



A RENEWED RESIDENT FOCUS

OUR LEADERSHIP APPROACH

A HEALTHY WORKPLACE

PREPARING FOR THE RESIDENT & FAMILY OF THE FUTURE

CONNECTING WITH OUR COMMUNITY

OUR PHYSICAL ENVIRONMENT

# Annual 2017 Report



A CARING COMMUNITY

# Humans of Saint Vincent's

Artist-in-Residence, Susan MacLeod



Whatever  
you say  
is fair.



We lived right  
near the harbour  
and my sister  
and I used to  
skate all winter

Great fun!

As the artist-in-residence, Susan MacLeod sketches residents in their own environment with a focus on showing the compassion in daily living in a nursing home. Her series of sketches 'Humans of Saint Vincent's' aims to demonstrate how residents are human beings with a range of needs, wants, personalities and emotions, and demonstrates how staff compassionately interact with residents on a daily basis despite the obstacles of budget and time constraints. Follow Susan on Instagram and Facebook @svnhcares.

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## Mission

Saint Vincent's Nursing Home is a private not-for-profit home for the aged founded by the Roman Catholic Archdiocese of Halifax. Our mission is to provide quality care and services in a home-like environment.

We are dedicated to fostering a nurturing environment of residents, family, employees, physicians, volunteers and students; one that recognizes their physical, psychological, emotional, social, spiritual and cultural needs. We respect the aging process and support our residents' rights to make choices.

In keeping with this mission and the expressed needs of the community, promoting quality of life is the cornerstone of all care, services and programs.

## Vision

Quality of life through compassionate and innovative care.

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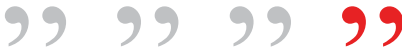
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Strategic Plan 2012-2017  
Final Report to Community



*...We congratulate you on this achievement that demonstrates your organization's determination and commitment to ongoing quality improvement. We applaud your leadership, staff and accreditation team members for their efforts and dedication to the provision of safe, quality health services.*

*Despite the aged facility, families indicate that the warmth and kindness of the staff is the major reason they chose the home, and choose to remain in the home, over other more modern options...*



Accreditation Canada

# Board Chair Report

Leon Fitzgerald

**T**he 2016-17 year was one of change for the Board of Directors. At our last annual meeting we updated our by-laws, reducing the Board size from 14 to 10 members and eliminating one of our sub-committees. The change was aimed to increase participation from Board members and encourage more discussion and engagement. After a year, we feel the changes have been positive and look forward to continuing with the new structure.

Our Foundation also experienced a change as the chair, Greg Haverstock, a long-standing volunteer, completed his final term on the Foundation Board this past spring. He sat on the Board of Directors and the Foundation for over 20 years. His guidance and vision will be missed. We wish to thank Greg for his years of service to Saint Vincent's.

A special thank you is also extended to all our dedicated volunteers. Every job performed by a volunteer is an important contribution to life at Saint Vincent's. Your efforts are appreciated.

I am pleased to present the results of the 2012-2017 Strategic Plan within this report. The successes from the past five years has moved the vision and mission of Saint Vincent's forward. I look forward to participating in the next round of strategic planning and invite all of our stakeholders to join me in the fall as we start the new process of mapping out the future of Saint Vincent's.

Our management and staff are to be commended once again for their success in cost containment in the face of yet another budget cut. Spending within our funding was a challenge to achieve considering this reduction is equal to more than 8% of our non-compensation expenses. The Board has full confidence in management's ability to meet this continuing challenge in the forthcoming years as we move forward to continue to balance current operations to government funding and reduce our accumulated deficit.

Thank you to all who play a part in this caring community.

## Board of Directors

Leon Fitzgerald, Chair  
Peggy Gorman, Vice Chair  
Anna LeBlanc, Treasurer  
Angela Berrette, Secretary, ex-officio  
Dr. Barry Clarke, Medical Director, ex-officio  
Rosalind Benoit  
Helen Cameron  
Patricia Campbell, SC  
Susan MacLeod  
Mike McDonah  
Donna Richardson  
Gloria Whalen

## Foundation of the Board

Barry Allen, Chair  
Scott Bell  
Angela Berrette  
Leon Fitzgerald  
Peggy Gorman  
Anna LeBlanc  
Michael MacDonald

Our **108 Volunteers** assisted residents **4,292 hours**



# Executive Director Report

Angela Berrette

**T**his past year was my first full fiscal year as executive director. It has been a whirlwind of activity as the leadership team worked to refocus the organization and start down the path of Resident & Family Centred Care (RFCC).

We started off 2016-2017 with significant reduction to our funding. Coupled with the cut from the previous year we were taxed with balancing our budget with close to \$128,300 less than we had in 2015-2016. Difficult decisions were made to mitigate the significant shortage so we could maintain the level of quality care deserving of our residents. Most significantly, we were forced to eliminate our night watchman position and last spring we returned to our model of three resident care managers for the nursing units which we saw as key to supporting our staff. Although this was the right choice for the home, it required the elimination of the human resources manager position.

In September we celebrated our 50<sup>th</sup> anniversary with a garden party and in October a Mass of Thanksgiving was held. Both the Roman Catholic Archdiocese and the Sisters of Charity were honoured for their leadership and dedication in establishing Saint Vincent's.

Accreditation Canada conducted their on-site visit in October. We are very proud to have received a 4-year Accreditation Award in the face of current challenges. Feedback from the surveyors has directed work over the past six months as we continue to strive for excellence in care.

The annual *Gift from the Heart* fundraising campaign at Christmas was particularly successful this year, raising enough money to install a heat pump in the chapel. It is obvious the important role the chapel has in the hearts of our donors. Thank you for your continued support in providing for the residents.

A working group comprised of union and management was struck at the end of the fiscal year. In the face of increasing pressures on our staff to do more with less, we recognize the importance of psychological health and wellness in the workplace. This is an exciting collaboration that will create a tangible benefit for employees.

Early this year Saint Vincent's was vocal on the financial constraints faced in the sector. We are working with other homes to ensure government is clear on our position. We are at the tipping point; there is no more to cut or areas where we can shave down expenses. We have reached our limit and will continue to advocate for our residents.

Included in this document is our final report to the community on our 2012-2017 Strategic Plan. Normally, work would continue until the end of 2017; but it was decided to wrap up the plan now and start on the process of creating the next strategic plan. There are elements of the strategic directions that will go unmet due to changes in the sector and to internal resources; but, we identified a need to reset and realign our priorities and are eager to work with our stakeholders to produce a new plan to lead us into 2023.

Much work has been done on the plan's milestones; but it has been within the past year when the most strides were made towards completion as we further developed our resident and family centred care philosophy. The RFCC advisory group was key in developing the education plan which is being rolled out to staff. We have set an ambitious target of providing nine hours of training to every staff member. We recognize the culture change that is needed and look forward to continuing the work.

I am thankful to the managers and directors with whom I work for their dedication and commitment, to the Board of Directors for their unwavering support and encouragement, and to the employees of Saint Vincent's who provide resident and family centred care.

I am honoured to lead the caring community of Saint Vincent's. Thank you for your role in making our mission of providing quality care and services in a home-like environment a reality.

# Board Committee Reports

## Finance & Facility Committee

Anna LeBlanc, Treasurer

### OPERATING BUDGET

2015-2016 \$11,916,460

2016-2017 \$11,802,888

**-1% of Gross Budget**



The Finance and Facility Committee met regularly throughout the year to monitor the policies, practices and controls on the utilization of Saint Vincent's Nursing Home financial resources and physical assets. The committee reviewed financial challenges, measured financial performance against the budget and forecast, reviewed monthly internal financial statements and presented a committee report at regular meetings of the Board of Directors.

During the course of our 2016-2017 fiscal year several significant items discussed at the committee included:

- Reviewing the operating and capital budgets for the fiscal year April 1, 2016 to March 31, 2017;
- Overseeing the business planning process and deficit management strategies for 2016-2017;
- Monitoring the financial continuous quality improvement indicators;
- Monitoring progress on capital projects and equipment purchases;
- Reviewing the role of the committee in ensuring adequate corporate governance;
- Overseeing the financial audit of Collins Barrow.

A highlight of the fiscal year was our success in obtaining funding to invest over \$950,000 in much needed infrastructure including an upgrade of our elevators, modernization of the temperature control system, upgrading our air conditioner, replacing sprinklers, and adding a new workshop and camera system.

We recognize the demands on our facility have increased in what is now a 51-year old building, and we will continue to advocate for improving the home for our 149 residents.

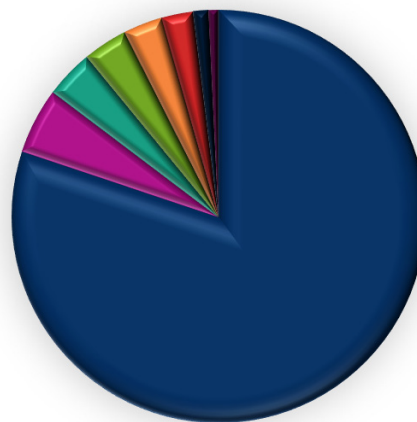
Saint Vincent's is dependent on government funding for the operating and capital budget. The 2016-2017 year was a challenging one which included a \$128,300 reduction of funding to our

operations. The year ended with a deficit in operations of \$17,918 and a capital fund surplus of \$175,953 resulting in a surplus of revenues over expenditures of \$158,035 as compared to a previous year's surplus of \$174,405. The equity position in the capital fund is \$3,281,381 netted against an operating deficit of \$1,011,309; providing a net equity position of \$2,270,072. Our financial position is one of being asset rich and cash poor. While we have been successful in gathering funding for infrastructure, we are challenged to spend within the decreased resources we are funded.

Our leadership team continues to monitor appropriate asset utilization and deficit management and are in communication with the Department of Health and Wellness on funding alternatives versus the reduction of care and services provided to the residents.

On behalf of the Board of Directors we extend our appreciation to the Saint Vincent's Foundation for their continued support. Our Foundation has now fundraised over \$1,000,000 for major capital projects including our recent 4<sup>th</sup> and 5<sup>th</sup> floor additions; made possible only through our Foundation and its countless supporters. With only 5% of monies raised used to offset the cost of its administration, the Foundation is proud to put the generous donations to the best possible uses.

I would like to thank the members of the committee, Mike McDonah, Donna Richardson and the management and staff for their support, assistance and hard work over the past year.



### Expense by Category

- Compensation 80.1%
- Depreciation & Interest 5.2%
- Contracted Services 3.8%
- Food 3.5%
- Utilities 3.1%
- Supplies 2.5%
- Maintenance 1.2%
- Miscellaneous 0.8%

## Statements (comparison) Financial

Statement of Revenue and Expenses for the year ending March 31<sup>st</sup> from audited financial statements.

### Revenue

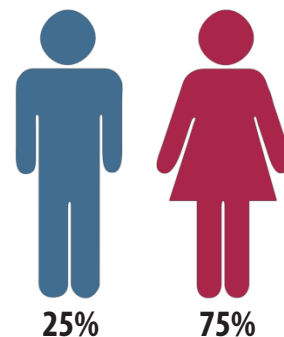
	2017	2016	2015
Fees from residents	\$ 3,546,436	\$ 3,590,923	\$ 3,548,893
Fees from Department of Health & Wellness	8,627,499	8,682,237	8,794,590
Other Income	<u>602,749</u>	<u>547,983</u>	<u>498,315</u>
Total Revenue	\$ 12,776,684	\$ 12,821,143	\$ 12,841,798

### Expenses

Administration, Quality & Planning	\$ 792,332	\$ 911,169	\$ 857,491
Resident Care (Nursing)	6,886,100	6,655,858	6,733,487
Resident Care (Therapeutics)	618,274	653,605	646,128
Nutrition Services	1,745,651	1,799,453	1,817,232
Environmental Services	1,137,156	1,115,116	1,108,467
Building (Operations & Maintenance)	796,227	875,681	902,969
Amortization/Interest	<u>642,909</u>	<u>635,856</u>	<u>648,286</u>
Total Expenses	\$ 12,618,649	\$ 12,646,738	\$ 12,714,062

### Resident Turnover

	2017	2016	2015
Resident Days	53,396	53,159	53,540
Admissions	87	88	53
Discharges	90	80	63



**Resident  
Population  
2016-2017**

**\$7.98**/day/resident  
Funding for food,  
snacks & beverages

**\$34,565**  
Average Daily  
Expenses



## Standards Review Committee

Peggy Gorman, Chair

**M**indful of the mission, vision, and values of Saint Vincent's Nursing Home, the Standards Review Committee met six times this year for the purpose of monitoring compliance with the quality principles, standards and strategic direction of the organization.

In September the committee welcomed two new Board members and in March added the Quality & Education Manager as an ex officio member. The medical director provides input to the committee through the Director of Resident Care.

The committee received reports on quality of life, care and services and monitored compliances against the agreed-upon goals and objectives.

The accreditation recommendations related to resident care were reviewed and the appropriate actions were completed by the organization.

A major initiative relating to resident and family centred care has been supported by the committee and first steps have begun towards that goal. The committee also received reports outlining adherence to provincial, professional, and legal standards.

The terms of reference were reviewed and the committee determined that the word "Quality" should be included in the title as it reflects a major role of the function of the committee. Our by-laws will be amended in June to reflect the new name of the committee.

Thank you to the hard working Board members of the committee and to the senior staff. A special thank you to Nancy Maguire who records our meetings and keeps us on track.



The Sisters of Charity pictured with commemorative plaque

## Community Relations Committee

Gloria Whalen, Chair

**C**ommunity Relations is one of three sub committees of the Board of Directors at Saint Vincent's. Its purpose is to assist with and monitor programs designed to raise the profile of the home within our community.

Its membership consists of Board member Susan MacLeod, executive director, Angela Berrette, secretary Nancy Maguire, community representatives Jan Boswell and Valerie Connors, and outgoing chair, Gloria Whalen. Susan MacLeod will assume the duties of chair effective June 2017. I am sure she will be both effective and creative in her approach as chair.

The "Artist in Residence" project was created this year by our talented Susan MacLeod. She visits the home to sketch residents in an effort to show the compassionate daily life in a nursing home.

This year saw the rollout of our new logo and tag line "A Caring Community". Our website revision is also now complete. Thank you to all involved in this process.

Our 50<sup>th</sup> anniversary celebrations took place in September with both current and former residents, staff, Board members and a number of special guests in attendance. A commemorative garden for our 50<sup>th</sup> was dedicated at the front of the building where work on beautifying this space continues.

In October a Mass of Thanksgiving was held recognizing the Roman Catholic Archdiocese and the Sisters of Charity who were instrumental in the founding of the home in 1966. Each were presented with a letter of gratitude and a plaque was installed in the chapel to mark the occasion.

The committee continues to advocate for our residents at every opportunity. This included visits to the legislature and reaching out to local politicians and the Minister of Health and Wellness.

We look forward with excitement and faith to another good year at Saint Vincent's.

On a personal note, it has been my privilege to serve on the Board these past six years. My Mom received such wonderful care during her time here that I would be remiss if I did not thank, once again, the wonderful administration, volunteers and staff who make this such a "Caring Community".



# Medical Director Report

Dr. Barry Clarke

I have had the pleasure of being the medical director for Saint Vincent's long term care facility over the past year, and I can honestly say that I have been impressed with the quality of care provided to our residents. Professionally I have been aware of Saint Vincent's significant leadership in the long term sector in Capital Health (now Central Zone) over the past decades, and now working with the clinical and administrative teams I have become even more aware of their commitment to quality of care.

Accreditation Canada has recently accredited Saint Vincent's which highlights their commitment to quality. As well, the home continues to be an active partner with the Nova Scotia Health Authority Primary Care Program, Care by Design (CBD).

Saint Vincent's was an early adopter in 2009 with this program and continues to have representatives at the Long Term Care Medical Directors Committee, and the CBD Central Zone Long Term Care Committee which gives guidance to the program with this co-leadership committee structure. As a member on these committees over the years Saint Vincent's has played an active role in many of the high-quality CBD policies (i.e. clinical team rounds, medication reviews, Comprehensive Geriatric Assessments), guidelines (i.e. on call, diabetic, hypertension, statin, end of life/palliative) and programs (i.e. Extended Paramedic Program) that have served all LTC residents well. Also, Saint Vincent's participates in on-going quality assessments of our own involvement in the CBD program by completing on call tracking documents, SBARs and medication reviews. I hope to report on this information in more detail in next year's report. With respect to evaluating appropriate medication prescribing, the following CBD chart demonstrates that the Saint Vincent's clinical team on each floor combined have been better than average compared to the other facilities within the CBD program, and was number one for appropriate prescribing antipsychotic medications.

I have enjoyed being a member on the Medical and Therapeutics Committee; working with this excellent team I have had a chance to review key internal care indicators. Of interest, there is an excellent clinical indicator reporting process which helps us focus on key areas for improvement. One example is that our infectious disease rate has been consistent year to year, and although there were two influenza outbreaks this year, the team acted quickly to contain them which

prevented spread, shortened the outbreaks, and saved lives. Excellent work!

In my view, the diagnosis of each resident's level of frailty, which is determined by the clinical team completing each residents' Comprehensive Geriatric Assessments twice per year, should help us with improving many of our indicators. I have suggested we start by considering incorporating the evidence of frailty assessments into the language of our policies. In this way, our policies could have added connectedness to each front line clinical team, helping them make the decisions that are needed to achieve excellent and appropriate care which should align with improved clinical indicator results. This should translate into even more appropriate and holistic care to each resident, and work with the resident and their families to achieve their own goals and wishes.

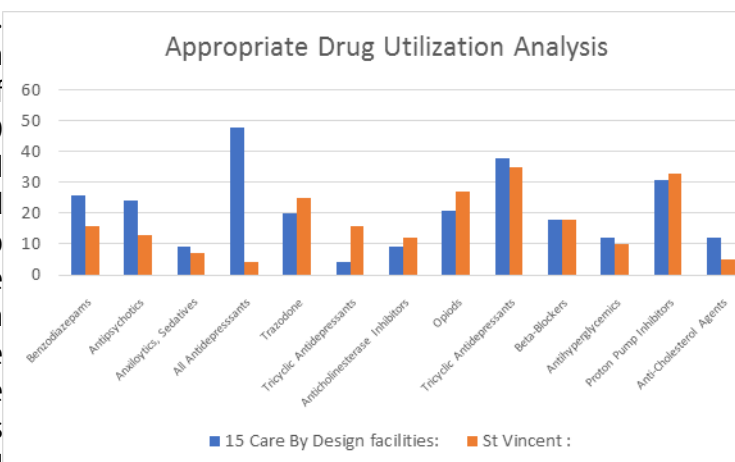
On the physician front, we have had a very stable physician group who has and is committed to excellent care and the CBD program. Saint Vincent is partnered with Northwood in the downtown CBD Network. This means that there is not only a group of six Saint Vincent's physicians who support our residents; but also another eight physicians from Northwood who participate in Saint Vincent's on call care, and who provide support for any away time (sickness/vacation). Therefore, the physician capacity is

excellent, and with this capacity of physicians, Saint Vincent's has access to a doctor 24/7 365 days a year, with a response time of 30 minutes or less which is the standard with CBD. We have also partnered with the Northwood community to have a joint annual physician appreciation night to discuss common issues.

My first year has come and gone too fast, but I am still very keen to participate in Saint Vincent's clinical

leadership for the following years to come. I wish to set up a regular staff and physician education program this year, which I hope will open a dialogue around important challenges that we all face together, to continue to achieve exemplary care to our residents and their family.

Barry Clarke, MD CCFP (COE) Extra Fellow CFHI  
Assistant Professor Dalhousie University  
Division Head Care by Design, NSHA (Central & Northern Zone)





A RENEWED RESIDENT FOCUS



OUR LEADERSHIP APPROACH



A HEALTHY WORKPLACE

## *Strategic Plan 2012–2017*

The strategic plan was developed in 2011-2012 through a participatory planning process with input from over 300 stakeholders. The plan outlined the priorities for a five year period based on six clear areas of focus. We have worked in innovative ways to meet the strategic directions while balancing resource allocation challenges. This is the final report to the community outlining how we have met our critical success factors. We will continue to build on elements of this plan as we move forward.

**Developed with participation from family members and residents, Saint Vincent's adopted the Resident and Family Centred Care philosophy that reflects best practice, represents the resident of today, and prepares Saint Vincent's for the resident of the future.**

Resident and Family Centred Care (RFCC) is an organizational philosophy and approach to care which places residents and families at the centre of all decisions. It considers the recipients of care to be the experts and therefore seeks to build strong relationships with residents and families based on transparency and collaboration. Chosen because of how closely it models our vision, mission, and values we have based the development of our RFCC on the work of Saint Elizabeth Hospital and Yee Hong Centre for Geriatric Care as well as the Registered Nurses' Association of Ontario best practice guidelines.

The implementation of our RFCC philosophy is led by our Resident and Family Centred Care advisory group comprised of residents, families, management, and staff. Initially, meeting weekly, the group developed the RFCC education program for all staff of Saint Vincent's. The education, which is aimed at

creating an environment of care that places the residents and families at the heart of all we do, has now started. With that momentous task completed, the group moved on to formalizing their terms of reference which includes:

- Inform and make recommendations about the implementation and evaluation of the SVNH Strategic Plan;
- Actively promote and create new and unique opportunities for communication, collaboration and partnering among residents, families and staff;
- Identify and support opportunities for improvement;
- Review quality reports on the resident experience; and
- Celebrate and share milestones and successes.



### **A Renewed Resident Focus**

that aligns care, services, and programs more closely with the values of the organization.

### **Resident safety is an organizational priority embedded throughout work plans.**

SVNH is committed to promoting a culture of safety and quality improvement using multiple strategies. One such strategy

was the development of the Risk Management Framework to increase the awareness of risk and the shared responsibility held



# *Final Report to the Community*

by all members of the SVNH community. Goals of the framework include:

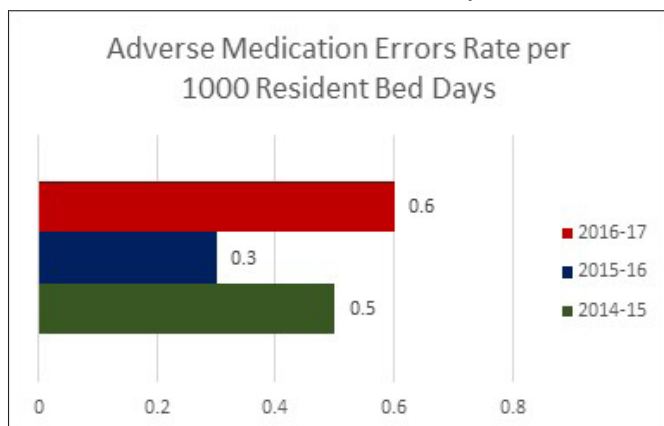
- Manage risk to protect the SVNH community and facility using a proactive, long-term and sustainable risk management program geared towards minimizing reasonable and /or foreseeable:
  - harm to people;
  - disruption to operations;
  - damage to property and the environment.
- Provide education and continually strive to improve risk management practices.
- Collect data through incident reports of potential or actual incidents and concerns.
- Plan and implement mitigation strategies and the continuous evaluation of the strategy effectiveness.

Other safety initiatives include:

- Development of a Falls Management Framework using the Scott Fall Risk Screen. This tool identifies possible risks for falls

and assists in the process of care planning to help mitigate those risks. We recognize that all staff have a role to play in preventing resident falls, and residents and their families should be involved in any falls risk care planning. Part of the framework includes "Falling Stars" which readily identifies to all staff a resident who is at risk for falls. Education is provided to all staff, and families receive a brochure on admission.

- Implementation of the electronic medication administration record (eMAR). This has resulted in improved safety in our delivery of medications and improve monitoring of resident outcomes from PRN (as needed) medications. The system also allows us to monitor the types of medications our residents receive which can link to quality initiatives such as reducing the inappropriate use of antipsychotic medications.
- Investment in equipment for the safe transfer of residents including replacement of our portable lift and the purchase of more ceiling lifts and beds. We have also purchased specialized bed sheets for residents who require staff assistance to move and reposition in bed. These bed sheets reduce the amount of force required to lift up the resident in bed and reduce the amount of shearing forces against resident skin.
- Revision of our least restraint policy to improve family input into the use of restraints. The goal is to improve discussions around restraints and to educate families and staff that there are significant risks to their use. As a facility, we are committed to the reduction of restraint use including belts, tables, and chemical restraints such as antipsychotic medications.



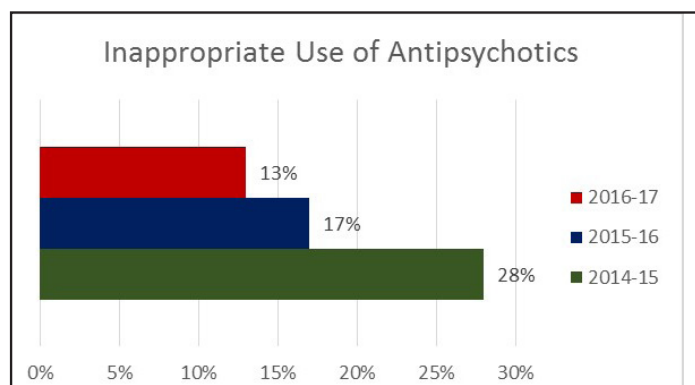
**Programs and services are based on the current needs of our residents and prepares us for the residents of the future.** As

the expectations and needs of the resident population continues to evolve, as have our programs and services which now include:

- Monthly in-house services by a dentist and hygienist;
- Increased occupational therapy services to better serve the mobility needs of our residents;
- Enhanced music therapy program with the introduction of i-Pods that can be used by our residents to provide more frequent musical interventions;
- Development of a pressure injury prevention policy, skin tear prevention and treatment policies and a wound care standing order, all based on best practice;
- Participation in a research project looking at best practice in managing hypertension in the frail elderly. As a result, we have been able to improve the appropriateness of these medications;
- Implementation of the Diabetes Care Program of Nova Scotia best practice guidelines for diabetic management and changes to our practice in relation to calcium supplementation based on current research;
- Adoption of polypharmacy guidelines in collaboration with Care by Design to better reflect the medical needs of our frail residents;
- Participation in a national project reviewing the inappropriate use of antipsychotics at SVNH. Two years following the initiation of the project, SVNH has revised its management of responsive behaviors policy to reflect the PIECES philosophy (Physical, Intellectual, Emotional, Capabilities, Environment, Social/Cultural), provided education to all the staff on care approaches and dementia, invited our physicians to an education session on the inappropriate prescribing of antipsychotics, and lowered our

inappropriate use from 28% to 13%, which is well below the national average.

**We measure our progress towards desired outcomes based on best practice.** The SVNH Quality Guide was developed and disseminated as a tool in building leaders; creating a system in which employees are able to continuously strive to increase



their knowledge and improve the quality of work. Developed in consultation with stakeholder's input, the guide allows us to evaluate, improve and sustain a culture of quality care and services. Within the guide is the process that defines how we establish improvement goals, set priorities, measure, analyse, and evaluate quality initiatives. We also evaluated and revised our

quality indicators and reporting structures.

The quality report is shared quarterly with various committees including the Board of Directors, RFCC advisory group, Leadership Team, unit and department meetings, Medical and Therapeutics Committee, Nursing/Pharmacy Committee, Infection

Control and Quality Team. We continue to work on closing the loop on our quality indicators by feeding the information we collect back to the front line staff through the various committees.



**Preparing for the Resident & Family of the Future**

whom we realize will have different expectations and needs than the current resident population we serve.

Quality indicators include:

- Adverse medication errors
- Falls injury rate
- Use of physical restraints
- Inappropriate use of antipsychotics
- Infection rates
- Incidence of pressure injuries
- Resident/Family Satisfaction
- Staff turnover
- Staff sick time utilization

**Our realigned organizational structure allows for coordinated efforts and helps to dissolve barriers between departments and disciplines. Departmental relationships are enhanced through efficient and accurate communication processes.**

The nursing and therapeutics departments merged to create a more interdisciplinary team approach to providing care and services. The Resident Care Department includes social work, physiotherapy and occupational therapies, clinical dietetics, recreation therapy, pastoral care, nursing (RN, LPN & PCW/CCA), pharmacy, and the CBD doctors who all work together to provide care to the residents.

**We sought clarification of our brand to ensure the identity represented in the community matched our new RFCC philosophy.**

The discussion on our brand reinforced the strong connection we have to our mission, vision, and values within our facility and to the community. In the end, we confirmed our brand was one of caring which led to the adoption of “A Caring Community” to replace our “Promoting Quality of Life” tag line. The new line better connects us to our community.

**We are active in the long term care sector, actively advancing issues that impact our mission and vision.** Resident and Family Centred Care focuses on including our most important stakeholders – our residents and families. Partnerships



### **Our Leadership Approach**

that sheds the traditional top-down approach and creates leaders throughout the organization.

with external stakeholders focused on connecting with others to advocate for funding. The political landscape of 2011 and that of today are vastly different from when the strategic plan was developed. Since the start of the plan we have faced multiple rounds of cuts to our budget. Participation in the sector initiatives to create efficiencies and streamline services has been vital. Our senior leadership team sit on numerous committees including the Continuing Care Council and Community Governed Organization (CGO).

**We adopted a leadership philosophy centered on enabling employees and creating leaders at all levels of the organization.**

New leadership and reorganization of the reporting structure after the retirement of five senior members of management has resulted in a leaner team, focused on utilizing existing skill sets with an innovative approach. Through education of registered staff and ongoing support to develop skills we continue to build the leaders of the organization.

**Succession planning has successfully allowed for the continued provision of a high standard of care and the effective management of resources during a period of high turnover. Our organizational structure encourages and**

**enables teamwork.** With a developed leadership philosophy focused on fostering quality of work life and quality care, we are creating an environment that is open, transparent, and collaborative. This is an

effort that will continue into the next plan as we strive to build upon existing teams.

**We continue to increase our organizational expertise through targeted educational initiatives.**

We recognize the importance of education to support staff development. All conferences, education, seminars, etc. must relate to our strategic directions. We have provided several in-services on topics such as falls, urinary tract infections, pain, palliative care, pressure injury



prevention, skin tear prevention and management, Catalyst (eMAR), RFCC, and many more. Last year all staff viewed a two-hour video on *Care Approaches to Dementia Care* with Teepa Snow.

**Our engaged staff are encouraged to practice at full scope as appropriate.** We have supported staff through external sessions including PIECES training for professional staff, conferences such as Care by Design, Alzheimer's Society, Teepa Snow Workshops (Approaches to Care and Dementia), Enhanced Assessment Skills for RN/LPNs and Canadian Association of Wound Care.

**Human resource supports and processes are in place that promote safe work practices, support employees and protect the organization's fiscal health.** Striving

to assist employees in achieving an optimal work-life balance is a continual effort. Our health and wellness team focuses on mental health and wellness through education and finding creative ways to have fun at work. Some initiatives have included information sessions and workshops on compassion fatigue and healthy ways to lose weight. Last year we hosted a 'Love Yourself Day' focussing on physical and mental health and this year we held a Mental Health Awareness week. Our biggest employee-lead activity has been a 10-week Biggest Loser weight loss competition which has held seven rounds since inception.

Together, we have made progress in identifying safe work practice gaps and developed processes to reduce risk and injury to our staff. Through an enhanced risk management framework we now have a standardized process of identifying and managing risk. We identified the need for a modernized fire plan and trained, delivered and tested our new plan; rollout is now complete.

Through the support of AWARE Nova Scotia, our Joint Occupational Health & Safety (JOHS) committee members received training and we were able to update our policies and manuals. Saint Vincent's

is a leader among our peers in minimizing our cost of workplace injury with workers compensation claims at 67% less than the industry average.

**Looking past the limitations of our physical environment we are working to improve the lives of our residents.** Our

ever changing resident population requires increased demands from our facility. Over the past five years we have invested over \$2,100,000 upgrading our facility through fundraising and funding from the Department of Health & Wellness. Major investments

include additions to the 4<sup>th</sup> and 5<sup>th</sup> floors, modernization of our elevators, installation of five bed pan sterilizers and electronic controls of our heating and cooling system.

**Resource allocation recognizes the changing needs of our residents and ensures a sustainable future.** Even with these

investments we recognize there are limitations to our now 51 year old facility. Most recently we have been advocating for improving three rooms on the 6<sup>th</sup> floor and look forward to improving our kitchen ventilation and fire suppression system this coming year.

We see the potential of the neighbouring 6067 Quinpool Road property as a possible long term solution to our aging facility and an advocacy agenda for

building replacement is being formulated.

### Looking Forward

In September we will once again start the strategic planning process. Items that we were not able to complete as planned include improving our cultural competency; enhancing our volunteer programs; further developing our fundraising efforts; and the biggest hole in our plan - obtaining a replacement facility. Each will be part of the discussions for the new plan. We hope you will participate as we seek out input from all of our stakeholders.



### Connecting with our Community

by fostering our reputation, clarifying our community, and promoting fundraising.



### Our Physical Environment

by recognizing the pressures of an aging facility while promoting new and innovative care and design developments.

# Our Leadership Team

## 2017-2018



Pictured l-r: Krista O'Hearn, Lauren Richardson, Scott Muzzerall, Anya Teri, Scott Bell, Kim Wright, Ken Rehman, Angela Berrette, Debbie Coombs, Joanna Johnson (front)

Scott Bell, Director of Finance

Angela Berrette, Executive Director

Debbie Coombs, Resident Care Manager

Joanna Johnson, Resident Care Manager

Scott Muzzerall, Facility/Environmental Manager

Krista O'Hearn, Nutrition Services Manager

Ken Rehman, Director of Resident Care

Lauren Richardson, Clinical Dietetic Manager

Anya Teri, Resident Care Manager

Kim Wright, Quality & Education Manager



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