

Best Practices in Long-Term Care

Working together towards excellence in resident care.

Strengthening Nursing Knowledge in Practice

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Program Manager

LTC Best Practices Program



RNAO provides leadership both locally and internationally in promoting, supporting and developing nursing as a knowledge profession. Within RNAO, the International Affairs and

Best Practice Guidelines (IABPG) Centre has a mandate to develop nursing best practice guidelines (BPGs) and support nurses, other health professionals and health-care organizations to use them in practice.

Two recent BPGs are of particular interest to the long-term care (LTC) sector. Read an interview with Brenda Dusek, RNAO Program Manager, about the recently published BPG, *Care Transitions*. This BPG offers important recommendations and supporting evidence that nurses and interprofessional team members can use to promote safe and effective care transitions. Another important BPG RNAO is currently finalizing is *Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative and System-Wide Approaches*. The recommendations contained within this BPG were released at a media conference immediately prior to World Elder Abuse Awareness Day, in June. In this issue, we share information about this event and ways you can learn more about the BPG and its recommendations.

The Long-Term Care Best Practices Program is a key program within the IABPG Centre and provides support to nurses and other LTC home staff in using applicable BPGs in their practice.

The program employs various strategies in working with LTC homes to implement BPGs including: raising awareness, developing individual and organizational capacity to implement BPG recommendations, evaluating their use in practice, and spreading the knowledge gained through this experience. A successful approach for integrating the RNAO BPGs in practice the IABPG Centre has offered over a 10-year period is the Best Practice Spotlight Organization® initiative. In this edition of the *Best Practices in Long-Term Care* newsletter, we congratulate and feature the four organizations selected as the first cohort of the Long-Term Care Best Practice Spotlight Organizations® (LTC-BPSO®): Parkview Manor, Region of Peel, St. Peter's Residence at Chedoke and Vision Nursing and Rest Home.

Finally, another approach offered by RNAO to support the integration of knowledge into practice is Best Practice Champions. The Champions program was established by RNAO in 2002, and provides nurses and other health professionals with tools and strategies to support the implementation of BPGs in their organizations. This spring, staff from the Long-Term Care Best Practices Program and RNAO's eHealth project collaborated with LTC home representatives to offer a provincial eHealth Champions Workshop for LTC. The workshop engaged Champions from LTC homes with particular expertise in electronic charting and RAI-MDS, and proved to be a popular and successful collaboration to further strengthen nursing knowledge in practice.

The RNAO Long-Term Care Best Practices Program looks forward to continuing to work with you in integrating best practices in your LTC home.

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Launch of the new Long-Term Care Best Practice Spotlight Organizations®

In 2013, RNAO first introduced the Long-Term Care Best Practice Spotlight Organization® (LTC-BPSO®) program. The association invited proposals from Ontario long-term care (LTC) homes that wanted to collaborate with RNAO in implementing and evaluating multiple clinical nursing best practice guidelines, while sharing knowledge and outcomes from their experience. The LTC-BPSO® program is designed to enhance the BPSO® experience for LTC homes by identifying unique requirements and providing specific supports to ensure successful engagement in the initial three years of the qualifying period and beyond.

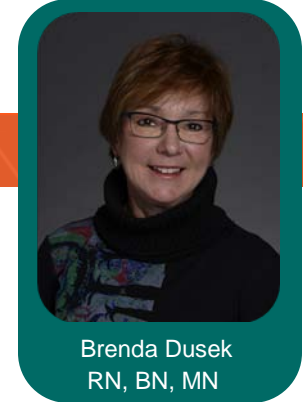
RNAO is pleased to introduce the first cohort of LTC-BPSO®s: Parkview Manor Health Care Centre, Region of Peel, St. Peter's Residence at Chedoke, and Vision Nursing and Rest Home. On April 29, 2014, a formal launch of the initiative took place in Toronto. Leaders and team members from these four organizations joined RNAO staff to celebrate the journey they are embarking on, meet one another and learn from the experiences of health-care organizations participating in the existing BPSO® program. This new cohort of LTC-BPSOs® was also welcomed into the initiative by the then Minister of Health and Long-Term Care, the Honourable Deb Matthews, Provincial Chief Nursing Officer Debra Bourne and RNAO's Chief Executive Officer, Doris Grinspun.

Learn more about the BPSO organizations on pages 3, 4 and 5.

Best Practices in Long-Term Care

What's new? Development of the RNAO Care Transitions Best Practice Guideline

Shaïla Aranha, RN, MScN, LTC Best Practice Co-ordinator,
Waterloo Wellington LHIN



Brenda Dusek
RN, BN, MN

The Long-Term Care Best Practices Program welcomes Brenda Dusek RN, BN, MN, the guideline development lead and program manager with RNAO's International Affairs and Best Practice Guidelines Centre, to discuss the development of the new best practice guideline *Care Transitions*.

Shaïla: Why did RNAO develop this guideline?

Brenda: In 2007, the Ministry of Health and Long Term Care (MOHLTC) introduced *Preventing and Managing Chronic Disease: Ontario's Framework*. In 2010, the MOHLTC introduced the *Excellent Care for All Act* to improve the quality of care and client experiences with the health-care system through use of evidence-based practices. Improving care transitions is key to improving the quality of care, reducing hospital readmissions and untoward outcomes for clients, especially those living with chronic diseases.

Shaïla: How is a care transition defined in the BPG?

Brenda: There are many definitions and types of care transitions. This guideline defines care transitions as a set of actions designed to ensure the safe and effective co-ordination and continuity of care as clients experience a change in health status, care needs, health-care providers or location, such as within an organization and between or across settings.

Shaïla: How did you bring together the expertise of health-care professionals from different sectors to develop this BPG? Please describe the activities of the expert panel members.

Brenda: In December 2011, RNAO put out a call for individuals whose focus of work was client care transitions. RNAO convened multiple focus groups with individuals across Canada from all health-care sectors to determine the direction, purpose and scope of this guideline, and to help seek names of experts in clinical, academic, administrative and research fields.

The expert panel members' main role in guideline development included working with me to review articles from the systematic review and existing guidelines with links to the topic to identify the key themes. This work informed the development of the new guideline recommendations. The panel outlined the supporting evidence in the discussion of evidence section that follows each recommendation in the guideline.

Shaïla: How will this BPG support organizations, administrators, educators and clinicians to enhance safe and effective care transitions for residents in long-term care (LTC)?

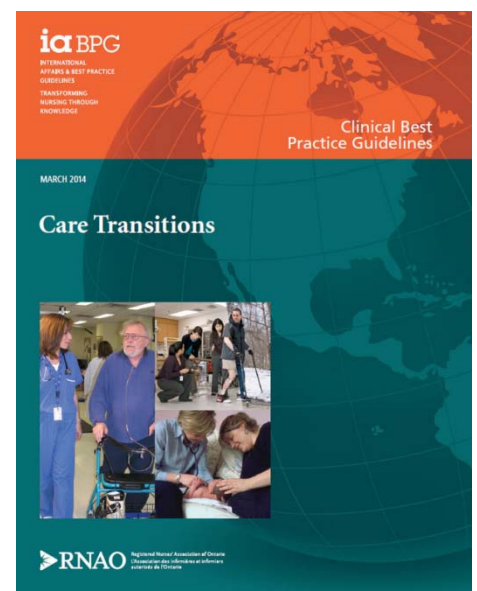
Brenda: Residents in LTC may experience many care transitions, starting with admission to LTC. They may experience changes in their health status requiring reassessment and management necessitating transfer between or across health-care settings, such as acute care. Some residents may also experience transitions in their health status, including those that occur at end of life.

This guideline's recommendations support clinicians and administrators to focus on practices that are evidence-based and known to improve the quality of care transitions. For example, identifying care needs such as psychological readiness. Planning and implementing strategies to support the residents' needs related to medication, safety, resources and equipment is very important before, during and after a care transition. The guideline also includes education recommendations related to the needs of residents and their families to self-manage care to the extent they are able to.

Finally, the guideline recommendations also demonstrate the importance of co-ordination of care and communication between health-care providers before, during and after care transitions to improve outcomes and increase satisfaction, not only for residents, their families and caregivers, but also for all health-care providers. This guideline identifies those structures, highlighted in the literature, organizations can consider to support health-care providers to improve outcomes before, during and after care transitions.

This BPG has been endorsed by Accreditation Canada. The organization says the guideline "will greatly contribute to our ability to assist participating organizations in enhancing the safety and quality of care associated with care transitions."

The BPG is available free for download from RNAO's website:
<http://RNAO.ca/bpg/guidelines/care-transitions>



Best Practices in Long-Term Care

Launch of the new Long-Term Care Best Practice Spotlight Organizations®

Parkview Manor Health Care Centre

Parkview Manor is owned by Southbridge, managed by Extendicare, and is located in the town of Chesley, which is known as 'the nicest town around.'

Number of residents: 34 **Number of staff:** 50

Special features: Parkview Manor is a historic mansion full of character and unique charm.

BPG implementation plan: Parkview Manor will start with the *Client Centred Care* BPG, followed by *Preventing and Addressing Abuse and Neglect of Older Adults*, *Promoting Continence*, *Prevention of Constipation*, and *Assessment and Management of Pain*.

LTC-BPSO® Liaison: Teresa Tibbo

LTC-BPSO® Coach: Suzanne Sweeney, RN, RNAO LTC Best Practice Co-ordinator, South West LHIN



Back row, left to right:
Wyonna McCulloch,
Ashley VanOene, Tina
Jenkins, Sue Sweeney
Front row, left to right:
Roseanne McCulloch,
Marie Osbourne, Teresa
Tibbo

Parkview Manor decided to apply to the LTC-BPSO® program after successfully decreasing the falls rate and changing the way staff care for residents through the implementation of the RNAO BPG, *Prevention of Falls and Fall Injuries in Older Adults*. Implementation of the guideline emphasized looking at the big picture regarding the resident, providing care tailored to individual needs and encouraging the integration of in-house resources, including allied health professionals, activation, students, volunteers and programming such as Montessori and Behaviour Supports Ontario. As a result, Parkview set a new record for the fewest number of falls in a one-month period. Staff were asked to present their story at an Extendicare Assist regional meeting.

From its experience implementing the falls BPG, Parkview selected *Client Centered Care* as its initial BPG to implement to ensure residents' wishes and rights are the foundation of care. Since residents are experts when it comes to their own lives, the home wants to support residents by providing them with tools to effectively communicate their wishes. The Parkview LTC-BPSO® working group members are excited about the opportunity to implement evidence-based care for residents. Parkview staff takes pride in their work, and are honoured to be selected as a LTC-BPSO®. Staff plan to engage the community and partners to shine the spotlight on their commitment to "Enhancing quality of life, one best practice at a time."

Region of Peel – Peel Long-Term Care

Sheridan Villa in Mississauga is the lead home for Peel Long-Term Care. Implementation strategies used in this home will be spread to the other Peel LTC homes which include: Peel Manor, Malton Village, Tall Pines and The Davis Centre.

Number of residents: Sheridan Villa is home to 142 residents; 704 residents live in the other four Region of Peel LTC homes.

Number of staff: Sheridan Villa has 167 staff; 670 staff work in the other four homes.

Special features: Sheridan Villa opened Ontario's first Special Behaviour Support Unit (SBSU). It has space for 19 people with dementia that have been declined admission to LTC due to physical and verbal responsive behaviours. Staff use resident-centred and behaviour management strategies to prepare these people to live in a LTC home or return home.

BPG implementation plan: Sheridan Villa will start by implementing *Assessment and Management of Pain* in the SBSU, and then spread implementation to the other LTC homes in the region. The BPGs *Prevention of Falls and Fall Injuries in Older Adults* and *Preventing and Addressing Abuse and Neglect of Older Adults* will be implemented in the second and third years in all homes.

LTC-BPSO® Liaison: To be announced

LTC-BPSO® Coach: Saima Shaikh, RN, RNAO LTC Best Practice Co-ordinator, Mississauga Halton LHIN. Marilyn Irwin, RN, RNAO LTC Best Practice Co-ordinator, Central West LHIN will provide support to the Peel Region homes in the Central West LHIN.



Left to right: Dorothy Shinkaruk, Sarah Thompson, Rejane Dunn, Carolyn Clubine, then Minister of Health Deb Matthews, Denise Erskine, Kelly McKenna, Lennie Iskender, Saima Shaikh, Marilyn Irwin

Best Practices in Long-Term Care

Launch of the new LTC-BPSO® continued...

Region of Peel – Peel Long-Term Care

For many years, the Region of Peel's Long-Term Care has used and referenced RNAO's best practice guidelines in developing policies and programs. The first goal of the region's LTC strategic plan is "to improve our use of evidence-based practices." This goal is further supported by a new nurse advisor role in the regional quality and program development team. In 2013, all registered nurses and registered practical nurses received 30 hours of clinical excellence education, which included the introduction of tools from RNAO BPGs on the following topics: stage I to IV pressure ulcers, falls prevention, continence, constipation, delirium, dementia and depression, pain, and end of life care.

St. Peters Residence at Chedoke

St. Peters Residence at Chedoke is a non-profit home in Hamilton.

Number of residents: St. Peters Residence is home to 210 residents.

Number of staff: Approximately 275

Special features: St. Peters is part of the new Thrive Group, a network of organizations offering a wide range of integrated services that enable clients and residents to live fulfilling lives as independently as possible.

BPG implementation plan for the three-year LTC-BPSO® qualifying period: St. Peters will start by implementing *Client Centred Care* and *Developing and Sustaining Nursing Leadership*. In the next two years, it will implement the following RNAO BPGs: *Preventing and Addressing Abuse and Neglect of Older Adults*, *Promoting Safety: Alternative Approaches to the use of Restraints*, *Preventing Falls and Fall Injuries in the Older Adult* and *Assessment and Management of Pain*.

LTC-BPSO® Liaison: Jennifer Walker, RPN, Co-ordinator of Continuing Quality Improvement and Education

LTC-BPSO® Coach: Elaine Calvert, RN, RNAO LTC Best Practice Co-ordinator, Hamilton, Niagara, Haldimand, Brant LHIN



Doris Grinspun, CEO of RNAO, introducing then Minister of Health Deb Matthews at the LTC-BPSO® launch in April.

Through involvement as a LTC-BPSO, St. Peters looks forward to seeing its mission, vision and values come to life as it builds, supports and maintains a culture of evidence-based practice. It plans to build upon knowledge and strategies that nurses have learned through attendance at RNAO events including Best Practice Champions workshops, the League of Excellence for Long-Term Care and various RNAO learning institutes.

Based on comments and suggestions from stakeholders that included residents, staff, family members, and community partners, six RNAO BPGs were selected for implementation. Ensuring residents remain the focus of all improvement plans led to St. Peters' decision to implement the *Client Centred Care* BPG as a first step.

St. Peters launched its BPSO® journey on June 25 and 26 with a celebration that included residents, staff and visitors, and introduced a new slogan to promote St. Peters' involvement in the LTC-BPSO® initiative: "THRIVE-ing in a best practice and integrated environment."



From left to right: Janine Mills, Renee Guder, Jennifer Walker, Elaine Calvert, Steve Sherrer, Cindy Frankum

Best Practices in Long-Term Care

Launch of the new LTC-BPSO® continued...

Vision Nursing and Rest Home

Vision Nursing and Rest Home is a charitable non-profit home in Sarnia. **Number of residents:** Vision is home to 146 residents, including 12 residents for short stay convalescent care and two residents for respite care.

Number of staff: 139

Special features: Vision has been the lead agency for the Long-Term Care Best Practice Co-ordinator since 2008, and has implemented 12 BPGs. Fourteen staff members are Best Practice Champions who lead and support best practice teams in the following areas: falls, wound care, prompted voiding and prevention of constipation, pain/palliative care, restorative care and behaviour support.

BPG implementation plan: Vision will start by implementing the *Prevention of Falls and Fall Injuries in Older Adults* BPG. This will be followed in the second year by: *Screening for Delirium, Dementia and Depression in the Older Adult* and *Caregiving Strategies for Older Adults with Delirium, Dementia and Depression*. In the third year, *Client Centred Care* will be implemented.

LTC-BPSO® Liaison: Kathleen Waller, RN

LTC-BPSO® Coach: Beverly Ann Faubert, RN, RNAO LTC Best Practice Co-ordinator, Erie St. Clair LHIN



Left to right: Virginia Bright, Dana Horton, Beverly Faubert, Kathy Ptaszinski, Claudette Leduc, Kathleen Waller

Nurses at Vision have participated in RNAO capacity building events including: the Healthy Work Environments Institute, the League of Excellence for Long-Term Care, the Best Practices in Wound Care Institute, the Nursing Best Practice Guidelines Summer Institute, the Nurse Executive Leadership Academy, and the Chronic Disease Management Institute.

Vision has used awareness-raising strategies such as a fair for staff and families which included an RNAO BPG exhibit booth. Vision uses quality improvement methodology to make improvements in the care provided and aims to enhance services and resident care through qualifying as a LTC-BPSO®.

RNAO Celebrates Release of Elder Abuse Prevention Recommendations

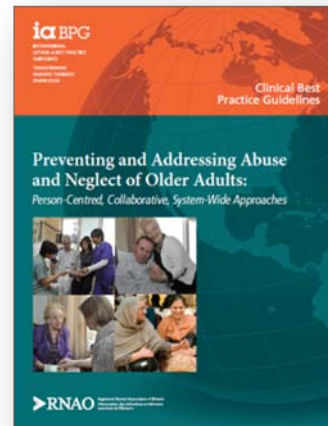
Natalie Warner, RN, MN, GNC(C), LTC Best Practice Co-ordinator, Central East LHIN

On Friday, June 13, RNAO released recommendations for the upcoming best practice guideline *Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches* at a press conference at the association's home office. Dr. Samir Sinha, expert lead of *Ontario's Seniors Care Strategy* and director of geriatrics at Mount Sinai and the University Health Network hospitals in Toronto, co-led the expert panel that developed this forthcoming BPG. Dr. Elizabeth Podnieks, nurse researcher and founder of World Elder Abuse Awareness Day, also co-led the BPG panel.

At the press conference, Dr. Podnieks discussed how societal attitudes such as agism contribute to the perpetuation and acceptance of elder abuse, and how educating everyone from children and families to those studying health care can lead to a decrease in the number of elders who are abused. Dr. Sinha recognized the pervasiveness of the problem and the role nurses and

health-care providers play in being a trusted and supporting source of assistance to seniors. The press conference also featured a short videotaped address from the Honorable Alice Wong, Minister of State (Seniors), who noted "*elder abuse is an appalling act, and our government is committed to protecting seniors from all forms of abuse. I am thankful for the dedicated work being done by organizations like the Registered Nurses' Association of Ontario, which aims to protect and improve the lives of seniors across Canada.*"

The guideline is national in scope, and was funded by the Government of Canada's *New Horizons for Seniors Program*. An e-learning resource is in development to support uptake and use of the guideline across health-care settings. The guideline can be found at: <http://RNAO.ca/bpg/guidelines/abuse-and-neglect-older-adults> An interview with Susan McNeill, program manager with RNAO's International Affairs and Best Practice Guidelines Centre and lead for the guideline, can be found in the summer 2013 edition of this newsletter at: http://RNAO.ca/sites/rnao-ca/files/LTCBPINewsletter_Summer2013_0.pdf



Best Practices in Long-Term Care

eHealth Workshop offered to LTC Homes Across the Province

Sue Bailey, RN, BA, MHScN, LTC Best Practice Co-ordinator, Central LHIN



The Best Practice Champions program was established by RNAO in 2002 to provide nurses and other health-care professionals with tools and strategies to support the implementation of nursing best practice guidelines in their organizations. Since 2012, the Long-Term Care (LTC) Best Practices Program has offered Best Practice Champion workshops to long-term care (LTC) homes using sites in each Local Health Integration Network (LHIN) connected by videoconference through the Ontario Telemedicine Network (OTN). The LHIN sites are facilitated by the best practice co-ordinators, and the model offers participants the chance to learn and share with local colleagues and groups across the province.

For close to a decade, RNAO has been actively involved in supporting nurses' proficient use of electronic, evidence-based resources through the *Nursing and eHealth Project*. This year, the Long-Term Care Best Practices Program collaborated with RNAO's eHealth project and offered an eHealth Champions Workshop designed to assist participants in promoting the effective use of informatics in their organizations. Recognizing the

sector's experience in using electronic technology in practice, LTC homes across the province were invited to attend a stakeholder teleconference to identify priorities. This meeting led to the formation of a workshop planning group consisting of RNAO staff from both programs, and nurses from LTC homes.

The workshop held April 24, 2014, attracted 213 registrants at 14 OTN sites around the province. The day was facilitated by Jay Lynch eHealth peer-to-peer-lead. Guest presenters included: Katherine Smith from the College of Nurses of Ontario, who spoke about standards for electronic documentation; Debbie Johnson from Chartwell Retirement Residences; and Denise Erskine, Region of Peel's Long-Term Care, who informed participants about optimizing electronic documentation. Ronna Perrin from Niagara Region contributed ideas on using data for quality improvement. Breakout exercises at the individual OTN sites gave participants the opportunity to discuss ideas with colleagues and then share them with other groups across the province.

From Toronto to Windsor, Ottawa to Thunder Bay and many places in between, videoconferencing allows nurses and teams in LTC homes to connect. Not only do nurses and teams benefit from attending the same workshop at the same time, they inform each other by sharing ideas and strategies with participants from across Ontario. Improvements and lessons learned over the years of using videoconferencing for this purpose include: using site-specific breakout exercises to engage local site participants in discussion, backing up presentations in the event of technology failure, involving participants in identifying learning needs to focus the workshop content, and always remembering when a workshop is broadcast (this way you can still be seen and heard).

For more information about the RNAO Best Practice Champions Network visit <http://RNAO.ca/champions> and to learn more about the Nursing and eHealth Project visit <http://RNAO.ca/ehealth>

New Nurse Practitioner Positions in Long-Term Care Homes

On March 3, 2014 at Toronto's Belmont House long-term care (LTC) home, the then Minister of Health and Long-Term Care Deb Matthews announced that Ontario is increasing the number of nurse practitioners (NP) in long-term care homes. Over the next three years, the province will fund 75 new NP positions to help enhance access to primary health-care services for LTC residents and strengthen their quality of care. That means the number of NPs in Ontario's LTC homes will increase from 18 to 93.

Over a three-year period beginning later this year, positions will be available for 15 new NPs, with an additional 30 in 2015 and 30 more in 2016. LTC homes that successfully apply for funding for an NP, but have difficulty recruiting one, will have access to the *Grow*

Your Own Nurse Practitioner in Long-Term Care Program, which will support these homes to recruit and sponsor a registered nurse to receive additional education to become an NP. The *Grow Your Own Nurse Practitioner in Long-Term Care Homes Program* will be launched in the 2015-16 fiscal year.

These initiatives are part of a long-term strategy to create and sustain NP positions in LTC homes in Ontario. For Doris Grinspun, RNAO's Chief Executive Officer, the announcement represents the kind of system change the association has long been advocating for, citing the advanced education and experience of NPs to diagnose and treat common illnesses, as well as their ability to order most lab tests and prescribe

medications.

To learn more about NPs in LTC homes visit: <http://news.ontario.ca/mohltc/en/2014/03/nurse-practitioners-in-long-term-care-homes.html> and www.RNAO.ca/NP-LTC

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Please send comments/inquiries by email to LTCBPI@RNAO.ca

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