



Best Practices in Long-Term Care Homes Newsletter

Spring 2007 Edition, Volume 2

In this edition of the Best Practices newsletter, we are focussing on the topic of Continence and the work of several LTC homes and Best Practice Co-ordinators. Check out the resources that are described and contact your Co-ordinator for more information.

North East Region, Submitted by Lisa Quesnelle

When I was hired at Fairvern almost two years ago, I knew that I wanted to improve the bowel routines for residents. I knew that this change would translate into improvements in many other areas of their lives i.e. better appetites, better skin and fewer behaviours. Initially we worked toward this goal through the Pharmacy Committee. We revised the routines and began to get better results. As we familiarized ourselves with the RNAO Best Practice Guidelines, we were able to further refine the protocols. We looked closely at fluid and fibre intakes, use of narcotics and other drugs, exercise etc. and we are pleased that we have greatly reduced the need for fleet enemas in our home! Everyone made a contribution, from our Physicians to our PSWs and HCAs, our pharmacist, our diligent and efficient RPNs, our Physio department and our creative Dietician! In recognizing just how very important diet is, many of our recipes have been revamped and Fairvern is serving up healthier fare with increased fibre and lower fat.

Susan Marcellus – BPG Coordinator Fairvern LTC Home, Huntsville ON

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Fairvern LTC Home, Bowel Routine Team
(from Left to Right)

- Sandra Forth, Dietitian and Fairvern Nutrition Services Coordinator
- Aidan West, Resident Care Coordinator (Manager of the Nursing Department)
- Joyce Vicaire, Full Time RPN for the 2nd floor
- Susan Marcellus, **Fairvern's BPG Coordinator**
- Cindy MacDonald, Full Time RPN for the 1st floor
- Heather Logan-Lane, Pharmacist
- Brenda Greer, Director of Resident Care
- **Missing from Photo is:** Dr. Harold Robinson, Fairvern's Medical Advisor and Chair of the Pharmacy Committee

Go-Go Cookies

½ cup margarine
1 cup brown sugar
½ cup prune puree
1 egg
1 cup applesauce
2 cups all bran cereal
1 ½ cup flour
½ tsp baking soda
1 tsp cinnamon
Optional: ½ - 1 cup raisins, chocolate chips, sunflower seeds, nuts.



Directions: cream margarine with sugar. Add egg, prune puree and applesauce, mixing well after each addition. Add dry ingredients. Mix well. Bake 350 degrees for about 15 minutes. Cool and remove from pan. Yield: 36 cookies, 1.6 grams fibre/cookie. Start with 2 cookies /day. Be sure to increase fluid intake.

Fairvern LTC Home
Huntsville, Ontario

Continence Care in Long-Term Care in Eastern Ontario--français

Centre d'accueil Roger-Seguin

Cette LTC maison est en train de développer un plan d'action de continence, soins du protocole de continence, réadaptation vésicale, techniques de soins, protocoles et ordonnances permanents et un programme de réadaptation de l'intestin, dans votre maison.

Avec la BP coordinatrice, la maison est en train de développer le protocole dans la maison pour améliorer les protocoles existants.

Cette francophone maison est dans une petite ville en Ontario, au bord du Québec. La ville Clarence Creek est une ville totalement francophone et la maison est aussi totalement francophone.

La maison partage bien leur information avec les autres. Si vous désirez plus d'information de continence en français s'il vous plait adressez :

Deb Jenkins, BP Coordinator
williamstown@sympatico.ca or
(613) 527-1066.



From Central West Region (submitted by Wendy MacDougal)

In celebration of nurses' week, Florence Nightingale made visits to several LTC homes in the region. She praised nurses for their work in evidenced-based nursing. Ms. Nightingale pioneered the use of evidence to guide all practice in nursing, and emphasized that nurses develop keen observation skills. In Central West region, LTC homes are working on BPGs in Pain, Dementia, Sexuality Issues and Leadership through working groups. They have completed admission assessments in several of these areas. For more information, Wendy MacDougal (a.k.a. Florence) can be reached at:
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What's new in South West - submitted by Donna Scott

Best Practice Continence Care education has recently been provided for staff of LTCH's in Huron County. Donna Scott, Regional Best Practice Coordinator - South West Region was assisted by two members of the Regional Geriatric Program from Parkwood Hospital, London: Sue O'Hara, Nurse Practitioner / Clinical Nurse Specialist and Christine Sleepers, Nurse Clinician. Sue was a member of the original development panel for the RNAO BPG: Promoting Continence Using Prompted Voiding.

Three hour sessions for Registered staff included:

- review of consequences of urinary incontinence (UI),
- causes and types of UI,
- assessment & management of UI and
- case-based learning

One Hour sessions for PSW's outlined causes and types of UI, use of voiding record and implementation of individualized continence care interventions for Residents. Enthusiastic participants appreciated this opportunity to update their knowledge of continence care and understanding of Best Practice Guidelines.

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Using Prompted Voiding Intervention to Promote Urinary Continence (submitted by Tazim Virani, RNAO)

Excerpt from Continence/constipation education learning cycles: A facilitator's guide (2007). You can purchase this from RNAO.

One of the key strategies in helping residents retain urinary continence is called prompted voiding (RNAO, 2005). Residents who are more likely to be successful with the prompted voiding intervention are those who are:

- aware of the urge to void, of passing urine and of being wet;
- able to get to the bathroom relatively independently or with assistance on a request basis;
- able to suppress the urge to void until he/she is toileted;
- and, able to successfully void.

Scenario:

Mr. Brown is aware of the need to pass urine, but he cannot find the toilet, or has forgotten that the toilet is the socially appropriate place to pass urine. Staff observes him passing urine in strange places, like the garbage pail and behind the door in his room. He has retained his ability to respond to his name and he is able to follow one-step instructions. He is able to feed and dress himself.

Do you think that Mr. Brown will respond to the prompted voiding intervention?

References:

Registered Nurses' Association of Ontario (2005). *Promoting continence using prompted voiding*. (Revised). Toronto, Canada: Registered Nurses' Association of Ontario.

Registered Nurses' Association of Ontario (2007). *Continence/constipation education learning cycles: A facilitator's guide*. Toronto, Canada: Registered Nurses' Association of Ontario.



News from Central South submitted by Mary-Lou van der Horst

The Haldimand-Norfolk Best Practices Workgroup has nearly completed their “Best Practices Approach to Continence Care Resource Kit”. A lot of effort went into its development including reviewing multiple urinary continence and bowel care nursing, gerontology and LTC best practice guidelines, policies, procedures, assessments, education tools and literature. Most unique in the resource kit is a flow diagram that details urinary and bowel best practice care processes - together !! The Workgroup found it made sense and it seemed easier doing urinary and bowel assessments and care processes together rather than separately. On June 7, two Workgroup members will be discussing the development of and sharing the resource kit at a concurrent session at the upcoming International Conference on Best Practice Guidelines in Markham. In June, the resource kit will be available for download from www.rgpc.ca

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Continence Best Practice Implementation: Successes and Challenges Submitted by Josephine Santos, Toronto Region

On Feb. 28, 2007, the Toronto region held its first Regional Best Practice Champions Open House. The event proved to be an overwhelming success with over 100 participants from the Toronto Region turning out. The Open House provided an excellent opportunity for champions to network, showcase many initiatives and share knowledge and experiences. Nineteen long term care homes presented their work on nine of the Best Practice Guidelines.

In this newsletter, two long term care homes (Drs. Paul and John Re kai Centre and Lakeside Long Term Care Centre) that participated in the Continence Knowledge Café booth share their successes and challenges with implementation. Some of the successful implementation strategies they identified are as follows:

- Engaging and gaining support of stakeholders (e.g., administrator support, cooperation and dedication of all staff who are willing to do the work);
- Training of the staff using variety of adult learning approaches (e.g., interactive in-services, case-based learning, visual aid for illustration); and
- Building in audits and other outcome measures when developing the continence program in order to evaluate its impact, effectiveness, and ensure sustainability.

The greatest challenge that was identified by the LTC Homes was the replacement of staff to attend the in-services. The LTC Homes had to adjust the schedule to accommodate staff attendance including flexibility in working hours of the trainer/educator to deliver the in-service on all shifts.



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Update from Central East BPG Initiative in LTC Submitted by Mary Dupuis

Since our last newsletter, Hazelynn Kinney left the Central East BPG Initiative for a position closer to home. As of this month, Mary Dupuis was seconded as the BPG Coordinator – and some may remember Mary as our original Central East BPG Coordinator in 2005.

Relevant to this newsletter's focus on continence care, Central East is now rolling-out the '*Feet First*' campaign – to support implementation of RNAO's BPG 'Reducing Foot Complication for People with Diabetes' (2004). As part of our '*Feet First*' campaign, Mary is developing educational resources (such as a computer-based quiz and hard copy workbook) specific to diabetes and disease complications – including continence care. A particular focus of the '*Feet First*' campaign will be promoting HCAs' observational skills of residents with diabetes.

The **A B C** of BPGs

A Workbook to Facilitate
Nursing Staff's Understanding of
Best Practice Guidelines

P.S. At a 2006 accreditation survey, the Canadian Council on Health Services Accreditation (CCHSA) identified Central East's 'ABCs of BPGs' as a "leading practice". Developed in collaboration with Yee Hong, and with funding from the Nursing Secretariat's Late Career Nurse, the workbook was described as "demystifying the process of implementing BPGs". The workbook has also been posted on the RNAO website - for a copy, go to <http://www.rnao.org/Page.asp?PageID=924&ContentID=1911>

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Update from Northwestern Ontario region Submitted by Heather Woodbeck

The Continence/Constipation Work Group in Northwestern Ontario has produced a Toolkit for implementing the RNAO Continence and Constipation Best Practice Guidelines (BPG). An organizational assessment of continence and constipation practices is possible with gap analysis forms, a chart audit and a report card that covers both the BPG's and long term care standards. A comprehensive assessment form has been developed and trial run with several hundred residents. A RAI/MDS version of the assessment form is under development in conjunction with the Perley Rideau Veteran's Health Center in Ottawa. Best practice nursing care plans are being developed as well.

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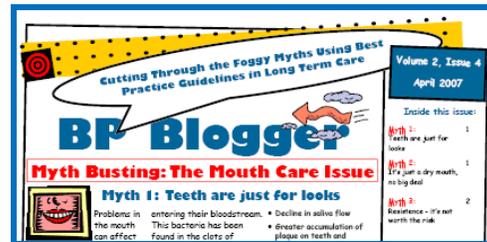
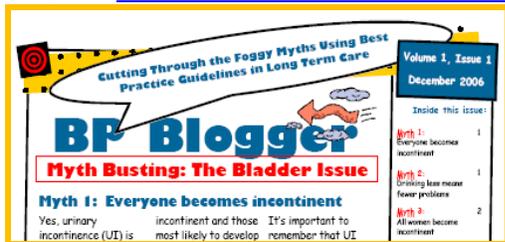
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Continence Care Implementation Guide



We recommend the following websites and resources:

The BP Blogger is a newsletter that looks at the common myths around everyday care issues. The myths are answered or “debunked” with information taken from best practice guidelines. It’s an easy way to introduce LTC staff to best practice-based care. It brings best practices to the frontlines. Use as an education tool. Watch for monthly issues. New and back issues are available on www.rgpc.ca or www.shrtn.on.ca. To be on the monthly emailing list, send an email to mvanderhorst@oakwoodretirement.com



Best Practice Coordinators in Long-Term Care

How we can help your long-term care home use best practice care approaches



Contact us!