

# Best Practices in Long-Term Care

Working together towards excellence in resident care.

## Communities of Practice: Sustaining Improvements in Long-Term Care Homes

Saima Shaikh, RN, Long-Term Care Best Practice Co-ordinator, Mississauga Halton

Communities of practice (CoP) were first introduced in 1991 by Etienne Wenger and Jean Lave. Wegner defined them as groups of people who share a passion for something they know how to do, and who interact regularly to learn how to do it better.

Since 2009, the Registered Nurses' Association of Ontario (RNAO) Long-Term Care Best Practice Co-ordinator (LTC BPC) Saima Shaikh has been facilitating CoPs for long-term care homes (LTCH) within the Mississauga Halton, and Burlington regions. As highly regulated environments with high demands, staffing and resource constraints, many LTCHs were looking for support to implement their resident care and services programs.

"We wanted our frontline staff to be more knowledgeable about strategies in falls prevention, to provide quality care and keep residents safe," said Holly McAllister-Pominville, manager of resident care at Creek Way Village. The CoP fostered an open environment where LTCHs shared implementation strategies and lessons they had learned, and promoted collaboration and knowledge exchange. "(It was) an exciting learning opportunity and contributed to growth for everyone," McAllister-Pominville added.

DJ van Belle, assistant director of care (ADOC) and staff educator at West Oak Village, noted the CoP provided "an open atmosphere where any question could be asked and was very beneficial to the learning process." The CoP brought together interprofessional LTCH teams with similar needs and used the knowledge-to-action process for the implementation, evaluation and sustainability of best practices.

"The CoP was valuable in ensuring that our work had clear direction. It was a lot of work and we continue to see the positive results today," stated Anna Bahl, evening supervisor of care at Sheridan Villa LTCH. In a series of three intensive, interactive, full-day learning sessions, participants were guided by the knowledge-to-action framework

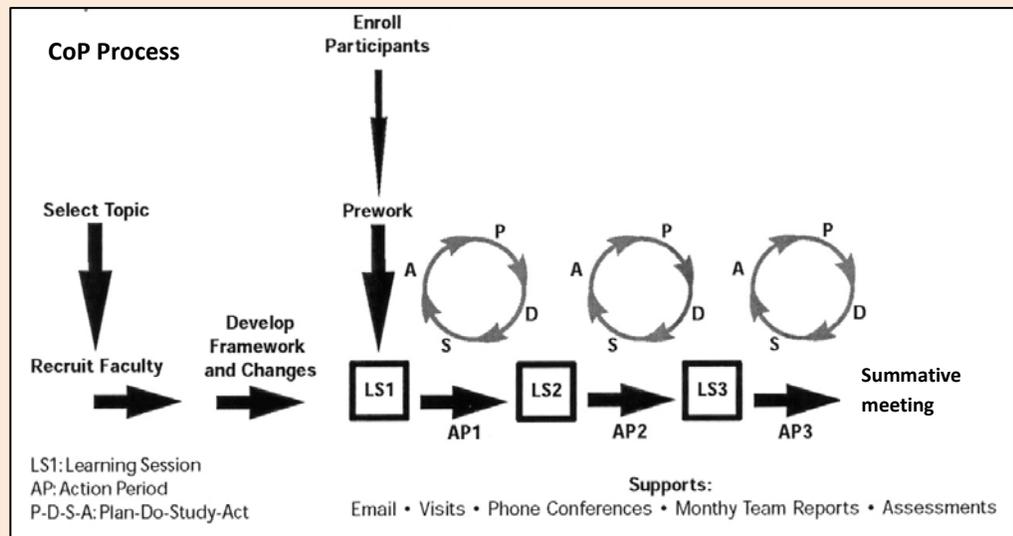
(page 12 in RNAO's [Toolkit: Implementation of Best Practice Guidelines](#)) to develop their home's care programs. Each learning session was followed by an action period, during which participating interprofessional teams used quality improvement (QI) methods to carry out detailed, point-of-care implementation strategies designed to integrate knowledge into practice. Support was also provided via teleconferences, facilitated discussions and case studies. Participants then shared the results of the action periods implementation work at subsequent learning sessions (see below).

"The homework allowed us to continue to work on QIs in the home between CoP meetings. Many QI tools were introduced, such as the gap analysis, fishbone, and 'five whys,'" van Belle said. "Through participation in the CoP and using QI methods, West Oak Village decreased the percentage of resident falls from 18 to 11 per cent, placing them below the 13 per cent target expected by Revera Living LTC."

Aida Jazavac, DOC for Cama Woodlands Nursing Home, used the gap analysis for the prevention and management of falls to determine that the majority of resident falls were taking place

at 7 a.m. during the morning shift change, and discuss strategies to address potential changes in practice. LTCHs were also able to connect with community partners, such as pain and symptom management consultants, psychogeriatric resource consultants (PRC) and nurse practitioners (NP). "What an important journey this turned out to be for our teams," said Jackie Malda, DOC at Maple Villa. "We participated in several CoPs over the last six years and credit our success to the collaborative process and step-wise approach to best practices implementation. Through involving all levels of staff we were able to address concerns, make and sustain improvements."

Using evidence-based best practice recommendations, the CoP learning sessions provided participants resources for program implementation, including the *Toolkit: Implementation of Best Practice Guidelines, second edition*; *LTC Best Practices Toolkit, second edition*; *Breakthrough Series Methods of Improvement*, Institute for Healthcare Improvement; various QI methods; the LTC Homes Act, 2007; and Ontario Regulation 79/10.



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Helen Medeiros, manager of resident care at Post Inn Village, said "the learning sessions provided us with a great starting point to implement the best practice guidelines (BPG) and develop a strong falls prevention program. We found the BPG recommendations and evidence-based strategies really helpful in decreasing the number of resident falls. The CoP provided the team with a better understanding and clear processes in BPG implementation."

Over the last six years, the CoP focused on BPGs related to the following programs:

- falls prevention and management,
- skin and wound care,
- pain management,
- continence care and bowel management
- responsive behaviours, and
- prevention of abuse and neglect.

Using a person-and family-centred care approach, the CoP supported participating LTCHs to achieve positive resident outcomes. To date, 85 per cent of LTCHs within the Mississauga Halton and 60 per cent of LTCHs in Burlington have participated in a CoP. Moving forward, a best practice knowledge exchange forum is being planned to engage past participants, and to share and leverage their experience implementing, evaluating and sustaining evidence-based practices in their organizations.

### Editor's Note: Best Practices Guidelines Program Supports Ontario's Long-Term Care Homes

Carol Holmes, RN, MN, GNC(C), Program Manager, LTC Best Practices Program



From its inception in 1999, the RNAO Best Practice Guidelines Program has attracted broad provincial interest in the field of guideline development. It has since enabled health organizations and systems to focus on client care and clinical excellence using the latest research to inform practice and advance outcomes. Today, the BPG program is a pillar of excellence on the provincial, national and

international levels, with rigorous guideline development, transformational approaches that contribute to implementation science, and robust evaluation methodology as its hallmarks. The Best Practice Spotlight Organization® (BPSO®) designation, established in 2003, gives organizations the opportunity to formally implement BPGs in partnership with RNAO. And the 2014 launch of the Long-Term Care Best Practice Spotlight Organization® (LTC-BPSO®) program helped achieve full participation by addressing the unique needs of the LTC sector.

In this issue of Best Practices in Long-Term Care newsletter, we congratulate the eight organizations selected for the third cohort of LTC-BPSOs®: Grove Park Home for Senior Citizens, St. Joseph's Lifecare Centre, Perley and Rideau Veterans' Health Centre, Regional Municipality of Halton, Regional Municipality of Niagara, Tilbury Manor Nursing Home, William A. "Bill" George Extended Care Facility, and Woodingford Lodge. These organizations represent 16 LTCHs and have more than doubled the number of homes engaged in the program.

A BPG of great value to LTCHs implementing best practices is RNAO's most recently published guideline, *Assessment and Management of Pressure Injuries for the Interprofessional Team*, third edition. Read an interview with Grace Suva, RNAO program manager, about its development and the important practice changes it outlines for

interprofessional teams working with residents, patients, and clients with pressure injuries.

Since 2009, RNAO LTC BPCs have facilitated CoP to provide nurses and other health professionals with tools to help implement and integrate BPGs in their organizations. LTC BPC Saima Shaikh tells about the experience of homes within the Mississauga Halton and Burlington regions that have joined CoPs to develop, implement and evaluate their home's care and services programs.

LTCHs in the Central Local Health Integration Network (LHIN) recently met with an expert from Behaviour Supports Ontario (BSO) and RNAO LTC BPC Sue Bailey, who facilitated a discussion on strategies to manage residents' responsive behaviours, guided by recommendations from the RNAO BPG *Preventing and Managing Violence in the Workplace*.

In May, LTC nurse leaders and inter-professional staff participated in RNAO's annual Take Your MPP to Work event to provide members of provincial parliament (MPP) with better insight into current issues in health care. During the 2016 event, more than 56 Ontario MPPs joined nurses in their ridings as they delivered health-care services in all sectors, including seven MPPs visiting nine LTCHs, accompanied by the corresponding LTC BPC. Since its launch in 2001, Take Your MPP to Work has given elected representatives a first-hand look at the skills and expertise required to provide quality health-care services to Ontario LTC residents. We invite more LTCHs to participate in this political engagement event next year.

The RNAO LTC Best Practices Program wishes you a happy and safe summer. We look forward to continuing to work with you in integrating best practices into your LTCH.



**Grace Suva,**  
RN, MN

### RNAO's Best Practice Guideline: *Assessment and Management of Pressure Injuries for the Interprofessional Team, Third Edition*

Amy Reid, RN, Long-Term Care Best Practice Co-ordinator, North Simcoe Muskoka

The Long-Term Care Best Practices Program (LTC BPP) spoke with Grace Suva, program manager and guideline development lead for *Assessment and Management of Pressure Injuries for the Interprofessional Team*, third edition, to discuss the recently published best practice guideline.

**Amy:** This guideline's title has an important change. Previously it was called *Assessment and Management of Stage I-IV Pressure Ulcers*. The new title is *Assessment and Management of Pressure Injuries for the Interprofessional Team*, third edition. Can you explain the title change?

**Grace:** Adding the term 'pressure injury' to the title reflects a change in terminology made by the National Pressure Ulcer Advisory Panel (NPUAP) from ulcers to injuries. The change in terminology and updates to the staging system were made after a consensus meeting of 400 professionals in April 2016. According to the NPUAP, this more accurately describes pressure injuries to both intact and ulcerated skin. In the previous staging system, stage 1 and deep tissue injury described injured intact skin, while the other stages described open ulcers. This led to confusion, because the definitions for each of the stages referred to these injuries as 'pressure ulcers'.

The addition of 'interprofessional team' in the title of the BPG was a decision made by the expert panel to emphasize the importance of the entire wound care team in the management of pressure injuries. Moreover, it is an expectation that the interprofessional team collaborate with the person with the pressure injury and the person's circle of care to develop a plan of care.

**Amy:** What are some of the most significant changes contained in this guideline?

**Grace:** There are three significant changes in the newest edition of this guideline. First, it emphasizes the importance of an

interprofessional, person-centred approach in the assessment and management of existing pressure injuries. It also incorporates NPUAP's most recent change in terminology from ulcer to injury. And finally, the expert panel does not support the use of laser therapy as an alternative treatment to speed the closure of stalled but healable pressure injuries. Evidence on laser therapy is currently limited, and there is potential to harm or contaminate a person's pressure injury if an inexperienced health-care professional performs this therapy.

**Amy:** How many new and revised recommendations are in this guideline?

**Grace:** There are four new and 21 revised recommendations in this edition of the guideline. Two of the new recommendations outline assessing possible infection and nutrition as part of a comprehensive assessment. These help determine the healability of the pressure injury and the factors that influence individual wound healing. The third recommendation emphasizes the need for continuous monitoring of a person's risk for additional pressure injuries. This is important because a person with one pressure injury is at risk for developing others. The fourth recommendation highlights the importance of the interprofessional team's involvement in advocating and lobbying for system-level support for pressure injury management. It is an expansion of the organization-level recommendation in the previous guideline.

The 21 revised recommendations consolidate and collapse recommendations in the previous edition of the guideline. They were updated using the most recent evidence and other quality appraised guidelines, and based on a systematic review of the literature and consensus of the expert panel.

**Amy:** Please tell us about the background of the expert panel members and how they were chosen?

**Grace:** Each panel member was chosen because of their expertise and experience in pressure injury care. The expert panel was composed of

various members of the interprofessional team, including enterostomal therapy nurses, RNs, a nursing student, an RPN, NPs, a physical therapist, a dietitian, an occupational therapist, a physician, educators and researchers. Most importantly, a person with pressure injuries was invited to be part of the expert panel and provide their perspective from personal experience. This input was important in ensuring that a person-centred approach to the recommendations was applied during the guideline development. The expert panel members also represented various health-care settings including acute care, LTC, out-patient clinics, community and home care.

**Amy:** Is there anything else that you would like our readers to know about this BPG?

**Grace:** The expert panel also included a range of enablers in the appendices, which will support guideline implementation for point-of-care health-care professionals. The guideline was highly anticipated, and we're excited to implement it to improve patient outcomes.

**Amy:** On behalf of the LTC BPP, thank you for taking the time to share your knowledge about the third edition of *the Assessment and Management of Pressure Injuries for the Interprofessional Team* BPG.

The BPG is available for download from RNAO's website: [RNAO.ca/bpg/guidelines/pressure-injuries](http://RNAO.ca/bpg/guidelines/pressure-injuries) Over the next two months resources that support use of the guideline will be added to the skin and wound care topic in the LTC Toolkit, second edition. If you have any questions about this BPG or any other RNAO resources please contact your local LTC BPC.



## Best Practices in Long-Term Care

### Long-Term Care Best Practice Spotlight Organization®

Suman Iqbal, RN, MSN/MHA Long-Term Care Best Practice Co-ordinator, Provincial Projects

#### Welcome to the newest LTC-BPSOs® for 2016-2019

In May 2016, RNAO launched cohort C of the LTC-BPSO® program for the 2016-2019 pre-designation period. Eight new organizations (a total of 16 LTCHs) joined the previous two LTC-BPSO® cohorts, bringing the total number of Ontario LTCHs participating in the LTC-BPSO® to 25.

Leaders from cohort C joined RNAO staff at a launch event on May 16, and discussed how they will partner with RNAO to build evidence-based cultures in their organizations through the systematic implementation of multiple RNAO BPGs. They were formally welcomed into the program by Irmajean Bajnok, Director of the RNAO International Affairs and Best Practice Guidelines (IABPG) Centre and Kaiyan Fu, Ontario's Provincial Chief Nursing Officer. Other leaders from RNAO's IABPG Centre presented at the event, sharing their expertise for the LTC-BPSO® designation, and detailing the impact nurses are having on resident clinical outcomes through promoting and implementing evidence-based practices.

At the launch event, representatives from the incoming organizations shared an overview of their respective LTCHs and their goals for the BPSO® within their homes. They also had the opportunity to meet their respective LTC-BPSO® coach and clarify expectations, identify key milestones, and prepare for guideline implementation and evaluation. Leaders from select LTCHs in cohort A and B were also at the event, and shared successful BPG implementation strategies, highlights and achievements.

These are the newest additions to the LTC-BPSO® program:

#### **Grove Park Home for Senior Citizens**

Grove Park Home (GPH), established in 1968, is an accredited, non-profit LTCH located in Barrie. The home's mission, "to continuously provide excellent care in a secure environment with family and community support" guides their structure, practices and goals. GPH is known as having the 'gold standard' for working with residents with responsive behaviours.

**Number of residents:** 143 plus 14 retirement living suites

**Number of staff:** 230

**Special features:** GPH was the first LTCH to create an adult day program and provide care to residents on peritoneal dialysis. They have a nurse practitioner, a doctor on site, a full time rehab team and they are the first LTCH in North Simcoe Muskoka to be accepted as a pre-designate BPSO®.

**BPGs selected for implementation:** *Person-and Family-Centred Care; Prevention of Falls and Fall Injuries in the Older Adult and Oral Health: Nursing Assessment and Interventions.*

**LTC-BPSO® Liaison:** Allison Raymond, registered practical nurse

**LTC-BPSO® Coach:** Amy Reid, LTC BPC, North Simcoe Muskoka

**Overall Goal:** The home is aiming to exceed community expectations by enhancing care through evidence-based practices. The staff members are 'upping their game' to handle the challenges that may come as they care for residents with more complex needs and challenging behaviours.



(Left to Right) Cally McNeice, RPN/rehab nurse; Barbara Turnbull, DOC; Allison Raymond, RPN & LTC-BPSO® liaison, Amy Reid, RNAO BPSO® coach



## Best Practices in Long-Term Care

### St. Joseph's Lifecare Centre

Located in a beautiful park-like setting, St. Joseph's Lifecare Centre is truly a campus of services for the people of Brantford and Brant County. From an onsite pharmacy, children's day care, a kidney care clinic, a day wellness centre to the Stedman Community Hospice, 17 physicians, community clinics and allied health-care services, the centre is a vibrant oasis of caring for residents with all needs.

**Number of residents:** a total of 876 – St. Joseph's Lifecare Centre (205), St. Joseph's Villa (431), and St. Joseph's Health Centre (240)

**Number of staff:** More than 1000

**Special features:** Proud member of the St. Joseph's Health System which includes St. Joseph's Villa, Dundas and St. Joseph's Health Centre, Guelph.

**BPGs selected for implementation:** *End-of-Life Care During the Last Days and Hours*; *Assessment and Management of Pain*, third edition and *Caregiving Strategies for Older Adults with Delirium, Depression and Dementia*

**LTC-BPSO® Liaison:** Mieke Ewen, DOC, St Joseph's Villa, Dundas

**LTC-BPSO® Coach:** Shaila Aranha, LTC BPC, Waterloo Wellington

**Overall Goal:** The overarching goal is to develop, deliver and sustain a culture of evidence-based best practice and entrench it in the organization, as well as to become champions in the spread of best practices within the organization, the community and beyond through staff engagement at all levels.



(Left to Right) St. Joseph's Lifecare Centre - Shaila Aranha, RNAO BPSO® Coach; Joanne Takacs, RN; Sandra Mailing, resident care manager; Dawn Spencer, RPN; Jennifer Miller, past DOC & LTC-BPSO® liaison



(Left to Right) The Perley and Rideau Veterans' Health Centre - Daniela Acosta, RN; Samantha Hallgren, psychogeriatric resource nurse & LTC-BPSO® liaison; Jennifer Plant, manager, education and projects; Doris Jenkins, director, nursing operations

### The Perley and Rideau Veterans' Health Centre

The Perley and Rideau Veterans' Health Centre (Perley Rideau) is one of the largest LTC centres in Ontario with 250 veterans of World War II and the Korean War. They have an additional 160 resident beds for the general community, 34 beds for convalescent care and six respite care beds.

**Number of residents:** 450

**Number of staff:** 800

**Special features:** Perley Rideau is working on phase two of a 15-year strategic plan to transform into a leading-edge seniors village, which will include 139 apartments in two new buildings, 90 spaces for assisted living for high risk seniors, a guest house for respite care, and 75 day program spaces. Perley Rideau employs more than 800 staff, including 15 physicians, and is supported by 373 volunteers.

**BPGs selected for implementation:** *Screening for Delirium, Dementia and Depression in the Older Adult*; *Prevention of Falls and Falls Injuries in the Older Adult*; *Risk Assessment and Prevention of Pressure Ulcers* and *Assessment and Management of Pain*, third edition.

**LTC-BPSO® Liaison:** Samantha Hallgren, psychogeriatric resource nurse

**LTC-BPSO® Coach:** Ibo McDonald, LTC BPC, Champlain

**Overall Goal:** Perley Rideau is working on implementing four BPGs in the next three years as aligned with their quality improvement plan. The goal is to promote full utilization of the four BPGs by the Perley Rideau health-care team to achieve excellence in evidence-based care.

## Best Practices in Long-Term Care

### The Regional Municipality of Halton

Halton Region owns and operates three not-for-profit LTCHs. Committed to offering a fulfilling quality of life for residents by delivering high-quality programs and services, all three of Halton's LTCHs were awarded 'Accreditation with Exemplary Standing' by Accreditation Canada. The Region's three LTCHs are: Allendale, in Milton; Creek Way Village, in the Orchard Park Community of Burlington; and Post Inn Village, in the heart of the Oak Park Community in Oakville.

**Number of residents:** 572 in total: Allendale (200), Creek Way Village (144), Post Inn Village (228)

**Number of staff:** 835

**Special features:** The "village" concept of these LTCHs helps keep residents connected to the community around them, by incorporating intergenerational programming and various activities in an environment that is person-and family-centred and pet-friendly.

**BPGs selected for implementation:** *Preventing and Addressing Abuse and Neglect in Older Adults; Prevention of Falls and Falls Injuries in the Older Adult and Person-and Family-Centred Care.*

**LTC-BPSO® Liaison:** Betty Jean Hendricken, clinical nurse specialist

**LTC-BPSO® Coach:** Saima Shaikh, LTC BPC, Mississauga Halton

**Overall Goal:** As an LTC-BPSO® pre-designate, Halton Region's LTCHs are committed to improving residents' lives and the quality of care provided by continuing to leverage nursing leadership, integrating evidence-based practice into everyday activities, building frontline staff capacity, improving resident outcomes and, enhancing and sustaining a culture of clinical excellence.



(Left to Right) Tracey Tait, administrator at Woodlands of Sunset; Suman Iqbal, RNAO BPSO® coach; Gail Gill, administrator at Rapelje Lodge; Saad Akhter, director of resident care at Deer Park Villa & LTC-BPSO® liaison; Michelle Temple, director of resident care at Woodlands of Sunset

### The Regional Municipality of Niagara

Niagara Region operates eight LTCHs, serving more than 900 residents. The homes have strong linkages to various community agencies, such as BSO, the Seniors Mental Health Outreach, and the Alzheimer's Society. They support Brock University and Niagara College students in occupational/physical therapy assistant, dental hygiene, practical nursing and personal support worker, and registered nurse programs.

**Number of residents:** 279 in total: Rapelje Lodge (120), Woodlands of Sunset (120) and Deer Park Villa (39)

**Number of staff:** 425

**Special features:** The leadership team is involved in many other activities in the region including the RNAO Niagara Chapter, Canadian Gerontological Nursing Association, Ontario Association of Non-Profit Homes and Services for Seniors, Wound Care Niagara Hamilton, Palliative Pain and Symptom Management Program, the New Grad Initiative and Late Career Initiatives for nurses.

**BPGs selected for implementation:** *Person-and Family-Centred Care; Developing and Sustaining Nursing Leadership; Preventing and Addressing Abuse and Neglect of Older Adults; Assessment and Management of Pain, third edition and Assessment and Management of Stage I to IV Pressure Ulcers.*

**LTC-BPSO® Liaison:** Saad Akhter, director resident care, Deer Park Villa

**LTC-BPSO® Coach:** Suman Iqbal, LTC BPC, provincial projects

**Overall Goal:** Niagara Region is seeking to equip their nurses with the tools and knowledge of BPGs, and to provide career growth opportunities, involvement in the implementation of the BPGs, and attendance at RNAO clinical institutes and champions' workshops. By continued use of evidence-based practices to enhance knowledge, they hope to advocate for residents with other providers, while enhancing resident outcomes and defending nursing practice with evidence. Their goal is to build on the knowledge, skills and abilities of staff in the three homes and transfer this knowledge to staff in their other five homes.



(Left to Right) Colleen Sparks, Social Worker for Creek Way Village; Helen Medeiros, manager of resident care for Post Inn Village; Kelly English, Manager, risk and quality; Saima Shaikh, RNAO BPSO® coach; Sara Ramsewak, director of nursing and personal care for Allendale; Allison Bricker, administrator for Allendale; Betty Jean Hendricken, clinical nurse specialist & BPSO® liaison

## Best Practices in Long-Term Care

### Tilbury Manor Nursing Home

Tilbury Manor is located in the heart of Tilbury, on the border of Essex and Chatham-Kent counties. Their goal is to provide excellent care and services, the best quality of life and holistic care to their residents by a group of dedicated staff. They promote independence, through life enrichment, physiotherapy and restorative care programs. Tilbury Manor is owned and operated by Diversicare Canada Management Service Company, Incorporated which is committed to quality improvement. Diversicare is the proud recipient of the Canada Awards for Excellence, Order of Excellence, 2009-2012, and 2012-2015, for demonstrating commitment to excellence and quality management, principles and practices.

**Number of residents:** 75

**Number of staff:** 85

**Special features:** Tilbury Manor is fully accredited by the Commission on Accreditation of Rehabilitation Facilities International and is a designated francophone community.

**BPGs selected for implementation:** *Caregiving Strategies for Older Adults with Delirium, Dementia, and Depression; Promoting Safety: Alternative Approaches to the use of Restraints and Risk Assessment and Prevention of Pressure Ulcers.*

**LTC-BPSO® Liaison:** Sara Le, director resident care

**LTC-BPSO® Coach:** Beverly Faubert, LTC BPC, Erie St. Clair

**Overall Goal:** Tilbury Manor is looking to further enhance the quality of services provided to their residents and feel that a close partnership with RNAO will help achieve this goal. The team is excited to continue to collaborate with the LTC BPC and to utilize the knowledge and skill RNAO offers.

### William A. "Bill" George Extended Care Facility

The William George Extended Care Home is an ELDCAP unit in Sioux Lookout. Although not physically attached, the William George is visible from the governing hospital, the Sioux Lookout Meno-ya-win Health Care Centre.

**Number of residents:** 20

**Number of staff:** 18

**Special features:** The home provides LTC beds for the town's population of 6,000 and the 28 remote First Nations communities in the north extending as far as Hudson's Bay for a total population of approximately 28,000 people. It is the furthest north LTCH in the North West LHIN.

**BPGs selected for implementation:** *Prevention of Falls and Fall Injuries in Older Adults; Oral Health: Nursing Assessment and Interventions; Promoting Continence Using Prompted Voiding; Risk Assessment and Prevention of Pressure Ulcer and Assessment and Management of Pain, third edition.*

**LTC-BPSO® Liaison:** Susan Anderson, director patient care, Meno-ya-win Health Care Centre

**LTC-BPSO® Coach:** Heather Woodbeck, LTC BPC, North West

**Overall Goal:** Their goal is to successfully implement the five BPGs on the 20-resident LTC unit then transfer practices to their new LTCH that will be developed following funding approval by the MOHLTC. A second goal is to spread evidence-based practice changes to the complex continuing care hospital patients and the alternate level of care patients staying in the hospital.



(Left to Right) Tilbury Manor Nursing Home - Cheryl Labonte-McFeggan, RN - fall prevention/ restraints champion; Jennifer Middleton, administrator; Bev Faubert, RNAO BPSO® coach; Sara Le, DRC & LTC BPSO® liaison; Jovanna Klassen, RPN & internal BSO champion



(Left to Right) William A. "Bill" George Extended Care Facility - Denise Williams, patient care manager for LTC; Michelle Varey - RAI co-ordinator/team lead/RPN; Heather Woodbeck, RNAO BPSO® coach; Susan Anderson, director patient care services & LTC-BPSO® liaison; Heather Lee, VP health services & CNE)

## Best Practices in Long-Term Care

### Woodingford Lodge

Woodingford Lodge is a municipally owned and operated, not-for-profit, trio of LTCHs located in Oxford County.

**Number of residents:** 228 in total: Woodingford Lodge, Woodstock (160), Woodingford Lodge, Ingersoll and Tillsonburg (34 each)

**Number of staff:** 300

**Special features:** The homes have employed a nurse practitioner since 2003, and support a full time RPN and PSW for the BSO team. Two of the three homes had zero findings of non-compliance during the annual 2015 Resident Quality Inspection.

**BPGs selected for implementation:** *Person-and Family-Centred Care*; *Preventing and Addressing Abuse and Neglect in Older Adults* and *Assessment and Management of Pain*, third edition.

**LTC-BPSO® Liaison:** Judy Esseltine, RPN, project nurse

**LTC-BPSO® Coach:** Suzanne Sweeney, LTC BPC, South West

**Overall Goal:** Woodingford Lodge homes have the following goals for becoming a BPSO: for all staff to become more cognizant of BPGs and provide exceptional resident care by implementing them to further benefit the organization to attract, retain and develop the highest quality staff.



(Left to Right) Deirdre Boyle, manager, Woodingford Lodge – Ingersoll; Heidi Butzakowski, manager of resident services, Woodingford Lodge – Woodstock; Jen Healey, manager, Woodingford Lodge – Tillsonburg; Cheryl Howlett, PSW, Woodingford Lodge – Tillsonburg; Patricia Godfrey, staff development co-ordinator, Woodingford Lodge – Woodstock; Judy Esseltine, BPSO® liaison, Woodingford Lodge – Woodstock; Sue Sweeney, RNAO BPSO® coach

## Prevention of Violence in the Workplace and Strategies to Manage Responsive Behaviours

Sue Bailey, RN, MHScN, GNC(C), Long-Term Care Best Practice Co-ordinator, Central

LTCHs in the Central LHIN recently met with a guest from BSO. Facilitated by the local LTC BPC, the meeting focused on strategies to manage residents' responsive behaviours, and recommendations from the RNAO BPG *Preventing and Managing Violence in the Workplace*. Many effective strategies to care for residents exhibiting responsive behaviours came out of this meeting, as well as further recommendations for LTCHs to promote a safe environment for staff, residents and external stakeholders.

The BPG's impact on staff and residents was evident. One of its recommendations is implementing structures and processes that

enable all health-care professionals to have a shared role in organizational and clinical decision making. This strategy was clearly implemented at Villa Colombo Seniors Centre in Vaughan, which created a behavioural support resource for both staff and residents. The team meets regularly to review staff-resident interactions and with the leadership of a nurse, promotes dialogue and mentorship for staff working with residents experiencing responsive behaviours. Staff at Villa Colombo Vaughan reach out to their BSO mobile support team and the PRC to facilitate care which emphasizes the importance of promoting open dialogue about violence prevention, holding debriefing meetings when violence has occurred,

and involving staff members in creating an organizational culture that values safety for all. The BPG also highlights the importance of adopting resident, family, and relationship models of care and promote respect among team members, residents and other stakeholders, and there were shared value among the LTCHs at the meeting.

Another recommendation from the BPG is educating all administrative, clinical and support staff on how to respond and manage violence in the workplace. Parkview Home LTC in Stouffville implemented this recommendation by having a mandatory education program in place and closely monitoring its usage and effectiveness.

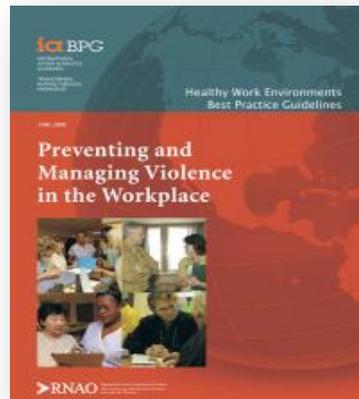
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Parkview Home also addressed this recommendation by ensuring safety and security measures were immediately implemented and liaised with the police for consultation as required for emergency situations.

The BPG reveals that employees can be reluctant to report incidents of actual or potential violence against them for fear of blame. They are often concerned their job performance will be questioned or there will be no follow-up. When organizations take action to prevent violence, nurses and other employees have a greater awareness of how to assess and report violence. Thus, developing an organizational violence prevention policy and program, as recommended in the guideline, can have a substantial impact on LTCHs.

One of the individual/team recommendations from the BPG is that employees engage in self-reflective practice, examining how their behaviour impacts others and how the behaviour of others impacts them.



This is a recommendation that Parkview Home values as it continues to strive for excellence.

Some of the tools included in the appendix of the BPG are particularly relevant to working with residents who may exhibit a range of responsive behaviours. For instance, in Appendix D-8, the Ontario Safety Association for Community and Healthcare's (OSACH) *Checklist of Risk Factors for Aggressive Behaviour* describes client factors (such as fear, loss of control), caregiver factors (e.g. working alone, unfamiliarity with the client) and environmental factors (e.g. noise, space).

Appendix D-9, *Point-of-Care Staff Work Practice Assessment* suggests considering both resident wishes and staff safety when care planning and recognizing escalating behaviours and patterns of violence. These and other resources in the appendices of the BPG will be helpful to LTCHs as they continue to enhance their responsive behaviour programs.

Providing a safe and healthy work environment for all is an important part of providing respectful care to residents. The *Preventing and Managing Violence in the Workplace* BPG offers many additional recommendations, evidence and resources. Your local LTC BPC will be pleased to assist your organization to develop or enhance its violence prevention program. The guideline and supporting resources are readily available in the *LTC Best Practices Toolkit*, 2nd edition by using the following links:

[LTCToolkit.RNAO.ca/hwe-topics/preventing-violence](http://LTCToolkit.RNAO.ca/hwe-topics/preventing-violence) and [LTCToolkit.RNAO.ca/clinical-topics/delirium-dementia-depression](http://LTCToolkit.RNAO.ca/clinical-topics/delirium-dementia-depression)

## Long-Term Care Homes Participate in Take Your MPP to Work Event

Shaila Aranha, Beverly Faubert, Suman Iqbal, Suzanne Sweeney and Connie Wood, RNAO LTC BPCs

This spring, select LTCHs and their respective LTC BPCs met with local policymakers as part of RNAO's 16th-annual Take Your MPP to Work event. Site visits were planned during National Nursing Week from May 9 to 15 and additional visits continued through June to ensure MPPs had the opportunity to go to work with nursing staff at LTCHs.

During this event, more than 56 Ontario MPPs joined nurses as they delivered health-care services in all sectors, including seven MPPs in nine LTCHs in their ridings, accompanied by a LTC BPC.

### Erie St. Clair

On May 13, Lisa Gretzky, MPP for Windsor-West, visited Regency Park LTCH. She

spent her time touring the home accompanied by Annemarie Meloche, administrator; Gabrielle Hornea, director of nursing; and Beverly Faubert, LTC BPC. Gretzky learned about the differences in funding and staff mix in the sector, and the increasingly complex health needs of LTC residents. Staff at Regency Park shared the strategies they use to manage responsive behaviours without the use of physical or chemical restraints by utilizing specialized training in Gentle Persuasive Approaches.

Meloche highlighted the need for adequate LTC funding so homes can continue to provide quality care. The visit reinforced that everyone can effect change in the health-care system individually or collectively. Gretzky shared her recent experiences submitting more than 10,000

signatures to parliament to stop RN cuts at Windsor Regional Hospital.

Sarnia-Lambton MPP Bob Bailey visited Lambton Meadowview Villa in Petrolia accompanied by Krista Perry, ADOC, and Dr. MacDonald, medical director. Bailey toured the home and met with many residents and families, learning first-hand about the challenges staff members face, and the great work they do. Despite these challenges, staff support resident care with therapeutic gardens, incorporating Montessori-based horticultural therapy.

### South West

On May 27, Teresa Armstrong, MPP for London-Fanshawe, had the opportunity to visit Henley Place in London. She was given a tour of the home by Brandon Boyer, RN and BSO

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lead; Jill Knowlton, RN and managing director of Primacare Living Solutions; and Sue Sweeney, LTC BPC. Throughout the visit, Armstrong's sincere engagement and interest in LTC prompted valuable conversations regarding the nature of the work, the exceptional nurses that work in LTC, and the challenges they encounter.

### Waterloo Wellington

Fairview Mennonite Home leaders Marlene Goerz, DOC; Jim Williams, administrator; and Tim Kennel, executive director, welcomed Cambridge MPP Kathryn McGarry on May 26 with LTC BPC Shaila Aranha. The visit allowed home leaders to share their concerns about the Resident Quality Inspection process. "The process leaves the care team frustrated and disappointed as it lacks recognition of how residents are kept safe, their rights respected and quality of life maintained," Williams said.

A RN herself, McGarry met with nurses working in the home and discussed how their passion for nursing and leading their interdisciplinary teams makes a real difference in the day-to-day lives of the residents and their families. Nurses spoke about their satisfaction with the BSO program and its positive impact on their work supporting care for residents with responsive behaviours.

At Pinehaven Nursing Home, Kitchener-Waterloo MPP Catherine Fife was welcomed by administrator Cindy Chamberlain and DOC Kami Johnson. The visit included a tour of the home to meet and greet residents and care teams. Staff and leaders indicated they will continue to advocate for solutions to the challenges they and other LTCHs face, including staffing and funding.

Pinehaven staff use the practice recommendations from RNAO's *Person-and Family-Centred Care* BPG including environmental enhancements, resident-led dining programs, and implementing Eden Alternative principles. Their journey toward more person-centred care also involves pet therapy, and supporting staff with person-centred growth plans as part of performance evaluations.

### Central East

Laurie Scott, MPP for Haliburton-Kawartha Lakes-Brock, accepted an invitation from LTC BPC Connie Wood to visit three LTCHs in the Central East region. Before entering politics, Scott was an RN, so the day brought fond memories from her earlier career. "It was a valuable opportunity to discuss the importance of nursing leadership in providing quality care to

residents," Scott said afterward, adding that she learned a lot about point-of care leadership and its impact on quality of care. Her visit with staff at Hyland Crest, Fenelon Court and Extendicare Kawartha Lakes prompted positive feedback.

Peggy McQuaid, DOC at Extendicare Kawartha Lakes, said RNAO provided excellent supportive materials for the event, particularly related to leadership. She says she loved that it highlighted how nurses are practising excellent leadership every day.

"We were so thrilled to have the LTC BPC and our local MPP onsite to wrap up our Employee Week celebrations," said Caroline McGee, ED at Fenelon Court LTC Centre. "(Wood) provided our frontline staff education on leadership and our MPP shared the value of leadership with our staff and nursing leaders in our home."

Since its inception in 2001, *Take Your MPP to Work* has given elected representatives a chance to see the skills and expertise required to provide quality health-care services to Ontario LTC residents' first-hand. We encourage your LTCH to get involved in this political engagement event next year.

RNAO's Long-Term Care Best Practices Program Newsletter  
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Please send comments/inquiries by email to [LTCBPP@RNAO.ca](mailto:LTCBPP@RNAO.ca)

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