

Best Practices in Long-Term Care

Working together towards excellence in resident care

Tilbury Manor Implements Best Practice Guidelines to Improve Resident Care and Create a Healthy Work Environment

Sara Le, RN, Director of Resident Care, Tilbury Manor Nursing Home
Beverly Faubert, RN, BScN, Long-Term Care Best Practice Co-ordinator, Erie St. Clair

As public reporting of quality indicators becomes a greater focus in the long-term care sector, long-term care home (LTCH) leaders and staff are seeking ways to improve resident outcomes. At Tilbury Manor, a 75-resident LTCH in the Erie St. Clair Local Health Integration Network (LHIN), new Director of Care (DOC) Sara Le began her role with aspirations of enhancing the quality of life for the home's residents, the experience of families, and the work life of staff. She took this on with support from Beverly Faubert, RNAO long-term care best practice co-ordinator (LTC BPC).

Sara met with Beverly and the home's best practice champions on a weekly basis throughout the process. An interprofessional team used gap analysis tools to review current practices in relation to best practice guideline (BPG) recommendations and created action plans for improvements in resident care. The home's existing policies, resident care practices and documentation were reviewed to determine the extent to which screening, assessment and re-assessment tools aligned with best practices. This revealed a need for policy revision, practice changes, and the development of new materials such as pamphlets and presentations to educate staff, residents and families.

Program teams, led by registered staff members, were established to promote practice change and enhance the quality of life for residents. Each leader was responsible for training and education, implementing practice changes and evaluating their effectiveness. Results of chart audits, care practices and RAI-MDS scores were monitored and regularly reported to the DOC. Issues that impacted care practices and documentation were collected to



Tilbury Manor Staff (left to right): Kerri Taylor RPN, Megan Drummond RPN, Deborah Robert RN, Colette Berg RN, Cheryl Labonte-McFeggan RN, Sara Le RN Director of Resident Care (DOC), and Jovanna Klassen RPN

promote continuity and sustainability of practice changes. Within three months a review of the home's quality indicators showed improvements.

Since November 2014, Tilbury Manor has implemented practice changes using recommendations from the following RNAO BPGs:

- *Assessment and Management of Pain*
- *Assessment and Management of Stage I to IV Pressure Ulcers*
- *Caregiving Strategies for Older Adults with Delirium, Dementia and Depression*
- *End-of-Life Care*
- *Oral Health: Nursing Assessment and Interventions*
- *Person-and Family-Centred Care*
- *Prevention of Constipation in the Older Adult Population*
- *Prevention of Falls and Falls Injuries in the Older Adult*
- *Promoting Continence Using Prompted Voiding*
- *Promoting Safety: Alternative Approaches to the Use of Restraints*

- *Risk Assessment and Prevention of Pressure Ulcers*
- *Screening for Delirium, Dementia and Depression in Older Adults*

Improvements in RAI-MDS quality indicators over six-months, from January to June 2015, showed a decrease in:

- Newly acquired pressure ulcers (from nine per cent to zero per cent)
- Worsening pressure ulcers (from ten per cent to zero per cent)
- Resident falls (from 15 per cent to 12 per cent), below the provincial average
- Use of restraints (from 17 per cent to nine per cent)
- Urinary tract infections (from two per cent to zero per cent)
- Resident reports of daily pain (from four per cent to zero per cent)
- Resident reports of worsened pain (from 18 per cent to nine per cent)

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In the same six-month period the following quality indicators showed an increase in:

- Bladder continence (from four per cent to 14 per cent)
- Resident and family satisfaction. Eighty per cent of respondents scored nursing care as "excellent." Families and residents shared compliments about nursing care during family and resident council meetings, and there were no complaints from families to the DOC.
- Staff satisfaction, as evidenced by a reduction in staff complaints to the DOC. There were none during this period.

"We initially started by reaching out to our LTC BPC for ideas on how to use best practices to improve pain management and documentation," said Sara. "This initial request led to a discussion about strategies to improve nursing services. To identify the areas of resident care that required improvement, we completed a gap analysis that compared best practice recommendations with current practices and determined which BPG recommendations the home had met, partially met, and had not met."

A number of measures were also taken to improve the work environment. The LTC BPC provided coaching and support to enhance the

leadership skills of registered staff, who were leaders throughout these changes. Healthy work environment (HWE) topics for discussion sessions were selected based on the home's needs, and included self-reflection on the challenges in supporting the team and approaches to improve the confidence of point-of-care leaders.

Several recommendations from the following HWE BPGs were implemented: *Collaborative Practice Among Nursing Teams, Developing and Sustaining Interprofessional Health Care, Developing and Sustaining Nursing Leadership, Managing and Mitigating Conflict in Health-care Teams, and Professionalism in Nursing.*

In reflecting on Tilbury Manor's achievements, Sara identified that the following approaches contributed to the staff's success:

- A solid partnership with the LTC BPC
- A passionate and hard-working interprofessional team consisting of management staff, the home's physician and direct care staff
- A committed DOC and administrator who supported staff to be receptive and embrace change
- Strong relationships with community partners

Tilbury Manor was nominated for the Ontario

Long-Term Care Association's Leadership Excellence Award and in November 2015 was chosen as one of the three finalists. "I'm excited and proud of this incredible team at Tilbury Manor," Sara said. "This successful collaboration demonstrates that together, a committed team working with community partners, the LTC BPC, and using RNAO resources, can achieve better quality of life for residents and work life for staff."

Following this experience, the LTC BPC and Sara shared the home's experiences and the strategies they used at Tilbury Manor, with other LTCHs in Erie St. Clair. Plans are in place to conduct an annual practice review using the gap analysis tools to monitor the sustainability of these improvements and help meet the legislated requirements for annual program evaluation. In addition, a program manual consisting of the completed gap analysis tools, related action plans, monitoring data and the annual evaluation was created to provide the evidence that supports the mandatory requirements for program development and evaluation. In conclusion, the most valuable benefit Tilbury Manor achieved through this experience was the sustained enhancements in resident care.

Editor's Note: RNAO Resources Support Long-Term Care Homes

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



This edition of the *Best Practices in Long-Term Care* newsletter showcases many of the ways the Long-Term Care Best Practices Program (LTC BPP) has been responsive to the ever-changing needs of Ontario LTCHs. In the spring of 2015, we asked LTCH leaders to provide feedback on RNAO resources and specific BPGs, used to support LTC programs. We wanted to hear your perspectives on the impact these resources

had on clinical practice and resident outcomes, and learn about other supports that could help LTCHs sustain evidence-based practices. We shared highlights from your responses in the summer issue of this newsletter.

Arguably the best known of these resources are the LTC BPCs. The LTC BPCs use a coaching and facilitative model in their work with LTCH leaders and direct care staff, to help them adopt clinical and HWE best practices.

There are 15 LTC BPCs that work with the LTCHs within the boundaries of a LHIN, as well as one for provincial projects. The names and contact information for each of the LTC BPCs and other LTC BPP staff is found at the end of this newsletter.

RNAO BPGs have long been recognized by LTCHs as essential resources for evidence-based recommendations that can be integrated into required and care and service programs. In an interview with Megan Bamford, RNAO program manager for the chronic disease management BPG portfolio, the association's new *Person-and Family-Centred Care* BPG is featured. This guideline replaced *Client Centred Care*, in response to a recent shift in the literature toward person- and family-centred care. Of the fifteen recommendations in this BPG, two are updated and 13 are new, which reflects the changes in research evidence. This BPG is foundational to a resident-centred approach and supports many of the

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...Editor's note, continued from page 2

expectations within the *Resident Bill of Rights*.

Our feature article describes the process, benefits and improved resident and HWE outcomes Tilbury Manor LTCH achieved by engaging the expertise of its LTC BPC to implement several RNAO BPGs. The leadership provided by the director of care at this rural home in Erie St. Clair, and the commitment shown by its registered staff leaders, resulted in improvements in resident and work environment outcomes. In November 2015 the home was recognized as one of three finalists

for the Ontario Long-Term Care Association's Leadership Excellence Award.

Oral care is a relatively new focus for many LTCHs, and the LTC BPP oral care community of practice (CoP) is currently underway. This newsletter describes resources that support the CoP, including: two lead LTC BPCs, the RNAO *Oral Health: Nursing Assessment and Interventions* BPG, and coaching support from each participating LTCH's local LTC BPC. An educational webinar series also supports the CoP and is open to other LTCHs across the province.

This edition also details how feedback from the provincial survey was used to enhance two key resources developed by the LTC BPP. Some of the actions taken to date and next steps include the launch of the *Long-Term Care Best Practices Toolkit, second edition*, and updates to the *Nursing Orientation e-Resource for Long-Term Care*.

Supporting LTCHs to integrate evidence into practice is a foundational goal of the LTC BPP, and we look forward to continuing to provide you easy access to our expertise and resources.

Monthly Webinar Series: Long-Term Care Best Practices Toolkit, second edition

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

[Home](#) | [Clinical Best Practice Guidelines](#) | [Healthy Work Environment Best Practice Guidelines](#) | [Program Planning and Evaluation](#)



Long-Term Care Best Practices Toolkit, 2nd edition

Implementing and sustaining evidence-based practices in long-term care.

RNAO is offering a monthly webinar series focusing on how health professionals, educators and leaders can use the Long-Term Care Best Practices Toolkit, second edition (LTC Toolkit) to meet expectations for required and care and service programs. The new edition of the LTC Toolkit was launched at the end of October 2015. It is a free online repository of evidence-based resources and tools to assist LTCH in developing, implementing and evaluating programs. Topics are organized using the relevant RNAO BPG and correspond with required and care delivery programs. The LTC BPP identified the topics in the [LTC Toolkit](#) from the key areas of concern cited by LTCH leaders in response to two provincial surveys in 2008 and 2011. Each of the ten clinical and two HWE toolkit topics provide access to RNAO BPGs and evidence-based resources and tools selected from regulatory, legislative and professional sources.

A different topic is featured in each monthly webinar (see table) and sessions are offered twice. Each webinar in the series highlights key topic-specific resources and demonstrates how they can be used to integrate BPGs and other relevant evidence-based resources into LTC programs.

Dates for sessions are published three months in advance. Email announcements are sent out one month prior to the webinar. Information about each session and how to register are available on the [RNAO events page](#).

Details on how to access the webinar are sent to the email address provided in the registration form 48 hours prior to the event.

Clinical and HWE Topic	Date
Prevention and Management of Violence in the Workplace	Feb. 3, 2016 at 12 p.m. EST or Feb. 24, 2016 at 1:30 p.m. EST
Pain Assessment and Management	March 3, 2016 at 12 p.m. EST March 4, 2016 at 1:30 p.m. EST
Oral Care	April 12, 2016 at 1:30 p.m. EDT or April 20, 2016 at 12 p.m. EDT
Developing and Sustaining Nursing Leadership	May 2016
Prevention of Abuse and Neglect	June 2016
End-of-Life Care	September 2016
Delirium, Dementia, and Depression & Responsive Behaviours	October 2016
Continence Care and Bowel Management	November 2016
Skin and Wound Care	December 2016

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Megan Bamford, RN,
MScN

What's new? RNAO's *Person-and Family-Centred Care Best Practice Guideline*

Freda Poirier, RN, BScN, GNC(C), Long-Term Care Best Practice Co-ordinator, North East

The Long-Term Care Best Practices Program spoke with Megan Bamford, program manager with the International Affairs and Best Practice Guidelines Centre, about the *Person-and Family-Centred Care BPG*. Megan leads the development, dissemination and revision of RNAO's chronic disease management BPGs.

Freda: The *Person-and Family-Centred Care BPG* replaced *Client Centred Care* in May 2015. Can you explain the reason for the change in the guideline?

Megan: The *Client Centred Care BPG* was due for revision as part of RNAO's five-year process for reviewing and updating our BPGs and accompanying resources. There has been a significant increase in the available knowledge and evidence related to this topic in recent years, which led to a change in the guideline's focus.

In reviewing the literature, various terms were used interchangeably to refer to the individual with whom health-care providers establish a therapeutic relationship (e.g. person, client, patient, consumer etc.). Based on current literature, the expert panel opted to use the term "person-and family-centred care." This reflected a move away from the biomedical model and a move towards coming to know the whole person as a unique individual, beyond their illness or disease, including their life story and experiences of health. It also reflects the important role of family, as defined by the individual, in the person's life.

Freda: How does the inclusion of family-centred care enhance this guideline?

Megan: As defined in this guideline, a person's family includes all those whom the person identifies as significant. This emphasizes the contributions of the person's family to the individual's life story, experiences, and the role family may play in supporting the person to achieve health. By recognizing the contributions of all participants, health-care providers come to know the whole person and their care needs, as part of a therapeutic relationship.

Freda: Please tell us about the background of the expert panel members.

Megan: The expert panel included patients as well as professionals in various clinical, research and administrative positions. These experts work with persons of all ages who receive care and services in various health settings – including acute, long-term care, community, home care, primary care, and public health. One of the expert panel co-chairs works with Patients Canada, which is an organization dedicated to partnering with patients and their families to bring their voices to health-care reform. Another panel member is with Working for Change, which assists persons living with mental health issues and targets the social, economic, and environmental determinants of health.

Freda: Of the 15 recommendations in the guideline, two are updated and 13 are new. How did the systematic review of evidence support these recommendations?

Megan: The expert panel reviewed the original *Client Centred Care* guideline, the revision supplement and new research evidence gathered through the systematic review. The evidence included in the review informed the development of new guideline recommendations and confirmed the validity of the previous recommendations.

Through this process, 13 new recommendations were developed and two previous recommendations were updated. The panel outlined the supporting evidence from the systematic review for each of the 15 recommendations in the guideline.

Freda: Can you speak to the numerous endorsements this guideline received?

Megan: The guideline received six endorsement letters from various organizations including: Accreditation Canada, the Canadian Association for People-Centered Health, the Canadian Nurses Association, the Canadian Patient Safety Institute, Health Quality Ontario, and Patients Canada. This support from patients, health-care providers, organizations and government show the importance of this topic and the need for the guideline.

Freda: Is there anything else that you would like our readers to know about the guideline?

Megan: The recommendations and evidence in this guideline support nurses and other health-care professionals in acquiring the knowledge needed to become more adept in delivering person-and family-centred care. This guideline is one of the top five BPGs most frequently implemented by RNAO Best Practice Spotlight Organizations®.

Freda: On behalf of the LTC Best Practices Program I would like to thank you for your sharing of knowledge on the *Person-and Family-Centred Care BPG*.

The *Person-and Family-Centred Care BPG* is available for free download from RNAO's website: www.RNAO.ca/bpg/guidelines/person-and-family-centred-care

If you have any questions about this BPG or any of the other resources available please contact your local LTC BPC.

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Provincial Survey 2015: Actions and Next Steps

Carol Holmes, RN, MN, GNC(C), Program Manager, Long-Term Care Best Practices Program

In the spring of 2015, RNAO's LTC BPP conducted a provincial survey of Ontario LTCHs. Participation was voluntary and LTCH leaders were invited to provide feedback on their use of RNAO and other provincial resources, the impact of RNAO BPGs on clinical practice and resident outcomes, and the supports needed to implement and sustain evidence-based practices. Highlights of the 2015 provincial survey were published in the [Best Practices in Long-Term Care Newsletter, Summer 2015 edition](#).

Actions to Date

The LTC BPP analyzed the survey responses to better understand how the program can support LTCHs in integrating evidence-based practices. To date, we have addressed the survey results through the following activities:

1) The *Long-Term Care Best Practices Toolkit, second edition* (LTC Toolkit) was launched in October 2015. The following enhancements were made:

- The client centred care topic was changed to reflect the latest BPG which focuses on *Person-and Family-Centred Care* (see the article on page 4 describing the development of this guideline)
- The topic on pressure ulcers was expanded to skin and wound care to ensure consistency with this required program. Additional RNAO BPGs and other key resources were added to this topic.
- Two new clinical BPG topics were added, including the *Prevention and Management of Abuse and Neglect in Older Adults* and *Alternative Approaches to the Use of Restraints*.
- Two healthy work environment (HWE) BPG topics were added: *Developing and Sustaining Nursing Leadership* and *Prevention and Management of Violence in the Workplace*.
- A section on program planning, implementation, evaluation, sustainability and related resources were added to support LTCHs in:
 - integrating BPGs to meet LTCH Act requirements
 - incorporating BPG recommendations into policies and procedures
 - program evaluation, sustainability and spread
- A monthly webinar series featuring each clinical and HWE topic and other key resources is currently underway (see page 3 for the schedule).

2) A review of the *Nursing Orientation e-Resource for Long-Term Care* is currently underway to ensure resources and tools are up-to-date and support LTCH training and orientation requirements.

Next Steps

- Expand the LTC Toolkit to include LTCH implementation stories and invite LTCHs to share stories describing the successes and challenges they experienced in implementing best practices.
- Identify and compile resources and tools for one new clinical BPG topic and one HWE topic for the LTC Toolkit, based on priorities identified by survey respondents.
- Offer the League of Excellence for LTC in 2016 to support nurse leaders in integrating evidence from BPGs into programs to meet LTCH legislation, program evaluation and sustainability.
- Support capacity building of LTCH staff:
 - Best Practice Champions workshops will be offered in-person and through the virtual workshop series in 2016/17.
 - The annual request for proposals for in-person Champions workshop host sites will be sent to all LTCHs early in 2016.
 - The application for funding requests for registered nurses (RN) and registered practical nurses (RPN) in leadership positions to attend RNAO's Wound Care Institute was disseminated in December 2015.
- Develop and offer informational webinars about the Long-Term Care Best Practice Spotlight Organization program, its requirements and the application process, as per feedback from survey respondents.

Throughout 2016, the LTC BPP will continue to collaborate with LTCH leaders and staff to enhance knowledge transfer and support the use of best practices to promote a HWE and improve resident outcomes. LTC BPCs are available across the province for consultation. To contact members of the LTC BPP see the contact list on page 8 of this newsletter.

Top 15 Areas for Additional LTC BPP Support

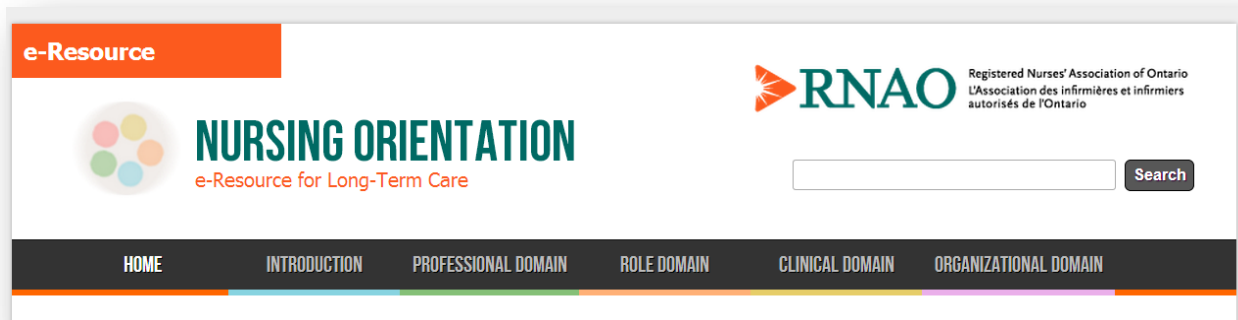
Integrating BPGs to meet LTCH Act requirements – 40 %
Incorporating BPGs into policies and procedures – 37 %
Program evaluation and sustainability – 32 %
Consultation with the LTC best practice co-ordinator – 28 %
Knowledge exchange forums – 26 %
Mentoring – 25 %
Capacity building – 20%
Implementation of clinical BPGs – 16 %
Implementation of HWE BPGs – 10 %
Falls prevention – 6 %
Nursing leadership – 6 %
Teamwork – 5 %
Staff recruitment – 4 %
End-of-life – 3 %
Pain – 3 %

Source: LTC BPP Provincial Survey 2015

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Update on the Nursing Orientation e-Resource for Long-Term Care

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



In August 2013, RNAO's LTC BPP released the free *Nursing Orientation e-Resource for Long-Term Care* (e-Resource), geared toward nurses who are new to LTC. It provides these nurses access to evidence-based resources and activities to help ease their transition into LTC, and enhance existing organizational orientation programs and contribute to a HWE.

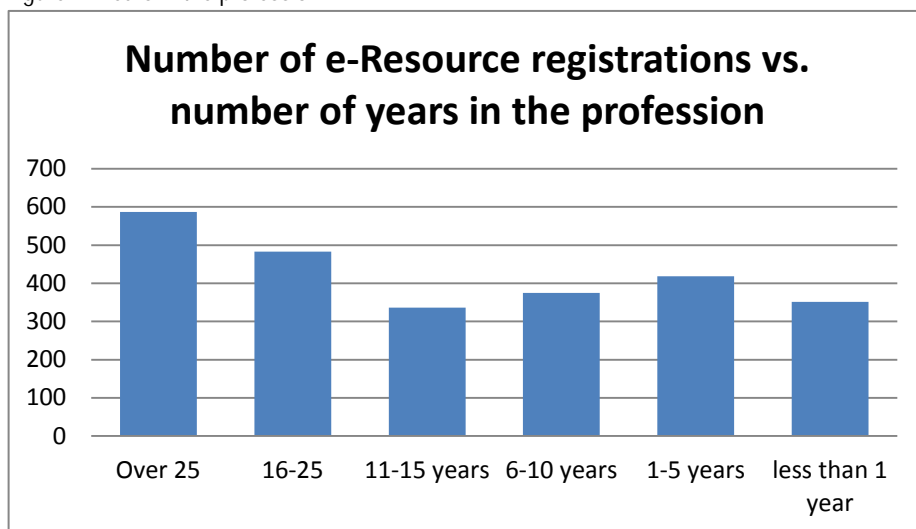
The e-Resource provides direct links to external websites and resources, thereby introducing learners to information sources that can influence and shape their current and future practice. It is divided into four knowledge domains – professional, role, clinical and organizational – and offers users:

- self-directed learning that takes into account prior knowledge and organizational needs
- a flexible approach that can be tracked through an integrated planning tool and checklist
- easy access to regulatory and legislative requirements and select RNAO clinical and HWE BPGs
- access to credible resources from leading provincial and national organizations impacting LTC

Although the e-Resource was developed for nurses new to LTC, other regulated health professionals and experienced nurses have also found the content useful for their continued learning. Google analytics conducted by the

LTC BPP in May 2015 revealed that 46 per cent of registered users of the e-Resource had been working in their role for more than a year, and 13 per cent of users had worked in LTC between six months and a year. Figure 1 shows that those with more years of experience in their profession were the most frequent users of the e-Resource.

Figure 1: Years in the profession



Source: e-Resource Users, Google Analytics May 2015

The majority of the 2,550 registered users of the e-Resource were RNs (1,798), followed by RPNs (269), RN or RPN students (202), other professionals (161), and RNs or RPNs enrolled in baccalaureate nursing programs (120).

The LTC BPP is currently reviewing and updating the content, resources, planning tool and checklist to best meet the needs of users. The e-Resource can be accessed free of charge at LTCorientationresource.RNAO.ca. We invite you to share the e-Resource with nurses in your LTC organization. The LTC BPC working with your LTCH is available to provide an overview and demonstration of the e-Resource.

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Oral Care Community of Practice – Common Oral Care Practice Gaps

Ibo MacDonald, RN, BHK, BScN, MSc(c), Long-Term Best Practice Co-ordinator, Champlain

Regular and adequate oral care is extremely important for the overall health and well-being of LTC residents. Providing oral care is challenging for care staff due to limitations in knowledge, skill and time as well as responsive behaviours experienced by residents. In September 2015, the LTC BPP established an Oral Care CoP to build knowledge about oral care among LTC staff and improve health outcomes for residents. Across the province, 25 LTCHs are being supported by RNAO LTC BPCs to implement recommendations from the *Oral Health: Nursing Assessment and Interventions* BPG.

At the beginning, the most important CoP activity – undertaken by each LTCH – was an oral care gap analysis, guided by their LTC BPC. The gap analysis allowed each LTCH to compare their current oral care practices to the evidence-based best practice recommendations in the oral health BPG. They could then determine the extent to which their existing oral care practices and processes met, partially met or did not meet BPG recommendations. Evaluating the status of their current practices allowed teams to prioritize the practice changes needed to meet BPG recommendations.

Several common gaps in oral care were identified by CoP participants, as shown in the table below. These gaps in oral care programs are common yet under-recognized in LTC, and are often not seen as a priority. The difficulty in providing oral care to residents with responsive behaviours was the most frequently cited practice gap, identified by 90 per cent of participating LTCHs. Other gaps in practice identified by at least 70 per cent of participating LTCHs included: the lack of use of a standardized oral assessment tool, issues in labeling toothbrushes and dentures, minimal education in oral care for care staff, and limited education in oral care for residents and families.

Educational webinars on various aspects of oral care are offered as part of the CoP and open to all LTCHs. A webinar focusing on best practices in oral care for residents with responsive behaviours will be presented on Feb. 17, 2016 from 2-2:30 pm EST. Strategies and approaches that staff can use in providing oral care to residents with responsive behaviours will be discussed. For more information and to register for the oral care webinars please go to the [RNAO events page](#).



RNAO is pleased to welcome **Connie Wood** as the Long-Term Care Best Practice Co-ordinator for the LTCHs located in the Central East LHIN. Connie joined the team in January 2016. She is a registered nurse with an undergraduate degree from Lakehead University and Master of Nursing with a teaching focus from Athabasca University. Connie has over 30 years of nursing experience in acute care, primary care, long-term care and academic settings. Her work capitalizes on three areas of expertise – professional practice, best practice guidelines and supportive learning environments. Connie's prime area of interest is the development, implementation and evaluation of evidence-based programs to deliver holistic, person-focused care. Most recently she worked as the clinical resource lead for Haliburton Highland Health Services LTCHs. At the same time she also worked as a faculty advisor with fourth year baccalaureate students at Trent University and as a peer assessor with the College of Nurses of Ontario. Please help us welcome Connie to the RNAO LTC Best Practices Program.

Connie can be reached by email at cwood@RNAO.ca

Top ten common oral health practice gaps identified by LTCHs
Providing care to residents with responsive behaviours – 90%
Labeling oral care supplies and dentures – 70%
Lack of annual/ongoing education for staff – 70%
Information not provided to resident/family about oral care – 70%
Lack of use of standardized oral assessment tools – 70%
Oral care policy and/or program – 60%
Quality and/or different types of oral care supplies – 60%
Oral care program not included in quality improvement initiatives – 60%
Resident preferences, practices and oral history not obtained – 60%
Care plans for residents with dysphasia do not match care needs – 50%

Source: Survey of Oral Care CoP Participants 2015

ANNOUNCEMENTS

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RNAO's Long-Term Care Best Practices Program Newsletter
Editors: Carol Holmes, Suman Iqbal, Heather McConnell and Daniel Punch.

Newsletter Designed by:
Verity White

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

This program is made possible through funding by the Government of Ontario.

Winter 2016 BPG Sale!

CLINICAL:

Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour
Caregiving Strategies for Older Adults with Delirium, Dementia and Depression
Assessment and Management of Foot Ulcers for People with Diabetes
Ostomy Care and Management
Supporting Clients on Methadone Maintenance Treatment
Stroke Assessment Across the Continuum of Care
Enhancing Healthy Adolescent Development
Integrating Smoking Cessation into Daily Nursing Practice
End of Life Care During the Last Days and Hours

HEALTHY WORK ENVIRONMENT:

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Professionalism in Nursing
Collaborative Practice Among Nursing Teams
Managing and Mitigating in Conflict in Health-care Teams

50% off
select BPGs until
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