

**Shoreham Village
Board of Directors Meeting – Minutes
January 17, 2024**

Present (via Teams) Joseph Green, Elizabeth Finney, Andrew Snyder, Brian Webb, Alison Kelland, Colleen Richardson, Janet Simm, Reinhard Jerabek, and Jennifer Tucker

Present (in person) Tammy Conrad

Regrets: Charlie Teal

1. Welcome and Introductions

- The Chair welcomed everyone to the meeting.

2. Approval of Agenda

The Chair informed members that the guests would be presenting their reports first, and that in consideration of timing some items may be removed from the agenda.

3. Approval of Minutes – November 15, 2023 (attached)

Motion to approve the November 15, 2023 minutes as circulated. Andrew Snyder moved and seconded by Elizabeth Finney. Motion Carried.

4. Board Education

4.1 Electronic Resident Records-Tools to support Quality of Care and documentation: Point Click Care/Electronic Medication Record

Jennifer Tucker provided an overview of Point Click Care (PCC)

- PCC is a web-based electronic resident record.
- Records are backed up on USB turbo sticks. Information can be accessed on a number of computers if there is a loss of network. The sticks were costly and are safeguarded. Tablets have access to data that can be used if there is a loss of network, and there is access to paper charts if needed. MARS can be printed as needed. Every hour the system performs a backup of records that can be accessed in an emergency.
- We were required by Licensing to provide proof that PCC is secure and that it meets the highest level of data protection. PCC is an American company, but Canadian Standards are followed for their Canadian customers.
- Limited off premises access. Proxy address is available for staff that require access. Access is removed once a staff member is no longer employed with SV.
- Records can be access via remote access in an emergency. This function can only be turned on by System Administrators.
- Cliniconex module is an integrated automated messaging system. Messages can be sent out in mass to all designated care givers. Audits are conducted to ensure that information is reaching the assigned recipient and will show if the message was received and read.

The Board thanked Jennifer for the comprehensive presentation, and for the valuable information.

4.2 Provincial Board Governance Training Debrief

- Presentation will be shared with the Board.
- It was suggested that the document be included in the Board Orientation Manual as a reference for future Board members.
Document will be posted on the board portal.

4.3 Board Planning Cycle- March Responsive Behaviors (Attachment)

- March's education will be responsive behaviors. and June will be the Nurse Practitioner. As a follow up to the KPMG Governance Training:
 - May will be Licensing,
 - Risk Management, Business Continuing, and Recruitment will be future education.
 - In camera session with Board and auditors will be scheduled.

5. Business Arising

5.1 Formal Partnership Evaluation with Dalhousie University

No updates.

5.2 Fundraising-Golf Tournament

Deferred

6. New Business

Nil

7. Chairs Report

7.1 Family Council

Family Council – Nov. 28 meeting

Deferred

7.2 Provincial Board Orientation Initiative: Board survey follow up

7.2.1 Whistle Blower Policy

Standing agenda item which was reinforced in the KPMG Training

7.2.2 Board Quality Committee

Standing agenda item

7.2.3 Succession Planning

- **CEO**
- **Board members**

Deferred

7.2.4 Diversity/Inclusion-underway-remove from agenda?

Deferred

7.2.5 Nominating Committee Report

- Danielle Barkhouse, MLA had reached out to Andrew with a name of an individual that is new to the community and may be a good fit for the Board. Their experience is in project, change management, and mental health management.
- Brian already provides the Board with project management expertise. Legal is an area of expertise that the Board is lacking.
- Andrew will reach out to Danielle to thank her for bringing forth this individual's name, and to let her know that the Board is looking for a member with legal experience to join the Board, if she has any recommendations.

8. Monitoring Performance

8.1 Scorecard

8.1.1 Q2 Results

- The results shared are from Q3, not Q2.
- We are working on a new method of data collection for the scorecards. The two new nursing service managers will be working with Jennifer on this project.
- Tasha will create a dashboard and prepare the scorecard. This will be the first-time gathering information this way, so it will be a work-in-progress.

8.1.2 Proposal to include Management Agreement Indicators

Management agreement indicators will be included in the scorecard.

8.2 Management contract evaluation-March

- **Indicators review**
- **Gathering stakeholder feedback**
 - Indicators will be included in the scorecard going forward.
 - The team will determine how to include feedback from community stakeholders, family members, etc.
 - Management contract evaluation is found in the Board Reference Manual on page 21.

8.3 Board Evaluation Results Action Plan

- **Board of Directors Position Descriptions-Board Chair**
- **CEO Professional Development**
- **Board meetings-complete? Remove from the agenda?**
- **Actively engaging the community**
- **Building Design Community Consultation (see attached)**

Deferred

9. Finance Report

9.1 Financial Statements to November 2023 (Attachment)

- Cash is \$660,000.
- Mortgage will soon be coming to an end.
- Long term debt has increased as we draw on the mortgage.

- Current liability – Note payable can be removed. This was emergency financing available through NW and has not been drawn from.
- Commercial Services – Includes services provided to the OHC and the Bus. There is a slight deficit. No funds generated from the OHC or the Bus to offset any expenses.
- Long Term Care – surplus of \$10,000 and a deficit of \$10,000.
- DSLTC Revenue – Lots of transactions occur under this category. Consists of bi-weekly payments from DSLTC. CUPE retro repayment to staff was significant and contributed to a favorable variance.
- Favorable variance in resident care – A result of staffing shortages. Agency staff were used to fill vacant positions and associated costs will offset this favorable variance.
- Releasing a travel staff, as we are seeing staffing improvements.
- YTD food and dietary is good.
- RN staff have been covering vacant LPN shifts.
- Reinhard is comfortable with the cash balance.

9.2 The Department of Seniors and Long-Term Care-Protected and Unprotected envelopes

- Claw back of \$200,000 to our bi-weekly payment. This is due to staffing shortages. As a result of changes to DSLTC funding with protected and unprotected envelopes certain funds have to be returned to DSLTC if unspent. The repayment amount could have been more if adjustments to funding and positions were not made. We have been able to place some additional care staff positions were moved from unprotected envelopes to protected to keep funding for positions that technically fell under resident care reducing the amount of claw back.
- Protected and unprotected envelopes will be part of the year end audit. If the DSLTC does not like our adjustments, then it will add to our deficit. Our Auditors are being trained on the expectations for evaluating and monitoring the protected and unprotected envelop envelopes.

10. Quality Improvement/CEO Report/Risk Report (Attachment)

10.1 CEO Report

-Front line staff recruitment

-New Build Update

- The CEO was prepared to provide an overview of the Management Performance Tool. Due to timing, this has been deferred.
- Two residents with COVID. The 1st resident to have COVID will be coming off active status this week.
- We were informed that we could keep a travel nurse for an extra 2 weeks even though this position was no longer needed demonstrating progress on hiring our own staff. There is no deployment for this individual, so we were allowed to keep them at no cost.
- RNs have been covering vacant LPN shifts. This is an added cost pressure. We are working with schools to reach students and attending job fairs for recruitment.
- Robot coupe in the kitchen has broken. A new one had to be purchased, which cost \$3,300. This was an additional budget pressure, but it was needed.
- Processor issued papers related to a slip and fall. After the CEO reviewed the papers, it appeared that it was misdelivered and that it may be for the apartments. Peter Nathanson reached out to the apartments. The CEO reached out to Peter House, Apartments Manager to advise him of the process, and a message was sent to MacGillivray law informing them that the incorrect person was served.
- Targeting mid-March for the Building Design consultation. The team had suggested the Chester Legion as a possible venue. A separate consultation will be held onsite for residents. Families are welcome to attend the onsite or public consultation.
- The CEO will speak to Janet Creaser to see if the Foundation would like to address the Palliative Care funds raised during the consultation. The funds will be used to build a family room in the new facility, so it may be an appropriate time for closure on the Palliative Care funds.
- Previous Board members should get a formal invite to the consultation. CEO will add this to the plan.

10.2 Risk Report

-Water Production

-Respite Client

- Connected Well 7 which was a success. It is producing more water than what we are utilizing. We are optimistic that this will solve our issues with water quantity. We have reached out to the apartments to find out if they are experiencing the same increase in water.
Trucked in water was part of our operational budget (*3 loads per week*). This will be an expense that we will no longer have, which will have a good financial impact.
There is MOU with the apartments for the shared wells. The CEO may discuss with the apartments, the possibility of them becoming independent for their water supply.
- Respite client- we have had no further communication with this family.

11. Meeting Evaluation

12. Next Meeting

12.1 March 20, 2024 – Regular Board Meeting – 4:00 pm

13. In Camera

Meeting moved into In-Camera at 5:40 pm.

14. Adjournment

Meeting ended at 5:40 pm

***Recording Secretary,
Tammy Conrad***