

Strategic Planning 2021-2026: Strategy to Action



Scorecard Quarter 4 Report

January 2026 – March 2026

May 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: Q4 Performance (January 2026 – March 2026)

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 in Q4 2025-26 was 91.4%, which is the equivalent of 7.65 vacant beds per day. This is a significant decrease compared to Q3 and can in part be attributed to a flood that occurred on E wing, displacing all residents in that wing for a significant amount of time.

In Q4 the overall incident rate increased to 14.4 incidents per 1000 resident days, up from 11.6 in Q3. The responsive behaviour rate decreased to 0.7 incidents per 1000 resident days from 1.1 in Q3. Staff continue to work closely with the Behaviour Resource Consultant and the Nurse Practitioner to make changes to care plans and strategies to decrease incidents 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 licensed staff in Q4. The rate of all other incidents per 1000 resident days decreased to 1.9 from 1.6.

Hand hygiene compliance was 96%, an increase from last quarter and remained above the new target of 90%. A new target of auditing between 15-20% of total staff (including full-time, part-time, and casual) was implemented earlier this fiscal, with a total of 41 audits performed this quarter, above the 20% staff target.

Resident infections continued to increase this quarter to 7.2 infections per 1,000 resident days, up from 4.5 in Q3 and well above the target of 3.0. Urinary tract infections (UTIs) continued to be the leading cause of infections requiring antibiotic treatment at Shoreham, though there was a slight decrease in overall UTI rates to 2.8 from 3.0 in Q3. Skin infections decreased to 0.5 from 1.1 but continue to be managed through regular wound care assessments and oversight from the in-house Wound Care Nurse. There were two outbreaks in Q4, both meeting the case definitions for Unknown Respiratory Pathogen, which was also prevalent in the community at the time of the outbreak. An additional Confirmed Unknown Respiratory Pathogen with an isolated case of Respiratory Syncytial Virus (RSV) occurred during the second outbreak. Both outbreaks were effectively managed using the 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, and Phase 2 began January 1, 2026. Future spotlight on the group participating is anticipated as the study continues.

Pressure injury (PI) point prevalence decreased to 3.6% from 4.5%. This downward trend showcases how the continued wound care efforts being done at Shoreham are working well. The potentially inappropriate use of antipsychotics increased slightly to 15.4% from 14.5%. This rate was slightly above the national benchmark of 15% but remained below the internal target (25.5%) and the Nova Scotia average target (30.1%).

Residents experiencing worsened pain decreased slightly to 15.0% from 15.8% in Q4. This remained above the 7.1% target, however, continues to trend in the correct direction. Residents experiencing worsened depressive mood also

decreased slightly to 24.5% from 25.0% in Q4, though it was still above the 18.4% target. The Shoreham team continues to actively monitor both areas.






















Restraint use of residents using a physical restraint in Q4 decreased to 8.9% from 10.8% and remained below the provincial average 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 3.8 hours of average direct care hours per resident per days this quarter, which was a slight increase from Q3 but still below the provincial target of 4.1 hours. This indicator continues to highlight ongoing challenges with staffing availability.





Shoreham continues to perform well in terms of employee health. The average paid sick time per employee was 14.5 hours, well below the target of 29.25 hours. Workers Compensation Board (WCB) time-loss per 100 employees was 128 hours, a notable decrease from 271 hours reported in Q3 and substantially less than the hours reported in Q4 2024-25. Attraction saw continued improvement this quarter with a net increase of 12 continuing care assistants (CCAs), and an increase of 2 registered nurses (RNs). The annual staff turnover rate decreased significantly this fiscal year to 15.43% from 46.58% the previous fiscal, yet it still remained above the 12.7% benchmark. The staff turnover rate excluding casual staff for the 2025-26 fiscal year was 23.1% and remained above the 8% benchmark. Shoreham's annual licensing inspection took place this quarter with 2 compliance issues identified. Both issues were resolved in February 2026.

Overall, Q4 2025-26 showed continued growth and strong performances from many indicators for Shoreham Village, including hand hygiene compliance, PI improvement, physical restraint usage, WCB time-loss per 100 employees and attraction. Positive trends in average direct care hours and pain management were also observed. However, challenges in both these areas remain as they strive to reach their respective targets. Other indicators that showed some challenges this quarter were resident infection and incident rates, occupancy rates, and worsened depressive mood. Although occupancy rate data appears to show a significant decrease, it should be noted that the flood that displaced an entire wing of residents caused much of the occupancy disruptions and that the staff's resiliency in the face of adversity shone through in how well they handled the event. Continued focus on infection prevention, resident incidents and improving overall resident mood should be done. This will be essential in helping Shoreham maintain momentum and support of continuous quality improvement as we look towards the next fiscal year.

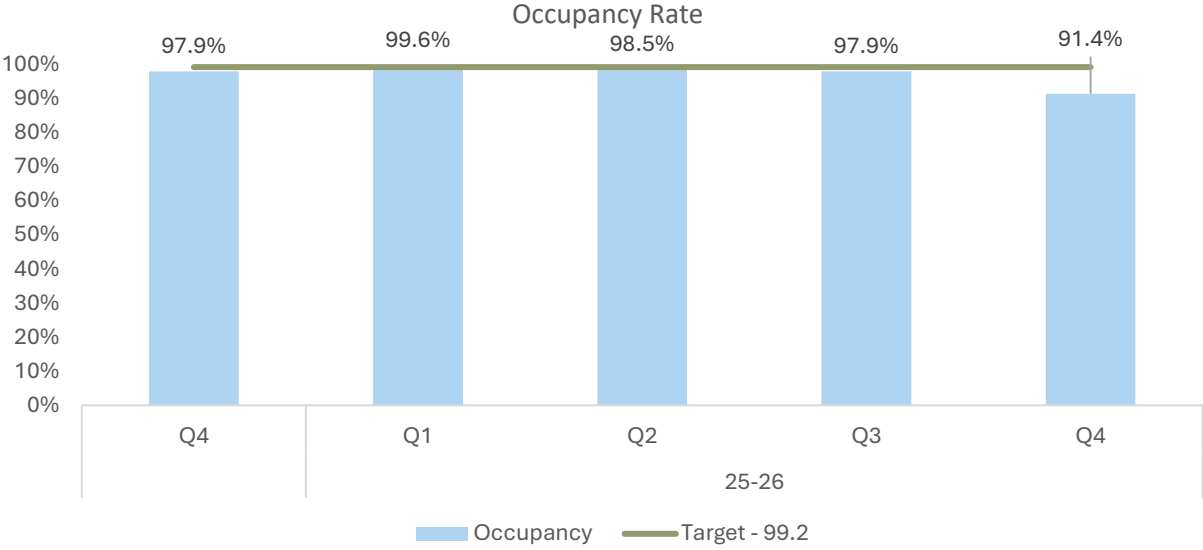
Performance Summary: Q4 January 2026 – March 2026

Indicator	Rate	Target	Target Met	Trend	Quadrant	Indicator	Rate	Target	Target Met	Trend	Quadrant
Occupancy Rate	91.4%	99.2%				Average Direct Care Hours per Resident per Days	3.8	4.1			
Incident rate per 1000 resident days	14.4 incidents / 1000 resident days	TBD	N/A			Paid Sick Hours per Employee	14.5 hrs	≤ 29.25			
Hand Hygiene Compliance	96%	90.0%				WCB Hours of time loss per 100 employees	128 hrs / 100 employees	TBD	N/A		
Resident Infection rate per 1000 resident days	7.2 infections / 1000 resident days	3.0				Net New Attraction	+12 net CCAs 0 net LPNs +2 net RNs	TBD	N/A		
Pressure Injury Prevalence Rate	3.6%	2.0%				Number of active volunteers	120	158			

Indicator	Rate	Target	Target Met	Trend	Quadrant	Indicator	Rate	Target	Target Met	Trend	Quadrant
Potentially Inappropriate Use of Antipsychotics	15.4%	NS Average- 30.1% Internal Benchmark- 25.5% National Benchmark- 15.0%	NS Average  Internal Benchmark  National Benchmark 			Worsened Depressive Mood	24.5%	18.4%			
Experiencing Worsened Pain	15.0%	7.8%				Percent of Residents with a Physical Restraint	8.9%	19.5%			
Shoreham Annual Licensing Inspection 2026	2	0				Staff Turnover	15.43% (overall) 23.1% (Excl. Casuals)	Overall Target: <12.7% Excl. Casuals Target: <8%		Overall:  Excl. Casuals: 	

Strengthening the Long-Term Care Services We Provide: Occupancy Rate					
91.4%	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*.

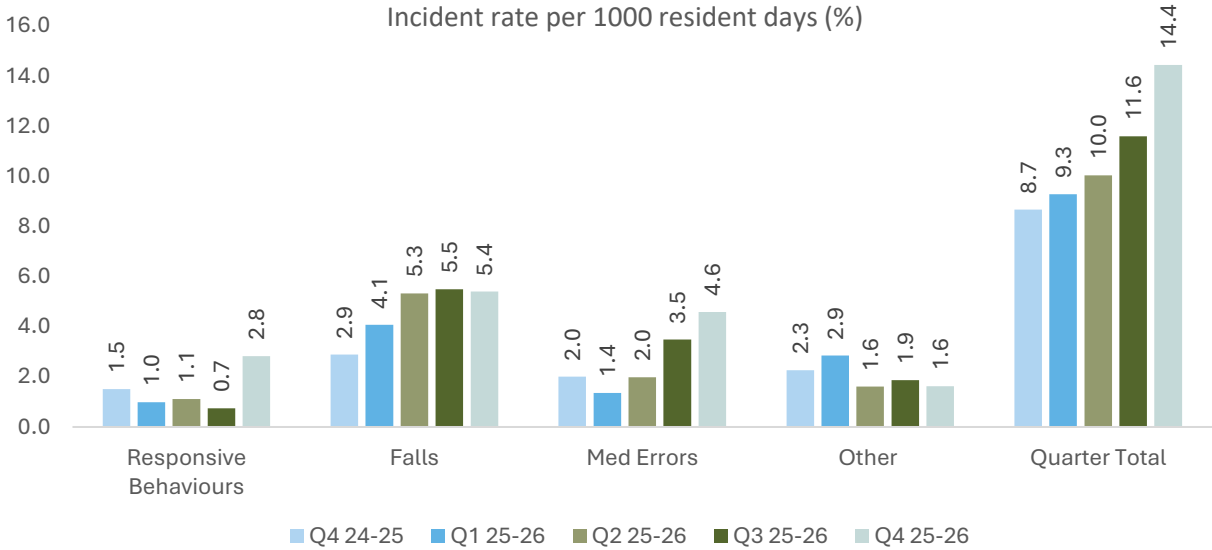


Key Points

The Q4 occupancy rate for 2025-26 was 91.4% (7.65 vacant beds per day), a decrease compared to the last quarter. The occupancy rate for this quarter is lower than it was in Q4 2024-25 and remained below the targeted rate of 99.2% from Seniors in Long-Term Care (SLTC). Occupancy rates for Q4 were mainly affected by the flood which closed beds for the duration of the remediation in one wing, however there was also several deaths, discharges and transfers that occurred within Q4 as well. One individual passed away in hospital, eleven individuals passed away at Shoreham, one individual was discharged to community, and four individuals were transferred to their preferred facilities.

Strengthening the Long-Term Care Services We Provide: Resident Incident Rates					
14.4 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 Q4 2025-26, Shoreham saw a significant increase in overall resident incident rates to 14.4 from 11.6 in Q3. Falls remained the highest reported incident rate, though the rate of falls did decrease slightly to 5.4 from 5.5 in Q3. Responsive behaviour rates increased notably to 2.8 from 0.7. The notable increase can be attributed to changes in residents, as well as two residents who have been living at Shoreham for a while but have recently started displaying more physically aggressive behaviour in Q4. During Q4, there was also a flood in the E wing that displaced all residents living in the wing resulting in increased stress for the residents. To continue addressing responsive behaviours, Shoreham continues to work closely with their Behaviour resource Consultant and their Nurse Practitioner to create care plans to support resident behaviour. To aide staff, Gentle Persuasive Approach (GPA) and Ufirst training continued to be offered.

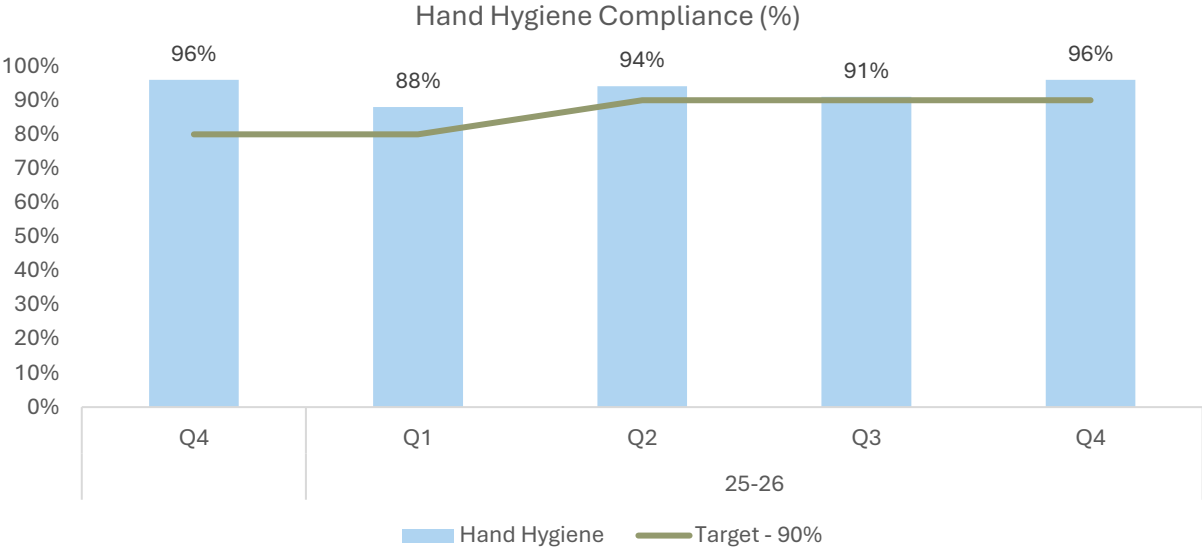
There was a very slight decrease in rate of falls this quarter to 5.4 from 5.5, with majority of the falls being unwitnessed again this quarter. All fall incidents continue to be reviewed on a regular basis by the Manager of Resident Care and the mobility team with prevention strategies added to the resident care plans.

Medication errors continued to increase this quarter to 4.6 from 3.5. The increase this quarter could be attributed to Shoreham having hired new licensed staff during Q4, and that medication errors are now being completed for CCAs as well as if a medication occurrence is noted. Medication occurrences continue to be reviewed to determine how future errors can be prevented.

In Q4, the rate of incidents classified as “other” decreased slightly from 1.9 to 1.6.

Strengthening the Long-Term Care Services We Provide: Hand Hygiene Compliance (%)					
96%	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.



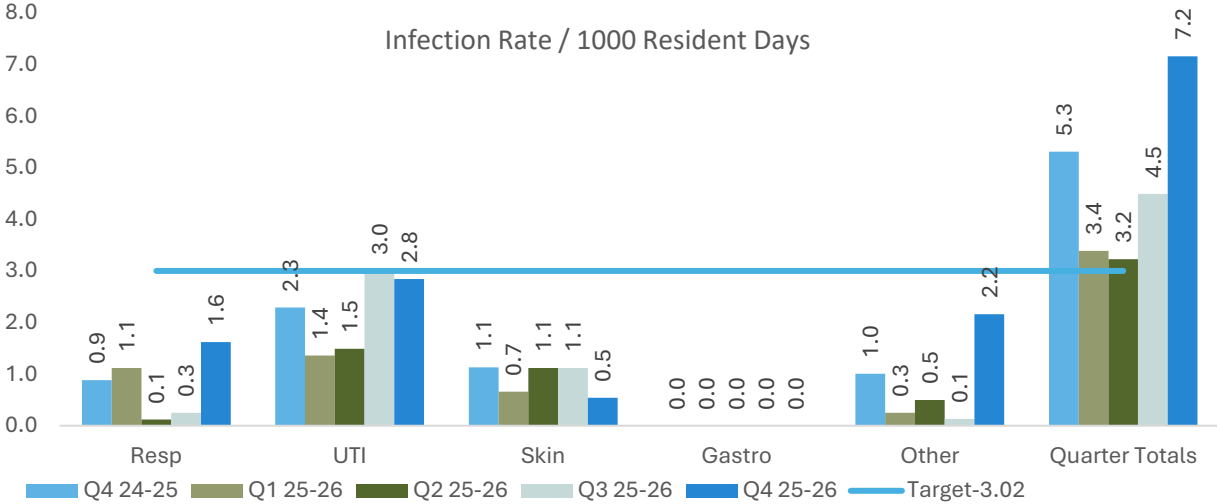
Key Points:

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 Q4 2025-26, Shoreham had a 96% hand hygiene compliance rate, a 5% increase compared to Q3. A total of 41 audits were performed, and Shoreham succeeded in auditing over 20% of total staff. 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					
7.2 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 Q4, urinary tract infections (UTIs) continued to be the primary source of infections requiring antibiotic treatment, with a rate of 2.8, a slight decrease from 3.0 in Q3, though remaining elevated relative to earlier quarters. UTI cases were dispersed throughout the building. This trend continues to reflect the clinical complexity of the resident population. Shoreham continues active participation in the Canadian Nosocomial Infection Surveillance Program (CNISP) UTI study. Phase 2 began January 1, 2026, with additional long-term care sites now onboarded nationally. This expansion is expected to support meaningful benchmarking and further inform infection prevention strategies.

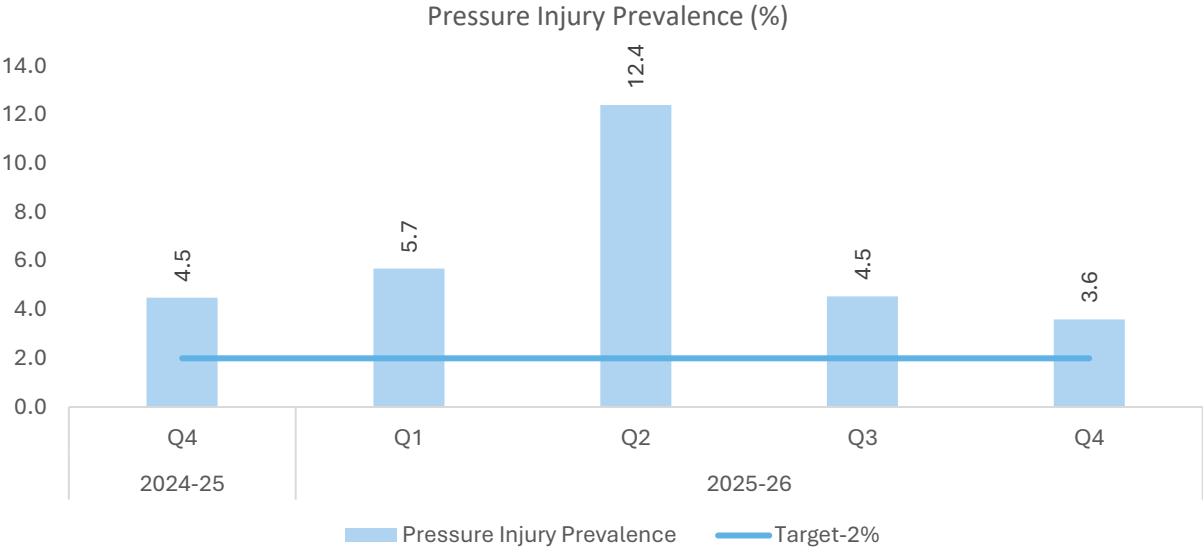
Skin infections decreased notably this quarter, falling to a rate of 0.5, compared to 1.1 in Q3. This improvement reflects ongoing regular wound care meetings, assessments, and continued oversight and real-time support from the Shoreham in-house Wound Care Nurse.

Respiratory infections increased to 1.6, corresponding with two respiratory outbreaks during the quarter. Both outbreaks met case definitions for *Unknown Respiratory Pathogen*, one of which included an isolated case of RSV. Staff managed both outbreaks effectively using Department of Health Outbreak Guidelines, with continued close collaboration with Northwood partners, IPAC Nova Scotia, and Public Health to ensure resident safety and continuity of care.

The overall infection rate increased to 7.2 resident bed days in Q4. This increase should be interpreted in context, as the quarter included multiple new admissions from hospital and a flood on E Wing, which disrupted resident placement, reduced typical resident days, and required the use of unconventional spaces during remediation. The degree to which these operational disruptions contributed to infection rates remains unclear.







Strengthening the Long-Term Care Services We Provide: Pressure Injury Prevalence					
3.6%	2.0%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

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

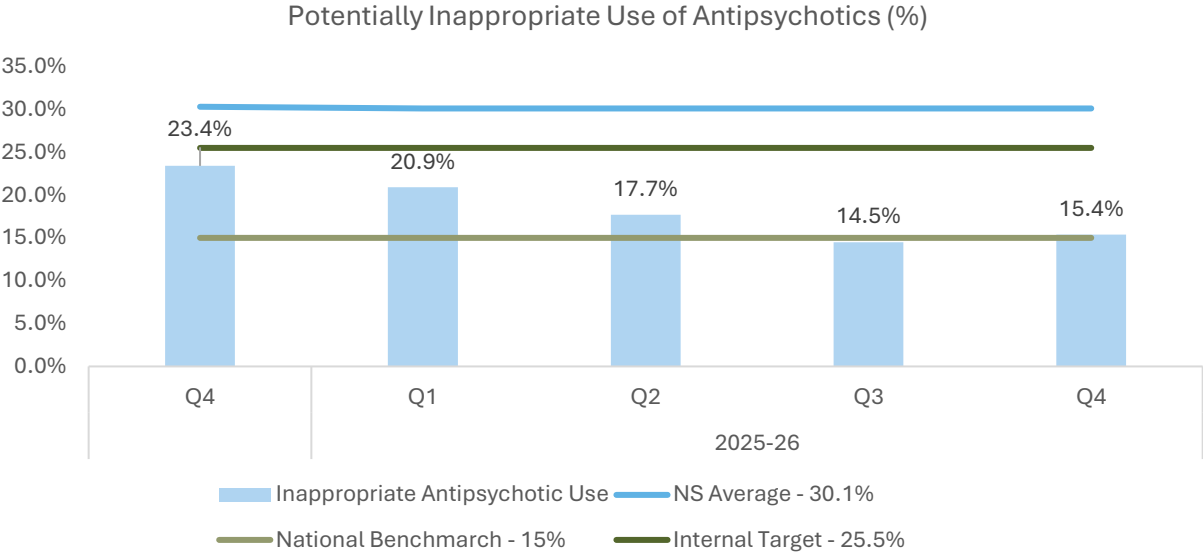


Key Points:

Shoreham reports data on pressure injuries (PIs) present in the facility on the last day of each month. For Q4 2025-26, the point prevalence of PIs at Shoreham as of March 31, 2026, was 3.6%. This is a decrease from Q3 and lower than the PI prevalence from Q4 2024-25. Within Q4, there was one new facility acquired PI at Shoreham and one PI that was acquired from an external acute care. 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					
15.4%	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.

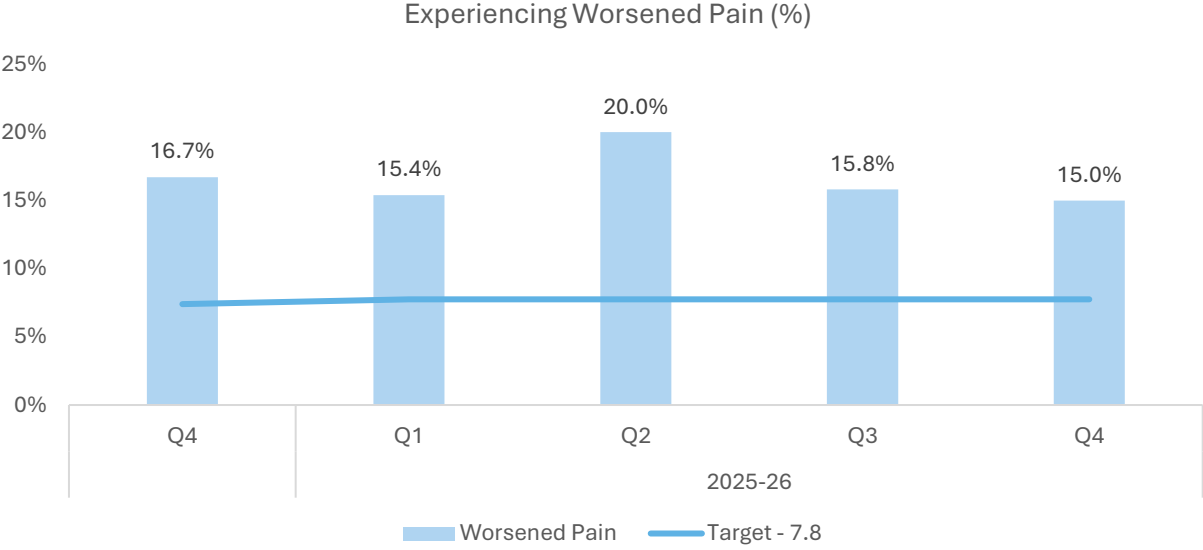


Key Points

In Q4, Shoreham saw a small increase in the percentage of residents on antipsychotics without a diagnosis of psychosis at 15.4%. This was below the Nova Scotia average of 30.1%, below the internal 2025-26 target of 25.5%, but slightly above the national target of 15%.





Strengthening the Long-Term Care Services We Provided: Experiencing Worsened Pain					
15.0%	7.8%				
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.

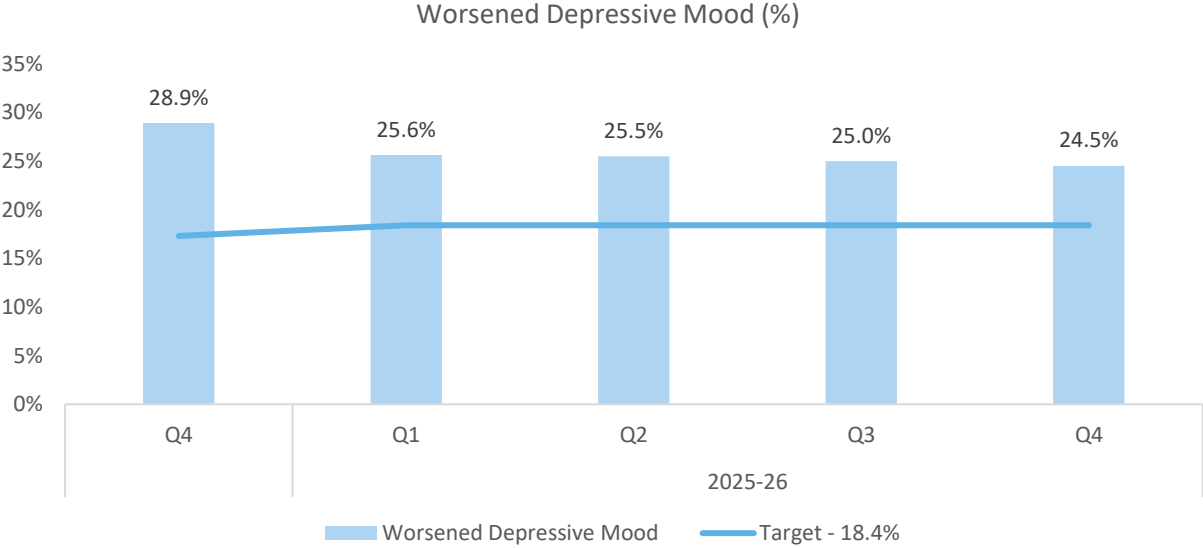


Key Points

For Q4 2025-26, Shoreham saw a slight decrease in residents experiencing worsened pain dropping to 15.0% from 15.8%. This is above the target of 7.8%.





Strengthening the Long-Term Care Services We Provide: Experiencing Worsened Depressive Mood					
24.5%	18.4%				
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.

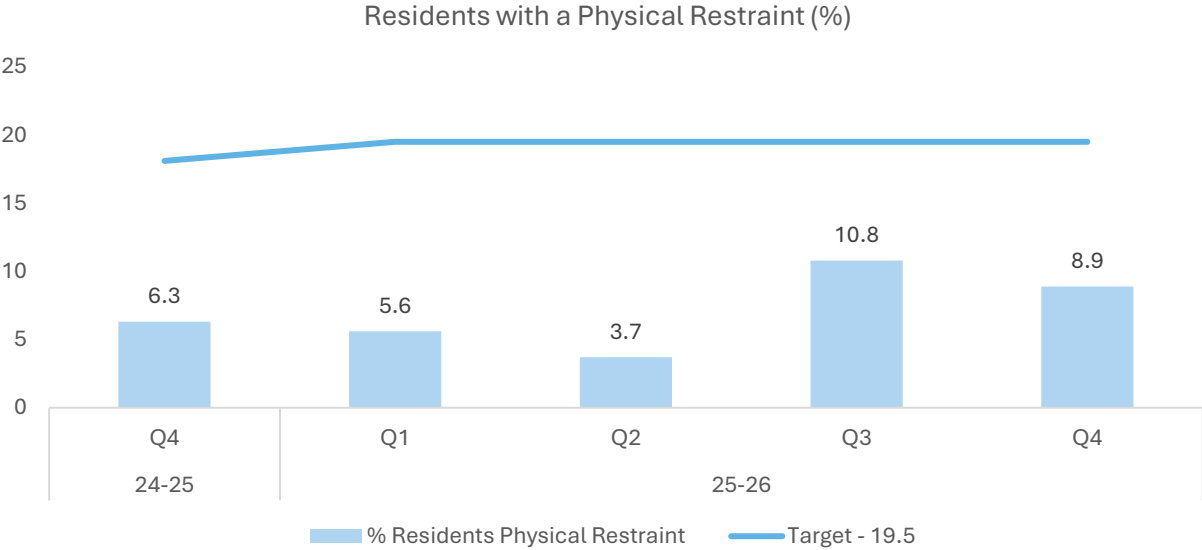


Key Points

In Q4, Shoreham experienced another slight decrease from Q3 (down to 24.5% from 25.0%) in the percentage of residents whose mood worsened due to symptoms of depression. The rate remains above the target of 18.4%.





Strengthening the Long-Term Care Service We Provide: Percent of Residents with a Physical Restraint					
8.9%	19.5%				
Rate	Target	Target Met	Trend	Reporting	Quadrant

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



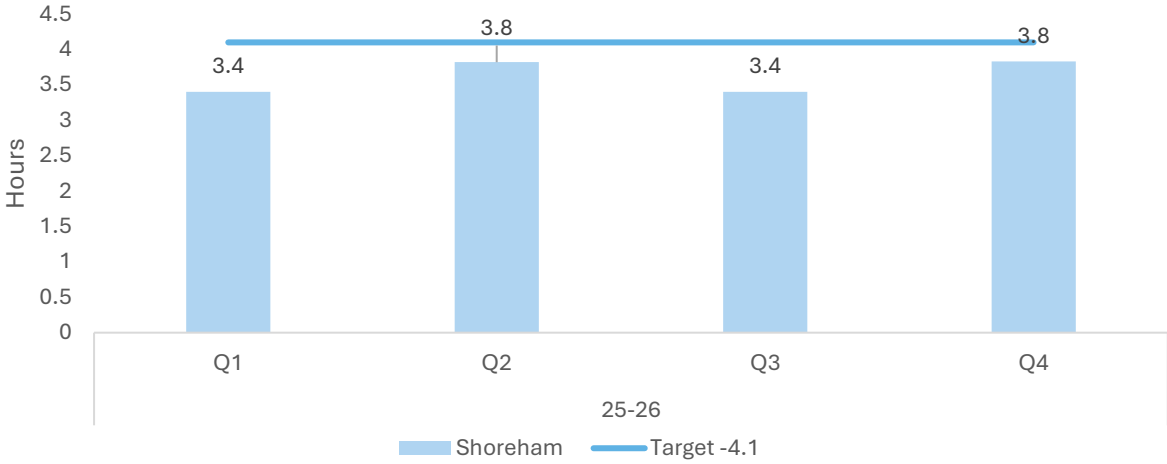
Key Points:

In Q4, there was a decrease in the percentage of residents using physical restraints, decreasing to 8.9% from 10.8%. This remains well below the target of 19.5%.

Strengthening the Long-Term Care Service We Provide: Average Direct Care Hours per Resident per Days					
3.8	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

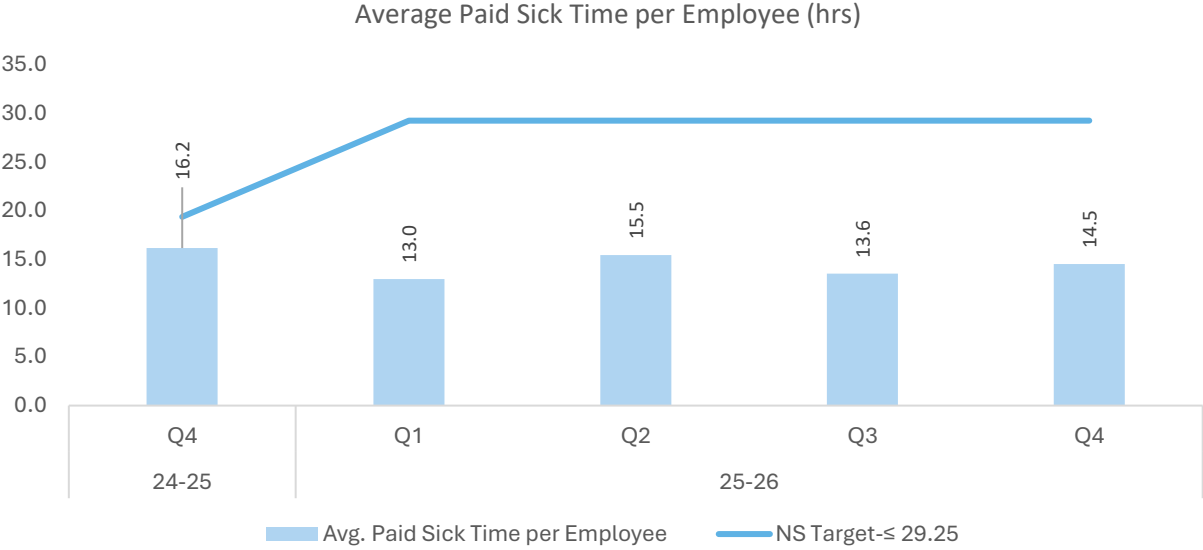


Key Point:

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 3.8 hrs per resident per day. This is a slight increase from Q3 but continues to highlight ongoing challenges with staffing availability. The additional float positions that were posted in Q3 appear to have positively impacted the Q4 average direct care hours, though additional work is still needed in this area. 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					
14.5 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.

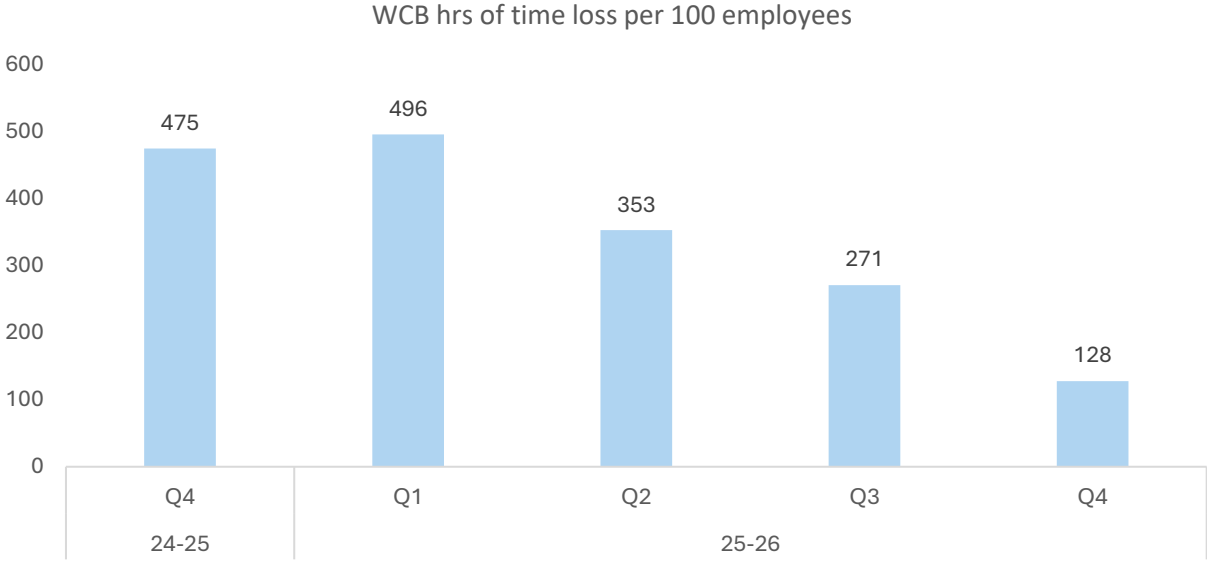


Key Points

Shoreham averaged 14.5 hours of sick time per employee in Q4 2025-26, which remained below the target of 29.25 hours. There was a 0.9 hour increase from Q3, but 1.7 hours below the average hours of sick time per employee from Q4 2024-25.

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

Measurement Definition: Hours of time loss per 100 employees.

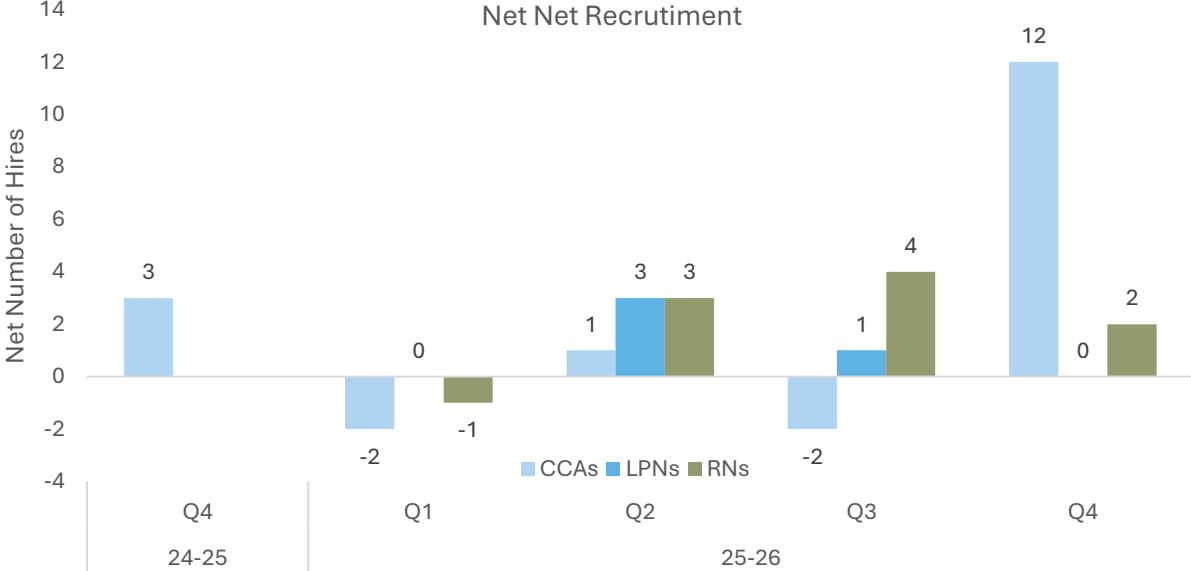


Key Points

For Q4, the total time loss hours decreased to 128 hours per 100 employees. This is a decrease of 143 hours per 100 employees compared to Q3.

Be a Recruitment Magnet: Attraction of CCAs, LPNs, RNs					
+12 net new CCAs	TBD	N/A			
0 net new LPNs					
+2 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.

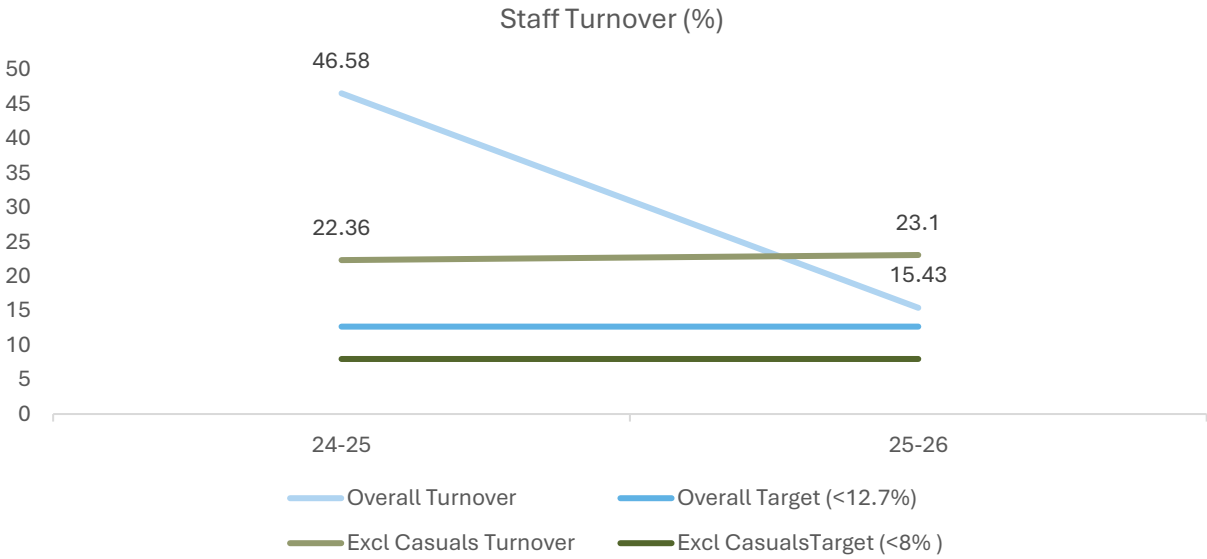


Key Points

During Q4 2025-26, Shoreham had a net change in staffing of +12 CCAs and +2 RNs, for a total increase of 14 staff.

Be a Recruitment Magnet: Staff Turnover					
15.43% (overall)	Overall Target: <12.7%		Overall: 		
23.1% (Excl. Casuals)	Excl. Casuals Target: <8%		Excl. Casuals: 		
Rate	Target	Target Met	Trend	Reporting	Quadrant

Measurement Definition: The number of staff who leave the employ of Shoreham (voluntary or involuntary), as a percentage of the average employee count.

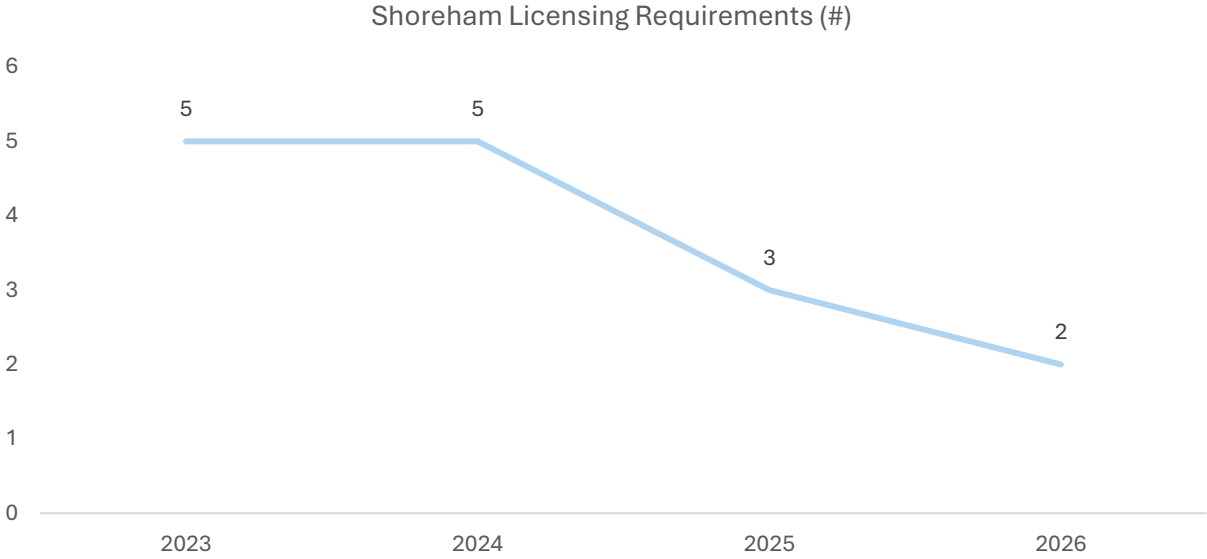


Key Points

Compared to the 2024-25 fiscal, the overall staff turnover rate saw a significant decrease in the 2025-26 fiscal year, down to 15.43% from 46.58%. When excluding casual positions, the overall staff turnover rate for the 2025-26 fiscal year increased from the last fiscal to 23.1% from 22.36%. Both the overall staff turnover rate and the staff turnover rate excluding casual staff were above their respective targets of 12.7% and 8%.





Create Client-Centred Solutions in a Home and Community First Framework: Shoreham Annual Licensing Inspection 2026						
2	0			LTC		
Compliance Requirements	Target	Target Met	Trend	Program Area	Reporting	Quadrant

Measurement Definition: The total number of annual licensing received.

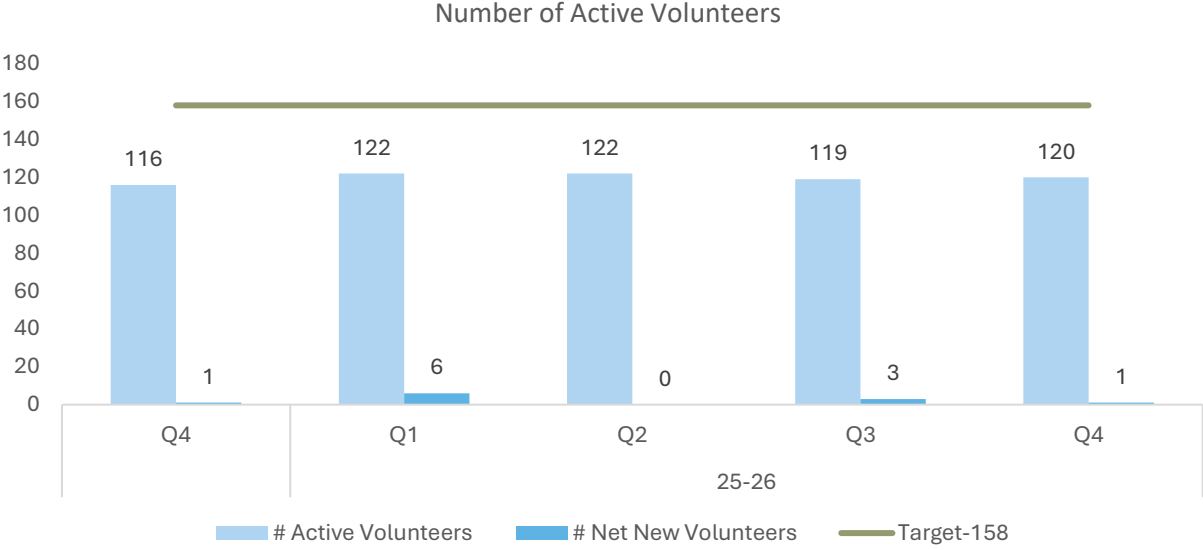


Key Points:

The 2026 Shoreham annual licensing inspection identified 2 compliance issues that were all resolved in February 2026. Key areas identified during the inspection included verbal medication order compliance, management of expired cleaning chemicals, timeliness of interdisciplinary admission assessments, and completeness of clinical documentation. Immediate corrective actions were taken to remove expired products and reinforce medication order processes, including staff education and ongoing physician follow-up. Admission assessment and documentation requirements were reviewed with interdisciplinary teams, supported by updated checklists, audits, and monthly monitoring. Leadership oversight and regular compliance reviews are in place to support sustained adherence to regulatory requirements.

Be a Recruitment Magnet: Number of Active Volunteers					
120	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 increased slightly in Q4 2025-26 to 120, with a net gain of 1 new volunteer. The total number of active volunteers is still slightly the target of 158.

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: <ul style="list-style-type: none"> - 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.