



### **RNAO Best Practices: Evidence Booster**

## **Professional Education: An Intervention Strategy for Improving Outcomes**

### **Background**

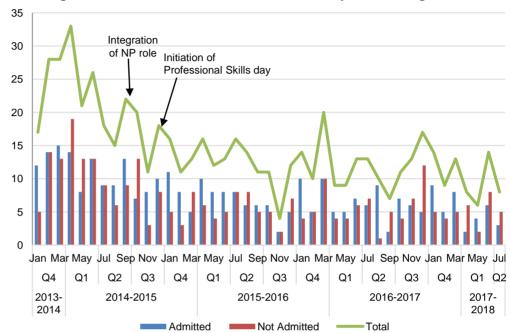
Mackenzie Health Long-Term Care (LTC) Facility is a 168 bed nonprofit Central Local Health Integration Network (LHIN) home in Richmond Hill. Ontario. It is affiliated with the Mackenzie Health Hospital and managed by Universal Care, Inc. Mackenzie Health LTC has benefited from strong, supportive leadership, resulting in innovative practices, with 18 per cent of residents receiving hemodialysis services on site. They were one of the first LTC homes in Ontario to adopt the use of medical cannabis for chronic pain management, palliative care and responsive behaviour.

In February 2015, Clara Nisan began her role as a full-time Nurse Practitioner (NP) and Director of Clinical Services, with the aim of being in alliance with the mission statement, "To be the best of the best in health care and senior living!" Her approach was preventative, to ensure assessments and treatments for residents were done at the LTC home, and to avoid unnecessary transfers/admissions to the hospital.

# Registered Staff Education

With an aim to improve quality of resident care, including quality indicators, Nisan planned to provide annual, mandatory, paid professional skills days for all registered nurses. The goal was to ensure all nurses had access to continuous education on best practices to improve critical thinking, knowledge, judgment and skills.

Figure 1: ED visits for LTC Residents – January 2013 to August 2018



(Source: Internal data from Mackenzie Health - LTC and Hospital - January 2013 to August 2018)

**Impact:** Increased staff knowledge and coaching from the NP resulted in a 45 per cent decrease in transfers to the emergency department (ED) in 2015. This trend continued with an annual average decrease of 31 per cent in transfers to the ED.

### **Practice Change**

Two days of Professional Skills training were provided annually for registered staff. Internal and external experts supported the training, including the RNAO LTC Best Practice Coordinator.



**Table 1: Professional Skills Training: Challenges and Solutions** 

Challenges	Solutions	
Coverage for staff on units	<ul> <li>Two days of training:</li> <li>On day one, half of the staff attended training while the other half cared for residents.</li> <li>On day two, the staff swapped places.</li> </ul>	
Funding	Training held early in the fiscal year (September) to ensure appropriate budgetary planning. Support from management to allocate funds towards annual education.	





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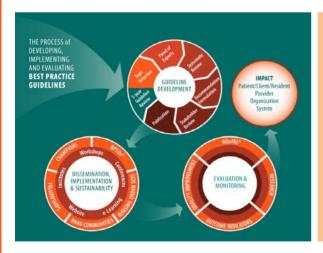
Figure 2: Professional Skills Training Day: Three-Year Timeline – topics and associated practice changes

	2015	2016	2017	
	Pain assessment, management and control			
Topics	Falls	Skin and wound (pressure injuries)		
	Delirium, depression,	Reduction in antipsychotics	End-of-life care	
	dementia		Bowel and bladder continence	
Practice changes	<ul> <li>Increased pain screening</li> <li>Utilization of standardized assessment tools</li> <li>Utilization of DOS</li> </ul>	<ul> <li>Slowly tapering antipsychotics with continued behaviour and symptom evaluation</li> </ul>	<ul> <li>Utilizing 24-hour voiding record and creating individualized toileting plans</li> </ul>	

Impact: When registered staff were given the knowledge and tools to assess and evaluate resident outcomes, the impact was a 40 per cent decrease in residents with pain and a decrease of 48 per cent in antipsychotic use without a diagnosis.

compared to Ontario averages overtime 30 Mackenzie LTC -25 Antipsychotic use Percentage (%) 20 Ontario - Antipsychotic 15 use 10 Mackenzie LTC - Has Pain 5 Ontario - Has Pain 0 Q2 Q3 Q4 Q2 Q3 Q2 Q3 2015 2016 2017 (Source: CIHI)

Figure 3: Pain and antipsychotic use at Mackenzie Health LTC



RNAO launched the BPG Program in 1999 with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 53 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. Best Practice Spotlight Organizations® (BPSO®) are health-care and academic organizations that implement and evaluate these BPGs. Currently, there are 132 BPSOs across Canada and around the globe, representing more than 700 implementation sites.

The LTC Best Practices program's mission is to enhance the quality of care for residents in long-term care homes and create a culture of evidence-based practice by encouraging staff in LTC homes to use RNAO's best practice guidelines.

#### References

Registered Nurses' Association of Ontario. (n.d.). Best Practice Guidelines. Toronto, ON, Canada: Author. Retrieved from <a href="http://rnao.ca/bpg">http://rnao.ca/bpg</a>

To learn more about RNAOs Long-Term Care Best Practices Program, please visit RNAO.ca/LTC. This work is funded by the Ontario Ministry of Health and Long-Term Care. All work produced by the Registered Nurses' Association of Ontario is editorially independent from its funding source. Contact information: LTCBPP@RNAO.ca