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By Josephine Santos, RN, MN
Project Manager, LTC Best Practices Initiative

We have completed another year of the Long-Term Care Best Practices Initiative and we are delighted to announce that the funding for our Initiative has continued. As we begin the 2009-2010 fiscal year, we have devoted this issue of our newsletter to celebrating capacity for growth. The initiative may be comprised of a small team but through our many partnerships, we are able to engage LTC homes in best practice guideline implementation.

In this newsletter, the LTC Best Practices Initiative team has written articles about our partnerships with various stakeholders and how these partnerships have led to increasing capacity and growth in the LTC sector. In our partnership with the Ministry of Health and Long-Term Care, Ontario Health Quality Council and the Canadian Association of Wound Care through the Pressure Ulcer Awareness and Prevention Collaborative, we have been able to build a cadre of Improvement Facilitators to support 30 LTC homes in quality improvement and pressure ulcer prevention.

The Initiative’s affiliation with the RNAO has opened up the possibility for the LTC Best Practice Coordinators to participate in the ‘Feedback and Systems Change in Long-Term Care’ study. The result of this study will provide practical and policy oriented knowledge regarding the barriers and facilitators that influence the use of change processes in long-term care.

Our on-line Best Practices Toolkit, which has been created to facilitate ease of access to best practice resources, is also featured in this newsletter. It is our intent to widely disseminate the Toolkit to increase the uptake and the growth of best practice implementation in the LTC sector.

We also have a focus on the RNAO Best Practice Champions, as we believe that Champions can support and lead change. With the addition of 215 new Best Practice Champions recruited in the Fall of 2008, there are now 684 Champions in the LTC sector. This is a 27 fold increase since the Initiative started with 25 Champions in 2005. Many of these Champions have been involved in various implementation activities and have expanded their implementation experience into an RNAO Advanced Clinical/Practice Fellowship.

Building capacity for growth means seeking opportunities. Many participants from LTC joined the information sessions about the RNAO Best Practice Spotlight Organization (BPSO). Fairview Mennonite Homes applied and was awarded. Two LTC homes that are affiliated with Trent University were also awarded. Trent applied and the two homes, Fairhaven and St. Joseph’s at Fleming, are service providers. Arnprior Hospital applied and was awarded as well. Their hospital/health service system includes a LTC home, The Grove Nursing Home. An article about the RNAO Wound Care Institute in which over 50 LTC home participants attended is also included in this newsletter.

The LTC Best Practices Initiative team congratulates all of you that have participated in various ways of building capacity to increase the uptake and growth of best practice implementation. As we move forward, we would like to continue to spread the use of best practices in the sector. Let us grow together and make a difference to enhance the quality of care and life of our residents as well as our health care providers.

Celebrating Capacity
For Growth

By Josephine Santos, RN, MN
Project Manager, LTC Best Practices Initiative

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Champions Can Support and Lead Change

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

In the Fall of 2008, the LTC Best Practice Coordinators had a phenomenal undertaking of recruiting Best Practice Champions to increase capacity in the sector and to support change. With back to back RNAO Best Practice Champions workshops from region to region, we have successfully recruited an additional 215 Best Practice Champions in the long-term care sector, who join the existing Champions. We have grown significantly from 25 Champions when the LTC Best Practices Initiative started in 2005 to 684 Champions by the end of 2008. This is an excellent achievement for the sector and for all the staff of Ontario long-term care homes.

We are also pleased to have offered the workshop not just to registered nurses and practical nurses but also to personal support workers (PSWs). The expansion confirms best practices are used with all staff members and builds capacity in long-term care. Booster sessions on mentorship and sustainability were also offered to existing Champions to support their implementation efforts. Hats off to all the Champions for the great work they do.

Being a BPG Champion means being committed to the implementation and sustainability of the Best Practice Guidelines. A Champion is a person who is committed to enhancing the quality of care provided to the residents in their Long Term Care Home.

Champions support practice change by leading the team in education of staff, family and the resident, engaging stakeholders, facilitating and implementing the Best Practice Guidelines.

The LTC Best Practices Initiative is working on growing opportunities for long term care Champions to share, learn and overcome the isolation sometimes associated with this sector. In some areas, communities of practice serve as a vehicle for Champions to come together, share and develop learning and tools. Some Champions have grown their implementation experience into a clinical practice fellowship which is an RNAO initiative that provides RNs the opportunity to develop a mentored learning experience with applications within the long-term care home. Many Champions have also participated in learning institutes including Wound Care (March 2009), Healthy Work Environments (August 2008) and Best Practice Guidelines (June 2008).

Future plans include Regional events to celebrate Champions and share the work they are doing, more continuing education and use of RNAO’s new professional networking site: www.nursegn.ca to network Champions across the province and facilitate the sharing of experience.

If you would like more information on the Champions program or if you are a Champion that has moved to another worksite, please contact your regional Best Practice Coordinator, so that they can inform you about upcoming workshops and events.

Feedback and Systems Change in Long-Term Care

By Josephine Santos, RN, MN
Project Manager, LTC Best Practices Initiative

The LTC Best Practices Initiative has embarked on an exciting new venture by participating in the ‘Feedback and Systems Change in Long-Term Care’ study. The purpose of the study is to compare the impact of timely and augmented feedback mechanisms on the success of implementing practice guidelines. This is one of the five studies investigating Evidence-informed Nursing Service Delivery Models (ENSDMS) with researchers from across Canada. This study includes 24 LTC homes in Ontario that have been randomized into control and intervention groups.

Participating homes in the intervention group have established a project team made up of management and front-line staff who work internally to effect change. The project started with a one day workshop where the research team and the Best Practice Coordinators assisted the team in focusing on the topic most appropriate to their home. The LTC sites are supported through ongoing mentoring and assistance from a research staff mentor and their Best Practice Coordinator.

This study will provide practical and policy oriented knowledge regarding the barriers and facilitators that influence the use of change processes in long-term care.
Building Capacity in Wound Care Best Practices

By Josephine Santos, RN, MN
Project Manager, LTC Best Practices Initiative

From March 29 to April 3, 2009, seventy nurses of which over 50 were representatives from the LTC sector attended the RNAO Wound Care Institute. These LTC home attendees were funded by the Ministry of Health and Long-Term Care through the LTC Best Practices Initiative. Participants of the Institute were provided the opportunity to learn about best practices in wound care through interactive dialogue with experts, case studies, demonstrations and hands-on skills application labs.

Aside from learning about best practices in wound care, the participants were provided mentorship regarding the development of business/program planning, research, policies, and surveillance in all sectors of health care in Ontario. Each of the participants had the opportunity to develop and work on an individual project related to wound care in their workplace which they presented on the last day of the Institute.

A panel discussion on ‘Wound Care in the LTC Setting’ provided participants with different perspectives on how wound care is being addressed in the sector. Panel presenters include Nancy Sikich, Clinical Epidemiologist from MOHLTC’s Medical Advisory Secretariat; Eileen Patterson, Director of Quality Improvement at the Ontario Health Quality Council (OHQC); Josephine Santos, Project Manager of the LTC Best Practices Initiative; and Lynn Withers, Primary Care Nurse Practitioner. Nancy Sikich discussed the result of the systematic review that the Ontario Health Technology Advisory Committee (OHTAC) conducted to determine the effectiveness of pressure ulcer preventive interventions such as risk assessment, distribution devices (mattresses, overlays, sheepskins), nutritional supplements, re-positioning (turning) and skin care. One of the recommendations from OHTAC is that all healthcare organizations should follow the current RNAO 2005 Nursing Best Practice Guidelines on ‘Risk Assessment and Prevention of Pressure Ulcers’ regarding the frequency of re-positioning as it also complies with the Ontario LTC home standard. Eileen Patterson discussed about quality improvement and OHQC’s role in the PUAP Collaborative. Josephine Santos discussed the role of RNAO and the LTC Best Practice Coordinators in the PUAP Collaborative as well as the resources that the Initiative have compiled in their Best Practices Toolkit. Lynn Withers shared her experiences as a nurse practitioner working with front-line staff in providing care to residents with wounds. The panel presentation provided a forum to discuss how wound care in the LTC sector is addressed at all levels, from macro (government), meso (associations) and micro (point-of-care).

Overall, the Institute was fantastic and all the participants were very enthusiastic about starting a Community of Practice (CoP) on Wound Care to continue with networking and keep current on wound care best practices. RNAO is working on facilitating an electronic forum for this CoP to remain connected. An announcement will be sent to all Wound Care Institute participants once this forum is available.

(Top-left) Wound Care Panelists from left to right: Nancy Sikich, Eileen Patterson, Josephine Santos and Lynn Withers. The participants watched attentively (bottom-left) during the venous leg lab demo.
Four Long-Term Care Homes Will ‘Spotlight’ Best Practices

By Jill-Marie Burke, BJ, RNAO Media Relations Coordinator

On April 2, RNAO announced that four long-term care homes in Ontario have been selected to implement a series of RNAO’s nursing best practice guidelines during three-year ‘Best Practice Spotlight’ partnerships with the Association. Fairview Mennonite Homes in Cambridge, The Grove Nursing Home in Arnprior affiliated with Arnprior Hospital and Trent University (in partnership with Fairhaven and St. Joseph’s at Fleming, both located in Peterborough), join 13 other health-care organizations which will collaborate with RNAO to implement and evaluate its internationally-recognized best practices.

The Spotlight initiative is funded by the Ontario Ministry of Health and Long-Term Care. To date, 21 health-care organizations have completed three-year partnerships with RNAO and have been designated Best Practice Spotlight Organizations (BPSOs). Currently, Extendicare York in Sudbury is the only designate from the long-term care sector.

“The aim of the Spotlight initiative is to create working environments where the most current evidence is used in day-to-day practice by all nurses,” explains IrmaJeen Bajnok, Director of International Affairs and Best Practice Guidelines Programs at RNAO. “Spotlight organizations support nurses to enhance their practice based on the best knowledge so they can provide the highest quality of care to their clients. Such organizations are better equipped to achieve positive health outcomes for patients, retain a qualified nursing workforce and successfully recruit additional staff as required.”

Being a Spotlight will give Fairview Mennonite Homes an opportunity to move to a higher level in serving its residents, explains Jim Williams, Fairview’s Administrator. “It really adds another dimension to what is a distinguished history of best practice in this organization. We hope this will be an opportunity to raise the profile of long-term care in the community, work more closely with Cambridge Memorial Hospital (which completed a three-year partnership with RNAO in April), and share lessons learned with other homes,” he says.

Over the next three years, Fairview Mennonite Homes plans to implement guidelines on the following topics: preventing falls and fall injuries; promoting continence; oral care for residents with dementia; and screening for delirium, dementia and depression (3Ds). Using evidence-based best practices has always been a priority for the home; guidelines related to managing pain, pressure ulcers and diabetes were previously introduced.

The Grove plans to implement guidelines on the following topics: chronic obstructive pulmonary disease (COPD), screening for the 3Ds and pressure ulcers.

Fairhaven and St. Joseph’s at Fleming have entered into a unique partnership with Trent/Fleming School of Nursing, the first educational institution to participate in RNAO’s Spotlight initiative. The organizations will work together to ensure that evidence-based nursing practices are fully integrated into the nursing school’s curriculum and are also used to enhance resident care in the long-term care homes. The Spotlight initiative will give students and staff working in the homes an opportunity to work together to implement best practice guidelines related to topics such as client-centred care, diabetes, pain, pressure ulcers and preventing falls.

This partnership will benefit all three organizations, explains Wendy Fucile, Interim Director of the Trent/Fleming School of Nursing and RNAO president. “This is a staff-driven initiative and our nurse educators are delighted to share their curriculum expertise with students and staff in the long-term care homes who are committed to implementing evidence-based best practices. Gerontology is one of the key themes in our academic program and participating in guideline implementation projects will be an excellent learning experience for our students.”

RNAO looks forward to supporting the staff in these homes and the staff and students in the nursing program as they embark on exciting guideline implementation projects designed to enhance resident care. We know their success stories and learnings will be an inspiration to staff working at other homes.
By The Long-Term Care Best Practices Initiative Team

When organizations decide to implement a best practice guideline they are often at a loss as to where to start. In most cases they have decided on an area of practice they want to improve and selected the corresponding best practice guideline but may be wondering where to go next.

In the summer of 2008, the Long Term Care Best Practices Initiative surveyed homes from across the province and found out which guidelines they were most commonly implementing or interested in implementing and what assistance they were seeking. The result of the survey led to the development of the Best Practices Toolkit, an on-line resource portal containing information on implementing guidelines related to Client Centred Care, Continence and Constipation: assessment and management, Falls prevention and management, Pain assessment and management and Pressure ulcer risk prevention, assessment and management.

Implementing a best practice guideline is not the same as implementing a pre-designed program, therefore the Toolkit contains a variety of resources — and allows long-term care homes to choose those that will be most helpful to them. Some of the resources are common to all sections of the Toolkit because they are process related rather than related to a specific clinical practice change.

Each topic contains preliminary needs assessment called “Gap Analysis” which allows the home to compare current practice with the guideline recommendations and decide what areas they want to prioritize for action.

Continued on page 6...
The 'Toolkit' is an on-going project of the LTC Best Practices Initiative (LTC-BPI). It is meant to complement the work of the LTC Regional Best Practice Coordinators. LTC homes that are implementing any of the BPG topics mentioned in this article are encouraged to contact their LTC Regional Best Practice Coordinator for assistance and linkage to other relevant supports. The LTC-BPI also encourages LTC homes to share resources that they have created and might have found useful in their implementation; all submissions are subject to review prior to inclusion in the Toolkit. In the future, the Toolkit will be enhanced to address other guideline topics.

Armed with this information, LTC homes can begin to assess the current state of their implementation. They can then choose from a variety of tools and resources to support their implementation plan. Each topic in the Toolkit contains:

- The Best Practices and applicable Standards
- Assessment Tools
- Planning & Implementation Tools
- Quality Improvement Tools
- Additional Implementation Resources
- Policies and Procedures
- Care Planning
- Education Resources (e.g. self-learning, PowerPoint presentations, charts, fact sheets, etc.)

Evaluation
Recommended Readings/References

http://ltctoolkit.rnao.ca
LOCAL REPORTS: Partnerships Happening Around The Province Assist In Implementing Best Practice

South West Region

Thanks to Carol Gill, Palliative Pain and Symptom Management consultant, the LTC Homes in the Erie St. Clair LHIN have been provided with the initial education for the implementation of nursing guidelines for end-of-life care. Two nurses from each home learned about the Edmonton Symptom Assessment Scale (ESAS) and Palliative Performance Scale (PPS) assessment tools.

East Region

Seniors Health Research Transfer Network (SHRTN) collaborated with the East LTC Best Practice Coordinator to provide long-term care homes with initial introduction to regional resources to support them. These collaborations began with a ‘Partners in LTC’ meet and greet. These highly successfully meetings broke down perceived territory barriers and brought together 12 LTC Homes from non-profit to corporate to municipal homes.

North West Region

The North West LHIN-Wide Falls Prevention Project is a 2.5 year project with long-term care homes and health care organizations from across North West Ontario. Using the Rapid Cycle Method of Improvement, 35 teams are working together to prevent falls and falls injuries in seniors. Fall prevention awareness posters have been produced.

Central East Region

The Durham Diabetes Network is launching ‘Diabetes in Long-Term Care: A resource for People Working with Residents of Long-Term Care.’ To facilitate use of the information in the guide and uptake of best practice, the Central East LTC Best Practice Coordinator partnered with the Network to plan a community of practice in the region which will begin in the fall.

Toronto Region

Two Toronto homes, Villa Colombo and Drs. Paul and John Rekai Centre that participated in the Toronto Community of Practice (CoP) have come together with SHRTN and the Toronto LTC Best Practice Coordinator to present on “Enhancing care through knowledge exchange” at this year’s OANHSS convention where they had the opportunity to showcase the LTC Best Practices Implementation CoP.

Central South and Central West Regions

A recently released evaluation report from ‘The Strategic Processes for Implementing Stroke Best Practices in Central South Long Term Care Homes’ project identifies strategic processes for implementing best practices related to stroke recognition and management of post stroke concerns including falls, continence, dementia and pain. The Regional Stroke Strategy served as the knowledge broker linking eight area homes across the two regions with best practice information from a variety of sources including the RNAO LTC Best Practice Coordinator and the psychogeriatric consultants.

North East Region

Partnership is a sharing of knowledge; a collaboration of groups with similar interests and issues. Interest in the Healthy Work Environment guidelines has grown in LTC Homes. To meet this need, a learning session will be held during Nursing Week in North Bay. Seven LTC Homes close to North Bay have been invited to attend.
Working Together to Raise Awareness and Prevent Pressure Ulcers: The PUAP Collaborative Project

By Maryanne D’Arpino RN, BScN, LTC Best Practice Coordinator, Toronto and Rahim Charania RN, BScN, CHCA, Previous LTC Best Practice Coordinator, Central West

Pressure ulcers result in resident suffering, caregiver anguish, extra work for health-care providers, and millions spent in health-care dollars — all for a largely preventable condition.

In March 2007, the Ministry of Health and Long-Term Care (MOHLTC) selected and funded 20 volunteer long-term care homes to participate in the three-year Pressure Ulcer Awareness Prevention (PUAP) program - a program that had been developed and sustained by the Canadian Association of Wound Care (CAWC) at a National level. At that time, 20 homes were placed into two cohort teams based on their Resident Assessment Instrument – Minimum Data Set (RAI-MDS) status. The non-RAI MDS implementers chose the name “Skin Savers” and the other team that had implemented the RAI-MDS tool chose the name “Under Pressure”. Both cohort teams were supported by a provincial CAWC team leader.

The success of the program in its first year has led to an expansion to an additional 10 homes that volunteered to participate. This third cohort chose the name “Wound Warriors”. A collaborative component was also added and the program became the PUAP Collaborative. The Collaborative is a partnership between MOHLTC, CAWC, Ontario Health Quality Council (OHQC), and the Registered Nurses’ Association of Ontario (RNAO). The Collaborative has enhanced the program by incorporating a quality improvement focus and an Improvement Facilitator (IF) role to support the 30 home participants. Currently there are 19 Improvement Facilitators. Homes could appoint an IF from within their home or they could choose to work with an external IF. External IFs are RNAO LTC Best Practice Coordinators, OHQC and MOHLTC staff.

The foundation of the collaborative includes: sustained reduction of prevalence and incidence of pressure ulcers in participating homes; building capacity for constant quality improvement through education on improvement methodology and change management; the creation of a community of learning in the LTC sector; increasing the understanding and use of data to support quality improvement; and promotion of the use of best practices in the care of pressure ulcers with a focus on prevention.

On January 19 and 20, 2009, all 30 homes participated in the first learning session hosted by the MOHLTC. This session was unique in that it encouraged homes to send all members of their team and not just a representative. Thus, participants included: wound care team members – nurses and personal support workers (PSWs), administrators, and improvement facilitators. All homes had the opportunity to network, share story boards, and successes to date; as well as, learn about quality improvement tools and strategies. The 30 homes will have an opportunity to attend two more learning sessions planned for May and September. There is much to learn from the participating homes and we look forward to sharing outcomes and successes of the PUAP Collaborative process with all the LTC Homes in the sector in the coming months.

RNAO’s CYBER CAFÉ

For more information on RNAO’s many exciting initiatives, please visit our websites:

Advanced Clinical/Practice Fellowships: www.RNAO.org/acpf

Best Practice Champions Network®: www.RNAO.org/champions

Best Practices Toolkit: http://ltctoolkit.rnao.ca

International Affairs & Best Practice Guidelines: www.RNAO.org/bestpractices

NURSE (Nurses Using Research to Sustain Excellence) Guideline Network: http://nursegn.ca/

Nursing Best Practice Research Unit: www.nbpru.ca

RNAO’s Tobacco-Free website for nurses: www.tobaccofreernao.org

Community Health Network Members – nurses and personal support workers (PSWs), administrators, and improvement facilitators. All homes had the opportunity to network, share story boards, and successes to date; as well as, learn about quality improvement tools and strategies. The 30 homes will have an opportunity to attend two more learning sessions planned for May and September. There is much to learn from the participating homes and we look forward to sharing outcomes and successes of the PUAP Collaborative process with all the LTC Homes in the sector in the coming months.