

Best Practices in Long-Term Care

Top Best Practice Guidelines implemented in LTC homes

1. Falls
2. Continence
3. Pressure Ulcers (Assessment & Management and Risk Assessment & Prevention)
4. Pain
5. Constipation
6. Infection Control
7. Delirium/Dementia/Depression
8. Oral Care
9. Client Centred Care
10. Foot Ulcers

Provincial Resident Concerns identified by LTC homes (by priority)

1. Pain
2. Falls
3. Client centred care
4. Constipation
5. Skin and wound
6. Continence
7. Restraint
8. Behaviour management
9. Delirium, Dementia, Depression (3 D's)
10. Oral care
11. Diabetes
12. Aggression
13. Communication
14. Fluid intake /Dehydration
15. General documentation
16. Medication management

Highlights of the Provincial Survey

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A provincial survey of the long-term care (LTC) sector was undertaken by the Long-Term Care Best Practice Coordinators (LTC BPCs) to assess the current status of use of best practices in LTC, and to direct the focus of the work of the LTC Best Practices Initiative team. The survey was conducted over a one-month period via an online survey and was also available through an interview format by phone/in-person. It consisted of 23 questions which were designed to obtain both quantitative and qualitative data related to the survey goals.

Response: Of the 619 LTC homes in Ontario, 236 participated in the survey with a response rate of 38%. There was a fairly representative division of homes from the non-profit, for profit, charitable and municipal sectors.

Response Rate by Region

LTC Regions	Response Count	Response Percent
Central East	28	28%
Central South	45	56%
Central West	27	32%
East	31	33%
North East	16	33%
North West	14	64%
South West	47	43%
Toronto	25	29%

Those completing the survey were largely in administrative/management or educator roles, with less than one half able to identify the current LTC BPC in their region. However, most of the respondents (92.4%) did indicate an understanding of the Initiative.

BPG Implementation in LTC sector: The vast majority of respondents (73.3%) reported past

experience with implementing a best practice guideline (BPG), with most focused on Falls, Continence and Pressure Ulcers. Those homes not implementing BPGs cited conflicting demands, lack of staff, new role responsibilities, lack of information or lack of resources as reasons for not focusing on these areas of practice. The majority of homes already engaged in implementing BPGs reported interest in expanding their implementation activities; whereas 83% of those who had not implemented a BPG indicated interest in doing so.

Pain, Falls Prevention and Management, and Client Centred Care were the top three clinical areas of interest expressed by the LTC homes. Both LTC homes that are implementing guidelines and those not currently implementing consistently identified staff shortages, lack of time, limited financial resources and non-receptive staff as challenges to implementation. In addition, non-implementers also shared interpretation of BPGs and computer literacy as issues. The striking difference is that implementers reported overcoming challenges by using strategies such as: incorporating the BPGs into their policies and procedures; developing learning packages and providing education to staff; consulting with the LTC BPC; and establishing committees or working groups. These homes also reported using strategies such as quality monitoring, revision of policies, education, educational materials, and availability of equipment and supplies to sustain guideline use.



Most of these homes indicated a willingness to share tools and resources developed with the LTC BPCs for wider use with other LTC homes. Those homes implementing BPGs reported benefits in relation to their impact on accreditation, compliance status, resident satisfaction and resident outcomes. A number of specific outcomes were cited by these homes as indicators of the positive impact that BPG implementation has had on their LTC home, ranging from staff knowledge to increased resident satisfaction to improvement in specific resident outcomes.

The key factors identified that support BPG implementation included leadership support, education sessions, support from interdisciplinary staff and resident/family, adequate financial and staffing resources, and having RNAO champion staff. BPG implementers tended to use a variety of resources including the LTC BPCs and were able to leverage a number of projects and programs in order to achieve excellence. Almost all of the LTC homes in the implementer (74.6%) and the non-implementer (83%) groups indicated that they see a role for the LTC BPC in their homes. Some of the ways identified for the LTC BPC to assist them include: education, support for implementation and sustainability, evaluation, mentoring staff, knowledge brokering, capacity building, promotion of networking, creation of tools, and consultation.

How are the results being addressed?

The Long-Term Care Best Practices Initiative is addressing the survey results through the following key activities:

- ❖ Development of a LTC Resource Toolkit on five best practice topics namely:
 - Pain Assessment and Management
 - Falls Prevention and Management
 - Resident Centred Care
 - Risk Assessment and Prevention / Management of Pressure Ulcers
 - Continence Care

The toolkit is a resource for use by registered (RNs/RPNs) and non-registered (PSWs) front-line staff. The toolkit will be posted on the RNAO website once completed to allow easy access to the resources. LTC Best Practice Coordinators will also provide consultation to LTC homes including education sessions on guideline implementation.

- ❖ Focus on assisting LTC homes in implementation of leadership and Healthy Work Environment BPGs along with clinical BPGs.
- ❖ Establishment of regional networking forums such as Communities of Practice to support the uptake of BPGs.
- ❖ Development of the RNAO Best Practice Champions curriculum tailored to the LTC sector and workshops offered to RNs, RPNs and PSWs. Best Practice Champions are individuals who promote, support, and influence the utilization of nursing best practice guidelines (RNAO, 2007). The purpose of building a cadre of best practice champions is to assist LTC homes in developing core skills and capabilities in best practice implementation in order to enhance effectiveness and sustainability.
 - 8 LTC full day champions workshops targeted to the LTC sector for newly recruited Best Practice Champions, conducted by the LTC BPCs
 - 5 booster sessions on mentorship and sustainability for existing Best Practice Champions

Contact Us!

If you have any question about this bulletin or any questions about the RNAO's LTC Best Practices Initiative, contact us by email at LTCBPI@rnao.org or by phone at (416) 408-5590.

Top Implementation Strategies Used by LTC Homes

Policies and procedures	71.7%
In-services	71.1%
Presentations	53.2%
Audit and feedback	34.7%
Learning packages	32.4%
Fact sheet	31.8%
Committee	31.8%
Created tools	29.5%
Consultation with BP Coordinator	29.5%
Work groups	25.4%
Reminders	23.1%
Audiovisual aids	19.1%
Newsletter	16.8%

Areas of positive impact of BPG implementation in LTC Homes

- ❖ Accreditation = 40.5%
- ❖ Compliance = 54.9%
- ❖ Resident satisfaction = 54.9%
- ❖ Resident outcomes = 72.3%

BPG implementation's effect on resident care

Improved staff knowledge on issue	55.1%
Improvement in specific resident issue	40.3%
Changed aspects of resident care protocol	39.8%