**Shoreham Village Accreditation- Fall 2023**

**Governance Standards Planning**

*Attestation-Provide Evidence in advance, indicate that we have met*

*On site/ROP- need to provide evidence, Board will need to respond to questions, provide real life examples of how it has been put in to practice?*

*Mock Survey- Practice session with Barbara Hall to prepare for the actual meeting with the surveyors ( see Board Planning Cycle- ? Aug 2023)*

**1. Functioning Tool (Nov 23, 2022) - Action Plan/discussion items:**

* Confidentiality and Conflict of interest forms
	+ Confirm policy
	+ Signatures to be updated- via mail?
* Benchmarking and scorecard
	+ Review of examples
		- vacancy rates- provincial benchmark
		- occupancy
		- Hand hygiene are benchmarked against industry standard.
		- Wound
		- resident and family survey in 2022; quality of care was rated by the Residents at 86.2% and Family rated quality of care at 95.2%, both higher than the national LTC avg.
	+ discussion with Jennifer re others
	+ other examples that we can also add i.e. vacancy rates
* Further discussion re Board evaluation and Peer review
* Board education/ Board Planning Cycle- add any additional items emanating from the Action Plan discussion
* Strat Plan Process- discussion re date for review
* Resident and family first voice opportunities
* Board skills inventory- perhaps formal documentation of this- identification of gaps in skill sets?
* Quick review of Board Policies so everyone is aware of the policies that we have (i.e. terms)
* Board Member Orientation program

**2. Shoreham Village Governance Self -Assessment (January 11, 2023) – Notes/ Action Plan/discussion items:**

**Roles and Responsibility/policies**- regularly reviewed- we get to define what is regularly- check dates last reviewed- need to make sure clearly articulated when last reviewed (spring summer 2022)

***On site*- established mechanisms to hear from residents/staff**. Have examples that are in place now (surveys, councils, Board receiving info re identified room for improvement and what have we done to respond)

* Area that we need to strengthen- Board attendance at Family and Resident Council meetings.
* Other mechanisms- Board email?

***On site*- processes in place to oversee audit and finance, quality of safety, Talent Management**.

* Talent management- - main role of the board- CEO provides regular update
* Board will need to speak to their role in the CEO selection, Performance appraisal as outlined in the Management contract.
* High priority Approve the orgs cap and op budget
* Oversee the recruitment- management agreement, indicators

***On site*- meaningful partnerships with residents and families, Designated Caregiver program during COVID, CEO Report Action list. Next Family Council Board member**

1. Attestation- monitor resident safety- scorecard
2. High priority- hearing about issue from caregivers- in person, reports, staff families- do you have a risk report that comes about incident- risk report in CEO report and then more emergent, through the systems that are in place- need to formalize process- this is the area that need more of a plan going forward- planning to go to family meetings etc. so that the Board – collecting community feedback- have to weed out the unreasonable complaints- established an email that is Board specific- Board direct without a middle person- because small do not need to have complicated approach-hearing from the person we serve
3. Until recently the Shoreham Board had a resident as a member
4. Designated Caregiver (DCG) Program est. during COVID

**ROP Onsite- demonstrate accountability for the quality of care**

* scorecard, reports from the CEO, annual community report-
* provide examples of where you are concerned re an indicator heading in the wrong direction- asked for an action plan on how to fix it- demonstrates that you are actually reading reports
* partnership with Northwood- resulted from the Board identifying that changes needed to be made
* medication Administration- med errors- support change to EMAR
* Post EMAR implementation, monitoring med errors- immediately following- slight increase then resolved. Later- staff member struggling, saw an increase- asked for regular updates re action plan, continue to monitor

 **Knowledgeable about quality principles**

* Education re how to read reports- Author attends Board meetings and responds to questions
* Board orientation- Finance Statements
* how to read risk reports
* Education session Board accountability re Occ Health and Safety
* Review the Board Planning Cycle- are there new education sessions that we should add?

**Quality as a standing item**

 - Perhaps make an adjustment to agenda so it is highlighted on the agenda- quality and safety

- CEO Report and the Scorecard are all about Quality and Safety

**Key system level indicators**-

* Will send the indicator associated with the Management contract
* Board reviews and evaluates annually
* Have you asked to have added or removed? Have recently added the # of volunteers to Scorecard as per request of the Board.

**Information about quality used to meet quality/support decision making- be prepared to provide some examples and the process used to make the decision. How are you using the information provided/**Resource decisions- be prepared with a few examples- scorecard data to make a resource allocation decision. How are you using all of the information you are receiving, any time you use information to make a decision- surveyors are looking for how we can use the information

* Decision making- how do we use values- use a framework, improvements to entry- vehicle for staff transport, 10 additional ceiling lifts- Boards due diligence

- Ceiling lifts – WCB/Staff safety data, vacancies/ workload

- addressing barriers to staff recruitment Staff vehicle transport/housing options provision- feedback from applicants – additional data requested by Board to ensure liability issues addressed.

- Decision and process that was undertaken to attain a management contract.

- preparations and decisions regarding the new build- setting priorities- getting a new building, advocating- what are the indicators that you used to advocate for the new building, - Emergency repairs, system break down ( waste) single rooms.

**Leaders are held accountable for the quality –**

* Accountability through the management agreement and the performance indicators.
* Adjust agenda to reflect the time being spent at each meeting on Quality
* If any issues in Medical care- report through the board-
* org chart needs to clearly articulate the relationship re Medical Care - who is the boss of whom- how does the board hear about medical care issues- through CEO Report ( example is our challenge in having access to primary care)

**Governing Board Publicly discloses**

- Website- social media-Board minutes are no hosted on the website????

- Annually Community Report on Progress toward Strat Directions

- Quarterly Newsletter

- Apartment Association vote re land swap for new build

**General Comments**:

* We meet the spirit of it- in some areas however may need a more robust process/ documentation- perhaps a focus group-
* Opportunity for improvement- people centered care- hearing directly from stakeholders - high bar

|  |  |  |  |
| --- | --- | --- | --- |
| Standard | Opportunity for improvement | Update/Examples | Status |
| **Governance Functioning Tool:** |  |  |  |
| Confidentiality | * Review policy
* Collect signatures
 |  |  |
| Benchmarking to assist in decision making |  | Examples:-vacancy rates- provincial benchmark-occupancy -Hand hygiene are benchmarked against industry standard.-Wound-resident and family survey in 2022; quality of care was rated by the Residents at 86.2% and Family rated quality of care at 95.2%, both higher than the national LTC avg.    -WCB- hand hygiene |  |
| Board Evaluation: Peer Review |  |  |  |
| Board Skills Inventory |  |  |  |
| Strat Planning | -Awareness of process | - Fall 2024? |  |
| Board Education | -Planning for next year? |  |  |
| First Voice | -Improve opportunities to hear from customers | - Board member to attend Family Council Meetings-Resident Council present to the Board 2 times per year-Survey results- several Board members volunteer at Shoreham Village- until Fall of 2022, had a resident who was sitting on the Board. |  |
| Board member orientation |  | -Orientation Agenda revised based on Alison’s feedback |  |
| Governance Self Assessment |  |  |  |
| Board Policy review |  | * Full Review of Policies in Spring 2022
* Board Planning cycle each spring and when necessary?
 |  |
| Processes in place to oversee audit and finance, quality /risk/ safety, Talent Management. |  | * CEO selection/performance- outlined in Agreement with Northwood
* CEO provides regular update re recruitment of front line staff
* Agreement – annual indicators
* Scorecard
* Survey results- includes incident reports
* Risk report
 |  |
| Meaningful partnerships with residents and families | -Community feedback | * DCG program
* Family Council- staff family member Co Chair
* Hearing regularly from Resident Council
* Action lists form both groups
 |  |
| Demonstrate accountability for the quality of care | -provide examples of where you are concerned re an indicator heading in the wrong direction- asked for an action plan on how to fix it- demonstrates that you are actually reading reports-financial/sustainability issues lead to RFP for external support- partnership With Northwood resulted* Wound care, Med errors pre and post Emar implementation
 | * scorecard, reports from the CEO, annual community report, Agreement indicators
 |  |
| Knowledgeable about quality principles | * Education session Board accountability re Occ Health and Safety
* Review the Board Planning Cycle- are there new education sessions that we should add?
 | * Education re how to read reports- Author attends Board meetings and responds to questions
* Scorecard-Author attends Board meetings and responds to questions
* Board orientation- Finance Statements
* how to read risk reports
 |  |
| **Quality as a standing item**  | Perhaps make an adjustment to agenda so it is highlighted on the agenda- quality and safety | * Board Agenda:
* Resident feedback at beginning of agenda
* Scorecard at the beginning of Agenda
* CEO Report and the Scorecard are all about Quality and Safety
 |  |
| **Key system level indicators**- monitoring  | * Review the indicators in the Management Contract
* Regular review of indicators
 | * Management contract
* Scorecard
* Recent addition of # of voluteers
 |  |
| **Information about quality used to meet quality/support decision making**  | How are you using all of the information you are receiving, any time you use information to make a decision- surveyors are looking for how we can use the informationFramework- values, strategic priorities | Decision making- how do we use values- use a framework, Examples: - years of advocating for new building related to ongoing building failures ( Emergency repairs) and quality of care-single rooms-vehicle for staff transport, addressing barriers to staff recruitment Staff vehicle transport/housing options provision- feedback from applicants – additional data requested by Board to ensure liability issues addressed.-10 additional ceiling lifts- Boards due diligence. WCB/Staff safety data, vacancies/ workload- Decision and process that was undertaken to attain a management contract.New building site |  |
| **Leaders are held accountable for the quality –** | -Adjust agenda to reflect the time being spent at each meeting on Quality-If any issues in Medical care- report through the board- org chart needs to clearly articulate the relationship re Medical Care  | -Accountability through the management agreement and the performance indicators.-Medical care issues- through CEO Report ( example is our challenge in having access to primary care), Risk report, Scorecard |  |
| **Governing Board Publicly discloses**- - Annually Community Report on Progress toward Strat Directions- Quarterly Newsletter- Apartment Association vote re land swap for new build |  | -Website- social media-Board minutes, indicators-Annual Community report- Audited financial Statements |  |