

Strategic Planning 2021-2026: Strategy to Action



Scorecard Quarter 3 Report
October 2025 – December 2025

February 2026

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How to Use this Document



Finance quadrant



Internal process



Learning & Growth



Customer Quadrant



External Process



Quarterly reporting



Annual Reporting

- Trend Arrows refer to change in direction from the previous quarter.
- A red arrow means the indicator is trending in the opposite of desired direction
- A green arrow means the indicator is trending in the desired direction
- Not all indicators currently have defined targets

List of Abbreviations

CCA	Continuing Care Assistant
CEO	Chief Executive Officer
CIHI	Canadian Institute for Health Information
GPA	Gentle Persuasive Approach
HANS	Health Association Nova Scotia
Hrs	Hours
LPN	Licensed Practical Nurse
LTC	Long-Term Care
N/A	Not applicable
NS	Nova Scotia
PCC	Point Click Care
PI	Pressure Injury
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
RN	Registered Nurse
RSV	Respiratory Syncytial Virus
SLTC	Seniors and Long-Term Care
TBD	To be determined
UTI	Urinary Track Infection
WCB	Workers' Compensation Board

Executive Summary: Q3 Performance (October 2025 – December 2025)

Introduction

The Shoreham scorecard reflects the majority of the quantitative performance indicators found in the management contract between Northwood and Shoreham Village (refer to Appendix A: Shoreham Village Board of Directors – Management Contract Performance Measures), plus additional quality of care and work life indicators. Additional qualitative indicators found in the management contract such as achieving accreditation status, finance reports, risk identification and mitigation are reported regularly through methods such as Shoreham Village Board meetings, the Chief Executive Officer (CEO) Monthly Report, and the Annual Community Report.

How We've Done

The occupancy rate was 97.9%, which is the equivalent of 1.87 vacant beds per day. This is a small decrease compared to Q2 and remains below the benchmark of 99.2%.

In Q3 the overall incident rate increased to 11.6 incidents per 1000 resident days, up from 10 in Q2. The responsive behaviour rate decreased to 0.7 incidents per 1000 resident days from 1.1 in Q2. Staff continue to work closely with the Behaviour Resource Consultant and the Nurse Practitioner to make changes to care plans and strategies to decrease incident and staff injuries. Falls increased slightly to 5.5 per 1000 resident days. Medication errors increased to 3.5 from 2.0, which could be attributed to new staff in Q3. The rate of all other incidents per 1000 resident days increased from 1.6 to 1.9.

Hand hygiene compliance was 91%, a decrease from last quarter and above the new target of 90%. A new target of auditing between 15-20% of total staff (including full-time, part-time, and casual) has been implemented with a total of 25 audits performed this quarter, above the 15% staff minimum.

There was an increase in resident infections this quarter, where the rate increased to 4.5 infections per 1,000 resident days, up from Q2 and above the target of 3.0. In Q3, urinary tract infections (UTIs) were the leading cause of infections requiring antibiotics at Shoreham, increasing to a rate of 3.0 from 1.5 in Q2. Skin infections remained unchanged at a rate of 1.1 and continued to be managed through regular wound care assessments and oversight from the in-house Wound Care Nurse. During the quarter, Shoreham experienced three outbreaks, two suspected respiratory and one COVID-19, which were effectively managed using Department of Health guidelines in collaboration with Northwood partners, IPAC Nova Scotia, and Public Health. Shoreham also continues to support national infection surveillance efforts through participation in the Canadian Nosocomial Infection Surveillance Program (CNISP) UTI study, with Phase 2 underway as of January 2026.

Pressure injury prevalence rate decreased significantly from 12.4% to 4.5%. A positive sign compared to Q2 but remaining above the 2.0% target. Meanwhile, the potentially inappropriate use of antipsychotics continued to decrease this quarter to 14.5%, from 17.7%. Shoreham Village is now below both the internal target (25.5%), the NS average (30.1%), and Canadian benchmark of 15%!

Residents experiencing worsened pain decreased to 15.8% from 20.0% in Q2. This is still above the target of 7.1% but is moving in the correct direction. Residents experiencing worsened depressive mood remained relatively unchanged at 25.0%, a small decrease compared to Q2. This is above the target of 17.1% but shows an improvement. The Shoreham team is actively monitoring both areas.

Restraint use increased in Q3 to 10.8% of residents using physical restraints but remained below the provincial benchmark of 19.5%. Seat belts remain to be the primary restraint used by residents, which are used for positioning to reduce fall risks. Shoreham reported 3.4 hours of average direct care hours per resident per days this quarter, which















was a slight decrease from Q2, and still below the provincial target of 4.1 hours. This indicator highlights ongoing challenges with staffing availability despite active recruitment and return-to-work efforts.





Shoreham continues to perform well in terms of employee health. The average paid sick time per employee was 13.6 hours, well below the target of 29.25 hours. Workers Compensation Board (WCB) time-loss per 100 employees was not reported by the data deadline and couldn't be reported for Q3. Recruitment saw improvement this quarter with a net decrease of 2 continuing care assistant (CCA), an increase of 1 licensed practical nurses (LPNs), and increase of 4 registered nurses (RNs).

Overall, Q3 2025–26 reflects continued strengths for Shoreham Village in key quality and safety indicators, including hand hygiene compliance, restraint reduction, antipsychotic use, pressure injury improvement, and employee health. Positive trends were also observed in incident reduction, responsive behaviours, pain management, and nursing recruitment. However, challenges remain in resident infection rates, falls, medication errors, psychosocial indicators, staffing availability, and achieving targeted direct care hours. Sustained focus on infection prevention, workforce stabilization, and resident-centred clinical interventions will be essential to maintaining momentum and supporting continuous quality improvement moving forward.

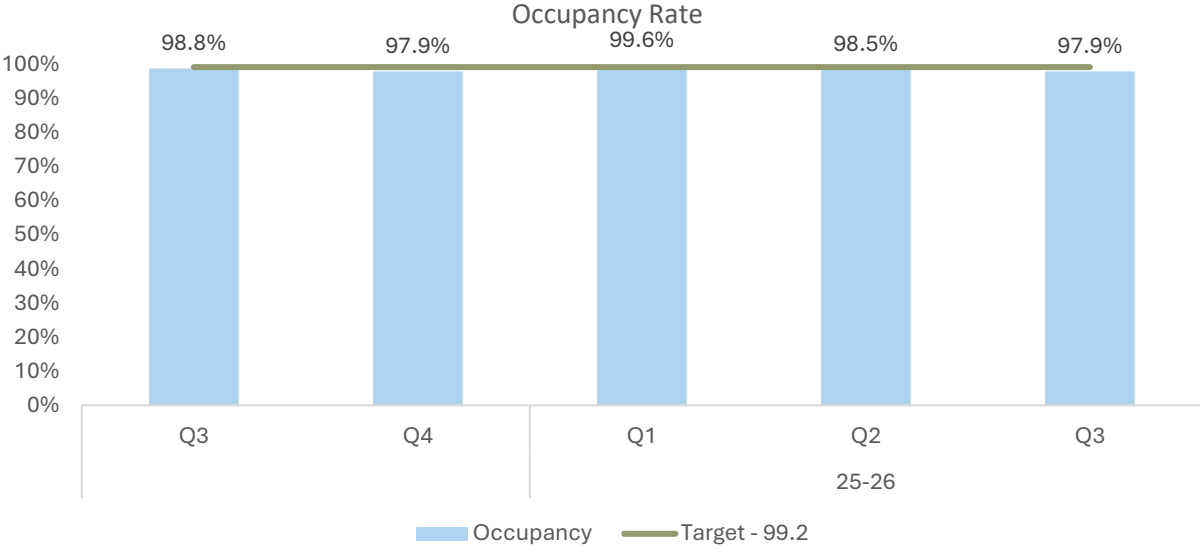
Performance Summary: Q3 October 2025 – December 2025

Indicator	Rate	Target	Target Met	Trend	Quadrant	Indicator	Rate	Target	Target Met	Trend	Quadrant
Occupancy Rate	97.9%	99.2%				Average Direct Care Hours per Resident per Days	3.4	4.1			
Incident rate per 1000 resident days	11.6 incidents / 1000 resident days	TBD	N/A			Paid Sick Hours per Employee	13.6 hrs	≤ 29.25			
Hand Hygiene Compliance	91%	90.0%				WCB Hours of time loss per 100 employees	271 hrs / 100 employees	TBD	N/A	N/A	
Resident Infection rate per 1000 resident days	4.5 infections / 1000 resident days	3.0				Net New Recruitment	-2 net CCAs +1 net LPNs +4 net RNs	TBD	N/A		
Pressure Injury Prevalence Rate	4.5%	2.0%				Number of active volunteers	119	158			

Indicator	Rate	Target	Target Met	Trend	Quadrant	Indicator	Rate	Target	Target Met	Trend	Quadrant
Potentially Inappropriate Use of Antipsychotics	14.5%	NS Average- 30.1% Internal Benchmark- 25.5% National Benchmark- 15.0%	NS Average  Internal Benchmark  National Benchmark 			Worsened Depressive Mood	25.0%	18.4%			
Experiencing Worsened Pain	15.8%	7.8%				Percent of Residents with a Physical Restraint	10.8%	19.5%			



Strengthening the Long-Term Care Services We Provide: Occupancy Rate					
97.9%	99.2%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement: The Occupancy Rate is the ratio of occupied beds to the total number of beds that are licensed to operate by Seniors & Long-Term Care (SLTC) under the *Homes for Special Care Act*.

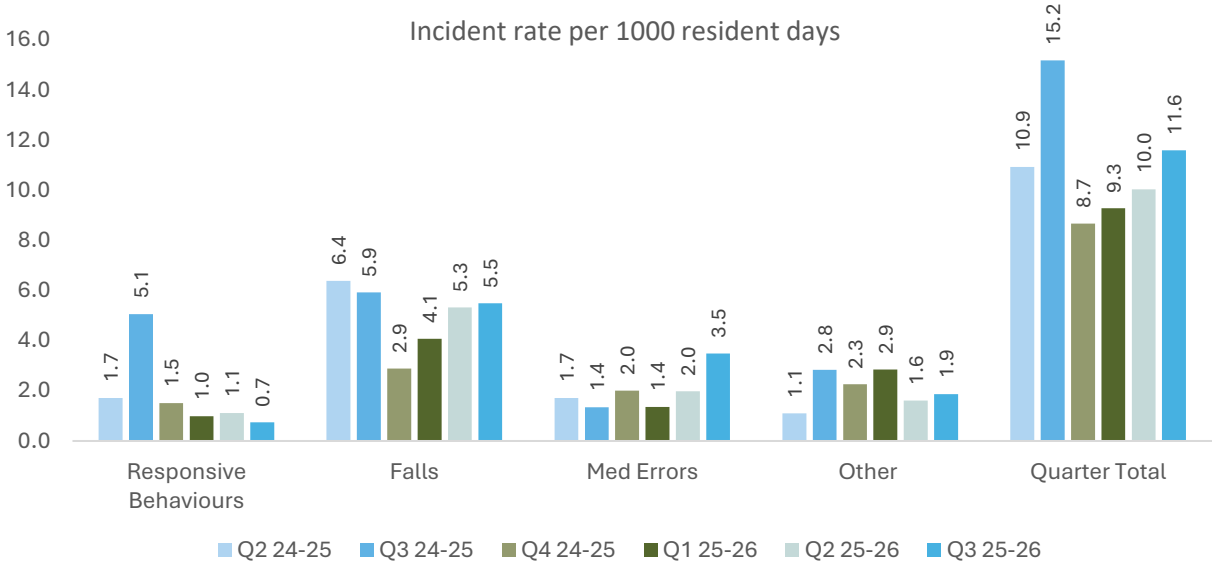


Key Points

The Q3 occupancy rate for 2025-26 was 97.9% (1.87 vacant beds per day), a decrease compared to the last quarter. The occupancy rate for this quarter is slightly lower than it was in Q3 2024-25 and remained below the targeted rate of 99.2% from SLTC. Occupancy rates for Q3 2025-26 were affected by deaths, discharges and transfers: 3 individuals passed away in hospital, 12 passed away in facility, 3 were discharged to community (respite) and 4 were transferred to other facilities that were preferred to the individual and closer to their respective families.

Strengthening the Long-Term Care Services We Provide: Resident Incident Rates					
11.6 Incidents / 1000 resident days	TBD	N/A			
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement: [number of incidents (by category)]/ number of occupied bed days] *1000







Key Points

In Q3 2025-26, Shoreham saw an increase in overall resident incident rates to 11.6 from 10.0 in Q2. The highest reported incident rate was falls, which increased slightly to 5.5 from 5.3 in Q2. Responsive behaviour rates decreased to 0.7 from 1.1. To continue to address resident responsive behaviours, Shoreham staff continue to work closely with the Behaviour Resource Consultant and the Nurse Practitioner. Changes to care plans have been made to address responsive behaviours and as a strategy to decrease incidents and staff injuries all staff are receiving mandatory GPA training.

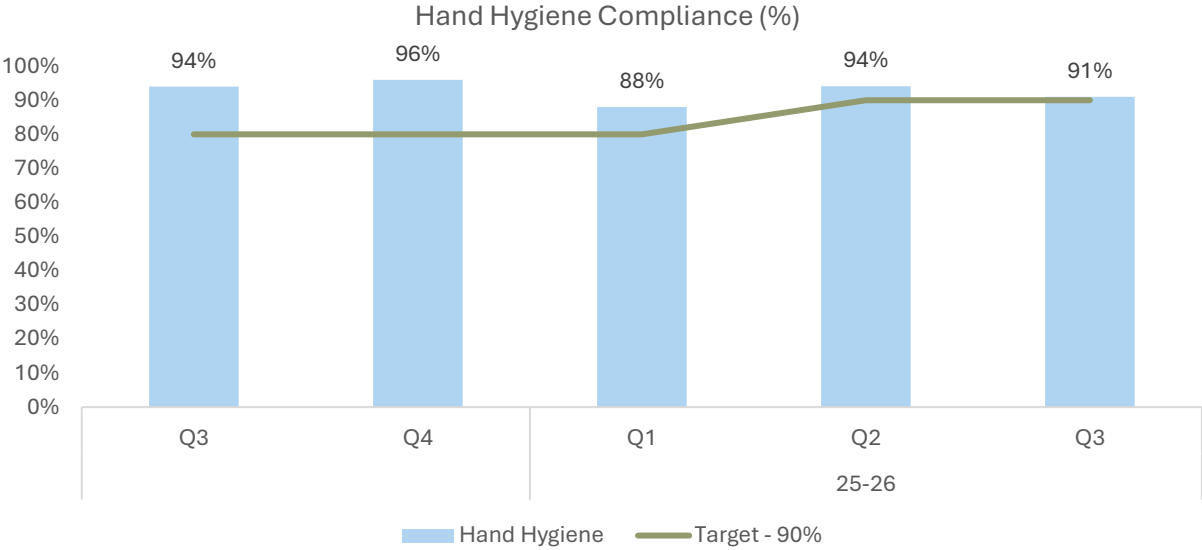
The rate of falls increased slightly to 5.5 from 5.3, with majority of falls being unwitnessed. All fall incidents continue to be reviewed on a regular basis by the Manager of Resident Care and the mobility team with prevention strategies added to the resident care plans.

A significant increase in the rate of medication errors to 3.5 from 2.0 was observed this quarter. The increase this quarter could be attributed to Shoreham having hired new licensed staff during Q3. Additionally, included in the medication error rate were 10 instances where 10 Shoreham residents received the wrong dose of the influenza vaccine. Each medication error continues to be reviewed as they occur to analyze how future events can be prevented.

In Q3, the rate of incidents classified as “other” increased slightly to 1.9 from 1.6.

Strengthening the Long-Term Care Services We Provide: Hand Hygiene Compliance (%)					
91%	90%				
Opportunities Met	Target	Target Met	Trend	Reporting	Quadrant





Measurement: The number of opportunities for hand hygiene met/ total number of opportunities observed. Random hand hygiene audits are completed on a quarterly basis with the goal of observing 10% of staff including regular, part-time and casual staff.



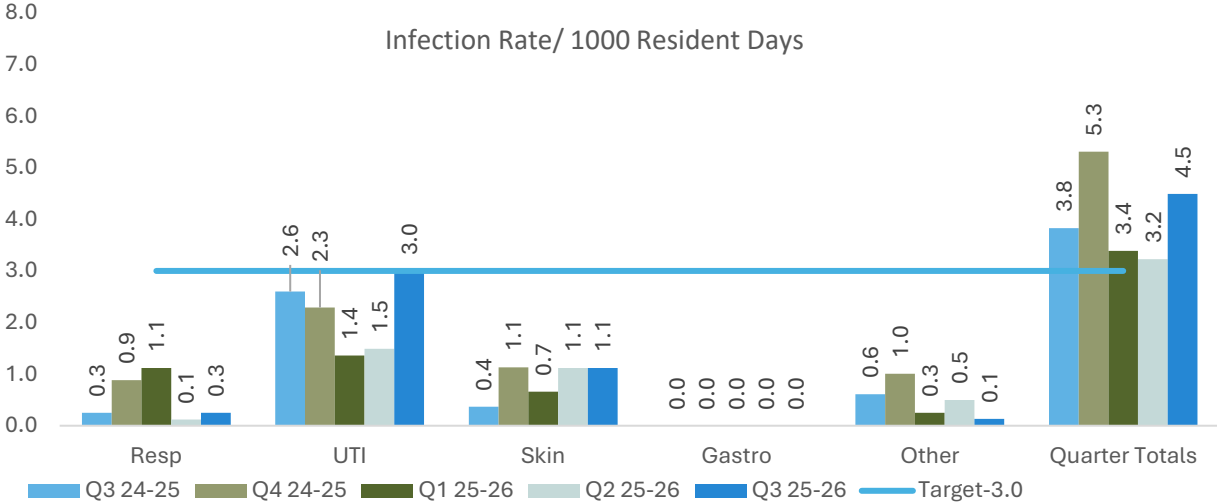
Key Points:

In Q2, a new internal target of 90% was introduced for hand hygiene compliance with the goal of auditing 15-20% of total staff (including full time, part time, and casual).

In Q3 2025-26, Shoreham had a 91% hand hygiene compliance rate, a 3% decrease compared to Q2 but still above the 90% target. A total of 25 audits were performed, just above 15% of total staff but below 20%. Key focus areas continue to be the handling of clean linen, assisting with meals, after removing soiled gloves and handling soiled materials. Continued reminders to staff to complete hand hygiene audits are in place, though currently audits are only completed by nursing staff, and the topic is also discussed at resident council. Additionally, reminders have been increased to staff to offer hand hygiene to residents in the dining area, but this continues to pose challenges that will be worked on in the next quarter.

Strengthening the Long-Term Care Services We Provide: Resident Infection Rate					
4.5 Infections / 1000 resident days	3.0 Infections / 1000 resident days				
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement: [number of residents who are treated for an infection during the reporting period/ number of occupied bed days] *1000







Key Points:

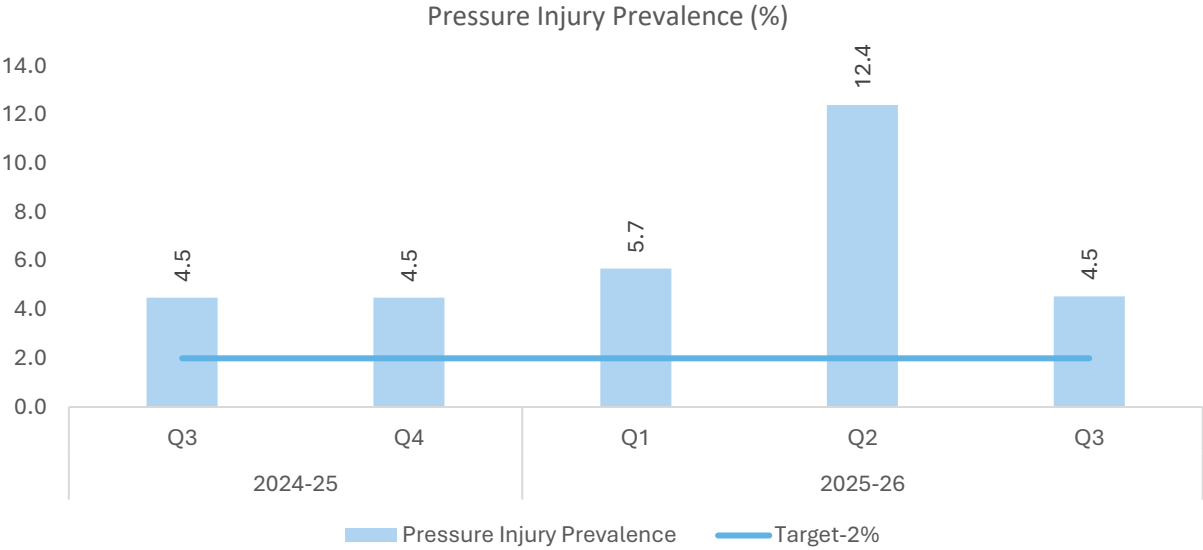
In Q3, urinary tract infections (UTIs) were the main source of infections requiring antibiotics rising to a rate of 3.0 from 1.5 in Q2. For reference, within Q3 the population of residents living at Shoreham was noted to have a significant predisposition and long-term diagnoses related to urinary challenges. This, along with other comorbidities of the resident population can be possible explanations as to why UTIs remain a frequently occurring infection at Shoreham. Skin infections continue to be another source of infections within Q3 remaining at a rate of 1.1. To address these infections regular wound care meetings and assessments continue to occur and the Shoreham in-house Wound Care Nurse continues to provide oversight and real-time support.

In Q3, Shoreham had three outbreaks, two were suspected respiratory outbreaks and one was specific to COVID-19. Overall, respiratory infections increased slightly to 0.3 from 1.1. Staff continue to manage these outbreaks using the Outbreak Guidelines from the Department of Health for guidance. Shoreham maintains close partnerships with Northwood partners, Infection Prevention and Control (IPAC) Nova Scotia, and Public Health to ensure that a high level of care is provided during each outbreak.

Shoreham is actively participating in the Canadian Nosocomial Infection Surveillance Program (CNISP) research study on UTIs in long-term care. Phase 1 was conducted from April 1 to September 30, 2025, and Phase 2 began on January 1, 2026. Further sites will be onboarding across the country, and it is expected that some generalized benchmarking will be beneficial moving forward.

Strengthening the Long-Term Care Services We Provide: Pressure Injury Prevalence					
4.5%	2.0%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement: Point Prevalence = [number of pressure injuries / number residents that day] *100

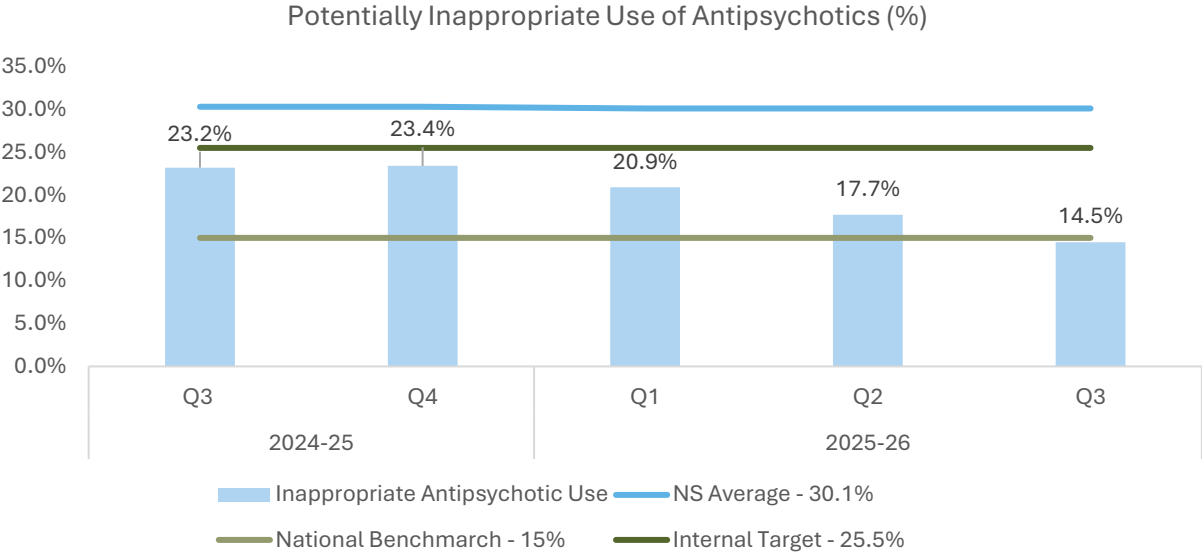


Key Points:

Shoreham reports data on pressure injuries (PIs) present in the facility on the last day of each month. For Q3 2025-26, the point prevalence of PIs at Shoreham as of December 31, 2025, was 4.5%. This is a significant decrease from Q2 and comparable to the PI prevalence of Q3 2024-25. Within Q3 there were three new facility acquired PIs at Shoreham. Continued efforts to manage PIs remain in place with the wound care team meeting regularly and Shoreham has regular check-ins with the wound consultant from the western zone wound program.

Strengthening the Long-Term Care Services We Provide: Potentially Inappropriate Use of Antipsychotics					
14.5%	NS Average - 30.1% Internal Benchmark - 25.5% National Benchmark - 15.0%	NS Average Internal Benchmark National Benchmark 			
Rate	Target	Target Met	Trend	Reporting	Quadrant





Measurement Definition: This indicator examines the percentage of residents on antipsychotics without a diagnosis of psychosis. It is calculated by dividing the number of residents who received antipsychotic medication by the number of all residents with valid assessments (excluding those with schizophrenia, Huntington’s chorea, delusions and hallucinations, and end-of-life residents) within the applicable quarter.



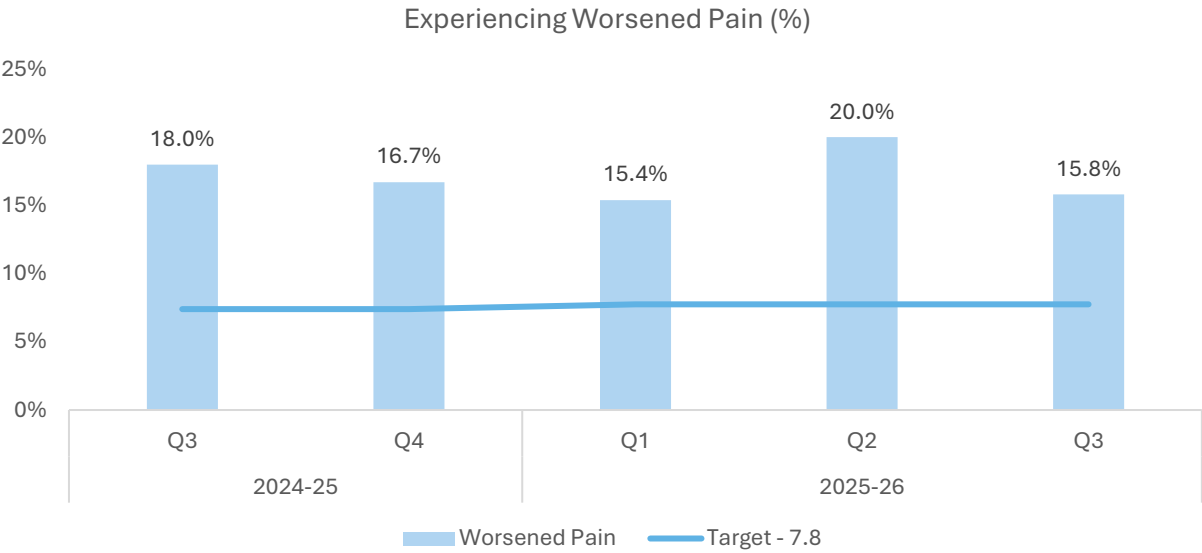
Key Points

In Q3, Shoreham saw a continued decrease in the percentage of residents on antipsychotics without a diagnosis of psychosis at 14.5%. This was below the Nova Scotia 2024-25 fiscal quarters average of 30.1%, below the internal 2025-26 target of 25.5% and below the national target of 15%! **New this quarter the Nova Scotia target will be calculated based on the average of the previous fiscal year’s quarterly targets. The target will then remain the same for all four quarters within the current fiscal year.**

Under new guidelines from the Canadian Institute for Health Information (CIHI) and the Appropriate Use Coalition, a 15% target for long-term care (LTC) use in Canada has been proposed. To achieve this, Shoreham will reduce usage by 15% annually, on a relative basis. Using last year’s average rate of 29.95% as a baseline, this means a 4.49% reduction in 2025–26, followed by another additional 15% relative annual decrease in until the target is met. Shoreham is quickly approaching this target.





Strengthening the Long-Term Care Services We Provided: Experiencing Worsened Pain					
15.8%	7.1%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measured Definition: This indicator examines the percentage of residents who had worsened pain. It is calculated by dividing the number of residents who had worsened pain by the number of all residents with valid assessments whose symptoms could worsen within the applicable quarter.

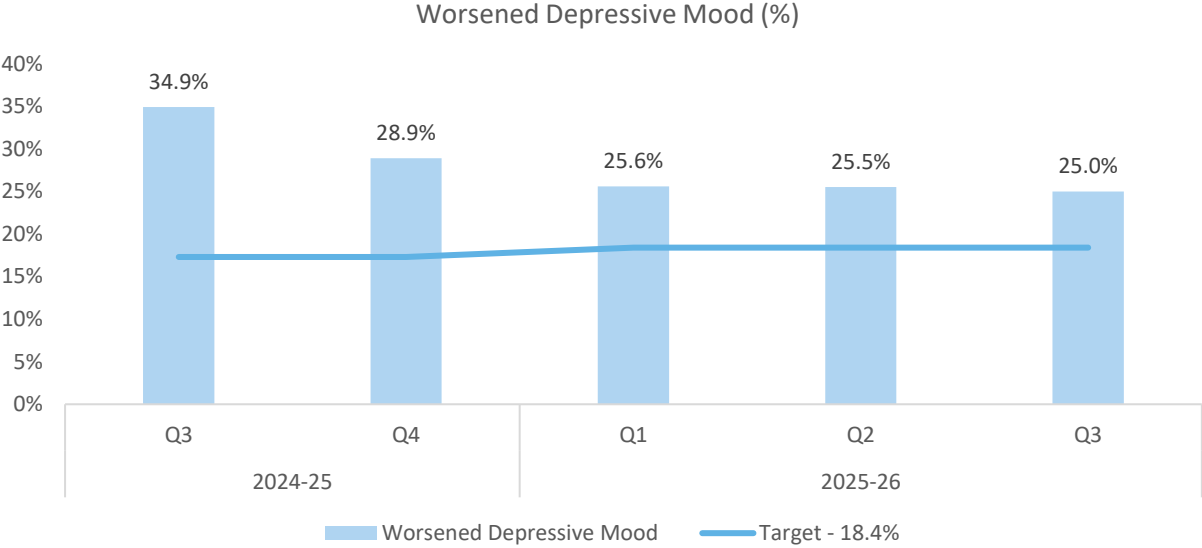


Key Points

For Q3 2025-26, Shoreham saw a decrease in residents experiencing worsened pain dropping to 15.8% from 20.0%. This is above the target of 7.8%. **New this quarter the Nova Scotia target will be calculated based on the average of the previous fiscal year’s quarterly targets. The target will then remain the same for all four quarters within the current fiscal year.**





Strengthening the Long-Term Care Services We Provide: Experiencing Worsened Depressive Mood					
25.0%	17.1%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: This indicator examines the percentage of residents whose mood from symptoms of depression worsened. It is calculated by dividing the number of residents whose mood from symptoms of depression worsened by the number of all residents (excluding comatose residents) with valid assessments whose depression symptoms could worsen within the applicable quarter.

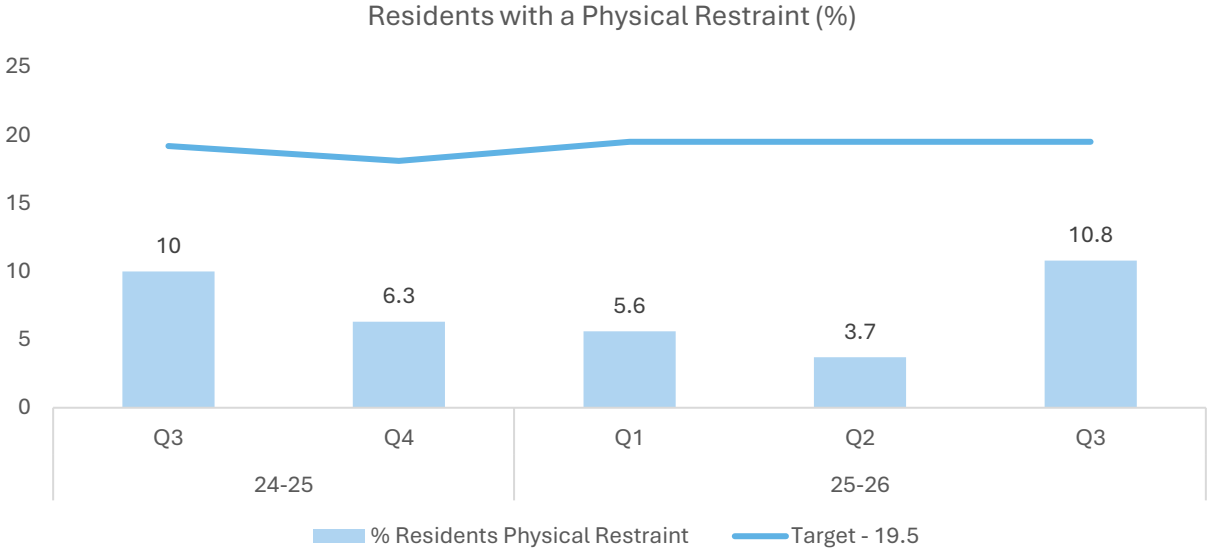


Key Points

In Q3, Shoreham experienced another slight decrease from Q2 (down to 25.0% from 25.5%) in the percentage of residents whose mood worsened due to symptoms of depression. The rate remains above the target of 18.4%. **New this quarter the Nova Scotia target will be calculated based on the average of the previous fiscal year’s quarterly targets. The target will then remain the same for all four quarters within the current fiscal year.**

Strengthening the Long-Term Care Service We Provide: Percent of Residents with a Physical Restraint					
10.8%	19.5%				
Rate	Target	Target Met	Trend	Reporting	Quadrant





Measurement Definition: [number of residents with a physical restraint/total number of residents] *100



Key Points:

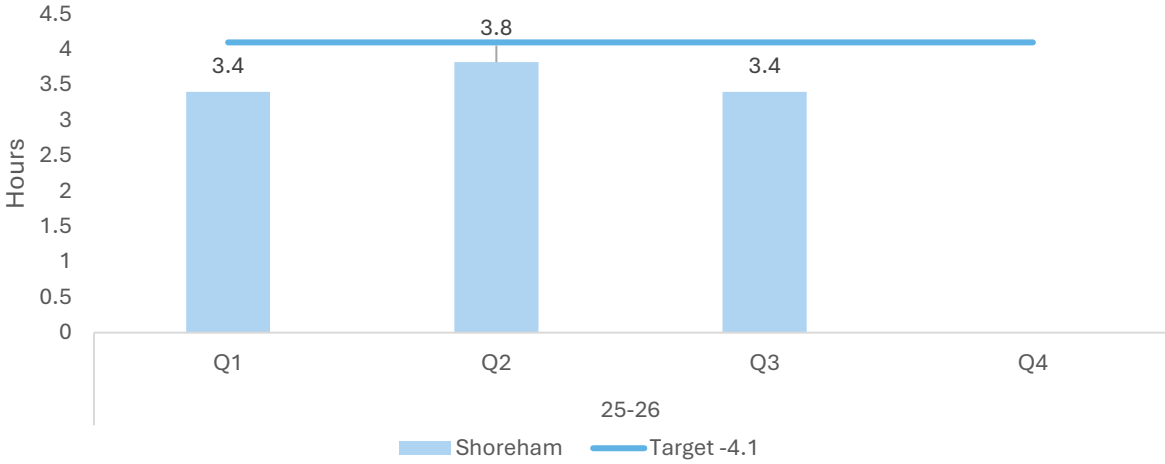
The primary restraint used is seat belts, which are primarily employed for positioning to reduce fall risks. A comprehensive review has been conducted to ensure that the tracking of restraints accurately reflects true restraints, rather than positioning, and aligns with the definition used in the InterRAI assessments and reported to the CIHI.

In Q3, there was a significant increase in the percentage of residents using physical restraints, increasing to 10.8% from 3.7% in Q2. This remains well below the target of 19.5%. **New this quarter the Nova Scotia target will be calculated based on the average of the previous fiscal year’s quarterly targets. The target will then remain the same for all four quarters within the current fiscal year.**

Strengthening the Long-Term Care Service We Provide: Average Direct Care Hours per Resident per Days					
3.4	4.1				
Rate	Target	Target Met	Trend	Reporting	Quadrat





Measurement: The average number of direct care hours provided to each resident per day, based on actual worked hours by RNs, LPNs, and CCAs. This indicator reflects the total number of direct care hours delivered during the reporting period, divided by the total number of resident days.

Average Direct Care Hours per Resident per Day

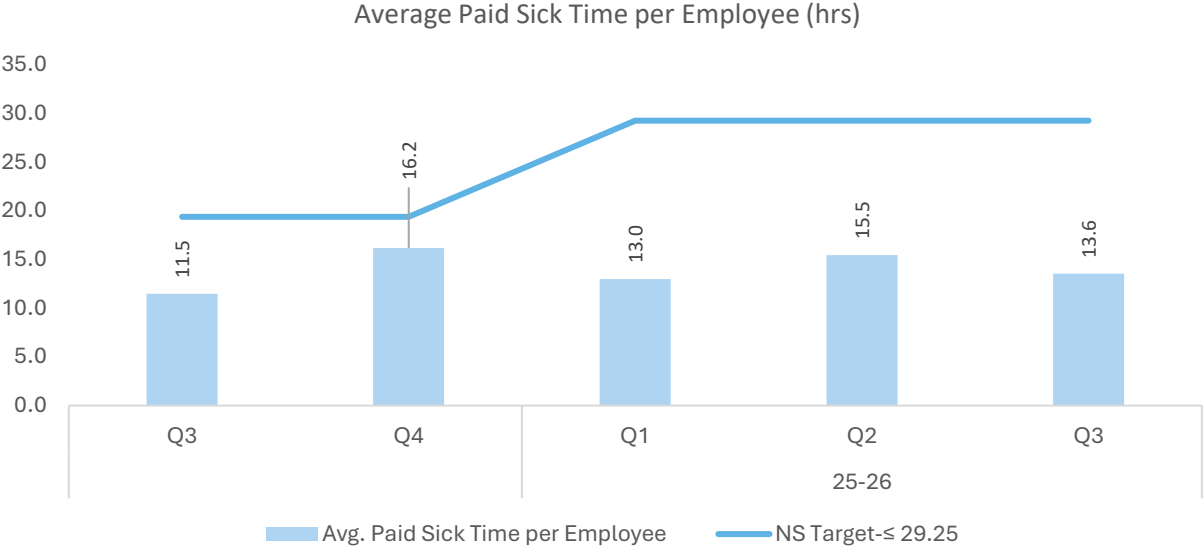


Key Point:

While Shoreham’s scheduled staffing aligns closely with the 4.1 hours per resident per day standard, actual hours worked once again fell short at 3.4 hrs per resident per day. This is a decrease from Q2 and highlights ongoing challenges with staffing availability. To address these challenges additional float positions have been posted and are expected to positively impact the Q4 average direct care hours. We will continue to monitor this closely as it directly affects team morale and quality of resident care.




Be an Employer of Choice: Average Paid Sick Time per Employee					
13.6 paid sick hours per employee	≤ 29.25				
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: Paid sick time includes paid sick hours, paid family ill and paid preventative medical. The number of hours per employee used during periods of illness, without any loss of pay.

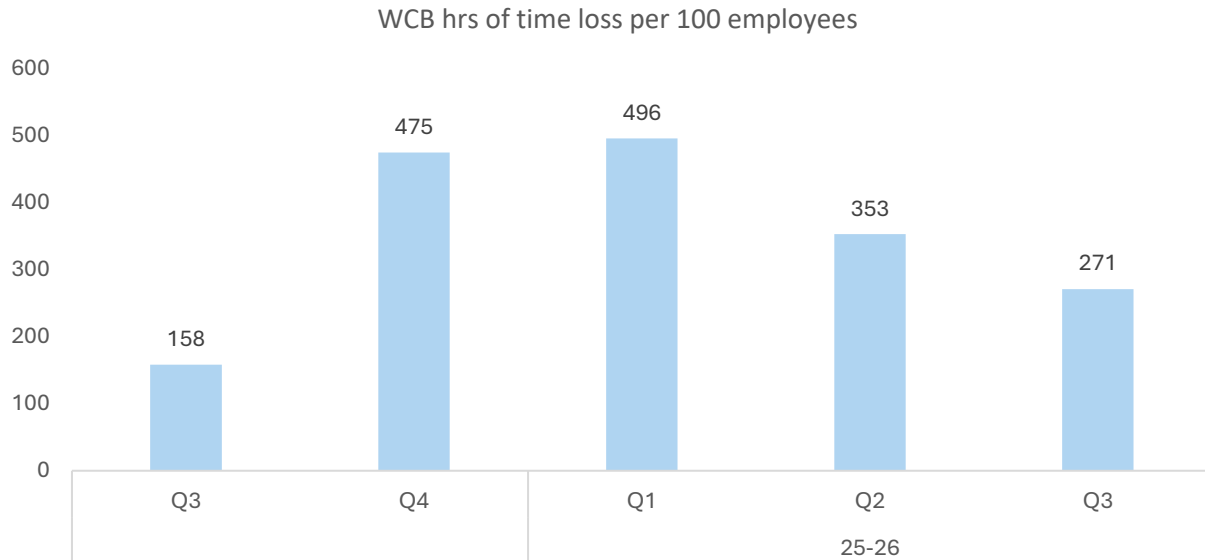


Key Points

Shoreham averaged 13.6 hours of sick time per employee in Q3 2025-26, which remained below the target of 29.25 hours. This was a 1.9 hour decrease from Q2, but 2.1 hours above the average hours of sick time per employee from Q3 2024-25.

Be an Employer of Choice: WCB Hours of Time Loss per 100 Employees					
271 hrs / 100 employees	TBD	N/A			
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: Hours of time loss per 100 employees.

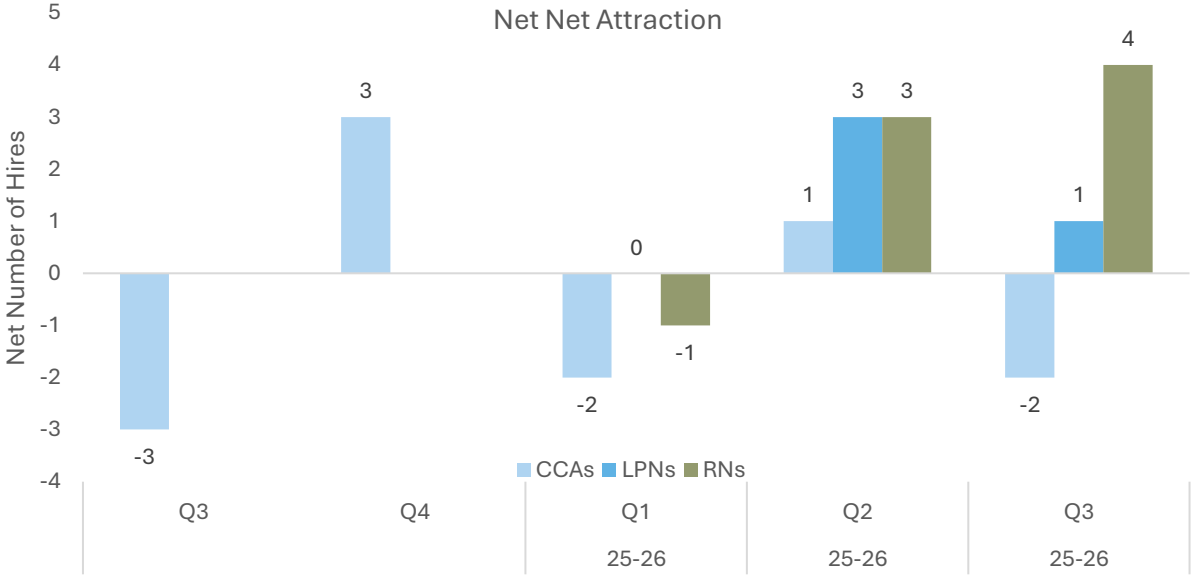


Key Points

For Q3, the total time loss hours decreased to 271 hours per 100 employees. This is a decrease of 82 hours per 100 employees compared to Q2.





Be a Recruitment Magnet: Attraction of CCAs, LPNs, RNs					
-2 net new CCAs	TBD	N/A			
+1 net new LPNs					
+4 net new RNs					
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: The net growth in staff focusing on CCA/PCW, LPN, and RN roles, by measuring the difference between new hires and terminations.

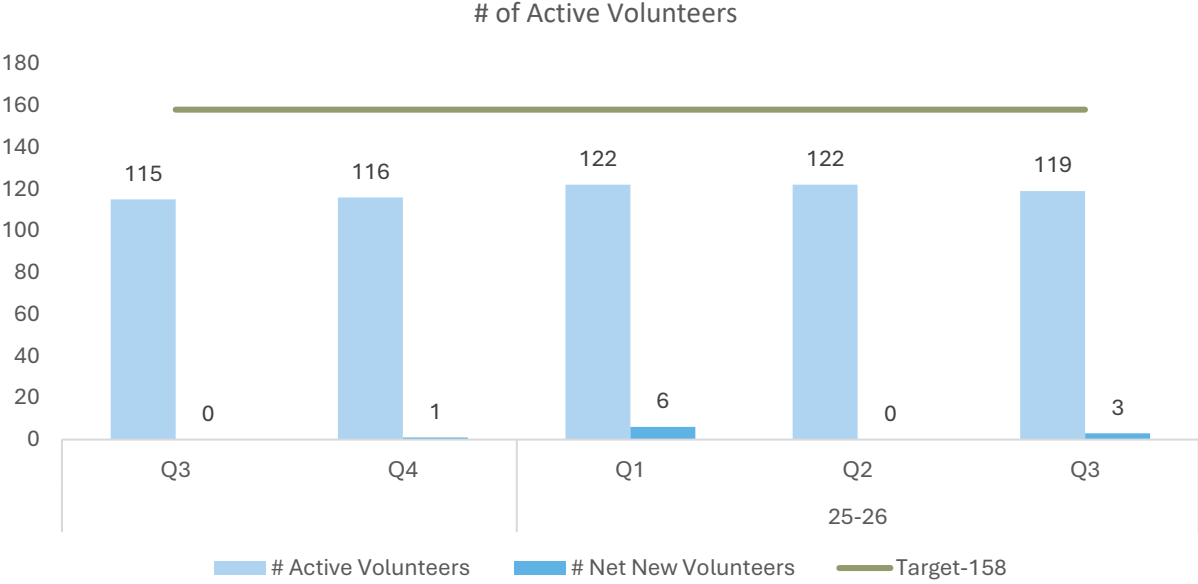


Key Points

During Q3 2025-26, Shoreham had a net change in staffing of -2 CCAs, +1 LPNs and +4 RNs, for a total increase of 5 staff.

Be a Recruitment Magnet: Number of Active Volunteers					
119	158				
Rate	Target	Target Met	Trend	Reporting	Quadrat

Measurement: The total number of volunteers based on those recruited and deactivated during the quarter.



Key Points:

The number of active volunteers dropped to 119 in Q3 2025-26, with a net loss of 3 volunteers. Overall, in Q3 there were 3 new volunteers and 6 volunteers lost due to various reasons.

Appendix A: Shoreham Village Board of Directors – Management Contract Performance Measures

Indicator	Measure (over 12 months)	Data Source	Finding (actual performance)	Value	
Quality of Care	Resident experiences / quality of care	Resident experience survey to be completed at a minimum of every 2 years. An action plan is established. All actions will be complete within 6 months unless the action is deemed more complex and/or requires additional funding to achieve.	Accrued report		
	Occupancy rate	Seniors and Long-Term Care (SLTC) Target of 99.2%	Scorecard		
	Incident rate	Incident Rate Per 1000 Resident Days remains under 20 / quarter	Scorecard		/5
	Responsive behaviours	Rate Per 1000 Resident Days remains under 5/ quarter	Scorecard		/5
	Falls	Fall Rate Per 1000 Resident Days remains under 8/ quarter	Scorecard		/5
	Medication errors	Rate Per 1000 Resident Days remains under 5/ quarter	Scorecard		/5
	Respiratory infections	Rate Per 1000 Resident Days remains under 5/ quarter	Scorecard		/5
	UTIs	Rate Per 1000 Resident Days remains under 10/ quarter	Scorecard		/5
	Pressure Injury Prevalence	Point Prevalence = [number of pressure injuries / # residents that day] x100. Internal benchmark 2% or less.	Scorecard		/5
	Gastrointestinal problems	Rate Per 1000 Resident Days remains under 5/ quarter	Scorecard		/5
Licensing status	Continued good standing	Licensing report			
Financial and Risk Management	Accuracy of forecasts	Forecast variances can be explained	Regular Board Meeting Report		/2.5
	Timeliness of financial reporting	No unreasonable delays in reporting	Regular Board Meeting		/2.5
	Risk identification and mitigation	Monitors Trends and develops Action Plans where required Identifies and responds to emergent risk issues Communicates with The Board in accordance with the Risk Management Framework which includes Service Delivery Risks (indicators noted above) and Corporate Risks: - Compliance Risks (Standards and Licensing and Annual Audit Process) - Financial Risk (Monthly financial reporting, Annual Audited statements) - Operational Risks (Cyber security and COVID-19 2 solid indicators that the Partnership provides operational depth/redundancies, expertise and support as	CEO report / Risk Report / Scorecard		/5

opposed to a stand-alone structure

- Reputational Risk (Public reporting, transparency)
- Strategic Risk (Strategic Planning Process, progress toward established goals)

Emergent Risks are communicated to the Board via email. Risk Report tracking, monitoring and progress reports are communicated through the Scorecard, Financial Reports and Audited Statements and the CEO Report to the Board of Directors.

HR Management	Workplace safety	Same as or improved rate of injury/WCB claims	Scorecard	/5
	Absenteeism	Same as or improved rate of absenteeism	Scorecard	/5
	Staff recruitment, training, retention and succession planning	Turnover rate	Scorecard	/5
	Volunteer recruitment, training and retention	Steady or growing volunteer base	Scorecard	/5
	Staff experience	Accreditation Survey tool minimum Q 4 years. Staff experience survey to be completed at a minimum of every 2 years. An action plan is established. All actions will be complete within 6 months unless the action is deemed more complex and/or requires additional funding to achieve.	Scorecard	/5
Values and Engagement	Shoreham reputation with stakeholders (families, community, government, sector)	Greater than 4 out of 5 starts rating by all stakeholders	Survey/key information interviews	/10
	Confidence in leadership	Greater than 4 out of 5 starts rating by all board members.	Survey/key informant interview	/10
Total Score				/100

A score of 80 or higher, vote to renew; Score below 80, review for improvements. Score below 70, consider termination.