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Better Support is the Key Driver to Helping People with Incontinence Live Independent Lives with Dignity

The findings of a major European study, recently presented at the 6th Global Forum on Incontinence, provide a better understanding of how to improve care for people with incontinence in their daily lives, at home and in their communities.With the challenge of a rapidly ageing population and the need to de-institutionalize care as more elderly are living at home, there is an urgent and increasing need to improve the care for people with incontinence who wish to live independently. This was also the key focus of a new Study presented at the GFI entitled "Management for Containment". The Study was conducted by SCA and AGE Platform Europe.

Urine incontinence [the complaint of any involuntary loss of urine]

4-8% of population is incontinent

400 MILLION people in the World

Up to **50 MILLION** people in Europe

15 MILLION in Europe[1]

Informal caregivers taking care of a 70+ person with incontinence.

1) Estimate based on percentage of caregiving relatives involved in incontinence care retrieved from: Awareness about Incontinence among the general public, TNS study December 2013, data on file.

Conclusions from user survey and round table discussions

Many reasons to improve the care for people with incontinence

- Rapidly ageing population
- Shift from formal to informal carers
- More elderly living at home

Today´s incontinence support does not fully meet the individuals' needs[2]

41% are disturbed during sleep

75% have to pay for additional products themselves

25% claim that the product type does NOT always support their daily life

43% feel that the product type does NOT always support their work activities

40% perceived having had no choice in product type selection.

2) AGE Platform study executed in 6 regions in Europe : 3 regions in Germany, Poland, England and Catalonia in Spain.

Improvements identified by eight European patient and civil society organizations

- Increase awareness and understanding of incontinence
- Recognize continence care as human right to live an independent life
- Improve information about provisions
- Support incontinence research
- Involve the patient in the product choice
- Develop continence- friendly environments

How to improve daily life for persons with incontinence

Satisfied with product type*

Involved / Not involved in decision

87% 75%

Satisfied with product type**

Products known

1-2 2+

76% 87%

Significant higher satisfaction when you can choose the product type that suits you best

- Provide information about the available products
- Involve the users in the product choice
- Base the provisions upon a sufficient lump sum tailored to patient profiles

*satisfaction with product type in relation to physical effects **satisfaction with product type in relation to physical effects and social effects

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Getting connected to ehealth

BY CANDACE CHARTIER

Those of you who work in long-term care know what it's currently like to try to get information on your residents from labs, diagnostic imaging and hospitalizations. You call, you fax, and you wait. This goes on for hours...if not days. In the meantime, your residents are waiting for the results and potential changes in their care plans.

What if you could get all of that online, in real time?

Soon that may be possible for most long-term care homes in Ontario. The Ontario Long Term Care Association is spearheading a project to provide Ontario long-term care homes with secure access to residents' electronic medical information from provincial data sources. This would include hospital information, lab results and diagnostic imaging reports.

This exciting new project is called LTC eConnect. It's a groundbreaking initiative with the potential to substantially improve the quality and timeliness of resident care, particularly following transitions of care. LTC eConnect is also expected to reduce duplicate orders, eliminate unnecessary paperwork and follow-up calls, and support better clinical decision-making.

Privacy controls will ensure that only registered professionals have access to secure information available in the integrated Electronic Health Record (EHR), and only information about the residents under their care.

This is the just the first stage. Over time, long-term care homes will be able to access more electronic health record information (e.g., medication information) as the province expands its EHR infrastructure.

LTC eConnect is a collaboration with Canada Health Infoway, eHealth Ontario, and software companies PointClickCare and ThoughtWire. The Ontario Association of Non-Profit Homes and Services for Seniors and the Ontario Long Term Care Clinicians are also key partners. The project is funded by Canada Health Infoway and supported by eHealth Ontario and Ontario's Ministry of Health and Long-Term Care.

I'll keep you up to date about LTC eConnect in upcoming issues of the magazine. In the meantime, if you would like more information, please contact Nancy Cooper, Director of Quality and Performance at the Ontario Long Term Care Association, at ncooper@oltca.com.

Report on long-term care

This November, the Ontario Long Term Care Association is releasing its third annual report on the sector, *This is Long Term Care 2016*. In this report, you'll find current data on long-term care residents; an overview of quality improvement in Ontario long-term care homes; a summary of care trends and issues; and much more.

The report will be released at our annual conference, This is Long Term Care, to be held November 23 to 25 in Toronto. To register for the conference, and to download a copy of the report when it is released, visit www.oltca.com.

Hope to see you there!. LTCT

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

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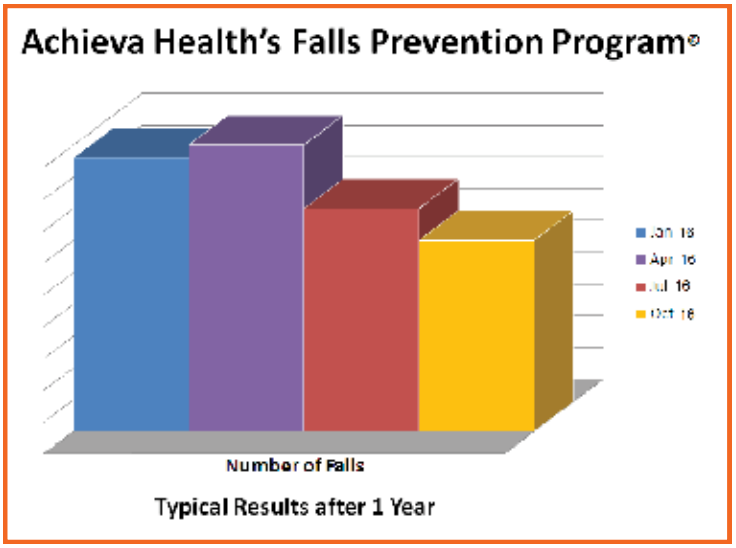

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Understanding depression

Identifying and treating this often undiagnosed condition

According to statistics from the Canadian Institute for Health Information, one-third of all long-term care residents are affected by a form of depression.

"Depression is seen more commonly in seniors with chronic and disabling conditions, such as a stroke, cancer, chronic pain or cardiovascular disease," explains Dr. Selim Asmer, Geriatric Psychiatry Resident with Queen's University's Department of Psychiatry. Depression also shares a strong link with cognitive impairments.

According to Dr. Dallas Seitz, Psychiatrist and Associate Professor of Psychiatry at Queen's University, rates of clinical depression can be as much as three times greater in people with Alzheimer's disease, and five times more likely among those with vascular dementia.

With more than 63% of Ontario long-term care residents now affected by various forms of dementia, it is understandable why depression is a new focus among many researchers in the field. "Dementia is the main reason people go into long-term care, so it's not surprising that we see high rates of depression in that same environment, given that we know the two are strongly related to each other," says Dr. Seitz.

While the exact causes and nature of that relationship are still being examined, one theory is that late-life depression may be a "prodrome" of dementia – that is, an early sign of dementia that develops before memory or other cognitive changes occur. Another is the simple fact that chronic pain and health ailments can cause mental stress at any age, yet older adults with dementia are more likely to experience distress.

Whatever the connection may be, it's the prevalence of depression in long-term care homes that has driven researchers like Dr. Seitz and his assistants to seek a better understanding of causes, early warning signs, and treatments.

Detecting depression

Depression in long-term care can be hard to identify. This can be attributed to many factors, one of which is that depression can present differently in older adults in comparison to younger individuals. Older adults are more apt to report physical discomfort and anxiety over emotional stress, and those with dementia or neurological disorders may either find it more difficult to express depressive symptoms and instead react with agitation and aggression.

"Depression in long-term care can certainly be difficult to diagnose and treat," agrees Dr. Julia Kirkham, Geriatric Psychiatrist and Research Fellow, Department of Psychiatry, Queen's University. "First you have the fact that it's harder to identify, and then you have the extra challenge of there being a lack of awareness and training among long-term care staff on how depression may present differently in older adults. In addition, there are systemic issues such as limited access to mental health services and resources, which may create further challenges in identifying and treating depression in long-term care settings."

The stigma of mental health issues is also a barrier to detecting depression. Older adults may be more reluctant to seek treatment for mental illnesses due to lingering attitudes and biases. On top of that, adds Dr. Seitz, there are assumptions about life in long-term care that can result in cases of depression falling through the cracks.

"There still exists this attitude that if you're old and in a nursing home that it's just normal to be depressed, and we simply know this isn't true," says Dr. Seitz. "Many people go into in a long-term care home and thrive and have a benefit in terms of their mood. I would argue that those who think otherwise aren't paying attention to the issues around them or just aren't taking them seriously."

Increased support

Identifying depression is the first step towards effective treatment. Fortunately, while specific screening methods are in their infancy, a number of studies are drawing

attention to the need for better depression detection techniques. Many North American organizations have developed recommendations that are being used by clinicians to both recognize and treat patients with depression among long-term care populations.

"Organizations such as Health Quality Ontario are working together with the government and researchers to develop care standards and measure how well long-term care homes are achieving these standards across the province," reports Dr. Asmer. "Implementing and assessing the efficacy of these guidelines will help improve the detection and treatment of depression in individuals living in long-term care."

Funding for dementia research has also increased over the last decade. Moreover, Dr. Kirkham notes, several provinces across Canada have developed dementia strategies that focus on addressing the mental health needs of older adults, including those in long-term care, through education, training and a greater availability of appropriate programs and treatment services.

"Although not directed at depression in long-term care specifically, since depression is such a frequent problem in dementia care, these efforts may eventually lead to better strategies for identifying and treating depression in long-term care," says Dr. Kirkham.

Undiagnosed depression is associated with functional decline in older adults, the researchers say, which in itself results in the need for greater care and assistance – especially among individuals with dementia.

Already, research into depression and its associated cognitive challenges has given long-term care providers a number of proven treatment strategies. These include using exercise and physical activities (when possible) to mitigate depressive feelings, scheduling pleasant activities throughout the day, and ensuring routines include meaningful social interactions.

On the medical front, research has highlighted the value of antidepressants in residents with moderate to severe depression without dementia. However, the treatment of depression among residents with dementia with medication is still a developing area.

Reducing depression in long-term care will take time and a concerted effort to provide long-term care homes with the training, tools and strategies to deal with symptoms at all stages, says Dr. Seitz. As a start, he says, depression needs to be more in the spotlight and not considered a normal part of aging. LTCT

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A meaningful approach

Shalom Village's Namaste Care program is providing comfort for those with end-of-life dementia

Since Shalom Village adopted an innovative new program for residents with dementia who are at the end-of-life stage, the Hamilton long-term care home has seen residents' quality of life improve.

Launched in January, the Namaste Care program was created by American social worker and dementia-care specialist Joyce Simard to provide meaningful programming for people with dementia. Simard visited the nonprofit home in January to provide staff training and give a public lecture on Namaste Care.

The program is run in a private room at the home, which is filled with sensory objects, books, sports memorabilia and a TV showing calming videos. Residents involved with the program receive stimulating interaction that includes hand and foot massages, facials and having their hair gently combed. Each resident involved with the program has their own basket that contains lotions, oils, nail clippers and brushes.

The room also has aromatic fragrances that stimulate the sense of smell. There is even a small waterfall that produces a calming sound. Food and drink are offered during the program, which runs daily from 9:30 a.m. to 11:30 a.m. and again from 1:30 p.m. to 3:30 p.m. The Namaste Care Program can also be divided into morning and afternoon sessions for those residents who may not tolerate the full four-hour program.

Namaste Care, which has also been incorporated into Shalom Village's palliative care program, is being offered in partnership with McMaster University. Nursing Professor Dr. Sharon Kaasalainen is conducting a study to examine Namaste Care's impact on people, specifically to discover if it is successful in calming aggressive behaviours and reducing the administration of psychotropic medications.

A first

Shalom Village is the first Canadian long-term care home to adopt the Namaste Care program.

The primary group of residents it serves is those who have been diagnosed with having six months or less to live or have end-stage dementia, says Adrienne Shorten, Executive Coach in Resident Care at Shalom Village.

"When residents are in the room, everything is focused on one-to-one (programming)," Shorten explains. "The program is very much focused on residents' individual likes and quality of life. These are residents that cannot participate in other programming, so with this program they are more involved."

The Namaste Care program incorporates staff members from many departments, as well as volunteers. Housekeeping staff assist by portering residents to the room. Personal support workers, music therapists and recreation therapists help with programming inside the room.

"It's a very interdisciplinary program," Shorten says.

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Choosing which residents should be involved with the program is the first step in the process, Shorten explains.

While Namaste Care could benefit many of Shalom Village's residents, the home provides it to residents who are both palliative and have a cognitive impairment because regular programming is not as effective for them.

Extra attention

Shalom Village resident Margaret Stephens is involved with the Namaste Care program. She has lived at the home for seven years. Her daughter, Jane Stephens, learned about the program after she was contacted by McMaster University to include her mother in the study.

Initially, Jane Stephens says she was apprehensive about her mother participating in the program. She thought several hours of daily massage and other interventions would be overwhelming for her. But after talking it over with her siblings and with Shalom Village staff, Stephens decided to let her mother try the program and she has had no regrets.

"The staff are amazing; they're wonderful," she says. "They're very caring and attentive. My mother seems to enjoy herself in the program. For the family, it has been a blessing because we know that my mother is getting the extra attention and that makes a big difference for us. It's a wonderful feeling for the family."

The positive experience of Margaret Stephens' family is typical, Shorten says. "Every family member that I have talked to who has a family member participating in this program has loved it. They have loved that the resident is interacting with people," notes Shorten. "The quality of life that residents are getting is so important to the families."

While the benefits of the program have not been proven scientifically, anecdotally Shorten has seen a reduction in aggressive behaviours, and residents seem calmer when receiving Namaste Care. "The research will tell us more, but it feels that way to the staff," she says.

Asked how another long-term care home could duplicate the Namaste Care program, Shorten remarks that there is no one-size-fits-all approach because factors such as a home's size and number of staff members need to be considered.

That said, techniques such as hand and foot massage, along with strategies used to tailor the program to each resident, can be applied in any long-term care home.

"I'm happy to show anyone who is interested in the program what we did to create it," Shorten says. LTCT

Adrienne Shorten, Executive Coach in Resident Care at Shalom Village, can be reached at 1 (905) 529-1613, ext. 243.

The power of art

Trinity Village's intergenerational art program reduces behaviours and enhances autonomy

A program that pairs residents from Trinity Village who have dementia with students from a local high school has been highly successful in reducing agitation and depression in residents. And it does this while promoting their autonomy and showcasing their creative talent.

Opening Minds through Art (OMA), which runs once a week in six-week sessions, engages residents with dementia who are experiencing depression and agitation, and whose behaviour can be challenging. Trinity Village is the only Canadian long-term care home offering this program on-site.

OMA is a person-centred, strength-based art program developed at Miami University in Oxford, Ohio in 2007 by Elizabeth Lokon. It was designed to enhance social engagement and increase quality of life for people affected by dementia. Kitchener's Trinity Village long-term care home is partnering with Eastwood Collegiate Institute for this intergenerational program, and the results have been outstanding, say those working at the home.

Simple process

Each session is focused on a specific art project. It begins with the students and staff members meeting in a "huddle" where the project is explained.

Students then sit with a resident, explain the project using the guidelines they've been given, and gently support the residents.

Each step in the process is made simple so residents never become overwhelmed or confused. They are given the choice of which colours they want to paint with, and the type of paper they want to use. "The students are there to guide them along with each step, but the artist does all the work," Trinity Village Recreationist Kathryn Bender says.

OMA projects are designed to be "no fail," meaning they appeal to residents' strengths and provide tasks they can accomplish. The students' role is to support the artists' autonomy and enable them to express themselves through their art. To prepare, the students spend two days learning about dementia and how to work with people affected by the condition before each six-week session.

At the beginning of each day session, the students ask residents to rate how they are feeling, and again afterwards to demonstrate the effectiveness of each session. Before and after each six-week session, staff members assess residents' mood using the Depression Rating Scale. "Almost always, their mood has improved," Bender says.

Successful outcome

As a testament to OMA's success, one resident who doesn't attend many programs went on his first outing after two sessions in the OMA

Artwork produced by a Trinity Village resident: Butterflies on a Star by Elizabeth S.

program, and his responsive behaviours stopped. Another resident was able to discontinue her anti-anxiety medication. "(The resident) is now going to a lot more programs and doesn't have anxiety about them," Bender says.

Bender, together with Trinity Village Spiritual Care Provider Gloria Ryder, attended an OMA training session at Miami University in June 2015. When they returned, they presented the program to the home's management and have been building it since. The program has two other staff facilitators.

Bender and Ryder teach all the methods they learned in their OMA training to the 12 students. Encouragement is an important function of the program, and students are taught to encourage residents using simple words and, most importantly, to listen to what the residents say.

"The most important thing is teaching the students about dementia and how to communicate and interact with people who have dementia," Bender says. "Many (of the students) didn't know anything about dementia, but they wanted to learn, so this (program) is also a wonderful way to educate younger people about dementia and about aging." LTCT

Long-term care homes interested in having staff members become OMA facilitators can contact the **Scripps Gerontology Center** at Miami University at 1 (513) 529-2914. Homes interested in having Trinity Village lead an OMA program in their home can contact **Debby Riepert** at 1 (519) 893-6320 x250 or driepert@trinityvillage.com.

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Reducing responsive behaviours

How a one-time grant of $5,000 helped 74 long-term care homes invest in changes to ease responsive behaviour among residents

By Iris Gutmanis, Catherine Blake & Steven Crawford

In late 2014, all long-term care homes in the South West Local Health Integration Network (LHIN) were notified they could apply for one-time funding for small environmental changes that could either prevent or decrease resident responsive behaviours. Each home, regardless of size, could be awarded up to $5,000 for one or more projects, to be invested by the end of March 2015.

Nearly all homes in the region submitted proposals, focused on improving both the quality of life of residents as well as enhancing the quality of care. They were quickly able to identify projects, in large part because each home has a Behavioural Supports Ontario (BSO) team on-site (*see sidebar on page 27*). As a result, homes in the South West LHIN are aware of best practices and how to improve resident quality of life. But they often don't have the dollars to make these ideas a reality, and this one-time grant helped change that.

Early in January 2015, 122 applications were reviewed by representatives from the Ontario Telemedicine Network, the South West LHIN and McCormick Home. A total of 74 of the region's 78 long-term care homes, regardless of size, received a $5,000 one-time grant.

The majority of homes chose one of four approaches to reducing responsive behaviours:

- More than half (56.8%) used their funding to purchase multi-sensory equipment such as equipment for a Snoezelen room or other controlled multi-sensory environments;
- 21.6% purchased expressive therapy equipment such as iPods and iPads;
- 21.6% created more home-like settings with new carpeting, tables and chairs; and
- 17.6% camouflaged doors and other exit points to help reduce exit-seeking behaviour (elopement attempts).

Interestingly, none of the applicants used the funding to create either a safe room for assessments and calming or a transitional room for the family, both of which have been identified as a best practice. This may have been due to the $5,000 cap on funding and the fact that creating a specialized room costs far more than that.

A learning experience

In August 2015, five months after the enhancements had been put in place, homes were emailed a survey and asked to describe lessons learned, share feedback from residents and family members, indicate whether they would recommend this project to other homes, and address what factors would ensure success elsewhere. More than half of the homes responded.

All the respondents found the projects valuable and worthwhile, and indicated they had a positive impact on residents as well as staff. They noted that making changes to a long-term care home environment within a short time period can be challenging, and provided advice on how to make such projects easier in the future. They recommended that homes look at factors such as vendor support, policy development and existing protocols. Below are some responses to survey questions.

Snoezelen, "champions" increase proper use

Homes that chose to purchase multi-sensory equipment found that the approach worked but had some drawbacks. According to one home: *"Yes, it did work with most residents for a short period of time. It does work as a distraction. However, the resident needs to be supervised the entire time while using the cart due to the long fibre-optic strands which, if left unsupervised, would be a threat to their safety."*

As well, it was noted that staff on all shifts needed to be trained to use the equipment properly: *"The Snoezelen has been very valuable to many of our residents. Consistent use, training of all staff and volunteers to be able to use it no matter what time of day or night (is key). Education to family/volunteers is very important."*

One home developed a creative solution: *"We have appointed Snoezelen "champions" on each shift to promote the usage of this space."*

Music therapy decreases depression

Recent research has highlighted the impact of music and music therapy on those living with dementia. Homes that purchased expressive/music therapy equipment and programs spoke of the impact: *"We have a specific group of residents with severe dementia that are unable to communicate or that call out frequently, and, once in the program, they become calm and will respond non-verbally to the program."*

Another respondent stated: *"This program has decreased the depression rating scale in a number of our residents."* And another: *"The experience ended up being positive for residents and staff. Also, it confirmed the research evidence that had been brought to light by our BSO team (e.g., the calming effects of music therapy)."*

However, even with the best of intentions, some of the purchases needed to be adapted after being field-tested: *"A set of wireless headphones and regular headphones were purchased. Initially, we thought most residents would like the wireless headphones so they wouldn't have to worry about cords, and the iPod could be left at the nursing station. Unfortunately, we found that residents were wandering out of the Bluetooth signal area and the iPod needed to be attached to the residents' clothing."*

New paint and furniture

In an attempt to provide excellent medical care, some long-term care homes can have an institutional feel. To help make residents more comfortable in their home, some facilities used their funding to create a more homelike environment:

Before and after: a camouflaged exit door that helps reduce exit-seeking behaviour

"We decided to create a quiet seating area for residents and their families to enjoy.... We learned that a very small change to a room can make such a huge difference not only for the home in general, but also for the residents and their families."

Another home stated: *"Our home had black carpeting throughout the halls, and we were observing our Alzheimer's/dementia residents having difficulty transitioning from their rooms and the entrance to the wings. With the funding we were able to pay for the removal and replacement of that carpeting in one of our wings making it a brighter, more resident-friendly environment."*

One home used the funds to purchase special tables and has noted decreased falls and fewer responsive behaviours: *"We have noted a decrease in responsive behaviours and an improvement in meaningful purpose by utilizing these work stations accordingly. We have also noted a decrease in the number of falls on the dementia care area. One specific example involves a resident who was quite restless and unsettled, who experienced routine falls. The resident was assisted to the work tables and provided with sorting and stacking activities, which decreased falls and provided the resident with meaningful purpose and activity."*

Responsive behaviours can occur when residents feel threatened or uncomfortable. By creating more inviting and comfortable bathing rooms, it was hoped there would be a decrease in such behaviours during bathing. By creating a more spa-like environment, one home noted quite a change in one resident's behaviour: *"One resident who has refused to have a tub bath, or when it was tried was very combative, is now enjoying her baths most of the time."*

One home even purchased a towel warmer, to great effect: *"Residents love the towel warmer. It is the best equipment bought for our residents."*

As noted in the research, residents are less likely to exhibit exit-seeking behaviour (elopements) when exit points are camouflaged. This impact was noted by one home: *"The camouflaging of the front entrance door has resulted in only one elopement happening since its installation. Before the installation, we had elopements usually weekly or more."*

However, not all camouflage/murals are the same: *"The type of camouflage required should not encourage residents to "pick a book from a bookshelf" or "check the time." Instead, murals of calming woodlands were preferred in order to decrease responsive behaviours."*

Continued on page 26

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One of the murals created with this funding was three dimensional and interactive: *"Our mural was painted on a wall in our secure unit where residents walk by many times a day. A small seating area is located across from the mural to further enhance residents' ability to notice and interact with the mural. The mural allows residents to touch, pick and replant the flowers or even to make a small bouquet to carry with them."*

However, at first, some staff members were perplexed by the use of murals: *"Make sure that everyone understands the purpose of it and that touching is encouraged. Also, locate it in an area where residents will see it and be inclined to stop and interact with it."*

While some homes tended to select enhancements that focused on issues associated with the provision of direct resident care (e.g., towel warmers), other homes selected enhancements that created spaces and activities where residents were meaningfully engaged. Some of the comments suggested a push/pull between these two concerns. For example: *"The items that we purchased were meant to provide all team members with the resources to assist with resident recreation, de-escalation techniques, providing stimulation or reducing stimulation. However, it still appears that it is mostly the recreation team that is using these spaces."*

Communication is key

Consistently, survey respondents indicated that communication among the home's staff and residents was key to successful implementation: *"The biggest factor to remember is to communicate to everyone and have patience and watch for your results. Then, celebrate your success."*

Another stated: *"Initially, there were residents who were upset with the changes to the room. They did not recall having any input into the decision-making and wanted to know why we would do such things without asking them."*

ENHANCING THE LTC HOME ENVIRONMENT: $5,000 PROJECTS CHOSEN BY HOMES

STRATEGY	# HOMES USING STRATEGY (% USING STRATEGY)
Multi-sensory technologies (e.g., fibre-optic lights, waterfall units, Snoezelen therapy)	42 (56.8%)
Music and other expressive therapies (e.g., iPods)	16 (21.6%)
Creating more home-like settings (e.g., carpets, chairs and tables)	16 (21.6%)
Camouflaging access/egress points	13 (17.6%)
Enhancing spaces for family dining and other interactions	8 (10.8%)
Enhancing tub and shower rooms	8 (10.8%)
Enhancing space for outdoor activities (e.g., raised flower beds)	6 (8.1%)
Enhancing elopement prevention, call bells and way finding	6 (8.1%)
Improved lighting (e.g., seasonal affective disorder lights)	5 (6.8%)
Accommodating smaller groups of residents; creating smaller clusters	2 (2.7%)
Creating a safe room for assessments and calming	0
Creating transitional rooms for families	0

Yet another advised: *"Take the time to plan the paint colour for the walls of the tub room to ensure that the colour is relaxing to the residents. We found that the colours that the staff found relaxing were quite different to what the residents chose."*

While some environmental enhancements can be deemed "patient-centred" (i.e., made the environment more home-like), an enhancement may pose an issue for other residents. For instance: *"The changes to the hobby rooms have had both positive and negative outcomes. One resident had come to identify the room as belonging to her and was upset when others started using the room. We ended up moving some of the hobby items out of the room and into the parlour to help her adjustment."*

Little money, big impact

In conclusion, even with a relatively small amount of money, long-term care homes implemented evidence-informed changes that decreased responsive behaviours and improved both resident and staff quality of life.

Although staff members were aware of what needed to be changed, they lacked the funds to do so. This one-time funding allowed homes to implement changes that positively affected both residents and staff alike, within a short period of time. LTCT

Iris Gutmanis, PhD, is Director, Research and Evaluation, Specialized Geriatric Services, at St. Joseph's Health Care in London. **Catherine Blake**, MA, is a Research Associate in the School of Nursing, Western University, and McCormick Dementia Research. **Steven Crawford**, MBA, CPA, CA, is Chief Executive Officer of McCormick Care Group in London. For more information on this project, contact scrawford@mccormickcare.ca.

BEHAVIOURAL SUPPORTS ONTARIO

As their disease progresses, some people living with Alzheimer's and other forms of dementia, as well as those living with cognitive issues associated with other age-related health issues, can display what are called responsive behaviours.

Some common responsive behaviours are restlessness, constant unwarranted requests for help or attention, repetitive sentences or questioning, and pacing or aimless wandering. In recent years, long-term care homes and governments have invested in programs and training to help long-term care staff learn how to discover the meaning behind these responsive behaviours.

The Ontario government has invested in a program called Behavioural Supports Ontario (BSO), which is showing excellent results on a small scale.

BSO staff are skilled in methods that help reduce responsive behaviours. They also help each resident find meaningful activities that draw on their strengths and abilities. The BSO team then works with the rest of the home's staff to establish approaches to care that reduce behaviours in the home and meet the needs of each individual resident.

These in-home teams are not available in every region of the province. Based on their success, the Ontario Long Term Care Association has asked the government to fund a BSO team in every Ontario home.

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Bathing and showering are sometimes perceived as two separate choices of hygiene for the resident. The reality is that a combination of both is optimal. **Showering is appropriate for frequent, daily personal hygiene and good skin care maintenance, while the benefits of bathing are hygienic, as well as physical and psychological.**

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According to a new global assessment, using TENA® routines and products results in an improved quality of life for residents and allows care home staff to spend less time managing incontinence and more time with the residents – with three-quarters noting an improved working environment.[1]

What is more, around 85% of care home staff assessed felt that the products were easier to handle during changes and toileting, had an improved fit and an increased capacity to keep the skin dry.[1]

Almost three quarters agreed that incontinence-related odour was reduced[1] and approximately 80% said TENA® products were more discreet and comfortable than previous products used.[1]

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>
> it is possible to have a positive impact on the quality of life of people who rely on our care"
>
> Giorgio Lupazzi
> Nursing Home Director, Italy

TENA Solutions helps care homes reduce product consumption by eliminating unnecessary product changes and waste. The TENA Solutions approach can also reduce the amount of money spent on skin treatment and laundry costs due to leakage, resulting in a total budget reduction of around a third (29%).[2]

About TENA Solutions

TENA Solutions is a best practice approach where TENA® experts work directly with care home teams to improve continence care in a way that is good for residents, care home staff and the environment.

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2. Where TENA Solutions are implemented around the world. SCA Data on file. All statistics are based on average percentages from between 85-181 TENA Solutions case studies around the world, mainly Europe but also USA, Canada and China. Results vary across countries and care homes 2011-2013.

Leadership training helps create a more social model of care

Fostering innovation

The CLRI program looks at new, innovative ways of delivering long-term care

In fall 2011, Baycrest, Bruyère and Schlegel were selected to host the province's first Ontario Centres for Learning, Research and Innovation (CLRIs) in long-term care, funded by the Government of Ontario. As part of this initiative, the organizations were given the job of advancing long-term care by pursuing new research, innovation, service delivery approaches, and training and education programs.

"The long-term care sector is already so busy with meeting the needs of a complex demographic and staying in compliance with countless regulations that there's very little time and resources left over for innovation," says Josie d'Avernas, Executive Director with the Schlegel-UW Research Institute for Aging. "The CLRI program fills that gap by identifying and developing innovative ways of working in long-term care and delivering care to older adults, which the sector can adopt along the way."

Over the last five years, CLRIs have done just that by developing and testing innovations in long-term care services, workforce development and knowledge sharing.

At Schlegel's CLRI, d'Avernas and her team focused their research on promoting culture change within long-term care environments. Through leadership training, awareness and sector education, their goal is to help homes in their ongoing shift from an institutional approach to a more social model of care. The research has led to the creation of programs such as the home's "living classrooms" initiative, which embeds students within long-term care homes, as well as a six-month Leadership Program run in partnership with Conestoga College.

"One purpose of the Leadership Program is to warm the soil for culture change by developing leaders who can support teams in long-term care and help them move towards a more social model of living," explains d'Avernas. The program, she notes, focuses on developing strengths-based and transformational leadership, and building leadership capacities in the constantly changing environment of long-term care.

Schlegel CLRI has adapted a self-assessment tool, originally developed by culture change pioneer Rosemary Fagan, to help organizations determine if they lean more towards an institutional or social environment. After scoring 4.7 out of 10 in their own assessment in 2011, Schlegel set out to improve their score. In 2015, they hit 7.4. As a result, they created a guidebook documenting their journey and offering specific tools and insights to help other organizations replicate their success. "We put that guide together with coaching services so other organizations can learn from what we did and apply those same tools and techniques to transforming their own culture," says d'Avernas.

Additional outputs from Schlegel's CLRI program include new research and ideas surrounding the concept of mealtime environments, train-the-trainer education for PSWs, and strategies for workforce development.

Learning approaches

Baycrest too has been busy throughout its five-year CLRI program. CLRI manager Raquel Meyer and her team have explored a number of priority long-term care issues, such as emergency transfers, responsive behaviours, and family engagement, with a special focus on developing and evaluating educational innovation and enhancing team competencies such as communication, collaboration, values and ethics.

Baycrest developed a suite of five one-day modules designed for long-term care staff and leadership teams. Called *Team Essentials: Leading Practices for Long-Term Care*, the modules include simulation, game-based learning, and arts-based learning programs in which staff explore communication techniques and how to recognize, reflect and respond to complex long-term care scenarios.

Team Essentials allows staff and students to integrate evidence-based and leading practices into care. According to Meyer, "one of the things we noticed when we were scanning the long-term care environment and talking to stakeholders and staff was that when training was offered, it would often be offered to staff from diverse areas in the home based on scheduling needs. Available staff would take the training, come back to their home, and then have difficulty changing practice because the rest of their team didn't speak the same language or share the same approach to care across and within their shifts."

Team Essentials addresses the team-building gap by catering to staff teams from the same areas of the long-term care home. They are invited to train together and, as a result, return to their homes as a more cohesive unit. "We asked participating homes to identify the team they were going to focus on, and to build capacity within that team before moving on to another team. That's crucial, because when you have a critical mass of staff on the same team working together with the same approach, then things are less likely to fall through the cracks," Meyer says.

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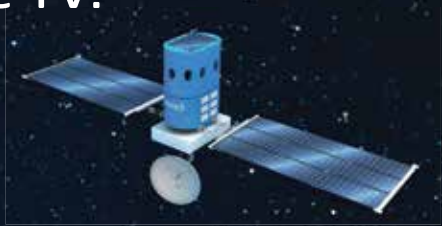

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Team development and knowledge sharing are also top of mind at Bruyère's CLRI. Several educational projects have offered leadership training to RNs and RPNs, connected nursing students to the long-term care community, and enhanced oral care services in long-term care for both English and French homes.

"There's a lot of training and materials for oral care providers in English, but Bruyère also has a francophone home, so it was an ideal location to take a tool that hygienists use to assess oral health and translate it into French. The new tool was validated, and we even explored adding visuals to make it easier for PSWs to identify oral care issues and communicate this to registered staff," explains Zsofia Orosz, Manager at the Bruyère CLRI. She adds that a bilingual two-minute video was also developed that can be used to discuss the importance of oral care with staff.

Additionally, notes Orosz, Bruyère's CLRI research has shed new light on triggers of responsive behaviours and explored opportunities around specialized long-term care units. "Homes can apply for a specialized unit designation, and our research looked at what opportunities exist to enhance care in these environments," says Orosz. "Building on the legislation and the experiences of existing units, we developed a toolkit for homes that are considering applying for setting up a specialized unit."

These initiatives provide a snapshot of some of the work CLRIs have undertaken throughout the five-year program.

Overall, says Orosz, the value of CLRIs' work within the long-term care field is clear: "Homes are doing their best to meet the needs of the residents with the limited resources they have, so it can be a challenge for them to consider innovation in research, learning and care delivery. That's where CLRIs can come in."

Future work

The initial CLRI program funding ended in March 2016, with a subsequent transitional year of funding extended to March 2017. In anticipation of a second phase, Baycrest, Bruyère and Schlegel have been engaged in province-wide consultations with an array of stakeholders to advocate for funding renewal and to shape the next iteration of the program, dubbed CLRI 2.0. A report with recommendations and feedback from this sectoral consultation has been passed along to the Ontario Ministry of Health and Long-Term Care.

In the meantime, all long-term care stakeholders are encouraged to get involved by continuing to give their feedback and by exploring sector collaborations with CLRIs. "We really want to find out from homes how we can be helpful to them, how they would like to be engaged in the program, and how we can help them share what they've learned and the innovations they've made with the long-term care community," says Meyer. "By no means does innovation reside solely within the CLRIs. It's everywhere. So the question going forward is how do we collectively harness and share the wisdom of the sector?" LTCT

The results are in

Findings from long-term care's first year of quality improvement plans

Health Quality Ontario released a summary of its Quality Improvement Plan (QIP) results, gathered from the more than 620 Ontario long-term care homes that participated in the program's first year.

Called *Long-Term Care: Impressions and Observations 2015/16 Quality Improvement Plans*, the report praises the sector for its meaningful adoption of QIPs and the positive results that followed. It states: "The QIPs submitted this year show that long-term care homes are working to better integrate quality improvement processes into their organizations and develop relationships with system partners. Through their QIPs, long-term care homes also show a tremendous commitment to providing higher-quality care to their residents, with 81 per cent of homes planning to improve on three or more of the priority indicators."

These priority indicators were selected for long-term care by Health Quality Ontario as a means of supporting the province's vision for a high-performing health care system. They include reducing the rate of falls, pressure ulcers, avoidable emergency department visits and the inappropriate prescribing of antipsychotic medications; minimizing the daily use of physical restraints; improving the management of urinary incontinence; and providing residents with an overall better care experience.

According to the report, virtually all long-term care homes indicated they were showing improvements in at least

IN THE SPOTLIGHT: OLTCA MEMBERS

A number of Association members were recognized in Health Quality Ontario's report and its related media material for demonstrating leadership in the priority indicators. They included:

- **Cambridge Country Manor:** Recognized for demonstrating the value of stretch goals by planning to reduce the percentage of residents who have fallen in the past 30 days from 20.56% to the provincial benchmark of 9%.

- **Grey Gables Home for the Aged:** Recognized for the initiatives its frontline staff and senior leaders have taken to improve resident and family awareness for the home's complaint procedures. These include ensuring that all new residents meet their senior leadership within the first week of moving in, are encouraged and empowered to express their opinions, and that staff wear name tags regularly and take the time to introduce themselves during every resident interaction. Additionally, senior leaders plan to host three information sessions for residents to discuss the terms of their care and the processes for expressing concerns and suggestions.

- **Altamont Care Community:** Recognized for its plans to manage worsening continence by using an electronic wearable continence pad with embedded sensors that track urine-voiding patterns in real-time. This data is converted into reports that are reviewed by a nurse manager to provide more accurate assessments of residents' incontinence patterns and to allow individualized toileting plans to be created.

one of the priority areas. Other key findings include:

Homes are aligning and integrating their QIPs with other planning. A total of 96% of respondents said their homes' improvement activities were aligned with local, regional and health system priorities.

Most homes selected similar types of change ideas. These included staff education, audit and feedback, resident assessments, and implementation of best practices.

Homes are seeking ways to enhance the quality of care for an increasingly complex resident population. The biggest challenge for long-term care homes is managing a diverse and complex demographic, and the many behaviours within it. As such, many are implementing change ideas tailored to their home's unique resident population.

Cross-sector partnerships are a common strategy for improving care transitions and residents' quality of life. A total of 95% of homes reported having partners in other sectors. Behavioural Supports Ontario was mentioned by 60% of respondents, making it the most frequently cited partner.

Many homes have accountability structures in place to monitor and report improvement activities. In all, 44% of all homes reported that they regularly track and monitor performance data, and share those findings with long-term care home leaders and stakeholders, such as the board of directors, licensees, municipality, etc.

Setting progressive and realistic performance targets is a challenge. A portion of homes are using QIPs to set more modest – yet realistic – targets over a period of two years or more. Yet while most aim to improve on priority indicators, many have not set stretch targets.

Room for improvement

While the report highlights the work of Ontario's long-term care homes, it also offers a number of suggestions for improvement. These include calling on homes to pursue more cross-sector partnerships, utilize peer and provincial benchmarks to achieve greater improvement rates, set forward-looking and realistic stretch targets, share change ideas with peers, and continue engaging residents and families in improving the long-term care experience.

Nonetheless, the report states that the long-term care community is committed to improving across all key indicators, and that these efforts will strengthen the quality of care for Canada's aging demographic.

"The success of province-wide efforts demonstrate the momentum and results that can be achieved when the entire sector focuses its attention on specific quality improvement activities," it concludes.

"By using this report as a reference, homes have the opportunity to learn from each other and apply this learning to their own organizations. The goal is to find more efficient and resident-friendly ways to deliver services while improving the health outcomes of all Ontarians." LTCT

Putting Residents First Means Prevention First

Up to 80% of LTC residents are incontinent[1]

Reports show that up to **48%** of residents have incontinence-associated dermatitis (IAD)[2]

IAD is a risk factor for pressure ulcer development[3]

66% of at-risk skin is not being identified[4]

3.3% is the percentage of Long Term Care (LTC) Residents whose Stage 2-4 pressure ulcer worsened[5]

$10,376 Average cost to treat chronic wounds[6]

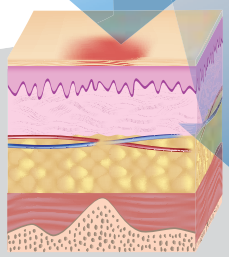
34% PROJECTED INCREASE in wound care costs over the next 10 Years[7]

How can LTC reduce costs related to new stage 2-4 pressure ulcers?

Implementing Evidence Based Protocols

Leads to **42%** decrease in internally acquired skin breakdown[8]

50% decrease in stage 2 pressure ulcers[9]



Preventative skin care is **THE KEY** to decreasing internally acquired skin breakdown[10]

[1, 2, 3, 4, 5, 6, 7, 8, 9, 10] Data on file at 3M.

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- Decreased internally acquired skin breakdown by 42%[8]
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Together We Care 2016

More than 1,000 delegates from the Ontario Long Term Care Association and the Ontario Retirement Communities Association joined together in Toronto last April for Canada's largest seniors care event.

This year's ***Together We Care*** conference featured world-class programming with inspiring ideas and leading-edge innovation in all areas of long-term care, enhanced by more than 300 exhibitors whose products and services support homes and their residents.

In recognition of the importance of dining and nutrition, the conference also featured the first-ever Senior Living Culinary and Nutrition Summit, complete with creative demonstrations and samples for the appreciative crowds.

Mark your calendar for next year's ***Together We Care***, April 3-5, 2017, at the Toronto Congress Centre.

Keynote speaker Margaret Trudeau wowed the crowd

Celebrating long-term care leaders at the annual Leadership Dinner: Association CEO Candace Chartier

Canada's largest event for seniors housing and long-term care

Dipika Damerla, then Associate Minister of Health and Long-Term Care, in conversation with Association CEO Candace Chartier

Entertaining workshops kept participants engaged

A fun demonstration of liquid nitrogen sorbet from OMNI's "Putting the freeze on food cost" on the culinary stage

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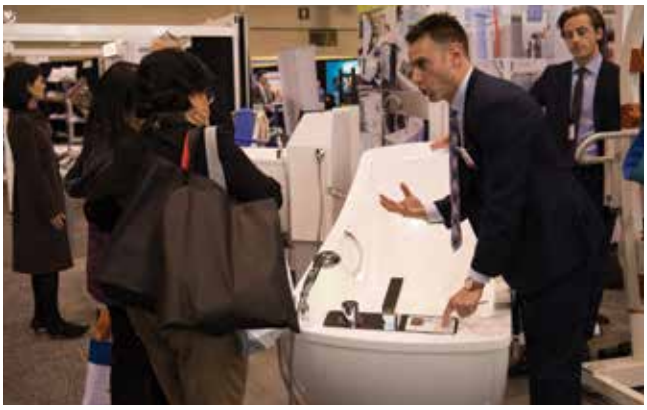
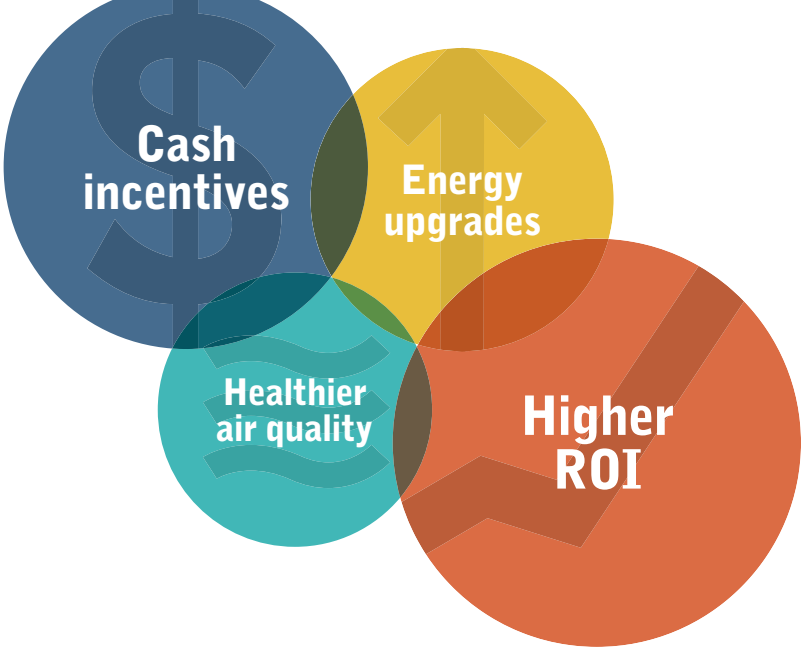


Sharing product knowledge and ideas



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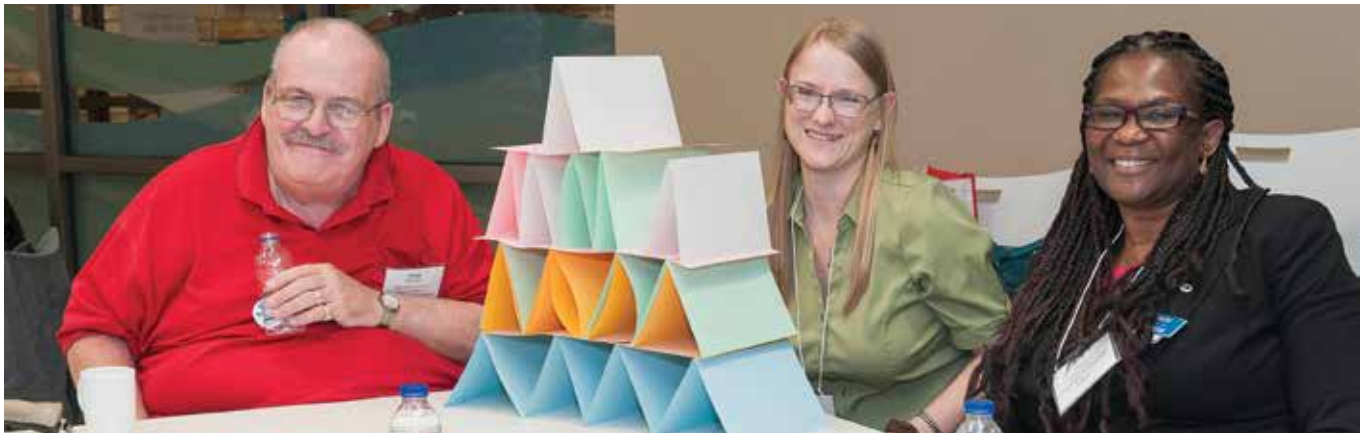

The OARC Togetherness Training Workshop unites administrators, Residents' Council leaders and council assistants

Bridging the gaps

The importance of giving a strong voice to residents with cognitive disabilities

Long-term care homes serve a diverse population of residents, many of whom live with cognitive changes or impairments. A higher proportion of residents has cognitive challenges than 10 years ago, raising an important question: Since it's critical that all residents have a say in their day-to-day well-being, how can staff and fellow residents find a way to connect with them and ensure they are being heard?

Building bridges with residents with cognitive changes is a responsibility shared by everyone within a home, says Dee Lender, Executive Director of the Ontario Association of Residents' Councils (OARC). Resident leaders and Residents' Councils are particularly influential in creating a welcoming environment for all residents. They can educate their peers on how to work and communicate effectively with residents with dementia and similar impairments.

"A Residents' Council's ability to be the collective voice of all residents is directly related to the efforts made to build bridges with people who have cognitive changes," says Lender. Taking this to heart, OARC has launched several initiatives to foster engagement among residents with cognitive impairments and to prepare residents' councils.

An OARC Workshop building paper towers with (from left) an administrator, Residents' Council president and activation aide

OARC's Togetherness Training Workshop, for example, is a program that unites home administrators, Residents' Council leaders (residents), and council assistants for a two-day training workshop.

Participants in the workshop share engagement techniques for residents, including those with cognitive changes, and learn new strategies that they can take back and implement in their own homes. They also dig deep into the issue of creating an inclusive and representative Residents' Council in each home and sharing ideas among peers. To that end, one of the program's main goals is to help establish peer networks for ongoing support and relationship building.

Another program, called Through Our Eyes: Bringing the Residents' Bill of Rights Alive, builds on existing Residents' Bill of Rights education by creating facilitation teams composed of residents and long-term care staff members. Supported in part by a financial donation from the Ontario Long Term Care Association, the program offers tools and techniques to support the inclusion of residents with cognitive changes in the facilitation model.

Through Our Eyes was created to ensure that every resident, no matter where they are in the spectrum of cognitive health, can be a part of a teaching opportunity that finds its strength in the personal experiences residents have in their own home. "Through our Eyes is all about making teaching teams, consisting of a staff member and home residents, that can link up and develop an education session that they can then deliver to the home," explains Lender.

A stronger connection

To date, OARC's Togetherness Training Workshop has been piloted and supported through a Schlegel Centre for Learning, Research and Innovation in Long-Term Care research paper. The Through Our Eyes program is

undergoing a usability test in 11 long-term care homes in Ontario, and will be reviewed at the end of October.

Programs like these are important in helping residents with cognitive impairments connect in more meaningful ways with home staff and other residents. Still, it's the day-to-day efforts that make a lasting difference. These can take the form of fostering one-on-one relationships, conducting continuous in-home training, facilitating active lifestyles, and making sure everyone is encouraged and empowered to make a difference in the lives of their peers.

"Relationships are so important, so we really do encourage residents and staff to facilitate those smaller one-to-one programs, or very small group activities, where people can have the time and opportunity to get to know each other in that intimate setting," says Lender. "Every person in every long-term care home has a story, a full life of experiences, and a full sense of personhood that deserves to be known and celebrated. That's where empathy is born, and that's where the collective voice through Residents' Councils thrives."

Sharron Cooke, President of the OARC Board of Directors, believes wholeheartedly in the value of including all residents in the operations of a home. For her, publishing education articles in OARC's Seasons newsletter, leading training initiatives in her own long-term care home, and engaging residents with cognitive impairments have contributed to a greater quality of life.

"We recently invited a gentleman who has cognitive changes to be part of our Residents' Council Leadership Team, and while we know it's going to be a challenge, I try to remind our team that it's OK if he forgets something today, he'll remember something else tomorrow," she says. "He has good input and I know he is going to be able to help. Being on the Council's leadership team will give him a purpose, which will help him feel good about himself."

What's important, adds Cooke, is understanding that all residents come to the table with different strengths, and that homes can benefit greatly when those strengths are identified and the needs of everyone are communicated.

Lender agrees, emphasizing, "If you have a resident who can't advocate for themselves, or can't express what they need or want, then we as staff and other residents need to build relationships with them so we can be their voice." LTCT

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