

**Shoreham Village
Board of Directors Meeting – Minutes
March 26, 2025**

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

Guests: Tara Dunnett, Kerri Rayner, and Baker Tilly (Andrea Wilkie and Courtney Grantham)

Present (in person) Tammy Conrad (*Recording Secretary*)

Regrets:

1. Welcome

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

1.1 Approval of Agenda

Motion to approve agenda. Andrew Snyder moved and seconded by JoAnne Harris. Motion Carried.

1.2 Approval of Minutes – January 15, 2025

Motion to approve January 15 2025 minutes. Denise Peterson-Rafuse moved and seconded by Andrew Snyder. Motion Carried.

2. Board Education

2.1 Avanti (Tasha Ross, Kerri Rayner, and Tara Dunnett)

Presentation of Avanti

- Avanti is an integrated HR, Payroll, and Scheduling system.
- Anticipated go live date is May 2025
- NW is working through the onboarding piece for their staff and will do the same for SV at a later date.
- Staff Education will continue to be completed via the Hub.
- Will reduce administrative duties and provide more transparency between employee and employer.
- Robust reporting potential
- Employees will be able to see time banks and better manage their schedules.
- Schedules can be viewed in “real time”
- Employees can view and print paystubs and T4s.
- Implementation should reduce staff payroll related questions.
- We are in the midst of the testing phase.

Reinhard noted that Avanti was part of the unprotected envelope of funding. Project costs \$40,000 over 5-year term. Annual costs for licensing are \$24,000. Costs are part of next year’s budget.

We are working closely with our dedicated implementation consultant. NW resources and expertise is being acquired.

Avanti is not housed on our servers, but data does reside in Canada.

3. New Business

3.1 Accreditation Self-Assessment Results (Tasha Ross)

- Tasha circulated assessment results.
- Each question received 1 negative response. It may be possible that the incorrect box was selected when completing the assessment. The negative responses were in areas that we have done significant work to make improvements.
- Items in “red” are included in the action plan.
- Education from our Information Technology team will be added to the education schedule.
- There has been some turnover in Board members. A detailed presentation of the scorecard may be beneficial.
- Board Orientation process may require improvements. New Board members receive an orientation from the Board Chair and the Orientation Package is on the Board portal section of the SV website. NW has an annual evaluation of the functioning of the Board. Tasha will add to the action plan and incorporate the same evaluation process for SV.

4. Financial Monitoring

4.1 Auditors

Andrea Wilkie and Courtney Grantham, Baker Tilly presented the audit report.

- Audit approach will be the same as in previous years.
- No changes to accounting standards or practices.
- Proposing 2.5 % materiality of total expenses. Consistent with 2024
- Areas of audit emphasis will be revenue, deferred revenue, payroll, resident trust accounts, and related party transactions. Expanded definition of related parties is an area of change. The Board may be asked to provide names of extended family members. It will be up to the Board if they wish to disclose this information during the audit.
- Audit fees will remain similar to last year. Between \$19,500-21,400. Last year’s fees were \$19,800.
- Second year doing the special report for the protected and unprotected envelopes of funding.
- New build construction may result in extra audit work and fees. Baker Tilly will notify us if extra fees are necessary.
- Year-end field work starts on May 5th 2025. Work can be done remotely, but as they reside in the same building as NW, they are available to do in person if need be.
- In-camera session with Baker Tilly will proceed the Annual General Meeting (AGM).

4.2 Financial Statements to February 2025

- Cash fluctuations will occur over the next few years due to draws and payments related to the new build. Capital assets and long-term debt will also fluctuate.
- Small surplus in Commercial Services.
- \$67,000 surplus in LTC. Schedule 1 provides further details. Surplus has increased as we are getting more familiar with the process and expectations for envelope funding, and additional funding has been provided by the department.
Additional funding is part of the unprotected envelope of funding therefore we were able to fund positions that were more suitable to the needs of our home.
Funding was paid retro-active to September 1, 2024. We were unable to fill some of those positions which added to the surplus.

- Reinhard does not suspect extra auditing fees will be necessary related to the new build. RCS construction provides one invoice per month related to the new build construction. The Architect, Project Manager, and SLTC review the invoice prior to payment submission.
- A special meeting will be held mid June to discuss the audit findings.
The Board decided on June 11, 2025 for the special meeting with the auditors, and June 18 2025 for the AGM.

5. Monitoring Performance

5.1 Scorecard Q3 24-25 (Jennifer Tucker)

- There has been notable improvements in the Physical Restraints indicator this quarter. Rate decreased from 42% to 10%. OT/PT team has reviewed all restraints being used and ensured that the team was recording restraints properly. Resident's that are using seat belts as a safety device are no longer being recorded under Physical Restraints.
- Infection rate is slightly above our target of 3%. We had a respiratory outbreak which affected the rate.
- Resident pain scored 18% which is significantly higher than the provincial rate. We have been monitoring residents experiencing worsening pain and interventions are being provided in a timely manner. Accreditation standards are also being met.
Pain can vary per resident, so we also use validated assessment tools to evaluate pain levels - such as facial expressions, body language, etc.
If the resident experiences pain, it does not mean that they are living with "acute pain. It means that we were notified that a resident was experiencing pain and addressed appropriately.
- There has been an increase in resident behaviors. This is a result of behaviors of two residents. Those residents were provided with 1-1 support as part of over cost funding, and GPA training was provided to staff.
One of the residents was sent to hospital due to behaviors. After extensive assessments it has been decided that the resident will not be returning. Long term care did not appear to be the best solution for this resident. External partners expressed gratitude, and all involved are pleased that the resident will be provided with care suitable to their needs.
- Jennifer mentioned that the recent Licensing inspection was excellent.

6. Business Arising

6.1 New Build Update

- New build is on schedule. SLTC is planning to have a new build ceremony in early April. Once the CEO has a date it will be shared.
- A notice was distributed to our neighbours about the new build and contact information was provided.
- There was some discussions about the pond, but it was been decided that the pond will remain with the new build. Maintenance considerations will be put in place to ensure there are no issues that result from keeping the pond.
- Fences are blocking the pathway that travels through SV property and leads to the community. Many locals use this pathway and there are concerns that it will be removed. CEO will speak with RCS for clarification and find out the earliest that the fencing can be removed.
- Board member, JoAnne, requested a copy of the new build blueprints. CEO will request a digital copy from RCS.

6.2 National Study

- We continue to proceed with UTI surveillance process. It's an exciting opportunity to work with the Public Health Agency of Canada on this study. It will be for 6 months starting in the fall.
- An organizational review of all communication pathways is underway by the NW communications team. It will be wonderful to share new build milestones and positive initiatives such as the study. The communication team will share updates about the new build after the ceremony as per the request of SLTC.

7. Quality Improvement/Shoreham Accountability Report/Risk Report

7.1 Shoreham Accountability Report

- An offer was presented to a Clinical Dietitian, and they will join us in the summer once they complete their Masters. Hired a LTC Administrative Assistant and 2 interviews are scheduled for the Social Worker position.
- The CEO will continue to report updates in the Accountability Report until positions have been filled.

7.2 New Strategic Plan

- The 3-year Strategic Plan has been updated.
- Some wording changes have been made, and operational points have been added. The operational points will be included in the operational plan and be added to a one pager of the Strategic Plan.
- The CEO will share the document with the Board after the meeting to review and provide feedback.
- Any changes or questions can be emailed to the CEO or Chair. A meeting can be scheduled in May if needed.

7.3 Risk Report

- There were some risk concerns, but they have not resurfaced.

8. Meeting Evaluation

- Good meeting
- Implementation of the payroll system is exciting
- Meeting was informative
- Exciting to see things happening with the New Build
- There was concern over the lack of Board engagement during the meeting.

9. Next Meeting

Regular Board Meeting – May 21, 2025

10. In Camera

11. Adjournment

Meeting adjourned at 5:33 pm.

***Recording Secretary,
Tammy Conrad***