

Best Practices in Long-Term Care

Working together towards excellence in resident care.

Taking Action to Prevent Elder Abuse and Neglect

Josephine Santos, RN, MN, Program Manager, LTC Best Practices Initiative



On May 16, the Long-Term Care Task Force on Resident Care and Safety released its report and action plan in response to stories in the media of elder abuse and neglect in some Ontario long-term care homes. The Task Force was set-up after an investigative series appeared on the front page of the Toronto Star last fall. The series uncovered instances of abuse and neglect, some of which were unreported.

When the stories were first published, Health Minister Deb Matthews demanded an emergency meeting with industry leaders and told them to fix the system. In response, leaders in long-term care established the Long-Term Care Task Force on Resident Care and Safety. Independent of government, the Task Force had broad representation from across the sector, including family and resident councils, nurses, physicians, unions, personal support workers, long-term care provider associations and advocates. RNAO was privileged to participate in the Task Force with Josephine Santos acting as the association's representative. Dr. Gail Donner, Professor and Dean Emerita, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto was appointed chairperson and led the Task Force in achieving its mandate of developing an action plan. The goals of the plan are to prevent such incidents, support a zero tolerance of abuse policy, continue to advance a culture of openness and transparency in long-term care homes, and restore public confidence so that residents receive high quality care and

are treated with dignity and respect.

The Task Force held several meetings. Public consultations were conducted to gain a thorough understanding of the factors that contribute to the safety and quality of care of residents in long-term care homes as well as to begin to seek solutions that will help prevent incidents where residents are not treated with care, dignity and respect. Submissions from residents, family members, staff, volunteers and other interested stakeholders were encouraged as the Task Force wanted to develop an action plan that promotes a culture of openness and transparency of benefit to all involved in the provision and receipt of long-term care services. All long-term care homes in the province were provided with the consultation questionnaire and promotional materials to help them engage their residents, staff, volunteers and family members in providing input. In addition, advice was sought from select subject matter and industry experts on best practices and issues related to preventing abuse and neglect in long-term care homes. The consultation process took place from February 16 to March 19, 2012. The Task Force reviewed all feedback and identified 18 practical and do-able actions to improve the care and safety of residents in long-term care homes. Eleven actions focus on areas where the long-term care sector can play a leadership role. Six actions require leadership by the Ministry of Health and Long-Term Care and may benefit from participation of other partners. In the final

action, the Task Force commits to implementing the recommendations and regularly reporting on progress. Abuse can take several forms including physical, emotional, financial, sexual and verbal abuse, as well as neglect and violation of rights. Abuse can occur between residents and staff, between residents and other residents, between residents and volunteers, between residents and visitors, and between visitors and staff. Neglect happens when a resident does not get the treatment, care, services or assistance they need, and this has a negative impact on their health, safety or wellbeing.

The following are key action areas where the Long-Term Care Sector will play a leadership role:

- Making resident care and safety the number one priority in long-term care homes over the next year and a top priority in years to follow
- Committing to reduce incidents of abuse and neglect in long-term care homes and be accountable for achieving results
- Advancing the development of strong skilled administrators and managers
- Strengthening the ability of staff to be leaders in providing excellent and safe care
- Empowering residents and families with a stronger voice and education
- Committing to implement the action plan

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Editor's Note: Caring for our Residents – It's what Matters!

Josephine Santos, RN, MN, Program Manager, LTC Best Practices Initiative



The word *caring* is often associated with those who work in health care. In my profession, caring and nursing have always been thought of synonymously.

Most individuals

choose nursing as a profession because of their desire to care for others. This reason is most likely shared by other health-care providers if they are asked the question, "Why are you working in long-term care?"

If working in long-term care (LTC) is deeply rooted in our desire to care for our residents, then how far are we willing to go to ensure that this value is upheld?

In this issue of our newsletter, we feature various articles demonstrating the concept of caring. The article *Taking Action to Prevent Elder Abuse and Neglect* illustrates the collective commitment in the long-term care sector to ensure a zero tolerance to abuse; that residents are protected, as well as treated with dignity and respect. The Long-Term Care Task Force on Resident Care and Safety was established independent of government and sector representation included: Ontario Long-Term Care Association (OLTCA), Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), Concerned Friends of Ontario Citizens in Care Facilities, Ontario Association of Residents' Councils, Ontario Family Council's Program, Ontario Long-Term Care Physicians, Ontario Network for the Prevention of Elder Abuse, Ontario Nurses' Association, Personal Support Network of Ontario, Service Employees International Union, Registered Practical Nurses' Association of Ontario, Registered Nurses' Association of Ontario and a resident representative, all of whom believe that residents living in long-term care deserve high quality care from their care providers. The Action Plan that the LTC Task Force released on May 16th is a collaborative

solution based on the LTC Task Force members' expertise and the feedback received from the long-term care community. Speaking out and making resident care and safety the number one priority in long-term care homes proves that caring for residents is what matters.

Caring for residents also means having knowledgeable staff to meet their complex health-care needs and providing care based on evidence and best practices. The articles on the *Best Practice Champions* and the *League of Excellence for Long-Term Care* demonstrate the value that long-term care home leaders and staff place on education, networking within the sector and continuous improvement. Participants in the best practice champions workshop received practical tools to assist them with practice change. In the *League of Excellence for Long-Term Care*, application exercises led the participants into the development of a shared action plan, elements of which could be used within each participant's LTC home. Knowledge is increased through access to evidence-based guidelines and resources. In this issue of our newsletter, we have an article to help health-care providers access the resources developed in the *Prevention of Elder Abuse* project led by the Canadian Nurses Association and RNAO to promote awareness of elder abuse.

The new RNAO Best Practice Guidelines (BPG) *Promoting Safety Through Alternative*

Approaches to the Use of Restraints and End-of-Life Care During the Last Days and Hours are also highlighted. Research into alternatives to restraints provides evidence that there are many alternative strategies that can be used to avoid the use of restraints such as exercise and activity programs, modifying the environment and psychological approaches. The *End-of-Life Care BPG* brings together a variety of research including validated tools to use in practice with residents and strategies for self-care for the caregiver.

We also have an article featuring Baycrest and peopleCare as new Best Practice Spotlight Organizations® (BPSO®). These organizations along with the recently designated BPSO®, Fairview Mennonite Home, have made evidence-based best practices a priority. Their commitment to improving practice by implementing best practice guidelines is again proof that caring for residents is what matters.

Caring is a central concept in the discipline of nursing and in other disciplines. The spirit of love and compassion for the work we do and those we care for is vital in long-term care. This sense of caring and concern for the well-being of residents can never be replaced by advancements in modern technology. I would not want to imagine nursing without the concept of caring. Caring for our residents – it's what matters.

Taking Action

Continued from page 1...

Action areas requiring leadership from the Ministry of Health and Long-Term Care include:

- Developing coaching teams to help homes
- Addressing direct-care staffing in homes
- Supporting residents with specialized needs to ensure their safety and the safety of others
- Addressing legislative requirements and processes that detract from resident care and may be driving abuse and neglect underground

The full report is available at <http://longtermcaretaskforce.ca/>. The RNAO and the LTC Best Practices Initiative are committed to supporting the Task Force's proposed action plan and to working with all Ontario LTC homes to ensure a culture of resident centred care and zero tolerance for abuse and neglect.

The Task Force would like to extend thanks to the many residents, family members, staff, volunteers, and others who took the time to submit their comments on this very important issue.

Welcoming New Best Practice Champions

Sue Sweeney, RN, LTC Best Practice Coordinator, LHIN 2 – South West

Best Practice Champions are nurses and others who are passionate about improving client care in their organization. Champions are individuals who are able to influence evidence-based care at an organizational, program or unit level. In doing so, they use specific strategies to integrate best practices into their organization including bringing awareness of guidelines to their organization and encouraging committees to use best practice guidelines, when developing programs.

On January 26th, 155 staff members (RNs, RPNs and Personal Support Workers) from 75 LTC homes across the province met via videoconference to participate in RNAO's Best Practice Champions Workshop. The workshop was led by Nancy Bauer, RNAO's Champions Workshop Facilitator, and the RNAO LTC Best Practice Coordinators who were located at 14 sites, one in each Local Health Integration Network (LHIN) to facilitate the day's activities.

This event was unique to LTC as the curriculum was developed to concentrate on the specific programs homes must implement to meet Ministry of Health and Long-Term Care (MOHLTC) expectations. Another unique feature of this workshop included the opportunity for LTC homes to send Personal Support Workers (PSW) to participate along with a registered staff member from their organization. Often in the past, attendance was limited to registered staff, so this event offered an occasion for PSWs to also develop skills as a champion with the support of their registered leaders.

In the workshop, participants were given practical tools to assist with practice change. For example, they learned how to assess their organization's readiness, identify guidelines to implement, engage stakeholders, and create a personal action plan.

With so many sites, participants from across

the province were able to collaborate and share their challenges, strategies and success stories. While each LHIN has unique characteristics, the opportunity for sharing allowed for a broader view and increased understanding of best practices and the application of specific BPGs to the MOHLTC required programs.

Following the workshop, participants became part of RNAO's Best Practice Champions Network, which sustains a membership of over 5000. The network offers resources and opportunities that empower champions to assist with promoting quality care in their organizations.

The overall evaluation of the Champions workshop was very positive. Reflecting on the workshop, Patty Wilson, RN at Elgin Manor in St. Thomas stated, "It allowed me the opportunity to develop strategies to implement best practices in my home." Patty is currently

applying this knowledge to Elgin Manor's continence program.

To receive information regarding Champions Workshops and other LTC best practice opportunities, get in touch with your LTC Best Practice Coordinator to ensure that your contact information is current. Best Practice Champions that have changed jobs and have new contact information are also encouraged to contact Chelsea Morka, Project Coordinator for the Best Practice Champions Network at cmorka@RNAO.org for up to date information and education for champions.



LTC Best Practice Coordinator and Best Practice Champion teams at Bobier Villa and Elgin Manor. Left to right: Sue Sweeney RNAO, Claire Labonte PSW, Patty Wilson RN, Linda Zoller RN and Anita VanRaes PSW.

Congratulations to Fairview Mennonite Home in becoming a BPSO® designate!



has seen improvement in all areas, it has seen the greatest successes in falls prevention and continence.

To date, there are over 65 BPSOs® extended over 290 sites in Canada and other countries including the United States, Spain, Chile and Australia.

On April 27, Fairview Mennonite Home received their designation as BPSO® during the RNAO Annual General Meeting. Over the past three years, the home implemented guidelines on the following topics: preventing falls and fall injuries; promoting continence; client centred care; oral care for residents with dementia; and screening for delirium, dementia and depression (3Ds). While the home

Best Practices in Long-Term Care

New BPSOs® Launched – Two from Long-Term Care



Josephine Santos, RN, MN, Program Manager, LTC Best Practices Initiative



peopleCare Inc. (L-R): Sarah Hind, Director of Clinical Services at peopleCare Oakcrossing London; Sharon Walker, Director of Policy and Legislation and BPSO® Co-lead; and Marianne van Geel, Director of Care at peopleCare in Tavistock.



Baycrest (L-R): Mary Lou Ip, Program Director - Complex Continuing Care and Palliative Care; Suman Iqbal, Director of Care - Apotex LTC; Anne Marie Shin, Director of Nursing; Lilibeth Jones-Lim, Advanced Practice Leader – Nurse, Rehabilitation & BPSO® Lead Coordinator; Fay Lim-Lambie, Director of Health Disciplines; and Karyn Agtarap-Rose, Quality Improvement Specialist.

The fourth cohort of the Best Practice Spotlight Organizations® (BPSOs®) was announced and launched on April 4-5 in Toronto. Two long-term care (LTC) homes, Baycrest and peopleCare Inc. proudly join the other 13 organizations that are embarking on a three-year journey of best practice guideline (BPG) implementation in partnership with the RNAO. Baycrest is located in Toronto and has an array of program services such as outpatient clinics, community programs, inpatient care, rehabilitation, centre for memory and neurotherapeutics, mental health, seniors residence and long-term care. peopleCare Inc. is comprised of three LTC homes in Southwestern Ontario: Hilltop Manor in Cambridge; Oakcrossing in London; and, peopleCare in Tavistock. They also provide management services to peopleCare Stratford and Delhi Long-Term Care.

Baycrest's Director of Nursing, Anne Marie Shin, said that applying for the BPSO® is a "natural fit for our organization with the goal of becoming a global centre in geriatric care". They envision that a collaboration with RNAO through the BPSO® initiative will contribute towards their

long-term strategic goals of weaving patient and resident care, research, education and the very best clinical practices into the fabric of their organization.

Lilibeth Jones-Lim, Advanced Practice Leader – Nurse, Rehabilitation and BPSO® lead at Baycrest, shared their implementation plans. Over the next three years, Baycrest plans to implement guidelines on the following topics: screening and caregiving strategies for delirium, dementia and depression (3Ds); promoting continence using prompted voiding; prevention of falls and fall injuries; assessment and management of stage I to IV pressure ulcers; and assessment and management of pain.

Sharon Walker, Director of Policy and Legislation and BPSO® Co-lead, along with Dale Shantz, at peopleCare Inc., shared their reasons for applying as a BPSO®. She said that, "it aligned with our vision, mission and values and we also wanted to add to the roster of BPGs that we have already implemented". It is also another step for them towards standards of excellence. Joined by her colleagues, Sarah

Hind, Director of Clinical Services at peopleCare Oakcrossing London and Marianne van Geel, Director of Care at peopleCare in Tavistock, they also mentioned that it is also a good recruitment and retention strategy since their participation as a BPSO® opens up many possibilities for staff professional development such as participating in the Advanced Clinical Practice Fellowship.

The RNAO guidelines that peopleCare Inc. will be implementing within the next three years are client centred care; end-of-life care; risk assessment and prevention of pressure ulcers; assessment and management of pain; and supporting and strengthening families through expected and unexpected life events.

Both organizations have always made evidence-based best practices a priority and envision becoming a BPSO® as an opportunity to advance their journey. RNAO looks forward to partnering with these two organizations and enriching the professional practice of their nurses and other health-care providers through supporting their ongoing efforts in guideline implementation to enhance resident care.

RNAO has a new website!

As of April 30, 2012, the www.RNAO.org website is no longer available.

Please visit our new website at www.RNAO.ca for the most up-to-date information.





Perspectives on the League of Excellence for Long-Term Care

Carol Holmes, RN, MN, GNC(C), LTC Best Practice Coordinator, Provincial Projects

In November 2011, RNAO's Long-Term Care (LTC) Best Practices Initiative and International Affairs and Best Practice Guidelines Centre held the first *League of Excellence for Long-Term Care*, an interactive learning forum specifically designed for LTC nurse leaders. Fifty-one nurse leaders from across the province convened in Hamilton, Ontario for this three-day event.

The League was created to offer participants a wide range of opportunities for learning and sharing experiences. Through the formation of work groups centred on a select clinical guideline of interest, participants were led through application exercises designed to integrate key elements of the curriculum along with tools that could be used in practice. Numerous participants commented on the practical value of the tools that were shared, in particular the gap analysis, which links required program regulations with best practice guideline recommendations. The application exercises also led into the development of a shared action plan, elements of which could be used within each participant's LTC home.

Throughout the event, participants heard from experts in the fields of clinical and healthy work environment best practices, leadership and change management, LTC legislation, quality improvement (QI) and RAI-MDS. Two presentations identified by participants as especially beneficial included *Ontario's New Long-Term Care Home Inspection System - Making a Quality Difference* and *Leading Healthy Work Environments*.

Commenting on how she has integrated the information from the League into practice, Renee Guder, Director of Care at St. Peter's Residence in Hamilton said, "Understanding the strength of evidence within best practice recommendations and using evidence-based information in decision-making was one of the most valuable lessons that I've used within my role since attending the League. In revising policies, I integrated key evidence from best practice guidelines, which gives me greater confidence in the strength of the policy." Guder also added that "the overview of the inspection system and the role of the Compliance Inspectors were especially valuable in fostering a much clearer understanding of their role and what to expect during the inspection process."

Overall, 88 per cent of attendees at the November event said that the League enhanced their understanding of the relationship between LTC legislation, best practice guidelines, RAI-MDS and QI. In response to the question, "how confident do you feel about your ability to sustain the integration of LTC initiatives?" Ninety-six per cent of participants said they felt ready. In addition, 85 per cent said they would recommend the League to others.

In March 2012, the second League was held in London, Ontario and another 44 LTC nurse leaders attended. Evaluation comments revealed that in addition to the program content, the majority of participants found the group activities, opportunities for networking and the sharing of experiences in the presentations by LTC home nurse leaders to be especially valuable in enhancing their learning.

The third *League of Excellence for Long-Term Care* will be offered in October 2012 in Toronto. Detailed information will be posted on RNAO's website www.RNAO.ca and will be disseminated widely to the LTC sector. In the meantime, you can contact your LTC Best Practice Coordinator to assist you with any aspects of best practice implementation.

Sharing Resources to Promote Awareness of Elder Abuse

Josephine Santos, RN, MN, Program Manager, LTC Best Practices Initiative

The *Promoting Awareness of Elder Abuse in Long-Term Care* pan-Canadian initiative was a project between the Canadian Nurses Association (CNA) and the RNAO, funded by the Human Resources and Skills Development Canada (HRSDC). Ten Prevention of Elder Abuse Centres of Excellence (PEACE) sites in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick and Nova Scotia were selected to participate through a Request for Proposals process. At each PEACE site, a designated PEACE

coordinator(s) delivered an educational curriculum that was developed by the project team. This educational program aimed to promote the awareness of elder abuse among front-line workers within the PEACE sites and their community.

With the completion of this two-year project on March 31, 2012, the curriculum and other related resources are now available on the CNA's new NurseONE Knowledge Feature, Elder Abuse: Recognize, Reveal and Deal.

There is also an elder abuse awareness knowledge network on NurseONE which CNA and RNAO are inviting individuals to join. It is an e-forum for nurses and other health-care providers to discuss the care of older adults with a focus on sharing resources and strategies to support best practice. To become a member, a form for expression of interest must be completed and submitted online. To access the curriculum and related resources on elder abuse, and the knowledge network membership, visit NurseONE at <http://www.nurseone.ca/>.



Promoting Safety: Alternative Approaches to the Use of Restraints

Ibo Barbacsy-MacDonald, RN, BHK, BScN, MScN, LTC Best Practice Coordinator, LHIN 10 – South East

Many in long-term care have been awaiting the release of the newest RNAO Best Practice Guideline, *Promoting Safety: Alternative Approaches to the Use of Restraints*, as the Long-Term Care Homes Act, 2007 requires homes to have a policy and procedure for minimizing restraint use.

Development of this guideline as well as all new guidelines goes through a rigorous methodology including:

- Comprehensive topic selection and scope identification
- Systematic literature review
- Development of evidence-based clinical, organizational, educational and system recommendations
- Broad stakeholder consultation

See right sidebar for more details.

Promoting Safety: Alternative Approaches to the Use of Restraints guideline was developed to address alternatives to the use of restraints in all health-care populations, stemming from a coroner's inquest into the death of a patient who had been restrained in an Ontario hospital in 2005. The guideline focuses on three areas with the first focus predominately on prevention, alternative approaches and assessment. The second focus is on implementation of alternative approaches including use of de-escalation interventions and crisis management. Finally, the BPG recommends restraint use as a last resort only after all other alternatives have proven ineffective, thus adopting a paradigm shift towards a restraint-free culture that focuses on alternatives to restraint, rather than just minimizing restraints.

The guideline addresses some of the most common concerns expressed in long-term care including the use of restraints to reduce resident falls. Research documented in the guideline demonstrates that restraints do not decrease falls, instead they can actually



increase the risk of serious injury with a fall. In addition, the use of physical restraints can add numerous other physical, psychological and behavioural consequences such as incontinence, pain, pressure ulcers, agitation, and even suffocation or strangulation. Research into alternatives to restraints provides evidence that there are many other strategies that can be used including: exercise and activity programs, modifying the environment and psychological approaches. Research evidence also showed that it actually takes more time to monitor residents who are in restraints related to repositioning, toileting and the documentation required instead of using alternative approaches.

Visit the following to download a copy:

- Promoting Safety: Alternative Approaches to the Use of Restraint BPG, www.rnao.ca/restraints_guideline.
- Promoting Safety: Alternative Approaches to the Use of Restraint Health Education Fact Sheet, www.rnao.ca/restraints_fact_sheet.

To find out more about guidelines in progress or to become a stakeholder reviewer visit:

<http://rnao.ca/bpg/get-involved/stakeholder>.

Contact the LTC Best Practice Coordinator in your LHIN to assist you with guideline implementation.

Systematic Review Process for Guideline Development

Literature Search

Review of Abstracts for Inclusion/Exclusion

Quality Appraisal of Articles

Data Extraction

Summary of Findings

Review / Publication of Systematic Review Manuscript
Development of BPG

External Stakeholder Review

BPG Publication

LTC Toolkit - more resources available!

Visit the Best Practices Toolkit: Implementing and Sustaining Change in Long-Term Care at <http://lctoolkit.rnao.ca> for additional clinical and healthy work environment topics. Also, look for new and updated resources.



End-of-Life Care During the Last Days and Hours of Life

Beverly Ann Faubert, RN, BScN, LTC Best Practice Coordinator, LHIN 1 – Erie St. Clair and
Melody Boyd, RN, BScN, MSc, LTC Best Practice Coordinator, LHIN 12 – North Simcoe Muskoka

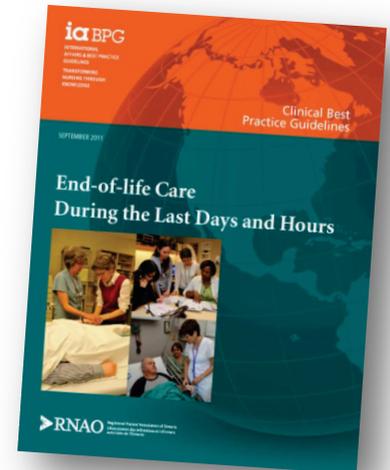
The art of dying is not yet perfected in our society nor will it be any time soon. As health-care providers, we need to be prepared to work with and support families as they are dealing with the difficulties that face them at the end of a loved one's life. The decisions made by a resident's family at end-of-life will remain with them forever and ultimately impact on how they grieve their loss.

The RNAO Best Practice Guideline *End-of-Life Care During the Last Days and Hours* offers recommendations for health-care providers and organizations providing care to adults aged 18 years and older. Best clinical practice for those facing life limiting disease is defined by the Canadian Hospice Palliative Care Association as an approach to care that aims to relieve suffering and improve the quality of living and dying by addressing physical, psychological, social, spiritual and practical issues along with the individual's and family's expectations, needs, hopes and fears in preparation for self-determined life closure, dying process and coping with loss and grief.

Nurses' knowledge of assessment and treatment of symptoms at end-of-life greatly

facilitates care planning and promotes quality end-of-life care. Evidence suggests that nurses feel ill-prepared to handle the complex needs of individuals during the end-of-life period, as well as their family members. Preparation for death includes ongoing communication regarding the transition to the dying phase and discussions regarding relevant clinical interventions, identification of end-of-life goals, care preferences, wishes regarding preferred place of death and planning and implementation of care while respecting cultural beliefs and values.

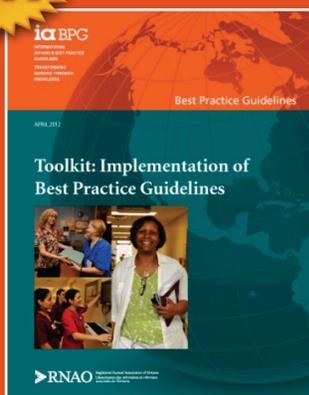
The RNAO LTC Toolkit will contain end-of-life resources to provide organizations with valuable tools to assist in practice and education of staff thus, reducing barriers, and leading to improvements in end-of-life care. Nurses will find tools to help identify individuals at end-of-life, recommendations for pain and symptom management, strategies for delivering bad news and engaging individuals through the challenging decision-making process that faces many during the end-of-life period. Strong nursing leadership is required to transfer these recommendations into a practice delivery model and the End-of-Life section within the Toolkit is being developed to assist with integration of the guideline into a quality end-of-life program. A quality program focuses not just on resident care but also on self-



care of the health-care provider. Self-care is important to avoid the risk of compassion fatigue and burnout associated with the ongoing sense of loss and grief nurses experience while meeting the complex demands of caring for individuals and their family members during this challenging transitional phase of life.

To download a free copy of the End-of-Life-Care BPG and fact sheet, obtain information on how to order a hardcopy, or download the mobile version for Smartphone, visit <http://rnao.ca/bpg/guidelines/endoflife-care-during-last-days-and-hours>.

NEW



Do you have the *Toolkit: Implementation of Best Practice Guidelines* from the Champions workshop?
Time to get the Second Edition!

This document is a comprehensive resource manual, grounded in theory, research and experience. It provides practical processes, strategies, and tools to clinicians and others committed to initiating and sustaining practice change in health care. The Toolkit is a user-friendly resource to facilitate systematic identification and implementation of BPGs.

Visit <http://rnao.ca/bpg/implementation-resources> by July 30th to download your free electronic copy.

Upcoming RNAO Events

- **July 8-13, 2012**
Foundational Focus Stream
Best Practice Guideline
Summer Institute, Blue
Mountain
- **July 11-13, 2012**
Advanced Stream Best Practice
Guideline Summer Institute,
Blue Mountain
- **Sept. 30 – Oct. 5, 2012**
Healthy Work Environment
Institute, Hockley Valley
- **Oct. 17-19, 2012**
League of Excellence for Long-
Term Care: Integrating Best
Practices with: LTC Legislation,
RAI-MDS & Quality
Improvement, Toronto
- **Nov. 18-23, 2012**
Chronic Disease Management
Institute, TBD

For more information on these
events, go to <http://rnao.ca/events>.

**RNAO's Long-Term Care Best
Practices Initiative Newsletter**
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Announcements

World Elder Abuse Awareness Day – June 15th

Melissa Di Costanzo, RNAO Communications Officer/Writer

The Hon. Alice Wong, Canada's Minister of State for Seniors, visited the Registered Nurses' Association of Ontario (RNAO) office in Toronto on Friday, June 15 to announce funding for the development of a Best Practice Guideline (BPG) geared to greater awareness of this issue. The event was timed to coincide with World Elder Abuse Awareness Day. The guideline will explore how to identify abuse and strategies for intervention when instances of abuse are known or suspected. The financial support is being provided as part of the New Horizons for Seniors Program, a Pan-Canadian initiative. To assist organizations to implement the guideline, RNAO also plans to develop an e-learning tool, a health education fact sheet as well as indicators to chart the BPG's success.

Federal funds were also received in 2010 to



The Honourable Alice Wong (middle) poses with Irmajean Bajnok (right), Director of RNAO's International Affairs and Best Practice Guidelines Centre Program and Josephine Santos (left), Program Manager of the Long-Term Care Best Practices Initiative.

support a joint project by RNAO and Canadian Nurses Association to promote awareness of elder abuse at participating Prevention of Elder Abuse Centres of Excellence sites in long-term care homes across Canada. The project's aims were to educate health-care workers and the community about elder abuse, intervention strategies, and the rights of long-term care residents.

Summer 2012 Best Practice Guidelines (BPGs) Specials

Clinical BPGs:

- Assessment and Management of Pain
- Crisis Intervention
- Promoting Asthma Control in Children
- Screening for Delirium, Dementia and Depression in Older Adults
- Reducing Foot Complications For People With Diabetes
- Woman Abuse: Screening, Identification and Initial Response
- Prevention of Falls and Fall Injuries in the Older Adult
- Primary Prevention of Childhood Obesity

Healthy Work Environment BPGs

- Developing and Sustaining Nursing Leadership
- Developing and Sustaining Effective Staffing and Workload Practices
- Preventing and Managing Violence in the Workplace
- Workplace Health, Safety and Well-Being of the Nurse

To purchase RNAO BPGs, or for further details, please visit <http://rnao.ca/bpg/guidelines> or contact the BPG Sales Office at 416-907-7965 or jburris@RNAO.org. Sale ends August 31, 2012. Standard shipping rates and tax applies. All sales are final.

50% OFF