

Best Practices in Long-Term Care

Working together towards excellence in resident care.

Spring 2011
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Taking Advantage when Opportunity Knocks

Josephine Santos, RN, MN

Program Manager, LTC Best Practices Initiative



Josephine Santos

What do you do when an opportunity knocks at your door? Do you say “thanks, maybe next time,” or do you take a leap

of faith and take advantage of the opportunity. A quote by famous inventor, Thomas Edison, states that, “opportunity is missed by most people because it is dressed in overalls and looks like work.” In this edition of our newsletter, we focus on long-term care homes and their staff who have opened the door to opportunity when it came knocking, enriching the lives of their residents and assisting in the professional growth of staff.

Two long-term care nurses have taken the opportunity to participate as stakeholder reviewers for RNAO best practice guidelines during their development. Their involvement as reviewers influenced their professional growth while also impacting the residents they serve, demonstrating how nurses in long-term care are valued members of the BPG team.

Another article details how Caressant Care Arthur and Tyndall

Nursing Home took the opportunity to use the on-line LTC Best Practices Toolkit to implement best practice guidelines in their homes. By using resources and ideas from the Toolkit, they were able to focus on implementation rather than developing resources themselves.

Two LTC homes in Ontario, Region of Durham - Hillsdale Estates in Oshawa and Bruyère Continuing Care in Ottawa took the opportunity to apply and were selected as part of a group of 10 LTC homes from across Canada participating in a national project. This two-year project, lead by the Canadian Nurses Association (CNA) and RNAO is titled "Promoting Awareness of Elder Abuse in Long-Term Care Homes".

Thirty homes are just wrapping up participation in Phase 4 of the Improving Continence Care Collaborative (IC3). They have realized many positive clinical outcomes that contribute to enhancing residents' quality of life. Testimonials of the changes in residents' quality of life are inspiration for enhancing continence care through the participating homes

and the sector.

Another opportunity offered by RNAO is the prestigious Best Practice Spotlight Organization (BPSO)[®] Initiative which was established in 2003. Requests for Proposals (RFPs) are issued every three years with 2011 being an application year. Fairview Mennonite Home is a current BPSO[®] candidate and they share their experience.

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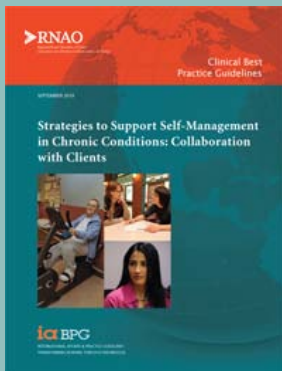
Fairview Mennonite Home (FMH) staff point out progress of their continence implementation on their mountain theme timeline. L to R - Barb Smith (PSW), Rhonda Eves (PSW), Peg Worboys (Manager of Housekeeping and Laundry)

LTC Nurses as BPG Stakeholder Reviewers

Heather Thompson, RN, Best Practice Coordinator, North East Region and
Sue Bailey, RN, BA, MHScN, Best Practice Coordinator, Toronto Region

Stakeholder review is one of the most important processes in guideline development. It is an opportunity for nurses and other healthcare professionals to provide feedback on the recommendations and guideline content before it is published. Two long-term care nurses share their experiences as stakeholder reviewers.

Cecilia Yeung, RN, MN, presently an Advanced Practice Nurse at Sunnybrook Veterans' Centre, was working as Director of Quality Services with the Drs. Paul and John Rekai Centre in Toronto. She received her RNAO e-newsletter "In the Loop" and responded to its request for stakeholder reviewers for several best practice guidelines (BPGs) in development. Her decision to be a stakeholder reviewer for the RNAO BPG *Strategies to Support Self-Management in Chronic Conditions: Collaboration with Clients*, tied in very nicely with another project, *Facilitating Client-Centred Learning* BPG that Cecilia was working on as a research assistant.



Cecilia found the review process to be user-friendly and did not consume too much stakeholder time. Cecilia

was able to review the BPG content online then respond with her comments and suggestions through an electronic survey. Cecilia feels that reviewing the BPG enhanced her knowledge and led to her continued professional development.

"The addition to your resume of the experience as a stakeholder reviewer strengthens your opportunities for career advancement", explains Cecilia.

Cecilia would recommend the stakeholder review process to other nurses from the LTC sector. It opens up opportunities for networking in addition to awareness of other projects. When you receive a copy of the published BPG, with your name listed inside under Stakeholder Acknowledgments, you gain personal satisfaction and the recognition that you have contributed to making a difference in LTC.

Janet McNabb, RN, DOC of Algonquin Nursing Home in Mattawa, Ontario, at the time of the call for the stakeholder reviewers for *Oral Health: Nursing Assessment and Interventions*, was working as a staff nurse at this Home. Janet's special interest in oral care developed as she witnessed the deterioration of residents' natural teeth while they lived in LTC. The lack of dental care in the elderly due to funding issues, fixed incomes or just no access to dentists or denturists contributed to her decision to help make a change. She also wanted to address the learning needs of unregulated health care providers "on the best approach for dental/oral hygiene, especially with residents who have behavioural issues."



Janet also found the stakeholder review process user-friendly. The development team asked questions specific to the topic, and allowed for comments, suggestions and opinions on how the process would work the best. The process was detailed and Janet completed it on an incremental basis due to many competing factors in LTC such as time, interruptions and responsibilities of a staff nurse in LTC. Her personal satisfaction was being able to voice an opinion, "even if it is not accepted or used." Janet would definitely recommend being a reviewer to others. Being part of a process that will make a difference is personally satisfying.

These stakeholder review experiences demonstrate that nurses in long-term care are valued contributors to BPG development. Their involvement as stakeholder reviewers can greatly impact the residents they serve and lead to personal opportunities as well. LTC nurses are encouraged to volunteer their time to be stakeholder reviewers for BPGs now and in the future.

Information on how to be a stakeholder reviewer can be found at:

<https://survey.rnao.ca/stakeholder-reviewer-application>

Mobilizing BPG Implementation through use of on-line Toolkit

The on-line LTC Best Practices Toolkit has been developed to provide resources and offer practical approaches to implementing and sustaining change in long-term care. Caressant Care Arthur and Tyndall Nursing Home took advantage of the resources found in the Toolkit to help them mobilize the implementation of best practice guideline in their homes. In doing so, they have achieved success in enriching their residents' lives.

"We needed an organized approach to manage and assess pain. Support from corporate structure was already in place but the interdisciplinary team required some mentoring and support for the launch of the program. I found the tutorials and the on-line LTC Best Practices Toolkit especially helpful and inspiring. There were tons of resources and ideas that we did not have to develop ourselves," says Susan Stewart, DOC from Carresant Care Arthur and Project Lead of a corporate committee.

Stewart's experience illustrates how integrating tools found in the LTC Toolkit and working with her regional best practice coordinator and other resource consultants assisted with work that was already happening in her corporation to improve pain management for residents.

Using the RNAO BPG, *Assessment and Management of Pain*, Stewart notes "When we did our gap analysis, we found that we had quite a few gaps between best practice and what was currently happening in our home."

Saima Shaikh, RN, Best Practice Coordinator, Central West Region

The committee attended a best practice workshop in Kitchener hosted by the RNAO Best Practice Coordinator: "A collaborative learning approach to see what works. This really got the ball rolling. Now our residents have their pain addressed on a routine basis and our palliative clients can end their lives pain free."

"Upon reflection, when I began the process, I found it daunting, but the rewards to the pain control and the comfort of my residents made me soldier on. Thanks to the assistance of the RNAO Best Practice Coordinator and our Palliative Resource Nurse, Christine Bigelow, our team keeps on going."

For Pat Bedford, RN, DOC from Tyndall Nursing Home, Mississauga, the Best Practices Toolkit complimented the work her home was doing with Residents First on pressure ulcers. "Although we had a Skin and Wound care Committee for some time, we returned to the basics - assessing our total system and processes by using the gap analysis in conjunction with Ministry Standards (prior to the new Act and Regulations)." By combining the gap analysis with QI tools for system analysis and change, Bedford found the answers to decreasing pressure ulcers in the home through the work of her front-line staff.

"The PSW has a key role in the early identification of a Stage 1—we

realized through completion of the fishbone. A Plan, Do, Study, Act Cycle (PDSA) was completed by the multidisciplinary team to ensure Stage 1's were reported promptly and interventions implemented within a timely manner. The Toolkit Tutorials in our region were helpful and assisted in getting started with the process."

Combining QI methodology with best practice implementation also led to meaningful evaluation of the pressure ulcer program. Pat Bedford notes, "Our statistics were gathered monthly on incidence and prevalence of pressure ulcers and demonstrated a decrease from 13% to 3% within six months, exceeding our AIM." Pat Bedford found that to be successful there was a need to change in many parts of practice: front-line knowledge, collaboration of the multidisciplinary team without "fault" finding, and enhanced communication between registered staff and PSWs.

At Tyndall Nursing Home, Bedford is very proud of her team, "I feel that staff were empowered to be part of the process. Staff demonstrated openness to learning and improving on their observations, reporting and collaborating as a team."



Two Ontario LTC Homes are PEACE Sites

Natalie Warner, RN, MN, BFA, Best Practice Coordinator, Central East Region

Pamela Rowe, RN, Hillsdale Estates and Manon Loubert, RN, inf. B.Sc, Soins continus Bruyère Continuing Care Résidence Saint-Louis

PEACE stands for, "Prevention of Elder Abuse Centre of Excellence" and there are two sites in Ontario; Region of Durham - Hillsdale Estates in Oshawa and Soins continus Bruyère Continuing Care Résidence Saint-Louis in Ottawa. These sites are part of a group of 10 Long-Term Care (LTC) homes from across Canada that were selected through a Call for Proposal process to participate in a national project led by the Canadian Nurses Association (CNA) and the Registered Nurses' Association of Ontario (RNAO) titled, "Promoting Awareness of Elder Abuse in Long-Term Care Homes." Funded by the Government of Canada's New Horizons for Seniors Program, this two year project will increase the awareness of elder abuse among front-line service providers. The sites were chosen to represent the diversity in long-term care: not-for-profit and for profit homes, small and large, urban and rural, as well as for their networking capacity for information sharing and best practices work.

In its initial year, the project has focused on gathering existing resources on elder abuse, developing an education curriculum to be delivered in the 10 PEACE sites and on developing promotional material. The PEACE sites will deliver the curriculum to their staff and the staff of other long-term care homes, networks or community support services in their area.

Facilitators from the ten sites met in January in Toronto, and now communicate through a closed Community of Practice (CoP)

on CNA's NurseONE portal and via monthly teleconferences. By sharing their successes and challenges, coordinators will be able to discuss strategies and lessons learned, as well as evaluate the curriculum. NurseONE will host an open CoP for Canadian nurses to provide feedback on the project's final deliverable, the Best Practice Elder Abuse Toolkit, as well as share strategies to address elder abuse in long-term care homes.

For RN, Pamela Rowe, Manager of Nursing Practice at the Region of Durham - Hillsdale Estates, being a PEACE site is a natural fit with the work they have completed utilizing the RNAO Healthy Work Environment and clinical best practice guidelines. Pamela notes, "Hillsdale Estates is a strong advocate for Resident rights. This initiative allows the Home to continue to strive for excellence in providing the best quality of care for the Residents."

Pamela also states, "It is important to note that Hillsdale Estates chose to apply as a PEACE site in order to be proactive, not reactive. As a Home, we are progressive and visionary; consistently seeking out exciting

opportunities such as the PEACE initiative in order to bring cutting-edge research and best practices to our Home." As the Elder Abuse Awareness Coordinator, Pamela, in conjunction with key stakeholders, will be providing the curriculum to all the disciplines within the Home, as well as Residents, families and volunteers. Pamela's connections with the local university and college mean she will share the PEACE curriculum with RN, RPN and PSW students. Further plans are underway to reach out to the Region and beyond by hosting an Elder Abuse Awareness Education day.

For Soins continus Bruyère Continuing Care Résidence Saint-Louis, being a PEACE site is an extension of their corporate mission, vision and values. Manon Loubert, the Elder Abuse Awareness site leader notes, "Bruyère is a champion of well-being for aging Canadians and committed to optimizing the quality of life of the people in the community they serve." For Manon being a PEACE site is an opportunity "to develop and disseminate best practices geared to the prevention of elder abuse. It is a great challenge to bring change and especially to believe accomplishment. We are the seniors of tomorrow and so by protecting our seniors of today, we are also planning our future."

Stay tuned for more information on the project and the release of resources to homes in Ontario and across Canada.



RN coordinators from the 10 *Prevention of Elder Abuse Centres of Excellence* sites across Canada at the RNAO during their four-day orientation session.

Testimonials from IC3 Participants

Heather Woodbeck, RN, HBScN, MHSA
Best Practice Coordinator, North West Region

The Improving Continence Care Collaborative (IC3), a Seniors Health Research Transfer Network (SHRTN) Community of Practice, has been actively meeting since 2007. The purpose of IC3 is to empower long-term care (LTC) staff to help residents remain continent using the rapid cycle method of improvement and techniques such as individualized toileting schedules, prompted voiding and other evidence-based practices. Success of the collaborative is illustrated by the testimonials received from LTC participants.

* "IC3 has impacted the lives of our residents by encouraging independence and dignity. Not only are physical attributes and increased involvement in care noticed, but it has also instilled confidence that allows them to participate in activities they never would have dreamed of. Last month a group of residents went swimming in an indoor pool." This quote is from Pine Meadows Nursing Home, a 60-bed non-profit, community-based nursing home that offers residential nursing care to people in Northbrook, a small town south of Algonquin Park.

The Pine Meadows IC3 Team noted, "It takes less time to regularly toilet a resident than to change a product when you think of all the predisposed risks associated with incontinence such as skin breakdown and pain."

*King City Lodge, LTC home to 36 residents in King City, north of Toronto in the rolling hills of York region, shared their experience, "At first, staff find it (toileting) a lot more work because it is not the



Falconbridge Extendicare's Improving Continence Care (IC3) Bulletin Board

norm, due to tracking of episodes. But once on board, they found it easier to take a resident to the toilet once you know their routine. When a routine is set, there are fewer accidents. Therefore, it reduces time you would otherwise use in toileting, removing soiled product, pericare, possibly changing clothing or retrieving another product."

*The IC3 Leader from Cedarvale Terrace, LTC home in the heart of Toronto noted, "Residents often describe the impact of both fecal and urinary incontinence in terms of shame and embarrassment and report that it causes them to isolate themselves from friends, family and community. Not surprisingly, there is an increase in symptoms of depression and anxiety in residents with incontinence as well as degradation in quality of life."

Since Cedarvale Terrace's involvement in the IC3 collaborative in June 2010, there has been documented evidence from a female resident that

"prompted voiding" has increased her quality of life. "Our resident is now able to manage with minimal supervision and verbal cues to go to the toilet. Originally, this resident required staff to change her brief in bed. Currently, our female resident only continues to wear a brief as per her preference and for "security" reasons especially when the resident leaves the unit. She is often found participating in art therapy, chair yoga, Aerobics for Seniors, Holy Rosary, and Catholic Mass. Her outlook on life is more optimistic and she exudes positive energy towards co-residents and staff."

These are a few of many positive stories coming from Phase 4 IC3. Residents in IC3 homes have experienced the benefits of regular toileting – less constipation, fewer pressure ulcers and urinary tract infections.

Are you interested in participating in IC3? IC3 Phase 5 will be starting in April 2011. For more information, contact Heather Woodbeck at hwoodbeck@rnao.org or Saima Shaikh at sshaikh@rnao.org.



Do you want to be...In the SPOTLIGHT?

Heather McConnell, RN, BScN, MA(Ed), Associate Director, RNAO and
Chris Janssen, RN, Fairview Mennonite Home

The RNAO Best Practice Spotlight Organization (BPSO)[®] initiative, established in 2003, has been a resounding success in demonstrating the uptake and utilization of best practice guidelines. The program has served to trigger the development of evidence-based practice cultures, improve patient care and enrich the professional practice of nurses and other health care providers.

Long-term care homes that are committed to evidence-based practice are encouraged to apply to become a BPSO[®]. Requests for Proposals (RFPs) are issued every three years. A formal partnership is established with successful applicants, and participating organizations who are referred to as "BPSO[®] candidates". During this time, organizations focus on enhancing their evidence-based cultures, with the mandate to implement and evaluate a minimum of three RNAO clinical practice guidelines. At the end of the three year candidacy period, and assuming all contract deliverables are met, the candidates go on to become "Designated BPSOs[®]". The twenty-one currently designated BPSOs[®] are focusing on sustainability and spread of practice changes, and are committed to continue the implementation and evaluation of best practice guidelines.

Extendicare York (Sudbury, Ontario) led the way as the first long-term care home designated as a BPSO[®].



Extendicare York receives their Best Practice Spotlight Organization Designation in April 2009.

They started their journey in 2006, and proudly received their designation at the RNAO Annual General Meeting in April 2009.

Currently, there are 16 BPSO[®] candidates in Ontario, representing a broad spectrum of health care settings, including large and small hospitals, home health care agencies, public health departments, a regional candidate (Hamilton Niagara Haldimand Brant LHIN), a community health centre, the first



One of FMH's residents in the bungee trainer for their falls prevention program

academic setting (Trent/Fleming School of Nursing) and a long-term care home.

Fairview Mennonite Home (Cambridge, Ontario) is a not-for profit home to 84 residents, that has demonstrated a true commitment to evidence-based resident care, and the BPSO[®] initiative. Their dedicated staff are currently implementing five guidelines.

They are also actively participating in the LTC Best Practices Initiative (Saima Shaikh, the coordinator in their area, is a regular visitor to the home), the Best Practice Champions Network[®], the Advanced Clinical Practice Fellowships program, and the annual Best Practice Summer Institute, all with an aim to build capacity in their staff to engage in high quality, evidence-based, resident-focused care.

Chris Janssen, Best Practice Project Lead and RAI Coordinator, is facilitating this important initiative at Fairview, where they are utilizing numerous creative strategies to integrate best practices into the care provided by both regulated and non-regulated staff. In reflecting on the BPSO[®] experience; Chris says, "We would never have done so much or made so many changes to improve our residents care and quality of life had it not been for joining with the RNAO and their BPSO[®] Initiative. It is a very exciting journey to see the changes in safety and quality as we put our residents first."

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Being a BPSO® requires the commitment of home administrators, staff, residents and families in order to create cultures that support evidence-based practices. If this opportunity is of interest to your long-term care home, watch for the next BPSO® Request for Proposals to be released in Fall 2011. The LTC Best Practices Initiative will be hosting information webinars during October and November to provide details about the BPSO® initiative, and answer your questions. In the meanwhile, visit the RNAO website at www.rnao.org/bestpractices to find out more about the many resources and educational programs available to support you in preparing for your BPSO® journey.

Are you ready for the SPOTLIGHT?

LTC Homes involved in current BPSO® candidacies through partnership with other organizations are:

- Fairhaven in Peterborough
- St. Joseph's at Fleming in Peterborough
- The Grove Nursing Home in Arnprior

Taking Advantage when Opportunity Knocks

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We also acknowledge Extencicare York (Sudbury, Ontario) - the first long-term care home designated a BPSO®, as well as Fairhaven, St. Joseph's at Fleming and The Grove Nursing Home who are partners with other organizations in their BPSO® candidacy.

Lastly, it is with great excitement that I share with you the expansion of our Initiative.

Beginning in April 2011, there will be additional LTC Best Practice Coordinators joining our team to provide one Coordinator per LHIN. Stay tuned for announcements to find out who your LTC Best Practice Coordinator is and how you may contact them. We are also currently conducting a brief on-line

survey which we urge you to complete as this is your opportunity to help direct the focus of the work of the LTC Best Practices Initiative team.

We are grateful to our funder, the Ministry of Health and Long-Term Care, for their continued commitment to enhancing the dissemination and uptake of evidence-based practice and best practice guidelines in long-term care.

There are many opportunities offered by RNAO as well as the Long-Term Care Best Practices Initiative. Opportunity is knocking – are you home? Success awaits those that open the door. We are here to help you prepare, recognize, and act when opportunity presents itself. Let us open the door together to endless possibilities.



Risk assessment and prevention of pressure ulcers. (Revised).

Toronto, Canada:
RNAO 2005

Prevent pressure ulcers!

Early intervention is essential for those at risk of developing pressure ulcers. The principle components of early intervention are:

- Identification of at-risk individuals who need preventive interventions and of the specific factors that place them at risk;
- Protection and promotion of skin integrity;
- Protection against the forces of pressure, friction and shear; and
- Reduction of the incidence of pressure ulcers through educational programs for health professionals and residents.

Visit <http://ltctoolkit.rnao.ca> to obtain resources on assessment, prevention, and management of pressure ulcers.



We're Growing!

The Long-Term Care Best Practices Initiative is pleased to announce the expansion of our program. The initiative is growing in order to meet the evolving needs of the long-term care sector and to support the implementation of best practices. Additional funding support from the Ministry will expand our current group of eight Long-Term Care Best Practice Coordinators to fourteen, providing one Coordinator per Local Health Integration Network to facilitate integrated services at the local level.



The Wound Care Institute was recently held in Niagara Falls, with over 30 Long-Term Care staff in attendance!



Clinical Best Practice Guideline Summer Institute
June 5-10, 2011

Healthy Work Environments Summer Institute
August 7-12, 2011

Chronic Disease Management Fall Institute
September 18-23, 2011

Wound Care Institute
Winter, 2012

Funding may be available for these Institutes. Watch for e-mail announcements prior to each Institute with the application information. Let us inform you – Join our distribution list. To be added to our list, please e-mail us at LTCBPI@RNAO.org. Details about the Institutes can be found at www.RNAO.org/CentreEvents.

RNAO's Long-Term Care Best Practices Initiative Newsletter Editors: Natalie Warner, Josephine Santos and Heather McConnell

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Please send comments/inquiries either by email LTCBPI@RNAO.org, fax (416) 907-7962, or mail to RNAO 158 Pearl Street, Toronto, ON M5H 1L3.

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Reminder:

Visit <https://survey.rnao.ca/longtermcaresurvey> until April 29, 2011 and complete the survey. Let us know how we can serve you better.

