



Best Practices in Long-Term Care Homes Newsletter

Winter 2008 Edition, Volume 5

Happy New Year!

– and best wishes for 2008 from your BP Coordinators.

As our ‘new year gift’ to you, a variety of implementation resources
-- specific to best practices in LTC homes --
are now available for download via the internet.

Just go to: <http://www.rgpc.ca/>

and click on the "Best Practices" link on the left navigation bar
to access the new ‘Long Term Care Best Practices Resource Centre’.

On the website, you will find helpful implementation resources
- including powerpoint presentations for in-service education, resource kits, and assessment tools –
specific for LTC on the following topics;

- Acute Change of Condition
- Bladder & Bowel
- Culture
- Delirium
- Dementia
- Depression
- Diabetes
- Documentation
- Falls
- Infection Control
- Hydration & Nutrition
- Implementation of Best Practices
- Medications
- Mental Illness
- Nursing
- Oral Care
- Osteoporosis
- Pain
- Palliative Care
- PSW Resources
- Resident-Centred Care
- Restraints
- Sexuality
- Sleep
- Skin & Wound
- Spirituality
- Stroke Therapies

Check-out the website – new resources are being added all the time!

East Region



Debbie Steele and Kim Schryburt-Brown, at the launch of the ‘Sexuality and Intimacy Guidelines for Long-Term Care’

Issues related to residents’ sexuality and intimacy are of increasing concern in long-term care (LTC) homes. Given that individuals admitted to LTC represent a variety of ages and cope with diverse health challenges, sexually active residents are increasingly common – but can be challenging to staff and other residents.

To address these issues, the Lanark, Leeds and Grenville working group collaborated over 18 months to develop the “Sexuality and Intimacy Guidelines for LTC”, a unique resource that includes information and assessment tools that address the needs of our sexually active residents. Now available on the www.rgpc.ca website, this resource can assist LTC staff sensitively support implementation of best practices related to sexuality and intimacy.

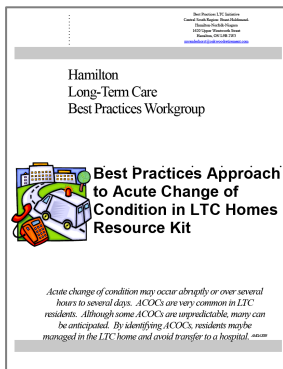
For more information, e-mail Deb Jenkins at williamstown@sympatico.ca



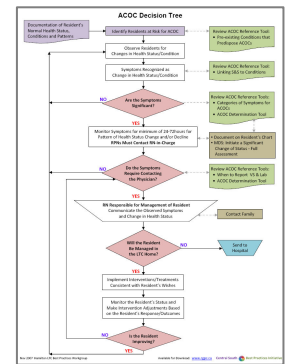
**The Best Practice Coordinators say farewell, many thanks, and all the best to
Deb Jenkins (former BP Coordinator of East Region)
as she leaves to pursue other challenges.**

Until a new Coordinator is available, East Region LTC homes are invited to contact any of the BP Coordinators for assistance.

Central South Region - Mary-Lou van der Horst, BP Coordinator



The Hamilton Long-Term Care Best Practices Workgroup recently completed their work on an Acute Change of Condition Resource Kit. They wanted to develop care processes and resources that are evidence-based to assist nurses and staff to better detect, communicate and record sudden changes in residents' health status.



They hoped that by being better able to manage the residents' health status in the LTC home before they become so serious that they could reduce unnecessary transfers to the hospital. A number of decision making and reference tools and the Acute of Condition (ACOC) Determination Tool were developed and tested at a number of Hamilton LTC Homes, including Blackadar Continuing Care Centre, Wentworth Lodge, Extencicare and several more.

How is the ACOC Determination Tool being used in LTC?

As a resource tool-

- use terminology from the ACOC tool to document resident's ACOC changes on the chart
- use the ACOC tool as a reminder to staff as to what ACOC signs and symptoms should be observed and monitored

As a communication tool-

- use it between shifts to report and alert incoming staff of a resident's changing condition and ensures monitoring continues with no loss of information
- use the ACOC tool to report objective information to physicians
- RPNs use the ACOC tool to report objective information to RNs
- use the signs and symptoms terminology from the ACOC as the standard for describing and reporting resident ACOC changes among staff

As a documentation tool-

- directly record information on the ACOC tool and place it on the resident's chart

A prompting tool for MDS Significant Change of Status -

- use as prompt to initiate MDS Significant Change in Status - Full Assessments

An education tool -

- RNs use the ACOC to educate RPNs on key ACOC signs and symptoms and when to report changes

The Acute Change of Condition Resource Kit and all the Tools are available for download from www.rgpc.ca

For more information, e-mail Mary-Lou at mvanderhorst@oakwoodretirement.com

Acute Change of Condition Determination Tool: Signs and Symptoms	
<p>Classically Important Signs and Symptoms Observed that May Help Define ACOCs and Need to Call Physician</p>	
<p>General</p> <ul style="list-style-type: none"> Change in level of consciousness Change in vital signs (HR, BP, RR, SpO2) Change in temperature Change in weight Change in fluid intake/output Change in skin color Change in skin turgor Change in skin temperature Change in skin moisture Change in skin texture Change in skin color Change in skin turgor Change in skin temperature Change in skin moisture Change in skin texture 	<p>Respiratory</p> <ul style="list-style-type: none"> Change in respiratory rate Change in respiratory effort Change in respiratory sound Change in respiratory rate Change in respiratory effort Change in respiratory sound Change in respiratory rate Change in respiratory effort Change in respiratory sound
<p>Cardiovascular</p> <ul style="list-style-type: none"> Change in heart rate Change in blood pressure Change in pulse Change in capillary refill Change in peripheral pulses Change in jugular venous pressure Change in central venous pressure Change in oxygen saturation Change in oxygen saturation Change in oxygen saturation 	<p>Neurological</p> <ul style="list-style-type: none"> Change in level of consciousness Change in orientation Change in memory Change in attention Change in judgment Change in reasoning Change in problem solving Change in decision making Change in communication Change in motor function Change in sensory function Change in reflexes Change in gait Change in balance Change in coordination Change in fine motor skills Change in gross motor skills Change in posture Change in facial expression Change in eye position Change in eye tracking Change in eye fixation Change in eye convergence Change in eye divergence Change in eye accommodation Change in eye convergence Change in eye divergence Change in eye accommodation
<p>Endocrine</p> <ul style="list-style-type: none"> Change in blood glucose Change in blood glucose Change in blood glucose Change in blood glucose 	<p>Other</p> <ul style="list-style-type: none"> Change in pain Change in pain Change in pain Change in pain

Northwest Region - Heather Woodbeck, BP Coordinator

Update about “**Improving Continence Care Collaborative (IC-3) Phase II**” : A Videoconference Workshop on Improving Continence Care was held in December between Ottawa and Thunder Bay. Ten LTC homes participated. This project is an expansion of an earlier IC-3 project. Five LTC homes in the Ottawa/Kingston area made substantial improvements in continence care in this project.

This approach brings together teams - a manager, RN, RPN and PSW from each LTC home. At the initial two-day workshop, teams heard about successes from the Phase I LTC homes. Continence Expert, Dr. Jennifer Skelly shared her wisdom. Team learned about the Rapid Cycle Method of Improvement, and then met together to set aims for their continence work.

An important tool is the Plan/Do/Study/Act (PDSA) cycle. Aims are broken into manageable steps. For instance, two teams decided to decrease caffeine use. Their first ‘Plan’ was to approach their dieticians to determine what beverages were caffeinated. The ‘Do’ was a trial of removing caffeinated beverages except for breakfast on one unit. ‘Studying’ the impact of the trial was next. The ‘Act’ stage made the trial a permanent change on that unit. By using successive PDSA cycles, LTC homes are able to gradually implement improvements in continence care.

This project will continue for the next year with teleconferences and videoconferences. For more information, e-mail Heather at woodbeck@tbh.net .

Central East Region - Mary Dupuis, BP Coordinator



Photo: Teresa Ku and Christina Wong,
Yee Hong Centre for Geriatric Care

“**How did they do that?**” is the Central East’s latest contribution to the ‘LTC Best Practices Resource Website’.

Developed primarily as a short story about the care of one LTC resident, “**How did they do that?**” also provides practical tips and a check-list of essential activities for homes considering implementing the RNAO BPG ‘Stroke Assessment across the Continuum of Care’—and is also a great example of our region’s collaborative efforts in resource development.

We started working on “**How did they do that?**” over one year ago in partnership with our previous BPG Coordinator, Hazelynn Kinney; piloted last spring with Christina Wong and Teresa Ku of Yee Hong’s McNicoll Centre; shared the story with participants at a Central East Stroke Network workshop, and underwent a final review by Amy Go (Yee Hong – Markham) and Bernice Miller and Kay Morrison, Central East Stroke Strategy. For more information, e-mail Mary at mary.dupuis@yeehong.com .

South West Region - Donna Scott, BP Coordinator

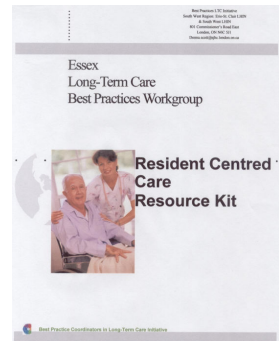
Directors of Resident Care from several Windsor-Essex LTCHs came together in the fall of 2006 to form the Essex Long-Term Care Best Practice Workgroup. Their aim was to share care concerns and create solutions from a best practices perspective within the context of understanding the complexities of long-term care.

Their first project was to review the RNAO Best Practice Guideline on Client-Centred Care and adapt the recommendations to meet the care needs of residents living in Windsor-Essex LTCHs.

Through monthly meetings, sharing of ideas and discussion, they produced the “Resident Centred Care Resource Kit” to be used together with the Client Centred Care BPG.

Resident-Centred Care is an approach to care that acknowledges the uniqueness of each of our residents and is based on a philosophy of respect and dignity. It incorporates beliefs and values that are consistent with the Residents’ Bill of Rights and the Ethical Framework for RN’s and RPN’s in Ontario. Recognizing and honouring Residents’ rights to participate, to be listened to, and to receive care that is individualized and meaningful incorporates these beliefs and values. The Resident Centred Care Resource Kit includes a sample policy, care plan, staff education outline and relevant standards from the LTC Programs Manual.

For more information, e-mail Donna at donna.scott@sjhc.london.on.ca.



Toronto Region - Josie Santos, BP Coordinator

Best Practice Resources at Your Fingertips: In previous editions of our newsletter, best practice resources developed in the Toronto region has been featured and highlighted. These resources were made possible by many stakeholders who contributed as content developers or reviewers and by the Toronto Best Practice Implementation Steering Committee that oversaw the progress of the initiative. Acknowledgement and the list of development team are included in each resource package. To obtain resources such as policies and procedures and assessment tools in topics on Hydration, Skin and Pressure Ulcer Care, Pain, Falls, Bladder and Bowel Continence, Diabetes and the 3D’s (Delirium, Depression and Dementia), visit www.rgp.toronto.on.ca or www.rgpc.ca. For more information, e-mail Josie at jsantos@nygh.on.ca.



Some of the members of the Toronto Best Practice Implementation Steering Committee. Back row (from left to right): Therese Lawlor (Psychogeriatric Resource Consultant), Clara Tsang (Geriatric Clinical Nurse Specialist/Nurse Practitioner, Geriatric Emergency Management (GEM), Rouge Valley Health System), Agnes Chow (Dietitian, Mon Sheong Scarborough LTC Centre), Helen Ferley (Co-Chair of the Steering Committee, Administrator of the Toronto Best Practice Coordinator's Host Agency, North York General Hospital-Seniors' Health Centre), Anniz Ebrahim (Compliance Advisor, MOHLTC), and Becky Li (Director of Resident Care, Mon Sheong Scarborough LTC Centre). Front row (seated): Josie Santos (Toronto Best Practice Coordinator)

Central West Region - Wendy MacDougal, BP Coordinator



Back row: Wendy MacDougal, Sharon Trottmann,
Cheryl Graham
Front row: Doris Burns, Esther Dalrymple, Carol Sloan

The need for intimacy persists throughout the lifespan, regardless of our age. Our entire society has strong, often negative, views about seniors and sexuality. Historically, long-term care has not addressed this need well. Indeed, staff members have often been unprepared for physical demonstrations of intimacy and sexuality in residents. What is true is that everyone in long-term care wants to offer exemplary, individualized care which meets the residents' needs. The members of the Peel working group (of Central West region) have developed some tools to assist long-term care with this issue. Currently, there is a simple policy and procedure and a set of admission questions available. The group has also completed 2 of a set of 8 education modules for long-term care staff.

For more information, e-mail Wendy at bpc@winstonpark.net.

North East Region - Lisa Quesnelle, BP Coordinator

Delirium, Dementia and Depression Workshops: Recognizing the importance of and the benefits of evidence based practice, Robert Spicer, the Psychogeriatric Resource Consultant for the Muskoka/Parry Sound, North Bay and Timiskaming areas is a Best Practice Champion who has been providing educational opportunities for the LTC Homes and Community Organizations within his area. Thanks to the support and generosity of the Timiskaming and the Muskoka/Parry Sound Dementia Networks collaborative workshops focusing specifically on the RNAO's Screening for Delirium, Dementia and Depression Guidelines and the Caregiving Strategies for People with Dementia Guidelines have been held in Englehart and Hunstville.

With permission, changes were made to Yee Hong Centre for Geriatric Care's ABC of BPGs: A Workbook about Best Practice Guidelines for Nursing Staff to reflect the content of the RNAO's BPGs. Workshops were then held to increase the participants' knowledge and understanding regarding the RNAO's Dementia Guidelines. These interactive sessions provided the participants with opportunities to reflect upon their current practice, the needs within their organizations and to familiarize themselves with the guidelines and recommendations. Feedback received from the workshops has been very positive and we are in the process of planning for the next workshop to be held in Parry Sound in February 2008.

For more information, e-mail Lisa at lquesnelle@extendicare.com.

For more information about this newsletter or comments, please contact Wendy MacDougal at bpc@winstonpark.net.

Permission has been obtained for the use of all photos.