

# Best Practices in Long-Term Care

Working together towards excellence in resident care

## Don't let constipation cramp your style: Supporting long-term care residents using best practices

Teresa Tibbo RPN, Quality Co-ordinator/Staff Educator,  
Parkview Manor Health Care Centre

Parkview Manor Health Care Centre identified that 19 of its 34 residents were using pharmacological interventions at least once a month to manage constipation. Staff at our small long-term care (LTC) home in Chesley, Ontario felt that was too many. We hoped that using RNAO's *Prevention of Constipation in the Older Adult Population* best practice guideline (BPG), as part of our pre-designation work in RNAO's Long-Term Care-Best Practice Spotlight Organization® (LTC-BPSO®) program, could have a positive impact on quality of life for these residents. The challenge was how to decrease the reliance on medications and adopt other non-pharmacological strategies to prevent and manage constipation.

Using the BPG, the team gained a better understanding of how nutrition and exercise could prevent constipation. Work began with multidisciplinary discussions about how we could change resident care to have a positive impact. We made plans that engaged all care providers, managers, dietary department, physiotherapists and restorative care clinicians.

In collaboration with many stakeholders, the team created a tool to comprehensively assess each resident's bowel history. On admission, each resident was asked to choose foods they find appealing for the prevention of constipation. To enhance communication between departments in preparation for implementing our new healthy bowel protocol\*, a new communication tool was created.

The greatest change since adopting this best practice and creating our own unique healthy bowel protocol is that preventing and managing constipation was done in a holistic manner with the resident as the leader of their care. We no longer rely on pharmacological interventions, instead beginning with nutrition and exercise and using medication as a last resort.

One challenge we face is capturing accurate data. When we started the healthy bowel protocol, many residents were taking daily medications, and sometimes more than one type. After implementing the protocol, many residents no longer required daily medications, but rather medication on an as-needed

basis. However, the data captured currently indicates the total medication used and not the frequency of use.

The results of these changes have been significant not only for residents but for the team. Residents can now develop their own bowel protocol in collaboration with dietary and nursing staff. The dietary department and nursing staff have partnered to ensure residents are provided with care according to evidence-based practices.

It has empowered staff to take an active role in ensuring our residents are given the nutritional supplements and exercise plans that will help them avoid pharmacological interventions, and has enhanced the collaboration and communication between departments.

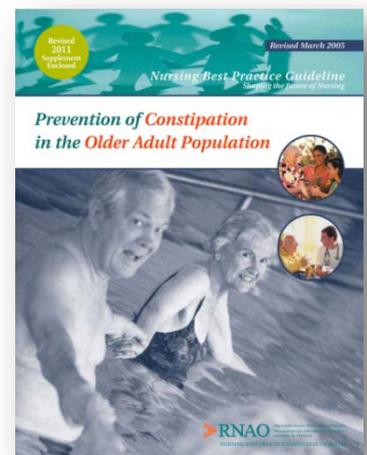
\*If you would like a copy of the healthy bowel protocol, please email [LTCBPP@RNAO.ca](mailto:LTCBPP@RNAO.ca)



**Parkview Manor Health Care Centre**

### Winter 2017, Electronic edition IN THIS ISSUE

- 2 Editor's note: Using best practice guidelines to change practice
- 2 Get involved as a BPG Stakeholder reviewer
- 3 Q&A on RNAO's new *Delirium, dementia and depression in older adults: Assessment and care* best practice guideline
- 4 Resources on medical assistance in dying
- 4 Story-based learning: Long-term care best practices toolkit 2<sup>nd</sup> edition
- 5 Alternatives to the use of restraints: A long-term care home's experience
- 6 Have you read the latest BPGs?
- 6 Announcements



## Best Practices in Long-Term Care

### Editor's note: Using best practice guidelines to change practice

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



Introducing best evidence into our day-to-day practice does not come easily. What motivates us to take the leap and make practice changes is a complex combination of factors, both internal and external. Within each of us must be the conviction that change is possible, and in the right situation, those changes can be highly successful.

For more than a decade, RNAO's BPGs and Best Practice Spotlight Organization® (BPSO®) program have led the way in practice change by bringing forward the best nursing knowledge and the tools to implement and sustain it.

In this issue of *Best Practices in Long-Term Care*, you will read about the profound effect an experiential learning program had on LTC nurse, Jane Rosenberg, and how her conviction to do away with restraints in her workplace was informed by the evidence and recommendations in the *Promoting safety: Alternative approaches to the use of restraints* BPG. In her current role as an administrator and director of care, Rosenberg supports nursing staff as they create a safe, restraint-free environment for residents using alternative strategies.

The BPSO designation provides the anchors for practice change that sticks. When Parkview Manor, an LTC-BPSO pre-designate home, recognized the elevated use of pharmacological interventions to manage constipation among its residents, it implemented the *Prevention of constipation in the older adult*

*population* guideline to find alternatives. Through evidence in the BPG, the team gained a better understanding of non-pharmacological approaches to prevent constipation. Nutrition and exercise were emphasized, with medication used only as a last resort. Taking a person-centred approach, residents were also given the choice of bowel management interventions that best suited their lives.

An interview with Susan McNeill, program manager and development lead for the widely used *Delirium, dementia and depression in older adults: Assessment and care* BPG highlights the recommendations and supporting evidence that inform practice changes with older adults who experience these conditions.

Medical assistance in dying (MAID) is a relatively new practice change in Ontario and much is written about it, challenging each of us to be current in our knowledge. This edition of the newsletter summarizes the eligibility criteria and the safeguards physicians and nurse practitioners (NP) must follow to legally provide MAID, including links to evidence-based resources that can be found in the LTC Toolkit topic on end-of-life care.

All LTC homes that have implemented BPGs have strategies worth sharing. This spring, the LTC Best Practices Program plans to launch a new section of the LTC Toolkit featuring stories of your experiences with BPG implementation. We invite you to share your stories about practice changes and the outcomes achieved.

### Get involved as a BPG stakeholder reviewer

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

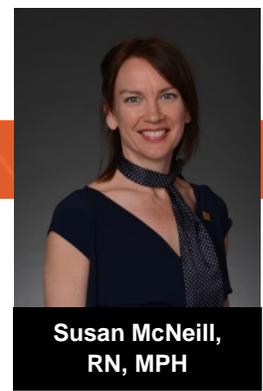
Feedback from stakeholders is an important component of RNAO's BPG development process. Stakeholder reviewers, including nurses, other health professionals, and the public can select the BPG they wish to review. They then volunteer a few hours of their time to review and provide written feedback, within two to three weeks of receiving a confidential draft copy. Learn more about becoming a stakeholder reviewer for a future BPG on [RNAO's website](#).

Two BPGs currently under revision that support evidence-based practices in LTC are guidelines about the prevention of falls and fall injuries, and end-of-life care. *Ontario Regulations 79/10* under

the *Long-Term Care Homes Act, 2007, S.O. 2007, c.8* includes falls prevention and management as a required program. Requirements for this program are supported by the practice, education, and policy recommendations included in this BPG. Although not a required program, end-of-life care (*O. Reg. 79/10 s.42*) is an important component of care for residents in LTC homes. After recent changes to medical assistance in dying legislation (see more on p. 4), this BPG is currently being revised to include up-to-date practice recommendations related to assessment, decision support, care and management, education and policy.



## Best Practices in Long-Term Care



**Susan McNeill,  
RN, MPH**

### Q&A on RNAO's new *Delirium, dementia and depression in older adults: Assessment and care best practice guideline*

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

The Long-Term Care Best Practices Program spoke with Susan McNeill RN MPH, RNAO program manager and guideline development lead, about the *Delirium, dementia and depression in older adults: Assessment and care* BPG released in July 2016.

**Sue:** This new guideline replaces two RNAO BPGs from 2010: *Screening for delirium, dementia and depression in older adults* and *Caregiving strategies for older adults with delirium, dementia and depression*. Can you explain why the guideline development team decided to combine themes from two BPGs into one?

**Susan:** To determine the scope of the guideline, the RNAO guideline development team first reviewed the content of the previous BPGs, conducted a scoping review of the literature and held three focus groups with professionals in the field. These showed a strong enough connection between delirium, dementia and depression (3Ds) to warrant combining them into a single guideline. Stakeholder feedback also suggested having all recommendations and resources contained within one BPG would make for easier use.

**Sue:** What strengths did the expert panel bring to the creation of this BPG?

**Susan:** The interprofessional expert panel brought a range of perspectives from nurses, physicians, social workers and physiotherapists. Panel members held clinical, administrative and academic positions in acute care, LTC, home health, primary care, mental health, family health teams, professional associations and academic institutions.

**Sue:** What are some of the most significant updates to the recommendations in this BPG?

**Susan:** The BPG first considers overarching recommendations for the 3Ds together. The importance of person-centred care, distinguishing among the 3Ds, and considering non-pharmacological approaches is emphasized. Appendix D (p.127) provides a useful and updated comparison of the clinical features of the 3Ds.

The BPG also highlights the importance of suspecting delirium when there is a change from the person's baseline behaviour. Statements such as "she's just not herself" warrant close attention in order to identify and treat a delirium. Table 1 (p. 48) emphasizes hypoactive delirium, which can be overlooked as the person may appear quieter than usual. Appendix G (p. 133) examines risk factors and interventions for a delirium prevention plan.

For dementia, the BPG recommends systematically exploring the underlying causes of behaviours, including the assessment and management of pain. It also emphasizes developing an individualized plan of care using non-pharmacological approaches, and promoting strategies to preserve abilities and optimize quality of life. Appendix K (p. 152) reviews attitudes, skills and knowledge that help with communication in dementia care.

The BPG reveals that up to 35 per cent of residents in LTC are affected by depression (AMDA 2011), yet it is often under-recognized and left untreated. Older persons with depression may be less likely to express their feelings, instead presenting with guilt, reduced concentration and physical aches and pains. The BPG recommends assessing for depression when risk factors and signs and symptoms are present. Table 4 (p. 71) reviews risk factors and

signs of depression while Table 5 (p.76) provides a range of interventions.

**Sue:** The BPG uses the term 'behavioural and psychological symptoms of dementia' (BPSD) to describe behaviours in dementia care. What are the benefits of including this term?

**Susan:** Terminology in the field of dementia care continues to evolve. The expert panel discussed various terms and decided to use the term BPSD because of its widespread use, and its generally accepted definition within the clinical field, the literature, and clinical guidelines. Regardless of terminology used, it is important to explore and understand the reasons behind behaviours. Involving staff or family who know the person well is important to identify triggers for behaviours. In the guideline, we list assessment tools that can be useful (e.g. Cohen Mansfield Agitation Inventory, the DOS, ABC mapping).

**Sue:** Are there supporting resources being developed based on the new guideline?

**Susan:** Yes, supporting resources in development include: health education fact sheets, nursing order sets, a case study and discussion guide for LTC, eLearning (based on focus group feedback), NQUIRE indicators and a smart phone app.

Once developed, many supporting resources will be accessible on the RNAO's website, click [here](#).

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

**Susan:** The electronic version of the guideline is currently available at the link above. Many of the tables and resources within the BPG have been included in RNAO's LTC Best Practices Toolkit, second edition, which can be found online [here](#).

**Sue:** On behalf of the LTC Best Practices Program, thank you for sharing your knowledge.

## Best Practices in Long-Term Care

### Resources on medical assistance in dying

Beverly Faubert, RN, BScN, GNC(C) Long-Term Care Best Practice Co-ordinator, Erie St. Clair

Thinking about death is easily avoided when we are healthy. However, a life-limiting illness forces someone to acknowledge death's inevitability, and to muster the courage to prepare for a peaceful end to their life. Palliative and hospice care remain the gold standard option for these individuals. But in June 2016, another option became available to Canadians when the federal government passed Bill C-14, which legalized medical assistance in dying (MAID).

Registered nurses (RN), NP, physicians, pharmacists and patients must understand the eligibility criteria for MAID, and apply the safeguards that physicians and NPs must follow to legally provide MAID. [The Ministry of Health and Long-Term Care \(MOHLTC\) website](#) defines MAID as:

- a) the administering by a physician or NP of a substance to a person, at their request, that causes their death; or
- b) the prescribing or providing by a physician or NP of a substance to a person at their request, so that they may self-administer the substance and in doing so cause their own death.

Clinicians who have questions related to the Clinician Referral Service can send an email to [maidregistration@ontario.ca](mailto:maidregistration@ontario.ca)

Regulatory bodies such as the College of Nurses of Ontario (CNO) have provided important updates, information and resources on MAID and its impact on nursing practice in the province. As part of its effort to

implement a consistent approach to the MAID process, the MOHLTC engaged the Centre for Effective Practice to develop and summarize the requirements outlined in the legislation and guidelines by various provincial regulatory colleges. The information includes pathways and documentation checklists to guide clinicians and can be found online – click [here](#) to visit the page.

The RNAO BPG *End-of-life care during the last days and hours* is currently under revision to reflect evidence-based practices for palliative care and MAID, and is due to be released later this year. RNAO also hosted a two-part webinar *Medical assistance in dying: What nurses need to know* to discuss the new law, regulatory requirements for MAID, and what it means for RNs, NPs and nursing students. Click [here](#) to see the archived webinar.

The following are evidence-based resources on the topic of MAID. Click on any of the titles below to visit the web pages or search on the web using the terms. These resources can also be found in the LTC Toolkit in the section about end-of-life care. Please visit these sites often for up-to-date information:

- Centre for Effective Practice: MAID
- College of Nurses of Ontario (CNO): MAID
- Government of Canada: End-of-life Care
- Government of Ontario: MAID, Information for Patients
- MOHLTC: MAID
- OANHSS: MAID
- Parliament of Canada: Bill C-14 Legislation on MAID
- RNAO BPG: *End-of-Life Care During the Last Days and Hours*

### Story-based learning: Long-term care best practices toolkit 2<sup>nd</sup> edition

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

In the coming months, the LTC Best Practices Program will be seeking stories from LTC homes about their successes and challenges in integrating evidence-based practices.

Stories will focus on how health professionals, educators and leaders have used RNAO's BPGs, the LTC toolkit, and other quality improvement initiatives to meet expectations for required and care delivery programs. We invite you to share your story, so that other homes can learn from your experience testing and implementing practice changes, determining who should be involved and the measures used to monitor progress and outcomes, new resources and tools used, what worked well or did not work, and other lessons learned.

We will begin posting these success stories in spring 2017 in a new section of the LTC Best Practices Toolkit [website](#), a free online repository of evidence-based resources and tools that assist LTC homes in developing, implementing and evaluating programs. All story submissions will be reviewed to ensure they meet the criteria that are outlined on the home page of the LTC toolkit. We will contact you for permission as needed before adding your home's story.



LTCH Implementation Stories

Sharing stories helps us interpret our experiences and shape our practices. Stories help us add meaning to our tasks, and make them useful, relevant, and valuable. To enhance our collective learning, share your stories about improvements, practice changes and the outcomes achieved in your organization.

## Best Practices in Long-Term Care

### Alternatives to the use of restraints: A long-term Care home's experience

Connie Wood RN, BScN, MN, Long-Term Care Best Practice Co-ordinator, Central East

When Jane Rosenberg was a nursing student, using restraints was common practice. "Although I wasn't comfortable using restraints, I followed orders," she recalls. In those days, it was frowned upon for nurses to rock the boat. But she knew restraints threatened the dignity of her residents, so she made a quiet commitment to pursue a change.

Later in her career, while working as a charge nurse in LTC, Rosenberg participated in the "Walk a day in my shoes" program, which allows health-care providers to simulate life as an LTC resident. She was placed in a wheelchair and secured at the waist by a wide black belt tied securely at the back of her chair. A white plastic tray was placed in front of her and limited her movement. The chair was positioned off to the side of the classroom, brakes were locked, and she was left to sit there feeling isolated, forgotten and powerless. Rosenberg recalls the experience like it was yesterday, including the anxiety she felt when she had to use the washroom. It reinforced what she already felt about restraints, and served as a turning point in her advocacy to eliminate their use.

Armed with knowledge she gained about best practices, Rosenberg decided to act on her conviction and do away with restraints in her workplace. She quickly received support from the home's administrator and colleagues, and she shared her ideas with the home's family physician. "How can I help?" the physician responded.

Rosenberg's passion was contagious, and the recommendations from the RNAO BPG *Promoting safety: Alternative approaches to the use of restraints* gave her the evidence and information she needed to convince others.



Extencicare Haliburton staff (left to right): Doug Holmes - Maintenance, Joan Tavernor - RPN, Jane Rosenberg - RN DOC/Administrator, Kathy DeCarlo - Restorative Care, Karan Scott - PSW

The organization's philosophy was revised to promote a model of care based on interprofessional collaboration with residents, their families and substitute decision makers to support the use of alternative approaches in lieu of restraints.

Today, Rosenberg is administrator and director of care at Extencicare Haliburton, a rural LTC home. In 2010, 15.9 percent of the home's residents were in daily physical restraints. Now, the home is restraint-free. Her leadership in ensuring a restraint-free environment is recognized locally and her expertise is sought out frequently.

She acknowledges sustaining a restraint-free home is a continuous process that requires her to be highly visible and have all registered nurses on board. "They need to be comfortable and trust their ability to use creative strategies to find alternative options to restraints. It takes all departments to develop effective processes and to value improvements in professional practices.

Working as a team, we can ensure success," Rosenberg says.

The home's restraint-free practices are shared with new residents, their families and new staff. If challenged, the home's stance is supported by evidence-based recommendations from the BPG. When the father of a young resident with developmental and physical impairments insisted his daughter have restraints to keep her safe, an individualized care-plan was created. With support from the family, strategies were introduced that resulted in positive behaviour changes and increased her freedom without the use of restraints.

The team at Extencicare Haliburton is committed to quality care, and in this home, that means everyone understands the benefits of alternatives to restraints without compromising resident safety.

## Best Practices in Long-Term Care

### Have you read the latest BPGs?

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

RNAO's BPG development team published the following guidelines in 2016-17:

- *Assessment and management of pressure injuries for the interprofessional team*, 3<sup>rd</sup> edition (May 2016). This BPG was featured in the *Best Practices in LTC* Summer 2016 newsletter and supports a skin and wound care program required under the *Long-Term Care Homes Act (O. Reg. S.50)*. The guideline features recommendations to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions. You can find it and associated resources in the [LTC Toolkit Skin and Wound Care](#)
- *Education in Nursing* (May 2016) provides evidence-based recommendations for nursing students to apply knowledge to their practice in all clinical settings. The recommendations support the CNO entry-to-practice competencies for RNs, RPNs and NPs, as well as the *supporting learners* practice guideline and section 73 of the *Long-Term Care Homes Act* on staff qualifications, and *O. Reg. 79/10* section 46 on the certification of nurses.
- *Intra-professional collaborative practice among nurses*, 2<sup>nd</sup> edition (June 2016). Effective collaborative practice is an essential part of working in health-care organizations, and the goal of this BPG is to strengthen collaborative practice among nurses. You can find it and associated resources within the [LTC Toolkit](#).
- *Delirium, dementia, and depression in older adults: Assessment and care* (July 2016). Featured on p. 3 of this newsletter, this guideline supports requirements of *O. Reg.* section 53 to 55 for responsive behaviours. It includes screening protocols for the 3Ds, assessment, interventions and approaches to care.
- *Developing and sustaining safe, effective staffing and workload practices*, 2<sup>nd</sup> edition (January 2017) provides recommendations for the structures and supports to maximize the work of nurses and provide the best possible care for residents. This BPG helps nurse leaders and management teams address workload within their unique health organizations, and recommends staffing models to achieve positive outcomes.

You can access these and other BPGs at [RNAO.ca/bpg](http://RNAO.ca/bpg). Contact your RNAO LTC best practice co-ordinator for support.

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](mailto:LTCBPP@RNAO.ca).

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

## Winter 2017 BPG Sale!

### CLINICAL:

*Assessment and Care of Adults at Risk for Suicidal Ideation & Behavior*  
*Decision Support for Adults Living with Chronic Kidney Disease*  
*Assessment of Management of Foot Ulcers for People with Diabetes*  
*Assessment and Management of Pain*  
*Prevention of Constipation in the Older Adult Population*  
*Promoting Continence Using Prompted Voiding*  
*Facilitating Client Centred Learning*

### HEALTHY WORK ENVIRONMENT:

*Developing and Sustaining Interprofessional Health Care*  
*Developing and Sustaining Nursing Leadership*  
*Preventing and Managing Violence in the Workplace*

50% off  
select BPGs until  
May 31, 2017