

**Shoreham Village
Board of Directors Meeting – Minutes
September 17, 2025**

Present (via Teams) Joseph Green (*Chair*), Andrew Snyder, Denise Peterson-Rafuse, Alison Kelland Charbel Daniel and Jennifer Tucker.

Guests: Anita Wilwand

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

Regrets: Elizabeth Finney (*Vice-Chair*) and JoAnne Harris

1. Call to Order

The Chair called the meeting to order at 4:02 pm.

2. Welcome

2.1 Approval of Agenda

- Additions to agenda – “***Nominating Committee***” added under 4.2
- Items 3, 5, and 6 moved forward

Motion to approve agenda as amended. Andrew Snyder moved and seconded by Denise Peterson-Rafuse. Motion Carried.

2.2 Approval of Minutes – June 18, 2025

Motion to approve June 18th, 2025 minutes. Andrew Snyder moved and seconded by Alison Kelland. Motion Carried.

3. Board Education

3.1 Lifts/Transfer training project & Update on CCA PLAR (Anita Wilwand)

Anita provided a presentation on Lifts/Transfer training project & Update on CCA PLAR.

- September is safe handling and mobility month. Mandatory education is provided to staff on how to use resident safety devices. Examples: Personal and bed alarms, use of grip socks, cushion use, crash mats, slider sheets, easy lifts etc.
- Sara Stedy is a device that was purchased to assist residents from a sit to stand position.
- There is a Transfer team and Risk meetings occur weekly.
- We are a leader in safe client handling and some of our work has been used by AWARE NS and WCB for education within other organizations.

Board questions:

- Are there ceiling lifts in every resident room?
We are working towards having ceiling lifts installed in all resident rooms. There are approximately 10 rooms remaining. Floor lifts are used for residents that fall outside of their rooms. The new building will be equipped with ceiling lifts in every resident room.
- How often do we do a resident risk assessment?
Every resident is assessed upon admission by a SCOTT fall risk assessment tool and quarterly thereafter. Occupational Therapist does transfer assessments, and a 5-night assessment is completed upon admission. Resident safety needs are determined through these assessments. If a resident has a fall, then a review is done to change care plan interventions.
- Will the new building be equipped with innovative technology or tools for mobility?
Some of the leadership/maintenance team travelled to Toronto to view furniture, equipment, ceiling lifts, etc. to ensure that the best equipment is purchased for the new home.

- PLAR – Government is assisting CCAs in training to become certified CCAs. We were granted approval to have our own PLAR process. 21 staff were eligible and have been registered and started the process. 11 staff passed the exam and have become a CCA certified. The remainder are in the process of completing.

4. New Business

4.1 Continuing Care Month Events

- General celebrations for staff will occur during continuing care week.
- Staff Appreciation and Long Service Event is being held on October 16, 2025 at the Chester Basin Legion. Board is invited to attend.

4.2 Nominating Committee

- Looking to explore other routes for attracting new board members.
- Skillset self assessments were completed by the Board in 2023 to determine needs and limitations.
- Tammy will send the Chair and CEO the skillset self assessment that was used last for their review.

5. Financial Monitoring

5.1 Financial Statements to August 31, 2025

- Increase in cash position related to new build. 1.4-2 million is required per month to pay construction related fees. Capital assets increasing and larger accounts payable all related to new build
- Commercial services have a small surplus. There is a deficit YTD which is possibility related to something not being billed.
- \$100,000 surplus in long term care. Small variances in other departments.
- Operating in a break even position up until the end of August.
- Converted one bank account into an enhanced account with a prime interest rate.

6. Monitoring Performance

6.1 Scorecard Q1 2025-26 (Jennifer Tucker)

- Occupancy rate is 99.6% and above the provincial benchmark of 99.2%
- Last quarter resident transfers – 1 resident went to another facility, 3 passed in hospital and 3 passed in facility. The 1 resident that transferred was because it was their preferred facility and in closed proximity to family. Future tracking will include residents that decided to stay at Shoreham, even though we were not their preferred facility.
- 3.4 direct care hours per day for each resident. Key focus is to get to 4.1 direct care hours per resident. Direct care hours do not include modified RTW plans.
- We are well below WCB and RTW targets for time loss at work.
- Infection control – Target is 3% and we are at 2.3%. No covid or GI reported
- Restraint use – Our rate is 5.6 %. National benchmark is 16.6%. Substantial improvement related to tracking guidelines
- Antipsychotics medications – We are below national average at 20.9%. Goal is to work towards a 15% reduction in usage per year. We are discovering other resources that can be used instead of medications. Improvements being made in utilization.
- Family/Resident surveys – Celebrated a 91% overall satisfaction rate from our residents.

7. Business Arising

7.1 New Build Update

- RCS is slightly ahead of schedule
- No concerns with the construction or the new build budget. There were more rocks onsite than anticipated, which did require some blasting, but nothing to negatively affect the budget.

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

8.1 Shoreham Accountability Report

- Lessons have been learnt from the fire incident. Incident details were shared with the Board and measures have already been implemented.
- Avanti Payroll/Scheduling/Onboarding system is live. There were 2 payroll errors during our first go live processing. There were some hesitations from staff at the start, but overall, the reception has been positive.
- Workplace survey for 2025 – 71 staff responded. 74 percent positive (up by 6%). Action plan has been created.
- Stewardship award – This is a new award that will be presented to a staff member that demonstrates safety in the workplace. They will be recognized at the Staff Long Service Event. Nominations close Sept. 17th.
- Large Scale exercise is scheduled for October 7th 2025.
- Data Strategy Team/AI – new data team started in June. Policies and procedures will follow.
- Clinical dietitian – It has been difficult to recruit for this position as there is a province wide shortage. The position has been increased from .5 to .8 to hopefully generate more interest.

8.2 New Strategic Plan

- A strategic planning session is scheduled in the Shoreham training room on November 8th, 2025. Tasha will facilitate and a few leadership staff will be joining.

8.3 Risk Report

- June – 2 near miss elopements. Resident went through the front door when visitors were leaving and was easily re-directed inside.
July – 1 elopement
2 of the elopements were reported to Seniors and Long-Term Care (SLTC).
- Smoke evacuation – Due to toast burning.
- 1 resident had fallen and resulted in fracture. Incident has been closed.
- August – breach of personal health information. Incident reported to Privacy Officer and SLTC. Waiting to hear back from SLTC.
Resident family had requested a copy of Medication Administration Records (MAR). Incorrect MAR was provided. Notified the family that was affected by the breach.

9. Meeting Evaluation

- Good discussion
- Excited about the upcoming strategic planning session, Staff Long Service Event, and new build
- Good job keeping the meeting on track

10. Next Meeting

Regular Board Meeting – November 19, 2025

The CEO and Chair will work on a board planning and board education calendar.

11. In Camera

Nil

12. Adjournment

Meeting adjourned at 5:37 pm.

***Recording Secretary,
Tammy Conrad***