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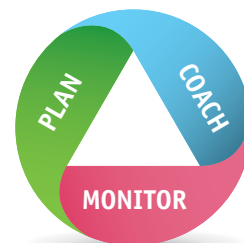
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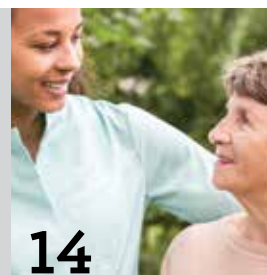
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LONG TERM CARE TODAY

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On the cover:

Long-term care resident Lillian Gibson with her daughter Beverly Lipton.

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

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Showcasing quality and innovation

BY CANDACE CHARTIER

What makes a great long-term care home? Who has made significant strides in improving quality of care? And which new product or service is making a difference to care?

Every year, judges of the Ontario Long Term Care Association's Quality and Innovation Awards are faced with these questions. They review detailed submissions from dozens of Ontario long-term care homes and affiliated members, showing how they have implemented significant improvements in quality of care, created a more resident-centred culture, launched a positive new product or service, and much more.

In this issue, we shine a spotlight on the 2015 award winners – both what they've achieved, and how they did it.

Often, it was the vision and leadership from one person that started the change. Here are some of this year's leaders:

- **Cathy Cook** is the Administrator at Caressant Care Ferguson, which was nominated by its residents for the 2015 Culture Change Home of the Year Award. Cook and her team took a home that was struggling nearly 10 years ago and turned it into a positive, friendly environment that is focused on residents' needs and wants, and provides a supportive and open-door culture for staff. (Page 18.)
- **Dian Shannon**, Executive Director at Telfer Place in Paris, Ontario, along with her Quality Team, worked with staff

to create a resident-centred environment that has a "laser-like" focus on quality of care. The results included an end to internally acquired wounds and a significant drop in antipsychotic medication and resident falls. Staff at Telfer Place received the Quality Improvement Team of the Year award. (Page 16.)

- **Ron Schlegel**, Schlegel Villages founder and Chairman, had a vision to bring together long-term care, research and education in one innovation centre to enhance quality of life for seniors. Twenty years later, that dream has become the new Centre of Excellence for Innovation in Aging. Ron Schlegel and his organization received a special award of recognition for their significant leadership in the field. (Page 32).

We celebrated these and many other achievements at our 2015 awards gala last November. One of my favourite moments from the ceremony was when members of the Ontario Association of Residents' Councils (OARC) presented the award for Culture Change Home of the Year to Cathy Cook. After explaining why they chose the home, they praised Cathy for creating an environment that "sounds like a good place to live."

Simple words, but so powerful. All our work in quality and innovation, in enhancing quality of care and ensuring resident-centred care, is towards that same goal. "A good place to live" is what we're all about. [LTCI](#)

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

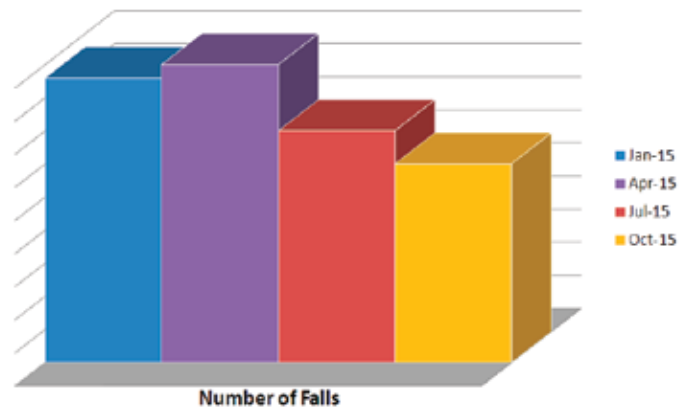


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Long-Term Care Home of the Year

The O'Neill Centre stands out as a shining example of how technology can help deliver quality care

The O'Neill Centre's commitment to continuous quality improvement (CQI) and its use of cutting-edge technology are among the key factors making the Toronto long-term care home a preferred location for people to both live and work, say its staff members. The facility has done so well in this regard, it was recently awarded OLTCA's 2015 Long-Term Care Home of the Year Award.

Focusing on continuous quality improvement is crucial to providing the best possible experience for long-term care residents, and the O'Neill Centre has made great strides over the years to ensure its place as a sector leader in creating programs and enhancing processes to better residents' lives, says Cheryl Ho, the home's Manager of Clinical Informatics.

Falls prevention and skin-and-wound care are areas in which the home has made significant inroads in quality improvement, Ho notes. The home has adopted the Falling Star initiative, which is a program that identifies residents who are at high risk of falling by placing decals of falling stars on their doors. Staff members can then use appropriate interventions to ensure residents' safety. Restorative care has also helped with falls prevention, adds Ho, noting that the O'Neill Centre has

a wide array of state-of-the-art exercise equipment to improve residents' strength, mobility and balance.

In terms of skin and wound care, the O'Neill Centre has formed a special quality initiative committee called the Pressure Ulcer Prevention Process Improvement Team (PUPPIT). The team continuously assesses skincare processes to reduce the incidence of home-acquired pressure ulcers. It has also rolled out a "stop-and-watch" program, which is used in personal support workers' point-of-care documentation to alert staff members of any changes in residents' skin health.

Eye on technology

Staying on top of the latest technological trends and adopting state-of-the-art systems to improve quality of life for residents has also helped the O'Neill Centre become a sector leader, staff says. "We live and breathe quality improvement on a daily basis in the home, engaging our staff, residents and all of our stakeholders to make improvements for optimal care," Ho explains.

In 2005, the O'Neill Centre became one of the earliest Ontario long-term care homes to adopt RAI-MDS, the computerized point-of-care resident assessment tool that's now the gold standard in the sector. The home has

recently taken this system to the next level by replacing large screens at the point of care with iPods and iPads for frontline staff members to enter resident data.

The O'Neill Centre also has a partnership with the University of Toronto's Institute for Robotics and Mechatronics, which is developing a robot to lead resident programming. The current phase of the project has the robot, named Tangerine, leading a bingo for residents. Residents have been engaged in the project by practising with Tangerine to help researchers write its programming.

As a testament to the home's focus on technology, the O'Neill Centre received an "exemplary conformance" award from CARF Canada during its June 2015 accreditation for its partnership with the university and for utilizing technology.

While O'Neill Centre's focus on quality improvement and technology has helped enhance quality of life for its 162 residents, having the right people working in the home has perhaps had the greatest impact, says Program Manager Margaret Bawol. "We are here for the right reasons – to make sure that the residents are happy and safe, and everyone here is happy to be working here," she says. **LTCT**



**Recipient of OLTC's
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Photo credit: The O'Neill Centre Leadership Team

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Quality Improvement Team of the Year

Culture change leads to strong quality improvement and person-centred care at Telfer Place



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Dian Shannon had a vision when she became Executive Director at Telfer Place in 2011: to enhance residents' experience at the Paris, Ontario long-term care home by improving care in key areas. She

aimed to accomplish this by empowering frontline staff to create a more resident-centred culture.

The plan worked, and the home's collaborative efforts in this area garnered

it OLTC's 2015 Quality and Innovation Award for QI Team of the Year.

During the four years following Shannon's arrival, the 45-bed home drastically improved its quality indicators. There were no more internally acquired wounds, and incidents of residents experiencing worsening pain declined from 40% in 2014 to zero in 2015. The rates of antipsychotic medication administration and resident falls were also significantly reduced, and restraint use was maintained at 0%.

These successes have been accomplished thanks to what Shannon calls staff members' "laser-like focus" on improving quality care for the home's residents. "You get much better outcomes with resident care, with staff engagement and with family satisfaction when you have a person-centred care culture in your home," she says.

When Shannon arrived at Telfer Place from another Revera Inc.-owned long-term care home four years ago, the home's quality indicators needed improvement. There was also a history of top-down hierarchy where management made all the key decisions that were handed to frontline staff to execute. Shannon, on the other hand, is a trained facilitator in the Franklin Covey 4 Disciplines of Execution process, which is largely focused on

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creating a vision and then developing steps to carry out that vision. She trained every staff member at Telfer Place in the process.

Setting goals

Once staff members were trained, they worked with the home's management to set quality improvement goals, designate roles and create plans to accomplish tasks. "That was every single person in the home saying, 'I am dedicated to this, and this is what I am going to do to make a difference,'" Shannon says, adding that managers listening to staff members and following through on their suggestions has also been an important part of the home's culture change. "We say 'yes' as often as possible to staff ideas because they know what is affecting outcomes on a daily basis."

One of the first tasks the home focused on was curbing the incidence of internally acquired wounds, which affected 25% of Telfer Place residents. With every staff member now having the goal of reducing the number of internally acquired wounds, everyone

worked on creating a plan to see what they could do to eliminate them. For example, when it was noticed that a narrow doorway was causing lesions on residents' elbows, staff came up with the idea of having residents cross their arms when moving through the doorway in wheelchairs. As a result, skin tears on elbows were effectively eliminated.

The home also noted that 40% of residents had experienced worsening pain issues in 2014. Working collaboratively, managers and frontline staff noticed that pain was often coded incorrectly when tracking quality indicators. When everyone began working to improve coding, it became clearer which residents were experiencing worsening pain. From there, staff and management worked together to address each person's pain issues.

A person-centred focus also helped Telfer Place reduce falls by 7.8% between May 2014 and May 2015. Looking at each resident who had fallen, frontline staff began to see trends with some residents that led to falls. For

instance, if a resident was leaving their bed in the middle of the night – a time when falls often happen – it was usually because that resident was cold. To reduce the incidence of residents leaving their beds and risking a fall, frontline staff make sure they go to bed with warm socks and a sweater.

Telfer Place staff also reduced antipsychotic medication by 14.2% in 2015. Residents taking antipsychotic medications were given assessments. If it was determined that they needed to be taken off the medication, supports were provided by staff to help them cope after the medication was discontinued.

After four years of committing to culture change at Telfer Place, Shannon says the greatest learning experience has been the value of going to frontline staff members for answers. "We have a remarkable staff team – they know the residents inside and out," she says. "Instead of telling them what to do, we ask them what's going to make a difference, and that has made all the difference." [TCT](#)



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Culture Change Home of the Year

Staff at Caressant Care Fergus succeed in instilling a more resident-focused culture



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When Cathy Cook became administrator at Caressant Care Fergus in 2007, the first thing she wanted to work on with her new colleagues was changing the home's culture. Cook's goal was simple: she wanted to make Caressant Care Fergus a first-choice long-term care home.

Eight years later, Cook is confident she and the Caressant Care team have succeeded in that mission. So too are many in the sector: Caressant Care Fergus received the OLTCA's 2015 Culture Change Home of the Year Award. This stands as a testament to the home's success in creating a more resident-focused environment.

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There was a lot of work to do to get to this point. When Cook arrived, occupancy rates were at a low, staff morale was poor, resident focus was lacking, and the home had an institutional feel. So Cook and the Caressant Care Fergus team got to work creating a home that was focused on residents and provided a supportive, healthy atmosphere for staff members.

One of the first interventions that Cook introduced was the "staff huddle." Huddles are brief meetings for team members to exchange information on residents in order to enhance care. Before the huddles were implemented, communication was lacking between staff members from all departments, and also between nurses and personal support workers on different shifts, Cook says. "There wasn't that involvement for all of the departments, nor did we touch on education pieces. That's what the huddles became: an opportunity to have five- to seven-minute conversations about (resident care)," Cook notes. "It was education, it was training, it was providing tips, and it was also an opportunity to encourage the team to come up with ideas."

For instance, when residents have behavioural issues, staff members have a huddle to learn from each other. They discuss and learn of approaches that have been successful for other staff members in the past. "We would huddle, we would talk about it, and we would walk away feeling that we had better tools to work with that day," Cook says.

Focus on choice

In order to make the home more resident-focused, managers created a plan to provide residents with more choice. Caressant Care Fergus residents now have input into everything from how they get dressed and how their beds are made, to the food on each month's menu plan. During the holiday season, residents choose the home's decorations and decide on the dress code for in-home celebrations. "We have changed the culture so now absolutely everything is about what the residents want," Cook says.


Changing the culture at Caressant Care Fergus also meant changing the way residents interact with each other and with staff members. Today, new residents are formally introduced to those already living at the home and to staff members during their first meal. New residents are also given a welcome basket when they move into the home. "We also started creating friendships among the residents and encouraging them to go to each other's rooms," Cook says. "Residents were often only meeting in the hallways and during activities and mealtimes, but staff members now speak with residents to encourage them to knock on each other's doors."

One important factor in the culture-change process was staff buy-in. The management team needed support from everyone at the home for this to work. Cook says ensuring trust has been the key to getting staff members not only

to accept the change, but to encourage it. "I needed to ensure that every decision I made was about fairness and trust," Cook says. "Sometimes I knew the decisions I was going to make would not make the group happy, but I was always consistent."

Management showing staff members their appreciation is another important practice at Caressant Care Fergus. Sending thank-you notes and hosting pizza lunches, Christmas parties and service awards to celebrate successes and hard work happens frequently at the home – something that didn't happen before 2007. "I know other homes do these things, but they were not happening here – there was a very different climate before," Cook says.

Kim Leuszler, Caressant Care's Vice-President of Quality Improvement, says the changes Cook and the Caressant Care Fergus management team have implemented are apparent every time she visits the home. "We mouth the words 'resident-focused approach,' but the team at Caressant Care Fergus live it every day," Leuszler says. "This type of change that has happened at Caressant Care Fergus doesn't happen overnight. This has been a significant amount of work by that team for several years."

"What really jumps out for me is the resident experience," sums up Leuszler. "They're engaged and focused on so much. It is their home and they embrace that." 

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"We always say that Trinity has to be a good place to live and a good place to work, because if it's not then that emphasis on care won't flow down to the residents," says Debby Riepert, Trinity's Chief Operating Officer. "So, as we have best practices for caring for the residents, we also try to make sure we have best practices for caring for our staff."

These efforts have paid off in spades: aside from creating a more holistic working environment, Trinity Village Care Centre was also recently awarded with OLTCA's 2015 Workplace of the Year Award.

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the trust and tools to make the most of their everyday work experience. In practice, that means letting staff manage their own schedules online, opt for flex-time hours, and work off-site when appropriate. It also means giving staff access to Trinity's fitness programs and facilities, and inviting them to participate in year-round contests and community promotions such as the Alzheimer's Walk, Random Act of Kindness Day, and the company's own Annual Golf Classic.

Trinity also fosters an open and transparent workplace through an emphasis on communication and collaboration. It is constantly re-evaluating work policies based on staff feedback to ensure its employment guidelines are relevant to modern staff needs. Employees are encouraged to seek assistance when needed, and are kept up to date on organizational developments through regular meetings, bulletins and online communications. "We value everyone as an equal, and that's a rule we follow whenever decisions are made," says Riepert.


Personal development is another priority at Trinity. Staff are motivated to upgrade their skills and credentials at local post-secondary schools and share their knowledge with the team. Support is further offered by way of Trinity's educational fund, which helps offset the tuition costs for staff courses, and through Trinity's online MyTrainer program, which provides access to a wide range of training modules and educational resources.

Building on this, staff are empowered to participate in pilot health care projects. For example, they recently took the initiative to bring the Opening Minds through Art Program to Trinity, which is an intergenerational art program for people with dementia delivered through the Scripps Gerontology Center, an Ohio Center of Excellence at Miami University. Elsewhere, staff have been involved in numerous technological projects with local colleges and universities, and have cultivated a partnership with Waterloo Lutheran Seminary to provide accredited on-site Pastoral Care Education programs in affiliation with the Canadian Association of Spiritual Care – the first partnership of its kind at a long-term care facility.

Employee recognition is central to Trinity's workplace development. Annual gala dinners are held to reward exceptional work and celebrate career milestones, and an in-house praise report program is in place so that residents and colleagues can single out those who have gone above and beyond in their roles.

Altogether, Riepert says these workplace development initiatives have had a tangible effect on residents. "People always say there is a kind of 'hum' in

our halls. People are always smiling, staff are helpful and friendly, and there's just this vibe of life here that's hard to ignore."

As for receiving OLTCA's Workplace of the Year Award, Riepert says it was an honour to be selected and to have had the chance to celebrate with a number of Trinity staff at the awards gala. "What's great about this whole award is it was a testimony to what our team does and how we all work together, not just individually." 

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Giorgio Lupazzi
Nursing Home Director, Italy

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About TENA Solutions

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Our proven 3-stage approach



1. SCA data on file (staff questionnaires): All statistics are based on results from between 85-103 TENA Solutions case studies involving 913-1105 respondents (depending on question) around the world, mainly Europe but also USA and Canada. Results vary across countries and care homes. 2012-14.
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.

Putting Residents First Means Prevention First

Up to 80%
of LTC residents
are incontinent¹



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

IAD
is a risk
factor for
pressure
ulcer development³



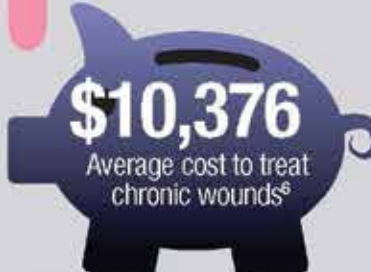
66%
of at-risk skin is not
being identified⁴



3.3%
is the percentage of Long
Term Care (LTC) Residents
whose Stage 2-4 pressure
ulcer worsened⁵

\$10,376


Average cost to treat
chronic wounds⁶



2014 15 16 17 18 19

34% PROJECTED
INCREASE
in wound care costs over
the next 10 Years⁷

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



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Evidence Based Protocols**

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decrease
in internally
acquired
skin
breakdown⁸

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decrease
in stage 2
pressure
ulcers⁹

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to decreasing
internally acquired
skin breakdown¹⁰




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Decreased incidence of internally acquired pressure ulcers by 57%¹⁰



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the incidence of skin breakdown?**

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Innovation of the Year

Connecting seniors to the virtual world of social media pays off in spades at Sienna Senior Living

It's a brave new online world for residents across Sienna Senior Living's network of long-term care and retirement homes. In 2014, the long-term care provider linked up with the Cyber-Seniors organization to help seniors make the most of today's online communication tools.

The program, also called Cyber-Seniors, was created to supply Sienna residents with the skills and confidence needed to use social media tools like Facebook, Twitter, YouTube and email. It does so by pairing them with tech-savvy high-school volunteers, who in turn are given the opportunity to make a difference within the community and foster their communication and life skills. The program has met with tremendous success, and in 2015 it was recognized with an OLTCA Innovation of the Year Award.

"(Cyber-Seniors) honours residents' desire for independence with unlimited access to explore topics of interest, learn new skills and be entertained," says Jill Gibson, Recreation and Leisure Consultant with Sienna Senior Living. "It's about helping residents to live life fully every day. With family members and friends living all around the world, it removes physical barriers to communication and allows residents to stay connected with friends and family."

Sienna is Cyber-Seniors' national senior care partner. The program was inspired by Macaulee and Kascha Cassaday's Cyber-Seniors

documentary, which follows the two high-school students as they teach their own grandparents how to navigate the Internet and acquire online skills. Following the documentary, Macaulee and Kascha wrote an official Cyber-Seniors training manual and recruited other students to mentor seniors in nearby retirement homes and have their own journeys archived on a dedicated YouTube channel.

The documentary also challenged the long-term care community to adopt similar programs within their homes and facilities. Sienna answered that call by reaching out to Cyber-Seniors to fund a screening of the documentary in Toronto and develop a program for its residents.

To help, Sienna enlisted students at the University of Toronto Health Sciences Faculty to assist in determining how the Cyber-Seniors program could be adapted for residents across all of the organization's houses and divisions. The university students spent eight weeks developing, testing and fine-tuning the program in close collaboration with Sienna's care communities. A resource manual was then created to guide Sienna in launching the program across all of its 57 residences and communities.


Wide appeal

At first, residents were reluctant to embrace the Cyber-Seniors program. Their attitudes were quick to change, however, when the student volunteers demonstrated how easy and safe it

was to use online communication tools to reach out to loved ones. The program has since drawn a large number of senior students and, as a side benefit, created genuine friendships between the seniors and high-school volunteers.

"Many true friendships have been established between the youth and older adults participating in the program," says Gibson. "Many youth have told us it is a meaningful volunteer placement experience, and once the program is completed, the youth are reaching out to volunteer in an ongoing capacity within the care communities. In fact, four out of 11 volunteers at one community reported they would explore careers in gerontology as a direct result of their Cyber-Seniors experience."

Awakening communities to the positive possibilities of life's next chapters has always been part of Sienna's vision. Now, thanks to Cyber-Seniors, that includes helping residents to bridge digital and generational divides.

Speaking on the recognition the program has received, Gibson says, "We are so proud and honoured to be recognized, and feel fortunate to be included alongside so many other recipients and nominees committed to quality and innovation in long-term care. We are excited to see this program continue to grow and blossom across the organization." 

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—Boise Samaritan Village

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—Rush University study

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See the *Enhancing the Bathing Experience* at www.ArjoHuntleigh.ca

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Best New Service of the Year

The Schlegel-University of Waterloo Leadership in Long-Term Care and Retirement Program wins accolades from participants and sector

The Schlegel-UW Research Institute for Aging (RIA) is a non-profit organization formed in 2005 with a mission to improve the quality of care for Canada's seniors through research, training and practice partnerships.

In 2015, it took a notable step towards this mission by opening its Leadership in Long-Term Care and Retirement Program to a larger audience following strong initial feedback. The program was recently recognized with an OLTC 2015 Quality and Innovation Award for Best New Product or Service of the Year.

Developed in partnership with Conestoga Colleges and Schlegel Villages, the 180-hour certificate program provides in-class and real-world training for retirement and long-term care professionals at all levels. It consists of weekly webinars, class training, and individual and group assignments – all of which take place within a seven-to-eight-month period, depending on students' schedules.

"We serve in an environment that is complex, has lots of moving parts, and is constantly changing. Today's leaders need to be flexible in providing support to their team, in developing and fostering authentic relationships, and at the same time in having critical thinking skills that result in successful outcomes," says Christy Parsons, Schlegel Villages' Vice President of Support Office Services. "The Leadership Program teaches a balance of leadership approaches and management services that successfully provides students with the skills and knowledge to do just that."

The program is designed to discuss and build upon six leadership capabilities that serve as the themes to its main courses. These include:

- **Aligning:** Making decisions that line up with an organization's mission, vision and values.
- **Serving:** How leaders can best serve the needs of residents, families and the organizational team.
- **Mobilizing:** How to mobilize human resources through effective team development.
- **Stewarding:** How to serve as a role model in the management of financial and physical resources (i.e., managing regulations and compliance, resident councils and the overall customer experience).
- **Connecting:** How to connect productively with colleagues, residents and stakeholders through effective interactions, conflict management, problem-solving and decision-making.
- **Improving:** How to continually enhance one's skills and leadership.

Skill development


To date, seven classes of 25 students have graduated from the program. According to feedback from student questionnaires taken before, immediately after, and six months following their completion of the program, graduates said they have benefited greatly from the courses and are continuing to develop their skills.

The program has also worked as a talent development tool for Schlegel Villages, which hand-selects 30 team members to participate each year. Next year, Parsons says Schlegel Villages plans to double that number to 60 with a second group

of students, noting, "Team members who are working towards transitioning into a leadership role feel much more confident in their skills and abilities.... It will be an exciting year of growth and new opportunities for many team members at Schlegel Villages."

As for the Leadership in Long-Term Care and Retirement Program itself, the aim is to continue promoting it throughout Ontario and Canada, while building upon the program's success. "We hope to create additional in-depth training modules on specific leadership and management issues for those who have completed the Leadership Program and are ready and interested in drilling deeper on concepts introduced in the program," reports Josie d'Avernas, Vice President of Schlegel-UW's Research Institute for Aging.

Receiving recognition with OLTC's Best New Service Award will help towards that goal, d'Avernas adds. "Through the Schlegel Centre for Learning, Research and Innovation, we are committed to getting this program to as many people and organizations as we can, and this award will help us get the word out so we can do that."

The Leadership in Long-Term Care and Retirement Program is supported by the Government of Ontario, which provides subsidized tuition through the Schlegel Centre for Learning, Research and Innovation in Long-Term Care. For more information, visit www.the-ria.ca/leadership-program/. 



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Centre of Excellence in aging opens its doors

First-of-its-kind innovation centre aims to enhance quality of life for Canadian seniors

It was around 2000 when Schlegel Villages founder and chairman Dr. Ron Schlegel first envisioned bringing long-term care, research and education together in one space. The aim was to create an innovation centre that would enhance quality of life for seniors. This inspiration came from working in seniors' care, mainly in long-term care homes, since 1969, following on the heels of his father who operated a home in London, Ontario.

Fifteen years later, the dream of an innovation centre became a reality. Located on the north campus of the University of Waterloo, the new Schlegel Centre of Excellence for Innovation in Aging, which is a partnership between long-term care provider Schlegel Villages, the University of Waterloo and Conestoga Community College, officially opened its doors October 30, 2015.

The new Centre is filling an important gap in geriatric research through the creation of a unique environment: a place where seniors live among researchers and students to exchange information and learn from each other. It physically connects a long-term care home with an on-site, state-of-the-art research and education facility.

The first phase of the \$367-million project includes a 192-bed long-term care home – the Village at University Gates – and the 30,000-square-foot Schlegel-UW Research Institute for Aging (RIA). The RIA is composed principally of a "living classroom" for learning amenities; several research laboratories for use by the Schlegel research chairs, other research scientists, post-doctoral fellows and graduate students from the University of Waterloo; and the Centre for Family Medicine Family Health Team.

The RIA was established in 2005 as a nonprofit, charitable organization with appropriate approvals from the provincial and federal governments for its nonprofit and charitable status.

Schlegel Villages' homes have adopted a "social model of active living" based on the RIA's research findings. The organization's long-term care homes are called "villages." Different areas of homes are "neighbourhoods." Hallways are "streets," and the signature town square is the centre point between the internal village functions and the external community of all ages.

Ron Schlegel and his son, Schlegel Villages' president and CEO James Schlegel, are enthusiastic about the potential that the Schlegel Centre of Excellence for Innovation in Aging has to make a difference to Canadian seniors – and



Ribbon cutting for the Centre of Excellence: Hon Dipika Damerla, Associate Minister of Health & Long Term Care; Dr. Ronald Schlegel, Founder and Chairman of the Centre of Excellence for Innovation in Aging; His Excellency the Right Honourable David Johnston, Governor General of Canada; Richard Potwarka, Resident of the Village at University Gates; Her Excellency Sharon Johnston; Hon Deborah Matthews, Deputy Premier

to make Waterloo, Ontario a mecca for geriatric research and innovation.

Enhancing quality of life

The centre, which is the first of its kind in Canada, is positioned to enhance quality of life for seniors because of its information-sharing model, the Schlegels say. The centre brings together educators, researchers and students from the University of Waterloo and Conestoga College to continuously engage with seniors to learn about their needs. The goal is to enhance elder care and call on their wisdom to foster change in the culture of aging.

"The vision is to bring the previously disparate worlds of academia, training and practice together and have them inform each other, so that research can drive innovation on the ground and improve quality of life, and also to have long-term care homes and other seniors' settings across the country inform education and research in return," James Schlegel says.

A unique aspect of the centre is the "living classroom," which is an experiential educational model for registered nursing, registered practical nursing and personal support

worker (PSW) students. Classrooms, skill labs and simulation labs with computerized mannequins are built into the Village at University Gates where students, instructors and residents work collaboratively.

Through this model, residents from the Village at University Gates are encouraged to sit in on classes and provide input about approaches to care that are most beneficial to them. The residents are also asked about the changes they would like to see in their care. "It allows the residents to maintain an active life purpose by being involved in the living classroom," Ron Schlegel says.

"Changing the culture of aging" is another area in which the centre aims to enhance seniors' care. The long-term care sector as a whole has worked hard to change the culture of aging, but there is always room for improvement, Ron Schlegel adds.

The "social model of active living" aspect of Schlegel Villages' long-term care, retirement care and independent apartment living is an important part of the organization's culture. "This means we're keeping seniors active – it's not nurses doing things for residents, it's empowering residents and getting them involved in things so they maintain a lifelong purpose and life engagement," Ron Schlegel says.

Now that the RIA and the Village at University Gates are physically connected to each other at the Schlegel Centre of Excellence for Innovation in Aging, the long-term care home's residents will be encouraged to act as "tutors" to students and researchers. "Seniors are a fountain of knowledge and wisdom which is largely untapped as a major resource in our country," Ron Schlegel says. "At our Village of Riverside Glen in Guelph, we have trialled the living classroom for the past five years, and we have seen the benefits of resident tutoring if given the opportunity."

The creation of the Schlegel Centre of Excellence for Innovation in Aging comes at an important time. People 65 and older are the fastest growing age group in Canada, and one-quarter of Canadians will be 65 or older by 2036, according to projections from Statistics Canada.

Community hubs


The Centre of Excellence has a role to play in the future of seniors' care. But given that only about 20% of seniors reside in long-term care or retirement communities, Ron Schlegel says the challenge will be reaching out to seniors living at home so they can also experience the many benefits that seniors within the Villages are already experiencing.

A solution to this challenge will be for Schlegel Villages to become community hubs so that all seniors in the community can benefit from the knowledge the organization gains through the Centre of Excellence. This is something that is already top of mind for Schlegel Villages, Ron Schlegel says. "We have been working at extending our continuum-of-care model, with its strategic town centre, into the villages becoming community centres for 20 years already,

starting at Winston Park and our other early-built villages," he explains.

Five years ago, Dr. Linda Lee developed the Memory Clinic at the Village of Winston Park and proved its success in utilizing primary care doctors for dementia care, rather than referring these seniors to more costly geriatric specialists. This model has now expanded to more than 70 such Memory Clinics across Ontario, illustrating how the community centre model can be expanded proactively into a community hub.

"In the future, we're going to be adding many more research chairs and more research teams working on various areas to improve quality of life for seniors," James Schlegel notes. "The RIA itself has ambitious goals of having international impact and being one of the 'Top 5' innovation centres for aging in the world. Our hope is to not just drive innovation domestically, but to also be a knowledge exporter to the world."

The Schlegel Villages and the Schlegel-UW Research Institute for Aging were recognized with a special award at the 2015 This is Long Term Care Conference in recognition of the grand opening of the Centre of Excellence for Innovation in Aging and significant contributions to the sector. 



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Winning innovations

An impressive trio of new products and services wows the judges at OLTC's 2015 *Innovators' Den*

Inspired by the popular *Dragons' Den* reality television series, OLTC held its own *Innovators' Den* at the 2015 This is Long Term Care Conference.

Participants were given an opportunity to pitch their best innovations – be it a product, technology or idea – to a panel of industry experts. The presentations were divided into three streams: Discovery, Scale and Spread, and Commercialization.

Following the participants' presentations, a panel of "dragons," together with audience members, voted on the winning innovations. They were looking for concepts that would support long-term care in providing more timely, effective or resident-centred care.

Three deserving winners were chosen. The winner of the Discovery stream was Sensasure, a continence man-

agement product that was trialed last year at Revera's Telfer Place. The trial and the imaginative team of young graduates that developed the product were featured in the Fall/Winter 2015 edition of *Long Term Care Today* ("If we do not try, we will not learn," pg. 32).

Below we offer a glimpse into the winning propositions for the remaining two streams: Scale and Spread, and Commercialization.

SCALE AND SPREAD

PREVIEW-ED®: *An Innovative tool that predicts decline in institutionalized elderly*
Presented by Marilyn ElBestawi, University Health Network

Transferring long-term care residents to and from hospitals can be stressful, time-consuming and costly. Marilyn ElBestawi has researched the impact of these transfers and developed PRE-

VIEW-ED®, a simple and effective tool that can prevent avoidable hospitalization among this vulnerable population.

PREVIEW-ED® takes just eight to 15 seconds per resident, per day, to complete and is designed to be a fast, user-friendly part of a personal support worker's (PSW) care routine. Since PSWs are familiar with the long-term care residents need in their normal state, the tool helps them identify subtle changes and symptoms of health decline and to then take appropriate steps based on a research-based scoring metric. Identifying these subtle changes can therefore reduce the transfer of residents to the emergency department.

"PREVIEW-ED® was designed for use with PSW input," explains ElBestawi, who is on contract with the University Health Network. "It's only one-page long, easy to understand, and the instructions for use are simple. Most PSWs can easily complete the tool after a 30-minute education session is completed."

In a pilot test with 66 residents over a three-month period, PREVIEW-ED® resulted in a 57% reduction in emergency department transfers for avoidable conditions. Based on the pilot, it is estimated that the tool could save approximately \$514,000 (6,000 long-term care beds) a year if implemented on a Toronto Central Local Health Integration Network-wide basis, and \$6.2 million (75,000 long-term care beds) if implemented provincially.

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Both the Ontario Brain Institute and the Canadian Foundation for Health-care Improvement have expressed an interest in supporting the implementation of PREVIEW-ED®. ElBestawi hopes to conduct additional pilot tests and build on its *Innovation Den* success to find future partners. "Most people who hear about or see PREVIEW-ED® agree that it is timely, easy to use, quantifies the degree of decline, and leverages PSWs who provide about 70% of the direct care in long-term care facilities. Once additional tests are done, it will likely rest with provincial bodies to determine the value of recommending/mandating the use of PREVIEW-ED® on a broader scale."

COMMERCIALIZATION

Pathways: *A comprehensive singing program for memory care*
Presented by Bev Foster,
Room 217 Foundation

Room 217 Foundation created the Pathways music-making program to enhance the quality of life and care for people living with dementia through the holistic benefits of singing. Judging by the real-world results so far, it's hitting all the right notes.

"We know that music – and particularly singing – activates and reforms those neural pathways in a fairly quick way," says Bev Foster, Room 217's Executive Director. "That's why Pathways works. The singing and the speaking pathways in the brain are fairly distinct, so what might be lost with words might not be lost with singing."


Pathways was developed in collaboration with researchers, focus groups and beta testers. It is delivered through a series of colourful and interactive musical episodes based on themes such as Journeys, Inspirations and Seasons. Each theme features an on-screen singing expert who takes participants through a breathing warm-up, singing familiar songs and moderate movements. Colourful and captivating cuing images are also used for memory prompts.


"From a practical standpoint, Pathways is ready-to-use and easy to conduct, so as a personal care worker you don't have to have musical expertise

to lead it," explains Foster, who also recommends viewing the short, online training tutorials that come with the program.

Pathways was first piloted in more than 20 long-term care homes in 2011 and officially launched in November 2015. According to early adopters, the program has been beneficial in improving resident socialization, enhancing responsiveness to music, reducing

agitation and negative behaviours, and improving overall communication. "We're pretty excited about the results so far," says Foster. "The uptake has been terrific."

Room 217 plans to build on Pathway's success with new episodes, multilingual options, and larger program distribution. You can discover more about the program at www.room217.ca/pathways. 




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Reducing stigma

Changing the way we talk about aggression and long-term care

By Maggie Gibson, PhD

According to 2015 CIHI data, nearly half of long-term care residents in Ontario, many of whom have dementia, show some form of “aggressive behaviour.” But are we using the right words to describe what is happening?

Use of the term “aggressive behaviour” comes from the RAI-MDS computerized data system that homes use to monitor the health of their residents and quality of care. If you are a staff member and see a resident behaving in a way that is verbally or physically abusive, socially inappropriate and disruptive, or resisting care, you record it in the RAI-MDS computerized data system as such, and those sub-categories get rolled up in a summary under the category that is labelled “aggressive behaviour.”

While people who work in long-term care know what “aggressive behaviour” means in this context, the public doesn’t. What the lay public knows is that in the English language, “aggression” means behaviour that is motivated by intent to harm. An intention to harm is seldom the motivation for the incidents in long-term care that are classed as verbally abusive, physically abusive, socially inappropriate or disruptive, or as a result of resisting care. We need to take a closer look at this use of language in order to accurately reflect what we are seeing in long-term care residents and to help reduce the stigma that afflicts both residents and long-term care homes.

There are at least three different behavioural motivations collapsed within the generic “aggressive behaviour” category. One is indeed raw aggression with the intent to cause harm. This behaviour is within the range of human emotions that can be expressed by people who are living in long-term care as much as by anyone anywhere. It’s important that we don’t lose sight of the fact that there are people who come into long-term care with aggressive behaviour patterns, and admission to care doesn’t automatically change this way of interacting with the community in which they find themselves. Such behavioural histories need to be identified and carefully addressed in the care plan to ensure the safety of other residents

and staff. It’s important to not whitewash or ignore this possibility in favour of stereotypes of age or frailty.

More commonly, however, behaviour that is labelled as “aggressive” in long-term care is either defensive, i.e., a response to a (mis)perceived threat, or instrumental (also termed “responsive”), i.e., an effort to communicate an unmet need. Unfortunately, defensive manoeuvres and responsive behaviours are not always that easy to identify; they can be motivated by complex interactions among emotion, personality and experience. Moreover, these motivations are expressed in a situation that is complicated by disease processes and an unfamiliar environment. Long-term care residents are seldom able to explain, “You approached me to do something that I didn’t want to do or you frightened me, and in the absence of having a better behavioural repertoire at this point in my life, I lashed out at you.”

We do a disservice to individuals who live and work in long-term care and to members of the public who seek to understand the nature of this unique environment when we use the term “aggressive” to describe a grab bag of differently motivated behaviours.

For example, family members may respond differently when they are told that their mother is aggressive, than when they are told that their mother is hitting out during care because she’s frightened and we need to figure out how to give her a shower differently, or because she can’t tell us she is cold, and we need to figure out how to read her behaviour better. Similarly, when the public is told that there are high rates of aggression in long-term care facilities, they may respond differently than when they are told that there are low rates of actual aggression (intentional harm), but higher rates of responsive and defensive behaviours that are associated with the physical and mental conditions for which residents need care.

Why people stigmatize long-term care

I am sure many readers will have heard (or said), “I’d rather die than end up in a long-term care facility.” What

are they saying about the more than 100,000 people in Ontario who live in long-term care facilities? This oft-heard sentiment says more about our fear of frailty and decline, laced with apprehensions about quality of care, than it does about the concept of residential care per se.

Like you, I want to be healthy, to live where I choose, and eventually to die peacefully at some very senior age. However, if it doesn't turn out that way and I end up needing lots of help, I want a good long-term care home to take me in. A good long-term care home is going to be one that understands the nuances of my changing behaviour in light of my declining capacity for self-expression, emotional regulation and adherence to social conventions, as well as my capacity to understand and control my environment. A good long-term care home is going to be one where my responsive, defensive – possibly even aggressive – behaviours are accurately interpreted and addressed with compassion and skill.

Not everybody travels the “successful aging” route that we all aspire to. Media images of older adults who are aging successfully – healthy, happy, financially secure and socially engaged – are everywhere. Popular visions of old age give short shrift to potentialities like memory loss and behavioural symptoms that may emerge and alter your ways of interacting with the world around you. Long-term care facilities should provide a compensatory environment where you can be supported and accepted as you are and where you can have a good quality of life, regardless of how close or far you are from the idealized vision of successful aging.

We stigmatize those who need the services of a long-term care home to age as well as when we over-conflate mental and physical health problems with living environments. To make a headline issue out of the fact that people in long-term care exhibit more of the behaviours that are symptomatic of the conditions that cause them to need a residential level of care is a circular argument – that is why they are there.

Lots of things happen to people over the course of a lifetime, and the health care system should be designed to provide the right services at the right time and place and in the context needed. One of the things that can happen to people is the emergence of behaviours – representing various motivating factors – that must be addressed for a variety of reasons. We can move the care agenda forward by ensuring the language we use to talk about those behaviours, both inside and outside long-term care homes, reflects the best of our capacity for understanding, clarity and compassion. **LTCT**

Psychologist Maggie Gibson, PhD is Clinical Adjunct Faculty in the Department of Psychology at Western University. She has interests in the role language plays in creating or reducing stigma and in long-term care.

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