



Scorecard Quarterly Report

Quarter 2

July 2024 – September 2024

Strategic Planning 2021-2026: From Strategy to Action

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## How to Use this Document



Finance quadrant



Internal process



Learning & Growth



Customer Quadrant



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

In Q2 2024-25, Shoreham achieved several successes as we continued our mission to deliver safe and high-quality care/services to those we serve. Many indicators show improvement compared to Q1 2024-25. We remain committed to addressing areas where we face challenges.





During Q2 2024-25, we excelled in several areas, including paid sick time, achieving a rate of 12.67%, which meets both Nova Scotia and National targets. Hand hygiene compliance also surpassed our internal goal of 80%, reaching 95% this quarter. While we did not meet our target of 158 volunteers, we gained 7 new volunteers this quarter. Additionally, we recorded zero Workers' Compensation Board (WCB) hours lost, a notable improvement from the 125 hours reported in Q1 2024-25.

Under areas for improvement, we observed a significant increase in the percentage of residents using physical restraints, rising to 42% in Q2 2024-25 from 31% in Q1 2024-25. The use of seat belts as restraints is primarily related to positioning for fall risk reduction. We are conducting a comprehensive review in this area to ensure that our tracking accurately reflects true restraints, in line with definitions used in InterRAI assessments and reported to the Canadian Institute for Health Information (CIHI). Consequently, the previous target for physical restraints of 5.7% will be adjusted to align with the quarterly risk-reduced average for restraints in Nova Scotia as reported by CIHI. We expect to see a lower percentage of physical restraints reported in Q3 2024-25 as a result of this ongoing work.

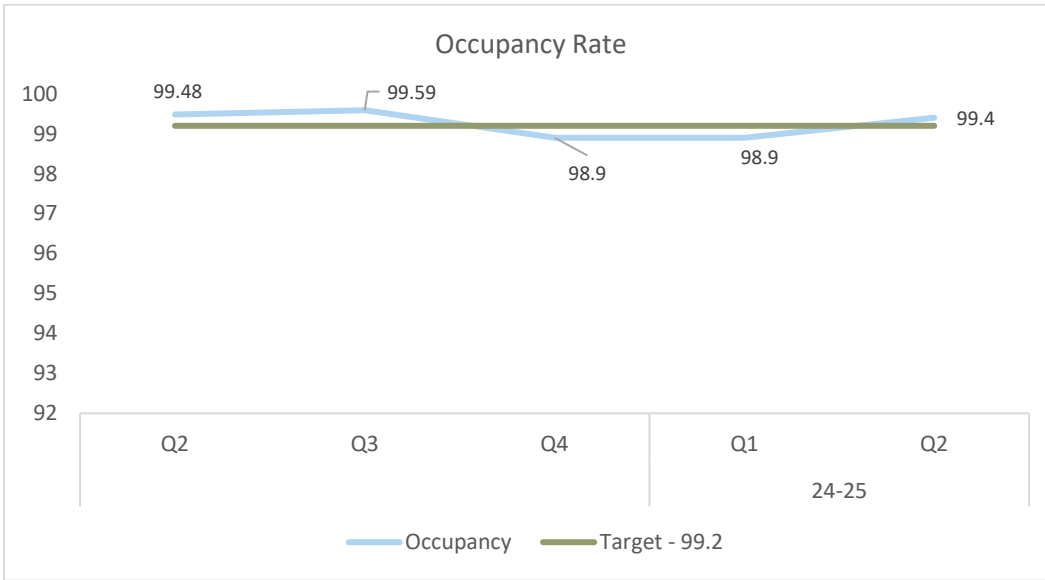
Performance Summary: Q2 July 2024 – September 2024

Indicator	Rate	Target	Target Met	Trend	Quadrant	Indicator	Rate	Target	Target Met	Trend	Quadrant
Occupancy Rate	99.4%	99.2%				% of Residents with a Physical Restraint	42%	20.1%			
Incident rate per 1000 resident days	10.93%	TBD	TBD			Paid Sick Hours per Employee	12.67	NS: 19.375 National: 21.05			
Hand Hygiene Compliance	95%	80%		=		WCB Hours of time loss per 100 employees	0	TBD	TBD		
Resident Infection rate per 1000 resident days	4.79	3				Net new CCAs	-4	TBD	TBD		
Pressure Injury Prevalence Rate	4.49%	2%				# of active volunteers	115	158			

Strengthening the Long Term Care Services We Provide: Occupancy Rate

99.4%	99.2%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

**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*.

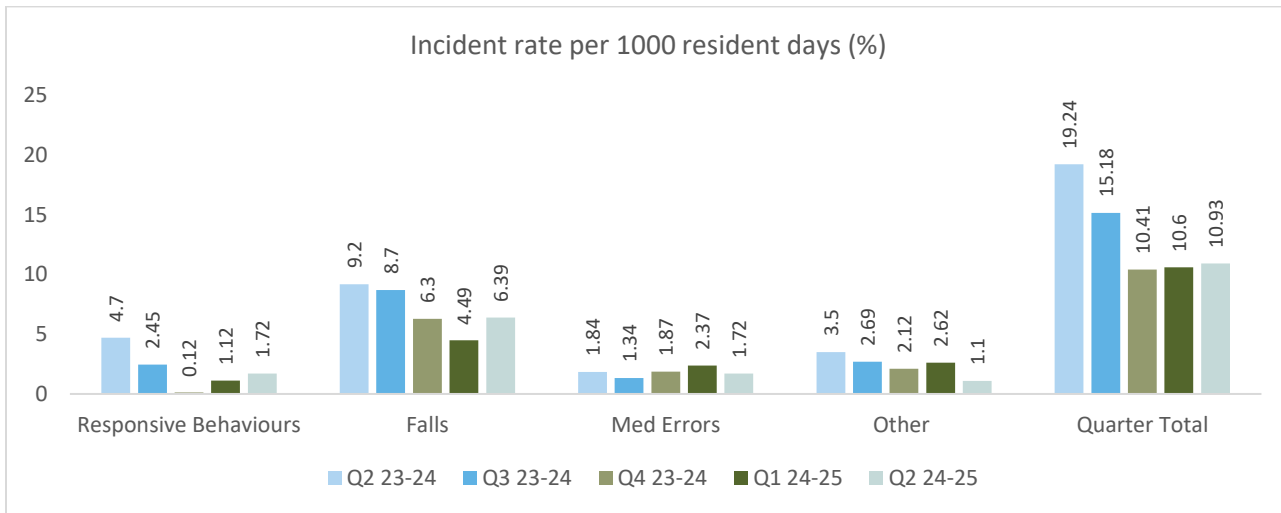


**Key Points**

The Q2 occupancy rate for 2024-25 was 99.4% (0.7 average vacant beds per day), which is above the targeted rate from SLTC. The Q2 rate is slightly lower compared to the same period of 2023-24, which was 99.48%.

Strengthening the Long Term Care Services We Provide: Resident Incident Rates					
10.93% Incidents/ 1000 resident days	TBD	TBD			
Rate	Target	Target Met	Trend	Reporting	Quadrant

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



### Key Points




The incident rate for Shoreham increased slightly from Q1 24-25 (10.6%) to Q2 24-25 (10.93%).

**Responsive Behaviors:** there was an increase in responsive behaviors this quarter - 14 this quarter and 9 last quarter. This could be due to a change in our resident population. We have been working closely with our behavior resource consultant. Of the 14 this quarter, 13 were physical aggression and 1 was sexual non-aggression.

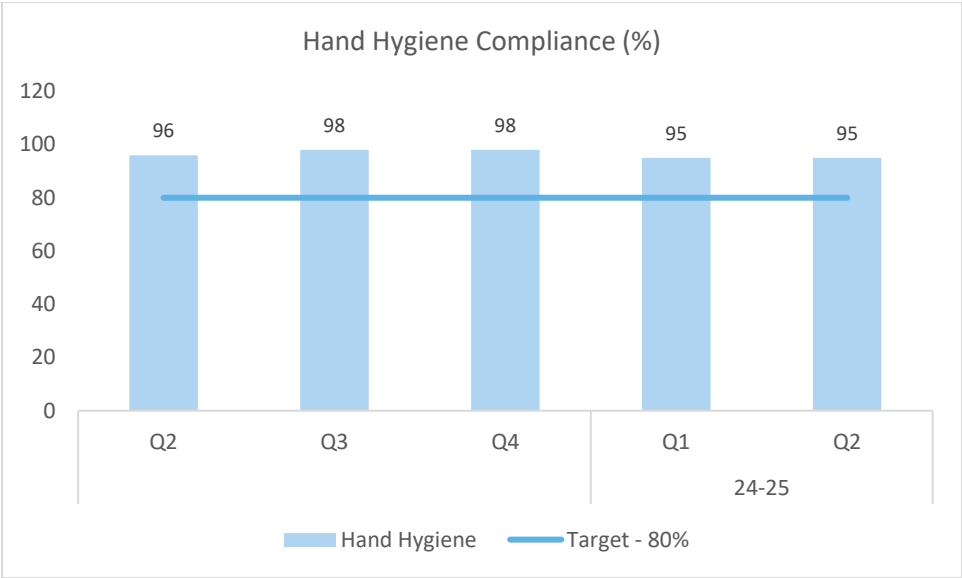
**Falls:** there was an increase in falls this quarter. This could be due to having several new residents come to Shoreham during this period of time, and a decline in some of our current residents resulting in more falls. There were 52 falls this quarter and 36 falls last quarter. 6 falls were witnessed and 45 unwitnessed and 1 fall during a staff assist. 6 on A wing, 19 on B wing, 9 on C wing, 8 on D wing and 10 on E wing. All incidents continue to be reviewed on a regular basis by the Managers of Resident Care and the mobility team with prevention strategies added to the resident care plans.

**Medication Occurrences:** there was a decrease in medication occurrences, this quarter there were 14 and in the last quarter there were 19. Of the 14, 1 was a transcription and documentation error, 4 were pharmacy errors, 4 were missed doses, 1 wrong medication, 1 near miss and 3 others. The 3 others consisted of 1 tablet of a narcotic found missing during the shift, 1 tablet of a narcotic found missing at shift change and 1 full card of narcotics accidentally disposed of. Reminder to staff to double check medication porters and to take their time when administering medication.

**Other:** The other incidents consisted of 5 elopements, 1 self-inflicted injury and 3 others, which included money missing from a resident's purse, a resident had their finger jammed in a door and a resident had slid down from their wheelchair until their seat belt was across their chest.

Strengthening the Long Term Care Services We Provide: Hand Hygiene Compliance (%)					
95%	80%		=		
Opportunities Met	Target	Target Met	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 remains the same this quarter at 95%; however, well within the expected range. There has been a significant change in staff and residents which may account for this. Regular reminders for hand hygiene and mask usage have been completed. The importance of hand hygiene has also been discussed at Resident Council.





There are increased reminders for offering hand hygiene to residents in the dining area.

**Areas to note:**

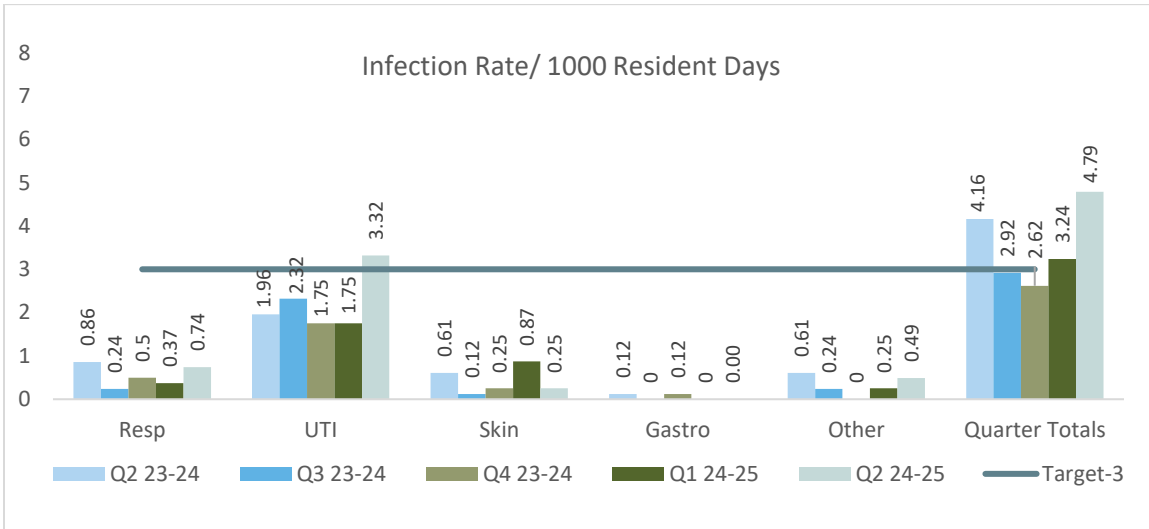
- Handling of clean Linen is our primary area of focus. Other areas of note are with assisting residents at meal time, after removal of gloves and in contact with contaminated equipment. These events are pointed out at time of audit to ensure a learning moment has taken place.
- Overall reminders for the moments of hand hygiene will be redistributed as well to all staff. Hand Hygiene program-initiated post outbreak in dining areas with residents as well.



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

<b>4.79</b> Infections/ 1000 resident days	<b>3</b>				
<b>Rate</b>	<b>Target</b>	<b>Target Met</b>	<b>Trend</b>	<b>Reporting</b>	<b>Quadrant</b>

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



**Key Points:**

There was a COVID outbreak this quarter declared Sept 3, 2024 (2024-WZ-149) This was the largest outbreak experienced at Shoreham since the Pandemic. Contact tracing could not be determined; however, staff and family members were also positive during this time.

A mask mandate was in effect for the month of September. There was a total of 31 residents and 22 staff members impacted. There were 4 resident deaths that were attributed in part due to COVID infection.





There was an increase in UTI's this quarter; however, down from Q4 of last year. Through chart review there were multiple repeat UTI's among same residents, which inflates the numbers to a degree. It was noted that follow up post antibiotics were lacking.

Issues with UTI management were found after chart reviews, which were completed on all UTI's. Delays in UTI landmarks for treatment i.e. symptom identification therefore delay in urine collection, reception of results and follow up documentation.

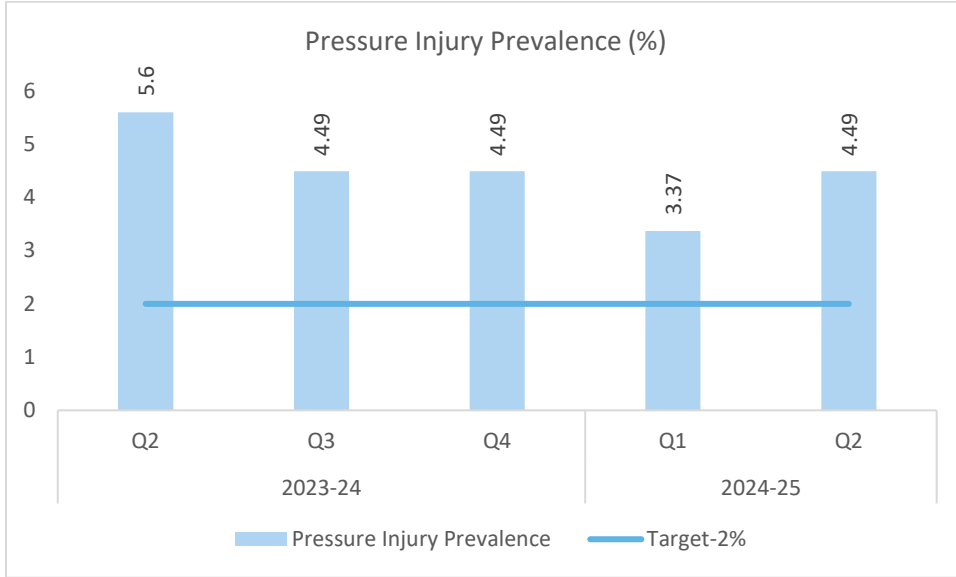
- UTI's are not commented upon in quarterly nursing reviews
- We have a small number of residents with multiple treatments despite investigations

On a positive note: a system has now been established with the lab to ensure that reports are coming to Shoreham electronically so we are no longer waiting for paper. This allows us to act on these infections faster. Also, we have now started to see that delays are minimized with the additional order to do In and Out catheter specimens if unable to collect within 24 hrs.

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

4.49%	2%				
<b>Rate</b>	<b>Target</b>	<b>Target Met</b>	<b>Trend</b>	<b>Reporting</b>	<b>Quadrant</b>





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



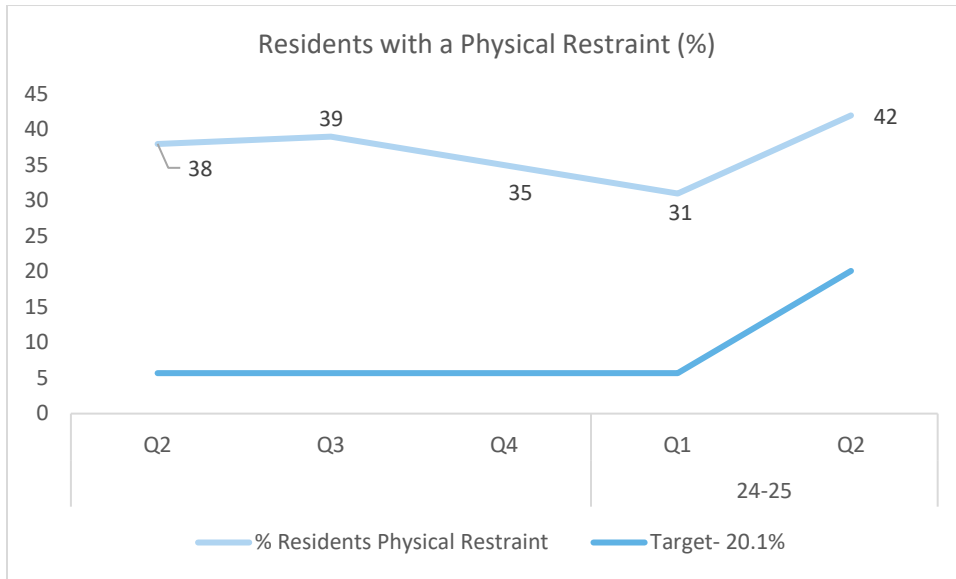
**Key Points:**

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 Q2 24-25, it was reported at the end of September, 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 Shoreham had 2 new facility acquired wound. The remaining wounds were acquired while in acute care or were existing wounds. The wound care team has regular monthly meetings. Shoreham also has regular check-ins with the wound consultant from the western zone wound program.

Strengthening the Long Term Care Services We Provide: % of Residents with a Physical Restraint					
42%	20.1%				
Rate	Target	Target Met	Trend	Reporting	Quadrant





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



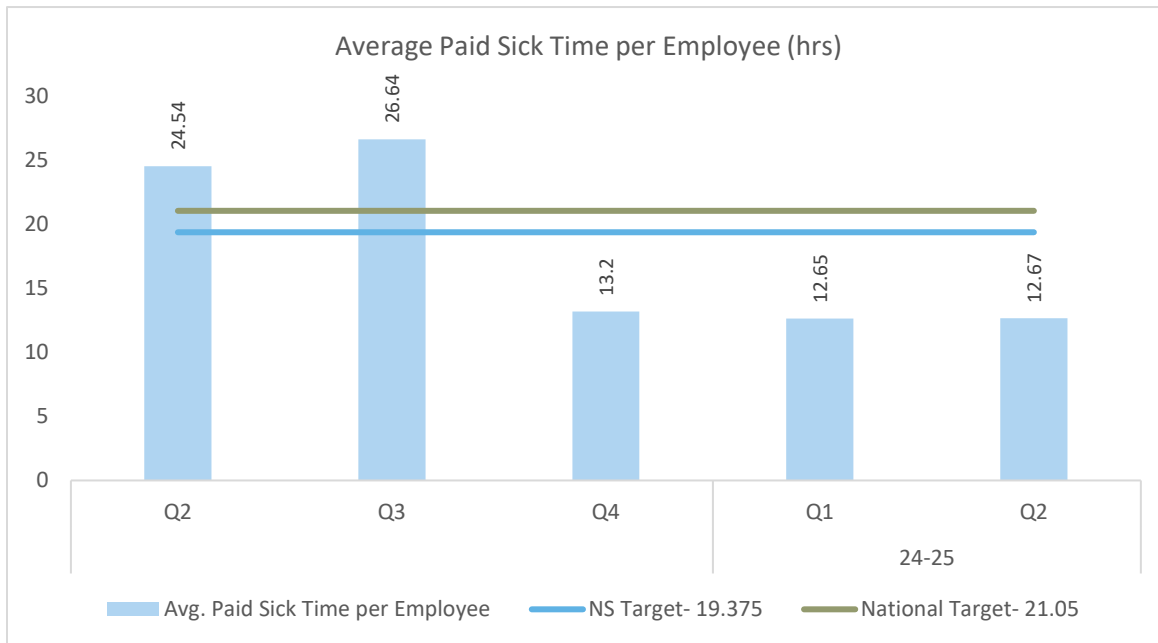
**Key Points:**

There was a significant increase in the % of resident physical restraints in Q2 24-25 at 42% compared to Q1 24-25, which was 31%. Seat belts are the restraint being used, and it is primarily related to positioning to reduce the risk of falls. A full review is occurring in this area to ensure tracking of restraints is reflective of a true restraint and not positioning, and to align with the definition being used in the InterRAI assessments and reported to the Canadian Institute for Health Information (CIHI).

The target previously used for physical restraints 5.7% has been changed to reflect the quarterly Nova Scotia risk reduced average in CIHI for restraints. Therefore, the target will change quarterly.




Be an employer of choice: Average Paid Sick Time per Employee					
12.67 paid sick hours per employee	NS: 19.375 National: 21.05				
Rate	Target	Target Met	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.

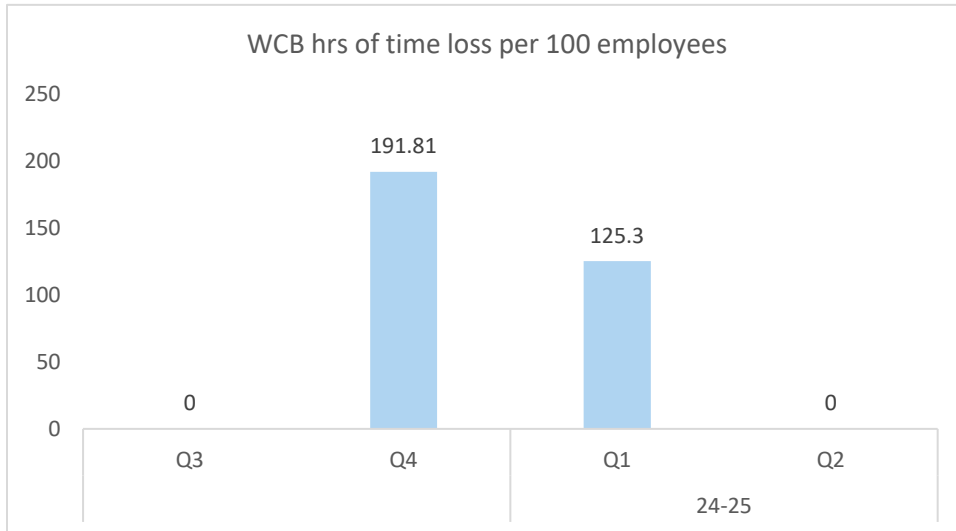


### Key Points

Shoreham is averaging 12.67 hours of sick time per employee in Q2 24-25, which is below both the NS and National targets. This is a slight increase compared to Q1 24-25.

Be an employer of choice: WCB Hours of time loss per 100 employees					
0 hrs./100 employees	TBD	TBD			
Rate	Target	Target Met	Trend	Reporting	Quadrant




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



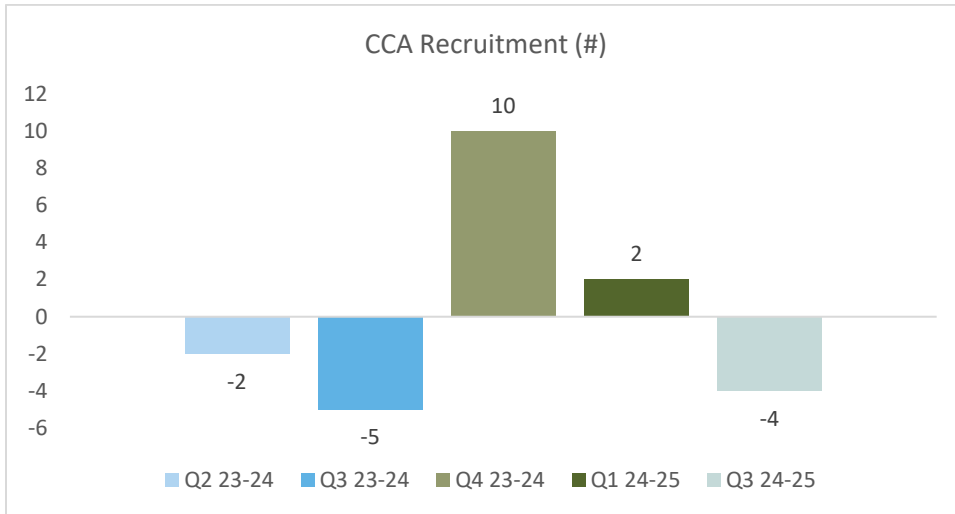
**Key Points**

Hours of time loss is 0 for Q2 24-25, which is a decrease compared to Q1 24-25.

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





Be a recruitment magnet: Recruitment of CCAs					
-4 net new CCAs	TBD	TBD			
Rate	Target	Target Met	Trend	Reporting	Quadrant

**Measurement:** # of new hires minus the # of terminations during the quarter = net growth.

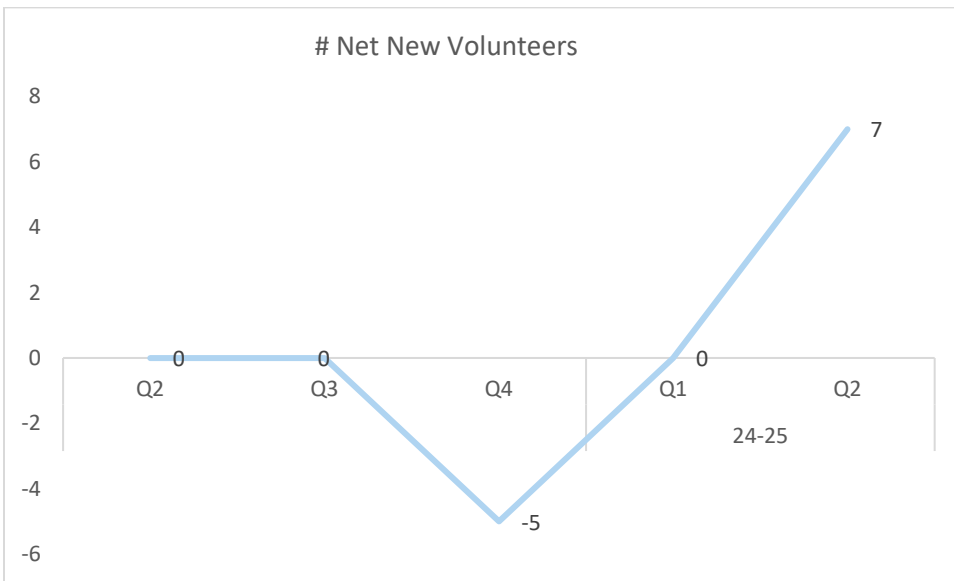
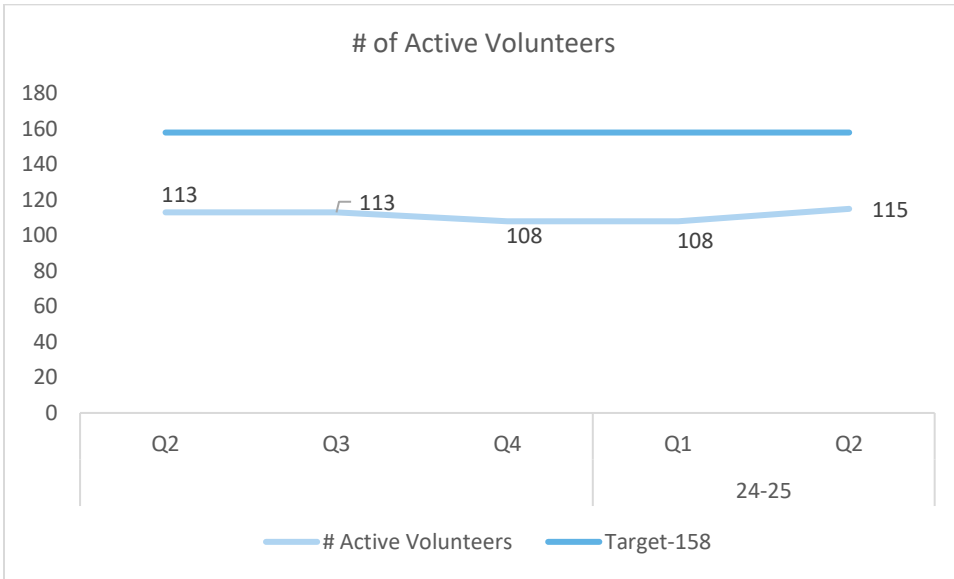


### Key Points

During this period, we welcomed three new CCA hires and saw a departure of seven CCAs. Of these departures, only two were true resignations, while the remaining five were either students or individuals who had not worked in several years due to illness. We experienced only a small number of vacancies this period, reducing the need for additional hiring.

Be a recruitment magnet: Number of Active Volunteers					
115	158				
Rate	Target	Target Met	Trend	Reporting	Quadrant

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



**Key Points:**

The number of active volunteers has increased this quarter to 115 compared to Q1 24-25, which was 108.

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

Indicator		Measure (over 12 months)	Data Source	Finding (actual performance)	Value
Quality of Care	Resident experience /quality of care	Resident experience survey to be completed at a minimum of every 2 years. An action plan is established. All actions will be complete within 6 months unless the action is deemed more complex and/or requires additional funding to achieve.	Accrued report		
	Occupancy rate	Seniors and Long-Term Care (SLTC) Target of 99.2%	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
	Pressure Injury Prevalence	Point Prevalence = [number of pressure injuries / # residents that day] x100. Internal benchmark 2% or less.	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		/2.5
	Timeliness of financial reporting	No unreasonable delays in reporting	Regular Board Meeting		/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: <ul style="list-style-type: none"> <li>- Compliance Risks (Standards and Licensing and Annual Audit Process)</li> <li>- Financial Risk (Monthly financial reporting, Annual Audited statements)</li> <li>- 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</li> </ul>	CEO report/ Risk Report/Scorecard		/5
		<ul style="list-style-type: none"> <li>- Reputational Risk (Public reporting, transparency)</li> <li>- Strategic Risk (Strategic Planning Process, progress toward established goals</li> </ul> <p>Emergent Risks are communicated to the Board via email. Risk Report tracking, monitoring and progress reports are communicated through the Scorecard, Financial Reports and Audited Statements and the</p> <p>CEO Report to the Board of Directors.</p>			
HR Management	Workplace safety	Same as or improved rate of injury/WCB claims	Scorecard		/5
	absenteeism	Same as or improved rate of absenteeism	Scorecard		/5
	Staff recruitment, training, retention and succession planning	Turnover rate	Scorecard		/5
	Volunteer recruitment, training and retention	Steady or growing volunteer base	Scorecard		/5
	Staff experience	Accreditation Survey tool minimum Q 4 years. Staff experience survey to be completed at a minimum of every 2 years. An action plan is established. All actions will be complete within 6 months unless the action is deemed more complex and/or requires additional funding to achieve.	Scorecard		/5
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

Total score (80 or higher, vote to renew; score below 80, review for improvement. Score below 70, consider termination) /100