



# Resident Care Quality Report

2021-22

## OUR MISSION

*We are a resident and family centred community caring for each other.*

Saint Vincent's Nursing Home is home to 148 residents with approximately 275 staff. We are proud of the care we provide, and our dedicated and skilled staff make it their mission to help our residents receive quality care every single day. Resident and family centered care is our corner stone for all we do. Our residents and families are integral members of the healthcare team.

Standardized operations based on best practice help us strive for excellence beyond minimum regulatory or accreditation requirements. But the litmus test of true quality is whether we are building relationships and creating community while delivering exceptional care for each of our residents.

Over the past year, we have continued to focus on improving how we care for our residents and measuring key outcomes to determine our success in:

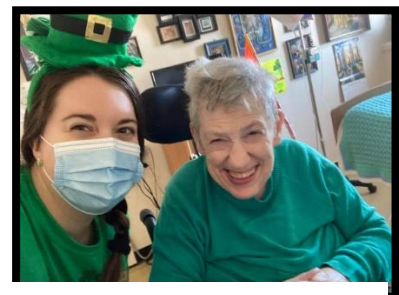
- delivering quality care
- promoting safety
- ensuring regulatory compliance
- improving resident and family satisfaction as well as quality of life
- building the capacity of our frontline teams and leaders to deliver the best possible care

We want to earn the trust of our residents, families and healthcare team. That trust is guided by transparency and accountability in the manner in which we meet our residents' needs.

I want to thank my SVNH team members for the excellent work you do every day, and the care and compassion you show our residents and their families. Take pride in knowing that your efforts, which you contribute on a daily basis, truly help us live our mission.

Kim Wright, RN

Director, Quality & Operations



*Hilary, Resident Council and Crafty  
Cronies' Treasurer with Marisa*

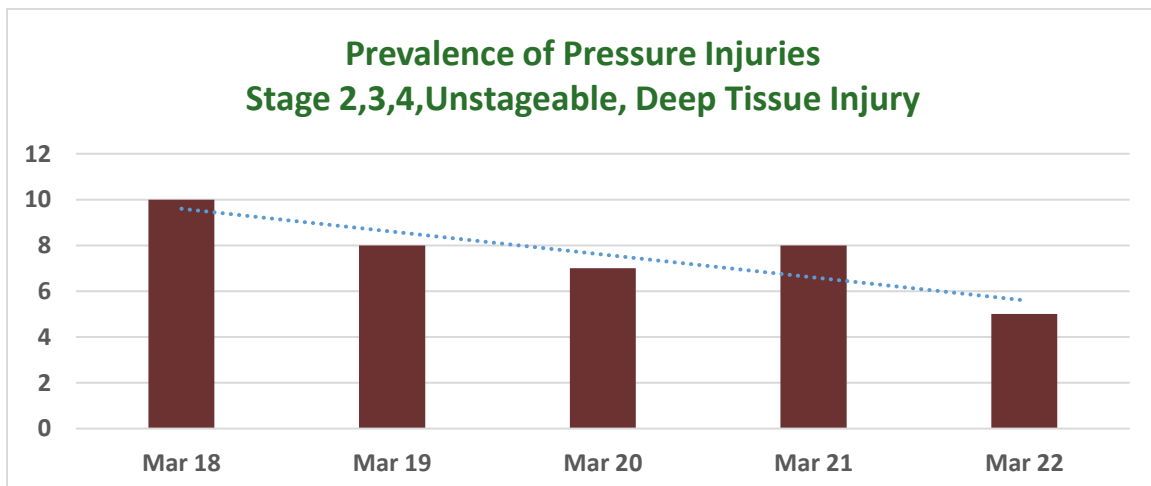
## Pressure Injuries

Reducing pressure injuries is always an area of clinical focus in long-term care. The risk of getting a pressure ulcer is higher for seniors particularly those who are immobile for long periods, have diseases such as diabetes, were in hospital recently or are at the end of life.

Saint Vincent's Nursing Home's comprehensive skin and wound program was developed to address the needs of our resident population with very complex and diverse physical needs. Our home uses an interdisciplinary collaborative approach to prevent and manage wounds and promote skin integrity. Our nursing and personal care staff, physicians, dietitian, physiotherapist, physiotherapist assistant, and our occupational therapist work closely to provide evidence-based care appropriate for each resident, including:

- Daily head-to-toe assessments at point of care to identify areas of risk and prevent skin breakdown
- Daily preventative skin care aimed at maintaining intact skin, minimizing the risk for injury and identifying early signs of problems.
- Weekly wound assessments of all pressure injuries
- Exercise and mobilization programs
- A comprehensive care plan to address individual needs and interventions geared reducing discomfort and promoting prevention and healing such as pressure relieving devices, turning and repositioning schedules, special nutritional supplements, specialized mattresses, Swift sheets, and high quality skin and wound care products.
- Safe resident transfers and mobility to reduce the risk of wound development from friction and shear through our PACE program.
- Root cause analysis for all stage 2, 3, 4, unstageable, deep tissue injury wounds
- Documented assessments of wounds with each dressing change.
- Bi-weekly team meetings to review current wounds, assessments and care plans, root cause analysis of new or worsening wounds
- Wound Care Standing Orders so treatment can be initiated quickly
- Regular audits- reviewing care planning, turning/repositioning documentation, initial/weekly wound assessments and assessments with treatment.

Our care staff receives education regarding preventative skin care, appropriate treatment and prevention of pressure injuries. This has been a challenge because of Covid protocols. Education has been provided through self-learning guides and webinars offered through various wound care experts such as Wounds Canada and Wound Source.



## Pain Management

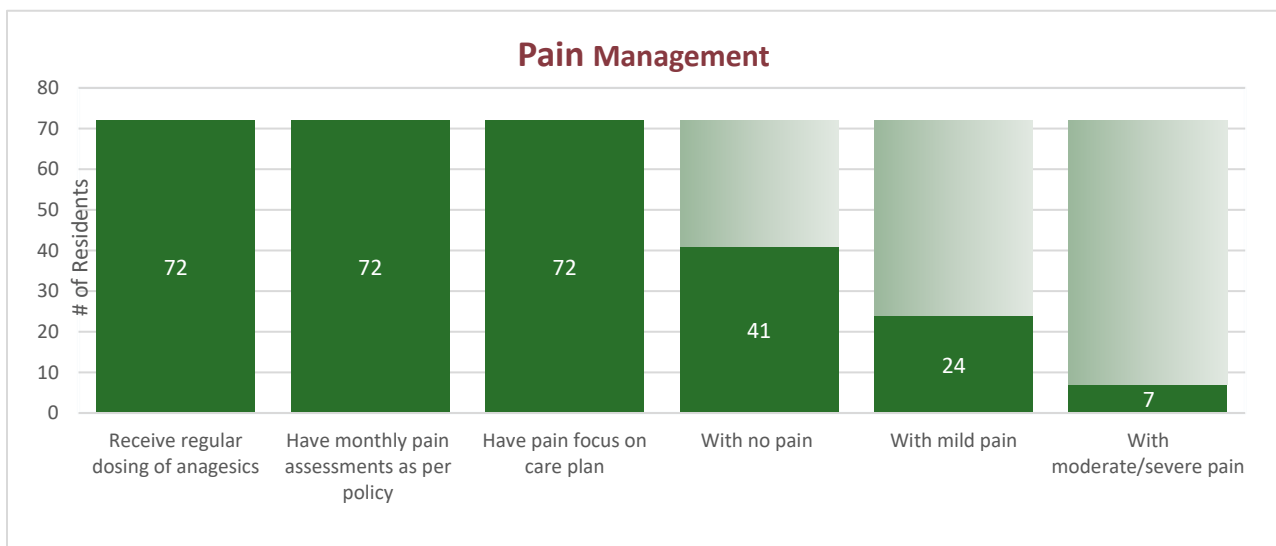
Pain is common in the elderly. Unrelieved or worsening pain is associated with depression, reduced independence, increased risk of falls, decreased appetite, changes in mental status and responsive behaviours.

Assessing and managing a resident's pain is one of the most challenging tasks our caregivers face. It is particularly difficult when residents are unable to communicate because of declining cognition or other health issues. Experiences and expression of pain varies from person to person, our pain management program uses two evidenced-based tools: one customized for assessing residents who are cognitively intact and the PAINAD Scale for those who are cognitively impaired.

Pain assessments are done on every shift at point of care. In addition to offering medication, our staff provide a variety of personalized interventions which may include repositioning, massage, hot packs, warm blankets or exercise in a comforting environment. The effectiveness of these strategies is evaluated on a daily basis and formally reviewed quarterly or with any change in the resident's condition. Physicians review pain management during biannual medication reviews and with change in resident's status.

### Areas for improvement

- Comprehensive assessment and documentation of pain as described by a resident or observed by staff.
- Comprehensive assessment and documentation of effectiveness of treatment for pain.



100% of residents assessed for moderate to severe pain were assessed by the healthcare team. Care plans were reviewed,

## Appropriate Use of Antipsychotics

Antipsychotics are indicated for psychosis, schizophrenia, Huntington's disease and bi-polar disorder. They are sometimes also used to control agitation, anxiety, depression and dementia-related behavioural problems, including aggression. Antipsychotics may be an appropriate course of treatment in times of severe distress or imminent risk of physical harm to self or others for example. However, they can increase the risk of falls and fractures, stroke and death for elderly people with dementia.

According to CIHI, one in three long-term care residents in Canada today is taking antipsychotic medication without having an underlying diagnosis. SVNH takes off-label use of antipsychotics very seriously.

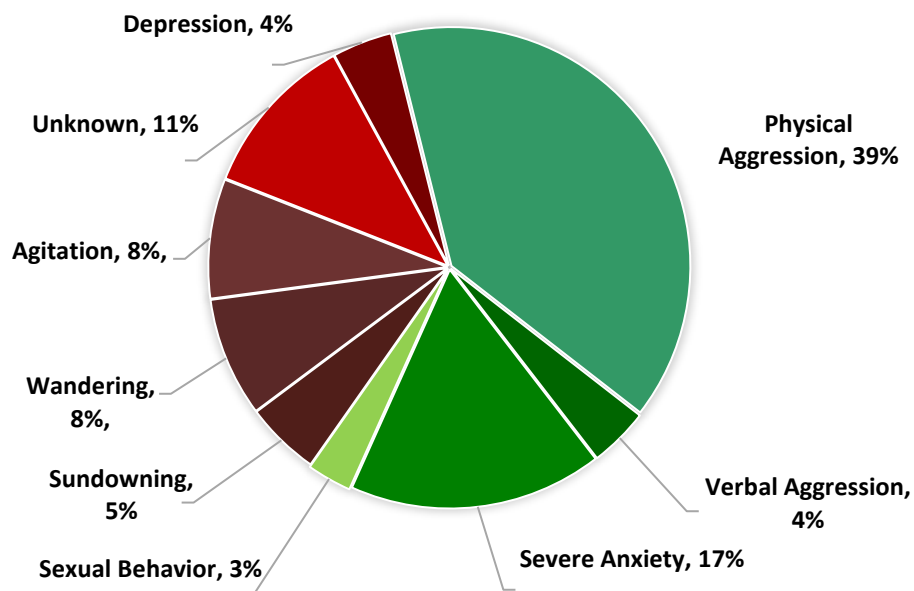
When prescribing antipsychotic medication, we talk with the resident and family about risks, monitor each resident for potential side effects and try multiple interventions in keeping with a comprehensive care plan. Our preference is to use options without medication where possible. This requires specialized training and programs. The majority of our full-time nurses and therapeutics team have completed the PIECES Resource training. We continue to offer the U-First training to our front-line staff through the Nova Scotia Alzheimer Society.

Thanks to the commitment of our staff, especially the front line staff, we have been able to sustain our goal of appropriate prescribing of antipsychotics. As noted in the following graph, the prescribing of antipsychotics is primarily for behaviors that are distressing to the resident or behaviors that may put the resident or others at risk. Changes in the residents' condition and responsive behaviors is regularly monitored and assessed for a possible change in medication and care planning needs.

## Falls Management

Residents in care are frail, multiple illnesses, impairment, use more medications. reasons, or in combination the risk of has a

INDICATIONS FOR ANTIPSYCHOTIC USE



long-term have chronic cognitive and tend to prescription For these either alone can increase falls. SVNH

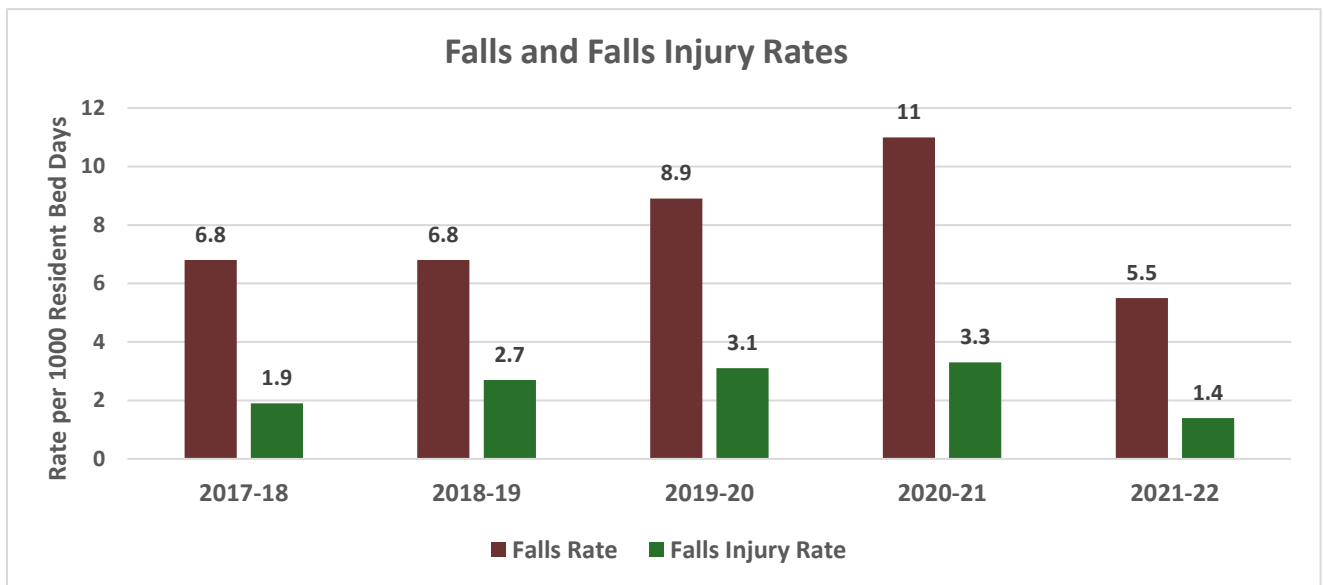
multidisciplinary falls program which includes a comprehensive review of risk factors, such as falls history, gait,

balance, vision and continence status, medications and footwear. We have a flagging system which identifies residents at greatest risk for falls.

Our home uses a variety of interventions to help reduce a resident's risk for falls and injury from a fall, including:

- Toileting programs and incontinence checks
- Frequent rounding to anticipate care needs
- Relocating a resident closer to the nurses' station for closer monitoring
- Medication reconciliation upon admission, and regular medication reviews thereafter to reduce drug-related falls
- Exercise and walking programs and physiotherapy to improve strength, balance, stability and coordination
- Specialized assessments to measure level of risk
- Education for safe resident transfer techniques and promote appropriate use of mobility aids
- Crash mats
- Chair and bed alarms
- High-low beds adjusted to the appropriate height for each resident
- Safe lifting equipment and transfer techniques to reduce likelihood of injury.
- See a spill, clean it up

Despite best efforts, some of our residents do fall. In such cases, staff members conduct 'huddles' with team members to identify contributing factors and discuss ideas to reduce risk of recurrence. The team will update the care plan to help reduce the risk of falls and reduce the risk of injury related to a fall. Residents and families are included in these conversations. Their input is invaluable to the care planning and safety interventions implemented.



3 residents had serious injuries from a fall this past year. This is significantly lower than previous years.

## Promoting Infection Control

This has been a challenging year for our residents, families and staff. With the threat of Covid -19 and the ever changing protocols, SVNH has stepped up its infection control policies, procedures and education. In the past year

there was a renewed focus on proper hand washing, environmental prevention measures and outbreak management as recommended by IPAC NS (Infection Prevention and Control).

In response to the COVID-19 pandemic, the leadership team, led by our Infection Control Designate, initiated a number of measures to guide the protection of our residents and staff. This included but is not limited to

- daily meetings of the Pandemic Outbreak Team (POT) to review our management of personal protective equipment and the ever changing protocols from the Department of Health and IPAC NS
- education of residents, families and staff,
- screening of residents, staff and all others who enter the facility,
- enhanced cleaning of high touch areas,
- immunization of residents, designated care givers and staff,
- the purchase of new furniture to replace damaged items
- upcoming infrastructure changes to reduce the number of shared bathrooms
- The use “Physical Distancing & IPAC Strategies Adherence in Staff Areas” audit tool.
- Serial testing of staff and designated care givers
- Cohorting of residents and staff to one unit
- Small group dining and recreation activities

Our Infection Control protocols were always exceptional which shows in our infection control statistics over the past years. Our infection rates are consistently low with no outbreaks this past year.

Our residents received the influenza vaccine in the fall and are offered the pneumovax vaccine on admission if required. We encourage all staff to receive the influenza vaccine each year as well.

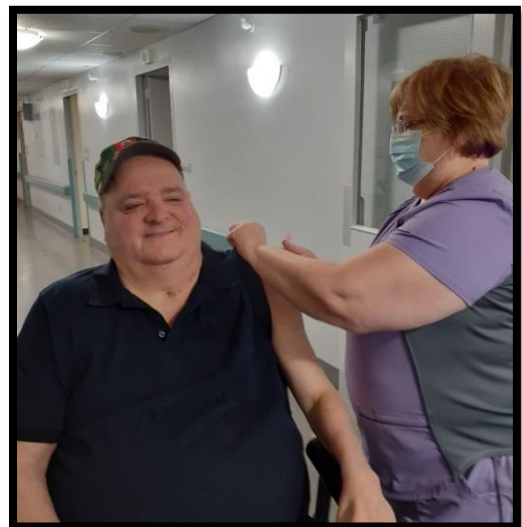
Our residents, families and staff are to be commended for all their efforts over the last several months. Wearing masks, communicating while wearing a mask, keeping our distance and missing our loved ones has been hard on us all. We appreciate everyone’s support in keeping SVNH safe.



**Compliance**

**Caregiver  
and Resident  
Covid  
Vaccine  
Clinics**

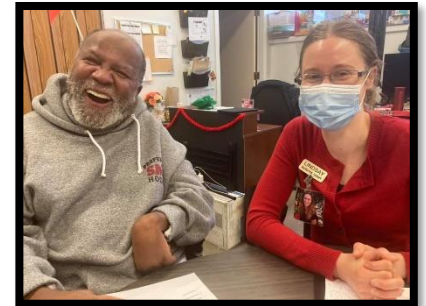
**Regulatory**



Saint Vincent's continued success is dependent on our reputation for quality, honesty and care with which we treat our residents, families and care partners. Each and every employee is expected to behave in an ethical, courteous and professional manner consistent with our continuous commitment to residents and regulatory compliance. Twice a year, SVNH is inspected by the Department of Health and Wellness to ensure we are complying with the Long Term Care requirements. This past year, we were also inspected by the IPAC team to ensure we are meeting infection control protocols and to identify areas for improvement. The results of these inspections are made available to residents, staff and families through our various committees and meetings.

## Listening to residents and families

Saint Vincent's Nursing Home conducted resident and family satisfaction surveys in 2020 and 2021. The information from these surveys is used to identify opportunities for improvement and areas of strength. The survey asks respondents to provide their feedback on standardized questions in six key areas: healthcare, environment, customer service, programs/ activities, support services, meals and dining experience. The results from the latest survey with action plans for improvement will be issued separately. Thank you to all who completed the survey. Your voice does matter.



*Bobby, Resident Council Chair  
with Lindsay*

Thank you for taking the time to read this 2020/21 Quality Report. If you have any questions or comments, feel free to touch base with Kim at [kwright@svnh.ca](mailto:kwright@svnh.ca).

Remember to check us out on [Facebook](#).

The residents and staff love sharing pictures of our activities and just having fun with all of you.

2080 Windsor Street  
902 429 0550  
Svnh.ca

