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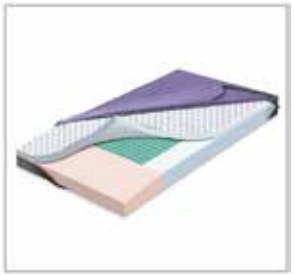

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BY CANDACE CHARTIER

Over the last few years, I've done a lot of media interviews about long-term care, and I'm seeing a recent change in the reasons that media are calling.

Over the last year in particular, many media stories have been based on Ontario's resident quality inspections, or RQIs. But increasingly, media are also calling about key indicators such as pressure ulcers or restraints. As you know, homes are monitoring these and other indicators and reporting this data to the Canadian Institute for Health Information (CIHI). For the first time this spring, CIHI published this information on their website and drew the media's attention to key findings.

In Ontario, Health Quality Ontario (HQO) also analyzes data and reports on its findings to the public, with theme reports (one on antipsychotics in long-term care earlier this year) and a major annual report that examines key areas of the health care system.

In their most recent report this October, Health Quality Ontario recognized the long-term care sector for significantly reducing the use of restraints (cut by half in a four-year period), and for holding steady on falls and new or worsening pressure ulcers. These indicators have not changed for four years, which the report says "can be seen as an improvement given that residents of Ontario's long-term care homes are increasingly frail and have increasingly complex needs." The full story is on page 14.

It is great to receive public recognition for the hard work in our long-term care homes. There is still much more to do for our residents, but the data shows that our collective efforts to create a culture of person-centred care and quality improvement are making a difference.

This issue of *Long Term Care Today* tells some of these stories. Extendicare Bayview and Fenelon Court share their experiences with building a resident-centred culture (pages 22 and 24); Burton Manor talks about their successful falls-prevention program (page 36); and we shine a spotlight on peopleCare's significant efforts in bedrail safety, an initiative that has been praised by the Ontario Ministry of Health and Long-Term Care (page 10).

Finally, don't miss the article on a new educational program by the Ontario Association of Residents' Councils about the Residents' Bill of Rights (page 16). In Ontario, the Residents' Bill of Rights is just as important for staff to know as the requirements of the *Long-Term Care Homes Act*. It lets staff know what residents have a right to expect, and just as important, the Residents' Bill of Rights helps us to see our workplace through their eyes. That empathy is the foundation of resident-centred care. LTCT

Candace Chartier is CEO of the Ontario Long Term Care Association.

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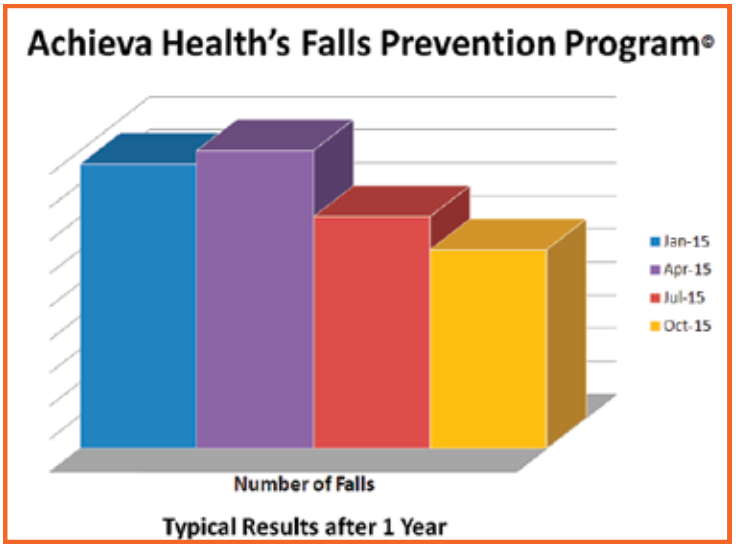

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Rethinking bedrail safety

peopleCare dramatically reduced the use of bedrails when they looked at whether residents could safely use the equipment

Sometimes tragedy can lead to positive change. This was the case at peopleCare, where the death of one resident led to a complete "rethink" of the protection offered by bedrails.

Bedrails are commonly believed to provide protection from falls. But after an extensive review, peopleCare concluded that the risks posed by bedrails outweigh their benefits in most cases, particularly for people with cognitive challenges such as dementia. Research showed there was a greater risk of resident injuries when their bedrails were left up – and these injuries were more serious than those caused by falls out of bed when rails were down.

As a result, peopleCare introduced new policies along with a new comprehensive assessment around the use of bedrails. This, in turn, led the organization to dramatically reduce the number of bedrails used in their residences in less than four months.

A tragedy led to change

In February 2015, an elderly resident died of asphyxiation when he tried to get out bed and his neck became trapped in the bedrail. An investigation showed that he had been in a new bed that had passed a rigorous entrapment review. peopleCare immediately called their entrapment review system into question and began significant organization-wide changes.

"During the investigation, it became clear that the resident had risk factors for entrapment that we hadn't considered," recalls Andrea Brissette, VP Clinical Services. "For example, because of his dementia, he did not understand the use of a bedrail, or that he needed to lift his head off the mattress to get out of bed safely."

This insight changed the way peopleCare does their assessments, says Brissette. "Before, we always looked more at whether the equipment was safe, such as making sure the space between the rail and the mattress met safety standards. But after this incident, it was clear that we can't and shouldn't rely on the equipment alone. Even when a bed and bedrail pass safety standards, we need to focus on the cognitive and physical abilities of each individual resident and whether they can safely use the equipment." The important consideration is looking at the resident first, rather than the system and equipment.

peopleCare researched coroners' reports, Health Canada statistics and research studies, and identified key risk factors for bedrail injuries. Staff then developed a comprehensive assessment that gauges residents' eligibility for a bedrail. One measure is the cognitive score based on the Resident Assessment Instrument Minimum Data Set 2.0 (MDS-RAI). Those scoring three or above are deemed ineligible for a bedrail.

The cognitive score is not the only factor, says Brissette – comprehension

and physical ability are also significant. "Can you follow directions? Do you understand why the bedrail is there? If you are sick, can you get yourself in and out of bed? Can you do that independently? These are all key factors needed for someone to use a bedrail safely," she says.

Using the assessment

The assessment was piloted in a 32-bed dementia unit in one of peopleCare's homes, which allowed the team to field test it and make multiple changes. Today, that assessment continues to be used for incoming residents. All residents are admitted to peopleCare's homes knowing they will not be using bedrails unless they pass the assessment. Those who are deemed eligible for bedrails are put on a three-night sleep observation and monitored via Fitbit technology to rule out risk factors such as frequent restlessness.

Afterwards, those permitted to use bedrails receive an entrapment risk assessment every quarter, or earlier if the resident experiences any changes in their health. "If someone develops an infection and becomes confused, then we would reassess them to make sure they still qualify for the bedrail, and then reassess again when they are better," says Brissette. "We want to make sure they stay safe during that time."

If someone is using a bedrail, their bed is extensively checked for possible entrapment risks, and this is redone anytime there is a change to their bed or bed system. The assessments are ongoing.

Residents who do not qualify for a bedrail but require extra support to get in or out of bed, or to move around in bed, are also provided extra staff assistance where needed. When ineligible residents receive bedrails upon written request from their families, the peopleCare team schedules extra monitoring and check-ups and continues conversations with their families about the resident's condition and results of reassessments for the use of bedrails.

A culture change

Once the peopleCare team had looked at the evidence and developed an assessment, Brissette began a process to eliminate the use of bedrails for all new and existing residents. To start, Brissette shared her team's research with Residents' Councils and conducted educational sessions for both staff and residents' family members.

As anticipated, the plan to eliminate bedrails faced reluctance from residents who had grown used to their perceived protection, and from some staff who had been trained to leave rails up for safety. "This is a huge culture change for residents, families, and staff," says Brissette. "As a nurse, I was always trained that you need to put that bedrail up. I used to teach personal support workers (PSWs), and we would fail PSWs in the lab if they didn't put a bedrail up. It's pushed in health care education. People have it in their minds that the bedrail needs to be up to keep people safe."

Many families are also reluctant to stop using bedrails because they are common practice in hospitals, adds Brissette.

The peopleCare team explained to families that the majority of beds they use are high/low, which means that residents are close to the floor and if they do roll out of bed, they're rolling from a very low position, and often onto a soft floor mat. The risk of injury is minimal. In contrast, when a bedrail is up, the risk is higher of entrapment and death, as well as fractures, skin tears or bruises to arms and legs that can be caught in the bedrail.

"We explained that bedrails don't keep people from falling out of bed – that's not why we use them now," Brissette says. "The only time we use them is to support independence so that people have something to hold onto when getting in and out of bed, or moving around in bed." Physiotherapists and occupational therapists at peopleCare are involved in finding alternative devices to help residents who don't qualify for bedrails, or providing additional staff assistance as needed.

What changed most people's minds, Brissette says, was the story of the resident who had died. His family gave permission for peopleCare to share

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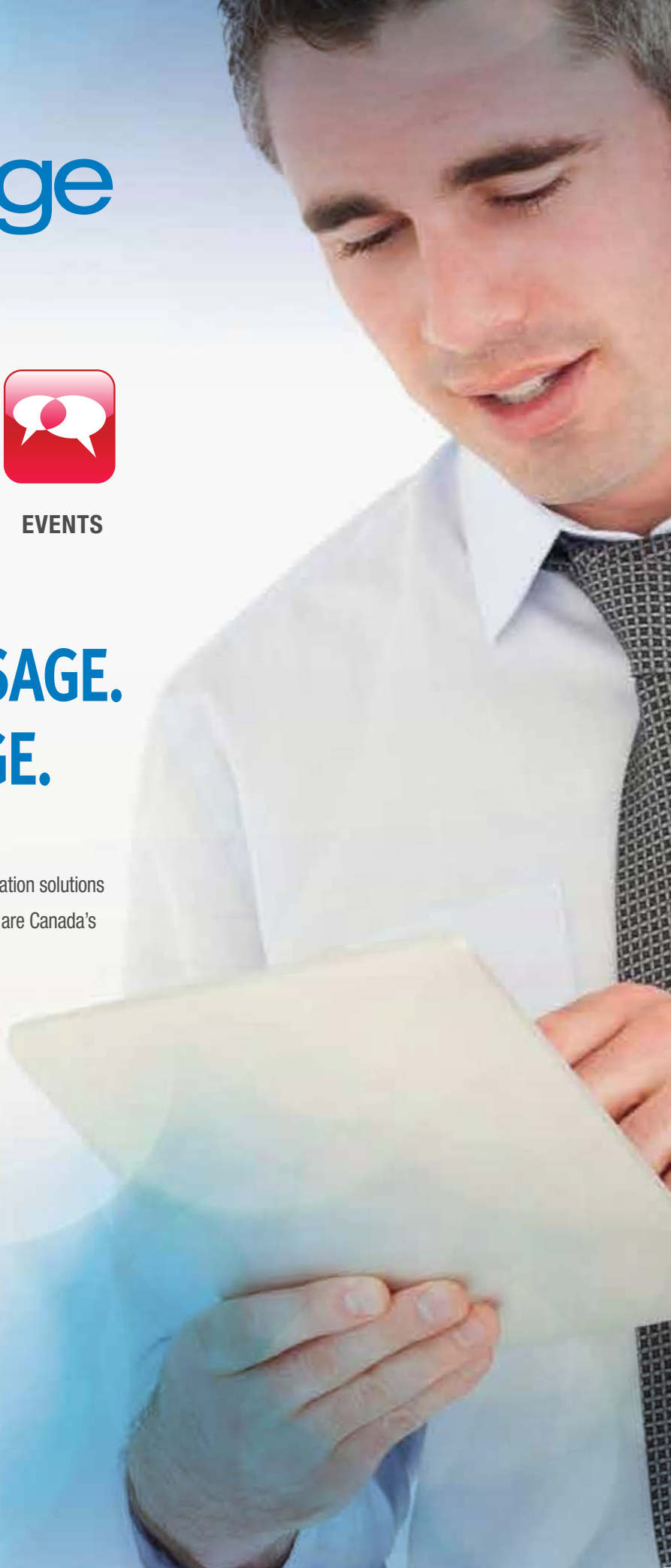

the details. "They really wanted to make sure that this didn't happen to anybody else," says Brissette. "Thanks to his family, we were able to be very honest and transparent with our residents and families about what had happened, and why it was so important to reduce the use of bedrails."

peopleCare tells prospective new residents about their bedrail policy when they tour the facility, and has also provided information about their bedrail policy to the Community Care Access Centre (CCAC), which is responsible for placement in long-term care homes. The goal is to let potential residents and families know – before they move in – that peopleCare is working towards a bedrail-free environment.

A top priority

It took just four months from the tragic incident to develop and implement peopleCare's new bedrail policies. In addition to Brissette, the project team included the director of informatics (to develop the new assessment), the director of policy and legislation (to help with research), nursing, physiotherapy, and occupational therapy. peopleCare's leadership made certain staff had the time and resources to give to the project. And staff in each home "got on board right away," says Brissette. "They didn't want anything to happen to their residents."

To ensure everything went smoothly, the process was introduced to one home at a time, during which assessments were conducted, families were consulted, the proper papers were drawn up, and each home was given a week to work out any issues before moving on to the next.

Before the fatal incident in February 2015, many of peopleCare's residents were using bedrails. By September 2015, this had dropped to less than 10%. Only this small number of peopleCare's 800 residents passed the new risk assessment, and today, about 75 people are using bedrails appropriately. Another 10 residents did not qualify for a bedrail, but the equipment is being used at their families' insistence.

Due to the ongoing belief that bedrails prevent falls, the team is carefully analyzing the home's data on falls. Preliminary data results show that falls from beds have actually been going down, says Brissette. This still needs to be tracked over time but the early results are promising.

peopleCare's commitment to this issue has received praise from the Ministry of Health and Long-Term Care, which investigated the death of the resident back in February and learned of the bedrail reduction program in their follow-up. The Ministry asked peopleCare's permission to share their success with other facilities.

"That was a nice surprise, and it helped us when communicating with families to say that the Ministry supported what we were doing," says Brissette. LTCT

Restraint use cut by half in Ontario in four years

New report on the health system looks at restraints, pressure ulcers, and falls in long-term care

In October, Ontario's health quality agency issued its annual report on the health system, highlighting areas of improvement, poor performance and unequal progress. Health Quality Ontario's report, Measuring Up, looked specifically at long-term care wait times and quality of care related to restraint use, falls, and pressure ulcers.

Quality of care shows improvement

The report showed good news about restraints: the daily use of restraints in long-term care homes has been cut in half in just four years, from 16.1% to 7.4 % (2010/11 to 2014/15). Health Quality Ontario recognized the progress in the decrease in physical restraints but also flagged it as an area of unequal progress because restraint use varies widely across the province.

The data about pressure ulcers and falls also showed improvement. About 15% of residents in long-term care homes had a fall in a given month and the percentage of residents with new or worsening pressure ulcers was 3%. This has remained relatively stable over four years (2010/11 to 2014/15) and there was little regional variation across the province.

Health Quality Ontario says that stability in these indicators can be seen as an improvement, as residents of Ontario's long-term care homes are increasingly frail and have increasingly complex needs.

Wait times from home are much shorter

The report says that system-wide efforts to reduce wait times for long-term care have seen some success. The median wait time from home for a place in long-term care has improved (116 days in 2013/14) but has grown for patients waiting in hospital (69 days). For people applying from home, wait times are considerably shorter than they were four years ago, while wait times from hospital have increased slightly. Wait times for long-term care vary substantially by Local Health Integration Network (LHIN) region.

Health Quality Ontario says that managing wait times for long-term care is an ongoing concern, and solutions depend not only on the ability of the long-term care sector to provide more beds but on the ability of other parts of the system to manage the need for placement and help people remain at home for as long where possible. The report also recognized the variables that affect wait times, such as the choices people make and the availability of beds.

Other findings

A section on system integration looks at hospital data but states that some indicators – such as hospital readmission and alternate level of care – also reflect the support that is available to patients outside the hospital from primary health care providers, home care, or long-term care.

Hospitalizations for conditions such as diabetes, hypertension, and COPD can often be avoided if patients receive appropriate and timely care elsewhere, and the rate of hospitalizations for these types of medical conditions (called "ambulatory care sensitive conditions") has decreased by one-third over the last decade.

The report says that alternate level of care (ALC) continues to be a concern in Ontario. Overall, one in seven hospital beds in Ontario is occupied by a patient who is well enough to receive care outside the hospital in another setting, such as rehabilitation, home care, or long-term care.

The report also highlights the rapid increase in the burden on friends and family who help to support a home care patient. One-third of informal caregivers are distressed or unable to continue their role – twice as many as four years ago. LTCT

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Building awareness

New educational program aims to increase understanding of Residents' Bill of Rights

The Ontario Association of Residents' Councils (OARC) has developed a new program to help long-term care homes educate staff members, volunteers and families on the province's residents' bill of rights.

At the heart of the program is a DVD about residents' rights that was created about two years ago by a group of homes owned by Durham Region. In the 25-minute DVD, long-term-care home residents declare their rights in a powerful message through personal storytelling.

Durham Region contacted OARC about two years ago to suggest the DVD be used to educate other Ontario long-term care homes. OARC saw potential in the idea and soon created an advisory group consisting of long-term-care home residents and staff members, as well as lawyers and law-enforcement officials, to develop a facilitators' guide to complement the DVD.

Ontario long-term care homes are mandated by the province to uphold 27 residents' rights that are directly related to basic human rights. The purpose of these rights is to ensure long-term care residences are truly homes for their residents.

Long-term care operators are required to educate staff members about the residents' rights. But current educational programs focused on residents' rights have not always been effective, says Dee Lender, OARC's Director of Education.

Facilitators in long-term care homes will be required to co-develop and co-facilitate the education with residents. The guidebook includes steps on how to help facilitators work with residents who have cognitive impairment.

"What makes this educational program very different is that it is an entire program and not just one educational session," Lender says. "Our vision is that this program will be embraced by long-term care homes that want to be leaders in culture change."

Presentations by residents

Lender says OARC is "excited" to make this educational opportunity a reality and that the organization is looking forward to leveraging existing partnerships to make this happen.

Having residents deliver a version of the program that is highly infused with personal stories has a positive impact on other residents and staff, says Sharron Cooke, President of the OARC Board and President of the residents' council at the Newmarket Health Centre. Cooke has created PowerPoint presentations and delivered educational sessions about the Residents' Bill of Rights to new staff members at Newmarket Health Centre with positive results.

"I tell the staff that we're doing this together to bring the Bill of Rights to life," Cooke says. "The feedback has been amazing and I can already see the difference."

For more information on the educational program, contact OARC at 905-731-3710, or e-mail info@ontarc.com. LTCT

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Other studies conducted throughout North America have found similar results. According to Stanford University's Dr. Sharon Geaghan, "it is essential to ensure Point of Care (POC) testing is done in a way that minimizes the risk of disease transmission. Several Hepatitis B and C outbreaks have been traced to POC glucose meters and related equipment"[1]. Recently, the Pennsylvania Department of Human Services identified significant infection control breaches in several personal care homes. A large outbreak of Hepatitis B resulted in "tragic resident outcomes and dire consequences for the facility operator"[2].

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Results will be presented at the upcoming World Diabetes Congress in Vancouver this December.

Background:

- Diabetes is prevalent, especially in the elderly living in long term care homes
- Despite the implementation of policies and protocols, reports of infection due to contamination with blood and/or tissue during the glucose monitoring process have been documented
- Test strips and their packages have been implicated as a potential reservoir of contamination in these long term care homes, but few actual studies exist

Study Objectives:

- To determine the difference in contamination rates between open vials and their test strips compared to unopened vials and their test strips used in long term care
- To quantify types of contaminating micro-organisms

Method:

- All bacterial samples were obtained via live culturing in the lab from the samples obtained
- Tests were conducted in a biosafety cabinet using aseptic techniques
- Bacterial cultures were identified by PCR analysis of each culture
- Descriptive statistics, such as mean, SD, minimum and maximum. For non-normal data, the median will also be calculated
- Contamination rates between opened and unopened vials and strips were compared against rates from new vials using Fisher's Exact test

Results:

- More than half of blood glucose test strips stored in vials in long term care homes are expected to be contaminated with aerobic and anaerobic bacteria

Conclusion:

- **Any multi-use vial containing blood glucose test strips in long term care is likely to have some level of bacterial contamination**
- **Studies should be conducted to determine the actual number of infections resulting in each arm of the study**

1 CAP TODAY Pathology/Laboratory Medicine/Laboratory Management http://www.captodayonline.com Geaghan, S., April 17, 2015,"Pressing questions in POC glucose testing". Pathology/Laboratory Medicine/Laboratory Management http://www.captodayoline.com Geaghan, S., April 17, 2015,"Pressing questions in POC glucose testing".

2 Jones, M.J., March 17, 2015, http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_157443.pdf

Comparison of Contamination Rates in Canadian Long Term Care Homes of Glucose Test Strips from Opened and Unopened Bulk Packages

Piwko, C.[1], Einarson, T.R.[2], Saleh, M.[3], Brockington, M.[4]

Three-Armed Study

26 Open Vials from Homes	15 Unopened Vials from Homes	24 New Vials from Pharmacy
26 vials tested for aerobes and anaerobes	15 vials tested for aerobes and anaerobes	24 vials tested for aerobes and anaerobes
78 strips tested for aerobes and anaerobes	45 strips tested for aerobes and anaerobes	72 strips tested for aerobes and anaerobes

3 strips per vial

Comparison of Vial Contamination Rates

Vial Status	Number	Contaminated	Comparison	p-Value*
Open	26	54.0%	Open vs. Unopened	p 0.754
Unopened	15	60.0%	Opened vs. New	p< 0.01
New	24	0.0%	Unopened vs. New	p< 0.01

Contamination rates between opened and unopened vials and strips were compared against rates from new vials using Fisher's Exact test

- Almost half of the micro-organisms identified were of the Staphylococcus genus (S. epidermidis, S. aureus), which can be pathogenic in patients who are elderly or with compromised immune systems. Other identified micro-organisms included Bacillus thuringiensis and Brevibacterium

Identified Micro-organisms Overview

Staphylococcus aureus
May cause skin, respiratory, gastric and bacteremic infections

Staphylococcus hominis
May affect immune compromised people

Staphylococcus epidermidis
Cultures on Catheters, may affect immune compromised people

Microbacterium paraoxydans
Cultures on Catheters, may affect immune compromised people

Microbacterium oxydans
May be related to catheter-associated infections

Pantoea agglomerans
Opportunistic pathogen causing wound, blood and urinary tract infections

Brevibacterium
Causes foot odour and may be linked to more serious issues

Bacillus cereus
Known to cause food poisoning

Bacillus thuringiensis
Not expected to be harmful to humans although it produces beta-exotoxin which is known to be toxic to humans

Bacillus subtilis
Not expected to be harmful to humans

Proportions of colonizing bacteria in opened & unopened vials of glucose test strips

Vial Status	Proportion	Bacteria
Opened	44%	Staphylococcus epidermidis
	19%	Bacillus thuringiensis
	13%	Bacillus cereus
	6%	Pantoea agglomerans
	6%	Staphylcoccus aureus
	3%	Bacillus subtilis
	3%	Microbacterium oxydans
	3%	Microbacterium paraoxydans
	3%	Staphylococcus hominis
	100%	Total
Unopened	53%	Staphylococcus epidermidis
	16%	Brevibacterium sp.
	11%	Bacillus sp.
	5%	Bacillus cereus
	5%	Bacillus thuringiensis
	5%	Microbacterium paraoxydans
	5%	Staphylococcus hominis
	100%	Total

• Unrestricted grant was provided by **Abbott Diabetes Care**

1-CHP Pharma Inc., Thornhill, ON, Canada, 2-University of Toronto, Faculty of Pharmacy, Toronto, ON, Canada, 3-Sporometrics Inc. Microbiology, Toronto, ON, Canada, 4-In Initiative Inc., Markham, ON, Canada

Collaboration & inclusiveness

Including resident choice and voice at Extendicare Bayview makes a positive impact

Transforming its culture has yielded meaningful change at Extendicare Bayview, from vastly improved quality of care indicators to greater resident satisfaction.

Administrator Niklas Chandrabalan says the 18-month initiative to shift the culture – or ways of being and doing things – followed leadership and other changes at the Toronto long-term care home. The home had been struggling with low morale, high turnover, and low levels of resident and family engagement.

Chandrabalan says changing the culture has centred on collaboration and inclusiveness. "If homes are going to learn (to continuously improve), it comes down to having families, residents and staff all involved together," Chandrabalan says. "Most of us think the same way and want the same results."

Chandrabalan adds that it's vital to management, staff, residents and families that decisions are made in partnership, and in a positive atmosphere of mutual respect, to achieve excellent outcomes in quality of care and quality of life.

As one example, residents are core members of the home's Continuous Quality Improvement (CQI) committee, giving everyone the opportunity to learn about the home's challenges and successes, and to participate in change.

In addition, whenever possible, the home now provides consistent staffing to residents. It's what they prefer, and promotes an ongoing relationship that can lead to better health outcomes.

Chandrabalan notes that Extendicare Bayview now exceeds the provincial average on many quality indicators such as pain management, falls, restraints, and antipsychotic drug use – a turnaround from the time before 2013.

Extendicare Bayview's team has also worked diligently to engage residents in physical and social activities that are interesting, meaningful, improve their function, and maximize independence. For example, it offers brain training, employs a variety of programming such as Montessori-Based Dementia Programming, doll therapy, sensory stimulation programs, all of which awaken and nurture reminiscence, and it is a certified Music and Memory Care facility.

Strong impact

These and other innovative programs have had measurable impact. In 2011, 35% of residents reported no or extremely low levels of social engagement, as measured by the RAI-MDS Index of Social Engagement Scale. In 2013, this fell to 12% – less than half the provincial rate for all Ontario homes.

To ensure their choices and voices are integrated into daily life, residents provide input on everything from physical and cosmetic changes to the home, to programming and to the dining experience and menu.

"We have a strong voice in how we'd like things to happen," says Devora Greenspon, Residents' Council President.

Inclusion has heightened resident satisfaction. In 2013, residents gave nearly twice as many 'very satisfied' responses as they had the year before when surveyed about the variety of community outings and activities of interest.

Greenspon says residents are comfortable engaging team members with questions, concerns and ideas. Chandrabalan's leadership makes a difference as he is "very open to suggestions and asks residents for our opinions on all changes going on," notes Greenspon.

In April 2014, the Residents' Council and leadership team met with residents – both those with dementia and those without – to gain perspectives on the home's culture change and more opportunities. The resident-driven discussion looked at the council's effectiveness, collaboration between the council and management, programming, staffing, care provision, and the quality of resident-staff relationships. The input generated new and innovative ideas for enhancement throughout the home.

The home also financially supports Greenspon's involvement with the Ontario Association of Residents' Councils, which she says provides invaluable learning that she shares with Extendicare Bayview's council and residents.

Being part of the culture-change process, and the revitalized relationships at Extendicare Bayview, gives Greenspon a "great sense of satisfaction and encouragement," she says. LTCT

The personal touch

Getting it right in person-centred care – a closer look at Fenelon Court

When an elderly resident moved into Fenelon Court, he had a special request: that the Revera Inc.-owned long-term care home accommodate his small dog.

Fenelon Court, along with other Revera homes, is dedicated to changing the culture of the long-term care sector. As the dog was so important to the man's life, Fenelon Court accommodated the man's pet, which he cared for during most of his stay. When the resident became unable to care for the dog, the home's staff members, without being asked, stepped in to walk, feed and care for the animal. When the man passed away, his dog was at his side.

This is one of Fenelon Court Executive Director Caroline McGee's favourite stories about how the home's staff members prove their commitment to creating an environment where residents live the same lives in long-term care as they were living in the community.

Fenelon Court, like many long-term care homes across the province, has done much to step up culture change efforts in the last few years. Long-term care homes, McGee says, should be homes – not institutions. This, she adds, is a philosophy engrained in home managers and frontline staff members. It all comes down to one thing: staff members provide the care and environment they would want if they were living in a long-term care home.

This focus has resulted in Fenelon Court not having any segregated units. Residents with all levels of cognitive function live together, and are free to walk wherever they wish inside the home.

In a recent resident satisfaction survey, Fenelon Court scored 100%, McGee says. In fact, Fenelon Court was also nominated by residents for the Culture Change Home of the Year Award in the Ontario Long Term Care Association's annual awards program. "We were nominated as leaders in culture change because our leaders and residents and families believe that we get culture change right," McGee says.

Fenelon Court was also one of six Canadian long-term care homes asked to help create a document on person-centred care for the Alzheimer Society of Canada.

An evolution

Long-term care homes across the province are at different stages of their evolution from institutional care to person-centred care in a home-like environment. McGee's advice is that they need to take time to get to know residents – to learn their likes, dislikes and personal history. Based upon that information, they can create care plans to custom fit every resident.

It's also important to have consistent care provided by front-line staff members – nurses and personal support workers – who personally know the residents they work with, McGee says. If a resident is used to a specific housekeeper coming into their room every day to clean, for example, the housekeeping department manager should try to make sure that staff member is always tending to that person's room. "That resident will look forward to that staff member coming in and knowing that their needs will be taken care of," she says.

From a management perspective, adds McGee, this also means hiring frontline staff members who truly believe in a resident-centred care philosophy. "You have to (have frontline staff members who) buy into the philosophy that person-centred care is about the person," McGee says. "If you get the right staff, the residents will be happy." LTCT

IMAGINE PERSON-CENTRED CARE

Fenelon Court uses a mnemonic, IMAGINE, to help guide culture change efforts:

- Implement person-centred care
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- Advance a 2-way dialogue
- Grow our people
- Instill pride
- Nurture relationships
- Embrace compassion for one another

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with people in mind...

Reading the signs of fragile, elderly skin

A vital organ, the skin protects us from injury and infection. However, as it ages, the skin becomes thinner and more fragile.

The skin of elderly residents is at particular risk because aging skin:

- heals slowly and is prone to friction and shearing
- can be susceptible to degradation causing irritation, itching, infection or pain
- is sensitive to excessive moisture and prolonged contact with urine and feces

Incontinence increases with age and incontinence-associated dermatitis has been estimated to occur in 7% to 11% of incontinent nursing home residents.[1] Incontinent residents are also more susceptible to pressure ulcers:

- urinary incontinence increases the incidence of pressure ulcers more than 5 times
- fecal incontinence increases their incidence more than 20 times.[2,3]

As well as consuming considerable medical and caregiver resources, incontinence and its associated conditions can have a considerable impact on an individual's psychological wellbeing.

Urinary and fecal incontinence are co-morbid conditions affecting more than 50% of nursing home residents.[5]

Prevention is key

Many of these issues can be prevented or minimized with routine care and management. For example, the incidence of pressure ulcers, which are expensive to manage, can be reduced by as much as 50% by following proper care routines.[6-8]

In addition to clinical benefits, a good hygiene routine can help residents feel comfortable, refreshed and healthy as well as supporting their self-esteem, independence and overall quality of life.

An optimal skin care regime following episodes of incontinence helps to prevent the occurrence of incontinence associated dermatitis; it should include gentle cleansing, moisturizing and the use of a skin barrier or protectant if necessary.[4]

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TENA® Skincare improved skin conditions for a significant number of residents[9]

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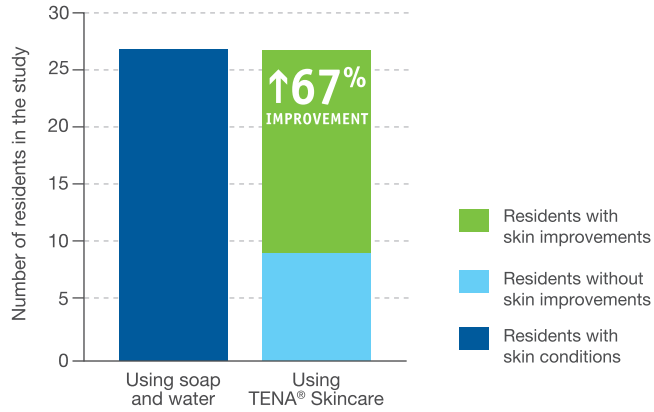

Study included 27 residents of a long-term care facility over a two-month period. TENA® Skincare products used were Cleansing Cream, Body Wash & Shampoo, and disposable wet and dry wipes; these replaced textile wash gloves, liquid soap and water. *Skin conditions evaluated were skin dryness, scratch sores, skin rashes and skin maceration.[9]

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This article has prepared by TENA® Skincare.

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Getting comfortable with transparency

Sienna Senior Living shares their experience with the first public release of CIHI data

By Joanne Iacono

Last June, for the first time, information about the rates of antipsychotic use, restraints, falls and other care measures in long-term care homes was made public on the CIHI - Your Health System website. Homes have had access to information on these quality indicators for several years, but now every home in Canada has a public profile on the CIHI site, with their data out there for everyone to see.

It's all part of the trend in health care to be more transparent about quality of care, and that's a good thing, but it can be intimidating to be in the public eye in that way. Long-term care homes have only been gathering and reporting on data for less than 10 years. It's still a new area, and we're all finding our way.

One way we can make it less intimidating is to share our experiences with each other. Last summer, I took part in a webinar explaining how our organization prepared for the CIHI release, and what we learned from the experience. As a follow-up to this webinar, sponsored by the Canadian Foundation for Healthcare Improvement, the editors at *Long Term Care Today* have asked me to share our story.

Sienna Senior Living has 37 long-term care homes in Ontario. We recently launched a new vision, mission and values for the organization. Our new mission is to help you live fully, every day, and our commitment to quality improvement is one of the ways we can deliver on this promise to residents.

Updated CIHI data is available to us every quarter, and every quarter at our Support Office we discuss trends we're seeing in the data. Individually, the homes review their data quarterly at resident safety quality committees and examine the trends that they're seeing in their own home.

We are constantly looking at it as a way to promote quality improvement. We are always looking at what's working well and how we can do more of

it, as well as look for opportunities to learn/do better.

My department, the Quality/Informatics department, reviews and analyzes the data, then we share it with homes. We invest in educating the home's executive directors and management teams about the CIHI data and encouraging them to use it to celebrate what they are doing well and identify opportunities for growth.

Data can make people glassy-eyed so we try to make it easily available and easy to read. We download the data ourselves, and we prepare simple reports using graphs and slides to make the data as easy as possible for the homes to interpret. We outline their performance in all the 35 indicators and provide comparison charts. The provincial average isn't meant to be a benchmark for best practice, but is a centre point to look at. We also look at intervals in the CIHI data to see where our homes fall in the spectrum against other long-term care homes.

We use the data to identify the top performers in our province on each indicator, and we try to learn from them

How CIHI data can help you

When a home has an opportunity to improve on a given indicator, we dig deep to find out why. First we make sure that the data was coded correctly. Then we look at root causes. There are many different factors to consider. For example, maybe it's something to do with staffing patterns. Maybe one home that's doing very well has a different nursing pattern and we can learn from that practice. We're starting to get to that level of analysis, which is very exciting.

At the same time, we look at organizational trends. If the majority of our homes are not performing at or better than the Ontario average on a specific indicator, is there an opportunity to look at our systems? If so, is there an overarching policy or direction that needs to be changed? Our goal is to be attuned to these trends so that we can be responsive and make adjustments early.

We also use the data to determine the needs for quality improvement activities. For example, when we first took a look back in 2010/2011, we saw that restraint use was high in our organization and so we took a focused approach by implementing a large restraint reduction program that year. The following year we launched similar quality improvement activities around skin and wound care and then falls. This year, we have partnered with the Canadian Foundation for Healthcare Improvement and are seeing great success in reducing our antipsychotic medication use. We use the data to drive what initiatives we really need to look at.

Finally, we use the data to identify the top performers in our province on each indicator, and we try to learn from them. For example, a few years back we found that there was one organization that was doing extremely well on falls, so we contacted them and asked if we could come for a visit, and we were able to learn about their falls improvement project. In turn, they asked us to provide information about our successful restraint reduction project.

Preparing to be in the public eye

We have been publicly reporting our data through Health Quality Ontario since about 2010/2011. We volunteered to be an early adopter in terms of reporting. We truly believe in transparency across the board, and we were very willing to share our data publicly.

CIHI provided a two-week window to review the site before it went public in June, so we spent time reviewing the data during this embargo period. We prepared a report for our executives that showed our performance against the Ontario and national average, and identified questions that a member of the public or member of the media would have when looking at the data. We also asked all of our Resident Assessment Instrument (RAI) coordinators to do a review to ensure the accuracy of their own home-specific data.

During the embargo period, we had a meeting with all our homes' directors of care to prepare them for increased interest from residents, families, employees and media. We talked about our belief in the importance of transparency and accountability, and encouraged them to be prepared to speak to their most recent indicator results and specific actions they have undertaken to improve indicators that were not at or better than the provincial average.

Three of our homes were contacted by the media when the data was released and were asked for comment on their performance on specific indicators. Because we had done our homework, those homes were really able to speak to their results with confidence. They were able to communicate what amazing work they've done to address their indicator performance and talk about how their results today reflect that work.

In the end, we were able to demonstrate our commitment to quality and highlight the actions we have taken to ensure that residents receive the best care and services possible. LTCT

Joanne Iacono is Director of Quality Improvement, Long-Term Care, Sienna Senior Living.

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Innovation

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Together we make a difference

"If we do not try, we will not learn"

In the first of a series on innovation, *Long Term Care Today* talks to Revera

Long-term care has become a fertile ground for innovation. In recent years, Canada's demographic shifts and rising expectations have created demand for new approaches to resident care, attracting entrepreneurs along the way.

"What we're seeing today is a renewed popularity for the entrepreneur community and an expanding market for senior care driven by aging baby boomers," says Trish Barbato, Senior Vice President of Innovation and Strategic Partnerships at Revera Inc., a Canadian long-term care provider. "These two factors are converging, so there's a lot of interest and a lot of people doing some amazing things in this area."

Moreover, Barbato suggests that baby boomers are seeking improvements and innovations that offer a quality of living beyond what they've seen for their parents. "They want a different experience and they're not going to accept what their parents had in the past," she notes. "That demographic is very different, and they're definitely influencing change."

Also influencing change are today's long-term care home residents, many of whom are coming into their residences with a higher number of complex needs.

Roadblocks can be overcome

Dian Shannon, Executive Director of Revera's Telfer Place, says the long-term care community has a reputation for being slower to embrace innovation compared to other sectors of health care. This is often attributed to the fact that long-term care is a highly regulated environment, governed by the *Long-Term Care Homes Act*. Homes are understandably focused on ensuring they comply with the 600-plus regulations in the act, and this focus can cause a "compliance culture" that is at odds with the creative type of culture needed for innovation.

There are a number of roadblocks facing innovators in the long-term care industry. In addition to working within a highly regulated field, operators are challenged to make the best use of their budget. Regardless, says Barbato, "Budgetary challenges are always there but we cannot allow that to stop us from trying new things. We need to invest in ways to improve residents' lives and ease staff workload that also makes sense financially."

The good news is that the long-term care sector is more motivated than ever to do just that. Many have embraced a more people-centred approach to care, opening the doors to innovations that aim to enhance their residents' quality of life.

"When you have a people-centred culture, that really drives the staff's interest and desire to support innovation and make life better for the residents," explains Shannon. "But you have to have a culture to support innovation, otherwise innovation becomes just one more thing that needs to be done during the day."

That support is not only critical to getting all staff to buy into a people-centred care model, but also in attracting and assisting entrepreneurs into long-term care. There are realities to innovating for seniors that must be taken into account, such as cognitive issues or other disabilities that may make it hard for residents to engage in in-house studies and pilot programs.

Staff are also critical to helping entrepreneurs understand the rules and regulations of a long-term care home, as well as the practicalities and limitations. "Entrepreneurs need to be respectful and understand the situation our residents are in and make sure they're making careful and thoughtful decisions about how to include them in all their design and development processes," says Shannon.

Prototype test

In 2015, Revera invited a young start-up team called Sensassure to its Telfer Place home in Paris, Ontario, to engage in early-stage product development exercises for an incontinence management product. This product tracks and analyzes the moisture of incontinence products on residents to optimize their comfort, and communicates that information wirelessly to caregivers, ultimately enhancing the check-and-change process in place in today's homes.

Shannon and her staff hosted the Sensassure team and supported them in their daily activities. (For more on this, see page 34.) This gave Telfer Place staff an opportunity to provide their feedback on Sensassure's product, which was integral in its ongoing development. Here again, says Shannon, having a people-centred culture in place prior to Sensassure was paramount to the process.

"It was really important to us to create a supportive partnership where staff and residents felt they were being heard, so that when they told Sensassure that something wasn't working or something needed changing, we could have that back and forth openly and with respect," says Shannon. "There are always going to be tough times when things are not working or you're repeating the process, so everybody has to be really invested in the process for it to be successful."

Since the trial run, Revera has kept in touch with Sensassure and has continued to support the team in its product development. It also hopes to repeat this success through an innovation council and future entrepreneurial partnerships.

Emphasizing the need to foster new ideas in long-term care, Barbato adds, "It is always hard to invest time and energy and possibly resources into something that may not have a return on investment. But if we do not try, we will not learn and we will not move forward. We are investing to improve the lives of our residents and support our staff. This will make it worth the investment." LTCT

Case study: Sensassure

A group of young go-getters develops powerful new incontinence technology that's being put to the test at Revera

Canada's Next 36 is a program that provides 36 graduating undergraduates from across the country with funds and resources to group together and launch their own start-up ventures. Sensassure is one of those start-ups, and in 2014 it reached out to the long-term care community to find out where innovations were needed most.

"When we first started out, we didn't even know what incontinence meant, but we were just passionate about solving problems for the elderly," recalls Sameer Dhar, the company's CEO. "We saw a huge emerging need."

Sensassure met with a number of stakeholders and toured homes to find out where improvements to resident care could be made. That preliminary work brought Sensassure's attention to issues surrounding incontinence. It responded by creating a prototype reusable patch designed to be placed outside any commercial incontinence product to track moisture levels and transmit that data via WiFi to staff for the purposes of improving care.

Although Sensassure had a vision for a product with the potential to change the quality of life for residents with incontinence issues, they quickly found out that funding structures in the Canadian market made it difficult to justify a sustainable business model. "We eventually gave up on the Canadian market," recalls Dhar. "And then came Revera."

One month before Dhar left Canada to develop Sensassure in the U.S., Revera Inc. caught wind of the product and invited Dhar and his team to conduct prototype exercises within its Telfer Place home. Looking back to those early meetings, Dian Shannon, Executive Director of Revera's Telfer Place, says, "Everybody clicked from the very first moment we met. They were very bright and eager to learn, and we were very interested in learning along with them and teaching them about what a person-centred care culture is and how you do long-term care right. We wanted to make a difference."

Dhar was equally keen to test the Sensassure product in a real-world environment. With a prototype in hand, the team set up shop in Telfer Place. "We were first struck by Revera's emphasis on person-centred care and their mentality towards adopting innovation," recalls Dhar. "It was just unprecedented compared to what we'd seen before."

Over the next few weeks, Sensassure paired with Telfer Place to test its product with eligible residents, shadow staff throughout their day, and collect valuable opinions from everyone in the home. "The staff sometimes offered really blunt feedback, which may have been painful to hear at the time. But it really helped move the Sensassure team forward with their product development because our staff team was so engaged with them," says Shannon.

That feedback was indeed valuable for Sensassure in creating a more comfortable and feasible product, which the team took back to Maryland after wrapping up their time at Telfer Place. Dhar and his team remain in contact with Telfer Place, and plan to return to the Revera home in the future with a new and improved version of their product.

"Often the people who are trying to innovate don't really have as much sector insight as the people who are actually in the sector themselves," notes Dhar of the Revera experience. "So for us it was a really amazing way to engage with them, a potential early customer at an early stage, before we even had a functional prototype or developed a real understanding of their needs. What it takes is working hand-in-hand with the operators, residents and nursing staff, in addition to entrepreneurs having the drive to create remarkable solutions." LTCT

Promising results in fall reduction

A multifaceted approach helps Burton Manor steadily reduce falls and limit injuries

Earlier this year, the Burton Manor long-term care facility in Brampton introduced new quality initiatives to its multi-faceted falls-prevention program, and it's showing promising results.

In January, the home recorded 23 falls; that number increased to 30 in February. This significant increase led staff members to come together to analyze the statistics. They identified the residents at high risk of falling; looked for root causes of falls; and developed falls-prevention plans for each resident.

The approach paid off. In March, the number of falls declined to 16. In June there were 13 falls, which is the lowest total number of falls in the last five years. In addition, there has been no incident of fractures related to falls since the beginning of the year.

One story that truly illustrates how the program is working is as follows. Staff realized that one resident unable to bear weight had fallen seven times in a month; the resident also suffered from impaired cognition and poor judgment due to dementia. The team gathered for a "falls huddle" to understand why she was falling so frequently. Staff used the home's post-falls assessment tool to review events leading up to the incident and other causes. These included the type of footwear the resident was wearing when she fell, medications that might have played a role, and environmental factors at the time of the fall, like the time/shift and the number of staff on the unit during each fall.

From there, the Burton Manor staff created an action plan to prevent further incidents and protect the resident if she lost her balance again. They noticed that she experienced mostly face-forward falls resulting in injuries to

her forehead, and so the team created a headband filled with protective foam that resembled a bandana. After being told she looked "like a queen," the resident proudly began to wear the protective gear. Since that time, the resident has had only one fall and no further injuries.

Key components

In short, a strong falls-prevention program has two main ingredients – strong communication among staff members, and the implementation of preventive measures that are discovered by looking for root causes, says Albert Armah, Burton Manor's Assistant Director of Care. "We have interdisciplinary huddles every morning where we discuss falls prevention as one of our main agenda items. This regular communication makes a significant difference," he says. "We have been able to create a culture of safety throughout our home, and staff from all levels and disciplines have been quite involved with it."

Key components of the falls prevention program include the Catch a Falling Star program, intentional comfort rounding, and the Burton Lift Ambulation Safety Transfers (B.L.A.S.T.) team.

• The **Catch a Falling Star** program features a yellow star and blue rainbow decal on the doorway of every resident who is at risk of falling. It also includes an alert called out over the home's intercom – "code falling star" – when a resident has had a fall. Team members arrive with the resident's plan of care, emergency cart and oxygen administration equipment. Staff members are assigned roles and responsibilities for the resident's treatment. One month after this program began, Burton Manor had a 50% reduction in falls.

• **Intentional comfort rounding** is an intervention where staff members monitor residents at regular time intervals – every 15 to 60 minutes, depending on the risk. During these rounds, staff members take precautions to minimize the chance that at-risk residents will get up by themselves. For example, they bring water to residents, help with toileting, and ensure their television or radios are at a preferred volume.

• **The home's B.L.A.S.T. team** prevents falls by reducing restraint usage, as well as training staff on safe lifts and transfers, restorative care programs, and monitoring residents who are at risk of falling.

Armah says that falls prevention has become deeply engrained in the home's culture. As he notes: "Everyone knows to look at the root causes for falls. It is team driven, with 'falls huddles' held after each fall." LTCT

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