

Best Practices in Long-Term Care

Working together towards excellence in resident care.

Build on Current Strengths and Benefit from Existing Resources

By *Josephine Santos, RN, MN*

Program Manager, LTC Best Practices Initiative



Josephine Santos

Implementing practice change is not always an easy task especially when faced with the many competing priorities in the long-term care (LTC) setting including new MOHLTC regulations, Quality Improvement Initiative, and BPG implementation. All these initiatives are designed to bring positive practice change to improve the quality of care and lives of residents.

In this issue of our newsletter, we introduce ten important ways that your regional LTC Best Practice Coordinator can help your home. While many LTC homes have already taken advantage of our Initiative, brought to you by RNAO and funded by the Ministry of Health and Long-Term Care, this article answers the often asked question “What can you do for us?”. From getting started, to assisting you in your efforts to achieve desired outcomes related to new initiatives, or when revising existing programs, the LTC Best Practice Coordinator in your region works with you to build on the work that has already taken place in your home, rather than using a prescriptive “cookbook” approach to implementing change.

For example, read about how 3 LTC homes in the Toronto area used an existing event- Nursing Week Celebrations- to increase awareness

about best practices by having the Toronto LTC Best Practice Coordinator present and dialogue with nurses and other team members. These LTC homes also displayed story boards to showcase the work that they do on a daily basis. This integration of best practices into Nursing Week celebrations reaffirmed the importance of evidence-informed decision making and effective interdisciplinary work.

In another article, we share a story of how front line staff were already following recommendations from several guidelines as part of their daily routine, without recognizing these were best practices. Staff in all healthcare settings may be hesitant to “buy in” to BPG implementation due to the myth that it will increase their workload. However, as the LTC Best Practice Coordinator from the North East illustrates, this home was already engaging in many best practice approaches. By bringing an external perspective, she was able to help the staff link their knowledge and experience with evidence-based recommendations which allowed for better articulation and rationale for their work and the care they provide to their residents.

In Northwestern Ontario, our LTC Best Practice Coordinator shares with us the “Guided Discussion” approach that she used to engage staff in a discussion about falls risks and prevention. With this approach, she found that it is easier for staff to translate the information they had

received about falls into new ideas to improve resident care by relating to real resident situations experienced within their own home and identifying ways to enhance the care they already provide.

Our final article is about the Personal Digital Assistant (PDA) Initiative RNAO has developed to promote the use of mobile technology at point of care while supporting implementation of evidence-based practice. The guidelines that have been condensed for PDA use can also be used on desktops and laptops, and many nurses have found them an excellent way to access the information contained in a best practice guideline quickly.

Together we are facilitating a culture of evidence-based practice that is enhancing the quality of care for residents in long-term care.



LTC Best Practice Coordinators Sue Bailey, Natalie Warner and Elaine Calvert showing off their detective skills at the Best Practice Guideline Summer Institute

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Thinking about changing practice in your Long-Term care setting?

Your RNAO Long-Term Care Best Practice Coordinator can help.

By Elaine Calvert, RN, Long-Term Care Best Practice Coordinator, Central South Region

Through funding provided by the Ministry of Health Long-term Care (MOHLTC), the RNAO provides Regional Long-term Care Best Practice Coordinators to all Ontario homes. Coordinators are in place to provide you with tools and support that will help implement the best practice changes you are planning in your setting.

Whether your current priorities center around new MOHLTC regulations, RAI-MDS implementation, Accreditation or other important practice initiatives, your LTC Best Practice Coordinator can help and they look forward to working with you as part of your Best Practice team. Our goal is to assist you, our Long-term Care partner, in your efforts to achieve desired outcomes related to both new initiatives or when revising existing programs.

What does Coordinator support look like? The answer to this question is in large part determined by the members of the LTC community they serve. Connecting with homes can take place through home visits, through the use of various types of technology (email, teleconferencing, webinars) or by working together with community partners who share an interest in long term care and best practice goals.

Ten important ways your Long-Term Care Best Practice Coordinator can help your home:

1. Set your team up for success by providing support during the planning, implementation and evaluation phases of adoption of best practice guidelines. They can help you build on foundational work that has already taken place in your home. Requests received by the Coordinators vary in nature. Examples of support include: assistance in identifying gaps in practice; accessing current research, tips and tools specific to the work you are doing; and provision of sample policies, procedures and evaluation tools.
2. Work with your team to implement evidence- based strategies that meet 2010 MOHLTC program regulations related to Falls, Least Restraint, Continence/Constipation, Pressure Ulcers, Pain and Responsive Behaviours.
3. Support LTC leaders in their efforts to foster a healthy work environment that acknowledges and supports professional attitudes toward change.
4. Build knowledge capacity by supporting the development of champions who will become skilled in the process of leading change.
5. Demonstrate how RNAO best practice recommendations fit with RAI- MDS and restorative care, complimenting existing work rather than being separate efforts.
6. Ensure your team is aware of the many free resources available to support desired changes in practice including e-learning, RNAO Institutes, champion workshops, communities of practice and web- based resources.

For more information on how to contact your Regional Best Practice Coordinator, please see page 6.

7. Facilitate intra-sectoral collaboration by connecting leaders who share common interests important to their team, organization, and community.

8. Assist with navigation of the RNAO Long-Term Care Best Practice Toolkit, a web based resource designed to support the implementation of best practices in one or more of the five clinical priority areas identified by Long-term Care homes provincially. Topics include: Client Centred Care, Falls, Pain, Continence Care and Pressure Ulcers. Regular revisions to the Toolkit ensure this resource remains current with changes that impact on Long-Term Care.

9. Provide opportunities for you to share the innovations happening in your home.

10. Most importantly.....Help you get started!

Many long-term care homes have successfully implemented best practice guidelines with the assistance of the Coordinator in their area. The Long-Term Care Toolkit contains stories from homes across the province and provides readers with the lived experience of teams as well as strategies for overcoming barriers and challenges that resulted in successful outcomes.

Involvement of the Coordinator can contribute to changes in practice at the point of care. Whether reviewing the guidelines for the purpose of raising best practice awareness in your setting or making decisions regarding the allocation of resources, your Long Term Care Best Practice Coordinator is eager to assist.

“Our goal is to assist you, our Long-term Care partner, in your efforts to achieve desired outcomes related to both new initiatives or when revising existing programs.”

Getting out the Falls Prevention Message to Staff

By Heather Woodbeck, RN, HBScN, MHSA
Long-Term Care Best Practice Coordinator,
North West Region

“Don’t spend more than 8 minutes talking during a presentation. People stop listening”, suggested Sarah Fraser, leading British consultant on spreading good practice in health care

A few months ago I was asked to do a presentation on Falls Risk to a couple of the Long Term Care Homes in Northwestern Ontario. When developing the session for the home, I decided to take Sarah’s advice and not bring my usual PowerPoint presentation. Instead, I came up with an outline for a, “Guided Discussion” on Falls Risk. After asking everyone to introduce themselves and explaining the approach, I asked the question, “How many falls do you think happen in your LTC home in a week or a month?” The next part of the discussion would be to involve participants in sharing one or more of their resident fall case stories. As a facilitator, I planned to note the falls risks that were in the case that the staff shared and relate them to practice resources I had brought.

At the session there was a cross section of staff from nursing,

housekeeping and laundry. The homes had been engaged in Falls work through the Northwestern Falls Collaborative and Resident’s First, so staff awareness of falls had been raised. However, when I asked the staff about the falls rate in their home, everyone was a bit reluctant to guess. I emphasized that there was no right or wrong answer. It was just a question to see how important staff thought that falls were in their home. The answers ranged widely, demonstrating that not very many staff knew the extent of the problem.

When it came to sharing case stories, everyone was eager to share a fall story. The first one was about a newly admitted elderly female resident who fell shortly after admission and sustained serious injuries. Though the outcome was negative, it illustrated the many risk factors for falls. The resident was new to the home. She was over the age of 75 years, which increased her risk for falling. She had fallen in her own room, the most common place for falls to occur. She had moderate dementia and other physical disabilities like COPD, both of which predisposed her to falling. Finally, she was unable to do more than two basic activities of daily living independently, another risk factor for falling.

The guided discussion went well. It built on foundational work that had already happened in the home and helped them to identify gaps by exploring real case stories about their residents. Everyone talked about risks for falls with their residents. One



person suggested that all new residents be identified as being at risk of falling until their initial assessments had been completed. The half hour flew by and staff were reluctant to leave at the end. Feedback was very positive about this approach. Staff liked being able to discuss their own residents and felt they had learned new risks for falls. Falls prevention became a more personal issue for their LTC home, not an abstract concept that didn’t apply to them.

Some key approaches in using guided discussion include:

- First it is important to have everyone introduce themselves to get them to feel comfortable speaking and so the facilitator can focus the discussion around participants’ roles like nursing or housekeeping.
- Summarizing points onto a flip chart helped participants understand the overall picture of falls risks in their particular home. It provided some guidance to those staff looking for a more traditional structured approach.
- Finally, it is easier for staff to develop new ideas that improve resident care, when they are built upon their existing practices and was specific to their own situation.



For more information about falls, please visit <http://Itctoolkit.rnao.ca/resources/falls>

It's the Journey ... Not the destination

**By Heather Thompson, RN,
Long-Term Care Best Practice Coordinator,
North East Region**

RNAO best practice guidelines (BPGs) are evidence-based resources to improve the quality of care delivered to all residents. Increased job satisfaction through the provision of excellent care and enhanced resident and family satisfaction are successes achieved with BPG implementation. Staff may be hesitant to “buy in” to the BPG implementation due to the misconception that it may increase their already overextended workload. What follows is a true story of how the front line staff in a LTC Home were already following recommendations from several BPGs, as a part of their daily routine, without recognizing them as best practices.

The end of life experience is individual and unique with no set pattern. It has the opportunity to be a beautiful journey for the resident, family, friends and staff of LTC. Just a short 33 months ago my father entered on his remarkable 19 day journey, one we will never forget. The journey was especially significant through the efforts of the dedicated front line staff as they provided exceptional care. They incorporated the principles of client centred care, assessment and management of pain and supported the family through this expected life event.

Values and beliefs which focus on the individual being cared for form the foundation of the *Client Centred Care* BPG including: respect, dignity and client as leader. Staff were with George, giving him the respect and dignity he deserved, accepting his decisions as his right to do so,

especially during one of the most helpless times of his life.

The staff found ways to empower George by assisting him to develop a code for decision making by blinking of eyes for “yes” and sticking out his tongue for “no”. The gentle and compassionate way the staff interacted with him brought a twinkle to his eye and smile to his lips.

Front line staff ensured that all of his physical needs were met. Oral care was provided by the staff and family on a regular basis. George was able to take hydration in very small amounts with thickened fluids only. When this function began to fail, mouth care was increased for his comfort.



Meticulous attention was paid to preventing pressure areas and lotions and gentle massage were applied to aid in circulation and comfort during positioning.

Assessment and management of pain became increasingly important in order to maintain his comfort as communication with him was limited. Observations of his behaviours, facial grimacing, and communication with the family about their observations, as well as interaction and collaboration with other team members, were used to determine his level of discomfort and assess his pain. Administration of the

ordered medication in a timely manner was also effective in providing comfort to George.

The BPG *Supporting and Strengthening Families through Expected and Unexpected Life Events* was evident in the understanding and support we as a family received from the staff. The staff assessed our family needs and allowed us privacy when required, identified support and information needs and included George's family priest to address spiritual care.

All staff, front line care givers, dietary, housekeeping and administration ensured a caring environment and communication between staff and family was open at all times.

The staff interacted with the family on an individual but professional level, acknowledging the grieving process and providing privacy when appropriate. We could see how the staff identified the needs of the family as part of making George comfortable. Words cannot express our family's appreciation that Dad was in a compassionate environment as he proceeded on his end of life journey.

Staff were using recommendations included in many of the BPGs, without realizing it. If they were to complete a gap analysis of current practice compared to the best practice recommendations, they would find that they are already implementing many. The skill they currently demonstrate in their practice further enhanced to help them accomplish other BPG recommendations.

As LTC Best Practice Coordinator, I also see this as an opportunity to support the home in their efforts to foster a healthy work environment. When staff are acknowledged for their efforts, the benefits are displayed in the level of work and satisfaction of the resident and family.

Teaming up for Nursing Week

By Sue Bailey, RN, Long-Term Care Best Practice Coordinator, Toronto

This year's National Nursing Week took place May 10th to 16th, 2010 with the theme *Nursing- You Can't Live Without It*. Preparing for Nursing Week presented an opportunity for nurses from all roles to team up and plan educational or social events within their long-term care home or healthcare organization. When nurses from direct care, administration, coordination and education come together to share their experiences and ideas to plan such events, momentum is created and this often spills into other health disciplines. Here are three examples from the Toronto area as nurses and their colleagues teamed up to prepare for Nursing Week and to celebrate their knowledge and caring.

At the Ukrainian Canadian Care Centre, in Etobicoke, Nursing Week celebrations included a social gathering with refreshments. The LTC Best Practice Coordinator was invited to attend and provide resources about best practices in long-term care. At the centre of the gathering was a beautiful Nursing Week display, which featured the history of nursing as a profession. University science student and recreation department volunteer, Nestor Sabat, was involved in creating the Nursing Week display. Nestor relates that depicting changes in nursing trends over time was one way of praising nurses through the decades, as they developed professionally and personally. Sharon Gomez, Life Enrichment Coordinator with the department of recreation, believes that involving recreation department student volunteers in creating the display promoted understanding and appreciation by other disciplines of the roles of nurses. "The Nursing Week display showed who we are and what we do on a daily basis", explained



Pamela Perez-Borroto RPN, who attended the Nursing Week festivities.

Providence Healthcare in Scarborough decided to focus its Nursing Week learning on two Healthy Work Environment Best Practice Guidelines to inspire staff nurses from their three divisions- Providence Hospital, Providence Community Centre and The Houses of Providence long-term care home. The guidelines chosen were "Collaborative Practice among Nursing Teams" and "Developing and Sustaining Nursing Leadership". The Best Practice Coordinator was invited to give an overview of these best practices, as well as to dialogue with staff at their information fair later that week. As stated by Maggie Bruneau, Director of Patient Flow and Nursing Practice at Providence Healthcare, "Nursing leadership and the skill of collaborating with each other, first as nurses and then with our teams and families, is critical to the success of the inter-professional model of care that we are currently developing at Providence Healthcare. RNAO's Best Practice Guidelines that support these skills will make our work so much easier and will ensure that we have up to date information and materials".

During Nursing Week, Lakeshore Lodge in Etobicoke, part of the City of Toronto Long-Term Care Homes and Service Division, furthered their commitment to quality improvement and their strong interest in best practices into a staff

leadership and learning opportunity about skin and wound care. First, to kick-start learning, the nursing team invited the RNAO LTC Best Practice Coordinator to share knowledge about wound care with the inter-disciplinary team.

With a focus on risk assessment and prevention, the team played *Wound Care Jeopardy*, to advance learning in a fun and interactive way. The team also displayed their quality story board about their wound prevention work for all staff, in an effort to seek more ideas and champion the importance of analyzing and acting on all causative factors in improvement work. The home's model incorporates inter-disciplinary team collaboration, comprehensive assessment, evidence-informed practice, inter-professional/multi-faceted education and attention to adult learning theories. Staying true to quality improvement principles, team members evaluated the presentation made during Nursing Week. Feedback verified that staff found it very helpful in their practice and re-affirmed the importance of evidence-informed decision-making and effective inter-disciplinary teamwork. "Collaboration among all team members ensures the best care for our residents", said Mary-Lynn Johnson, Director of Care, Lakeshore Lodge.

In summary, several important themes became apparent from these three Nursing Week experiences. These themes include nursing leadership, collaboration among nurses and with the multidisciplinary team, and quality of life for those nurses care for. The LTC Best Practice Coordinator enjoyed dialoguing with nurses and other team members during Nursing Week and continues to support long-term care homes year round, as they develop and implement programs to further the quality of care to residents.

Below is the contact information of the LTC Best Practice Coordinators and their Host Homes.

LTC Region	LTC Best Practice Coordinator
CENTRAL EAST Covers: York, Durham, Northumberland, Kawartha Lakes, Peterborough, Haliburton, and Simcoe	Natalie Warner, RN, MN, BFA Mobile: (705) 768-8434 Phone: (905) 579-1777 ext. 235 Fax: (905) 579-3911 Email: nwarner@rnao.org
CENTRAL SOUTH Covers: Hamilton, Brant, Haldimand, Niagara, and Norfolk	Elaine Calvert, RN Mobile: (289) 407-9658 Phone: (519) 756-2920 Ext 236 Fax: (519) 756-7942 E-mail: ecalvert@rnao.org
CENTRAL WEST Covers: Waterloo, Wellington-Dufferin, Halton & Peel including Mississauga and Brampton	Saima Shaikh, RN Mobile: (519) 520-7283 Direct: (905) 817-7074 Fax: (905) 812-1173 E-mail: sshaikh@RNAO.org
EAST Covers: Renfrew, Ottawa, Eastern Counties, Kingston, Frontenac, Lennox & Addington, Lanark, Leeds & Grenville, and Hastings Prince Edward	Janet Evans, RN, BScN Mobile: (613) 864-0238 Direct: (613) 735-4693 ext. 213 Fax: (613) 735-8061 Email : janete@rnao.org

LTC Region	LTC Best Practice Coordinator
NORTH EAST Covers: Algoma, Cochrane, Manitoulin, Nipissing, Muskoka, Sudbury, Timiskaming, and Parry Sound	Heather Thompson, RN Mobile: (705) 206-3344 Direct: (705) 842-2840 ext. 232 Fax: (705) 842-2650 Email: hthompson@rnao.org
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SOUTH WEST Covers: Grey-Bruce, Huron, Perth, Middlesex, Oxford, Elgin, Lambton, Kent, Essex, and London	Beverly Ann Faubert, RN, BScN Mobile: (519) 401-8485 Phone: (519) 336-6551 ext. 207 Fax: (519) 336-5878 Email: bfaubert@rnao.org
TORONTO Covers: North York, York, East York, Scarborough, Etobicoke, and Toronto	Susan Bailey, RN, BA, MHScN Mobile: (416) 889-9956 Phone: (416) 243-7653 ext. 251 Fax: (416) 243-7452 Email: sbailey@rnao.org

Knowledge at your finger tips!

By Fred Go, RN, MN

The Personal Digital Assistant (PDA) Initiative is an innovative project that promotes the use of mobile technology at the point-of-care. RNAO has converted all its clinical nursing and healthy work environment best practice guidelines into a condensed web based format, which includes practice recommendations, implementation tools, and related evidence.

This initiative, which is funded by the Ministry of Health and Long Term Care, gives front-line nurses the ability to access and integrate current evidence into their practice. Over the past two years, the project has engaged more than 1,500 nurses in various health-care facilities from around the province. The project has the following objectives:

- To support the implementation of evidence-based practice
- To improve patient outcomes

- To enhance nurses' quality of work-life

In order to enhance and broaden the use of the PDA devices, RNAO has developed the following PDA related resources:

RNAO BPGs App- Both clinical and healthy work environment best practice guidelines can now be downloaded directly into the nurse's iPhone, iTouch and/or Blackberry, eliminating the need to have an internet connection when accessing these resources. For more information and instructions related to the download of the Apple App to your iPhone or iTouch, please visit www.rnao.org/apps/apple. Don't stay behind, we had 887 downloads in the first week alone!

PDA Videos - These videos provide a general overview of the clinical nursing best practice guidelines in their condensed form and how they can be used in practice. Several case scenarios for various sectors were developed to show how a PDA can be used to support the nurse in assessing, care planning and educating clients. To view the videos, please visit www.rnao.org/pda_initiative/videos.

Nursing and Mobile Technology:

eLearning Program- An eLearning program has been developed to educate nurses how to:

- use a PDA/Tablet, showing the basic functionality of device.
- become an effective PDA/Tablet user in various health-care sectors.
- use best practice guidelines and other evidence-based online tools
- use mobile technology to enhance patient/client education

For further details please visit <http://pda-support.rnao.ca/>.

Education Fact Sheet: Nurses and the Use of Computer Technology - This fact sheet answers common questions that patients/clients may have about the use of computers and other computer technology used by nurses. You can obtain a copy of the fact sheet at www.rnao.org/Storage/71/6539_PDA_Fact_Sheet_web.pdf.

RNAO's Long-Term Care Best Practices Initiative Newsletter Editors: Natalie Warner, Josephine Santos and Heather McConnell.

LTCBPI@RNAO.org comments/inquiries welcome!

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