

# Best Practices in Long-Term Care

## Working together towards excellence in resident care

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### Inaugural cohort of Long-Term Care Best Practice Spotlight Organizations achieve designation

In April 2017, RNAO recognized three Ontario long-term care organizations with designation as the first-ever Long-Term Care Best Practice Spotlight Organizations (LTC-BPSO). Parkview Manor, Region of Peel, and St. Peter's Residence at Chedoke completed their three-year pre-designation period, during which they built evidence-based cultures in their organizations through the implementation and evaluation of multiple RNAO best practice guidelines (BPG).

The Best Practice Spotlight Organization (BPSO)® program was established in 2003 to enable health and academic organizations to formally implement BPGs in partnership with RNAO. In 2014, the LTC-BPSO designation was created to meet the unique needs of Ontario long-term care (LTC) homes. After successfully achieving their designation, each of the newly designated LTC-BPSOs took some time to reflect on their accomplishments over the past three years, and on the future ahead.

#### Parkview Manor Health Care Centre

Teresa Tibbo, LTC-BPSO Liaison, Quality Coordinator/Staff Educator

Parkview Manor is a 34-bed LTC home located in Chesley, Ont. and housed in a historic mansion with many of the original architectural features intact. Fifty dedicated staff members helped implement five BPGs: *Person-and family-centred care*, *Preventing and addressing abuse and neglect of the older adult*, *Assessment and management of pain (third edition)*, *Promoting continence using prompted voiding*, and *Preventing constipation in the older adult population*.

The LTC sector's rigorous reporting and assessment requirements can, at times, take the focus away from the most important aspect - the life of the resident. The BPSO journey has helped Parkview Manor put the focus back on living and having meaningful relationships with residents and with each other. The staff is digging deeper to find out who the individual residents are, and working with them and their families to help them live better. A resident survey reveals our success: when asked if they had a special relationship with a staff member in 2016, 100 per cent of residents said yes, a dramatic increase from only 61 per cent in 2015. The home attributes this significant improvement to implementing *the Person-and family-centred care* BPG.

The whole home takes part in the BPSO work by creating policies that clearly outline staff expectations in regards to evidence-based practices. Resident surveys will continue to be used as a tool to ensure we are hearing directly from the residents about their experience, and we will continue to model the language and action we wish to see in our home. Our staff takes opportunities to share knowledge and raise awareness of evidence-based practices through hosting RNAO open houses, Best Practice Champion workshops and consulting on a one-to-one basis.



(Left to right, first row) Tina Jenkins, Director of Care (DOC); Carole Woods, Administrator  
(Left to right, second row) Teresa Tibbo, LTC-BPSO Liaison; Sue Sweeney, RNAO BPSO Coach

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### Region of Peel

Ann-Marie Case-Volkert, LTC-BPSO Liaison, Manager, Practice, Innovation and Education

The Region of Peel serves the communities of Brampton, Caledon and Mississauga, which have a total population of 1.3 million. The region provides care for more than 700 residents across five LTC centres. BPSO designation is an important component of Peel's continuous quality improvement program and aligns with the organization's dedication to evidence-based practices. As part of the program, four BPGs were implemented:

- *Assessment and management of pain* (Sheridan Villa – Special Behavioural Support Unit)
- *Prevention of falls and fall injuries in the older adult* (all five Peel LTC centres)
- *Person-and family-centred care* (Sheridan Villa – second floor)
- *Preventing and addressing abuse and neglect of older adults* (Sheridan Villa, second floor)

Implementation and evaluation of these guidelines led to practice, program, policy and resource changes. The homes and units that implemented a guideline saw various positive results, including:

- a reduction of worsening pain by almost 15 per cent
- a slight reduction in falls
- an overall downward trend in injuries related to falls
- increased opportunities for residents, families and caregivers to engage in care planning and evaluation
- increased staff knowledge on evidence-based falls prevention and pain management practices
- increased resident, family and staff awareness of strategies to prevent and address resident abuse and neglect

The Region of Peel is committed to maintaining its designation and implementing at least two more BPGs over the next two years. Plans are also underway to roll out the already implemented guidelines across all five centres. Peel LTC is dedicated to being a leader in evidence-based practice, with the ultimate goal of supporting the well-being of residents by providing the highest quality person-centred care.



(Left to right, first row) – Susan Griffin-Thomas, Jessica Altener, Valrie Lewin, Liezle Trinidad, Cathy Granger, Rejane Dunn (Left to right, second row) – Saima Shaikh, Joy Adams, Svetlana Antonova, Binu Idicula, Tessa George, Susan Ash, Heather Climenhage, Edwena Nolan, Ravneet Kaur, Ann-Marie Case-Volkert

### St. Peter's Residence at Chedoke

Bahar Karimi, LTC BPSO Liaison, Director of Resident Services

St. Peter's Residence at Chedoke, part of Thrive Group, is a non-profit LTC home for 210 residents, and workplace for about 350 employees in Hamilton, Ontario. During the three-year pre-designation period, the home implemented the following BPGs:

- *Client-centred care*
- *Developing and sustaining nursing leadership (second edition)*
- *Assessment and management of pain (third edition)*
- *Preventing and addressing abuse and neglect of older adults*
- *Prevention of falls and fall injuries in the older adult*
- *Promoting safety: Alternative approaches to the use of restraints*

Establishing clinical practice committees has led to a culture of evidence-based practice at our home, which is key to ensuring team members turn to the evidence to support decision-making. Through the implementation of the BPGs, significant changes to practice were achieved in many areas of care and services. These include a decrease in the percentage of residents who fell from 15 percent in January 2016 to 12.25 percent by September 2016, as well as a reduction in the percentage of residents in daily physical restraints from 1.99 percent to 1.03 percent over that same period. The aforementioned culture of evidence-based practice will be important in sustaining these changes and the many structures put into place to support their sustainability. The home will continue to develop best practice champions and challenge current practices to ensure the best possible care is provided.



(Left to right, first row) Jennifer Walker, Resident Care Supervisor; Cindy Chovance, RN; Bahar Karimi, Director of Resident Services; Shawna Booker, RPN, Janine Mills, DOC (Left to right, second row) Renee Guder, Administrator; Elaine Calvert, Director of Quality and Clinical Practices; Suman Iqbal, RNAO BPSO Coach

## Best Practices in Long-Term Care

### Editor's note: Creating a culture of evidence-based practice

Suman Iqbal, RN, MSN/MHA, GNC(C), Senior Manager, Long-Term Care Best Practices Program



Change is the norm, both in health care and in life. For LTC leaders and staff implementing RNAO BPGs and building cultures of evidence-based practice, making positive changes for residents is the ultimate goal.

The first cohort of the LTC-BPSO program has successfully made these positive changes in their organizations. Using a problem-solving approach seven

LTC homes achieved their LTC-BPSO designation in 2017.

In this issue of *Best practices in long-term care*, you will read how the inaugural LTC-BPSO designates transformed their quality of care and improved resident outcomes using RNAO BPGs, and are leading the way for many other organizations to follow.

Around the same time these homes saw their LTC-BPSO status change from pre-designate to designate, the newest cohort of LTC-BPSOs started their journey towards designation, seeking to establish a culture in which evidence-based practices can thrive. This issue of the newsletter introduces you to these homes and shares why they want to be a part of

the LTC-BPSO program, which has shown considerable promise in enhancing the quality of resident care in Ontario LTC homes.

Just as our roster of LTC-BPSOs is changing, so too is the Long-Term Care Best Practices Program (LTC BPP) team at RNAO home office. Our outgoing program manager Carol Holmes retired in May. In this issue of the newsletter, she has shared her reflections on the programs' history and future. As the new senior manager, I look forward to leading the program through a culture of inquiry and evaluation to best support the LTC homes in Ontario through the program's various resources and RNAO's BPGs.

In my new role, just as in my previous role, it is a pleasure to hear stories from the LTC homes who are working so hard to build cultures of evidence-based practices. It is truly inspiring, and a lot can be learned from their experiences. That is why the LTC Toolkit will soon feature a new section of implementation stories from LTC homes across Ontario. Within these stories, implementation data comes alive, creating meaningful links between theory and practice. We invite to share your stories.

### Reflections on the Long-Term Care Best Practices Program

Carol Holmes, RN, MN, GNC(C), Past Program Manager, Long-Term Care Best Practices Program

At the end of May, I retired from my position at RNAO as program manager with the LTC BPP. For my final contribution to the *Best Practices in Long-Term Care* newsletter, I was invited to share my reflections on the program.

Over the last six years, I had the privilege of working with an outstanding group of leaders and staff from Ontario LTC homes, sector partners, and RNAO staff. In its short 12-year history, the program has achieved a number of important milestones. It was initially established as a three-year pilot project (2005-2008) through funding from the Ministry of Health and Long-Term Care, and began with eight LTC best practice coordinators focused on raising awareness about the benefits of using clinical best practice guidelines, and creating an evidence-based culture of care in the more than 600 LTC homes in the province.

A formal evaluation of the pilot project showed how successful this small team's efforts were, and the project was recognized with a minister's Award of Excellence as a health-care innovation. At the end of the pilot, the ministry invited RNAO to take management responsibilities, given the association's rapidly growing success in developing, disseminating and supporting the implementation of BPGs in all health sectors.

In 2011, the team doubled in size to include 15 best practice coordinators and one program manager (all RNs) and a project coordinator. I joined the team at this time in a newly established provincial projects role and worked

closely with my colleagues to develop strategies that supported LTC homes to use RNAO BPGs and related resources. With input from LTC home leaders and staff, we developed the *Nursing Orientation e-Resource* and designed and delivered four offerings of the League of Excellence for LTC, which supported nurse leaders in integrating BPGs into programs, policies and practices. Through focused efforts by the best practice coordinators across the province, LTC homes became more engaged with the program, and additional supports were developed based on needs identified through two provincial surveys and open consultations.

One of these consultations informed the establishment of the LTC-BPSO program in 2014, which was tailored to meet the needs of Ontario LTC homes. Over the last three years, 17 LTC organizations (representing 29 LTC homes) have signed on as LTC-BPSOs and the first three achieved designation earlier this year. Our experience with LTC-BPSOs made it clear that using a coaching/facilitation model, backed by implementation science and the expertise of best practice coordinators, was having a positive impact on resident and workplace outcomes.

The future of the LTC BPP looks bright as the team continues to identify ways to support LTC homes in using RNAO BPGs. By working with current and future LTC-BPSOs, and all other LTC homes willing to fully engage in best practices, the program will continue to demonstrate the powerful impact of evidence.



## Best Practices in Long-Term Care

### Value of evidence-informed practice

Valerie Grdisa, RN, MS, PhD, Director, IABPG Centre, RNAO



My first year as director of RNAO's International Affairs and Best Practice Guidelines (IABPG) Centre has been inspiring, invigorating, and also very busy. Sitting down to write my first column for this

newsletter provided me a great opportunity to reflect on all I have learned so far, on the history of the LTC BPP and on the future ahead.

I have been a long-time RNAO member and I have implemented BPGs in several organizations since their inception. Over the past year, it has been such a privilege to see how the BPGs impact resident outcomes, and lead a fabulous team of long-term care best practice coordinators that support your homes in every corner of Ontario. Working closely with LTC BPP senior manager Suman Iqbal, associate director of guideline implementation and knowledge transfer Heather McConnell, and chief executive officer Dr. Doris Grinspun has helped me develop a deeper understanding of the ever-evolving LTC BPP, and the current status of designate and pre-designate BPSOs within Ontario, across the nation and around the globe. Thank you to Suman, Heather, and Doris for supporting me in this seamless transition.

I have had the opportunity to meet with so many LTC colleagues, both virtually and through a number of events, including site visits, knowledge exchange teleconferences, workshops, institutes, and most recently, at the sixth-annual Nurse Executive Leadership Academy. I have

thoroughly enjoyed reading the LTC BPP reports and learning about all of your innovative implementation and sustainability strategies that are making a difference for residents, your homes and your local health systems.

I'm proud to say RNAO home office strives to support Ontario's LTC homes with the most rigorous BPG development process, the most effective implementation strategies, and the most informative evaluation methods using the highest quality data system: NQuIRE™. I have seen the benefits of these efforts first-hand. From the day the BPGs were first published, I have implemented several into practice settings as a clinical nurse educator, nurse practitioner and health system manager. I also integrated BPGs into course curricula as a faculty member and administrator at several academic institutions, and led evidence-based solutions in health and nursing policy as senior nursing advisor for the Government of Alberta. RNAO's BPGs and the BPSO Program demonstrate how nursing best practices improve resident outcomes, as well as organizational and health system performance.

There has been a lot of activity in the guideline development portfolio as of late, led by portfolio manager Dr. Lucia Costantini, including the publication of several BPGs: *Integrating tobacco interventions into daily practice* (third edition), *Adult asthma care: promoting control of asthma* (second edition), *Practice education in nursing*, *Developing and sustaining safe, effective staffing and workload practices*, and *Intra-professional collaborative practice among nurses* (second edition). BPGs relevant to LTC under

development include: *Preventing falls and reducing harm from falls*, *End of life care in the last 12 months: Adults with life-limiting and progressive illness*, and *Violence and harassment in the workplace* (all working titles). At RNAO home office, we are committed to bringing you the most up-to-date evidence in BPGs that meet international guideline development standards.

I have enjoyed digging into the evaluation and monitoring portfolio, led by associate director Dr. Yaw Owusu, to better understand NQuIRE indicators and how they demonstrate the value of the efforts of our LTC-BPSO. Long-term care best practice coordinator Ibo MacDonald is currently working with the LTC BPP team and the evaluation and monitoring team to demonstrate the impact your BPG implementation strategies are having on nursing practice and resident outcomes using NQuIRE and interRAI LTC indicators. Collectively, robust evaluation will emphasize how nursing contributes to the delivery of quality care for Ontario's LTC residents and identify important areas for further investments in nursing best practices.

I am thrilled to lead a world-renowned program and work with an outstanding team within an innovative organization. I look forward to meeting many more LTC colleagues and LTC-BPSOs in the coming months. Thank you to all of you for commitment to improving health and health care for your residents and contributing to our collective vision of transforming nursing through knowledge - locally, nationally and internationally.

### Stories inspire success

Bev Faubert, Sue Sweeney, Connie Wood, LTC Best Practice Coordinators

The Long-Term Care Best Practices Program is inviting staff and leaders from Ontario LTC homes to share stories about their successes and challenges using evidence-based resources from RNAO's BPGs. These stories will be highlighted in the *LTC Best Practices Toolkit*.

Share your successful journey and showcase the positive work being done in LTC homes. For example, you can tell us about the role of your interprofessional team, or about how the resources in the toolkit, such as the gap analysis tools, have been helpful. You could describe the quality improvement indicators, and tell us if they helped with mandatory program requirements or quality improvement plans. Reading about other homes' experiences implementing best practices will be a valuable learning tool for long-term care leaders and staff.

If you are interested in submitting your story, require support to develop it, or have any questions, contact your local long-term care best practice coordinator. Stories will be reviewed for submission and require permission before publication.

Everyone has a unique story, and when shared, these stories can enhance collective learning and inspire practice change.

## Best Practices in Long-Term Care

### Welcome to the newest LTC-BPSOs® for 2017-2020

Suman Iqbal, RN, MSN/MHA, GNC(C) Senior Manager, Long-Term Care Best Practices Program

In April 2017, RNAO launched cohort D of the LTC-BPSO program for the 2017-2020 pre-designation period. Five new organizations (representing seven LTC homes) joined the previous two LTC-BPSO cohorts, bringing the total number of Ontario LTC homes participating in the program to 29.

Leaders from cohort D joined RNAO staff at a launch event on April 6, and discussed how they will partner with RNAO to build evidence-based cultures in their organizations by implementing multiple RNAO BPGs. They were formally welcomed into the program by Dr. Valerie Grdisa, director of RNAO's IABPG Centre, while other leaders from the IABPG Centre shared their vision for the LTC-BPSO designation, and detailed the impact nurses are having on resident clinical outcomes using evidence-based practices.

At the launch event, representatives from the incoming organizations discussed their goals for the BPSO journey, and met their respective LTC-BPSO coaches to clarify the expectations, identify key milestones, and prepare for guideline implementation and evaluation. Leaders from select LTC homes in the first three cohorts were also at the event, and shared successful BPG implementation strategies, highlights and achievements.

Meet the new LTC-BPSOs:

#### Bruce County Homes

Bruce County is home to a diverse and varied landscape, featuring 2,400 km of Lake Huron shoreline, rolling farmland and the limestone cliffs of the Bruce Peninsula. The county's two LTC homes include Brucelea Haven, nestled in the heart of the beautiful rural Walkerton community, and Gateway Haven Home (GWH), alongside the picturesque Colpoys Bay in Wiarton.

**Number of residents:** 244 (144 in Brucelea Haven, 100 in Gateway Haven)

**Number of staff:** 320

**Special features:** Brucelea Haven has been providing compassionate and skilled care for seniors in the community since 1898. The first Brucelea Haven, better known as the "House of Refuge," was established in 1898. GWH for the Aged was established in 1968 with its grand opening held on July 23, 1969. The new home, GWH, opened its doors in May 2003 and has been a vital part of the community since then.

**BPGs selected for implementation:** *Preventing and addressing abuse and neglect of older adults; Assessment and management of pressure injuries for the interprofessional team (third edition); and Prevention of falls and fall injuries in the older adult.*

**LTC-BPSO liaison:** Lucy Elliott, DOC, Brucelea Haven

**LTC-BPSO coach:** Sue Sweeney, LTC BPC, South West

**Overall goal for LTC-BPSO:** Bruce County's overall goal is to create a better quality of life for the residents, to improve the standard of care for all residents at the two homes, and to build a culture where we are leaders in evidence-based practices.



(Left to right) Sue Sweeney, RNAO BPSO Coach; Rose LaPointe, RN, Gateway Haven; Heather Penny, Administrator, Gateway Haven; Bettyanne Waddington, DOC, Gateway Haven; Lucy Elliott, DOC, Brucelea Haven; Patricia Ombudsman, PSW, Brucelea Haven; Willy VanKlooster, Administrator, Brucelea Haven; and Lauren Ferguson, RPN, Brucelea Haven.



## Best Practices in Long-Term Care

### Fiddick's Nursing Home

Fiddick's Nursing Home (FNH) is located in the rural community of Petrolia, Ont.

**Number of residents:** 128

**Number of staff:** 150-160

**Special features:** FNH is independently owned and operated by the Fiddick family who proudly offer a very traditional and personal experience for everyone. The focus on quality of life is incorporated into practice. The staff is committed to going above and beyond for the residents by having home-cooked meals and desserts and ensuring the environment is home-like. FNH endeavors to meet legislated standards of practice and to raise the quality of services by working with Accreditation Canada and the RNAO to provide excellent care for all.

**BPGs selected for implementation:** *Oral health: Nursing assessment and intervention; Prevention of falls and fall injuries in the older adult; and Promoting safety: Alternative approaches to the use of restraints*

**LTC-BPSO liaison:** Mandy Judah, Director of Resident Care (DRC)

**LTC-BPSO coach:** Bev Faubert, LTC BPC, Erie St. Clair

**Overall goal for LTC-BPSO:** Our goal is to become a home of excellence. We recognize that we can achieve this by establishing a partnership with the RNAO and by implementing the BPGs, which will result in better resident outcomes.

### Holland Christian Homes

Holland Christian Homes are located in Brampton, and are a tight-knit community for seniors of primarily Dutch heritage. The organization provides a continuum of care that includes independent and assisted living, as well as two LTC homes: Grace Manor and Faith Manor, both of which are accredited and non-profit homes.

**Number of residents:** a total of 240 residents: Grace Manor (120), Faith Manor (120)

**Number of staff:** More than 300

**Special features:** Holland Christian Homes serve the Christian community, and the majority of the residents are of Dutch descent and of the Reformed Christian faith. The organization has more than 300 volunteers who help to keep the residents connected to the community. The LTC Homes have three physicians, a nurse practitioner, physiotherapist, social worker, registered dietitians, a pastoral team, as well as an activation team to help maintain the resident's physical, mental and spiritual quality of life.

**BPGs selected for implementation:** *Preventing and addressing abuse and neglect of older adults; Assessment and management of pain; and Prevention of falls and fall injuries in the older adult population*

**LTC-BPSO liaison:** Kaitlan Laviolette, nurse practitioner, Grace Manor and Faith Manor

**LTC-BPSO coach:** Rebecca de Witte, LTC BPC, Central West

**Overall goal for LTC-BPSO:** The goal is to increase nursing capacity and leadership across the organization and ensure compliance with the legislated standards, while adopting effective and consistent approaches to implementing and evaluating BPGs through a partnership with RNAO. By meeting these short-term achievements, the staff can enhance the quality of life of those individuals living in LTC with a hope to foster and sustain a culture of evidence-based practice in both of the manors.



(Left to right) Beverly Faubert, RNAO BPSO Coach; Amy Humphrey, Resource Nurse; Mallory Segade, Assistant Director; Mandy Judah, DRC; and Jody Brown, Rehabilitation Coordinator



(Left to right) Rebecca de Witte, RNAO BPSO Coach; Agnes Frankruyter, RAI-Coordinator, Faith Manor; Kaitlan Laviolette, Nurse Practitioner, Grace and Faith Manor; and Tracy Kamino, Administrator, Faith Manor.



## Best Practices in Long-Term Care

### Markhaven Home for Seniors

Markhaven Home for Seniors is located on beautiful Parkway Avenue in the Township of Markham, nestled beside a tree-lined walking trail. Markhaven is a non-profit organization helping its residents reach their physical, social, psychological and spiritual potential under the watchful eyes of strong leaders, registered staff and unregulated health providers. The organization started in 1950 and its present welcoming facility was built in March 2004.

**Number of residents:** 96

**Number of staff:** 145

**Special features:** Markhaven has four resident home areas, including one secure unit, and has both a palliative care and restorative care program. Markhaven is supported by two physicians, a visiting geriatrician and a nurse practitioner.

**BPGs selected for implementation:** *Person-and family-centred care, Prevention of falls and fall injuries in the older adult population; and Promoting continence using prompted voiding.*

**LTC-BPSO liaison:** Lorna Campbell, DOC

**LTC-BPSO coach:** Sue Bailey, LTC BPC, Central

**Overall goal for LTC-BPSO:** The goal is to improve the quality of care provided to residents through the use of nurse-sensitive indicators based on implementing BPGs. Markhaven will become a clinical leader and a leading voice to promote excellence in LTC and provide the highest quality of care for residents and their families.

### Nipigon District Memorial Hospital

Nipigon District Memorial Hospital (NDMH) has an ELDCAP unit in Nipigon. NDMH has recently adopted a new philosophy of care: "Patients, residents and their families are at the centre of everything we do."

**Number of residents:** 14

**Number of staff:** 104

**Special features:** The ELDCAP unit resides within an acute care hospital. The home provides respite services east of Thunder Bay within the Northwest Local Health Integration Network. NDMH also offers an assisted living program to support seniors in their home.

**BPGs selected for implementation:** *Assessment and management of pain, third edition; Oral health: Nursing assessment and interventions; Person- and family- centred care; and Prevention of constipation in the older adult population*

**LTC-BPSO liaison:** Rebecca McEwen, Nurse Manager

**LTC-BPSO coach:** Heather Woodbeck, LTC BPC, North West

**Overall goal for LTC-BPSO:** NDMH is looking to further enhance the quality of services provided to both residents and patients. RNAO BPGs will be implemented in the LTC home as well as on the acute care unit.



(Left to right) Sue Bailey, RNAO BPSO Coach; Michelle Ganzon, RPN; Joan Richards, PSW; Mike Bakewell, Administrator; Lorna Campbell, DOC; Debbie Campbell, PSW; and Kevin McKay, RN



(Left to right) Heather Woodbeck, RNAO BPSO Coach, Elise Costa, RPN, Rebecca McEwen, Nurse Manager & BPSO Liaison, Jennifer Hart, RN & Flex Nurse

## Best Practices in Long-Term Care

### ANNOUNCEMENTS

**Rebecca de Witte** joins RNAO as a long-term care best practice coordinator for the Central West Local Health Integration Network (LHIN). She is an RN who graduated from the *Florence Nightingale Faculty of Nursing & Midwifery* in London, England in 1999. She has been enhancing care for Ontario seniors since immigrating to the province in 2004. Her most recent role as an inspector in the compliance division of the Ministry of Health allowed her to establish relationships throughout the sector, enabling her to develop an understanding of the realities within LTC homes.

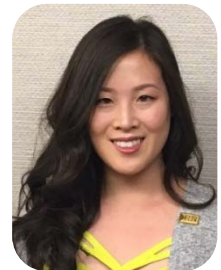


de Witte has an extensive knowledge of Ontario LTC legislation and a passion for advocacy. She lives in Ontario with her family and enjoys attempting to ski the hills and surf the water. She can be reached at [rdewitte@RNAO.ca](mailto:rdewitte@RNAO.ca) or 289-233-3528.

While balancing her PhD dissertation, **Ibo MacDonald** will be working part time as long-term care best practice coordinator, evaluation. She has worked for 15 years in the LTC sector, including as a personal support worker (PSW) while she was a nursing student. She started her career as a frontline nurse and then quickly transitioned into leadership roles, and was a director of care prior to joining RNAO six years ago in the best practice coordinator role. MacDonald is passionate about knowledge translation with a particular interest in the factors associated with the implementation and sustainability of BPGs in LTC. She can be reached at [imacdonald@RNAO.ca](mailto:imacdonald@RNAO.ca)



**Stephanie Kim** has joined RNAO in the position of long-term care best practice coordinator for the LTC homes in the Champlain LHIN. She is an RN with a bachelor of science in biochemistry and in nursing, and has started taking courses towards a master of nursing degree. She has worked in the LTC sector as a PSW and for the last six years as a frontline nurse.



For the past two-and-a-half years, as the RAI-MDS coordinator, she has demonstrated leadership in quality improvement programs, implemented interventions and practices based on evidence, and assessed outcome measures statistically. Most recently, Kim has been job-sharing with Ibo MacDonald in the best practice coordinator role in the Champlain area. This experience allowed her to further expand her knowledge of BPGs and to improve care and practice using evidence-based guidelines. We look forward to working with Kim in her new role. She can be reached at [skim@RNAO.ca](mailto:skim@RNAO.ca) or at 613-325-2889.

RNAO's Long-Term Care Best Practices Program Newsletter  
Editors: Suman Iqbal, Heather McConnell and Daniel Punch.

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Please send comments/inquiries by email to [LTCBPP@RNAO.ca](mailto:LTCBPP@RNAO.ca)

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### SUMMER 2017 BPG sale

#### CLINICAL:

- **Assessment and Device Selection for Vascular Access**
- **Assessment & Management of Pressure Injuries for the Interprofessional Team**
- **Strategies to Support Self-Management in Chronic Conditions: Collaboration with Clients**
- **Promoting Safety: Alternative Approaches to the Use of Restraints**
- **Preventing and Addressing Abuse & Neglect of Older Adults**
- **Delirium, Dementia and Depression in the Older Adults: Assessment & Care**
- **Care Transitions**

#### HEALTHY WORK ENVIRONMENT (HWE):

- **Embracing Cultural Diversity in Health Care**
- **Preventing and Mitigating Nurse Fatigue in Health Care**
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- **Practice Education**

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