



Scorecard Quarter 1 Report

April 2025 – June 2025

September 2025

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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

List of Abbreviations

CCA	Continuing Care Assistant
CEO	Chief Executive Officer
CIHI	Canadian Institute for Health Information
GPA	Gentle Persuasive Approach
HANS	Health Association Nova Scotia
Hrs	Hours
LPN	Licensed Practical Nurse
LTC	Long-Term Care
N/A	Not applicable
NS	Nova Scotia
PCC	Point Click Care
PI	Pressure Injury
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
RN	Registered Nurse
RSV	Respiratory Syncytial Virus
SLTC	Seniors and Long-Term Care
TBD	To be determined
UTI	Urinary Track Infection
WCB	Workers' Compensation Board

Executive Summary: Q1 Performance (April 2025 – Jun 2025)

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 through methods such as Shoreham Village Board meetings, the Chief Executive Officer (CEO) Monthly Report, and the Annual Community Report.

How We've Done

During Q1 2025–26, Shoreham continued to demonstrate strong performance in several core areas, particularly in occupancy, infection control, and restraint reduction. The occupancy rate was 99.6%, above the provincial benchmark of 99.2% and marking an increase compared to all quarters in the previous year. This equates to an average of just 0.4 vacant beds per day and reflects continued success in maintaining high demand for care services.

Incident reporting in Q1 reflected a mixed picture. The overall incident rate increased to 9.3 incidents per 1000 resident days from 8.7 in Q4. Responsive behaviour incidents decreased from 12 to 8 which was attributed to recent gentle persuasive approaches (GPA) education and changes in the resident population. Fall incidents increased to 33, up from 23 in Q4. The majority of these were unwitnessed, and follow-up efforts are underway to review potential environmental or care-related causes. Medication errors decreased from 16 to 11 and included a variety of error types, all of which were reviewed and addressed. A total of 23 other incidents were reported, including one alleged abuse, nine elopements, and several unexplained injuries or near misses.

Hand hygiene compliance was 88%, above the 80% target. However, this represents a decline from 96% in the previous quarter, indicating a need for attention in this area. The transition from paper-based to digital audit tools remain the main factor for lower audit volume. Efforts are ongoing to increase audit completion rates and comfort with the new system.

Infection control indicators were similarly positive. The overall resident infection rate dropped to 2.3 infections per 1,000 resident days, below the target of 3.0. Notably, there were no confirmed cases of COVID-19 or gastrointestinal illness during the reporting period. Although uptake for the spring COVID-19 booster declined due to resident refusals, the respiratory syncytial virus (RSV) vaccine has been widely accepted. Urinary tract infections (UTI) remain a concern, though slightly improved from Q4. Several contributing factors have been identified, including staff turnover and inconsistent follow-up processes. In response, the team is implementing the Point Click Care (PCC) Infection Control module to improve communication and better support prevention strategies.

Other quality indicators showed mixed results. Pressure injury prevalence rose to 5.7%, above the target of 2.0%. Importantly, no new facility-acquired pressure injuries were recorded; the majority were hospital- or community-acquired or pre-existing. Meanwhile, the potentially inappropriate use of antipsychotics decreased to 20.9%, which is below both the Nova Scotia (30.6%) and internal (25.5%) targets, although still above the national benchmark of 15.0%.

Clinical indicators related to psychosocial and pain management remain a focus area. In Q1, 15.4% experienced worsened pain, and 25.6% of residents experienced worsened depressive mood. While both indicators reflect slight improvement from previous quarters, they remain significantly above the provincial targets of 7.3% and 17.4%,

respectively. Care teams are continuing to monitor and respond to these outcomes through enhanced support planning and staff education.

Restraint use continued to decline, with only 5.6% of residents experiencing physical restraints, significantly below the provincial benchmark of 16.6%. This is a result of continued monitoring, clarification of definitions, and proper documentation to distinguish between positioning devices and true restraints.

This quarter also marked the introduction of a new indicator: average direct care hours per resident per days. Shoreham reported 3.4 hours, below the provincial target of 4.1. This measure will serve as a key indicator of frontline staffing capacity going forward.

In Q1 2025–26, Shoreham achieved strong overall resident quality of care (91%) and recommendation rates (91%), meeting the 85% internal targets, while overall family quality of care (84%) and recommendation (76%) fell slightly below. Residents reported feeling safe, comfortable, and engaged, with high praise for staff compassion and the welcoming environment. Families echoed appreciation for staff support and communication, especially during care transitions. However, both groups identified areas for improvement, including staffing consistency, dining quality, environmental comfort, activity programming, and broader engagement for diverse needs. These insights will inform targeted actions to enhance resident and family experiences across Shoreham.


























Shoreham continues to perform well in terms of employee health. The average paid sick time per employee was 13.0 hours, below both the provincial (19.4 hours) and national (21.1 hours) benchmarks. However, Workers' Compensation Board (WCB) time-loss hours increased to 496 per 100 employees, largely due to one ongoing injury case. A decrease in overall staffing numbers also contributed to this metric, as it is calculated per 100 employees. The WCB rate decrease from \$5.97 in 2025 to \$5.84 in 2026, though Shoreham remains in a demerit position, indicating higher claims costs than the industry standard. The total rate will slightly increase from \$6.27 to \$6.28.


























Recruitment remained challenging in Q1, with a net loss of two continuing care assistants (CCAs) and one registered nurse. Despite this, there were no significant unfilled vacancies, and the availability of full-time roles has helped stabilize staffing. However, reduced shift availability for casual employees has contributed to some resignations. Volunteer engagement grew modestly, increasing from 116 to 122 active volunteers. While the current number remains below the target of 158, this growth reflects the early impact of renewed engagement efforts.





In May 2025, Shoreham's Workforce Survey achieved a 53% response rate, revealing a 74% overall positive sentiment, an 8% increase from 2022. Notable improvements were seen in job characteristics, supervisor support, leadership, engagement, and resident safety. However, concerns persist around staffing shortages, workload, and emotional strain. Staff emphasized the need for better communication, recognition, onboarding, and a more inclusive workplace culture. Shoreham will develop a comprehensive action plan to address these priorities and enhance staff well-being and organizational performance.

Overall, Q1 2025–26 reflects continued strengths for Shoreham Village in occupancy, infection control, and restraint reduction. Key workforce indicators such as sick time remain positive, and antipsychotic use continues to trend downward. However, clinical indicators such as pressure injuries, pain, depressive mood, staff recruitment and retention require sustained focus. Continued investment in staff education, clinical oversight, and infection prevention, alongside active recruitment and volunteer engagement, will be essential in supporting quality improvement and long-term success.

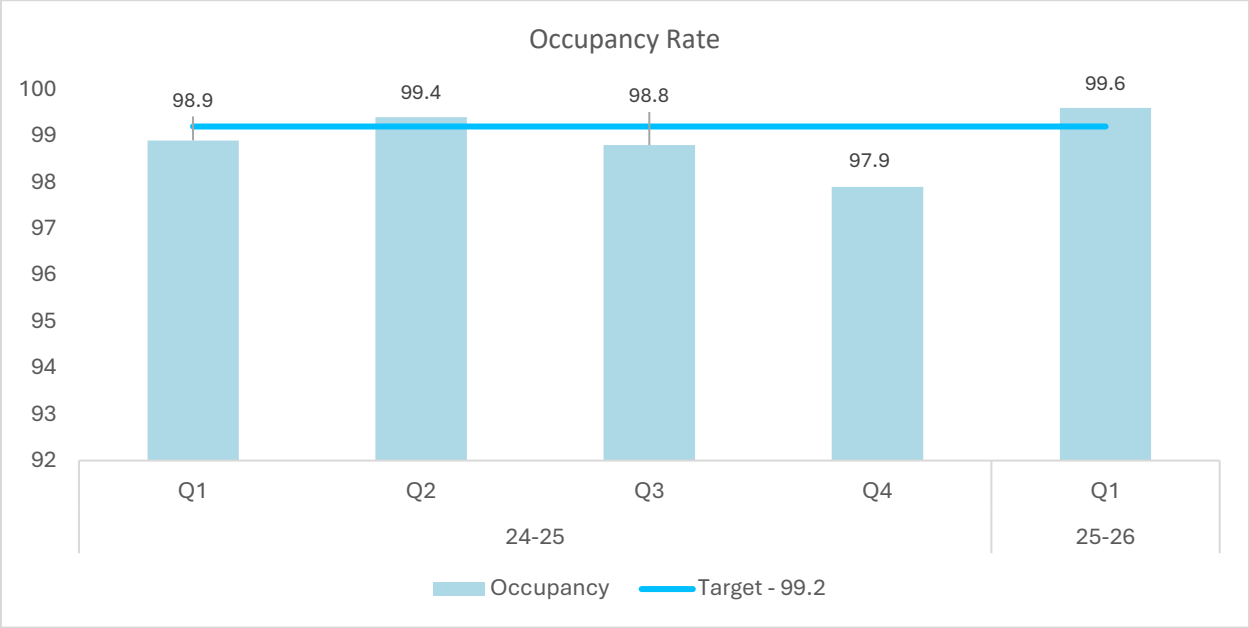
Performance Summary: Q1 April 2025 – June 2025

Indicator	Rate	Target	Target Met	Trend	Quadrant	Indicator	Rate	Target	Target Met	Trend	Quadrant
Occupancy Rate	99.6%	99.2%				Average Direct Care Hours per Resident per Days	3.4	4.1		N/A	
Incident rate per 1000 resident days	9.3 incidents / 1000 resident days	TBD	N/A			Resident Experience Survey	Overall Quality of Care 91% Recommend Service 91%	85%		N/A	
Hand Hygiene Compliance	88.0%	80.0%				Family Experience Survey	Overall Quality of Care 84% Recommend Service 76%	85%		N/A	
Resident Infection rate per 1000 resident days	2.3 infections / 1000 resident days	3.0				Paid Sick Hours per Employee	13.0 hr	≤ 29.25			
Pressure Injury Prevalence Rate	5.7%	2.0%				WCB Hours of time loss per 100 employees	496 hrs / 100 employees	TBD	N/A		

Indicator	Rate	Target	Target Met	Trend	Quadrant	Indicator	Rate	Target	Target Met	Trend	Quadrant
Potentially Inappropriate Use of Antipsychotics	20.9%	NS Average- 30.6% Internal Benchmark- 25.5% National Benchmark- 15.0%	NS Average  Internal Benchmark  National Benchmark 			WCB Rate per \$100 Assessable Payroll	\$6.28	\$5.84			
Experiencing Worsened Pain	15.4%	7.3%				Net New Recruitment -2 net CCAs 0 net LPNs -1 net RNs		TBD	N/A		
Worsened Depressive Mood	25.6%	17.4%				Number of active volunteers	122	158			
Percent of Residents with a Physical Restraint	5.6%	16.6%				Workforce Sentiment Survey	74%	85%			



Strengthening the Long-Term Care Services We Provide: Occupancy Rate					
99.6%	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 Seniors & Long-Term Care (SLTC) under the *Homes for Special Care Act*.

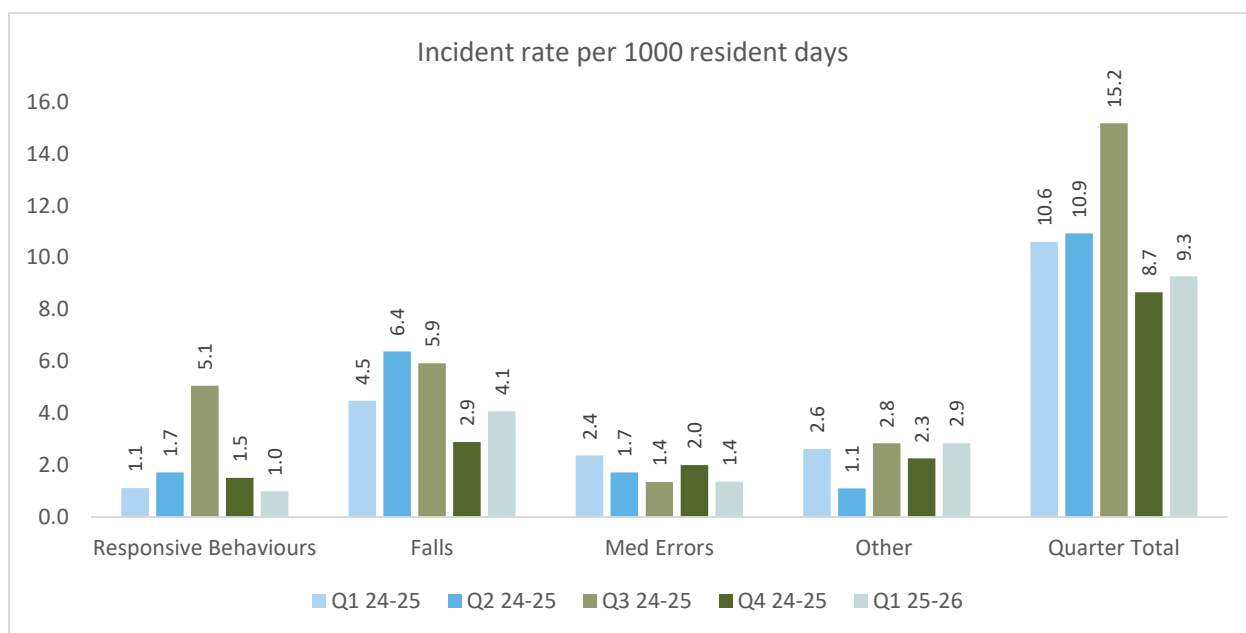


Key Points

The Q1 occupancy rate for 2025-26 was 99.6% (0.4 average vacant beds per day), which is slightly above the targeted rate from SLTC. The Q1 rate is slightly higher compared to all quarters in 2024-25. Occupancy rates were affected by discharges and transfers: 5 individuals were discharged to the community (respite), 1 was transferred to another facility, 3 individuals passed away in the hospital, and 3 passed away in the facility.





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

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

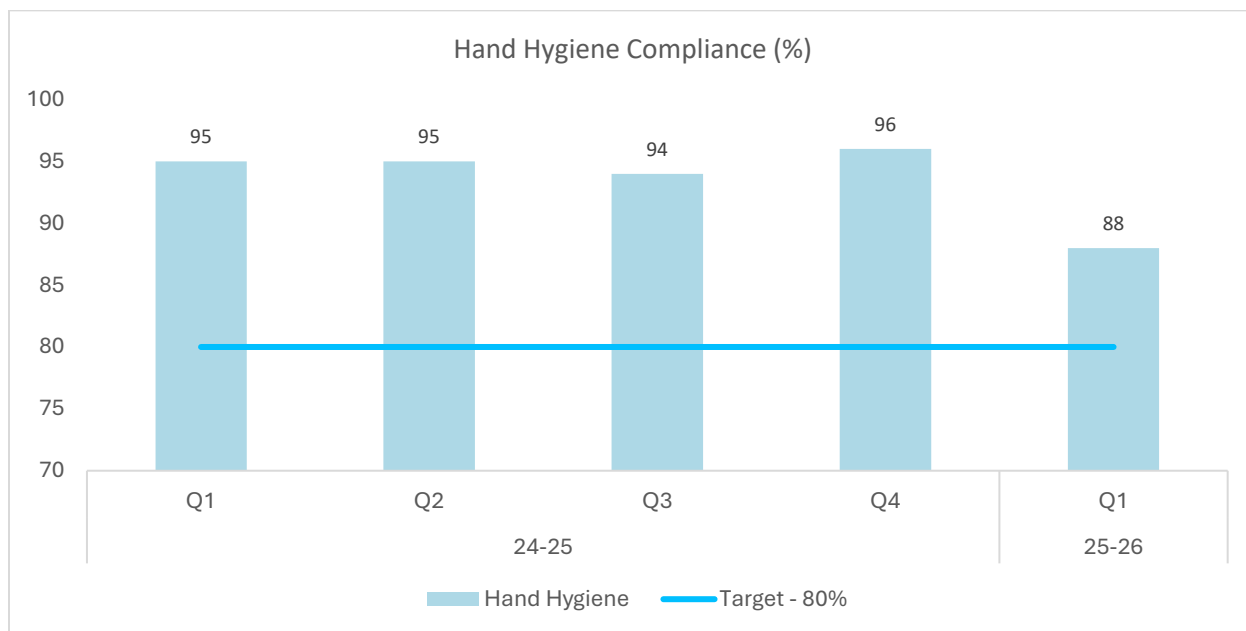


Key Points

In Q1 2025-26, Shoreham reported 8 responsive behavior incidents, this is down from 12 in the previous quarter. This decrease is attributed to gentle persuasive approach (GPA) education from staff and a change in residents. Falls increased to 33 from 23 in the last quarter, with 5 witnessed and 28 unwitnessed. The rise in falls may be a result of new residents, who have greater fall risks. Medication errors decreased to 11 from 16 last quarter. Issues included 3 missed doses, 1 wrong time, 3 pharmacy errors, 1 wrong dose, 2 wrong medications, and 1 patch not removed. Each incident was reviewed to support ongoing prevention efforts. Lastly, 23 other incidents were recorded, including 1 alleged abuse, 9 elopements, 1 self-inflicted injury, and 12 of unknown/varied causes. These included near-miss falls, new or unexplained injuries, resident distress or confusion, and isolated events.





Strengthening the Long-Term Care Services We Provide: Hand Hygiene Compliance (%)					
88%	80%				
Opportunities Met	Target	Target Met	Trend	Reporting	Quadrant

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

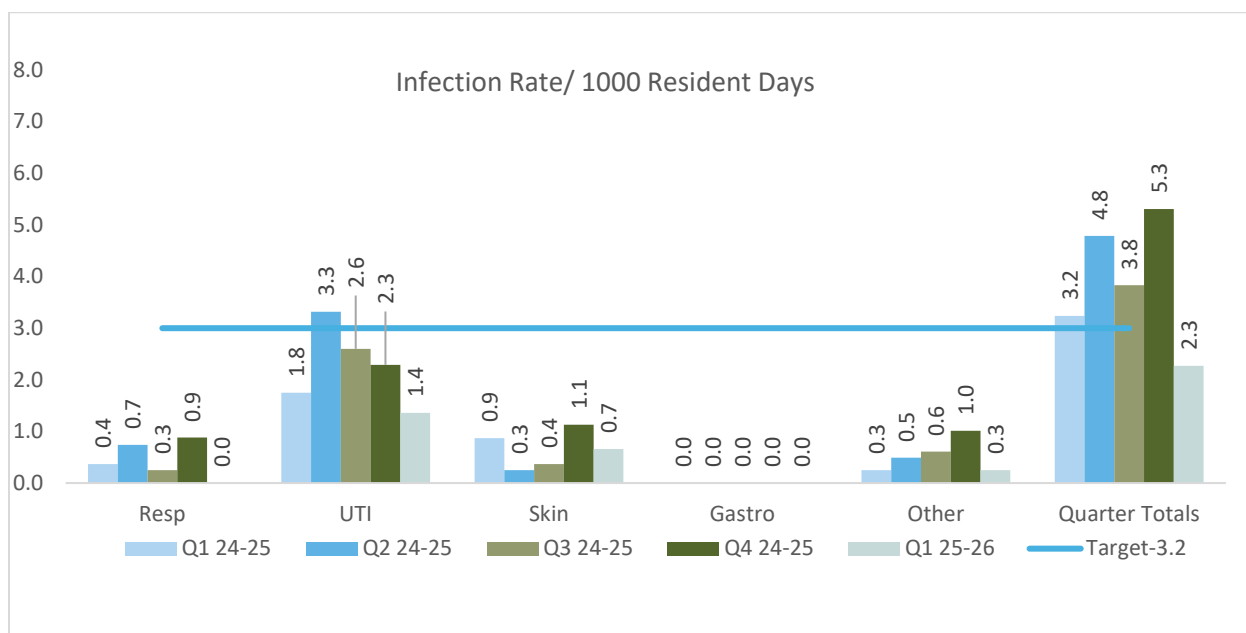


Key Points:

Hand hygiene audit completion rates remain low this quarter, largely due to the transition from paper audits to iPads, which some staff find less intuitive. A total of 40 audits were performed this quarter compared to 58 last. Although previous infrastructure issues have been resolved, greater use of visual reminders and exposure to the new audit process should be a focus moving forward. This quarter there was an 88% compliance which remained above the 80% target but decreased significantly from 96% last quarter.

Strengthening the Long-Term Care Services We Provide: Resident Infection Rate					
2.3 Infections / 1000 resident days	3.0 Infections / 1000 resident days				
Rate	Target	Target Met	Trend	Reporting	Quadrant





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



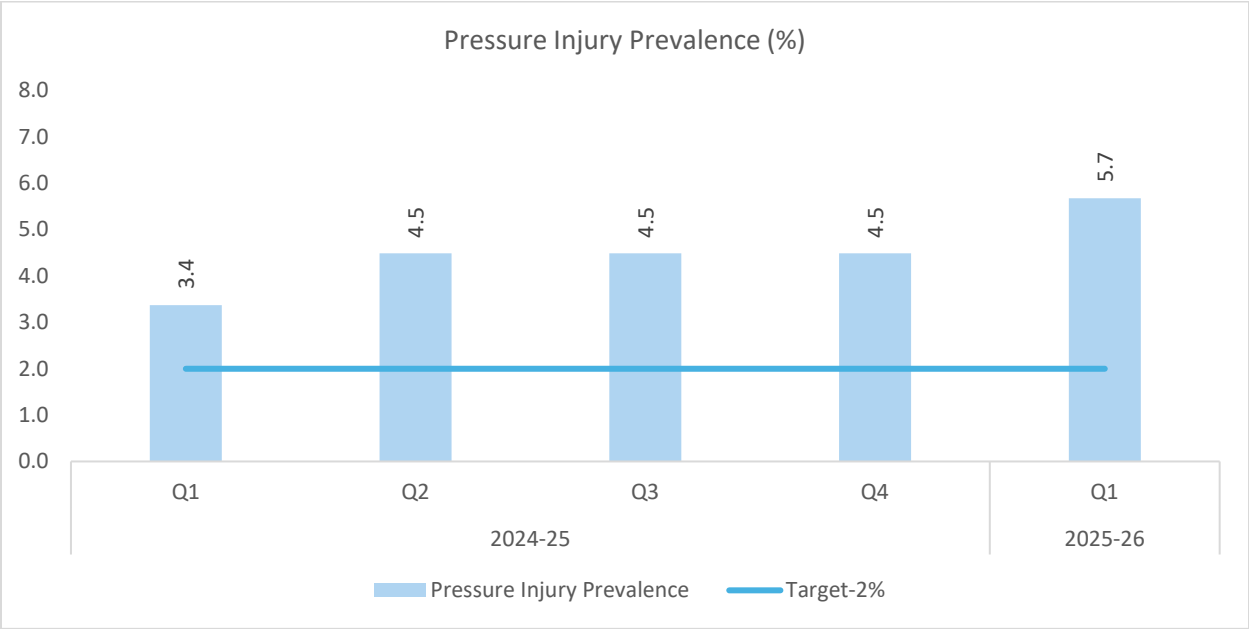
Key Points:

Shoreham reported no confirmed cases of COVID-19 or gastrointestinal infections this quarter. There was an increase in respiratory infections, attributed to post-influenza pneumonias. COVID-19 boosters, respiratory syncytial virus (RSV), and Pneumovax vaccines continue to be offered. Spring COVID-19 booster uptake has declined due to resident refusals, while RSV vaccine acceptance remains high. The Shingrix vaccine will be offered next, as it is now publicly funded for long-term care.

There are several chronic wounds under treatment, some of which are likely to remain as maintenance wounds due to treatment challenges. UTI rates remain high, though slightly lower than in Q4 2024–25. Most infections meet McGeer’s criteria and are occurring in residents with known risk factors or histories of UTIs. While no single cause has been identified, several contributing factors have emerged, including multiple new staff with varying experience and training levels, and inconsistent processes from symptom identification through to treatment and follow-up. To address this, staff will be informed of the trend, and the PCC Infection Control module will be implemented to support better communication. Ongoing data analysis is examining risk factors such as catheter use, medical conditions, incontinence systems, infection recurrence, and bacterium types.

Strengthening the Long-Term Care Services We Provide: Pressure Injury Prevalence					
5.7%	2.0%				
Rate	Target	Target Met	Trend	Reporting	Quadrant




Measurement: Point Prevalence = [number of pressure injuries / number residents that day] *100



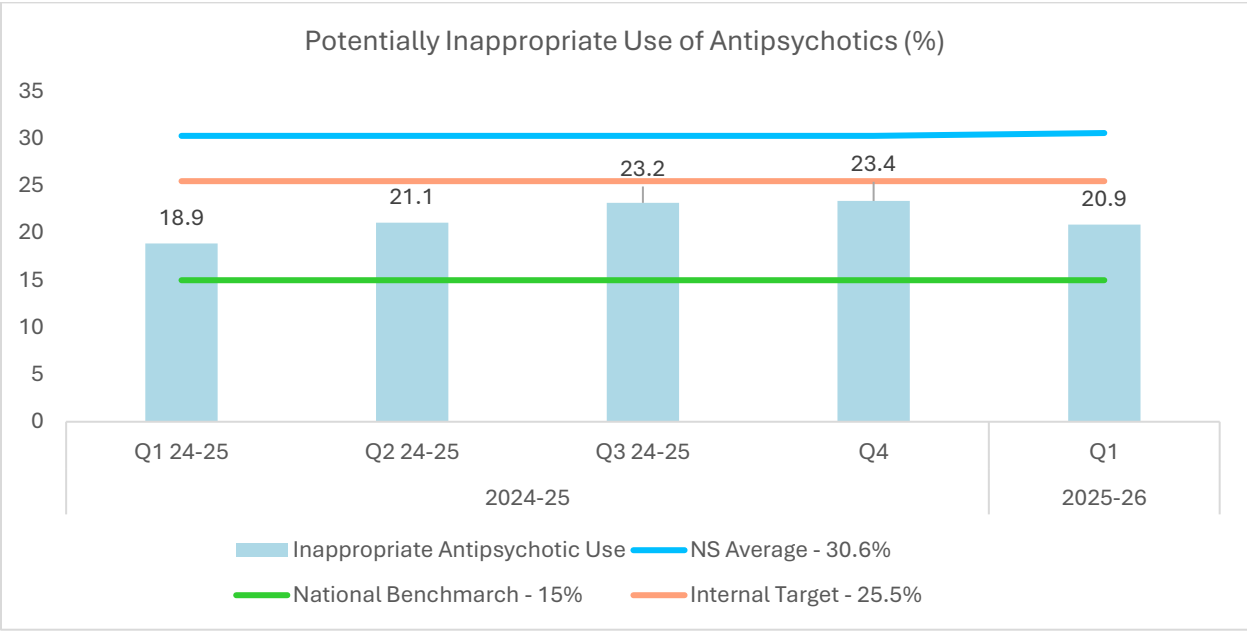
Key Points:

The Provincial Wound Care Program, overseen by Health Association of Nova Scotia (HANS) collects monthly data through submissions to the SLTC. Shoreham data is submitted on pressure injuries (PIs) in the facility on the last day of the month. For Q1 2025-26, it was reported at the end of June, which was 5.7%. This data captures pressure injuries and does not include other wounds i.e. skin tears, diabetic wounds.

In the last quarter we had 0 new facility acquired PIs, 1 acquired in the community, and 3 new hospital acquired PIs. The remaining PIs 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					
20.9%	NS Average - 30.6% Internal Benchmark - 25.5% National Benchmark - 15.0%	NS Average Internal Benchmark National Benchmark			
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.



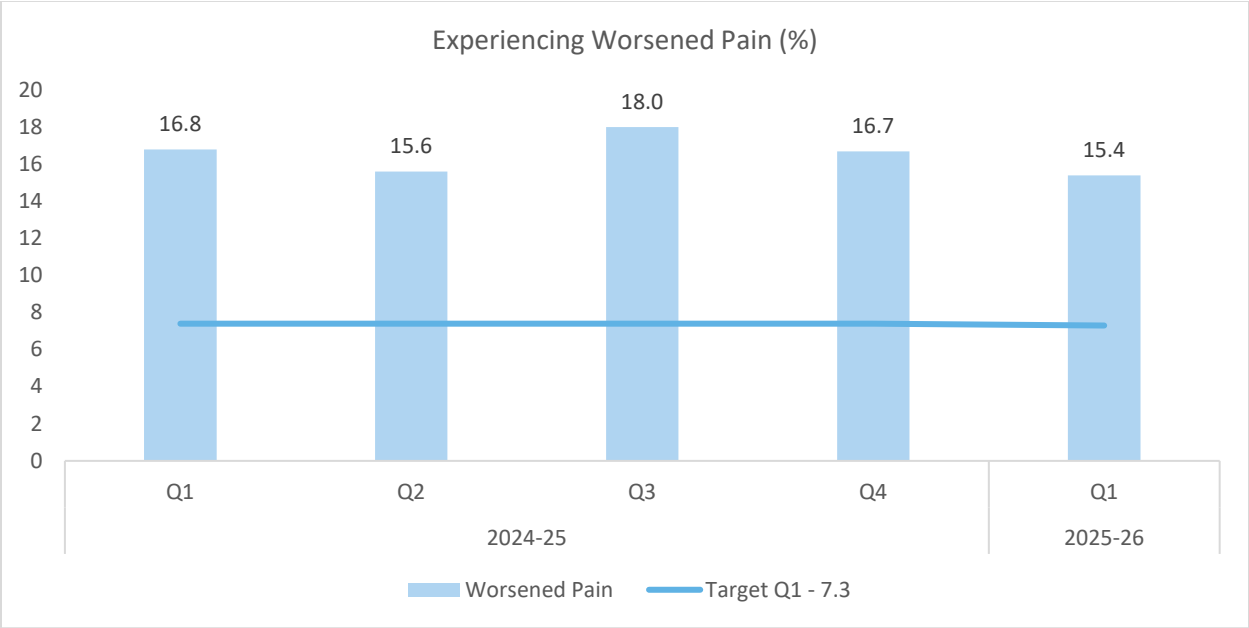
Key Points

In Q1 2025-26, Shoreham saw a slight decrease in the percentage of residents on antipsychotics without a diagnosis of psychosis. The percentage remains below the Nova Scotia Q1 average of 30.6% and below the internal 2025-26 target of 25.5%, however, above the national benchmark of 15%.

Under new guidelines from the Canadian Institute for Health Information (CIHI) and the Appropriate Use Coalition, a 15% target for long-term care (LTC use in Canada has been proposed. To achieve this, Shoreham will reduce usage by 15% annually, on a relative basis. Using last year’s average rate of 29.95% as a baseline, this means a 4.49% reduction in 2025–26, followed by another additional 15% relative annual decrease in until the target is met.





Strengthening the Long-Term Care Services We Provided: Experiencing Worsened Pain					
15.4%	7.3%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measured 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 who symptoms could worsen within the applicable quarter.

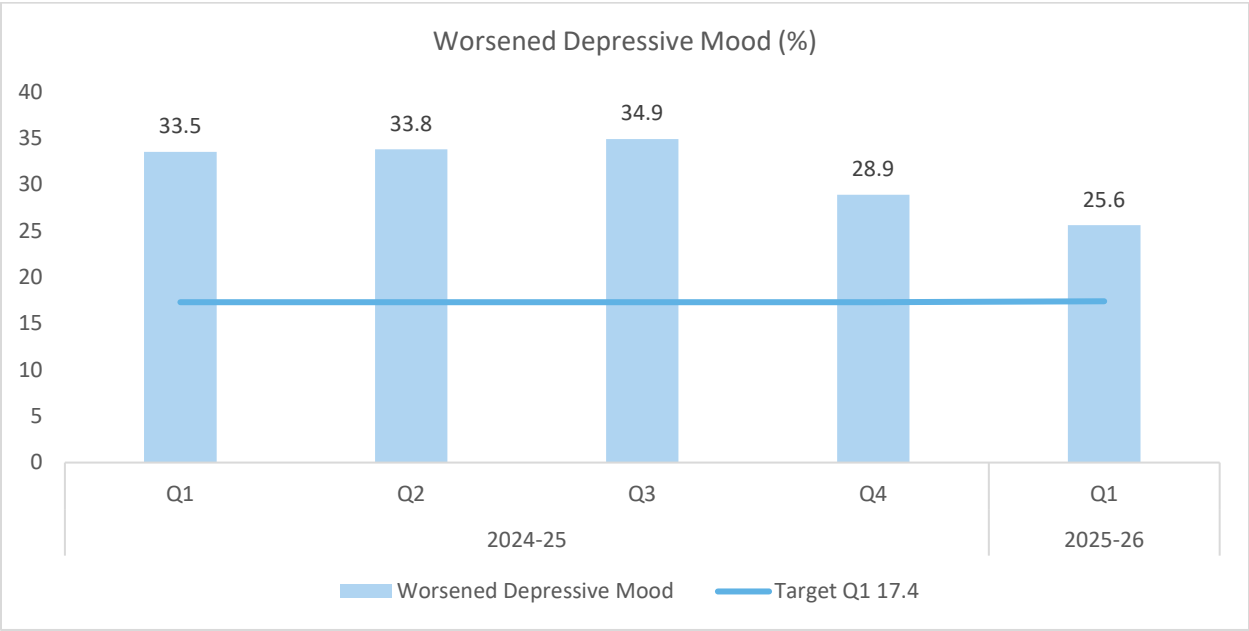


Key Points

For Q1 2025-26, Shoreham saw a decrease in the percentage of residents with worsening pain, although it still did not meet the target, remaining above the Nova Scotia quarterly average of 7.4%. The care team is actively monitoring this area.





Strengthening the Long-Term Care Services We Provide: Experiencing Worsened Depressive Mood					
25.6%	17.4%				
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.

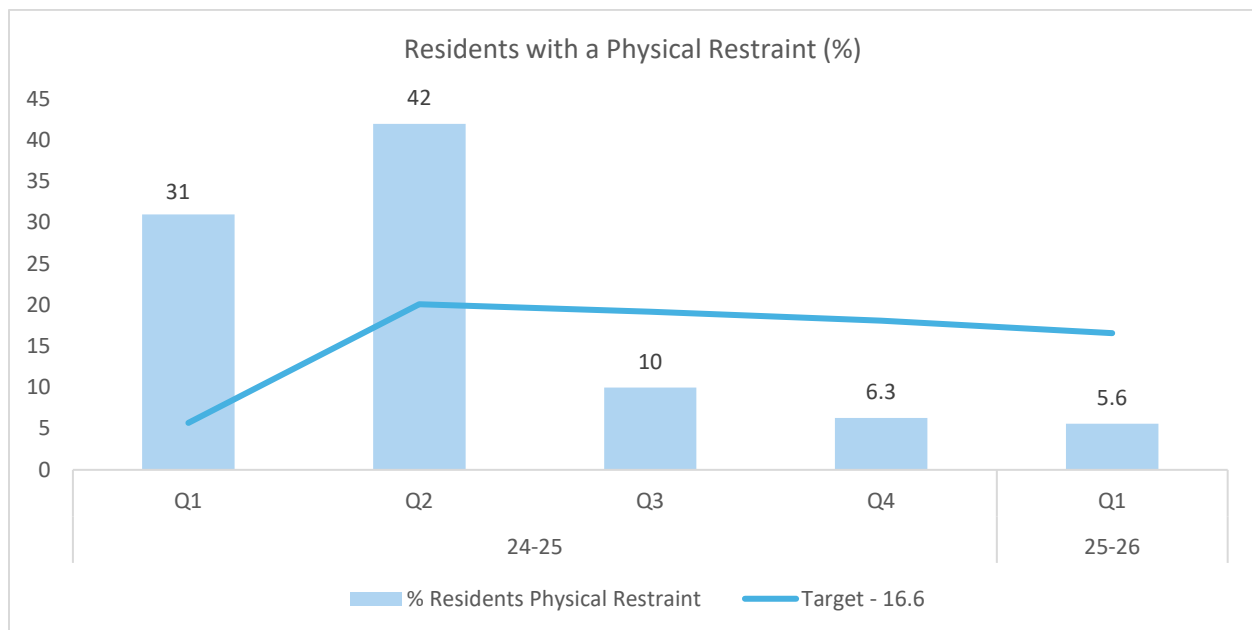


Key Points

In Q1 2025-26, Shoreham experienced a decrease from Q4 2024-25 in the percentage of residents whose mood worsened due to symptoms of depression, although the rate is still significantly higher than the Nova Scotia quarterly average of 17.4%.




Strengthening the Long-Term Care Service We Provide: Percent of Residents with a Physical Restraint					
5.6%	16.6%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: [number of residents with a physical restraint/total number of residents] *100

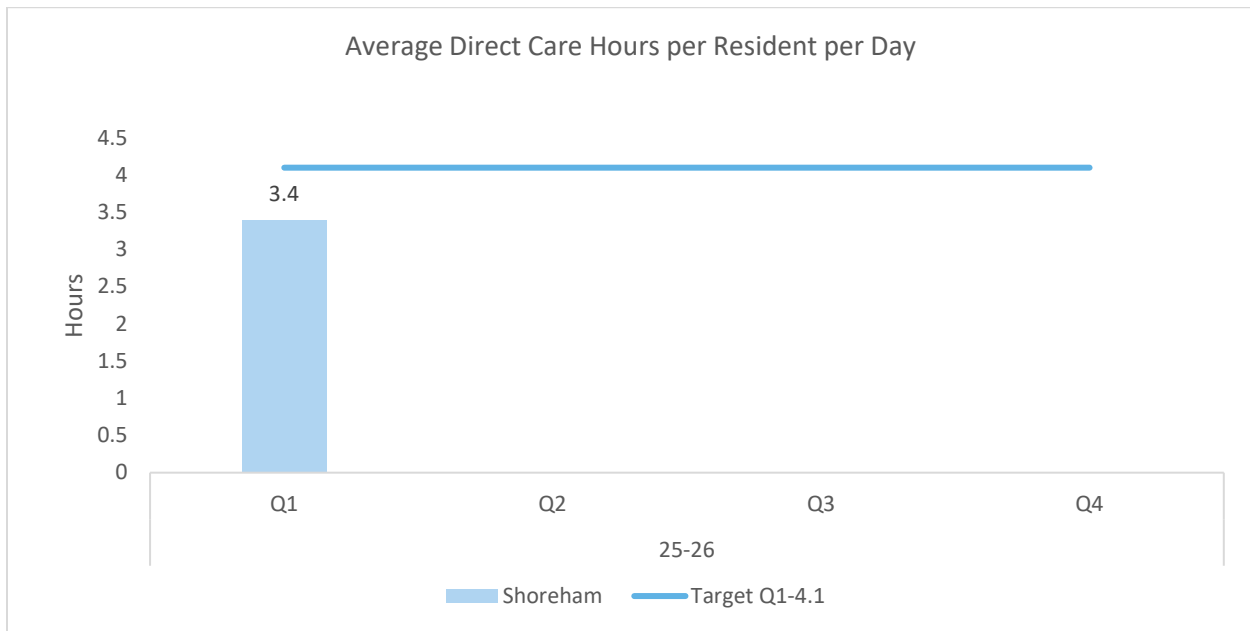


Key Points:

In Q1 2025-26, there was a slight decrease in the percentage of residents using physical restraints, dropping to 5.6% from 6.3% Q4 2024-25. This is below the NS average benchmark of 16.6% for Q1 2025-26. 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 CIHI.




Strengthening the Long-Term Care Service We Provide: Average Direct Care Hours per Resident per Days					
3.4	4.1		N/A		
Rate	Target	Target Met	Trend	Reporting	Quadrat

Measurement: The average number of direct care hours provided to each resident per day, based on actual worked hours by RNs, LPNs, and CCAs. This indicator reflects the total number of direct care hours delivered during the reporting period, divided by the total number of resident days.

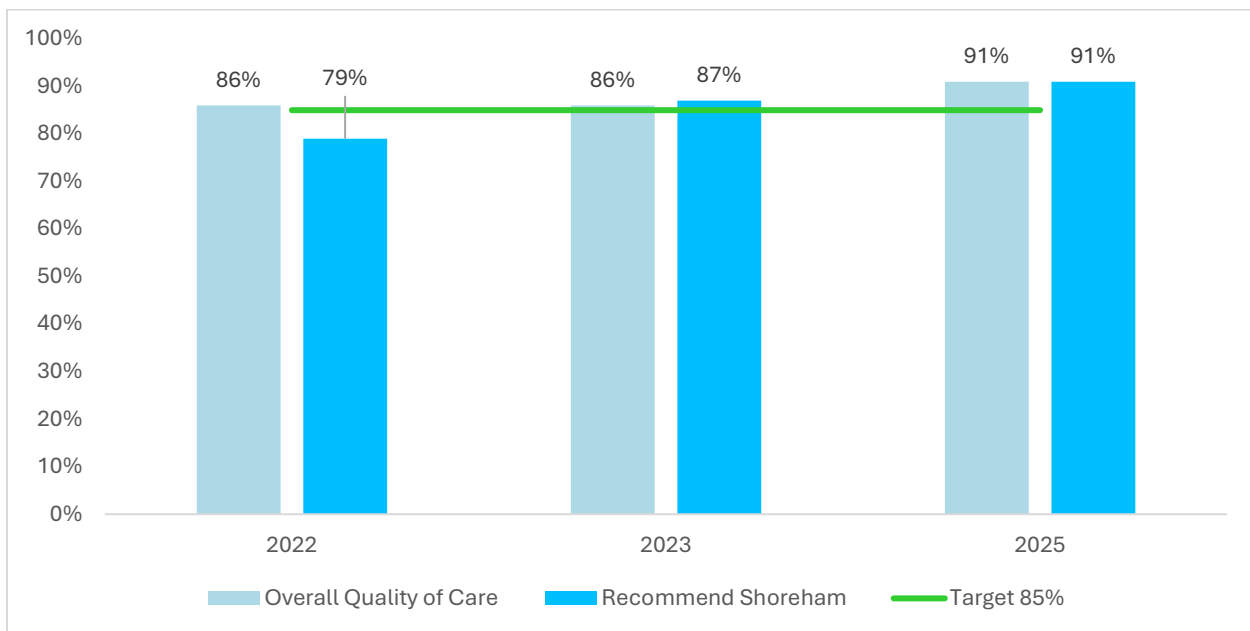


Key Point:

This is a new metric introduced this quarter. While our scheduled staffing aligns closely with the 4.1 hours per resident per day standard (4.08 hrs), actual hours worked fell short at 3.4 hrs per resident per day. This gap highlights ongoing challenges with staffing availability despite active recruitment and return-to-work efforts. We will continue to monitor this closely as it directly affects team morale and quality of resident care.




Strengthening the Long-Term Care Service We Provide: Resident Experience Survey					
Overall Quality of Care 91%					
Recommend Service 91%	85%		N/A		
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: The percentage of residents who rate quality of care/service as Strongly Agree/Agree and whether they would recommend to others.

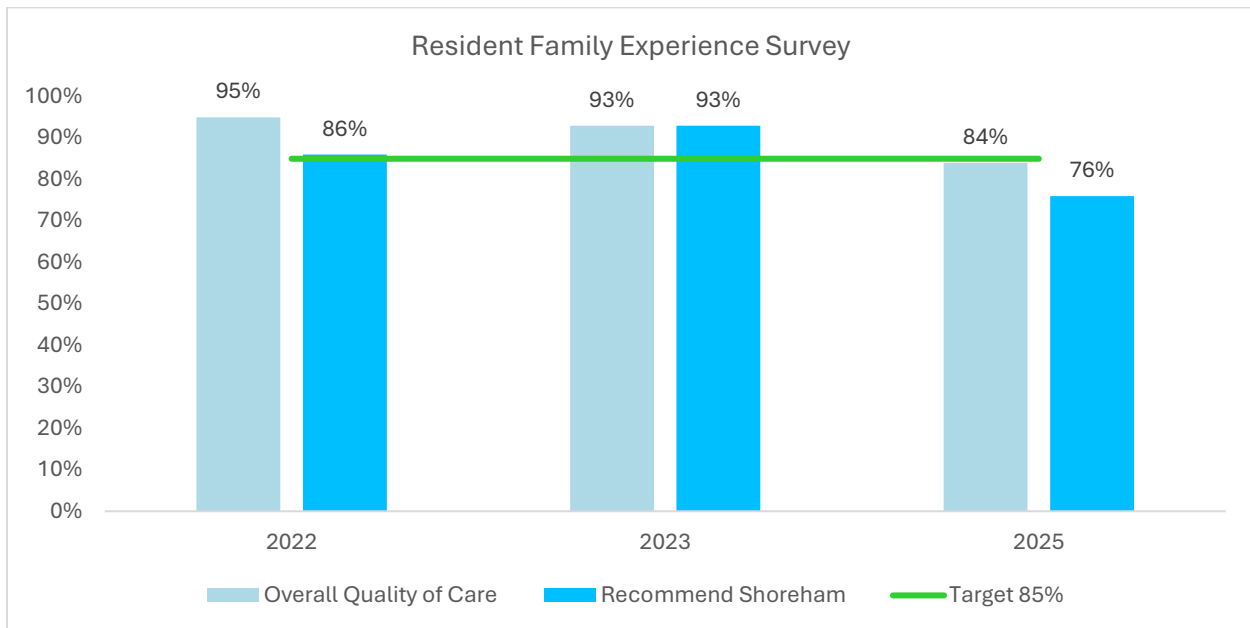


Key Points:

In Q1 2025-26, overall quality of care (91%) and the “recommend Shoreham” (91%) rate met the internal target of 85%. The 2025 Resident Experience Survey shows high levels of satisfaction at Shoreham, with residents reporting strong feelings of safety, comfort, and belonging, and praising staff compassion, recreation activities, and the welcoming environment. Most residents felt respected, supported, and engaged, highlighting meaningful social connections and confidence in staff care. At the same time, areas for improvement included dining quality and variety, staffing consistency, environmental comfort (temperature, odors, and noise), and broader engagement opportunities for residents with diverse needs.




Strengthening the Long-Term Care Service We Provide: Family Experience Survey					
Overall Quality of Care 84%	85%		N/A		
Recommend Service 76%					
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: The percentage of family members who rate quality of care/service as Strongly Agree/Agree and whether they would recommend to others.

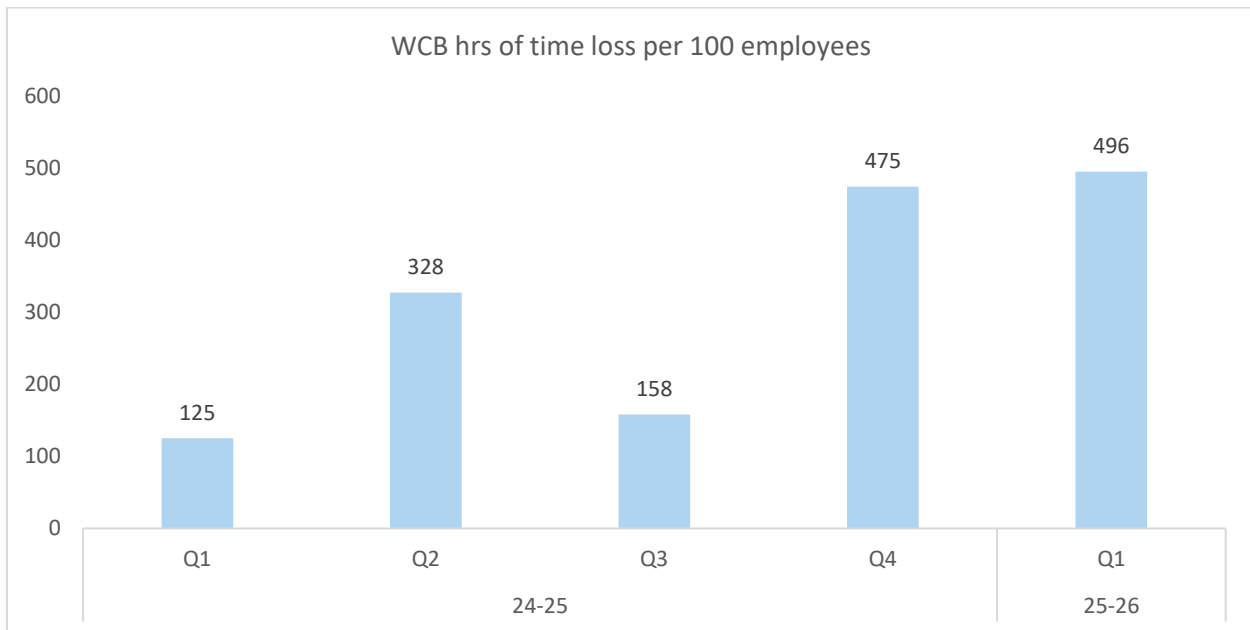


Key Points:

In Q1 2025-26, neither the overall quality of care (84%) or the “recommend Shoreham” (76%) rate met the internal target of 85%. Exploring themes in responses, families highlighted strong trust and appreciation from families, with high praise for staff compassion, respect, and support during care transitions, leading many to describe the environment as warm, human, and home-like. Families felt well-informed about their loved ones’ care, supported during admissions, and reassured by opportunities for social engagement, though some raised concerns about staffing shortages, inconsistent communication, limited activity programming, and family support services. While Shoreham was recognized as a welcoming and inclusive community, opportunities remain to strengthen staffing consistency, expand engagement for all residents, and ensure timely, proactive communication with families.





Be an Employer of Choice: WCB Hours of Time Loss per 100 Employees					
496 hrs / 100 employees	TBD	N/A			
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: Hours of time loss per 100 employees.

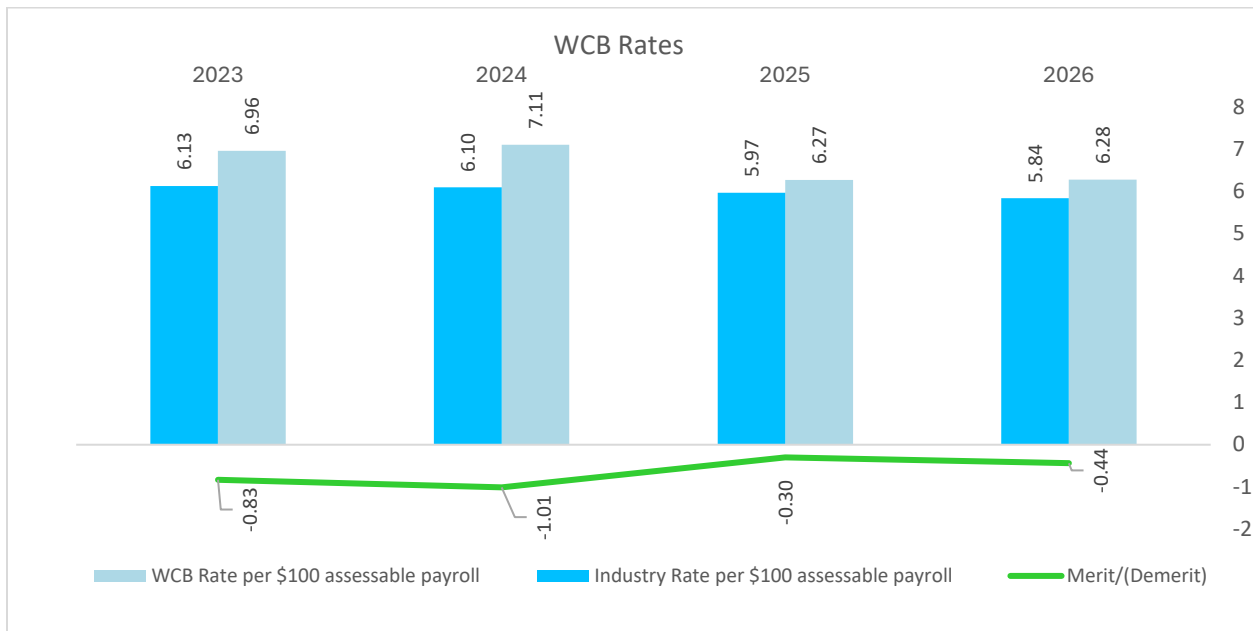


Key Points

For Q1 2025-26, the total time loss hours are 496, marking another increase compared to the previous quarter. This rise can likely be attributed to an injury reported in December, which has led to over 20 weeks of time loss and is still ongoing. Additionally, the employee count at Shoreham decreased from 156 in Q3 to 138 in Q4, which may have further contributed to the increase in time loss, as the numbers are based on hours per 100 employees.




Be an Employer of Choice: WCB Rate per \$100 assessable Payroll					
\$6.28	\$5.84				
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: WCB rate per \$100 assessable payroll.

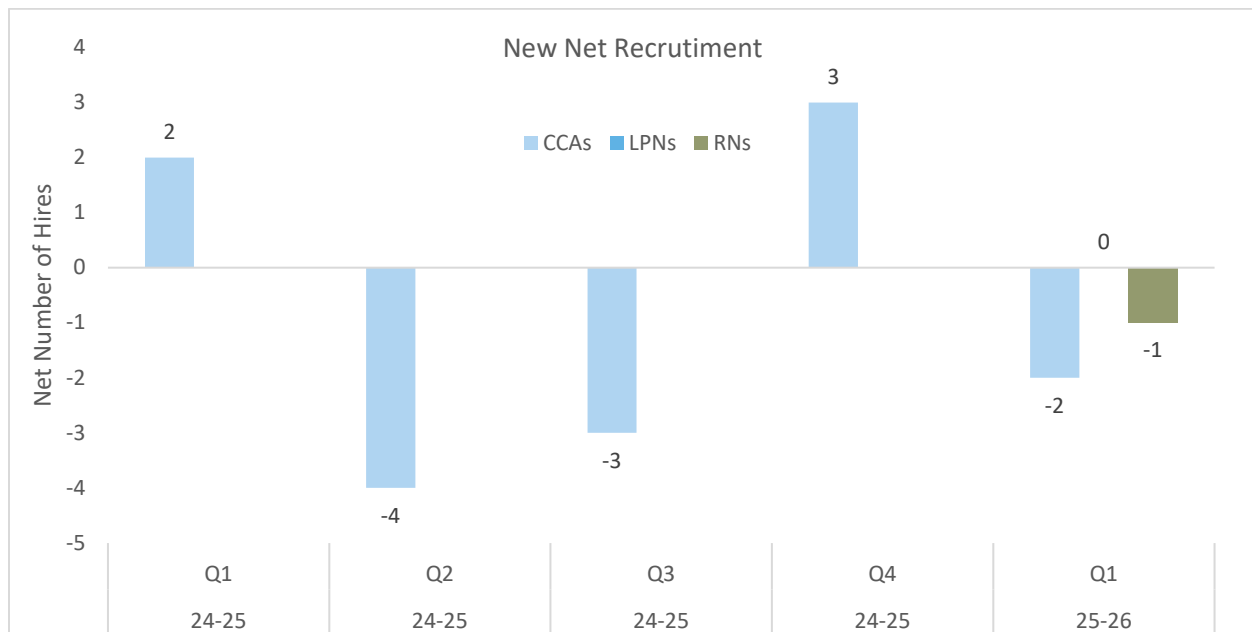


Key Points

The current rate is moving from \$5.97 in 2025 to \$5.84 in 2026. Shoreham is in a demerit position (which means we scored higher than the industry standard per \$100 assessable payroll). In comparison to total rate for 2025, we can see an increase in the total rate for 2026 of 0.01 from \$6.27 to \$6.28.





Be a Recruitment Magnet: Recruitment of CCAs, LPNs, RNs					
-2 net new CCAs 0 net new LPNs -1 net new RNs	TBD	N/A			
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: The net growth in staff focusing on CCA/PCW, LPN, and RN roles, by measuring the difference between new hires and terminations.

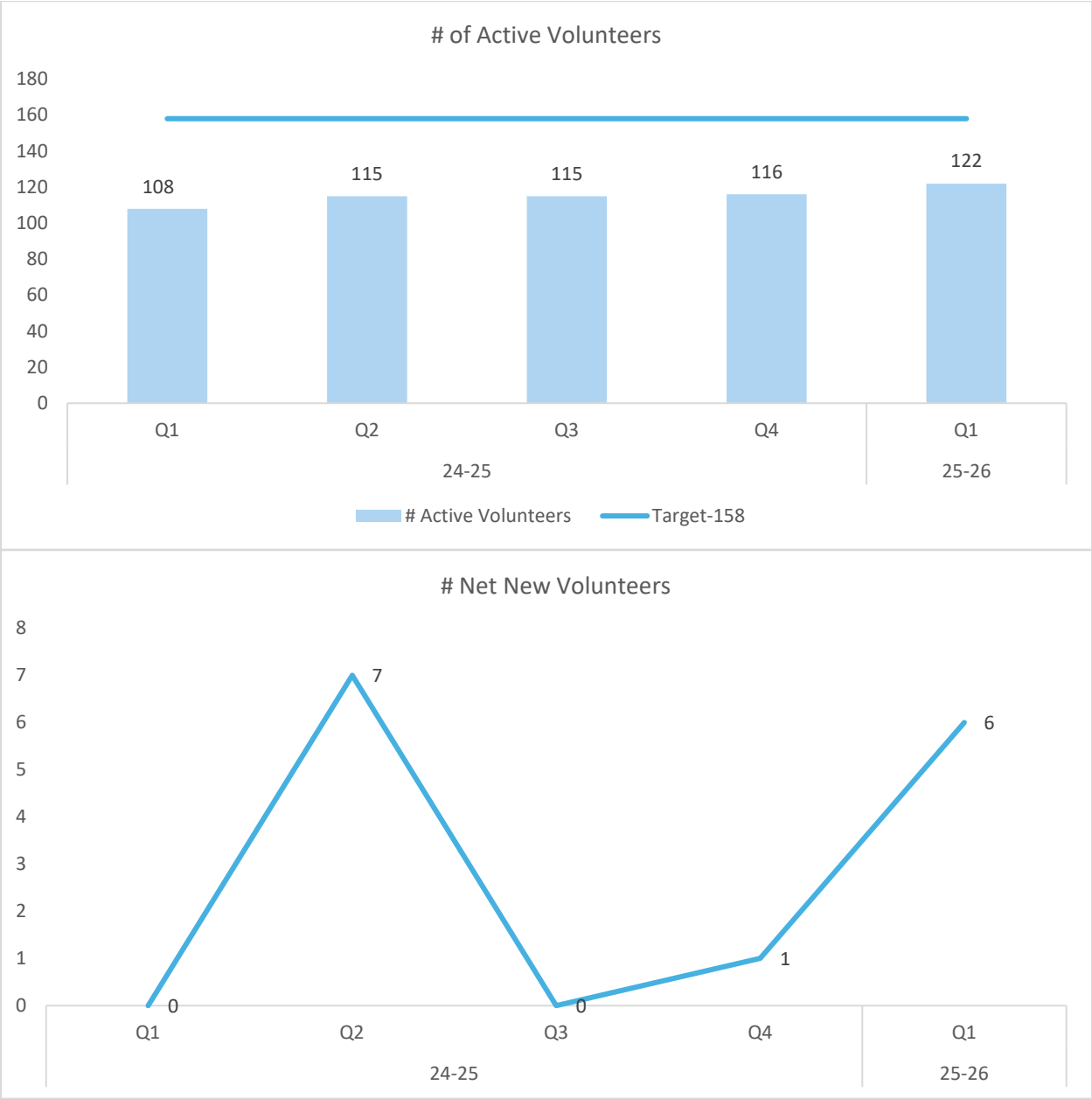


Key Points

During Q1, Shoreham had a net total of -2 CCAs and -1 RN, we welcomed eight new hires into the CCA role and experienced five departures, four from casual positions and one from a full-time role. This results in a net decrease of three employees.





Be a Recruitment Magnet: Number of Active Volunteers					
122	158				
Rate	Target	Target Met	Trend	Reporting	Quadrat

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

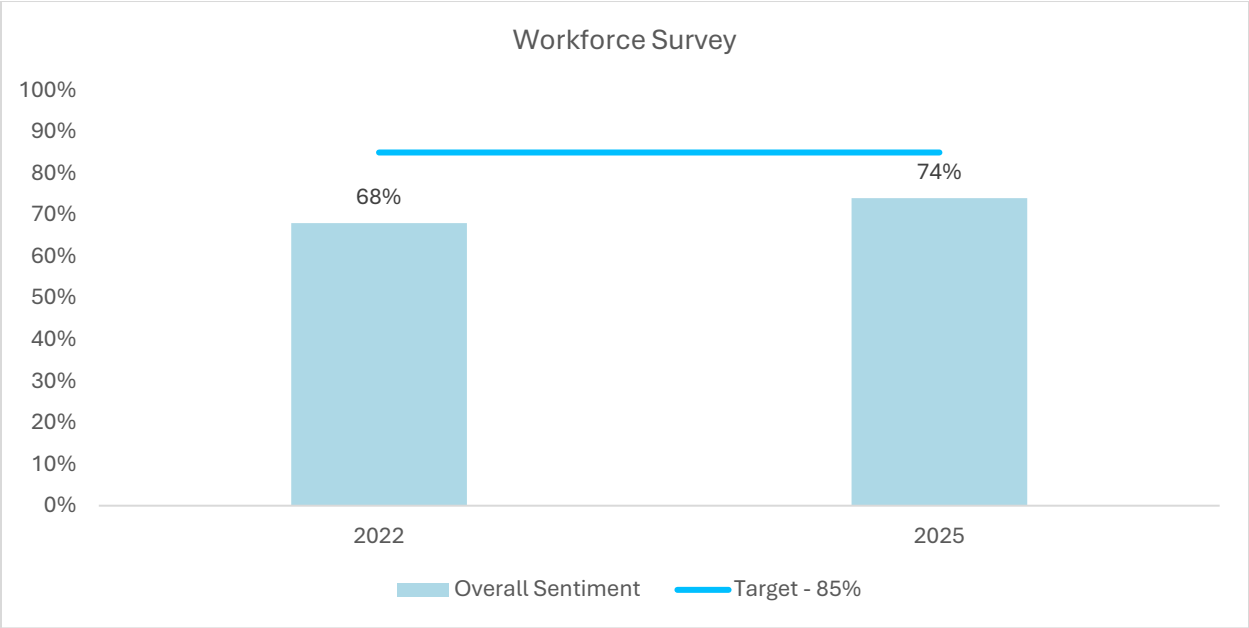


Key Points:

The number of active volunteers has grown by six this quarter (now 122) compared to Q4 2025-26.

Be a Recruitment Magnet: Workforce Sentiment Survey					
74%	85%				
Rate	Target	Target Met	Trend	Reporting	Quadrat

Measurement Definition: The overall rate of how Northwood employees feel about their work and organization, based on positive responses to the survey dimensions.



Key Points:

In May 2025, Shoreham conducted its Workforce Survey, inviting 134 staff and receiving 71 responses (53% completion rate). Overall sentiment was 74% positive, up 6% from 2022. Several areas showed improvement between 2022 and 2025, including job characteristics, supervisor support, leadership, well-being and engagement, person-centred care, and resident safety. Equity, diversity, and inclusion was the other category in the survey to decline, slightly dropping from 94% to 93%. Qualitative feedback revealed clear and urgent concerns about chronic staffing shortages, heavy workloads, and the emotional toll of working without breaks or adequate support. Staff emphasized the need for improved communication, recognition, and team building, along with stronger onboarding and mentorship to support both new and experienced staff. A strong desire emerged for a more respectful and inclusive workplace culture where staff feel valued, equipped, and empowered to provide quality care. **Next steps** include developing and implementing a comprehensive action plan to address these priorities and strengthen workplace culture, safety, and engagement across the organization.

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 experiences / 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		
	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 Report		/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: - 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	CEO report / Risk Report / Scorecard		/5

		opposed to a stand-alone structure			
		<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 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 5 starts rating by all stakeholders	Survey/key information interviews		/10
	Confidence in leadership	Greater than 4 out of 5 starts rating by all board members.	Survey/key informant interview		/10
Total Score					/100

A score of 80 or higher, vote to renew; Score below 80, review for improvements. Score below 70, consider termination.