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425 University Avenue, Suite 500
Toronto, ON M5G 1T6
Tel: (647) 256-3490
info@oltca.com
www.oltca.com

Publisher

Robert Thompson

Editors

Ali Mintenko-Crane
Roma Ihnatowycz

Sales Manager

John Pashko

Sales Executives

Les Bridgeman, Gary Fustey,
Kari Philippot

Senior Design Specialist

Krista Zimmermann

Design Specialist

Kelli McCutcheon

Published by:

MediaEdge

mediaedgepublishing.com

33 South Station Street
North York, ON Canada M9N 2B2
Toll Free: (866) 480-4717
robertt@mediaedge.ca

531 Marion Street
Winnipeg, MB Canada R2J 0J9
Toll Free: (866) 201-3096
Fax: (204) 480-4420

President

Kevin Brown

Senior Vice-President

Robert Thompson

Branch Manager

Nancie Privé

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The Ontario Long Term Care Association
425 University Avenue, Suite 500
Toronto, ON M5G 1T6

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LONG TERM CARE TODAY

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Carmen Williams
Cwilliams@oltca.com

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CALL FOR ARTICLE SUBMISSIONS

Long Term Care Today magazine is looking for submissions from the long-term care community on innovation and best practices. Our articles are educational and provide evidence- and outcome-based materials to a broad range of readers within the sector.

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Data shows that homes are making progress in key areas

BY CANDACE CHARTIER

As of this spring, long-term care homes are now able to see how they are doing compared to other homes and regions in Canada.

On June 10, the Canadian Institute for Health Information (CIHI) released data on its website showing the results for nine different care measures, including falls, restraints, and antipsychotic use, for more than 1,000 long-term care homes across the country. (To see the website, google Your Health System In Depth.)

CIHI is very clear that this data is not about finger-pointing or blame. It's about helping us all to identify where things are going well and where improvements need to be made. In fact, many homes and regions in Canada found they had great news to share.

Let's look at Ontario. Despite rapid and dramatic changes to the acuity of our resident population, we've seen steady and significant improvements in many areas of care over the last three years, particularly in the use of restraints and antipsychotics.

The use of restraints such as lap belts and bed rails has dropped from 16% to 9% in just three years. It was once commonly believed that lap belts and bed rails were important safety measures, but then we learned they can actually cause falls when someone with dementia-related confusion tries to climb over a bed rail or undo a lap belt and stand up. At the same time as we've reduced the use

of restraints, we haven't seen any corresponding increase in the rate of falls. That's a terrific success story and we should be proud of what we've accomplished for our residents in such a short time.

There's more. In the last three years, there's also been a drop from 35% to about 30% in the potentially inappropriate use of antipsychotics. Homes have been working hard to reduce the inappropriate use of antipsychotics through a resident-centred approach, using strategies such as medication reviews and behavioural support. Some homes have reported dramatic drops in the use of antipsychotics in less than a year of these efforts. Many are participating in antipsychotic reduction programs with the OMA and Ministry of Health, and the Canadian Foundation for Healthcare Improvement. You can read the story of their involvement on page 10.

Some other changes in Ontario included a decline in those experiencing pain in long-term care in the last three years, while the percentage of residents with worsening pain, falls, and new or worsening wounds remained stable.

There's certainly more to do, but the results prove that homes are committed to improving resident outcomes. The data helps homes track progress on their quality improvement journey. This year's results show that collective efforts are seeing results – keep up the great work. [LTCI](#)

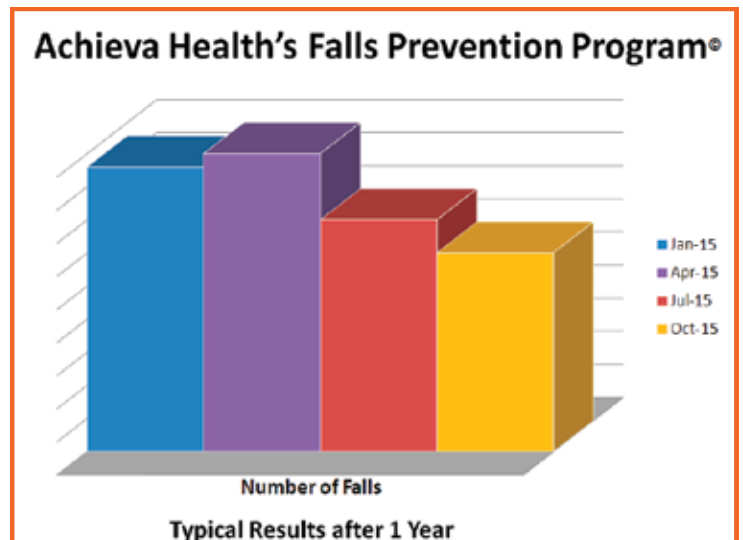
Candace Chartier is CEO of the Ontario Long Term Care Association.



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A collaborative effort reaps rewards

A recent national initiative results in significant drops in antipsychotic drug use

Ontario long-term care providers are writing a prescription for change around reducing the use of antipsychotic medication, and it's working. The most recent inroad in this effort has been a highly successful collaborative launched by the Canadian Foundation for Healthcare Improvement (CFHI). Participating homes are already seeing double-digit drops in antipsychotic drug usage – including three members of the Ontario Long Term Care Association (OLTCA).

Sienna Senior Living, Revera and Trinity Village, all Association members, together with 12 other healthcare organizations across Canada, have accessed additional resources and support through the collaborative to implement non-pharmacological approaches for managing difficult behaviours in long-term care residents. This includes a \$50,000 grant for each participating team.

Just eight months into the year-long program, Sienna Senior Living and Trinity Village have already exceeded their targets in reducing antipsychotic drug use, and Revera has noted significant reductions as well.

Trinity Village's antipsychotic use has dropped to 16% from 28% since the

project began in September 2014, while at Sienna Senior Living, which is focused on 95 residents at its Camilla Care Community, the goal of a 30% reduction in one year has been met. In fact, antipsychotic use at the Mississauga home was cut by 43% – including 36 residents whose medication has been discontinued.

Revera, striving for a 10% improvement in its usage rate from the previous year, has seen a 6% reduction from 2013 and is trending at 6% for this year. Of their cohort's 390 residents at 15 B.C. and Ontario homes, 30% are no longer taking antipsychotics and 45% have lower dosages.

"What's great about this initiative is that it's across Canada," says Joanne Iacono, the project lead and Quality and Process Improvement Director for Sienna Senior Living (formerly Leisureworld Senior Care Corp. and Speciality Care Inc.). "I'm able to connect with long-term care homes in the Maritimes, B.C. and the Yukon and they're seeing the same results. We're able to see we all have the same issues and yet when we pull together we learn from each other."

Mary Brazier, Revera's Vice-President of Quality and Support, echoes this sentiment. She says the collaborative's

networking and knowledge exchange is a "phenomenal support" for care teams, and project participants connect regularly to share successes and struggles and offer ideas and possible solutions. "It's that quality improvement process of continually asking 'Why?' to help us dig deep and get to the roots of things," Brazier notes.

Joanne Dykeman, Sienna Senior Living's Executive Vice-President, Operations, Long-Term Care, points to some key contributors that make focused initiatives like this collaborative possible and a priority. "Quality improvement projects require leaders at all levels to align behind them and ensure adequate time and resources to get the job done and demonstrate their importance," she says.

Methodology

The collaborative follows a Winnipeg Regional Health Authority project that reduced antipsychotic medication use among a cohort of long-term care residents by 27% in six months. It focuses on residents with minimal behaviours who are not cognitively intact and have no relevant diagnosis for the antipsychotic medication.

The general methodology has involved titrating medication dosages by a specific amount then observing and tracking any changes for a set

time. If residents improve or stay the same, the titration and monitoring cycle repeats. In other cases, dosage reductions are adjusted accordingly. Non-pharmacological approaches and supports are incorporated to meet residents' changing needs.

All three organizations are seeing tangible, positive changes in some residents. "There are stories that residents are becoming more vocal than they were before or becoming able to feed themselves in the dining room more independently than before," Iacono says.

Similarly, Trinity Village project lead Sharon Jackson describes a resident who started responding to staff as her medication was gradually eliminated over five months. With the resident more alert and interactive – and presenting behaviours at times – staff have adapted their approaches to her care, such as conducting huddles and working with Trinity Village's behavioural support team to properly assess and support the resident.

"The best part about this is the improved quality of life for these residents," Jackson says. "Our goal is to give everybody that comes here the highest quality of life possible in this very vulnerable time. And to be able to do that for these most high-risk residents – because at some point they had behaviours and that's why they were put on antipsychotics – it's been fantastic."

One finding emerging from the collaborative's work is the importance of reassessment to determine residents' current symptoms and status. "A large number of residents who came in on the medication or were prescribed it during their stay with us needed (the antipsychotics) at the time for various behavioural issues. What we find, though, is that as the dementia progresses, behavioural issues may change or lessen," Iacono says.

"This project is not about inappropriate prescribing because at the time the medication was prescribed it was needed," Iacono stresses. "Our project's main focus is re-evaluation of the residents' current state and determining if the medication is still required."

Managing behaviour

As the collaborative participants work to lower the use of antipsychotics, they are turning to more non-pharmacological interventions to prevent and manage behaviours. These approaches are possible in long-term care thanks to various initiatives, such as quality improvement planning and Behavioural Supports Ontario (BSO). In cases where titration results in some resident behaviours, BSO-trained leads and teams at homes work with their colleagues to help determine potential triggers and customize interventions.


Revera has ramped up its Montessori training, which focuses on respecting personal independence and each resident's strengths and interests, to create meaningful activities that can help prevent or lessen agitation and maintain function and ability. For at least one resident presenting significant behaviours, this approach has made a world of difference as he enjoys working with things like nuts and bolts at a work station set up for him. Antipsychotics are not being considered for him.

Debby Riepert, Trinity Village's Chief Operating Officer, says the collaborative has helped to underscore the sector-wide focus on individualized care. "It's keeping how they approach

each resident at the forefront of staff members' minds," she says. "Sometimes they're so busy and so into caring that they've become used to a behaviour and reacting to it, as opposed to taking the moment to step back and look at what actually happened here."

Another takeaway from the collaborative centres on the value of education, with frontline and registered staff, families and physicians learning about the risks and benefits of antipsychotics and how to take a systematic approach to reducing usage. "When some team members entered this, they were hesitant and not sure that medication reduction is the best avenue," Iacono says. "They left the education session with a profound culture change in that they switched their mindset of medication as an early defence to medication as a last defence."

With this education, Brazier says, comes more cohesive collaboration across the whole care team, including families. Moving to a non-pharmacological solution can be a frightening prospect for families, but as they see positive changes in their loved ones, they realize this is "about doing the right thing for our residents and their quality of life." **LTCI**



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Montessori program boosts quality of life

Training in Montessori methods helps to dramatically curb resident-to-resident aggression at Chartwell Westmount

Imagine working in a long-term care home and being faced with many residents whose dementia-related behaviours are agitating other residents and preventing staff members from providing care.

Now imagine if 70% of incidents of resident-to-resident aggression due to these responsive behaviours disappeared. What would that be like for residents and staff members?

That's exactly what happened at Chartwell Westmount Long Term Care Residence after the Kitchener home implemented Montessori-based interventions through the province's Behavioural Supports Ontario (BSO) initiative in early 2013.

BSO is a provincial initiative to help enhance quality of life for seniors affected by dementia and other conditions that cause agitation. The funding is provided to long-term care homes through Ontario's 14 Local Health Integration Networks (LHINs).

The beginning

It all began with Westmount receiving BSO funding from the Waterloo Wellington LHIN, which allowed the home to move forward with staff education to assist residents with behaviours. The home trained staff in Montessori methods, which are individualized programs created to suit the needs of people with dementia.

Two staff members – Registered Nurse Melanie Negru and Personal Support Worker Martha Cruz – are leading Westmount's program. Both have taken Montessori training with the help of funding from BSO.

Initially, the programming was aimed at residents with cognitive impairment living in the home's two secure areas. Due to the success in those areas, the home has received additional funding from the Waterloo Wellington LHIN to roll out the program in all areas of the home. To maximize the benefits of the Montessori training, staff members are being taught how to implement

interventions. "We have done a lot of education with our staff – from housekeeping to personal support workers to recreation to management – helping them to understand the concept and the techniques," says Administrator Amie Wilker. "Anybody in the home can use the material if they see a resident demonstrating a responsive behaviour and in need of some extra support."

"The education has benefited both staff and residents," adds Wilker. "Everybody knows who to go to now if they have a question, a concern or idea. We take a teamwork approach in our staff huddles, where it's not (the BSO leads) telling others what to do, but everyone brainstorming together on how we can create a better atmosphere and better quality of life for our residents."

Wilker says there have been no challenges getting staff members to buy into the benefits of Montessori-based interventions. "When they can

experience those successes and see the positive impact on the residents' quality of life, they're on board," she says.

Positive change

Preventing responsive behaviours requires long-term care homes to be proactive. When a resident moves into Westmount, managers and staff members meet with the family to get to know everything they can about the individual. Staff ask about their personal history, including their likes and dislikes, what hobbies they enjoy, what triggers they have for behaviours and what interventions have worked in the past. "It's not a wait-and-see. It is an immediate response, and that has helped us immensely," Wilker says.

With a lower incidence of responsive behaviours among those residents with cognitive impairment, there has been a positive trickle-down effect. When residents prone to responsive behaviours are happy and calm, other residents do not become agitated and

staff members can better concentrate on their work. Montessori programming has become a part of many residents' daily routine at Westmount.

In fact, says Wilker, it's something they look forward to, and the benefits have gone beyond less agitation. "We have seen an increase in their nutritional intake; residents are eating more, they're drinking more," explains Wilker. "We've had residents involved with the Montessori program who have improved so much in their fine motor skills. Many residents who once required assistance with meals are now feeding themselves with some cueing."

Wilker credits the BSO funding as the spark that ignited the success the home has had in reducing responsive behaviours. BSO, she adds, has the potential to create positive change throughout the long-term care sector.

"Based on the success of our home, I would definitely say that (BSO) is the right track for success." **LTCI**

THE MONTESSORI APPROACH

The Montessori approach is named after Italian physician and educator Maria Montessori, who put the methods into practice in the 1890s.

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When used with long-term care residents affected by cognitive impairment, the Montessori approach provides individualized supports to help residents maintain their level of function and ability.



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Enhancing behaviour management

Meadow Park London's successful "All About Me" program digs deeper into residents' history to better manage behaviour

Colouring may seem like a simple hobby or pastime, but for one resident at Meadow Park London, it's a source of joy that can lift her out of the agitation or anxiousness she feels at times.

"She would sit and colour for hours whenever she became agitated," says the London long-term care home's Administrator and Registered Practical Nurse Melanie Smith. "And so (colouring books) would be something that would go in her basket."

The basket is part of Meadow Park London's All About Me program. Inspired by an Alzheimer Society Canada booklet called "All about me" that helps people with dementia provide information to health care providers, Meadow Park London's program aims to help staff members and families reduce responsive behaviours in residents who have emotional or cognitive challenges.

All About Me includes a questionnaire that families receive when their loved ones come to live at Meadow Park London. Families' answers to the series of relevant questions can help staff members get to know and understand many things about the new resident, such as their history, interests, and likes and dislikes.

Staff members and families then collaborate to create a basket filled with symbolic nostalgic items that could engage the resident in positive conversation by triggering personal and important memories.

For the resident who loves to colour, mature colouring books have been incorporated into her basket, which is easily accessed in her room. For other residents, their baskets could include such things as service medals, baseball cards or other collectibles, and photographs.

"During the time the resident is having an outburst or a challenge and not knowing how to deal with those emotions, the staff or family could choose something from the basket that is calming, and talk about it with them," Smith says.

An object or photograph connected to childhood, family life or a past experience or place can "bring residents back to something familiar that's soothing or that they're comfortable with."

Aiding behaviour management

Meadow Park London's All About Me program was developed by the responsive behaviour committee to help enhance the Jarlette Health Services home's behaviour management processes. The incident rate of resident aggression, assaults and falls had increased with a dynamic change in the population in 2012 as new residents arrived from the community,

hospitals and other care facilities. As a result, multidisciplinary staff members formed a committee and partnered with community and mental health service providers in order to meet residents' changing care needs and generate a positive experience for residents, families, and staff.

Smith, who was Meadow Park London's co-director of care and part of the responsive behaviour team, says All About Me underpins Jarlette's Residents First philosophy of care.

"It's based on the premise that the more we know about the personality of the loved one, the better we can care for their needs," Smith says. "And when we attempt to provide care with only the best intentions, we often resort to trial and error which can be time-consuming and stressful to the residents themselves and to staff. So we hope that by families filling out the All About Me booklet it will introduce to staff an understanding of where

the resident comes from, what their history is, what their likes/dislikes are... and then we collaborate with families to assemble a basket that can be used on a one-to-one basis."

"It is all about the residents," Smith adds. "This is their home and they need to have that individuality. Whatever initiative is implemented, whatever tools can be utilized, it's to help residents feel at home and know that the way they feel matters whether it's good or bad. It's important to make sure that the resident is first and that they are supported as individuals. That's why I think All About Me is the perfect name for this."

Individualized care

Since All About Me launched in 2013, Meadow Park London has seen a decline in the number of responsive behaviours. Reports on risk, staff injuries, critical incidents, and falls have all decreased.

All About Me focuses on new residents who may be struggling with the move to long-term care as well as residents who have cognitive challenges such as Alzheimer's disease and other dementias, and who have responsive behaviours.

Smith notes that All About Me is one of many resources that staff members use to understand residents so they can provide the utmost individualized care and quality of life. The initiative complements assessment tools such as P.I.E.C.E.S., which looks at the physical, intellectual, emotional, capacities, environmental and social factors impacting a resident's health and well-being. Staff members are also trained in Gentle Persuasive Approach (GPA) for a respectful and person-centred response to challenging behaviours.

"(All About Me) doesn't always work but it's definitely a place to start to try and help a resident to feel relaxed and happy," Smith says. "It's there for that support and it's there for that individual; it's very individualized." Smith adds that basket items can and are switched up as a resident's memory changes.

One of the keys to All About Me, which has now been adopted throughout Jarlette Health Services' homes, is the participation of families. Smith notes family members can feel overwhelmed and conflicted with the transition of their loved ones to long-term care, and All About Me is a way to involve them in their relative's care.

"Educating families is important," Smith says. "When a resident does enter long-term care, the family may be struggling with (their loved one's) change in behaviour or emotional challenges and not knowing what to do, they may be in a situation of denial."

Through their GPA training, care conferences, and offering tools like All About Me and referrals to other resources like the Alzheimer Society, staff members help to educate families on what is happening to their loved one and how they can support and connect with them. [LTC](#)

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Together we make a difference

Working with your Residents' Council

Strengthening collaboration and quality improvement in the long-term care home



In 2014, Grey Gables in Markdale was awarded Culture Change Home of the Year by the Ontario Long Term Care Association for its resident-centred Colour It Your Way philosophy. The home was nominated for the award by the Residents' Council.

Resident collaboration, respect and communication are imperative to delivering quality care in long-term care homes. To that end, Ontario's Residents' Councils serve a vital role in bringing staff, senior leaders, and residents together to create and sustain continuous home improvements.

At the Ontario Long Term Care Association's recent convention, "Together We Care," residents from several long-term care homes and the Ontario Association of Residents' Councils (OARC) shared their advice on how homes can work effectively with a Residents' Council in a special panel discussion dedicated to the topic. The residents who formed the expert panel are current leaders in their respective Residents' Councils and serve as board members for OARC.

"Residents' Councils are very important in our long-term care homes, not only from a legislative aspect, but from incorporating a resident's point of view," explains Dee Lender, Director of Education at OARC, and panel facilitator. "It's important for health-care leaders to listen to those who call those physical buildings their homes."

This value of Residents' Councils is recognized by *Ontario's Long Term*

Care Act, 2007, and accompanying regulations. This body of legislation mandates Residents' Councils as mandatory within long-term care homes and affords them specific powers and a wide scope of influence within the homes' operations. "Senior leaders are to consult with the Council when invited, and at minimum they are to consult with the Council once every three months. That framework is built into our legislation as a way to build relationships between senior management and residents," explains Lender.

Multiple benefits

Legislative requirements notwithstanding, there are many benefits to be gained from building an effective Residents' Council. Primarily, the Councils provide a safe and influential forum through which all concerns, ideas and experiences can be directly conveyed to staff and management. This includes those from residents whose voices may otherwise go unheard without the support and encouragement of their co-residents who gather together in the formalized meetings.

Whether it's offering feedback on home redecorations or financial operations, planning events, collaborating with management, or raising concerns, a Council's collective voice can greatly enhance the satisfaction level

of everyone in the long-term care home. By asking residents for their opinion, and truly listening to what is said, sustainable change is made possible.

"With a strong Residents' Council, there's no telling what residents can do!" offers Devora Greenspon, the President of the Residents' Council at Extendicare Bayview. "Residents need to be involved in all quality improvements, have their ideas presented to the managerial staff for their consideration, and then brought back to the Residents' Council for approval. It's the right thing to do and it gives us (residents) the respect we deserve as people, not just residents."

Furthermore, when senior leaders strive to form a genuinely respectful relationship with the Residents' Council, a model of care is set for all staff and creates a heightened sense of confidence for all home decisions. This in turn encourages residents to become part of the team in creating quality improvements within their home while empowering the Residents' Council to effect positive change based on residents' perspectives.

"Many of the residents we work with day in and day out say working with

Residents' Councils has renewed their purpose, given them focus, and allowed them to exercise self-determination and advocate for other residents within their home. It's really beneficial for many, many reasons," notes Lender.

Working together

Strong relationships are the foundation of effective Residents' Councils. Achieving these relationships depends on home operators moving from a "silo" approach to their operations to a more open and transparent environment.

"Everyone has to work together – the administration, residents, and even corporate management," insists Lender. "Senior leaders set the tone for these relationships by talking to all staff in positive terms about the importance of Residents' Councils so that the conversations begin and everyone in the home begins to understand and support the meaningfulness of Residents' Councils."

Building on this, senior leaders can play an active role in encouraging resident participation. This can be done by inviting residents to participate in committees and meetings; exploring opportunities to be involved in community initiatives, projects, and events; and simply promoting the Council's purpose and its successes to consistently show residents that their voice makes a difference.


It's also important for senior leaders to involve Residents' Councils in home decisions at an early stage. Doing so can mitigate concerns before they turn into something greater, and ensure decisions are made with a resident's "lived" perspective. This is especially the case when conducting in-home education, where resident input and a familiar face can help make programs such as these all the more effective.

"There's a whole set of mandatory education that has to be delivered, but often the material can be disconnected from caring for residents because some of the education seems theoretical," explains Lender. "When senior leaders invite residents from the Residents' Council to be involved

in the development and delivery of education in the home, it really puts a personal face to the information that's being given."

Overall, adds Greenspon, effective Residents' Councils are built on trust, support and a working relationship between all decision makers. "When you work together, you build mutual respect," she explains. "When you are respected, you have confidence in yourself, and therefore you impart that confidence to the Residents' Council."

There's even further value to be had in encouraging this teamwork on an ongoing basis. Working with a Residents' Council is about more than attending a meeting once a month; it's about installing that philosophy of collaboration and quality improvement in the home. As summed up by Lender, "When residents and staff in the long-term care community are encouraged to really connect with one another, their long-term care home becomes a better place to live and a better place to work." [LTCI](#)





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What is resident wellness?

Engaging residents, families, volunteers and staff to define personal feelings of residents' "wellness" pays off

By Kimberly J. Lopez

What do you think about when you think about the word "wellness?" Perhaps it makes you think about your connections to others – your friendships, familial and collegial relationships?

Where are you when you feel well, and what are you doing? Are you at home, at work, outside or indoors? Are you volunteering, having a reflective moment, watching your favourite TV show or laughing with friends?

How do you feel when you are well? Are you happy, content, joyous – or lost in the moment even?

Resident Wellness Project

These were the types of questions that a special research group explored with residents living in a long-term care home in Mississauga, Ontario to understand resident wellness. The study – conducted over a year in 2011-2012 – supported a shift in focus on life and living in long-term care homes.

The research team was made up of a steering committee comprised of residents, staff, family members, and researchers. Together we

collected information from more than 70 residents through discussion groups, arts-based approaches (i.e., photography and drawing), a physical activity group, a spiritual program, one-to-one programs and a community sticky-note board.

Once residents' meanings and experiences of wellness were collected, we developed tentative themes, descriptions, and a representation for residents, families, volunteers, and staff to stimulate discussions.

As a result of these discussions, the research team identified four themes supporting resident wellness: my relationships, my home, my self and my activities.

My relationships: "Well" relationships

"The thing is, you want someone that confides – like I would to you and you do the same thing to me and that makes me feel good." -Resident

Strong relationships with family, staff (and volunteers), residents, faith, and one's community contribute to enhancing the perception of resident wellness.

My home: A "Well" home

"When I was singing and (she) was playing the piano for us, she mentioned starting a choir, and I said this is exactly what we need. You took the words out of my mouth, (I said to her). We need music, love, from all of us here that we can give to our residents here." -Resident

Residents spoke about the home itself and aspects of the home that made them feel well. Some of their wellness experiences were about things they felt and others were features of the physical space. The spirit of the home described an overall feeling or a sense of being while in the home. Four main parts were identified with a home's "spirit": smells and sounds; having a say and choice; safety and security; and morale.

Discussions of the "body" of the home touched on physical aspects of the home's space, such as cleanliness and attractiveness.

My self: A "Well" being

"I was sitting by my bedroom window and watching the birds... watching the cars go by and watching the trees with the white blossoms, and I thought, this is so peaceful. And I had (Jim) down the hall singing in the background... I thought, I never had time to sit and enjoy looking outdoors before." -Resident

The many ways we perceive ourselves, how we relate our experiences with one another, what we value about ourselves, and our opinions of the world around us are important for fostering wellness. Residents expressed that reflecting and sharing a sense of self, having positive evaluations of self, having a positive outlook, and making time for self contributed to feelings of wellness.

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Wellness is unique to each individual

By using a flower as a metaphor for resident wellness, our team hoped to convey the subjective experience of wellness and the unique nature that wellness presents in the life of each individual resident.



My activities: Living “Well”

(What are you doing when you feel well?) “Doing what we’re doing now. We’re sharing with one another. Happy things.” -Resident

According to residents, rest, meal times, personal care, and leisure and celebration supported them in feeling well. Leisure meant a meaningful occupation of time (with others or by oneself) and, like the other themes, was a meaningful conduit for enriching a “well” home environment, “well” relationships, and a “well” self.

Leisure is also important in maintaining residents’ wellness. Beyond engaging in scheduled activities, leisure, broadly defined, permeated each of the themes describing resident wellness and every part of resident life. From residents’ perspectives, experiences of wellness included all forms of leisure (i.e., enjoying spaces where they experienced leisure, leisure as

a frame of mind, and experiences of leisure time) informing our understanding of resident wellness.

Six considerations

In our community forum we asked family members, staff, residents, and volunteers to participate in shaping a list of recommendations for supporting “well” LTC homes based on our discussions with residents. These recommendations revealed six considerations:

1. Consider the needs and “voices” of all residents, including those who require more support or who are less verbal, and meet those needs in creative ways;

2. Consider ways to meet personal space preferences;
3. Find ways to create more pleasurable dining;
4. Familiarity is important – reconsider decisions to move residents when their health status changes;
5. Ensure adequate staffing; and
6. Ensure access to the outdoors.

Understanding resident wellness and considerations for “well” LTC homes can better equip managers with ideas for supporting a meaningful life and living environment. [LTCI](#)

Kimberly J. Lopez is a PhD candidate in the Department of Recreation & Leisure Studies, with a specialization in aging, health and well-being, in the Faculty of Applied Health Sciences at the University of Waterloo.



Bumping up food diversity

Marrying traditional and non-traditional flavours can help LTC homes meet their residents' needs

With changing resident demographics, long-term-care home kitchens need to incorporate new ingredients and flavours to meet the needs of a more diverse population, says Chris Weber.

Weber, OMNI Health Care's Operations Manager of Nutrition and Food Services, notes that one way long-term-care home kitchens can do this

is by marrying familiar foods with more exotic ingredients already enjoyed by the many cultures making up Canada's culturally diverse fabric.

"The importance of this is that we're ensuring that we're able to continue to meet the needs and wants of our residents going into the future," Weber explains. "We have to be forward thinking and we have to make sure

that all of our decisions will benefit our residents."

OMNI's 18 long-term care homes offer two meals at breakfast, lunch and dinner – a main meal and an alternate. Weber suggests beginning by using the alternate meal choice to create dishes with a more international flavour, and in this way introducing new foods to all residents.



OMNI's operations manager of nutrition and food services Chris Weber (left) and Frost Manor nutritional care manager Neil MacDonald are seen here during a cooking demonstration at the 2015 Together We Care convention and trade show

A sampling

To illustrate this concept, Weber, along with Neil MacDonald, the Nutritional Care Manager at OMNI-owned Frost Manor, led a cooking presentation at Together We Care, the annual convention and trade show of the Ontario Long Term Care Association (OLTCA) and Ontario Retirement Community Association (ORCA).

During the March 31 presentation – called *Diversified Menus for Diversified Populations* – the duo created four dishes that included both traditional and new flavours: curried goat and amaranth soup, chimichurri and fennel coleslaw, pineapple jerk chicken meatballs and sweet sticky rice with mango for dessert.

Weber cites the pineapple jerk chicken meatballs as an example of fusing two flavours – one familiar, one Caribbean that may be less known to many residents – and creating a menu item that will appeal to a wide array of tastebuds.

“What the jerk flavour on the chicken meatball is going to do is make it appealing to not only people who are familiar with and grew up with jerk cuisine, but also to many others in the home because it’s a good flavour,” says Weber. “We want to use recipes that are recognizable but also introduce new ingredients and new aromas.”

Many of these dishes are simple to prepare, Weber says. For example, the sweet sticky rice – a popular pudding in Thailand, where it’s called khao neeo mamuang – can be made by preparing Asian sticky rice, soaking it in coconut milk overnight and topping it with pureed frozen mango the next day. The result is a tasty dessert that’s also nutritious.

“Opening our minds and our eyes is not only giving us more selection on our menu, but also giving us healthier options,” notes Weber.

Smart method

Nancy Cooper, the Ontario Long Term Care Association’s Director of Quality and Performance, applauds the idea of marrying familiar and unfamiliar ingredients to create menu items

that are both tasty and introduce the majority of long-term care residents to new flavours.

This method, adds Cooper, is a way to bring familiar and non-familiar flavours to all residents. Residents who are not familiar with newer ingredients can be slowly introduced to them while still enjoying the flavours they have been familiar with all their lives.

“This is a very innovative way of integrating flavours from around the world into nutritious food choices,” Cooper says of Weber’s method. “Homes are recognizing that their resident population has different tastes and is made up of different cultures, and this is an example of how to meet their needs.” [LTCI](#)

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The learning circle

How coming together in a circle to share concerns can improve communication and influence change

By Amy Fish

We know two things for sure about the Canadian health care system: it is constantly changing, and there is an ongoing need for communication.

To cope with the ongoing changes in our environment, most of us have committed to frequent communication with our staff. We write employee newsletters; host town hall meetings; showcase content on electronic screens; and supply old-fashioned suggestion boxes.

Yet even with all these tools at our fingertips, we are still on the lookout for new and simple ways to improve communication with our teams. And there is a very effective new tool for your communications toolbox: the learning circle.

A learning circle is a circle of employees sitting together and sharing their concerns in a semi-structured format. To create one, the first step is to choose someone to lead it. The ideal leader is somewhat removed from the action, yet who has an understanding of the main issues. You might choose a member of the quality team, an accreditation coordinator, or a manager from another area. Preferably, however, the supervisor of this team would not lead the discussion so that members will not feel intimidated.

Once selected, the leader will work with the unit manager to select four to six relevant questions for discussion. For example, if the unit is struggling with teamwork, questions might be:

- What is your current team like?

- How can teams work better together?
- How can our leadership strengthen teamwork?

In terms of timeframe, a learning circle can last anywhere from 15 minutes to over an hour, depending on the number of participants and complexity of the subject matter. Regardless of timing, it is important that all participants are able to sit comfortably in a circle and can see each other when they speak.

The leader will sit in the circle with the participants and introduce the concept of a talking stick. Each person will have a turn to hold the stick and to speak.

The leader poses the first discussion question while holding the stick and passes it to his or her right, and then that person responds to the question and passes to his or her right. And so on, around the circle. When the stick comes back to the leader, he or she summarizes what has been said and then poses the second question. This continues until each participant has had a chance to reply to each question. There are no interruptions, and there is no backtracking.

Comments made during the learning circle are confidential. Feedback to management or to other interested parties remains general for maximum benefit. For example, the leader may observe that teamwork remains a challenge with this particular working group and additional intervention may be necessary. However, no one will be quoted

directly. Maintaining the open and trusting atmosphere of the learning circle is integral to its success.

Prompting change

At Maimonides Geriatric Centre, serious program changes were made to the home's Dining Experience program as a result of recommendations from a learning circle. Volunteers were being trained to assist residents with feeding, and staff had some major concerns with the program. As a result, a learning circle was held to gain more insight into the specific concerns. Employees on the frontlines pointed out that dining assistance can vary greatly in long-term care – the needs of a mobile, cognitively impaired resident are very different from the needs of a resident who is alert but can't use their arms or hands.

In the circle, staff recommended that volunteers be trained according to the care unit they will be assisting so that the needs of each resident group could be highlighted. It was also suggested that residents participate in the training so that volunteers can see what it's like to assist with feeding from the very first day.

All the recommended changes were implemented. Participants saw that management was willing to listen to the outcome of the learning circles. As a result, those who had not yet been part of a circle were more willing to participate in the next one because they saw that it worked.

Most importantly, the feeding for close to 1,000 residents was personalized because of staff concerns.

There are also other ways to use the learning circle methodology. Healing circles follow a similar format, however they are used at a time of loss. A healing circle may be led by a member of the clergy and may focus on the loss of several residents, a fellow employee, or even a natural disaster that impacts the community.

Or alternatively, learning circles can be used to build trust with residents living in a long-term care community. The leader here might be a social worker or someone from recreation, and discussion may focus on the challenges of living in a residence.

In conclusion, when building your communications strategy, be aware that the learning circle can be a valuable tool. [LICI](#)

Amy Fish is the former Director of Quality and Clinical Services at Maimonides Geriatric Centre and Jewish Eldercare Centre in Montreal, Quebec.

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12,250 letters, and counting

Better Seniors' Care initiative celebrates a spectacularly successful letter-writing contest in its inaugural year

It's been just over a year since the Ontario Long Term Care Association launched Better Seniors' Care – an initiative aimed at strengthening advocacy at the grassroots level. Already, the program has made tremendous headway – putting into action a powerful letter-writing contest that generated more than 12,250 letters in just two months.

Written by a wide mix of people, including friends and family of LTC residents, the letters were sent to local MPPs, the Premier and the Minister of Health and Long-Term Care. They focused attention on the need for more staff, improved infrastructure and, most importantly, more funding for LTC homes.

Rolled out at the end of February, the contest ran until the new budget was released on April 23. To help generate interest, prizes were handed out to resident councils of the homes that sent out the most letters.

The effort resulted in just the type of grassroots push the Association had hoped for – and needed. "If you're really going to move the needle for supporting seniors and long-term care, then you need to have that political influence that you can only get having an active grassroots campaign," says John Scotland, Ontario Long Term Care Association Board President.

It's important to note, adds Scotland, that while long-term care needs have climbed dramatically, provincial funding increases have been capped at a low 2% for the last three years.

Team effort

Scotland is also CEO of Steeves and Rozema Group, one of the companies participating in the contest. All seven of their homes took part in the letter-writing push, with three earning prizes for their tireless efforts. This included Westmount Gardens in London, Ontario, which came in first in its category of homes with 133 or more beds. The home sent out a total of 1,169 letters, the most of any home participating in the campaign.

"It was an incredible team effort," notes Scotland. "They put up posters in the lobby, engaged people coming into the homes, sent out emails to family members, to employees,



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visited with residents... it was a culmination of attempts to engage those three groups."


Jarlette Health Services also stepped up the plate. Combined, their homes generated an impressive 4,701 letters, and three won prizes in their respective categories. This included Meadow Park London, which sent out 944 letters, garnering it first place in the 80-to-132-bed category, and Manitoulin Lodge, which came in first in the one-to-79-bed category with 779 letters.

"Our success was really built on first establishing a goal of one or two letters per resident in the home," explains Alison Riddy, Jarlette's Marketing and Communications Manager for Long-Term Care. "We provided possible solutions, indicated strategies, and followed up reporting weekly on results. We really tried to make it fun and engaging for the homes."



At Manitoulin Lodge, for instance, they tapped into the town's 125th anniversary celebrations, inviting celebrants in to greet the oldest living person in Gore Bay, a Lodge resident. While there, they briefed visitors on the campaign and invited them to get involved.

"(It's) all about engaging communities to raise awareness of the challenges being faced by those living in long-term care homes," explains Jennifer Brown, Director of Long-Term Care Operations at Jarlette. "It was a way for the residents, staff, families and volunteers to come together and focus on improving the care of seniors."

As the "face" of its public advocacy efforts, the Ontario Long Term Care Association will continue to move the Better Seniors' Campaign forward, revving it up when appropriate. For details on how to get involved or to write a letter to your MPP and our health leaders at Queen's Park, please visit www.betterseniorscare.ca. 



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2015 Together We Care Convention

The 2015 Ontario Long Term Care Association's Together We Care Convention, held in partnership with the Ontario Retirement Communities Association (ORCA), was a huge success. The annual convention brings together a broad mix of people to discuss common challenges, solutions, opportunities, and innovations. Below are some photo highlights of the event.



Journalist and moderator Andre Picard rightly called these participants a "blue ribbon panel" that came together to talk about the new era of transparency and accountability. Left to right: Andre Picard; Mark Dobrow, Health Quality Ontario; Caroline Heick, Canadian Institute for Health Information; Nancy Lytle, Ministry of Health; journalist Abigail Bimman; Linda Jackson, Baycrest; Lou Reidel, Ontario Hospital Association



The Honourable Dipika Damerla, Associate Minister of Health and Long-Term Care, opening the session on transparency and accountability



Keynote speaker Joe Roberts inspiring the crowd with his story of moving from skid row to CEO



Candace Chartier, CEO of the Ontario Long Term Care Association, with journalist and panel moderator Steve Paikin



Bent Sorensen presenting Denmark's nursing home of the future



Learning how to confidently engage your Residents' Council with advice from (left to right) Dee Lender, Josie Ince, Sam Clark, Sharron Cooke, Dorothy Asselstine, and Devora Greenspon



Dr. Eric Hoskins, Minister of Health and Long-Term Care, receives a warm welcome from the leadership of the Ontario Long Term Care Association (OLTCA) and Ontario Retirement Communities Association (ORCA). Left to right: John Scotland, Board President, OLTCA; Michael Lavalle, Board President, ORCA; Dr. Hoskins; Laurie Johnston, CEO, ORCA; Candace Chartier, CEO, OLTCA



Mario Sergio, Minister Responsible for Seniors Affairs, with Candace Chartier, CEO of the Ontario Long Term Care Association



Discussing the "art of the possible" in capital renewal: Moderator John Scotland (at microphone) with panelists Doug Snyder, Bill Bryan (not shown), Teresa Fritsch and Stephen Bryant



Chefs Neil MacDonald and Chris Weber demonstrate how to prepare international cuisine for long-term care residents



What will be the wants, needs and demands of the seniors of 2035? Panelists Dr. Peter Coyte, Susan Eng, Dr. Samir Sinha and Finn Poschman sharing their thoughts with moderator and journalist Steve Paikin

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