

Shoreham Village
Board of Directors Meeting – Minutes
May 15, 2024

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

Guests: Danielle Dyke, Clinical Practice Manager

Present (in person) Charlie Teal and Tammy Conrad (*Recording Secretary*)

Regrets:

1. Welcome and Introductions

The Chair welcomed everyone to the meeting. He welcomed Danielle Dyke and noted that she would be providing an education session on Long Term Care Licensing Standards.

2. Approval of Agenda

The CEO noted that Jennifer would provide a review of the scorecard after Danielle's presentation, and that Reinhard would be joining the meeting at 5:30pm to review the financials.

There was a correction to the date of the AGM noted on the agenda. Should be June 19th, 2024, not June 17th.

Motion to approve agenda as circulated with the above amendments. Brian Webb moved and seconded by Andrew Snyder. Motion Carried.

3. Approval of Minutes – March 20, 2024 (attached)

Motion to approve the March 20, 2024 minutes as circulated. Alison Kelland moved and seconded by Andrew Snyder. Motion Carried.

4. Board Education

4.1 LTC Licensing Standards

Danielle Dyke provided an overview of LTC Licensing Standards

- There are 400 licensing standards that long term care homes are measured against. During our last licensing inspection, we received 5 requirements from the DSLTC. We did very well!
- Homes are provided with a licensing document prior to an inspection. The document is reviewed and requested documentation is submitted. Then within one month a licensing inspector will come onsite for an unannounced visit.
- After the visit they provide us with a licensing inspection report. A confirmation of compliance with licensing requirements report is provided and we provide them with any requested information.
- An official license is provided from DSLTC and displayed within the home.
- A semi-annual inspection is initiated halfway throughout the year. No notice is provided in advance of the visit. They do a walk through the home and follow up on action items from the prior inspection.
- SV welcomes the inspection from licensing as it provides a good opportunity to work on quality improvement. The Chair is provided with the licensing inspection report and the action plan.

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

4.2 Board Planning Cycle – Role of the NP (AGM)

- Daniel Deveau, Nurse Practitioner will be attending the Annual General Meeting.

5. Business Arising

5.1 Formal Partnership Evaluation with Nova Scotia Health

5.1.1 Review of Key Stakeholder list

- The Board was provided with a list of key stakeholders to review. It was suggested that Nancy Timbrel-Muckle be added to the list of stakeholders.
- A draft of questions will be circulated via email. Board members were asked to review and provide feedback.

5.1.2 Financial Status pre and post

- NS Health requires information on our financial status pre and post partnership. The analysis needs to be completed by an individual that has expertise in this area.
- The CEO attempted to reach John Campbell, past Branch Manager at Scotiabank to find out if he could assist us with this process, however, we were unable to reach him.
- The CEO asked Andrew if he would be willing to review pre and post partnership financial statements to assist with this part of the evaluation. Andrew agreed and he was thanked for his assistance.

5.2 Fundraising-Golf Tournament

Liz is working with Amber on the details of expectations for the golf tournament and key dates for reporting outcomes.

5.3 Provincial Board Governance Training follow up

5.3.1 Draft Whistle Blower Policy

- The Northwood Whistle Blower Policy will be shorehamized.
- A draft of the policy should be ready to present at the June meeting. Once the draft is ready it will be circulated to the Board for review and feedback.

5.3.2 Tools/resources available to the Chair to investigate a complaint

- The Chair will have access to NW legal counsel, and the NW Board Chair. We can also engage Seniors in Long Term Care.

5.3.3 Roll out/Communication Plan

- A formal communication plan for the roll out of the Whistle Blower Policy will happen sometime in June once the policy is approved. .
The policy will be included in Policies and Procedures for staff and clear directions will be provided to staff on how to activate the policy.

6. New Business

6.1 Community Consultation Session (March 21) Debrief

- Attendance was great. Over 60 individuals attended.
- Syd Dumaresq and the team did a wonderful job presenting the new facility design.
- Several questions came forth from the consultation. A “new build” section has been added to the website. Responses have been posted on the website along with updates on the new build.
- The community has a genuine interest in this project, and it was nice to see such positive community involvement.

6.2 AGM Meeting Planning

- The Annual General Meeting will be available in person and virtually.
- Daniel Deveau, Nurse Practitioner will be presenting.
- The Community Report will be presented.

6.3 Nominating Committee update

- Andrew thanked those that had submitted names for consideration.
- 10-12 people were contacted. 4 of those individuals appeared to be a good fit for the Board. Waiting to hear back from one of those individuals.
- Andrew will provide further details in camera.
- With Brian leaving the Board it does leave a gap of expertise in project management.

7. Chairs Report

- Protected and unprotected envelope funding has presented additional challenges for the auditors. June 12 is an alternate date in case the auditors are unable to be ready for June 5th.
- Reinhard and the CEO will attend the Financial Audit meeting. They will leave towards the end of the meeting to allow the Board to ask any questions they may have about the audit in camera.
- The Chair noted that the KPMG training provided good questions that could assist us in our conversations with the auditors. He will find that information and have available for the meeting.

8. Monitoring Performance

8.1 Q4 Scorecard Review

Jennifer Tucker provided an overview of the scorecard.

- Infection control is showing a good trend. Our rate is 2.62% and our target is 3%.
- UTI has improved from last year. Additional education has been provided to staff.
- Restraint utilization – Our rate is 35%. 5.7% is the national rate. Jennifer explained that our rate is very high due to our definition of “restraint”. Any device or measures that we have in place to protect a resident’s safety we have included as a restraint. Even though it is not used to restrain the resident, only to protect them. For example, seat belts on wheelchairs, bed rails, etc.
- We include safety restraints in our numbers so that we have an accurate reflection of the restraints being used.

- We are a “least restraint” facility. Jennifer explained that we are exploring ways to present this information without negatively affecting our restraint utilization numbers.
- It was suggested that we consider tracking how we compare against national standards, and then how we compare against our own internal target using our own definition of “restraint”. Jennifer will discuss this with the team for consideration.
- Pressure injuries – Our rate is 4.9% and 2% is our benchmark. This is a result of a resident that refuses to take wound care measures offered to them. We put the care measures in place to protect our residents, but they have the right to refuse.
- Resident/family surveys – We did excellent! We met or exceeded our targets.
- A more targeted survey was provided to residents and families last week around food and activities. Results should be ready by summer.
- The goal of 158 volunteers was pre-covid. This may not be realistic as there has been a significant decrease in volunteers in all voluntary organizations since Covid.

8.2 Scorecard feedback (benchmark in the dashboard, use of colour green, action plan timeframe)

- The time frame for completion of items has been reduced from 12 months, allowing the option to complete items in a quicker time frame.
- The CEO noted that it was a struggle to find colours to replace the “red” and “green” on the scorecard. The Board understood and is alright with those colours being used, if there are symbols used when clarity is required.

9. Financial Monitoring

9.1 Unaudited Financial Statements to March 31, 2024 (Attachment)

- The SLTC is late paying resident per diems which has left us with an outstanding accounts receivable. There has been significant turn over in the SLTC which has caused this delay in payment.
- There are several accounts payable items related to the new build.
- Long term debt has increased from last year and will continue to increase due to the new build.
- Approximately \$90,000 of funding in the unused protected envelope must be returned to SLTC.
- CUPE retro active payment was issued to staff.
- There is a new NSNU agreement for RNs. Annual salary has increased by \$15,000. The increase will be included in the budget.
- There is a deficit of \$67,000. Reinhard is pleased with the financial position as we had projected a more significant deficit because of the envelopes reporting. Reinhard would be pleased if we continued with this trend. With the envelopes funding approach there is no opportunity to obtain a surplus.

9.2 Protected/Unprotected envelope reporting requirement – fees

- We are unsure at this point how the new envelope reporting will affect our auditing fees. We have taken measures to mitigate the work involved for the auditors.
- More clarify will be provided in the future once we find out how the new reporting will affect things. This is a learning process.

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

10.1 CEO Report

- Have started picking out trimmings and furnishings for the new building.
- We are working with the Apartments Association to find ways to mitigate the noise for tenants during the construction. Workers will be onsite from 7:30am-5pm Monday to Friday. They will be notified of times of increased activities.
- Apartments association have been invited to the contractor meetings.
- They have agreed to move the raised garden bed to another location that way they will not be disrupted during construction.

10.2 Risk Report

Nil

11. Meeting Evaluation

- Very informative
- Licensing process was interesting.
- Lots of opportunity to provide feedback and share information.

12. Next Meeting

12.1 June 5, 2024 – Audit Results, In Camera session with the Auditors

12.2 AGM, June 17, 2024 – 4pm

12.3 Board meeting- 5pm

13. In Camera

13.1 CEO Search Committee Update

14. Adjournment

Meeting moved into In-Camera at 5:45 pm

***Recording Secretary,
Tammy Conrad***