

Shoreham Village
Board of Directors Meeting – Minutes
January 15, 2025

Present (via Teams) Joseph Green (*Chair*), Elizabeth Finney (*Vice-Chair*), Andrew Snyder, Colleen Richardson, JoAnne Harris, Charbel Daniel, Reinhard Jerabek, Jennifer Tucker and Tasha Ross.

Guests: Gaye Ernst, David Betts, and Paul Misener

Present (in person) Denise Peterson-Rafuse and Tammy Conrad (*Recording Secretary*)

Regrets: Alison Kelland

1. Welcome and Introductions

The Chair called the meeting to order at 4:00 pm.

1.1 Approval of Agenda

7.1 was moved to the top of the agenda

Motion to approve agenda as amended. Andrew Snyder moved and seconded by Colleen Richardson. Motion Carried.

1.2 Approval of Minutes – November 20, 2024

Motion to approve November 20, 2024, minutes. Elizabeth Finney moved and seconded by Colleen Richardson. Motion Carried.

2. New Business

2.1 Accreditation Self-Assessment Results and Next Steps (Tasha Ross)

- There are 15 standards and 3 opportunities for improvement were identified. Tasha plans to work on Board education awareness.

Tasha provided details of how we are meeting the standards in the areas identified by the Board as needing improvement:

- ***Governing: The governing body ensures the LTC home has a trauma-informed approach to care to support the delivery of services.***

In February, there will be education on trauma care for the team.

Team Lavender – This initiative offers staff a way to support each other when facing difficult situations.

An education session will be provided to the Board to outline these initiatives.

- ***Governing: The governing body ensures there is an organizational action plan to address quality of care.***

We have a Quality Improvement Plan and Operational Plan.

Plans will be shared with Board.

- **Governing: The governing body demonstrates a commitment to advancing environmental stewardship.**

Northwood has started a Quality Council to assist with “green” initiatives. Shoreham will adopt Northwood’s environmental stewardship policy and have membership on the committee. Identifying ways to be environmentally friendly is always front and centre but having an education plan and a formal policy would be helpful.

Tasha will include in our formal action plan and track progress. It will be added to our schedule for Board education opportunities.

2.2 Governing Body Assessment/Governance Functioning Tool

- Barbara Hall had assisted the Board in the past with completion of this assessment. Accreditation requires that the assessment be completed individually and must be submitted online. Tasha will build the survey and email to the Board next week. The deadline will be 3 weeks.

Once Tasha has the results, she will bring to the Board for feedback. Any identified areas of improvement will be included in the action plan. Accreditation will review the assessment during their onsite visit.

3. Board Education

3.1 Emergency Planning (David Betts/Gaye Ernst/ Paul Misener)

David, Gaye and Paul did a presentation on Emergency Preparedness.

- Emergency preparedness has 3 components:

Business Continuity Plan – Maintains operations, MOU’s, alternate resources, and supports.

All Hazards Plan – Extensive framework for emergency preparedness. Always reviewing and updating to stay current.

Fire Safety Plan – Specific for fire responses: training and drills. Our template has been used by many facilities across the province.

Annual reviews and updates are completed for all plans.

- We follow regulations with annual testing and certification in all aspects of emergency preparedness.
- Monthly code red drills
- A plan will be communicated to deal with areas of current consideration related to the new build. We are being pro-active to address any potential concerns that may arise during construction.
- Major exercise is planned for fall of 2025 and is completed every 3 years. As part of Seniors and Long-Term Care (SLTC) regulations, a mock disaster will be planned. This exercise will test our All Hazards Plan and will involve a true evacuation of Shoreham residents. We will engage authorities and sometimes volunteers will assist.
This is our first time being the “evacuee” during an exercise. Will provide us with a learning opportunity.
- SLTC lead a review of Business Continuity and All Hazards Plans and is looking to standardize the process among organizations. Our plans have been submitted and will be reviewed.

4. Board Education

4.1 New Build Update

- The site has been cleared for the new build and a trailer is onsite for the construction team. We will schedule a groundbreaking ceremony once government gives approval.
- The CEO reached out to local businesses about the new built construction and met with councillors about parking for the construction team. They were provided with contact information on how to reach out if they have any questions related to the construction.
We were given permission to use the parking area behind the Chester skating rink. It is a short walk to the construction site. We are fortunate they have allowed us to use this parking during construction.

4.2 National Study

We had expressed our interest in being part of a National Study for UTIs in long term care. We were selected to participate in the study. We are very excited to have this opportunity.

5. Chairs Report

Nil

6. Monitoring Performance

- 10-year Service Agreement has been signed as of November 1st, 2024.
- CIHI Report - Provincial report was released on December 5th, 2024. The report identifies markers and organizations can see how they compare to other long term care homes in the province. There are 9 indicators that are made publicly available. These indicators will be added to the scorecard for tracking.

7. Financial Monitoring

7.1 Financial Statements to November 30th, 2024 (Attachment)

- Cash position is strong and will continue. We will draw and replenish for new build expenses.
- Capital assets increased from last year.
- Capital debt increased to 4 million due to draws for construction expenses.
- Deficit of \$39, 000 for the month. Revenue is understated. 4.1 hours of care has been funded since September. There was an accounting issue with tracking for the unprotected and protected envelope calculations in the April 1st to October 31st budget. This deficit will decrease as the accounting issue is fixed in the coming months.
- Schedule 1 – Expenses – Resident Care - Unfavorable variance over the coming months due to 4.1 increase. This funding is part of the protected envelope, and any unused funding must be returned to SLTC.
- YTD Deficit is \$99,000.
- Successfully appealed our property taxes. Went from 3.3 million to 2.3 million.

8. Quality Improvement/Shoreham Accountability Report/Risk Report (Attachment)

8.1 Shoreham Accountability Report

- Communication Team – The team is back to having 3 members. An internal and external communication plan is being developed. We are excited to have a fully staffed team again and look forward to the great things that can be accomplished.

8.2 Risk Report

- There is a resident that has been showing violent and aggressive behaviours. 1 staff went on WCB as a result. Resident has been sent to hospital several times due to behaviors.

9. Meeting Evaluation

Moved to after In Camera.

10. Next Meeting

Regular Board Meeting – March 26, 2025

11. In Camera

A Board Director had some concerns to discuss.

12. Adjournment

Meeting moved In-Camera at 5:15 pm.

***Recording Secretary,
Tammy Conrad***