Best Practices in Long-Term Care
Working together towards excellence in resident care.

Supports for Implementing Best Practice Guidelines
Carol Holmes, RN, MN, GNC(C), Program Manager, LTC Best Practices Program

We all know that practice change and using the best evidence do not happen easily. Long-term care home (LTCH) leaders and point-of-care staff strive to provide safe, high-quality, integrated and evidence-based care. That's why RNAO's LTC Best Practices Program (BPP) focuses on supporting LTCHs to achieve these goals by providing expertise and a systematic approach to using best practice guidelines (BPG).

The LTC Best Practice Spotlight Organization® (LTC-BPSO) program is designed to address the unique requirements of LTCHs, and to provide tailored supports to ensure their successful engagement in the three year pre-designation period and beyond. In this edition of the Best Practices in Long-Term Care newsletter, we shine the spotlight on the two organizations selected in the second cohort of LTC-BPSOs®, Pioneer Ridge Home for the Aged in Thunder Bay and Saint-Louis Residence, Bruyère Continuing Care in Ottawa. Representatives from these homes came together with other BPSO organizations in March to launch their journey, which begins with the 2015-2018 pre-qualifying period. We also catch up with the four LTC organizations in the first cohort that now have more than a year of experience as LTC-BPSOs®.

This edition of the newsletter features an interview with RNAO Program Manager Althea Stewart-Pyne, who discusses the healthy work environment BPG, Developing and Sustaining Interprofessional Health Care. The guideline contains recommendations and supporting evidence to help LTCHs and interprofessional teams work collectively to provide comprehensive, quality health services to residents. A Tips and Tools guide based on the BPG details how to plan, provide, develop and sustain interprofessional health care in your work environment.

RNAO's Caregiving Strategies for Older Adults with Delirium, Dementia and Depression BPG is frequently consulted by LTCHs for strategies to manage responsive behaviours. To support LTCH staff in improving documentation of these behaviours, an RNAO LTC best practice coordinator explains how she collaborated with community partners and used best practices, relevant professional practice standards, LTC legislation, and prevailing practices in dementia care to develop a framework to guide effective documentation.

A special collection of tools and resources for health-care providers and organizations striving to prevent and address the abuse and neglect of older adults, the Best Practice Success Kit, is now available. Read about the resources contained in the kit and how they can be used to improve your practice.

In the spring, the LTC BPP conducted a survey of Ontario LTCHs about how they use RNAO and other provincial resources, the impact of RNAO BPGs on clinical practice and resident outcomes in LTCHs, and the supports they need to implement sustainable evidence-based practices. Accompanying this newsletter is a summary of the survey results and how we plan to use them to foster evidence-based practices in LTCHs. Thank you to all who responded to the survey. The LTC BPP looks forward to supporting the use of best practices in your LTCH.

Long-Term Care Best Practice Spotlight Organization®
Suman Iqbal, RN, MSN/MHA Long-Term Care Best Practice Co-ordinator, Provincial Projects

The LTC-BPSO® program began in 2014 to provide LTCHs the opportunity to partner with the Registered Nurses' Association of Ontario (RNAO) to create evidence-based cultures in their organizations through the systematic implementation of multiple RNAO BPGs.

Welcome to the newest LTC-BPSOs® for 2015-2018
In March 2015, RNAO launched cohort B of the LTC-BPSO® designation for the 2015-2018 period. Thunder Bay's Pioneer Ridge Home for the Aged and Bruyère Continuing Care’s Saint-Louis Residence in Ottawa were welcomed into the program at a launch event by Denise Cole, Assistant Deputy Minister, Health Human Resources Strategy Division, on behalf of the Minister of Health and Long-Term Care. RNAO's Chief Executive Officer, Doris Grinspun shared her vision for BPSO® designation, and detailed the impact nurses are having on clinical outcomes through the promotion and implementation of evidence-based practices. At the launch event, representatives from the incoming organizations heard about highlights and achievements from the 2014-2017 cohort of LTC homes. They also met and clarified the expectations of this initiative, identified key milestones, and prepared for guideline implementation and evaluation.

Learn more about the LTC-BPSOs on pages 2 and 3
Bruyère Continuing Care’s Saint-Louis Residence

Saint-Louis Residence (SLR) is part of Bruyère Continuing Care, a large consortium that provides sub-acute and primary care services and operates two LTCHs. Bruyère Continuing Care is spread over three sites:

1. St. Vincent’s – complex continuing care
2. Élisabeth Bruyère Hospital – palliative and rehabilitation care, and care for the elderly at Residence Élisabeth Bruyère
3. SLR – a francophone LTCH with Ontario’s first designated specialized unit for peritoneal dialysis

Bruyère Continuing Care was founded in 1845 when Mother Élisabeth Bruyère and three sisters arrived in Ottawa and opened a general hospital and the first bilingual school in Ontario. Today SLR is located on the Ottawa River in Orleans.

Number of residents: 198
Number of staff: 360

Special features: SLR is a francophone-designated LTC home with a specialized unit for peritoneal dialysis, respite and convalescent short stay services.

BPGs selected for implementation: SLR will start by implementing the Prevention of Falls and Fall Injuries in Older Adults and Oral Health: Nursing Assessment and Interventions BPGs. In the second year, the Promoting Continence Using Prompted Voiding and Risk Assessment and Prevention of Pressure Ulcers BPGs will be implemented.

LTC-BPSO Liaison: Teresa Lee, Clinical Manager, Élisabeth Bruyère Residence/Advanced Practice Nurse Long-Term Care
LTC-BPSO Coach: Ibo MacDonald, LTC Best Practice Co-ordinator, Champlain

The goal for SLR in becoming a LTC BPSO® designate is to optimize clinical excellence. SLR firmly believes the opportunity to work with RNAO in implementing clinical practice guidelines will be of great benefit to residents, staff and the Ontario LTC sector. The home officially launched its BPSO® journey during Nursing Week on May 15 which coincided with the 170th anniversary of Bruyère Continuing Care.

Left to right: Teresa Lee (BPSO Lead, Manager/APN), Simon Akinsulie (Executive Director), Ibo MacDonald (RNAO LTC BPC, Champlain)

Pioneer Ridge Home for the Aged

Pioneer Ridge is an accredited municipal LTCH operated by the City of Thunder Bay and is located in the heart of beautiful northwestern Ontario.

Number of residents: 150
Number of staff: 191

Special features: The name of the home reflects respect for the founders of the city. It honours the people who had the strength of character and the commitment to build a home for their families and carve a livelihood from the land.

BPGs selected for implementation: The following three BPGs have been selected for implementation: Preventing and Addressing Abuse and Neglect of Older Adults; Oral Health: Nursing Assessment and Interventions and Supporting and Strengthening Families through Expected and Unexpected Life Events.

LTC BPSO Liaison: Liane Heebner, Best Practice Clinician
LTC BPSO Coach: Heather Woodbeck, LTC Best Practice Co-ordinator, North West

Pioneer Ridge has selected these BPGs based on feedback from the Senior Management Committee, the Total Quality Management Team, the Quality Practice Committee, the nursing team, as well as residents and their families. The decision was also based on existing data that clearly identified areas for improvement. Pioneer Ridge began implementing the Preventing and Addressing Abuse and Neglect of Older Adults BPG in April 2015 across the entire home, which consists of four resident care units. In the second year, the organization plans to implement two BPGs: Oral Health: Nursing Assessment and Interventions and Supporting and Strengthening Families through Expected and Unexpected Life Events.

To facilitate the implementation of the selected BPGs, Pioneer Ridge will utilize its existing Quality Practice Committee as the BPSO® steering committee, with existing clinical committees focusing on the implementation of each individual BPG. By utilizing existing committees in this process, there are additional opportunities to grow and create further improvement initiatives by implementing more guidelines. Pioneer Ridge is looking forward to continuing implementation of RNAO’s BPGs to improve resident, nursing and organizational outcomes.

Left to right: Traci Fisher-Zaizer (Director of Nursing), Lee Mesic (Administrator), Tanya Baker (Education Co-ordinator), Liane Heebner (BPSO Lead, Best Practice Clinician), Sheila Hansen (Associate Director of Nursing)
The journey so far...LTC-BPSO® cohort for 2014-2017

The 2014-2017 LTC-BPSO® cohort includes: Parkview Manor Health Care Centre, Chesley; Region of Peel’s Long-Term Care Division (Sheridan Villa, Peel Manor, Malton Village, Tall Pines, and The Davis Centre); St. Peter’s Residence at Chedoke, Hamilton; and Vision Nursing and Rest Home, Samia. Over the past year, these LTC homes have implemented one or more RNAO BPGs, and supported their staff to participate in the Best Practice Champions Network® and attend the Clinical Best Practice Guideline Summer Institute.

These LTCHs are actively engaged in implementing, monitoring, and evaluating BPGs and submitting data on nursing practice, resident and organizational indicators at regular post-implementation intervals. Staff and leaders from the homes actively share their experiences with the health-care community through the RNAO website, at RNAO events, by mentoring other LTCHs, and presenting at local events and conferences.

Parkview Manor Health Care Centre

Parkview Manor’s first year has been very successful and inspiring. The organization has spent the year developing a culture of care that embraces best practices. This part of the journey alone was a big venture, as change is not easy for many people. BPGs implemented so far are:

- **Client Centred Care:** Tools were created to understand the resident as a person and a survey was conducted to track data for quality improvement.
- **Preventing and Addressing Abuse and Neglect of the Older Adult:** The organization created educational packages including video vignettes on abuse and neglect of older adults. The five vignettes are supported by a facilitator’s guide and are available at RNAO.ca/elder-abuse for all to use.

“The most rewarding part of the journey for me as a nurse is breaking down the barriers between LTCHs and working together towards a common goal of improving lives of those we serve. The partnerships that are developing are very important and will continue long after our pre-designation period is complete,” says Teresa Tibbo, the LTC-BPSO® Liaison for Parkview Manor.

Region of Peel – Long-Term Care Division

The first year in Peel Long-Term Care’s journey to become an LTC-BPSO® involved building awareness among staff members at its five LTCHs and implementing the Assessment and Management of Pain BPG within the Special Behavioural Support Unit (SBSU) at Sheridan Villa.

A new electronic tool for screening and a comprehensive assessment tool to improve pain management for cognitively impaired residents were introduced. In the second year, the Region of Peel is focusing on sustaining and evaluating the practice changes made in the SBSU and systematically rolling out the Prevention of Falls and Fall Injuries in Older Adults guideline across all five homes.

Peel LTC recognizes the contributions the BPSO® program is making to its continuous quality improvement journey by promoting a culture of evidence-based practice.

St. Peter’s Residence at Chedoke

The biggest achievement to date at St. Peter’s has been a culture shift. Staff are now constantly questioning the processes and practices, asking if they are using “the best way.” This shows an understanding and appreciation of evidence-based best practice. St. Peter’s is implementing the following BPGs:

- **Client Centered Care:** Initiatives are focused on supporting residents to direct their own care. St. Peter’s is reviewing and revising policies and procedures regarding consent and capacity and advanced care planning.
- **Preventing and Addressing Abuse and Neglect of Older Adults:** St. Peter’s is enhancing the admission process and quality of communication related to abuse.
- **Developing and Sustaining Nursing Leadership:** Point-of-care nurses are taking leadership on initiatives in the home including committee work, a mentorship program and BPSO® champions.

Through involvement as a LTC-BPSO®, St. Peter’s has seen its mission, vision and values come to life as it continues to build, support and maintain a culture of evidence-based practice.

Vision Nursing and Rest Home

Kathleen Waller, the LTC-BPSO® Liaison for Vision Nursing Home, says the home’s BPSO® journey thus far has been exciting and challenging, as well as very rewarding for everyone at Vision. In 2014, Vision implemented the Prevention of Falls and Fall Injuries in Older Adults BPG across the home and the organization is ecstatic to say that they have decreased and sustained the number of falls by an average of 50 per cent. For 2015, staff is focusing on the Client Centered Care BPG and will move on to the Delirium, Dementia and Depression BPG the following year. Despite the challenges, Vision has seen marked improvement to quality of life for its residents, and is looking forward to continuing to implement other BPGs as they move forward in their journey.
Developing and Sustaining Interprofessional Health Care
Amy Reid, RN, Long-Term Care Best Practice Co-ordinator, North Simcoe Muskoka

The Long-Term Care Best Practices Program speaks with Althea Stewart-Pyne about the BPG Developing and Sustaining Interprofessional Health Care: Optimizing patient, organizational and system outcomes. Althea is a program manager with RNAO’s International Affairs and Best Practice Guidelines Centre. In this role, she leads the development, dissemination and revision of the healthy work environment (HWE) BPGs.

Amy: According to the guideline, what is interprofessional care? Why is it important, and how does it differ from collaborative practice?

Althea: The definition of interprofessional care used in the guideline is: “the provision of comprehensive health services to patients/clients by multiple health caregivers who work collaboratively to deliver quality care within and across settings”. Interprofessional care is crucial for all health professionals to work to their full scope of practice, regardless of the health-care setting. Interprofessional care has been shown to enhance outcomes for patients, clients and residents, reduce costs, and improve the work environment. Interprofessional care guides health-care professionals in collaborative practice, which is a part of the fabric of interprofessional care and the two cannot be separated. The guideline provides recommendations not just to nurses, but to all members of the interprofessional team, including physicians, pharmacists, occupational therapists, etc. In contrast, RNAO’s Collaborative Practice Among Nursing Teams BPG speaks specifically to nurses – including nurse practitioners, registered nurses, and registered practical nurses – as intra-professionals who bring similar educational foundations but differ in the depth and breadth of their professional knowledge and skills.

Amy: What professions and health-care sectors did the expert panel represent?

Althea: The expert panel was comprised of professionals and students working from the bedside to the boardroom, including representatives from the fields of medicine, nursing, academia, social work, pharmacy, and occupational therapy. These experts represented various health settings, including LTC, acute care, community, and public health.

Amy: How will this BPG support LTCHs to enhance interprofessional care?

Althea: It will do so by providing recommendations that are applicable in any setting. The guiding principles of interprofessional care are an integral part of care delivery. The guideline discusses topics relevant to all team members such as power-sharing, decision-making, competent communication and understanding scope of practice. These are topics that will assist any team member who works with other professionals, regardless of the sector.

Amy: What resources are available to support the implementation of the BPG?

Althea: The RNAO Toolkit: Implementation of Best Practice Guidelines, 2nd. Ed. is the best resource. It provides a systematic, step-by-step approach to guideline implementation and should be used with all RNAO guidelines, both clinical and HWE. In addition to that, a Tips and Tools guide is available both online and in hard copy to support implementation of the BPG. It explains interprofessional care, why it’s important, and contains tips for individual professionals and teams to develop and support interprofessional care. A self-assessment tool is included for individuals to reflect on areas of strength in collaborative practice and identify areas that need further development.

The LTC Best Practice Program thanks Althea for providing information about this BPG.

The BPG is available for download from RNAO’s website:
http://RNAO.ca/bpg/guidelines/interprofessional-team-work-healthcare

If you have any questions about the Developing and Sustaining Interprofessional Health Care: Optimizing Patient, Organizational and System Outcomes BPG or any of the other resources available please contact your local LTC Best Practice Co-ordinator.

Long-Term Care Best Practices Toolkit, Second Edition
Suman Iqbal, RN, MSN/MHA, Long-Term Care Best Practice Co-ordinator, Provincial Projects

The LTC Best Practices Toolkit is a collection of resources and tools to assist LTC homes with the implementation of select RNAO BPGs. Since it was initially developed in 2008, there have been tremendous changes in LTC and the availability of resources and tools has increased. Therefore, the LTC Best Practices Program team is launching a second edition of the LTC Toolkit in the fall of 2015.

The LTC Toolkit, second edition is designed to help LTC homes use relevant provincial legislation, performance improvement, and other health-care initiatives to integrate BPGs and enhance the quality of resident care. The best practices covered in the toolkit were identified as key areas of concern by LTC homes in provincial surveys conducted in 2008 and 2011.

The LTC Toolkit, second edition will provide leaders and point-of-care staff with resources and tools that reflect applicable legislation, regulatory requirements, are evidence-based and consistent with the BPG recommendations. The LTC Toolkit, second edition is a dynamic resource, watch for upcoming announcements regarding the launch!
Best Practices in Documenting Responsive Behaviours

Marilyn Irwin, RN, BScN, MScN, BEd, Long-Term Care Best Practice Co-ordinator, Central West

As noted in RNAO’s BPG Caregiving Strategies for Older Adults with Delirium, Dementia and Depression, behaviours are one way that cognitively impaired residents communicate their unmet needs (physiological, emotional, psychological, social and/or environmental). It is therefore incumbent upon nurses and other care providers to observe the context in which resident behaviours occur, note which interventions are effective or ineffective, and communicate this information to encourage interprofessional continuity and consistency of care.

According to two psychogeriatric resource consultants (PRC) in the Central West LHIN, poor documentation is one of the greatest barriers to safe, effective and individualized care for residents with dementia. LTC staff members were often not documenting behaviours, and when they did, their descriptions included vague or inappropriate notations such as “aggressive ++” and lacked the specific information required to identify effective care strategies. The PRCs sought support from the RNAO LTC best practice co-ordinator (BPC) to address this issue. Using evidence-based best practices, relevant professional practice standards, LTC legislation, and prevailing practices in dementia care, the BPC designed a response. It included providing education using practical application exercises such as practice charting using actual scenarios followed by feedback and discussion.

Documentation is most effective and legally defensible when it gives the reader an accurate, clear, and comprehensive picture of the:

- resident’s needs and/or the context in which the behaviour occurred;
- actions or interventions that were used to respond to these needs; and,
- the outcomes or effectiveness of those interventions, including both successful and unsuccessful strategies.

Ontario Regulation 79/10 under the Long-Term Care Homes Act, 2007, states that in caring for residents with responsive behaviours, all LTC homes shall ensure that:

- there are written approaches to care;
- behavioural triggers are identified (when possible);
- strategies/interventions [...] to prevent, minimize or respond to responsive behaviours are documented; and,
- there are monitoring, reporting and referral protocols in place.

The most common reasons cited by LTC staff for failing to document responsive behaviours consistently include:

- it “takes too long” or “I don’t have enough time” to chart behaviours; and/or,
- the resident “always does that” or it is their “usual” behaviour (i.e. the behaviour has been normalized over time and/or subtle escalations are not noted).

To address the gap identified by the PRCs, staff members were provided with a framework (see Figure 1 on page 6) to help them document responsive behaviours and interventions in an effective and efficient manner, providing answers to the following questions:

- What triggered the behaviour (if known)?
- What was the situation? (i.e. what was going on when the behaviour occurred)
- What was the behaviour? (i.e. the resident’s response to the trigger/situation)
- What interventions were used? (i.e. both unsuccessful and successful)
- What was the outcome for the resident? (i.e. the resident’s response to the interventions)

A few other tips to improve the documentation of responsive behaviours included:

- Avoid using non-specific terms like “aggressive++,” “responsive++” or “resistive++.” Use very specific verbs such as pacing, swearing, spitting, hitting, disrobing, kicking, etc., to provide a more precise description of the behaviour – especially for those who are unfamiliar with the resident. Specific language can also help staff to anticipate certain responsive behaviours and plan approaches accordingly.

- When administering PRN medications as a part of a behavioural management plan, it is not only important to document when the medication is given, but also:
  - the reason for administering the drug (i.e. the triggering behaviour or situation); and,
  - the effect of the medication.

- When it is appropriate, save time by using evidence-based tools or flow sheets to make charting efficient and effective. Some examples include:
  - Dementia Observation System (DOS)
  - Cohen-Mansfield Agitation Inventory (also consider keeping a copy of this form in charting areas as a reminder of words or phrases that effectively describe responsive behaviours)
  - Individualized Dysfunctional Behaviour Rating Instrument (IDBRI)
  - Pain Assessment in Advanced Dementia (PAINAD).

Sharing specific and succinct information about a resident’s responsive behaviours, including successful ways staff has responded to them, can not only improve the quality of life for residents with dementia, but also the quality of life for other residents who share their home and the staff who work with them.
... Best Practices in Documenting Responsive Behaviours (continued)

Figure 1: Documentation of Responsive Behaviours

| Trigger: | What was the “trigger” that caused or resulted in the resident’s behaviour/response? (if known) |
| Situation: | What was the “situation” that caused or contributed to the resident’s behaviour/response? |
| Behaviour: | Describe the behaviour. Use specific verbs (e.g. pacing, swearing, kicking, disrobing, etc.), rather than non-specific terms such as “aggressive,” “responsive” or “resistive.” |
| Intervention: | What interventions did you use? Include both unsuccessful and successful interventions. |
| Outcome: | Describe the outcome (i.e. the resident’s response to the intervention). |

Best Practice Success Kit for Addressing Abuse in Older Adults: Resources You Don’t Want to Miss

Verity White, Project Co-ordinator, International Affairs and Best Practice Guidelines Centre

RNAO is excited to present a special collection of tools and resources for health-care providers and organizations striving to prevent and address the abuse and neglect of older adults. The Best Practice Success Kit speaks to the specific needs of those interacting with older adults, either in a direct care role, or in a managerial or policy development role within health-care settings - including LTC. The kit is based on Preventing and Addressing Abuse and Neglect of Older Adults, Canada’s first evidence-based BPG on elder abuse, funded by the Government of Canada’s New Horizons for Seniors Program.

Tools with purpose!

- The kit contains the following tools for nurses and other health-care providers:
  - a handy brochure: 10 Strategies to Help Health-Care Providers Address Abuse and Neglect of Older Adults
  - a comprehensive eLearning course in four modules with a knowledge check quiz, available in English and French (Module 1 covers introductory material suitable for anyone working with older adults)
  - a taking action toolkit (including examples about elder abuse and templates) to help advocate for change in your workplace
  - a pocket guide with key messages from the guideline
  - learning videos depicting some of the more subtle forms of abuse and neglect that could take place within a LTCH, and a discussion guide for reflective practice

- For organizations, an assessment tool, How Does Your Elder Abuse Prevention Program Measure Up? helps benchmark and identify areas for improvement from the BPG and a poster with a powerful message promoting these resources

- For older adults, a Health Education Fact Sheet (to be used within organizations that are adopting the BPG)

All of these resources are accessible online at www.RNAO.ca/elder-abuse
The LTC Toolkit, which supports the implementation of BPGs, has been used in conjunction with capacity building resources and events such as the Best Practice Champions Network, Nursing Orientation e-Resource for LTC and RNAO institutes and workshops.

The top three benefits cited from using RNAO resources included improved staff knowledge (88.7 per cent), improved resident outcomes (66.7 per cent), and BPG implementation (60 per cent). Other benefits identified were support in using evidence-based practices (59.5 per cent), preparation for LTCH quality inspections (41.5 per cent) and support in responding to LTCH quality inspection findings (37.9 per cent).

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Reasons identified for using the top five clinical BPGs include: quality improvement, resident needs, preparation for the LTCH quality inspection, meeting organizational priorities, and responding to the findings from the inspection. Similarly, the HWE BPGs were used to improve staff satisfaction, quality improvement, recruitment and retention, preparation for the LTCH quality inspection, and to meet organizational priorities.

Additional resources from the LTC Best Practices Program: To further support LTCHs in using and sustaining evidence-based practices, survey respondents suggested the following approaches:

- Integrating BPGs to meet LTCHs Act requirements (35.3 per cent)
- Incorporating BPGs into policies and procedures (31.8 per cent)
- Program evaluation and sustainability (28.3 per cent)
- Consultation with the LTC BPC (24.7 per cent)
- Knowledge exchange forums (23 per cent)

How will the LTC Best Practices Program use the survey results?
The LTC BPP plans to address the survey results through the following key activities from 2015-2018:

- Launch a second edition of the LTC Toolkit in the fall of 2015.
  - The topic on pressure ulcers will be expanded to include skin and wound care by adding additional BPGs and resources to support this required program.
  - The topic on client centred care will shift focus to person- and family-centred care, consistent with the new RNAO BPG.
- New clinical topics will be added including the prevention of abuse and neglect and alternatives to the use of restraints.
- Two HWE topics will be added: developing and sustaining nursing leadership and prevention and management of violence in the workplace.
- Resources on program planning, implementation, evaluation and sustainability will be added to support activities to meet LTCH program requirements.
- A monthly webinar series will begin with the launch of the second edition of the LTC Toolkit focusing on each topic and related resources.
- Compile resources within the second edition of the LTC Toolkit for other identified priorities. A topic on care transitions will be added in the future to support the LTCH plan of care program. Additional topics to address concerns related to developing and sustaining a HWE will also be added.
- Update the Nursing Orientation e-Resource for LTC to ensure resources and tools are current.
- Promote the Best Practice Champions workshops and webinar series.
- Provide the League of Excellence for LTC to support nurse leaders in gaining knowledge related to integrating evidence from BPGs into LTCH programs, and program evaluation and sustainability.
- Disseminate information about the LTC-BPSO program, requirements and the application process.
- Continue to provide funding support, through an application process, for LTCH staff to attend RNAO learning institutes.
ANNOUNCEMENTS

Welcome to the Team!

Suman Iqbal joined the Long-Term Care (LTC) Best Practices Program as the best practice co-ordinator for provincial projects. She has a combined master of science in nursing and master of health administration from the University of Phoenix and more than 25 years experience. Suman previously served as professional leader of nursing and manager of clinical informatics at Sunnybrook Health Sciences Centre. Prior to this, she worked for Baycrest in progressive management positions in the Apotex Jewish Home for the Aged, including as the director of nursing and personal care. She has successfully established, led and sustained positive change through best practice implementation and quality improvement initiatives including BPSO pre-designation activities. Suman can be reached via e-mail at siqbal@RNAO.ca

Freda Poirier joined the team as LTC best practice co-ordinator covering the North East region. Freda holds the Canadian Nurses’ Association specialty certification in gerontological nursing and certification in teaching and training adults from Georgian College. Freda was a director of care for a not-for-profit LTC home and an RAI co-ordinator and charge nurse. She also completed the Advanced Palliative Care Education Program and volunteered as a nurse on several transcultural expeditions to the Dominican Republic. Freda can be reached at fpoirier@RNAO.ca

Thank you Long-Term Care Home Lead Agencies

RNAO is grateful for the support provided by the long-term care homes that served as lead agencies and contributed to the development of the LTC Best Practices Program. From 2005 to 2015, the lead agency model was used to develop strong linkages within the Local Health Integration Networks (LHIN) and LTCHs across the province. This model served as a foundation for the LTC best practice co-ordinators to expand relationships with LTCH leaders, staff and community partners. As RNAO moves forward in the next phase of the program’s development, we will undertake new approaches, including the LTC Best Practice Spotlight Organization designation, to engage LTCHs in best practice implementation.

We thank all of the LTCHs that served as lead agencies and their contribution to the dissemination and uptake of evidence-based practices and best practice guidelines. We look forward to continuing to work with you.

SUMMER 2015 BPG Sale!

CLINICAL:
• Nursing Care of Dyspnea: The 6th Vital Sign in Individuals with Chronic Obstructive Pulmonary Disease (COPD)
• Adult Asthma Care Guidelines for Nurses
• Promoting Safety: Alternative Approaches to the Use of Restraints
• Prevention of Falls and Fall Injuries in the Older Adult
• Risk Assessment and Prevention of Pressure Ulcers

HEALTHY WORK ENVIRONMENT (HWE):
• Developing and Sustaining Effective Staffing and Workload Practices
• Preventing and Managing Violence in the Workplace
• Developing and Sustaining Interprofessional Healthcare
• Preventing and Mitigating Nurse Fatigue in Health Care
• Workplace Health, Safety and Well-Being of the Nurse

50% off select BPGs until October 31, 2015

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

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