

# Best Practices in Long-Term Care

## Working together towards excellence in resident care

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### Falls risk assessments and comfort care rounding

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The Perley and Rideau Veterans' Health Centre is one of Ontario's largest long-term care (LTC) homes, with 450 beds, including 250 for veterans of the Second World War and the Korean War. The home began its pre-designation journey in the Long-Term-Care Best Practice Spotlight Organization® (LTC-BPSO) program in 2016 in partnership with Registered Nurses' Association of Ontario (RNAO).

As part of the pre-designation work, staff identified that preventing falls in their home was a priority which aligned with their vision of providing evidence-based care to residents. To address this priority, they re-energized their interdisciplinary falls prevention team, which conducted a gap analysis and reviewed the recommendations in the RNAOs *Prevention of Falls and Fall Injuries in the Older Adult* best practice guideline (BPG). The team's goal was to reduce the rate of falls and have a positive impact on the quality of life for residents.

The gap analysis process allowed the team to review the recommendations and helped them gain a better understanding of the interventions that could prevent falls in their home. They held a Kaizen event and dedicated a day to identifying priorities and areas for improvement. From this, the team identified falls assessment tools as an area where the home could improve.

The team's first step was to review the various validated tools for assessing falls risk and determined that the Scott Fall Risk Screening Tool for residential

LTC was the best fit for their home. They incorporated the tool into their Point Click Care (PCC) system, and embedded falls prevention interventions based on the tool – as the interventions are chosen, they are automatically incorporated into the residents' care plan. The feedback from staff was incredibly positive as they found the new tool was efficient, standardized and helped drive action.

Another focus for the team was to strengthen the overall structure of rounding to improve resident outcomes. Comfort care rounding, which is performed hourly with all residents when awake, has eight specific steps:

- use opening key words;
- perform scheduled task;
- address pain, position, and toileting needs;
- assess additional comfort needs;
- assess the residents' personal environment;
- close the conversation;
- tell the resident when you will be back; and
- document the round on the log.

In collaboration with staff and residents, the team developed educational videos demonstrating comfort rounding, interactive skills labs, and one-to-one coaching by a rounding champion. After an initial pilot on three units, they were able to implement comfort care rounding throughout the organization by March 2017.

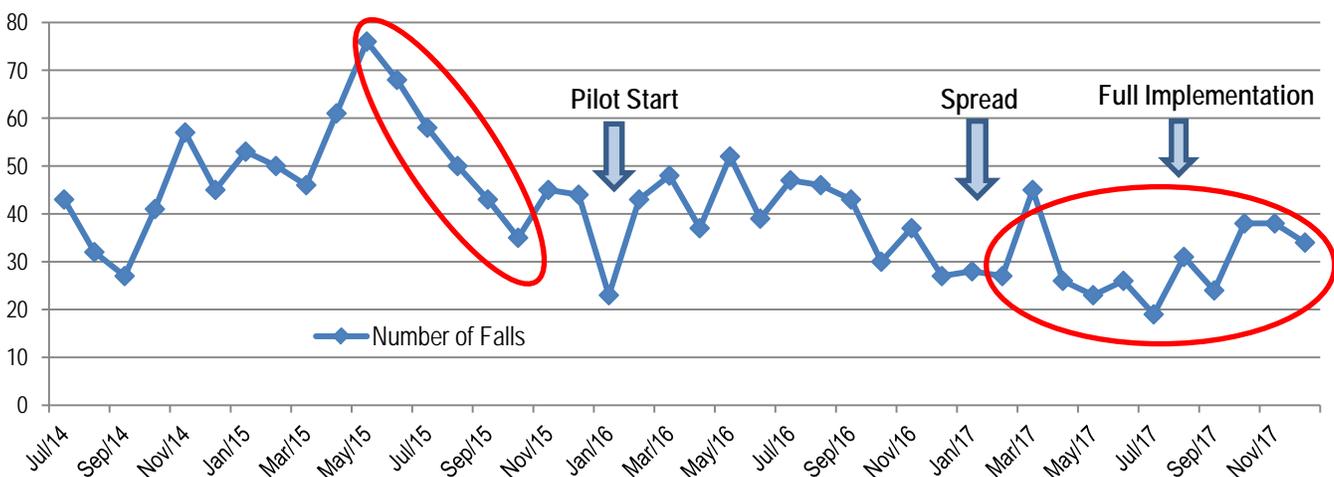


Figure 1: Comfort Care Rounding on 3 Pilot Units

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The results of these changes have been significant not only for residents but for staff members. Staff are now effectively performing consistent post-falls risk assessment and appropriately identifying interventions to protect the resident. There have also been improvements in team communication, through medication cheat sheets for PSWs and post-fall huddles, which have fostered a greater team and interdisciplinary approach.

The falls team has found that the interventions implemented have decreased the rate of falls and increased resident, family and staff members' knowledge and understanding of falls risks. The impact of these interventions has not only empowered staff members from all departments, but has also fostered a culture of change which has included residents and families as part of the process.

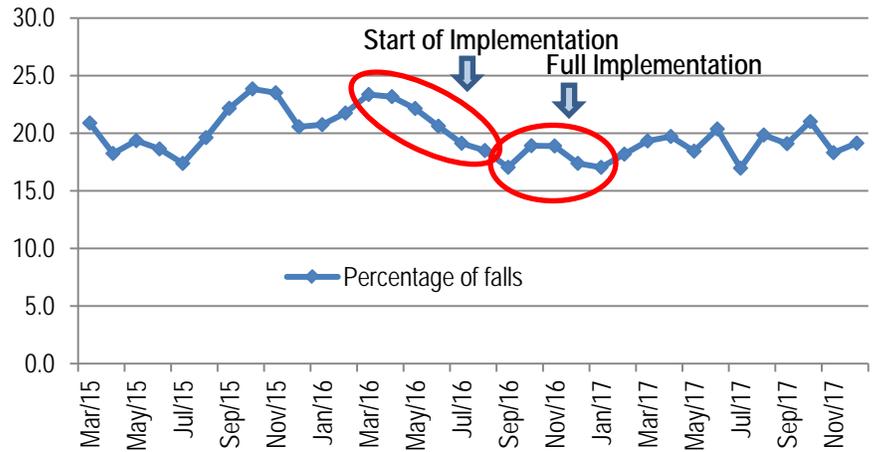


Figure 2: PRVHC- Residents who had a fall in the past 30 days

## What's new in the fourth edition of the *Preventing Falls and Reducing Injury from Falls BPG?*

Shaila Aranha, RN, MScN, PMP(c) LTC Best Practice Coordinator, Waterloo Wellington

The Long-Term Care Best Practices Program spoke with Susan McNeill, (RN, MPH, and guideline development lead at RNAO) about the fourth edition of the BPG *Preventing Falls and Reducing Injury from Falls* published September 2017.

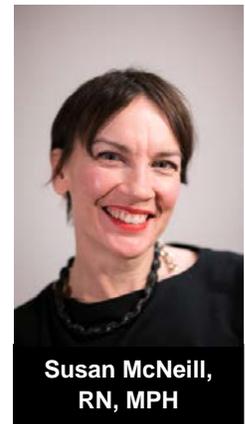
**Shaila:** Falls prevention programs are being implemented in LTC homes. What recommendations from this guideline stand out to you as having the most impact on preventing falls?

**Susan:** Recommendations that engage the entire health-care team are probably the most important. For example, organizational leaders and all staff should ensure the environment is not placing people at risk. Everyone needs to be vigilant for falls hazards and to consistently apply

universal falls precautions. In some cases, modifications to equipment or the built environment are necessary. If a fall occurs, a post-fall assessment helps the team learn from the fall and identify areas for improvement, not only for that individual but for the organization overall. Regular rounding also holds promise as a way to proactively meet people's needs and check for falls hazards.

**Shaila:** Describe what the guideline highlights on the prevention of injuries?

**Susan:** Exercise and physical training interventions improve strength and balance so people are less likely to fall and suffer fractures and other injuries. Hip protectors have the potential to reduce hip fractures but there are many barriers to use. So, weigh the benefits and drawbacks when making decisions about this intervention. Vitamin D can be used to reduce fracture risk among those who are vitamin D deficient but we recommend consulting a nurse



Susan McNeill,  
RN, MPH

practitioner, physician or a dietitian to support decision-making and to determine therapeutic dosing.

**Shaila:** How does the guideline emphasize critical thinking and clinical judgement?

**Susan:** The literature emphasizes the need for clinical judgement when determining if a person is at risk for falls. We don't want people to just fill out a form or use a tool and not really think about what they see and hear from the person and family. Health-care providers need to communicate their assessments and develop

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plans of care together with the person (and family); this includes discussing the pros and cons of interventions. Although falls can be devastating, we should not become so risk adverse that we infringe on a person's dignity or freedom of movement.

**Shaila:** The care team plays an important role in preventing falls and reducing injuries. Can you explain how the guideline addresses the interprofessional team?

**Susan:** Falls prevention is a shared responsibility. We recommend that all staff members in a LTC home are trained on what their individual responsibilities are. To prevent falls, we

recommend a combination of interventions tailored to the person. That means different members of the team would be involved in developing a plan of care, implementing the plan, and determining what is and is not working for the person.

**Shaila:** The literature reviewed for this guideline has been extensive; however some gaps in the research were identified. What have we yet to learn about falls?

**Susan:** It would be helpful to have more research on effective injury prevention interventions. We also need to understand whether or not a visual identifier of falls risk – like an arm band or a falling star symbol – is effective. If so, it would be

helpful to have guidance on how to implement this intervention appropriately. The use of bed or chair alarms is also questionable. The literature outlines concerns about false alarms and staff becoming desensitized to alarms.

**Shaila:** On behalf of the LTC Best Practices Program, thank you for sharing your knowledge.

The BPG is accessible on [RNAO's website](#). Tools and resources for implementation of the BPG have been included in the *LTC Best Practices Toolkit, second edition*, which can be [found online](#). For further support with implementation, please contact the LTC Best Practice Coordinator in your area.

## Editor's note: Engagement and Empowerment

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



Change does not happen overnight, and evidence-based practices can take years to fully implement. However, having an engaged and empowered staff can help foster an environment that is conducive to change.

Long-term care (LTC) home 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 focuses on supporting LTC homes to achieve these goals by providing expertise and a systematic approach to using best practice guidelines (BPG) that promotes engagement and empowerment.

The LTC Best Practice Spotlight Organization® (BPSO) program is designed to address the unique requirements of LTC homes and to provide support with implementation of best practices. In this edition of the *Best Practices in Long-Term Care* newsletter, we shine the spotlight on the Perley and Rideau Veteran's Centre, which identified falls prevention as an area for improvement. Using a systematic approach, the team implemented practice change to meet this gap, and they achieved success throughout the organization by engaging and empowering their staff.

Another LTC-BPSO, William "Bill" George LTC home, also focused on falls prevention while promoting and maintaining the independence of the residents in their home. By engaging their interprofessional team, they enhanced their methods of communication to improve resident outcomes.

This edition of the newsletter also features an interview with Susan McNeill,

RNAO guideline development lead, who discusses the best practice guideline *Preventing Falls and Reducing Injury from Falls*, fourth edition. The guideline contains recommendations and supporting evidence to help LTC homes and interprofessional teams understand that fall prevention is a shared responsibility and help them work collectively to provide comprehensive, quality health services to residents.

A couple of Ontario LTC-BPSOs had the opportunity to host nurses from China, an International BPSO, at their respective LTC homes. This unique opportunity allowed Ontario LTC professionals to engage with these nurses and learn about the differences and similarities between health systems in the two countries. They also shared practice changes, resources and tools created to support the BPSO pre-designation journey. It was an engaging and empowering experience for both parties.

Another key program that supports individual engagement is offered free of charge through RNAO. Health professionals can become best practice champions by participating in a one-day workshop, virtual learning series or eLearning program. Participants in the champions program learn to utilize the knowledge-to-action framework for implementing evidence-based practices in a systematic approach. Staff members are empowered with their expanded skills in knowledge transfer and champion evidence-based practices as change leaders in their respective workplace. This edition of the newsletter shares experiences from some of the LTC homes that have hosted Champion Network workshops in their organizations to engage and empower their staff to support and sustain practice change.

## Best Practices in Long-Term Care

### International BPSOs: China visits Ontario LTC-BPSOs for knowledge exchange

Deirdre Boyle, RN, BScN, LTC Best Practice Coordinator, Hamilton Niagara Haldimand Brant

Amy Reid, RN, LTC Best Practice Coordinator, North Simcoe Muskoka

Last August, three RNAO Long-Term Care Best Practice Spotlight Organization (LTC-BPSO) homes had the honour of hosting two nurses from Peking University First Hospital, an international BPSO in China. Shangqian Gao and Zhuo Liu were in Ontario for six weeks of intensive study of the BPG and BPSO programs, while also learning about health-care delivery models for all Ontario health-care sectors.

Their goal was to learn about how BPGs have been implemented in daily practice and the impact they have had on care and staff workload. During their visit to Grove Park Home in Barrie, a pre-designate LTC-BPSO, delegates from the Chinese BPSO had discussions with staff about submitting a LTC-BPSO proposal, communication methods and tools used for

managing change, how to encourage staff buy-in, sustaining change and evaluation methods. At the Niagara Region pre-designate homes, the focus of discussions was on the communication methods and tools used for managing change, how to encourage staff buy-in and on motivational techniques. At the LTC-BPSO designate St. Peter's Residence at Chedoke, the focus was on sustaining change and methods of evaluation.

Many staff members were interested to learn that in China, LTC exists as "community care." Liu explained that LTC in China is very different from Ontario's LTC sector; the community care they oversee is located in a small section of Peking University First Hospital in Beijing, which has a total of 1,700 beds. Mechanical lifts are not used

in China for provision of care, so the guests took photographs of lifts to share with their colleagues and numerous policies and procedures for lifts and transfers were shared with them. Staff at the host homes expressed that the opportunity to discuss the cultural differences in care delivery and their BPSO journey was an eye-opening, rewarding and rich experience.



Photo Credit: The Woodlands of Sunset

Left to right:  
Mindy Caperchione,  
Clinical Documentation  
and Informatics Lead  
Tracey Tait, Administrator  
Seniors Services  
Deirdre Boyle, LTC Best  
Practice Coordinator  
Zhuo Liu and  
Shangqian Gao,  
Peking University First  
Hospital

## Best Practices in Long-Term Care

### William “Bill” George’s falls prevention implementation story

Susan Anderson, RN, Director/Administrator, LTC-BPSO Liaison, Sioux Lookout Meno Ya Win Health Care Centre, William “Bill” George Extended Care Unit

Heather Woodbeck, RN, HBScN, MHSA, LTC Best Practice Coordinator, North West

William “Bill” George Extended Care Facility, part of the Meno Ya Win Health Centre in Sioux Lookout, is one of the northernmost long-term care (LTC) homes in Ontario. Many of the residents in this 20-bed home come from northern Indigenous communities and speak limited English. Over recent years, we have had residents with severe cognitive and physical deficits as well as neurological disorders which has resulted in an increase in falls rates, and injury from falls.

In 2015, the opportunity arose to become a Long-Term Care Best Practice Spotlight Organization (LTC-BPSO). We envisioned developing an evidence-based culture to improve resident and staff satisfaction. Because of our falls and injury rate, we chose to implement the *Prevention of Falls and Fall Injuries in the Older Adult* BPG. We started by identifying residents at high risk for falling, putting a butterfly sign outside their door and a laminated poster next to their bed stating “I am at High Risk for Falls.” The poster reminded staff to put call bells and mobility aids within easy reach and suggested other actions to prevent residents from falling. This poster helped so much that we placed individualized posters beside all the residents’ beds.

We were accepted as a pre-designate LTC-BPSO in April 2016, and began with a falls prevention gap analysis. Right away, we found a big communication gap between team members. Physiotherapy would identify plans for the residents, then they couldn’t understand why staff members were not implementing their recommendations. We found that nursing staff did not know what the physiotherapist’s recommendations were, or how the exercise equipment worked. To fix these problems, we developed a team communication form and staff members were trained on basic exercises and how to use the exercise machines.

Automatic post-fall referrals to physiotherapy were initiated through our risk management system.

At a monthly LTC-BPSO knowledge exchange meeting, we learned about fall huddles from another LTC-BPSO home. We started having weekly falls huddles which engaged nursing, housekeeping, activation, interpreters and rehabilitation staff. Together, we discussed residents who had a fall that week, and identified new interventions to minimize injuries. We adapted a falls huddle sheet to maintain a record of our meetings.

As a result of this work, we established a lower baseline rate, as our falls rate fell dramatically. Though some new residents contributed to a sudden rise (22-23 per month) in falls during the

summer months, the causes of these falls were identified. Through huddles, we developed individualized care plans. By late December, the falls decreased to five or six per month.

Residents began self-transfer and toileting with minimal assistance. While they are still at risk of falls during self-transfer, we respect individual rights and support residents’ desire for independence.

The post-falls assessment process is now seamless and staff implement interventions without prompting. This change was corroborated by a manager who, when alerted to falls, was told that everything necessary had already been done. Falls rates have continued to decline and we are on our way to sustainability.



SIoux LOOKOUT  
**Meno Ya Win**  
HEALTH CENTRE



## Best Practices in Long-Term Care

### Host a Champions Open House

Freda Poirier RN, BScN, GNC(C), North East - LTC Best Practice Coordinators  
Saima Shaikh RN, Mississauga Halton; Sue Sweeney RN, South West

Has your long-term care (LTC) home achieved organizational goals by engaging staff as best practice champions? Would you like the opportunity to share your achievements with others in your area? Through RNAO, you can apply for funding to host a Champions Open House to highlighting your champions' work.



#### What is a Champions Open House?

The purpose of the open house is to promote networking and collaboration opportunities for champions within your region. Open houses can take many different formats; here are a few examples from LTC homes in Ontario.

The Resident and Family Centred Care Committee from Cassellholme LTC in North Bay, led by best practice champion Michelle Kelly, hosted an open house last September titled "Behind the Scenes." This event was attended by staff, residents, families, and representatives from other LTC homes in North East Local Health Integration Networks (LHIN). Cassellholme's champions demonstrated how RNAO's best practice guidelines (BPG) are being successfully implemented in their home.

The Perley and Rideau Veterans' Health Centre in Ottawa hosted an open house in 2017. Designed and led by the home's best practice champions, the event used evidence-based practice to support behaviour support teams in LTC homes across the Champlain LHIN.



The event highlighted the teams' shared passion to improve care for older adults, and brought people together to create new and innovative approaches to practice change.

The F.J. Davey Home held a Champions open house to showcase LTC and RNAO's BPGs to approximately 100 people from the Sault Ste. Marie community and surrounding areas. This was an opportunity to highlight the home's programs required by the *LTC Homes Act* and focus on best practice and the standards of care. "The event was a great networking opportunity and opened the door for conversation related to best practice and the implementation of BPGs in LTC," said best practice champion Kerry Hamilton.

For more information on how to apply for a Champions Open House visit [RNAO.ca/bpg/get-involved/champions/open-house](http://RNAO.ca/bpg/get-involved/champions/open-house) or speak to your LTC Best Practice Coordinator.

## Best Practices in Long-Term Care

### Empowering staff as change agents: *Become a champion*

Freda Poirier RN, BScN, GNC(C), North East - LTC Best Practice Coordinators  
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All long-term care (LTC) homes want to provide excellent care. And with the help of RNAO best practice champions workshops, change can be achieved through implementing evidence-based practice while engaging staff as active participants.

Funded through the Ministry of Health and Long-Term Care (MOHLTC), RNAO offers free champions training. A champions workshop introduces health professionals to RNAO's best practice guidelines (BPG) and evidence-based practice, and provides a model to implement practice change. The results for organizations are impressive.

Woodingford Lodge LTC Home, recipient of the Ontario Long-Term Care Association (OLTCA) 2017 Quality Improvement Team of the Year, has engaged staff members successfully as champions, and continues to have staff members on their waiting list to become champions. This continued participation shows how the home and its staff want the best for their residents and understand that using best practices to

achieve that is something worth committing to.

The champions training uses RNAO's Knowledge-to-Action Framework for identifying your organization's readiness, conducting a needs assessment, gap analysis, engaging stakeholders, and developing a plan for implementing best practice recommendations. Ann Marie-Case from the Region of Peel designated LTC-BPSO says: "...our Champions are engaged in leadership roles and supportive functions within the home areas to promote program changes made through BPG implementation."

RNAO is offering the opportunity to apply to host a champions workshop in your organization. Requests for proposals (RFP) will be released in early 2018. Region of Peel and many other homes in Ontario have been hosts in the past, which allowed their staff to participate without leaving their organizations.

There are two levels of champions workshops:

Level 1 workshop introduces RNAO's BPGs and evidence-based practices, along with a model to implement practice change, in a variety of options:

- **Full-day, in-person workshop.** The opportunity to apply to host these workshops is offered annually.
- **Virtual workshops.** This workshop series consists of four modules, using archived resources combined with a live webinar. This learning experience is successfully being utilized by many homes. "It was like being in a real class. Virtual classroom allows us to interact with peers, learn from an expert facilitator, and experiment with virtual classroom technology functionality," says Florence Sapera, Region of Peel.
- **New e-learn course.** This self study program is completed entirely online by individuals.

Levels 2 sessions enhance learning from Level 1 with a focus on sustainability and evaluation.

- Through empowerment and engagement, champions continue to soar across the province, having a positive impact in the pursuit of excellence in care.

To learn more, contact your LTC Best Practice Coordinator or visit [RNAO.ca/bpg/get-involved/champions/workshops](https://rnao.ca/bpg/get-involved/champions/workshops)

## Best Practices in Long-Term Care

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RNAO's Long-Term Care Best Practices Program Newsletter  
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### WINTER 2018 BPG sale

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