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Scorecard Quarterly Report

Quarter 3

October 2023 – December 2023

# Strategic Planning 2021-2026: From Strategy to Action

March 2024

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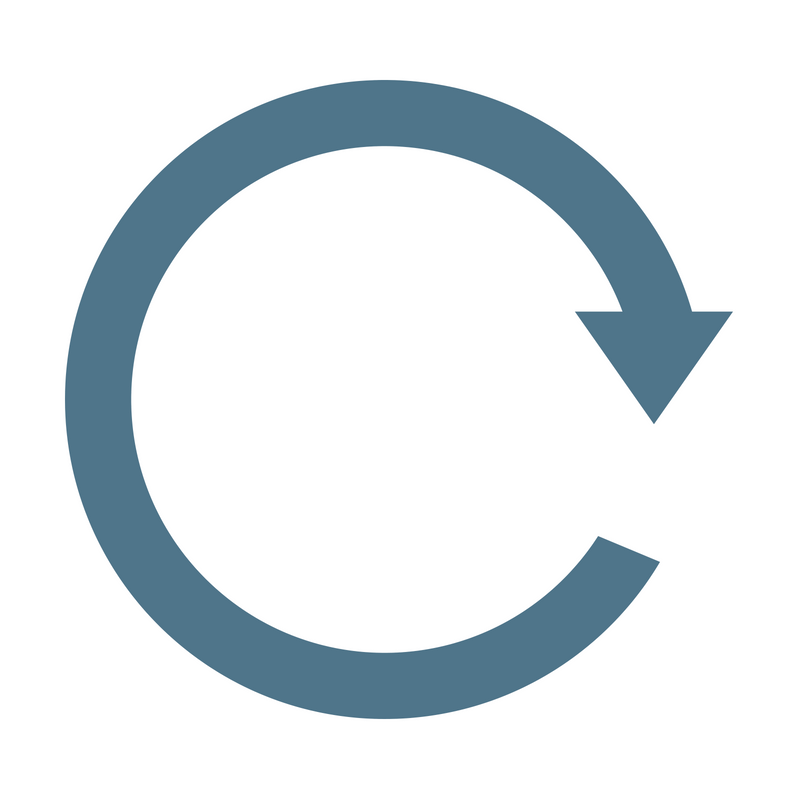
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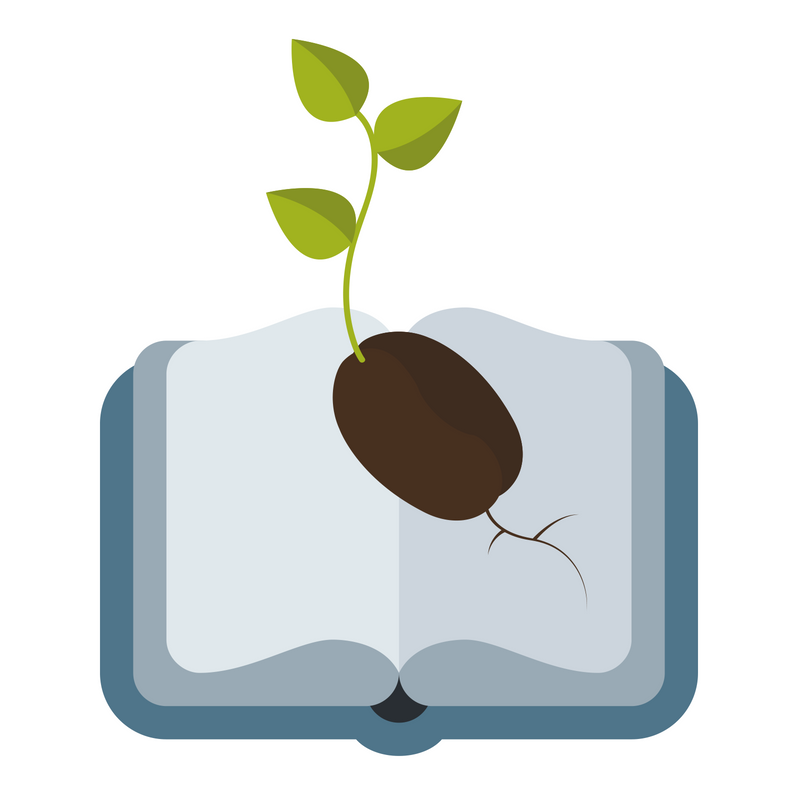
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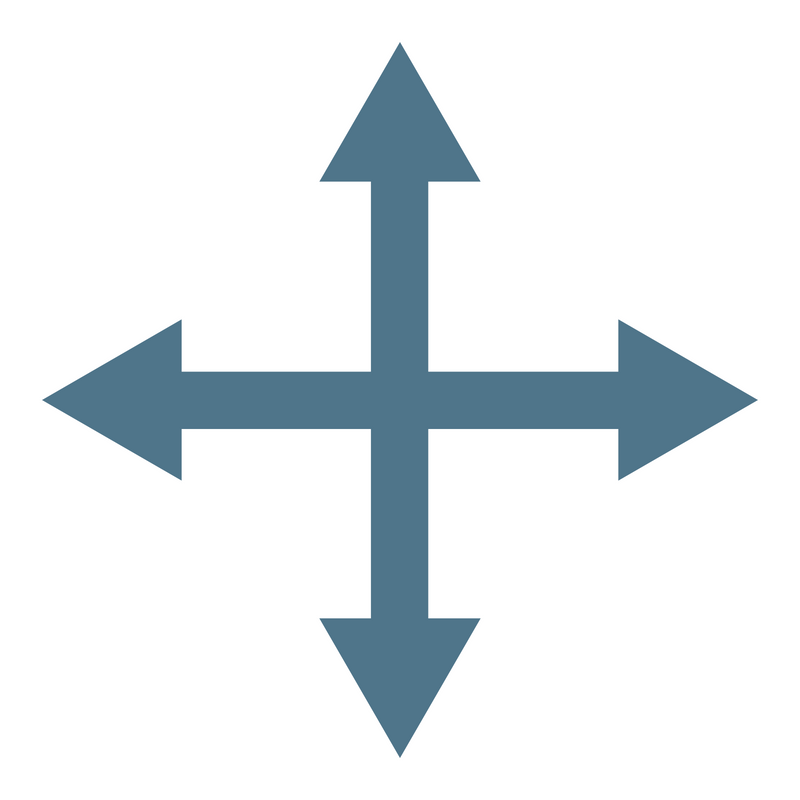
# How to Use this Document

** Finance quadrant**

** Internal process**

** Learning & Growth**

 **Customer Quadrant**

** Externally Reported**

**Quarterly reporting Annual Reporting**

* Trend Arrows refer to change in direction from the previous quarter.
* A red arrow means the indicator is trending in the opposite of desired direction
* A green arrow means the indicator is trending in the desired direction
* Not all indicators currently have defined targets

# Executive Summary

**Introduction**

The Shoreham scorecard reflects the majority of the quantitative performance indicators found in the management contract between Northwood and Shoreham Village (*refer to Appendix A: Shoreham Village Board of Directors – Management Contract Performance Measures*), plus additional quality of care and work life indicators. Additional qualitative indicators found in the management contract such as achieving accreditation status, finance reports, risk identification and mitigation are reported regularly i.e. Shoreham Village Board meetings, the CEO Monthly Report, and the Annual Community Report.

**How We’ve Done**

Shoreham experienced a number of successes in Q3 2023-24, as we worked towards our goal of providing safe and quality care/services to the people we serve. There has been a positive trend in many of our indicators when compared to Q2 2023-24. For those areas that we have had challenges, we continue to work towards making improvements.

For Q3 2023-24, areas we did well in include the occupancy rate, which is above the Seniors and Long-Term Care (SLTC) target of 99.2%, at 99.59%. Shoreham is also meeting its infection rate target of 3 at 2.92, and trending favorably compared to Q2 23-24. Hand Hygiene compliance also continues to exceed our internal target of 80% at 98% for this quarter.

During Q3 23-24, Shoreham is reporting on their resident and family survey results. The results of both surveys were positive. Overall quality of care/service for the resident survey was 86.5%, and for the family survey, 92.9%. Areas for improvement were identified in an action plan, which has been implemented.

Areas for improvement this quarter includes the percent of residents with a restraint at 39%. This is significantly higher than the national average – 5.7%. There is ongoing work in this area through the associated committee. All restraints are seat belts and are used to prevent falls and help with positioning for frail residents. Although for this quarter, the pressure injury prevalence rate is decreasing at 4.49%, we are still above the internal benchmark of 2%. Ongoing work occurs in this area through the wound resource team. In Q3 23-24, there continues to be concern with the average paid sick time hours per employee. This quarter there was an increase compared to Q2 23-24 at 26.64 hrs. This is higher than both the National and Nova Scotia targets. Lastly, this quarter we are reporting on the annual indicator: WCB Rate per $100 assessable payroll, which is $7.11. This is an increase over last year.

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| Performance Summary: Q3 October 2023 – December 2023 | | | | | | | | | |
| **Indicator** | **Rate** | **Target** | **Trend** | **Quadrant** | **Indicator** | **Rate** | **Target** | **Trend** | **Quadrant** |
| LTC Occupancy Rate | 99.59% |  |  |  | Net new CCAs | -5 |  |  |  |
| Paid Sick Hours per Employee (hrs.) | 26.64 |  |  |  | # of active volunteers | 113 |  | **=** |  |
| WCB Hours of time loss per 100 employees | 0 | TBD | N/A |  | % of Residents with a Restraint | 39% |  |  |  |
| WCB Rate per $100 assessable payroll | $7.11 |  |  |  | Pressure Injury Prevalence Rate | 4.49% |  |  |  |
| Incident rate per 1000 resident days | 15.18% | TBD |  |  | **Externally Reported Indicators** | | | | |
| Resident Infection rate per 1000 resident days | 2.92 |  |  |  | Hand Hygiene compliance | 98% |  |  |  |
| Resident Experience Survey Results: OA Quality of Care/Service | 86.5% |  |  |  | Annual Licensing Inspection | Will be added in Q4 with inspection ocurring in March |  |  |  |
| Family Experience Survey Results: OA Quality of Care/Service | 92.9% |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **99.59%** |  |  |  |  |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

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| Strengthening the Long Term Care Services We Provide: Occupancy Rate |

**Measurement:** The Occupancy Rate is the ratio of occupied beds to the total number of beds that are licensed to operate by SLTC under the *Homes for Special Care Act*.

**Key Points**

The Q3 occupancy rate for 2023-24 was 99.59% (0.39 average vacant beds per day), which exceeds the targeted rate from SLTC for the second quarter in a row. This Q3 rate is also an improvement compared to the same period of 2022-23, which was 98.2%.

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| Be an employer of choice: Average Paid Sick Time per Employee |

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| **26.64** paid sick hours per employee |  |  |  |  |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

**Measurement:** Paid sick time includes paid sick hours, paid family ill and paid preventative medical. The number of hours per employee used during periods of illness, without any loss of pay.

**Key Points**

Shoreham is averaging 26.64 hours of sick time per employee in Q3 23-24, which is above both the NS and National targets. This is an increase compared to Q2 23-24, although lower than Q1.

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| Be an employer of choice: WCB Hours of time loss per 100 employees |

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| **0**  hrs./100 employee | **TBD** | **N/A** |  | **A seed growing out of a book  Description automatically generated** |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

**Measurement**: Hours of time loss per 100 employees.

**Key Points**

This is the first time this indicator is being reported in the scorecard. Hours of time loss is 0 for Q3 23-24. Trending will be available in Q4.

WCB hrs. of time loss is impacted by injury rates, severity, duration and return to work processes.

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| Be an employer of choice: WCB Rate per $100 assessable payroll |

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| **$7.11** |  |  |  |  |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

**Measurement**: WCB rate per $100 assessable payroll

**Key Points:**

The current rate is moving from $6.96 in 2023 to $7.11 in 2024. This cost includes the Basic Industry Rate going from $6.13 to $6.10, with a demerit of $1.01 added to the rate, resulting in the total of $7.11.

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| **86.5%**  Overall Quality of Care/Service |  |  |  | A brown figure with arms extended  Description automatically generated |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

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| Strengthening LTC Services: Resident Experience Survey (Overall Quality of Care/Service) |

**Measurement:** The percentage of clients who rate quality of care/service as Good to Excellent. Shoreham’s Internal Resident Experience Benchmark is ≥85%

N size: 37

**Overall quality of care** in 2023 (86.5%) has increased very slightly when compared to 2022 (86.2%). It also exceeds our internal benchmark of ≥85%.

**The likelihood of recommending Shoreham** in 2023 (86.5%) has increased compared to 2022 (78.6%). It also exceeds our internal benchmark of ≥85%.

An action plan has been developed based on the results with targets and timelines in place.

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| **92.9%**  Overall Quality of Care/Service |  |  |  | A brown figure with arms extended  Description automatically generated |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

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| Strengthening LTC Services: Family Experience Survey (Overall Quality of Care/Service) |

**Measurement:** The percentage of families who rate quality of care/service as Good to Excellent. Shoreham’s Internal Family Experience Benchmark is ≥85%

N size: 14

**Overall quality of care** in 2023 (92.9%) has decreased slightly when compared to 2022 (95.2%). The overall quality of care percentage in 2023 exceeds our internal benchmark of ≥85%.

**The likelihood of recommending Shoreham** in 2023 (92.9%) has increased compared to 2022 (86%). This is higher than our internal benchmark of ≥85%.

An action plan has been developed based on the results with targets and timelines in place.

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| Strengthening the Long Term Care Services We Provide: Resident Incident Rates |

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| **15.18%**  Incidents/ 1000 resident days | **TBD** |  |  |  |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

**Measurement:** [# of incidents (by category)/ # occupied bed days] \*1000

**Key Points**

The incident rate for Shoreham decreased from Q2 23-24 (19.24%) to Q3 23-24 (15.18%).

**Responsive Behaviors:** We are seeing a decrease in Responsive Behaviors this quarter. This could be due to having one-on-one staff approved for a resident with behavior challenges, care plans have been effective and a change in residents.

**Falls:** 19 witnessed falls and 56 unwitnessed falls this quarter. 28 falls occurred on A wing, 15 on B wing, 7 on C wing, 11 on D wing, 10 on E wing. Of the 28 falls on A wing, 12 were from one resident who had multiple interventions in place.

**Medication Occurrences:** We had a decrease in medication errors this quarter. 11 in total. 4 were missed doses. 7 of the errors occurred on E wing. Reminder to double check porters and flag medication. Continue with audits.

**Other:** 2 Choking, 5 Elopement, 14 unknown. 14 unknown incidents consisted of residents having urine odor remover in room, unintentional resident injuries, resident found in non-residential areas (back hallway/closet), pressure injury caused by medical device and a few near misses.

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| **2.92**  Infections/ 1000 resident days |  |  |  |  |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

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| Strengthening the Long Term Care Services We Provide: Resident Infection Rates |

**Measurement:** [# residents who are treated for an infection during the reporting period/ # of occupied bed days} \*1000

**Key Points:**

There was a total of 15 Covid swabs completed during Q2 23-24, all of which were negative for residents. There were two suspect outbreaks in October, which closed in November. No RSV or Influenza reported.

There was one skin infection with multiple treatments through the quarter. This is a pressure wound infection being followed by the wound care consultant.

There continues to be a high number of UTI’s. This has been consistently higher in 2023 in comparison with the last 5 years. Cases are spread throughout the building and for the most part are with different residents. There is no one common thread; however, through an investigation there are a number of contributing factors that may be involved:

* Multiple new staff with various levels of experience and training.
* Travel and agency staff which may not have an understanding of our protocols. This is a result of short staffing, which also could be a factor in relation to workload on the Wings.
* In review of flow from time of identification of symptoms, to orders for urine cultures, culture result, treatment prescribed and given, as well as follow up post treatment for resolution, this is not consistent. This could lead to prolonged treatment with multiple antibiotics, prolonged symptoms in residents.

Plan of action:

- Inform staff of trend.

* Roll out PCC Infection control module as this may assist with communication flow.
* Education for CCA staff re proper peri-care to ensure that best practice is being carried out.
* Contact TENA rep for review of proper use of incontinent systems.
* Work with NP, staff and IPAC to do a data review to see if there is a standard care path specifically focused on prevention of UTI in the LTC population and if none exists then work to create one that looks at the above noted factors, as well as pushing fluids regularly as medically indicated, flagging those at high risk, and timely interventions.

Further investigations into data to include those treated with indwelling catheters versus without, those with medical conditions that predispose to UTI’s, those using incontinent systems versus those who do not and how many residents with multiple infections and type of bacteria, if isolated.

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| **4.49%** |  |  |  |  |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

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| Strengthening the Long Term Care Services We Provide: Pressure Injury Prevalence |

**Measurement**: Point Prevalence = [number of pressure injuries / # residents that day] x100

**Key Points**:

The Provincial Wound Care Program, overseen by Health Association of NS (HANS) collects data monthly through a submission to the Seniors & Long-Term Care (SLTC). Shoreham data is submitted on the pressure injuries (PIs) in the facility on a given date, the last day of the month. For Q3 23-24, it was reported at the end of December, which is 4.49%. This data captures pressure injuries and does not include other wounds i.e. skin tears, diabetic wounds.

In the last quarter there was 1 wound acquired at Shoreham from a medical device. The remaining wounds were acquired in the community, while in acute care, or were existing chronic wounds. The wound care team has regular monthly meetings or more frequent if required.

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| Strengthening the Long Term Care Services We Provide: % of Residents with a Physical Restraint |

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| **39%** |  |  |  |  |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

**Measurement**: [# of residents with a physical restraint/ total # of residents] x 100

**Key Points:**

Although the percentage of residents with a physical restraint was reviewed and reported at the program level, it is now being added to the Board scorecard as a quality-of-care indicator. There was a slight increase in the % of resident restraints in Q3 23-24 at 39% compared to Q2 23-24, which was 38%. Seat belts are the restraint being used, and it is primarily related to positioning to reduce the risk of falls.

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| **-5**  net new CCAs |  |  |  |  |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

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| Be a recruitment magnet: Recruitment of CCAs/PCWs |

**Measurement**: # of new hires minus the # of terminations during the quarter = net growth. Current target is to maintain staffing levels during the 2023-24 fiscal year.

**Key Points**

There was a total of 7 CCA new hires during the Q3 23-24 period with a loss of 12 CCAs. Half of those that resigned were casual and had not worked in quite some time. The others obtained employment closer to home.

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| **113** | **TBD** | **=** |  | **A blue circular arrow with a white background  Description automatically generated** |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

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| Be a recruitment magnet: Number of Active Volunteers |

**Measurement:** the total number of volunteers based on those recruited and deactivated during the quarter.

**Key Points:**

The number of active volunteers has remained consistent over the last three quarters of fiscal year 2023-24 at 113.

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| Strengthening the Long Term Care Services We Provide : Hand Hygiene Compliance (%) |

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| --- | --- | --- | --- | --- |
| **98%** |  |  |  |  |
| **Opportunities Met** | **Target** | **Trend** | **Reporting** | **Quadrant** |

**Measurement:** # of opportunities for hand hygiene met/ total # of opportunities observed. Random hand hygiene audits are completed on a quarterly basis with the goal to observe 10% of staff including regular, part time and casual staff.

**Key Points:**

Compliance has increased slightly this quarter to 98% compared to 96% in Q2 23-24.

There has been an increase in audits this quarter due to respiratory season with a reported increase in respiratory infections in the community. Regular reminders for hand hygiene and mask usage have been completed.

Handling of clean linen is our primary area of focus, concerns in this area are usually a result of facility space, multiple new staff, and lack of staff. Multiple reminders continue to go out.

Supporting and assisting residents with their meals continues to be challenging. This will be a targeted area for Q4. The challenge is how to have hand sanitizer readily available at tables and still comply with licensing requirements. Further education may need to be completed in this area. Reminders for the moments of hand hygiene will be redistributed to all staff.

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| Strengthening the Long Term Care Services We Provide: Annual Licensing Inspection 2024 |

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| Requirements |  |  |  | **A blue arrows pointing to different directions  Description automatically generated** |
| **Rate** | **Target** | **Trend** | **Reporting** | **Quadrant** |

Data to be added in Q4 after 2024 inspection in March.

# Appendix A: Shoreham Village Board of Directors – Management Contract Performance Measures

|  |  |  |  |  |  |  |  |  |  |
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| Criteria for Shoreham/Northwood Agreement Evaluation Indicator | Measure (over 12 months) | | | Data Source | | Finding (actual performance) | | | Value |
| Quality of Care | | Resident satisfaction/quality of life | | | Resident satisfaction survey to be completed at a minimum of every 2 years. An action plan is established. All actions will be complete with in 6 months. | | | Accrued report | |
| Occupancy rate | | Annual Average occupancy rate above 96% (post pandemic) | | | Scorecard | | | /5 | |
| Incident rate | | Incident Rate Per 1000 Resident Days remains under 20 / quarter | | | Scorecard | | | /5 | |
| Responsive behaviours | | Rate Per 1000 Resident Days remains under 5/ quarter | | | Scorecard | | | /5 | |
| Falls | | Fall Rate Per 1000 Resident Days remains under 8/ quarter | | | Scorecard | | | /5 | |
| Medication errors | | Rate Per 1000 Resident Days remains under 5/ quarter | | | Scorecard | | | /5 | |
| Respiratory infections | | Rate Per 1000 Resident Days remains under 5/ quarter | | | Scorecard | | | /5 | |
| UTIs | | Rate Per 1000 Resident Days remains under 10/ quarter | | | Scorecard | | | /5 | |
| Skin lesions requiring treatment (bed sores) | | Rate Per 1000 Resident Days remains under 5/ quarter | | | Scorecard | | | /5 | |
| Gastrointestinal problems | | Rate Per 1000 Resident Days remains under 5/ quarter | | | Scorecard | | | /5 | |
| Licensing status | | | Continued good standing | | | | licensing report | | |
| Financial and Risk Management | Accuracy of forecasts | | | Forecast variances can be explained | | Regular Board Meeting Report | | | /2.5 |
| Timeliness of financial reporting | | No unreasonable delays in reporting | | | Regular Board Meeting Report | | | /2.5 | |
| Risk identification and mitigation | | Monitors Trends and develops Action Plans where required  Identifies and responds to emergent risk issues  Communicates with The Board in accordance with the Risk Management Framework which includes Service Delivery Risks (indicators noted above) and Corporate Risks:  - Compliance Risks (Standards and Licensing and Annual Audit Process)  - Financial Risk (Monthly financial reporting, Annual Audited statements)  - Operational Risks (Cyber security and COVID-19 2 solid indicators that the Partnership provides operational depth/redundancies, expertise and support as opposed to a stand-alone structure | | | CEO report/ Risk Report/Scorecard | | | /5 | |

|  |  |  |  |  |  |  |  |
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| Values and Engagement | Shoreham reputation with stakeholders (families, community, government, sector) | | Greater than 4 out of five star rating by all stakeholders | | Survey/key informant interviews | | /10 |
| Confidence in leadership | | Greater than 4 out of five star rating by all board members | | Survey/key informant interviews | | /10 | |