**Shoreham Village Senior Citizen Association**

**Update on Strategic Priorities**

**CEO Report to the Board of Directors**

**March 16, 2022**

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

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| **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.***

COVID 19:

The province moved to phase 2 of the reopening plan on Monday, March 7, 2022. (These restrictions changes will depend on COVID activity within the facility).

* All residents, regardless of vaccination status, may have community access to indoor and outdoor public places and family homes.
* Proof of vaccine is not required for individuals accompanying residents for off-site trips.
* Overnight visits will not be permitted.
* Residents may have up to three (3) visitors at a time if the facility has adequate space to manage visits comfortably.
* Residents may have larger group visits for special occasions when pre-booked with facility to ensure adequate space and planning.
* All residents, regardless of vaccination status, may participate in social activities and personal services.
* More than one cohort of residents may participate in group activities at the same time while maintaining physical distancing between cohorts as much as possible.
* Proof of vaccination, screening and masking requirements for visitors and staff will remain in place.

On March 21, 2022,when the province enters Phase 3, the following changes will be effective:

* All residents, regardless of vaccination status, may have offsite overnight visits.
* Residents may have up to five (5) visitors at a time if the facility has adequate space to manage visits comfortably.
* Residents are no longer required to remain in the same cohorts for group activities.
* Proof of vaccination, Physical distancing and masking requirements remain in place

The Department of Seniors and Long-Term Care (SLTC) will continue to allocate resources to address the impacts of COVID-19 on Long-Term Care. They will be providing an additional twelve months of funding to support the hiring of Long-Term Care Assistants and Infection Control champions. Based on the evolving approach to living with COVID, it is expected that this will be the last funding period for these temporary expenses. In the next twelve months, from April 1, 2022 – March 31, 2023, SLTC will provide two lump sum payments to support facilities with the costs of Long-Term Care Assistants (LTCA), Infection Control Designate expenses.

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|  | **Purpose** | **Funding** |
| IC Designate | . | $ 29,040 |
| LTCAs |  | $ 75,598 |

Equipment/Supplies:

Our new ceiling lifts have arrived.

As part of the annual Capital Request Process, we have submitted the following projects:

* Hair salon Upgrades
* Heat pump main lounge
* 3 ceiling lifts
* stand mixer

The Foundation has agreed to highlight the new Sens Support Program and the installation of a heat pump in the Main lounge area. These 2 items were selected by the Foundation from a list of possibilities compiled by the Leadership Team. The heat pump in the dining room has made a significant difference for the residents. The installation of a second heat pump in the main lounge will improve the comfort of residents as this is a very well used area. They may also assist us with new furniture for E-Wing.

The Foundation has also asked us to develop a proposal for the use of the funds that were raised to support palliative care. With us moving toward all single rooms, the physical space and privacy of an individual at end of life will be significantly enhanced. We are looking at developing a formal Palliative program including, equipment/furniture purchase, staff training and other support and comfort initiatives. We hope to present the proposal to the Foundation in May, 2022.

Community Support and Funding:

Department of Canadian Heritage have approved funding for our Canada Day Celebration

* Age-Friendly Communities Grant – The Department of Seniors and Long Term Care have awarded us $5,167.81, to initiate our Sensory Support Program. This program will provide sensory stimulation opportunities for our residents and their care givers
* We have been approved for CHB funding for Shoreham Chef’s.

Provincial Placement System: PathWays, the new provincial long-term care e-placement solution, is live effective Feb 28, 2022. This should streamline the process for admission to long term care for both the resident and Shoreham Village.

***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:

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. During the Outbreak, we received support from Nursing Students (worked evenings), we contracted with external agencies (nursing, cleaning and security), support from Northwood staff and we had the benefit of a Provincial Travel Nurse Program where had had support from 2 LPNs and 6 PSWs. At the time of writing this report, the only external support we continue to use is the Travel Nurse Program. The 6 PSWS are expected to be available to us if required up to Aug 31, 2022. This support has allowed us to begin to provide vacations and breaks for staff. We continue with our efforts to attract CCAs. The salary increase announced by the province has created an incentive for some who have left the CCA profession to return. Hopefully the salary increase will see an increased number of individuals who decide to pursue a CCA as a career.

The Director of Infrastructure Services has begun a return to work program. We are pleased to have her back as part of the team! One of our Maintenance Team has resigned his position.

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

***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.***

Physician and NP support: We have interviewed a strong candidate for an NP on March 3, 2022. This individual has been an RN in long term care at Northwood and has been pursuing her NP part time- sponsored by Northwood Foundation Education Fund. This candidate does not graduate until May 2022. We continue to pursue a number of leads regarding a replacement Physician. We are hopeful we will have a physician in the fall. We have had minimal support from the NSH Primary Care team. Access to Physicians to support LTC across the province is a challenge. Dr Barry Clarke, Northwood Medical Director, is providing temporary coverage. Dr Clarke will also be supporting the NP through the required collaborative care relationship. Dr Clarke has also been advocating to include Shoreham Village in an on call group that covers a number of long term care facilities in HRM. On call continues to be one of the key barriers to Physicians providing support to long term care facilities.

Nurse Manager Position: Danyka Devost accepted the position of Manager, Nursing Services and joined the team on Feb 18th. Danyka has returned to Shoreham after several years with VON. She used to be a charge RN at Shoreham Village. She was eager to return and brings with her a strong foundation and passion for LTC. She is a keen advocate for staff and resident care and will be a great addition to the management team.

Staff Recognition: The Board Sponsored Hydration during the outbreak and the SV Foundation sponsored card and gift were very well received. One comment’ No other long term care facility in the province has been so kind to their staff during COVID-19.

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| **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 was nearing completion when it had to be halted due to our outbreak. We are developing a plan to re initiate this work once the outbreak is formally declared over by Public Health.
* The Resident Room upgrade project was placed on hold during our outbreak but has since resumed. This phase is expected to be complete by March 14, 2022. We did not have to wait for the facility to be deemed out of outbreak to resume because contractors have separate access points for the wing thus did not have to go through resident spaces. We hope to be able to maintain the date of Project completion as May 31, 2022

Building Renewal Project: We have yet to complete our Step 3 submissions. 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 were requested to revise the design. We received feedback on March 4, 2022 that they did not accept the new design. They want to see a more compact, less grand design. The DSLTS (DM, ADM and Members of the LTC Infrastructure Investment Team) have asked to meet with the Board Chair, the CEO, the architect and the Project Manager to discuss this. A meeting was scheduled for March 18, 2022 but has been cancelled. They want to wait to see a new design. After all of our advocacy, the Department of Seniors and Long Term Care Team seem to understand the value of the current site and the possibilities and interdependencies that we have all benefitted from.

Garden Project, a partnership with SV and the SV Apartments: Phase one of the plan is to clear brush and pave/connect walk ways. We have engaged our Project Manager and have started our Project charter- broken down in two phases. We have drafted an MOU to present to the apartments to clearly articulate roles and responsibilities, pending final approval from the Board regarding funding to initiate the project.

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| **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 September of 2023. We have re initiated our Accreditation planning meetings for the care/service delivery standards. Proposal: We will plan for an Accreditation Standards Governance training session in November of 2022. We will plan to complete and submit the Governance Self-Assessment tool in January of 2023. The months following that will be focused on developing action plans to respond to opportunities for improvement.
* Please see attached the Q3 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
* Our next DSLTC licensing visit is scheduled for March 2022. All advanced documentation has been prepared and submitted.

*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.***

* We will be supporting the Shoreham Village Foundation Website, which has now been merged with the Shoreham Village Senior Citizens Association 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. It is likely that the State of Emergency will be lifted on March 21. On a sector call on March 5, 2022, they advised there would be a solution in place before that date.

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. The area has been partially cleared and a guard will be installed to prevent future settlement. The final cleanup will occur this spring.

iii. On January 18, 2022 We reported that a motor in our ventilation system seized and began to smoke setting off the alarms. The Fire department responded. We were unable to refurbish the motor. A new motor has been purchased and installed for a total cost of $1,500

**2. Service Delivery Risk**

a.COVID- 19- there continue to be no active cases of COVID – 19 in the facility. The facility is still considered to be in outbreak. We hope the outbreak will be declared over by March 18, 2022. It was declared out of outbreak on March 8, 2022. We have been in contact with the family of the resident who passed away on March 1. The family expressed their sincere gratitude to the staff for the care and support that was provided.

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. This resident has now passed. Our action plan has been implemented. We have received no further feedback from the family at this time. We have had several conversations with the resident’s family reviewing the quality improvements that have been put in place as a result of this incident. The incident was reported to DSLTC. The incident fit the criteria for a critical incident. They thanked us for the detailed description of the event and advised that no further follow up was required at the time. We completed the follow-up form after the resident’s death. The incident was not deemed to be a factor in his death. We were not given any further requirements. The CI was closed by the DSLTC in January.

**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