

- 2 Editor's Note: Sharing Strategies and Resources in the Uptake of BPGs
- 2 Elder Abuse Awareness and Prevention
- 3 An Interview about the New Edition of RNAO's Toolkit
- 4 Oral Care: Meeting the Challenge in Long-Term Care
- 4 Welcome to a New Team Member
- 5 Announcements

Best Practices in Long-Term Care

Working together towards excellence in resident care

Engaging Community Partners in a Falls Prevention and Management Program

Carol Holmes, RN, MN, GNC(C), Long-Term Care Best Practice Co-ordinator, Provincial Projects

Attention to individual needs and a focus on quality of life are priorities at Tufford Nursing Home, home to 64 residents in St. Catharines. Last spring, management team leaders Greg Latanik, Administrator/Director of Care, and Renee Zagorski, RAI Co-ordinator, noted a high rate of resident falls in the home and took action to improve the situation.

Under the leadership of Zagorski, the home's interprofessional falls prevention team reviewed their data and discussed how they could decrease resident falls. While the team was aware of the requirements for their falls prevention and management program outlined in the Long-Term Care Homes Act (LTCHA), 2007 regulations, they were less clear about how to incorporate best practices into their program. With the team's agreement, Zagorski invited Elaine Calvert, RNAO Long-Term Care Best Practice Co-ordinator to meet with the team to review their situation in relation to the RNAO Best Practice Guideline (BPG), *Prevention of Falls and Fall Injuries in Older Adults*, 2011. She helped the team work through a gap analysis tool that aligns the LTCHA regulations for a falls prevention and management program with the BPG's recommendations. This helped the team compare their current practices with the legislation and best practice recommendations and determine their priorities. To integrate quality improvement into their strategy, the team collaborated with Bev Morgan, Residents First Coach. The team decided to focus on two best practice recommendations, which complemented the LTCHA regulations - assessing resident fall risk after a fall and implementing fall prevention strategies to prevent future falls.

Following meetings with their community partners, the team used the results of their stakeholder analysis and environmental readiness assessment to enhance their improvement plans. The membership of the interprofessional falls prevention and management team was enhanced to include staff identified as able to positively influence and support colleagues in using best practices. The Morse Fall Scale, a reliable and valid screening tool was used to determine resident fall risk. To increase awareness among all staff, residents who were assessed as having a high risk for falls were identified by a red star on their bed and mobility devices.

The team also discovered that restraints were often used to manage falls in residents with an unsteady gait and a fall history on admission. This prompted Deborah Hawkins, Physiotherapist to work with the team to reassess whether the use of wheelchair seat belts served as a personal assist device or a restraint. The team then identified residents who

could safely stop using seat belts thus decreasing the use of restraints. In addition the team educated their colleagues about the appropriate use of equipment such as high-low beds and bed alarms to meet individual resident safety needs. These changes resulted in a 50 per cent decrease in resident falls, from 16 to 8 falls over a three month period.

Currently the team is formalizing their post-fall assessment process by conducting post-fall huddles and developing a post-fall referral system to alert key team members about their need to participate in a formal post-fall assessment. Other steps include revising their policy to ensure that it is consistent with these improved practices. As the leader of this team, Zagorski said, "I'm very proud of this team and the improvements they're making in resident care and grateful for the support we received from our community partners". Once these improvements are fully implemented, Latanik and Zagorski plan to share their experience with other LTC homes.



Tufford Nursing Home and Manor St. Catharines, ON

Tufford Nursing Home recently implemented an evidence-based falls prevention program and reduced falls by 50 percent.

Editor's Note: Sharing Strategies and Resources in the Uptake of BPGs

Josephine Santos, RN, MN, Program Manager, LTC Best Practices Initiative



This past fall, the second edition of the *RNAO Toolkit: Implementation of Best Practice Guidelines* was launched. This resource originally

released 10 years ago was developed to help organizations implement best practice guidelines (BPGs) so they can improve practice and health outcomes. The new toolkit incorporates new research in the field of knowledge transfer and BPG implementation as well as key structures and processes. It also includes the experiences of Best Practice Spotlight Organizations (BPSO®) that have implemented BPGs in acute care, public health, home health care and long-term care settings.

All organizations that have implemented BPGs have strategies that are worth sharing. In this edition of our newsletter, you will read how Tufford Nursing Home in St. Catharines engaged community partners including the local RNAO LTC Best Practice Co-ordinator to develop their falls prevention and management program. The changes they implemented in their home resulted in a 50 per cent decrease in resident falls over a three month period.

In another article, you will learn how two long-term care homes in Southwestern Ontario, Woodingford Lodge based in Ingersoll and McCormick Home in London, improved oral care by collaborating with a physician, dental hygienist and a RNAO LTC Best Practice Co-ordinator. The project started by using the gap analysis for the RNAO Best Practice Guideline, *Oral Health: Nursing Assessment and Interventions* (2009) and used quality improvement strategies to document change.

The RNAO is committed to working with LTC homes to promote the uptake of a client centred care approach and prevent elder abuse through increased awareness. Read about elder abuse prevention resources and the Elder Abuse Knowledge Network available through the Canadian Nurses Association's NurseONE. Nurses and other health professionals can request to join the online network to share resources and strategies to prevent elder abuse.

Speaking of elder abuse, RNAO was invited to appear before the House of Commons Standing Committee on Justice and Human Rights in Ottawa in October to give its perspectives on Bill C-36, *Protecting Canada's Seniors Act*. This act introduced in March 2012, is an amendment to the Criminal Code, which aims to better protect seniors by ensuring tough and consistent sentences for those who take advantage of vulnerable elderly Canadians. It was a privilege for me to represent RNAO and share the association's work and views on preventing elder abuse and neglect with the Committee. Our speaking notes and submission on Bill C-36 are available on the RNAO website at <http://rnao.ca/c36-speaking-notes>

The *Protecting Canada's Seniors Act* has gone through Third Reading and passed on Nov. 6, 2012. Bill C-36 will now move to the Senate where we hope it will be passed into law. To find out more on how a bill becomes a law, visit the [Parliament of Canada's website](http://www.parliament.gc.ca).

The Long-Term Care Best Practices Initiative would like to thank all the LTC homes and community partners that worked with our team this year. As we move into the new year, know that we will continue to support your home and the sector - we are only a phone call or email away.

Elder Abuse Awareness and Prevention Resources for LTC

The Long-Term Care (LTC) Best Practices Initiative is committed to working with LTC homes to promote client centred care and prevent elder abuse through increased awareness.

NurseONE is an interactive web-based resource established by the Canadian Nurses Association. Within NurseONE you can find information on elder abuse and details about the *Promoting the Awareness of Elder Abuse in Long-Term Care (PEACE)* project, which resulted in the development of a curriculum and a series of presentations for homes. The presentations are available for download and can be used by LTC homes across Canada to increase awareness of elder abuse.

NurseONE also supports the Elder Abuse Knowledge Network. Nurses and other health professionals can request to join this e-forum to share resources and strategies to prevent elder abuse.

For more information, visit www.NurseONE.ca and click on the knowledge features tab. Then click on "Elder Abuse: Recognize, Reveal, Deal" Elder Abuse Prevention". Presentations with Ontario-specific content will be added to the Client Centred Care section of [RNAO's Long-Term Care Toolkit](http://rnao.ca).

Watch for more information in future editions of the newsletter about RNAO's efforts to raise awareness of elder abuse through initiatives such as the development of a best practice guideline, *Elder Abuse Awareness - Prevention, Identification and Interventions*.



An Interview about the Second Edition of RNAO's Toolkit: Implementation of Best Practice Guidelines

Natalie Warner, RN, MN, BFA, LTC Best Practice Co-ordinator, Central East (LHIN 9)

The Long-Term Care Best Practice Initiative welcomes Althea Stewart-Pyne to discuss the second edition of the Toolkit: Implementation of Best Practice Guidelines (hereafter referred to as the toolkit). Althea is a Program Manager with the RNAO's International Affairs and Best Practice Guideline Centre. She is the lead for the Healthy Work Environment BPGs and manages guideline development and dissemination including educational institutes. In her role she managed the development of the new edition of the toolkit.

Natalie: Why was the toolkit revised?

Althea: RNAO uses a five-year cycle to monitor for new evidence for all best practice guidelines and implementation resources. This edition of the toolkit was revised to reflect the enhanced approach of knowledge translation using the Knowledge to Action (KTA) model. The KTA model supports a well-planned implementation process to assist nurses and other health-care professionals to use evidence-based information clinically and to support a healthy work environment. It was also critical that this second edition of the toolkit be seen as an implementation tool for all guidelines, including Health Work Environment guidelines because the original toolkit was developed specifically for clinical best practice guidelines.

Natalie: Who was involved in the development of the second edition of the toolkit?

Althea: Beyond researchers, the development the toolkit involved consultation with experts in the field of guideline development and also with practitioners to ensure that the information spoke specifically to nurses but also had an interprofessional perspective for use by a team, and was relevant in various sectors and

organizations. The list of panel members is found at the beginning of the toolkit document. This panel was led by two renowned nursing leaders Barbara Davies, from the University of Ottawa and Donna Rothwell from the Niagara Health System. We were also fortunate to have Ian Graham, one of the authors of the book Knowledge Translation in Health Care participate on this panel.

Natalie: Can you highlight some of the differences in the toolkit?

Althea: The changes you will see in the second edition of the toolkit are:

- A comprehensive update of knowledge transfer utilizing the knowledge-to-action model including reorganization of the chapters to follow this model
- The inclusion of a chapter on sustainability
- Examples of implementation of BPGs in each chapter that reflect hospital, public health, home health care and long-term care settings
- An expanded section on resources that includes steps for developing a business case for evidence-based practice
- New and enhanced action plan templates

Natalie: Is the new edition a supplement to the original or will users need to download the whole toolkit?

Althea: This toolkit is not a supplement, it is second edition so I would suggest that users of the 2002 toolkit download the document and review the table of contents to assess what areas they may be unfamiliar with. The second edition of the toolkit is available for download free of charge online ([click here](#)). A number of tools are also available online or on an accompanying CD. Anyone interested in obtaining the CD should contact RNAO.



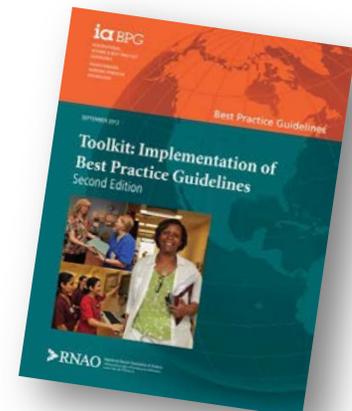
Althea Stewart-Pyne RN, BN, MHSc

Natalie: Will those who have participated in a past Best Practice Champion training session need to attend the education session again now that there is a new toolkit?

Althea: The education and training sessions for the toolkit have been modified and updated to reflect the new model. So champions will not necessarily need to repeat the sessions, but should make themselves familiar with the changes and contact RNAO if they have questions or feel they need additional training.

Natalie: Thank you Althea for the interview and for answering our questions.

We encourage you to download the second edition of the toolkit. Resources in the LTC Toolkit have been revised to reflect the updated content. If you have any questions about the new toolkit, please feel free to contact the LTC Best Practices Co-ordinator in your LHIN. Watch for information about a Best Practice Champions workshop featuring the new toolkit for the long-term care sector in 2013.



Best Practices in Long-Term Care

Oral Care: Meeting the Challenge in Long-Term Care

Suzanne Sweeney, RN, Long-Term Care Best Practice
Co-ordinator, Southwest (LHIN 2)

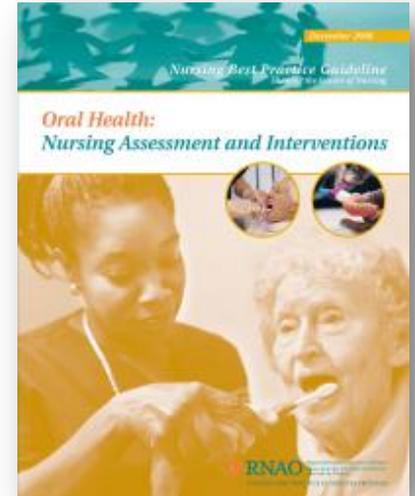
Brushing our teeth and oral care are something that probably all of us do routinely without much thought. However, this task can be challenging for those with physical and/or cognitive limitations and who require assistance with daily living such as residents of long-term care homes. Many of them are dependent on staff for maintaining their oral health. Poor oral hygiene can limit residents' ability to socialize and lead to severe health problems including heart disease, stroke and diabetes. Oral bacteria are also a key factor in aspiration pneumonia.

There are many reasons why oral care is challenging in long-term care even though the regulations stipulate support with oral care must be completed at least twice a day. Staff members have varying degrees of comfort and training in oral care techniques and residents sometimes resist help.

Two long-term care homes in Southwestern Ontario (LHIN 2), Woodingford Lodge in Ingersoll and McCormick Home in London, teamed up with Dr. Michael Borrie, Program Director, Southwestern Ontario Regional Geriatric Program and Jackie Borrie, a Registered Dental Hygienist (RDH) to develop a quality improvement project based on needs identified using the gap analysis for the *RNAO Best Practice Guideline, Oral Health: Nursing Assessment and Interventions* (2009). Jackie Borrie is using the Oral Health Assessment Tool (OHAT) to conduct baseline assessments and develop each resident's oral care plan. She is reviewing her findings with the registered staff in the homes and working individually with Personal Support Workers to ensure implementation of residents' oral care plans. Simultaneously, education is happening utilizing the Seniors Health Knowledge Network (SHKN, formerly known as SHRTN) Oral Care Webinars. Evaluation of this project will include comparing initial staff knowledge, attitudes and confidence at timed intervals using questionnaires and comparisons of resident oral assessments after one year. Kris Pettit, Administrator/Director of Nursing at Woodingford Lodge in Ingersoll said the

project "identified gaps and developed a focus on implementing an oral care assessment with a comprehensive follow-up which has improved overall oral hygiene health."

RNAO's Long-Term Care Best Practice Co-ordinators are developing an oral health section for the long-term care toolkit. The oral health toolkit offers resources for implementation, sustainability, and evaluation of oral care programs. Gap analysis, assessment tools, educational resources and site links are organized for simple accessibility to evidence-based materials focused on oral health. The LTC oral health toolkit will be launched in the winter of 2012-2013.



Welcome to the Team!

The RNAO is pleased to welcome Shaila Aranha, the new LTC Best Practice Co-ordinator for Waterloo Wellington (LHIN 3). Shaila joined the team in September 2012. She has a Masters of Science degree in Nursing from D'Youville College and over 20 years of nursing experience as a clinical practitioner, educator, and in administration. Her passion for quality care for residents started in clinical practice in long-term care and rehab and progressed to nursing leadership positions across long-term care, community care and public health. Shaila has implemented the clinical and healthy work environments RNAO BPGs in collaboration with the interdisciplinary teams across health-care sectors. Her project management and facilitation skills have sustained quality improvement initiatives and projects in long-term care and in the community.

Shaila Aranha RN MScN
RNAO Long-Term Care Best Practice
Co-ordinator
Waterloo Wellington (LHIN 3)
Mobile: (519) 520-7283
saranha@RNAO.ca



Announcements

- Join the Best Practice Champions Network ®! Free workshops are being held across Ontario until March 2013. Click here for more details or to register: <http://rnao.ca/bpg/get-involved/champions>
- The RNAO LTC Toolkit has a new section on End-of-Life Care. This resource includes useful tools, information about policies and procedures and much more. <http://lctoolkit.rnao.ca/resources/eol>
- Two new BPGs have been published recently: *Managing Conflict in Health-Care Teams & Facilitating Client Centred Learning*. Both of these guidelines are now available for free download on RNAO's website: <http://rnao.ca/bpg>
- RNAO is holding the sixth annual Best Practices in Wound Care Institute: Minding the Gap from Sunday, February 24, 2013 to Friday, March 1, 2013 in Niagara Falls, ON. A limited amount of funding is available for applicants from Long-Term Care homes. Please email Verity White (vwhite@rnao.ca) for details.
- Request for proposals for RNAO's Advanced Clinical Practice Fellowship (ACPF) Program was released in November 2012. Deadline for submissions is January 22, 2013. Details are available on the ACPF website: <http://rnao.ca/bpg/get-involved/acpf>



RNAO's Long-Term Care Best Practices Initiative Newsletter
Editors: Natalie Warner, Carol Holmes, Josie Santos and Marion Zych

Newsletter Designed by:
Verity White

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

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

WINTER 2012/2013 BPG Sale!

CLINICAL:

- *Prevention of Falls and Fall Injuries in the Older Adult*
- *Woman Abuse: Screening, Identification and Initial Response*
- *Promoting Safety: Alternative Approaches to the Use of Restraints*
- *Promoting Continence – Using Prompted Voiding*
- *Nursing Management of Hypertension*
- *Crisis Intervention*
- *Integrating Smoking Cessation into Daily Nursing Practice*
- *Ostomy Care and Management*
- *Interventions for Postpartum Depression*

HEALTHY WORK ENVIRONMENT (HWE):

- *Developing and Sustaining Nursing Leadership*
- *Preventing and Managing Violence in the Workplace*
- *Developing & Sustaining Effective Staffing and Workload Practices*
- *Workplace Health, Safety & Well-Being of the Nurse*

**50% off
select BPGs
until March
2013**