service providers to obtain all information. This information collection process will be complete by January 19, 2022.

b. Operational Risk

i. we continue to struggle with CCA staffing.

ii. Beaver dam- On Dec 22, 2021 we reported that a beaver had taken up residence in the pond and /or the adjacent culvert. We worked with Lands and Forest to remove the beaver but now we're trying to figure out how to safely remove the dam. An industrial pump was onsite and pumped out about 450,000 gallons of water from the pond which lowered the water significantly, and will reduce the risk of soggy land under the Shoreham buildings, for now. The culvert seems to be stopped-up at both ends (and possibly through-out). The next step will be to contract a company like *Atlantic Industrial Cleaning* that would **vacuum** the culvert to empty the debris to allow water flow to deter the flooding happening again.  Due to the weather, this will likely have to wait until Spring. We have spoken with the county and they will extend our permit to remove the “dam”, and in the meantime are working on obtaining pricing for vacuuming the 200’ culvert.

**2. Service Delivery Risk**

a.COVID- 19- there continue to be no active cases of COVID – 19 in the facility

b. Critical Incident- As reported on January 2, 2022, a resident (not on Wanderguard) left the facility through a fire exit and was out in the cold in the middle of the night for 45 minutes. We are investigating as none of the staff heard the alarm when he exited. Once he was back in the building staff consulted with physician and did a full assessment-a few scrapes. Early morning however, the resident began to deteriorate and was transferred to hospital. He returned to Shoreham but was not doing well. The family are understandably very upset. The incident was reported to the Department of Seniors and Long Term Care (DSLTC).

On Jan 5, the resident involved in the elopement incident reported below passed away. Dr Whynot has been involved and did an assessment immediately following the incident. Dr Whynot’s written assessment is that the abdominal discomfort he experienced was 48hrs after the elopement event and did not feel it had any relationship to the elopement itself.  The progress note that Dr Whynot wrote will be forwarded today to DOH in relation to the Critical Incident with an update that this gentleman has passed.

Our internal investigation has concluded. The resident was seen on video camera leaving through an emergency exit. Those doors are required to remain accessible in the event of an emergency where evacuation of the building is required. These doors are required to be alarmed (this is in addition to the alarm system that is in place for those residents who wear monitoring devices for their safety due to their decision making capacity)

Several staff were in the vicinity when the resident exited. We have interviewed all staff and have reviewed the camera footage. It is clear that the staff did not hear an alarm.

Our maintenance team responded immediately to assess the emergency exit. It was functioning properly- sounding when opened. Our conclusion is that the door was not properly latched thus the door did not sound when the resident exited.

We have put in place a number of practices to prevent this from happening again:

* Additional cameras
* Implementing a process for regular check to the Emergency Doors to ensure they are latched properly
* Engaging the alarm company to address the issue of an unlatched door and the alarm protocol.

As previously noted, the incident was reported to as a critical incident.

We will fully participate in the Department of Seniors and Long Term care investigation.

**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