

Best Practices in Long-Term Care

Working together towards excellence in resident care.

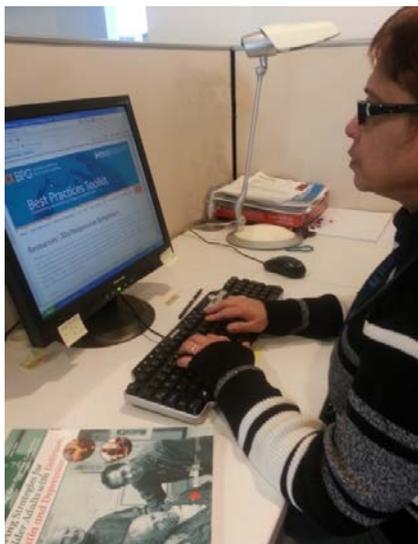
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Working Together to Improve our Response to Responsive Behaviours

Donna Harris, RN, Nursing Operations Supervisor, Chelsey Park Retirement Community, London, ON

In January, 2012, the Chelsey Park management team recognized that there were far too many responsive behaviour incidents among the residents in our long-term care (LTC) home. Ninety incidents were reported; 44 of them were on our secure unit. After speaking with staff and reviewing the incidents, we decided to begin Gentle Persuasive Approaches (GPA) training. By July, we trained 58 staff members and decided to continue to improve practice related to responsive behaviours by forming a committee focused on responsive behaviour management. The initial committee was comprised of members who had taken the GPA training and also included the pharmacist and chaplain. The committee started by reviewing statistics that had been collected and creating its Terms of Reference.

In August, the local RNAO LTC Best Practice Coordinator met with our committee to discuss how we could enhance our work using RNAO best practice resources and supporting tools.



As a starting point, we focused on educating the team on resident-centered care by: encouraging staff to complete RNAO's Client Centered Care e-learning program www.clientcentredcare.rnao.ca; examining the language we used to talk about residents, as well as changes to this language to make it resident-focused. We also began to engage frontline staff in practice change by surveying their knowledge and experiences with responsive behaviours. One thing that was identified in this process was that noise was triggering responsive behaviours, and it was compounded by the number of four-bed rooms and crowded communal areas. As a result, the committee made plans to diminish noise, such as that created by overhead paging and carts. We also focused on change in communal areas by enhancing meal times and reviewing resident rights with staff. Our committee was trained and began completing P.I.E.C.E.S assessments on residents. These were reviewed at our committee meetings and resulted in adaptations to approaches in resident care. In addition, we continued to implement organizational change by teaching staff the "Stop and Go" approach (from GPA training) for residents displaying responsive behaviours as well as cuing staff to those residents most likely to exhibit responsive behaviours by placing pictograms on their doors.

To build on the core education on responsive behaviours, we provided sessions on management of vocally disruptive behaviour, Lewy body dementia, vascular dementia and Alzheimer's disease. Another education strategy we have used is a "Walk in the Park Day," events in which staff participate in experiential activities to help them better understand the challenges residents face and the impact of the programs

and interventions we offer. At one station, participants wore oven mitts and tried to lift a medicine cup. At others, they had the opportunity to try pureed and minced meals and Montessori activities. At other stations, the emphasis was on resident-centred care, with activities such as matching profiles and pictures of staff members and residents, and an activity that compares past ways of describing residents and responsive behaviours with resident-centred approaches to describing them. The final station was a wishing well, where staff wrote one thing they could do to improve resident-centred care and decrease responsive behaviours. This education was successful and received a great response from staff. We plan on repeating "Walk in the Park Day" regularly.

In our efforts to continue to enhance our in-house capacity, we began having staff attend Behaviour Support Ontario (BSO) training in May 2013. The BSO offers staff support and coaching. We also accessed other training and three team members attended Montessori training. They've added Montessori equipment on the secure unit and will soon add it in all resident areas. We also have four staff that have taken the training to become GPA coaches.

At the unit level, we continued to explore how we could improve practice in our home. In May 2013, we initiated a program on our secure unit. During the first week, 53 incidents of responsive behaviour were reported and the goal became to decrease this number. Due to limited uptake of the program by evening staff, the nursing management team met with these staff and utilized the "5 Whys Tool" to understand the
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limited buy-in. As a result of the five-whys exercise, we used a "Plan, Do, Study, Act" approach which involved allocating two BSO team members to the unit to coach and train staff. In addition, all staff on the secure unit were given permission to spend time with residents experiencing responsive behaviours, delaying other tasks, if necessary. This approach

seemed to be successful, as statistics from one week at the end of June showed the number of responsive behaviour incidents dropped to 11 incidents.

At the individual level, all registered staff are being encouraged to complete the RNAO e-Learnings on delirium, dementia and depression and client-centered care as part of their annual goals.

This experience has demonstrated the value in reflecting on our practice and using new learning to make improvements in resident care. At Chelsey Park, we believe that all behaviour has meaning. We will continue our efforts to decrease responsive behaviours and to move to resident-centered care for as long as it takes.

Editor's Note: Developing Capacity in Long-Term Care

Carol Holmes, RN, MN, GNC(C), Acting Program Manager, LTC Best Practices Program



In our society, people and health-care organizations alike are constantly seeking to expand their knowledge and skills to make improvements in their lives and the lives of their clients. One of the strategies that RNAO's Long-Term Care Best Practices Program uses when working with long-term care (LTC) homes is capacity development. Capacity means

organizational and technical abilities, relationships and values that enable organizations, groups and individuals to carry out functions and achieve their development objectives over time. In this context, capacity refers not only to knowledge and skills, but also includes the relationships, values and attitudes that support its development. The use of RNAO clinical and healthy work environment best practice guidelines (BPG) assists in developing capacity within LTC homes. Our program fosters this capacity development at the Local Health Integration Network (LHIN) level through the role of 14 LTC Best Practice Co-ordinators, and at the provincial level by providing resources and education, and sharing information about approaches LTC homes have taken to develop capacity, such as those described in this newsletter.

In this issue of Best Practices in Long-Term Care, Chelsey Park, a LTC home in southwestern Ontario, tells us how they enhanced organizational capacity and the capacity of individual nurses and personal support workers to better care for residents with responsive behaviours. Their approach began by reviewing the incidents of responsive behaviours and talking with staff to gain an understanding of the factors involved. This led to the leadership team deciding there was a need for staff training to raise awareness about responsive behaviours and the approaches that can be used in working with residents to reduce these behaviours. With help from the local RNAO LTC Best Practice Co-ordinator, for the Southwest LHIN, Chelsey Park incorporated the principles of client-centred care and explored the impact of environmental factors in triggering responsive behaviours. This led to further staff education by using tools such as RNAO's Client Centred Care e-Learning and Gentle Persuasive Approaches, which included specific techniques in managing responsive

behaviours. Through these efforts, Chelsey Park is developing the capacity of individual staff members and their organization to prevent and manage responsive behaviours.

RNAO's Wound Care Institute is an intense education program for nurses from all health-care sectors. Each year, a group of nurses from long-term care attends the Institute. To continue to develop the capacity of these nurses, the LTC Best Practices Program developed a wound care community of practice (CoP). In an article written by some of the LTC Best Practice Co-ordinators, you'll read about the CoP and the next steps that will evaluate its use. This year, the RNAO Wound Care Institute includes a foundational and advanced stream. The foundational stream is designed to build clinical expertise using BPGs related to wound care. The advanced stream focuses on leadership capacity in wound care, BPG implementation and evaluation for nurses with wound care experience and/or previous RNAO Wound Care Institute attendees.

We're also happy to share an interview with Althea Stewart-Pyne, RNAO Program Manager, highlighting the release of the second edition of the Developing and Sustaining Nursing Leadership healthy work environment BPG. This edition is enhanced by the addition of evidence-based content related to leadership at the point-of-care, and can be used to build capacity in front-line leaders. A Tips and Tools pamphlet is also available to support the use of the BPG.

And finally, we have three announcements linked to capacity development within our program and the sector. We are excited to announce the Long-Term Care Best Practice Spotlight Organization® Program. We are also pleased to introduce a new Best Practice Co-ordinator, Sandra Kioke, who will work with homes in the South East LHIN. We also wish to acknowledge the release of the second progress report of the Long-Term Care Task Force on Resident Care and Safety. The November report examines capacity development in the sector to improve resident care and safety.

RNAO's LTC Best Practices Program looks forward to continuing to work with you in developing capacity in your LTC home.

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Connecting Wound Care Experts with Long-Term Care Nurses through a Community of Practice

Bev Faubert, RN, BScN, LTC Best Practice Co-ordinator, Erie St. Clair LHIN

Elaine Calvert, RN, LTC Best Practice Co-ordinator, Hamilton Niagara Haldimand Brant LHIN

Heather Woodbeck, RN, HBSn, MHSA, LTC Best Practice Co-ordinator, North West LHIN

Does this sound familiar? You've returned to your long-term care home from a great workshop on wound care, excited and ready to implement an RNAO best practice guideline (BPG). After awhile, competing priorities slow your progress and you find maintaining momentum challenging. Support and resources may be exactly what you need to keep you and other members of your team on track.

Long-term care nurses who attended past RNAO Wound Care Institutes shared similar thoughts in a 2012 survey. In the survey, they indicated they were looking for further wound care education and opportunities to connect with other past participants to share clinical information and strategies to enhance their wound care programs. In response to these survey results, the Long-Term Care (LTC) Best Practices Program developed a Wound Care Community of Practice (CoP) as a pilot project. RNAO uses the Canadian Foundation for Healthcare Improvement definition of a CoP: "people who share a concern or passion for something they do, and learn how to do it better through interaction."

The Wound Care CoP offered a free webcast education series and an online discussion forum.



The education series was presented by wound care experts, who provided clinical information supported by recommendations in RNAO BPGs.

Due to interest in the initial webcast, the series was opened up to all Ontario long-term care homes. Several sessions were archived to allow nurses to view the information at a later date. Becky Li, Director of Resident Care at Mon Sheong Scarborough Long-Term Care Centre, said, in response to a webcast: "Our staff who attended the webcast education sessions found the content very rich and the speakers very knowledgeable and resourceful."

One thousand logins indicate the series fills a need for long-term care nurses and other team members. The archived sessions can be viewed on OTN's web archive: webcast.otn.ca. Webcast topics include: assessment, prevention and

management of skin tears, pressure ulcers, and lower leg ulcers, as well as support for program development.

The second part of this CoP was a pilot project consisting of an online discussion forum for past participants of the Wound Care Institutes. The intent of the discussion forum was to allow participants to pose questions to their colleagues and to house tools referred to in the wound webcasts. This forum enabled participants to reconnect in order to share practice information and access evidence-based resources.

This pilot project is now coming to an end, and an evaluation will be conducted to determine next steps for the CoP. RNAO's LTC Best Practices Program continues to support capacity development in wound care for nurses in LTC. This year's Wound Care Institute now includes a foundational and advanced stream. The foundational stream builds on clinical expertise using BPGs related to wound care. The advanced stream focuses on leadership capacity in wound care BPG implementation and evaluation, and is geared to nurses with wound care experience and previous RNAO Wound Care Institute attendees. For more information, go to <http://rnao.ca/events>

New and Revised Best Practice Guidelines

RNAO recently released the third edition of the best practice guideline *Assessment and Management of Pain* and a new healthy work environment guideline, *Developing and Sustaining Interprofessional Health Care: Optimizing Patient, Organizational and System Outcomes*.

The Assessment and Management of Pain (3rd edition) BPG provides evidence-based recommendations for effective assessment and management of pain, without focusing on either the type or origin of pain. This guideline also reflects a new approach whereby revised guidelines are released as a new edition instead of a supplement to the guideline.

The Developing and Sustaining Interprofessional Health Care BPG has been developed to foster healthy work environments, and focuses on the attributes of interprofessional care that will optimize outcomes for patients/clients/residents, providers, teams, organizations and the system. This BPG also has a *Tips and Tools* brochure to help organizations implement the recommendations.

Both guidelines are available for free download from <http://rnao.ca/bpg>. Hardcopies can also be purchased through <https://shop.rnao.ca>.



Althea Stewart-Pyne
RN, BN, MHSc

What's new? RNAO's second edition of the *Developing and Sustaining Nursing Leadership Healthy Work Environment Best Practice Guideline*

Marilyn Irwin, RN, MScN, BEd, LTC Best Practice Co-ordinator,
Central West LHIN

The Long-Term Care (LTC) Best Practices Program chats with Althea Stewart-Pyne, who responds to questions about changes in the second edition of the best practice guideline (BPG) Developing and Sustaining Nursing Leadership. Althea is a program manager with RNAO's International Affairs and Best Practice Guidelines Centre. In this role, she leads and manages the development, dissemination and revision of healthy work environment (HWE) BPGs, including the second edition of the leadership BPG.

published on the topic. If the guideline is being rewritten or revised, the original panel members are consulted and invited to participate. Rounding out the expert panel are members of RNAO's team, including: a program manager, nursing research associate and project coordinator.

Marilyn: Who is the target audience for the leadership BPG?

Althea: All nurses and members of the interprofessional team who provide care in all health-care settings to patients/clients/residents of all ages.

Marilyn: Could you describe some of the significant changes contained in this revised guideline?

Althea: The core of the guideline is the same; the second edition addresses changes in context, such as system complexity and other trends, like the value of mentoring and coaching. A major area of focus for this guideline is the point-of-care leader: that is, shifting from authoritative leadership to collaboration and recognizing the leader in everyone. This guideline defines and clarifies the concept of leadership at the point-of-care and outlines factors that support leadership for positive outcomes for nurses and the health-care system.

Marilyn: How can nurses access the second edition of the leadership BPG?

Althea: The leadership guideline can be downloaded for free from RNAO's website: http://rnao.ca/sites/rnao-ca/files/LeadershipBPG_Booklet_Web_1.pdf
A hard copy of the BPG can also be ordered by contacting RNAO directly, or by completing this online order form:

<https://shop.rnao.ca/guidelines/leadership>

Marilyn: Are there any other RNAO leadership resources that might be helpful for current or future nursing leaders?

Althea: RNAO is currently producing a series of *Tips and Tools* pamphlets based on the healthy work environment guidelines, including one on the topic of leadership. Later this year, we will be developing a similar brochure specifically for point-of-care leaders.

Leadership is a topic that is also addressed through various RNAO-sponsored workshops, including the annual Healthy Work Environment Institute Workshop Series. The dates and times for these events can be found on RNAO's website: <http://rnao.ca/events>

Marilyn: Is there anything else that you would like our readers to know about this new edition of the leadership guideline?

Althea: This guideline is meant to support nurses in their leadership journey and provide greater understanding of aspects of point-of-care leadership.

Marilyn: The LTC Best Practices Program would like to thank Althea for providing this information and highlighting the changes to the leadership BPG.

Please take the opportunity to explore and download the second edition of the leadership BPG. In addition, stay tuned for upcoming announcements regarding the addition of a leadership section in the RNAO LTC Toolkit. This new topic includes online leadership resources that reflect the second edition of the BPG and the needs of long-term care staff.

If you have any questions about the leadership BPG or the LTC Toolkit, please contact the LTC Best Practice Co-ordinator in your LHIN.

Marilyn: What prompted the development of a second edition of the leadership BPG?

Althea: The leadership BPG was revised as part of RNAO's five-year process for reviewing and updating our best practice guidelines and accompanying resources. The rate of knowledge generation in this topic through research indicated the need to include recent findings in the guideline.

Marilyn: Who is involved with developing a new or revised BPG?

Althea: A panel of experts is assembled to reflect representation from various sectors in health care, including: nursing representatives from varying levels of responsibility; representation from the government; students; nursing faculty; interprofessionals; and authors who have recently

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Long-Term Care Task Force on Resident Care and Safety: *second progress update*

In November 2013, the Long-Term Care Task Force on Resident Care and Safety issued its second progress update on the three-year action plan to address abuse and neglect in long-term care homes. The task force shares the commitment of the public and the Minister of Health and Long-Term Care to strengthen resident care and safety in long-term care. The task force believes that while more work needs to be done, progress is being made. This progress report shows that increasingly, a culture of resident-centred care is being promoted in the delivery of care to Ontario's long-term care residents.

Highlights of the progress update include:

- Participation of 3,000 long-term care staff, residents, families and volunteers in educational forums to improve resident-centred care and safety.
- A first of its kind education session on the inclusion of resident and family councils in the quality improvement process presented by the Family Council Program and the Ontario Association of Residents' Councils.
- A new guide, *Shifting Focus: A Guide for Understanding Dementia Behaviour*, developed by the Alzheimer Society of Ontario is aimed at helping the families and friends of people with dementia living in long-term care.

The report also highlights key initiatives of the Ministry of Health and Long-Term Care to support long-term care homes in the delivery of safe care for residents.

The task force has identified four priorities for this year:

- Declaration of resident care and safety as a top priority.
- Establishment of quality committees in all long-term care homes.
- Development of suitable indicators to reflect abuse, neglect and resident quality of life.
- Strengthening sector capacity and leadership in managing responsive/mental health behaviours.

A representative from RNAO's Long-Term Care Best Practices Program is a member of the task force. RNAO continues to work on developing a best practice guideline (BPG) on recognizing, managing and preventing elder abuse. The BPG is expected to be released later this year.

The task force was established by the long-term care sector in November 2011 in response to media reports and public concern about incidents of abuse and neglect in long-term care homes, and underreporting of these incidents. In May 2012, the task force issued a report that recommended 18 actions to improve the safety of residents in long-term care homes in Ontario.

To read the November 2013 progress report, go to:

http://longtermcaredtaskforce.ca/images/uploads/Task_Force_Update_-_Oct_2013_-_EN.pdf

To read the Long-Term Care Task Force on Resident Care and Safety's May 2012 report, go to:

<http://longtermcaredtaskforce.ca/images/uploads/LTCFTReportEnglish.pdf>

For more information visit:

www.longtermcaredtaskforce.ca

New Long-Term Care Best Practice Spotlight Organization[®] Program

RNAO's Long-Term Care Best Practices Program is pleased to announce an exciting new opportunity designed specifically for long-term care (LTC) homes: the LTC Best Practice Spotlight Organization[®] Program (LTC-BPSO[®] Program).

The LTC-BPSO[®] Program is built upon the RNAO BPSO[®] Program, which has a 10-year history of success working with health-care organizations to implement and evaluate best practice guidelines and continuously cultivate knowledge-based nursing practices. Through a recent BPSO survey regarding the impact of the program since its inception, and through formal research studies, the BPSO[®] program has proven to be highly successful in improving client, provider, organizational and financial outcomes. Although LTC homes have participated in the BPSO[®] initiative in the past, several areas of the program have been modified to enhance the experience of participating homes.

LTC homes across Ontario were notified of this opportunity in December. Selection of LTC-BPSO[®] candidates occurs in winter 2014. The next edition of this newsletter will feature more information on the LTC-BPSO[®] program, and the LTC homes selected to participate. Stay tuned.

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ANNOUNCEMENTS

Welcome to the Team!

RNAO is pleased to welcome Sandra Kioke, the new Long-Term Care (LTC) Best Practice Co-ordinator in the South East Local Health Integration Network (LHIN). Sandra joined the team in October 2013. Thanks to her background in primary care practice, education, research and administration in both acute care and LTC homes, Sandra has a well-rounded set of skills and diverse expertise. She has worked with First Nations and Inuit communities from east, to west, to the high Arctic.

Sandra has a Master of Science degree in nursing from Queen's University. She is a dedicated lifelong learner and recently completed a course with the Institute for Healthcare Improvement on leading quality improvement. Sandra looks forward to meeting with representatives from all LTC homes in the South East LHIN in the near future, and working collaboratively to support healthy work environments and clinical excellence in care.



Sandra Kioke, RN, MSc

Sandra can be reached by email at skioke@RNAO.ca and by telephone at 613-864-0238.

RNAO welcomes Union Villa as new lead agency for Central LHIN

RNAO's Long-Term Care Best Practices Program is pleased to welcome Union Villa in Unionville as the lead agency for the Central Local Health Integration Network (LHIN). Home to 160 residents, Union Villa is a charitable long-term care home that was established in 1970 and rebuilt in 2005. Through an application process open to all homes in the Central LHIN, Union Villa was selected as the new lead agency by demonstrating organizational support for and a commitment to evidence-based practice and quality improvement. Sue Bailey, RNAO Long-Term Care Best Practice Co-ordinator for Central LHIN has been enthusiastically welcomed by Union Villa's leadership team and staff.

RNAO's Long-Term Care Best Practices Program Newsletter Editors: Natalie Warner, Carol Holmes, Heather McConnell and Melissa Di Costanzo.

Newsletter Designed by: Verity White

Please send comments/inquiries by email to LTCBPI@RNAO.ca.

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