



Scorecard Quarterly Report

Quarter 3

October 2024 – December 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



External Process



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

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 Q3 2024-2025, Shoreham performed well in several key areas. Hand hygiene compliance stood at 94%, far exceeding the target of 80%, which highlights a strong commitment to infection control practices. Paid sick hours per employee were notably low at 11.47 hours, significantly below the Nova Scotia and national averages of 19.375 and 21.05, respectively, reflecting strong employee attendance. Additionally, the potentially inappropriate use of antipsychotics was below the provincial average at 23.2%, showing positive trends in medication management. Finally, there was a notable improvement in the physical restraint indicator this quarter compared to previous quarters, due to a comprehensive review in this area. The restraint indicator decreased from 42% to 10%.





However, there were areas that require improvement. The rate of residents experiencing worsened depressive moods was high at 34.9%, well above the Nova Scotia average of 18.2%. Contributing factors include outbreak precautions, such as isolation and reduced social interaction, along with challenges faced by new admissions adjusting to long-term care. The resident infection rate was 3.83 per 1,000 resident days, slightly above the target of 3, signaling the need for continued vigilance in infection control practices. The rate of residents experiencing worsening pain was 18%, significantly higher than the target of 7.7%, suggesting a need for monitoring in this area. Shoreham's incident rate rose significantly from 10.93% in Q2 to 15.18% in Q3 24-25, largely due to increased responsive behaviors from two residents. To address this, a Behavior Resource Consultant was involved, 1:1 support and care plan adjustments were made, along with increased staff training. Volunteer participation was below target at 115 active volunteers, compared to the target of 158, indicating a need for continued volunteer engagement efforts.

Overall, while Shoreham demonstrated strong performance in infection control, employee attendance, and medication management, attention should be given to addressing resident mental health, pain management, and volunteer engagement to enhance care quality in the upcoming quarter.

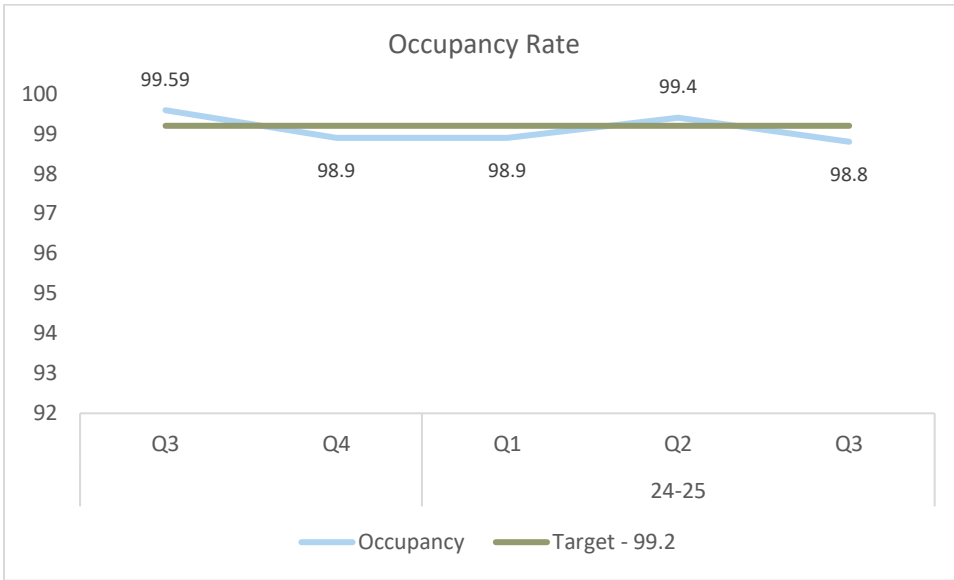
Performance Summary: Q3 October 2024 – December 2024

Indicator	Rate	Target	Target Met	Trend	Quadrant	Indicator	Rate	Target	Target Met	Trend	Quadrant
Occupancy Rate	98.8%	99.2%				Worsened Depressive Mood	34.9%	18.2%			
Incident rate per 1000 resident days	15.18%	TBD	TBD			% of Residents with a Physical Restraint	10%	19.2%			
Hand Hygiene Compliance	94%	80%				Paid Sick Hours per Employee	11.47	NS: 19.375 National: 21.05			
Resident Infection rate per 1000 resident days	3.83	3				WCB Hours of time loss per 100 employees	158	TBD	TBD		
Pressure Injury Prevalence Rate	4.49%	2%		=		WCB Rate per \$100 assessable payroll	\$6.27	\$5.97			
Potentially Inappropriate Use of Antipsychotics	23.2%	30.2%				Net new CCAs	-3	TBD	TBD		
Experiencing Worsened Pain	18%	7.7%				# of active volunteers	115	158		=	

Strengthening the Long Term Care Services We Provide: Occupancy Rate




98.8%	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*.

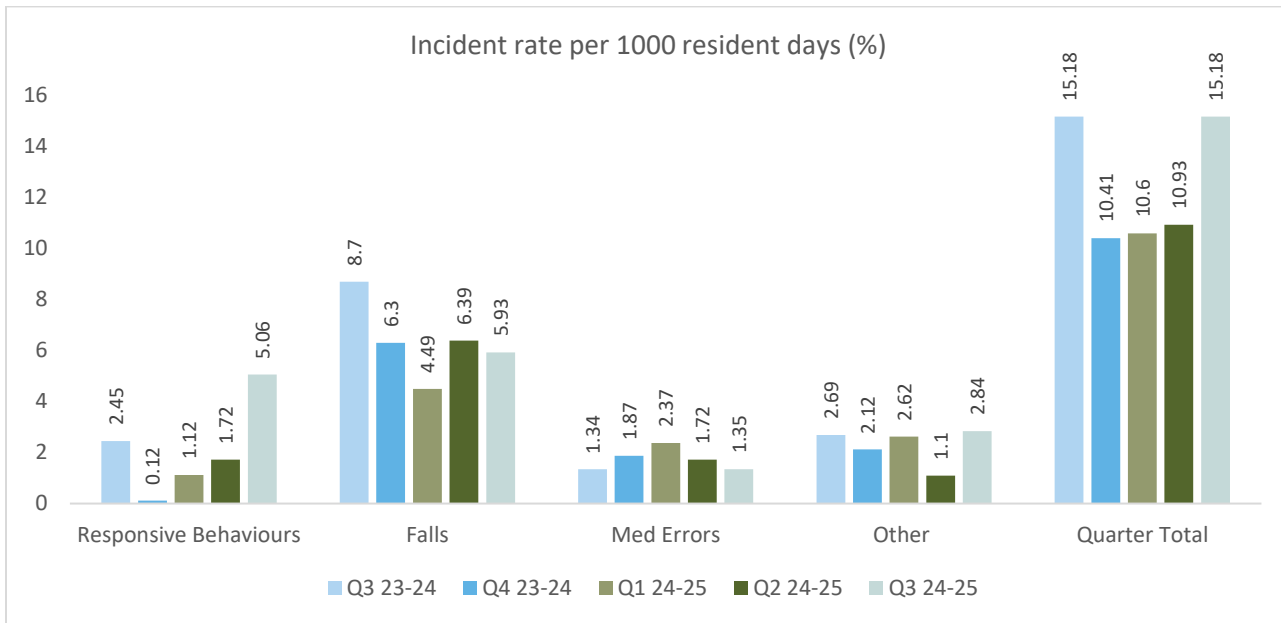


Key Points

The Q3 occupancy rate for 2024-25 was 98.8% (1.1 average vacant beds per day), which is slightly below the targeted rate from SLTC. The Q3 rate is slightly lower compared to the same period of 2023-24, which was 99.59%.





Strengthening the Long Term Care Services We Provide: Resident Incident Rates					
15.18% Incidents/ 1000 resident days	TBD	TBD			
Rate	Target	Target Met	Trend	Reporting	Quadrant

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

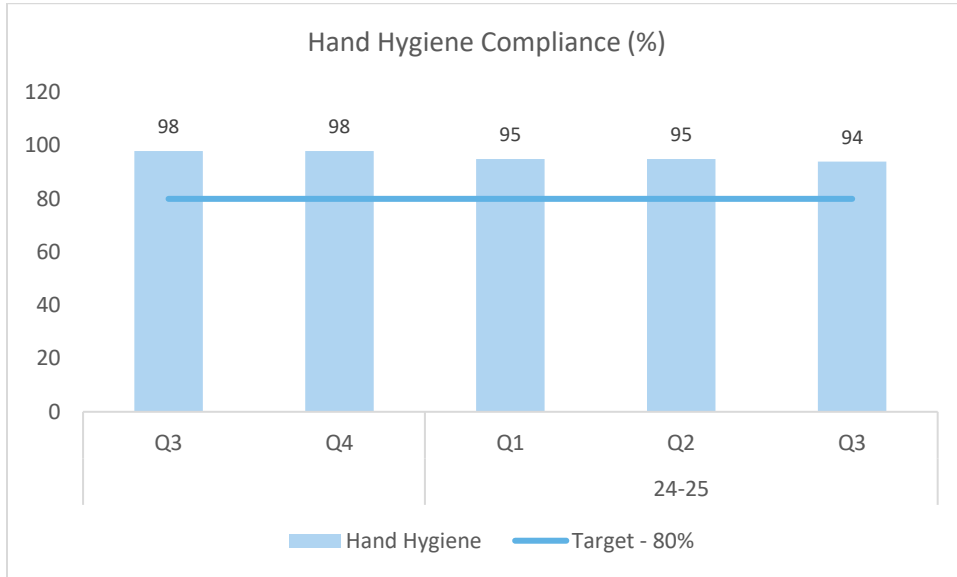


Key Points

The incident rate for Shoreham increased from Q2 24-25 (10.93%) to Q3 24-25 (15.18%). Responsive behaviors saw a significant rise, from 14 incidents last quarter to 41 this quarter, with two residents accounting for 28 of the incidents due to notable changes in their behavior. Of the 41 incidents, 30 involved physical aggression, 3 were verbal aggression, and 8 were sexual non-aggression. To address these behaviors, a Behavior Resource Consultant was involved, 1:1 support was implemented, care plans were adjusted, acute care support was reached out to, and Gentle Persuasive Approach training was provided to all staff. In terms of falls, there was a slight decrease from 52 falls last quarter to 48 this quarter. Four of these falls were witnessed, and 44 were unwitnessed. The Managers of Resident Care and the mobility team continued regular reviews and updated prevention strategies in resident care plans. Medication occurrences decreased from 14 last quarter to 11 this quarter. The types of errors included 7 transcription/documentation errors, 2 missed doses, 1 wrong time, and 1 pharmacy error. These errors are believed to stem from the influx of new professional staff, prompting actions to provide education on Point Click Care, EMAR, and transcribing/processing orders.

Strengthening the Long Term Care Services We Provide: Hand Hygiene Compliance (%)					
94%	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.

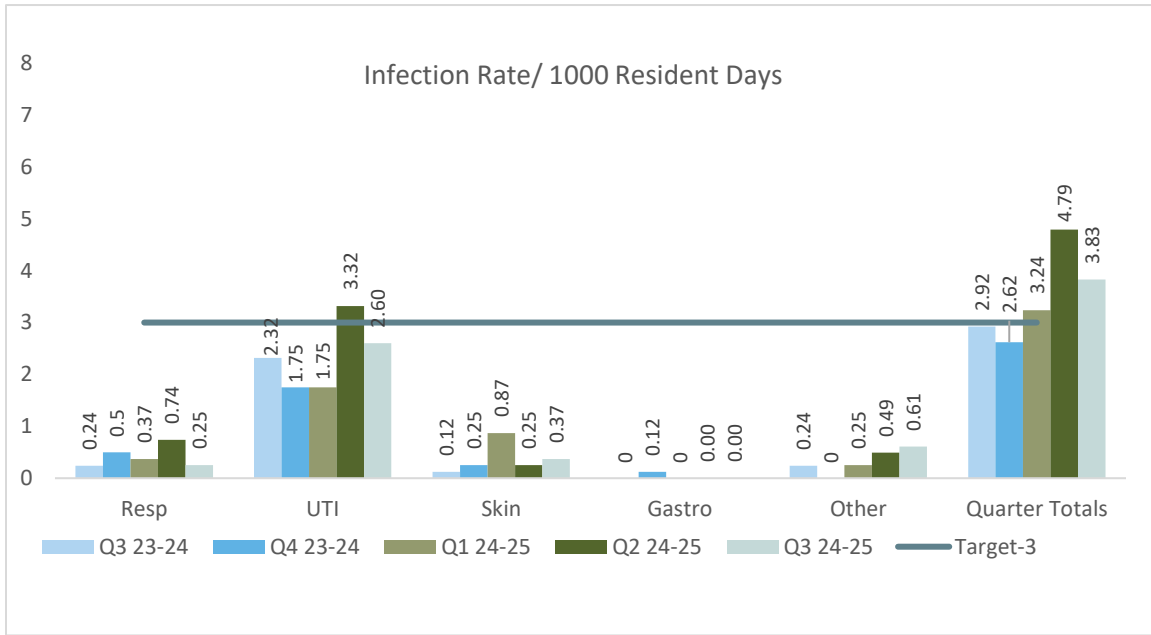


Key Points:

This quarter, there has been a noticeable decrease in hand hygiene audits, likely due to the transition from the previous paper-based audit tool to a computer-based survey on iPads. Some infrastructure challenges, including issues with iPads not supporting the audit tools, may have further contributed to this decline in audits and lower participation rates. Historically, staff have been highly engaged in this audit, making this a significant change. Regular reminders for hand hygiene and mask usage have been implemented, and additional reminders are being given for offering hand hygiene to residents in the dining area. Compliance stands at 94%, which, while slightly lower, remains within the expected range. Areas of focus include handling clean linen, assisting residents at mealtimes, proper glove removal, and contact with contaminated equipment. These issues are highlighted during audits to promote learning. Moving forward, hand hygiene reminders will be redistributed to all staff, with a continued emphasis on the hand hygiene program, particularly in dining areas following the outbreak.

Strengthening the Long Term Care Services We Provide: Resident Infection Rates					
3.83 Infections/ 1000 resident days	3				
Rate	Target	Target Met	Trend	Reporting	Quadrant

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



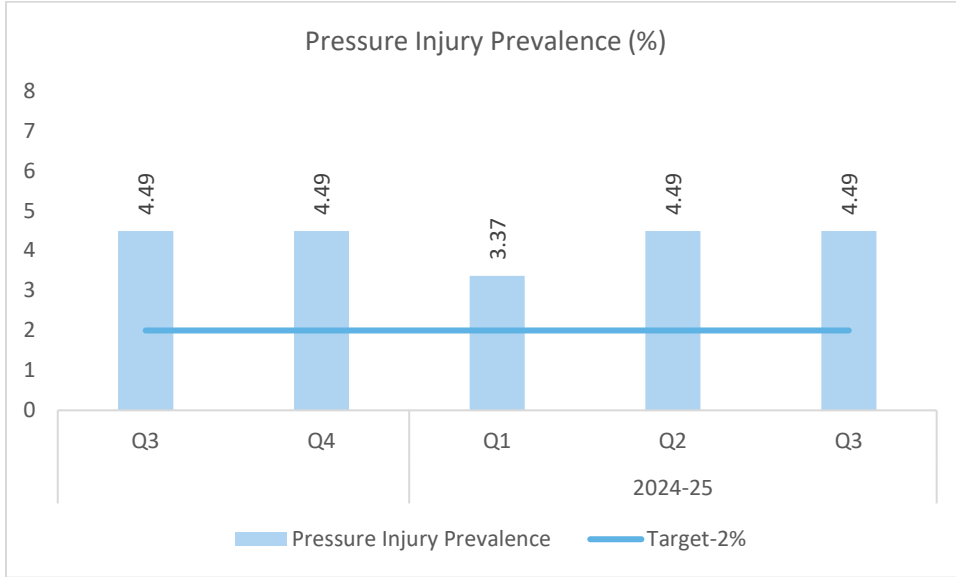
Key Points:

This quarter, Shoreham had a confirmed Covid outbreak, with the last case identified on October 1, 2024, the outbreak closed by October 11, 2024. There were no further outbreaks, and ongoing screening and vaccinations for Influenza, Covid, and RSV continued. While skin infections, mainly cellulitis, and some eye and ear infections were reported, the primary focus remained on urinary tract infections (UTIs), which showed a slight decrease from the previous quarter. Contributing factors to the UTI trend included new staff with varying levels of experience, inconsistencies in the process from symptom identification to treatment, and minimal follow-up documentation post-antibiotics. Actions to address these include staff education, the PCC Infection Control module, and collaboration on a standardized UTI prevention care path, expected to roll out in Q4. Additionally, staff continue to notify IPC of all urine collections, and lab reporting times have improved. Shoreham also applied to be one of 10 study sites for a National UTI surveillance pilot study through the Canadian Nosocomial Infection Surveillance Program.

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

4.49%	2%		=		
Rate	Target	Target Met	Trend	Reporting	Quadrant





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



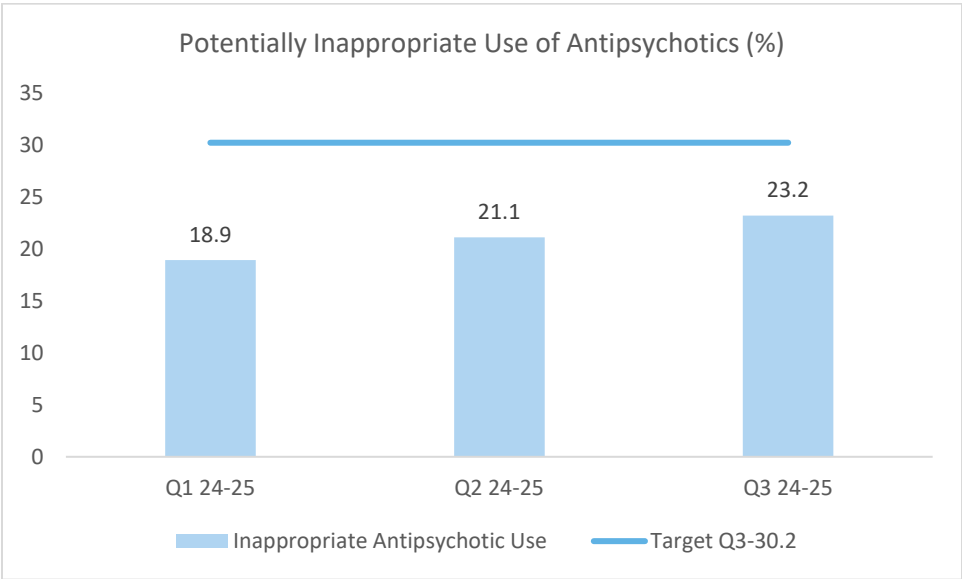
Key Points:

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 24-25, 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 we had one new facility acquired Pressure Injury at Shoreham. The remaining Pressure Injuries were previously acquired in the facility. The wound care team has regular monthly meetings or more frequently if required. Shoreham also has regular check-ins with the wound consultant from the western zone wound program.

Strengthening the Long Term Care Services We Provide: Potentially Inappropriate Use of Antipsychotics					
23.2%	30.2%				
Rate	Target	Target Met	Trend	Reporting	Quadrant





Measurement Definition: This indicator examines the percentage of residents on antipsychotics without a diagnosis of psychosis. It is calculated by dividing the number of residents who received antipsychotic medication by the number of all residents with valid assessments (excluding those with schizophrenia, Huntington’s chorea, delusions and hallucinations, and end-of-life residents) within the applicable quarter.



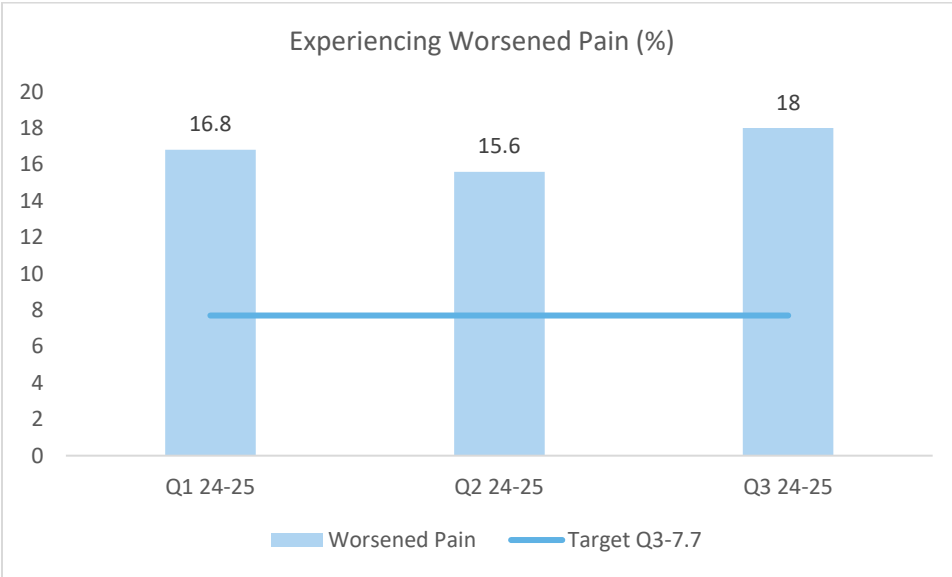
Key Points

In Q3 24-25, Shoreham saw a small increase in the percentage of residents on antipsychotics without a diagnosis of psychosis. However, the percentage remains below the Nova Scotia average of 30.2%.

Strengthening the Long Term Care Services We Provide: Experiencing Worsened Pain





18%	7.7%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: This indicator examines the percentage of residents who had worsened pain. It is calculated by dividing the number of residents who had worsened pain by the number of all residents with valid assessments whose symptoms could worsen within the applicable quarter.

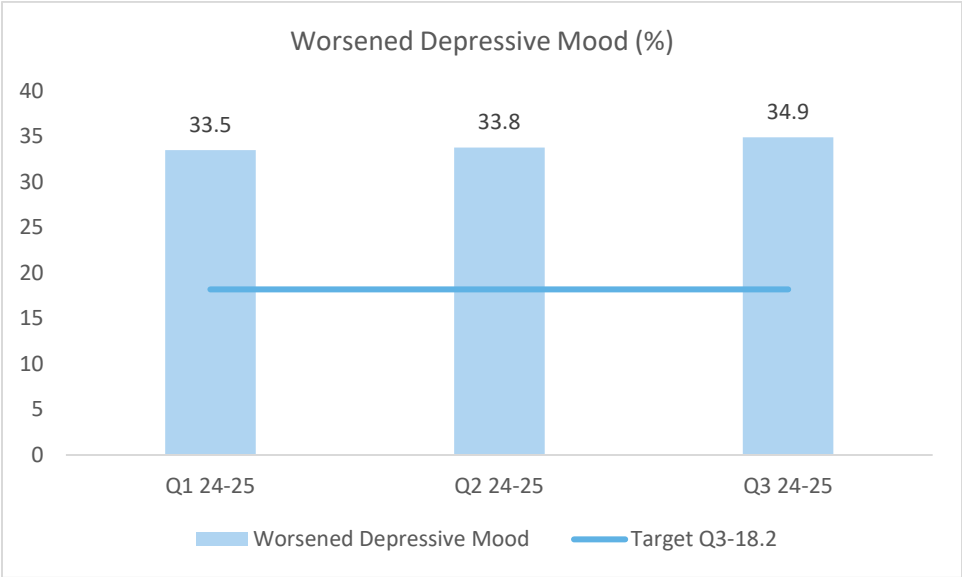


Key Points

For Q3 24-25 Shoreham experienced an increase in the % of residents who had worsened pain and was above the Nova Scotia average of 7.7%. Monitoring is ongoing in this area by the care team.





Strengthening the Long Term Care Services We Provide: Worsened Depressive Mood					
34.9%	18.2%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: This indicator examines the percentage of residents whose mood from symptoms of depression worsened. It is calculated by dividing the number of residents whose mood from symptoms of depression worsened by the number of all residents (excluding comatose residents) with valid assessments whose depression symptoms could worsen within the applicable quarter.

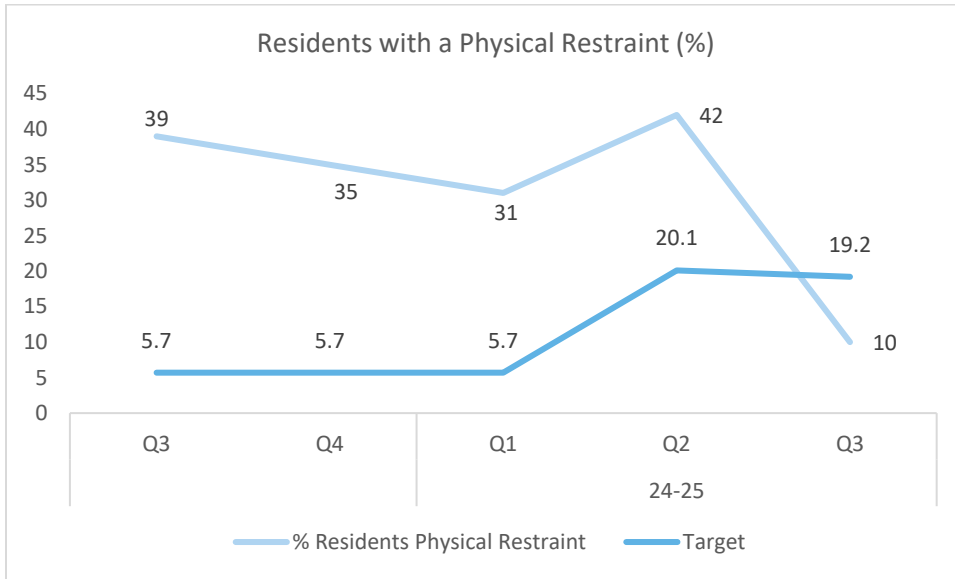


Key Points

In Q3 24-25, Shoreham experienced a slight increase in the percentage of residents whose mood worsened due to symptoms of depression, with the rate significantly higher than the Nova Scotia average of 18.2%. Contributing factors may include the recent outbreak, which led to precautionary measures such as residents being isolated in their rooms, dining room closures, reduced recreation activities, and fewer visitors to prevent the spread of infection. Additionally, three new admissions in the last quarter faced significant challenges in adjusting to life in long-term care, which may have further impacted their mood.

Strengthening the Long Term Care Services We Provide: % of Residents with a Physical Restraint					
10%	19.2%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

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

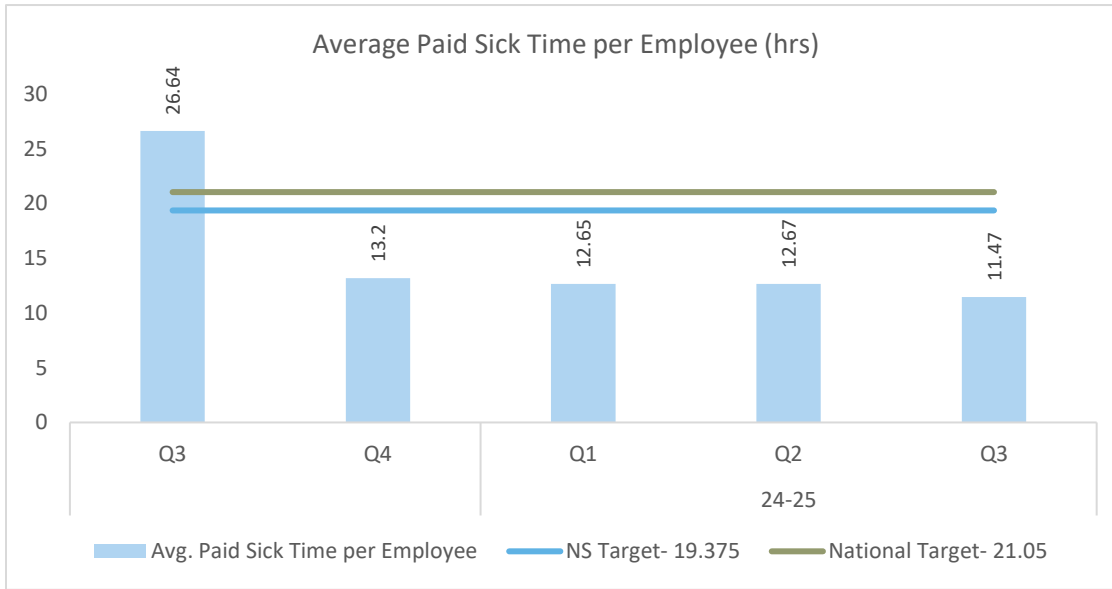


Key Points:

In Q3 24-25, there was a significant decrease in the percentage of residents using physical restraints, dropping to 10% compared to 42% in Q2 24-25. The primary restraint used is seat belts, which are primarily employed for positioning to reduce fall risks. A comprehensive review has been conducted to ensure that the tracking of restraints accurately reflects true restraints, rather than positioning, and aligns with the definition used in the InterRAI assessments and reported to the Canadian Institute for Health Information (CIHI). The target for physical restraints, previously set at 5.7%, has been adjusted to align with the quarterly Nova Scotia average for restraint use in CIHI, meaning the target will change each quarter.

Be an employer of choice: Average Paid Sick Time per Employee					
11.47 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.

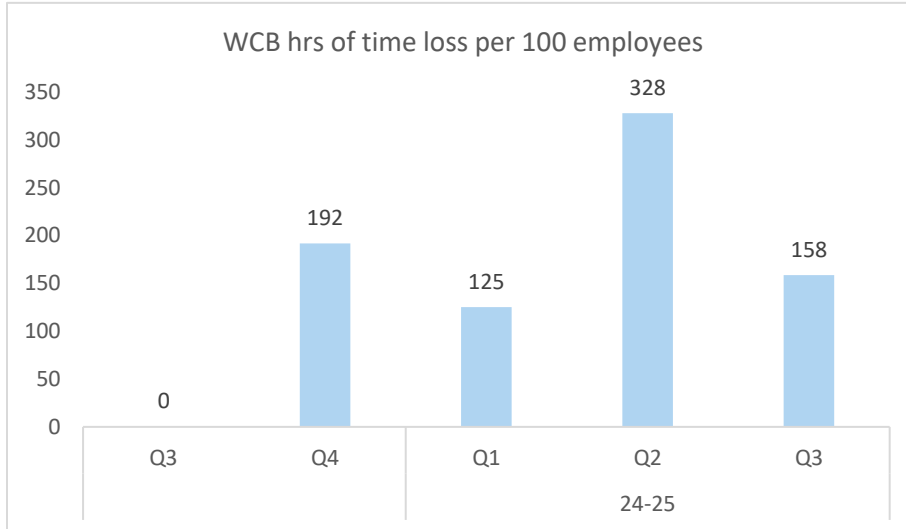


Key Points

Shoreham is averaging 11.47 hours of sick time per employee in Q3 24-25, which is below both the NS and National targets. This is a slight decrease compared to Q2 24-25.

Be an employer of choice: WCB Hours of time loss per 100 employees					
158 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 158 for Q3 24-25, which is a decrease compared to Q2 24-25.

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

Be an employer of choice: WCB Rate per \$100 assessable payroll					
\$6.27		\$5.97			
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement: WCB rate per \$100 assessable payroll.

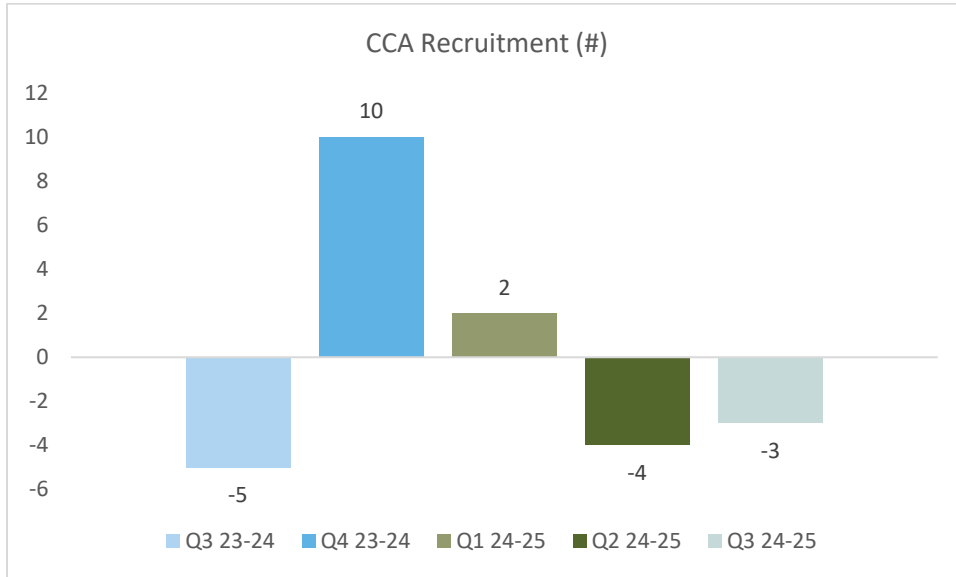


Key Points:

The current rate is moving from \$7.11 in 2024 to \$6.27 in 2025. This cost includes the Basic Industry Rate going from \$6.10 to \$5.97, with a demerit of \$.30 added to the rate, resulting in a total of \$6.27.




Be a recruitment magnet: Recruitment of CCAs					
-3 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.

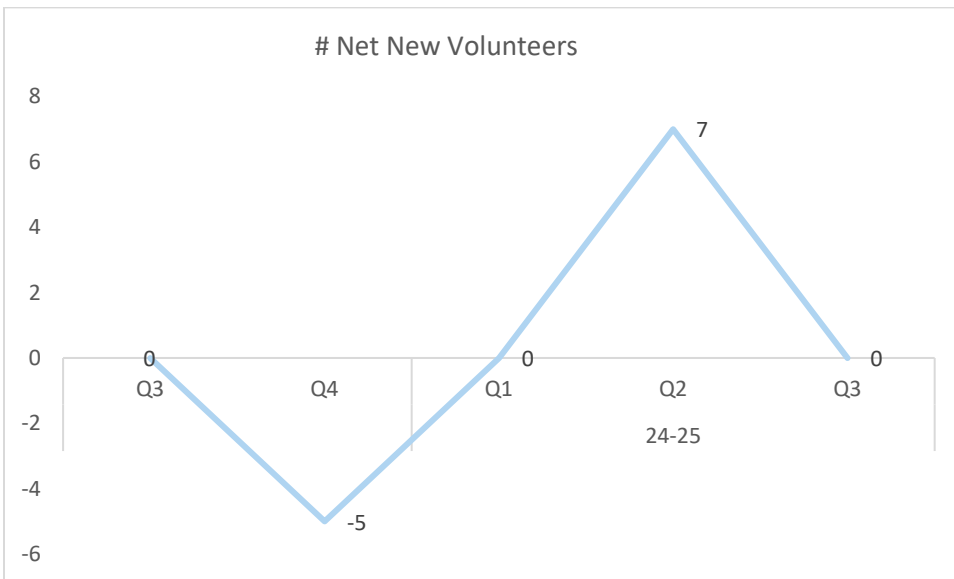
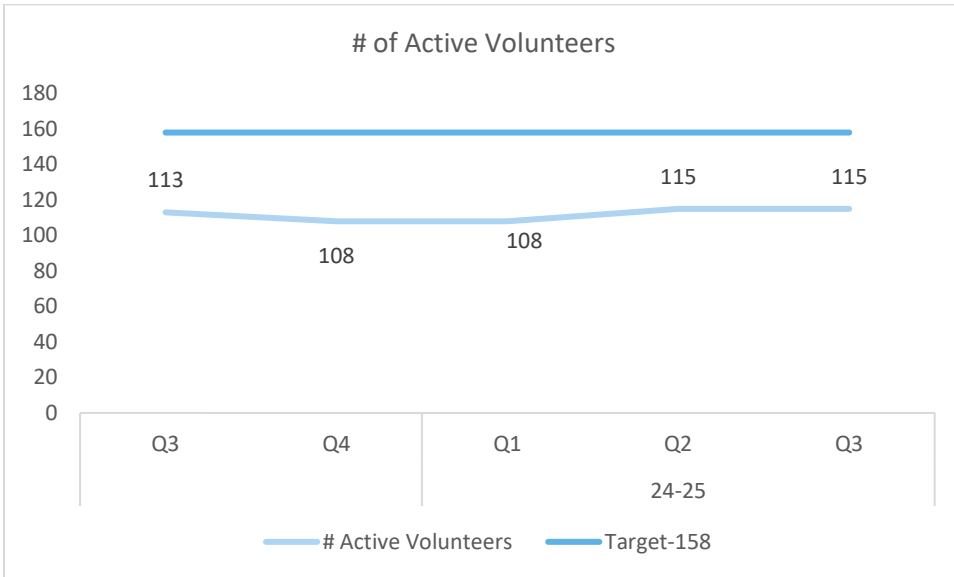


Key Points

During this reporting period, we welcomed four new CCA hires. At the same time, we saw the departure of seven CCAs. These departures were attributed to a combination of factors, including performance-related decisions, retirement, and staff relocating. Despite these changes, we continue to experience a small number of vacancies across our CCA roles. This has resulted in a reduced need for hiring, with the exception of casual positions, which remain a priority to ensure adequate coverage.

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 remained the same this quarter at 115 compared to Q2 24-25.

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"> - 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
		<ul style="list-style-type: none"> - Reputational Risk (Public reporting, transparency) - Strategic Risk (Strategic Planning Process, progress toward established goals <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