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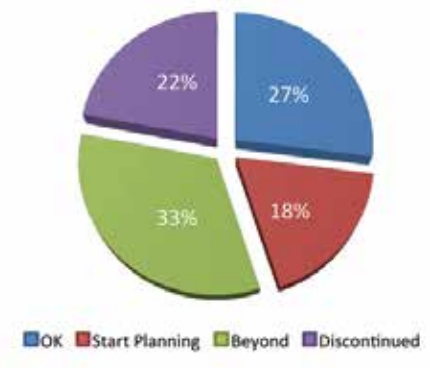
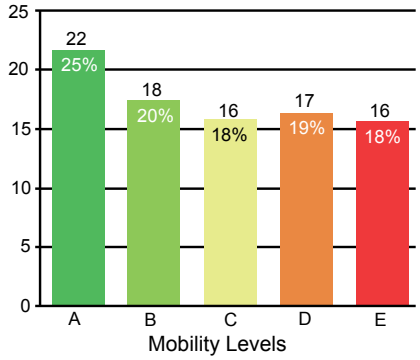


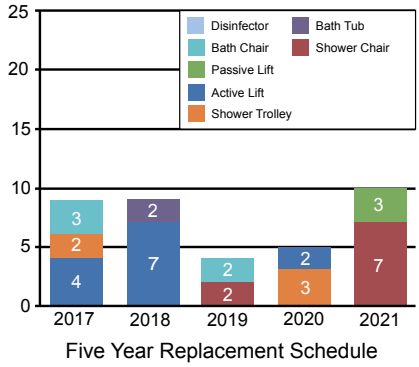
ArjoHuntleigh's full assessment of your inventory and the needs of the facility, residents and staff, results in individualized recommendations for capital planning. The age analysis helps determine the capital replacement plan for future years.

RESIDENT PROFILE BASED ON MOBILITY GALLERY



ArjoHuntleigh's Resident Mobility Gallery is used to analyse the resident mobility needs of each facility. The recommendations are based on the mobility needs, care activities and staffing requirements for your facility.

EQUIPMENT STRATEGIC PLAN



Based on the information gathered and utilizing the 'industry best practice' guidelines, the ArjoHuntleigh ProACT capital plan is developed to help you acquire state-of-the art technologies and improve and optimize patient and resident care.

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LONG TERM CARE TODAY

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SPRING/SUMMER 2017

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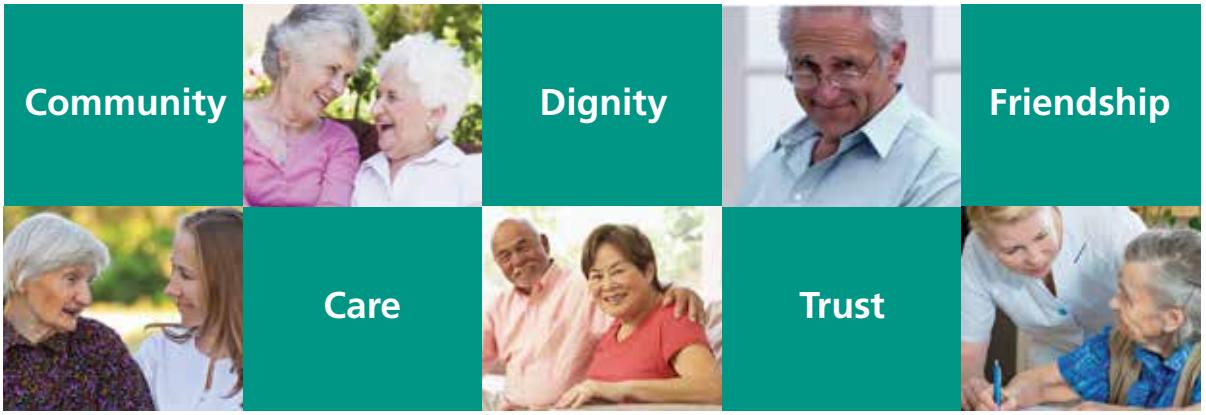

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Electrical Safety Authority

Good news about long-term care

BY CANDACE CHARTIER

There has been a lot of public debate recently regarding the safety of long-term care in Ontario. I've been talking to reporters, trying to set the record straight. Ontario's long-term care homes deliver exceptional care, and statements that suggest otherwise are unacceptably misleading.

Those of us who work in long-term care know that homes are safe, caring places for today's seniors – and I'm pleased to say that the evidence backs this up.

Inspections

Long-term care homes in Ontario are required to follow what is recognized as the toughest piece of long-term care legislation in North America, the *Long-Term Care Homes Act*. We're inspected against that Act through rigorous and unannounced government inspections.

In 2016, Ontario's Ministry of Health and Long-Term Care did an analysis of several years of long-term care inspections and the findings showed that the vast majority of homes are doing well on their inspections.

Quality improvement

Health Quality Ontario, the province's advisor for health system performance, praised long-term care in 2016 for making big strides in quality improvement and described this as a "bright spot" for the province's health care system.

In just five years, restraint use has dropped by more than half. Overall, 50% fewer residents are experiencing pain. And 35% fewer residents are taking antipsychotics.

This has all taken place at the same time as our population of residents has become more complex. It's been a Herculean task for staff, and you've risen to the challenge.

Specialized teams

There are two types of Behavioural Supports Ontario (BSO) teams funded by the province – those located directly in long-term care homes, and mobile teams that visit homes as needed.

The Ontario Long Term Care Association conducted an analysis in 2016 that showed homes with in-home BSO teams have lower rates of severely aggressive behaviour, antipsychotic use, and restraint use. Other research shows they are more successful in supporting a resident-centred culture. A research paper on these findings was just published; you can read more on page 29.

These in-home teams are a good news story about long-term care. They make a significant difference, and we're urging the government to fund a team in every home in the province.

Quality and Innovation Awards 2016

There's clearly an explosion of culture change and quality improvement happening across all homes in Ontario. We saw this in the high-quality submissions to last year's Quality and Innovation Awards program. Our judges – including academics, government officials, and seniors' advocates – were impressed.

In the process of tackling quality improvement, homes are shaking up the old institutional model of care in a major way. We're shining a light on the work of these extraordinary 2016 Quality and Innovation Award recipients, starting on page 14.

As you'll see, the result has been not only improvements for their residents, but often enrichment of their own work lives as well. Keep up the great work. LTCT

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

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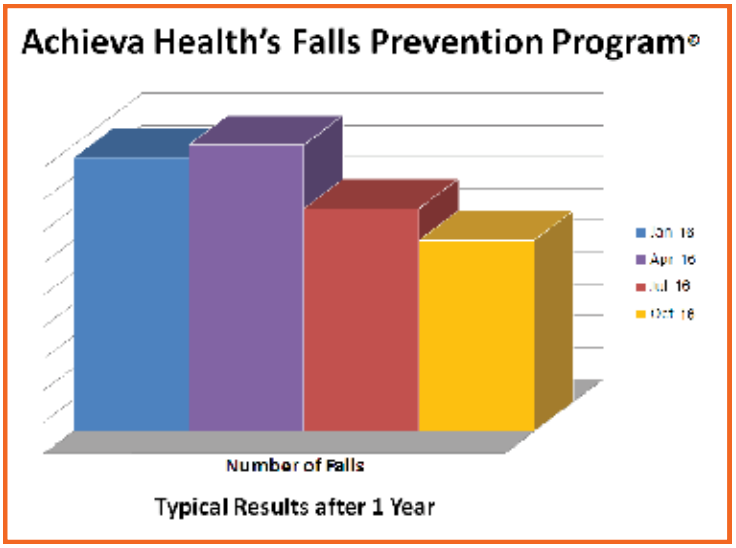
- Back Education & Injury Management
- Staff Workplace Wellness Program
- Ergonomic Programs



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Resident-Centred Home of the Year

A move away from traditional long-term care practices helps create a warm, nurturing environment at Bloomington Cove, a Sienna Senior Living home

The *Resident-Centred Home of the Year award* is unique within the Ontario Long Term Care Association's quality awards program. Unlike other awards, homes are nominated by the residents, with the final selection made by residents from the Ontario Association of Residents' Councils.

Receiving the Quality and Innovation Award from members of the Ontario Association of Residents' Councils

At Bloomington Cove in Stouffville, every resident has a diagnosis of dementia. The home has made it a priority to provide person-centred care by moving away from traditional long-term care practices, and empowering staff to provide a high quality of life to each resident.

Changing the environment

Bloomington Cove has made their building as home-like as possible within the financial restraints of long-term care. There is no paging system, no equipment in corridors and no nursing station, but rather a private office which allows for respect and privacy. Each home area has its own dining room, where the focus is on offering a pleasurable approach to dining. Resident room doors are closed to respect privacy and everyone always knocks before entering.

Each home area team – nursing, programs, dietary and housekeepers – shares their input on the best way to provide quality of life. Their goal is to work together to provide nurturing, warm, caring relationships with the residents.

Truly knowing residents

Bloomington Cove starts by engaging the resident and family at the time of move-in. Staff ask questions to get to

know each resident, and this information is kept top of mind with a plaque in each resident's room called "My Life's Journey."

The home typically has 12 to 14 residents experiencing a difficult phase of their disease process. All staff contribute to problem-solving and decision-making to help them. Every day, each home area team, including dietary, programs and the housekeeper, meet to discuss these residents and what they need. Everyone then knows who needs special attention, and how to provide it.

Hush, No Rush

The goal of Bloomington's culture change was to switch from caring for residents according to staff's schedules and routines, to caring for residents according to their lifetime practices and habits.

A Hush, No Rush approach reminds staff to adjust the way they deal with residents, programs and physical space. This includes supporting natural wake-up times. Staff also offer choices of meals, clothes, programs and bathing. Caregivers cannot be task-oriented; flexibility is a must. Another goal is to avoid unnecessary noise and normalize activities such as folding towels and sorting utensils.

Reducing responsive behaviours

Bloomington Cove uses the Gentle Persuasive approach as a compassionate way to respond respectfully and skilfully to challenging behaviours. The home also strives for continuity of care, ensuring the same staff care for residents whenever possible. This results in increased feelings of comfort for residents, and a decrease in challenging behaviours because consistent caregivers know how to avoid behavioural triggers. They also develop meaningful relationships with the residents in their care, which is at the heart of person-centred care.

Staff continuously try new programs, therapies and care techniques in an effort to individualize care and improve the resident's quality of life. Craniosacral treatments have resulted in the reduction of antipsychotic medications and have improved speech, appetite and sleep. Doll therapy is a particular source of comfort to residents who have difficulty falling asleep and for those who experience continuous pacing because of their disease process.

The result of their shift to person-centred care, says the Bloomington Cove team, is that residents are happy and safe, families feel trust and comfort, and staff members experience a sense of satisfaction and pride. LTCT

For more information, contact **Janet Iwaszczenko,** Executive Director, Bloomington Cove, at janet.iwaszczenko@siennaliving.ca.

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Quality Improvement Team of the Year

A team at Responsive Health Management succeeds in reducing pressure ulcers

Residents, families and staff are aware that pressure ulcers are painful, slow to heal, and are often seen as an indication of poor quality of care. No one wants to see a resident develop pressure ulcers, but the root causes aren't always clear. When a team at Responsive Health Management decided to tackle this issue, they were able to cut the number of pressure ulcers by half in just one year.

The management team knew from their research that gaps in education and training are often reasons why pressure ulcer prevention best practices are inconsistently applied, audited and evaluated. In addition, there can be gaps in the quality and consistency of skin checks and skincare for fragile and ulcer-prone skin, delays in catching early redness before ulcers start, and challenges in communication – between shifts and among interdisciplinary teams.

In May 2015, three of Responsive's long-term care homes started a process improvement project to reduce the incidence of pressure ulcers. They established a special group, the Pressure Ulcer Prevention Process Improvement Team (PUPPIT), which used LEAN methodologies to assess the situation and determine what steps to follow.

Changes to their wound management program as a result included new training modules, having skin and wound rounds take place at the bedsides of high-risk residents, and empowering personal support workers (PSWs) to use iPod cameras to report changes to residents' skin. But the process itself also revealed some insights on change management that Responsive would like to pass on to other homes:

- **Make sure your data is accurate.** There were some different interpretations of wound staging among staff, and that was reflected in the data and team communications. The team provided consistent education around how to assess the stages of a wound, how to code this correctly in MDS, and how to share the information in wound rounds.

- **Ensure the existing program is being followed.** Don't assume a process improvement is necessarily needed. Check first that everyone knows and is following your protocols.

- **Include frontline staff in the process improvement initiative.** Including PSWs and registered staff from all three homes on the team was very important to the management team. These people provided valuable insight into the current state of pressure ulcer care, and opportunities for improvement. They also championed the changes with their colleagues.

- **Have a sustainability plan in place and execute the plan.** People come and go, and management teams have heavy workloads. Policies, training documents and audit programs should all be updated where appropriate to reflect the change ideas adopted as a result of the initiative. That's the way to ensure they will be followed in the future.

- **If process improvement is new to the team, factor in time to teach it.** If this skill is new to the team, then be sure to build in teaching and practice time.

Staff continue to have a high level of awareness around early detection of pressure ulcers, the PUPPIT team says, and the new process they developed is being applied to other quality improvement activities in Responsive homes. LTCT

For more information, contact **Cathy Fiore,** Director of Operations and Quality, at cathy.fiore@responsivehealth.ca.

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Workplace of the Year

The Village of Wentworth Heights, a Schlegel Villages home, embraces a multi-faceted approach to engage team members

Stock photo

What if everyone went to work every day with the sole purpose of figuring out how to deliver a great day? What if they approached problems from the perspective of thinking about "what's getting in the way of the resident's quality of life, and what can I do to solve the problem?"

The Village of Wentworth Heights has worked diligently to engage team members in decision-making, program and quality initiatives that help put living first for residents and move towards a more social model of care and support. To do this, they used a variety of strategies.

Team autonomy

Staff are empowered to make decisions at the unit level because they know residents the best. Team members participate in an education program designed to equip them to make decisions around how to support resident-centred care.

Bedside Blessings

After a resident passes away, the team comes together to share stories in a program called Bedside Blessings. This provides an opportunity for team members to grieve together and acknowledge the deep relationships that develop in the home.

Neighbourhood Mentor program

Team members volunteer to serve as mentors who help orientate, train and bring new team members on board. They are also involved in the initial recruitment process and interview panels. This peer-to-peer program has been successful: the Village of Wentworth's turnover rate in 2015 was 0.7%.

Team member education

Team members have been selected to attend conferences and provided with travel opportunities. The Village also provides training on facilitation skills to make sure they are comfortable in sharing their education opportunities with other staff.

Shared activities

Team members and leadership host events such as Breakfast with Santa, Family Day events and Bring Your Pet to Work day to help develop relationships among the team members.

Lessons learned

In their journey to create a workplace where team members are active ambassadors, the Village of Wentworth Heights learned a few key lessons to share with other homes.

1. **Take small steps and move slowly.** Don't take on too many initiatives at once and engage team members in the process of determining what should be a priority. Sometimes what the leadership thought was a priority wasn't one for the team members.
2. **Focus on team building, developing trust and role clarity.** Get everyone involved, but really work to encourage and engage the "right people." They will effectively communicate with the rest of the team.
3. **Empower teams to make decisions, be prepared to take risks and encourage courage.** Accept that there will be mistakes along the way and learn from those experiences.
4. **Encourage team member personal growth and development.** Be prepared to work alongside and provide coaching opportunities for team members. This helped the leadership to build trust with the team and demonstrated that they were committed to supporting their unique needs.

The roles of frontline team members in long-term care can be challenging, says the management team at the Village of Wentworth Heights. They believe the role of leadership is to provide an environment where frontline team members can thrive and to remove barriers so they can provide the best resident-centred care. LTCT

For more information, contact **Vanda Koukounakis,** General Manager, at Vanda.Koukounakis@schlegelvillages.com.

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Innovation of the Year

Southampton Care Centre, a Jarlette Health Services home, successfully challenged myths surrounding side rail safety

A resident likes to make her own bed now that side rails are down

While completing bed entrapment assessments in December of 2014, the staff at Southampton Care Centre started to question the use of side rails in the home. Southampton had recently installed bed keepers, which restrict the mattress from moving off the bed frame, and the team wondered why side rails were still needed.

These questions ultimately led to a complete overhaul of the way that Southampton uses side rails.

Myths and risks

The majority of residents admitted to Southampton Care Centre come from the local hospital, where the use of side rails and other restraint devices has been common practice for years. This has led to a common misconception among staff and families that side rails protect residents from falls. In fact, there is a greater risk of injuries when side rails are left up.

Southampton staff were particularly concerned about their population, which has a higher rate of dementia (76%) than the provincial average (63%). Dementia is a risk factor for entrapment and strangulation from side rails because the ability to understand and navigate the environment is severely compromised.

Staff identified the need to review side rails for each resident. Were they needed to help the resident get in or out of bed, or were they being used out of habit? Were they being used out of a mistaken belief that side rails keep residents safe from serious falls?

Reducing side rails

After an intensive program of resident bed mobility assessments, combined with staff and family education about the myth that side rails are a safety device, the home was able to reduce the use of side rails from 100% in January 2015 to 24% in July 2016.

The only residents currently using side rails are those whose assessment showed they need them to get in and out of bed, to help with independent bed mobility and self-positioning.

Providing care at the bedside and making beds is also much easier for staff without the interference of side rails. Interestingly, staff observed a decrease in resistance to care in bed for a few residents. Because the use of side rails can cause resident injury such as bruising and skin tears, bumper pads were often used, making the bed system similar to an infant's crib. This may have been an issue for the dignity of some residents.

A number of residents also began to make their own beds now that they don't have side rails as a barrier, providing them with a sense of independence and normalcy.

There was no increase in falls from the bedside as many families and staff suggested there would be, says the home's management team. They add that they still have a long way to go to continue to challenge the myths about side rails – but believe they are well on their way. LTCT

peopleCare bed safety toolkit

A number of Ontario long-term care homes have taken the lead in bed rail safety. In 2015, following a tragic entrapment incident, peopleCare developed and implemented new policies and assessments around the use of bedrails in their homes. When a cover story about their efforts in *Long Term Care Today* (Fall/Winter 2015) generated significant interest, peopleCare created a bed safety toolkit to share with other long-term care homes and presented it at the Association's This is Long Term Care conference last November. The Bed Safety Toolkit is now available for download on the Ontario Long Term Care Association members' website.

For more information on the Southampton Care Centre side rail project, contact **Brenda Ohm,** Administrator, at bohm@jarlette.com.

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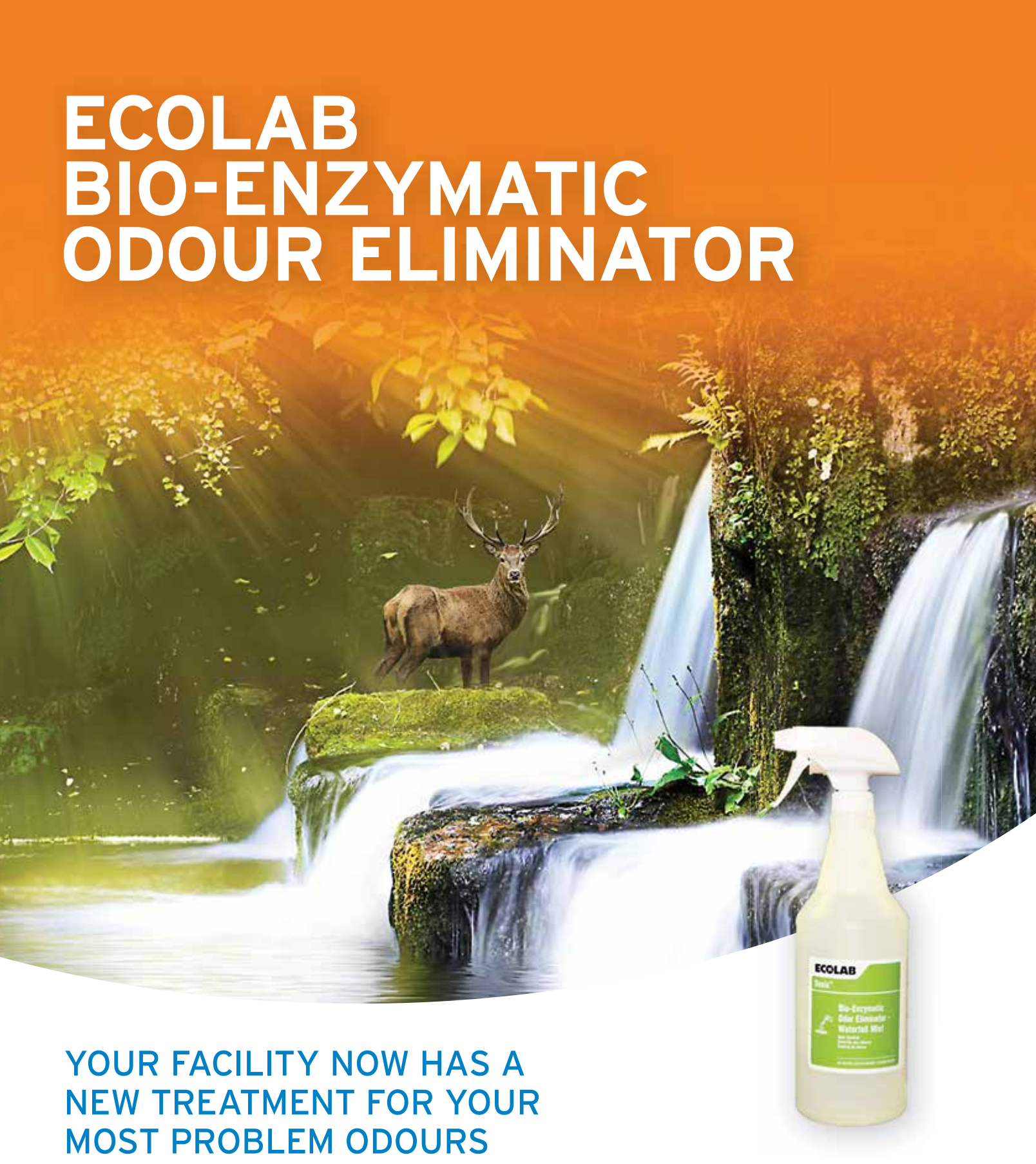

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See the Enhancing the Bathing Experience at www.arjohuntleigh.ca

Studies have shown that appropriate stimuli of human senses can calm a dementia resident's aggressive behaviour, and create a familiar and welcoming environment for them. A bathing environment using ***Sound & Vision*** to create familiar cues may create a more pleasant experience for both the resident and their caregiver. Successful strategies are in place at homes combining music programs with bathing, by using the same personalized playlist for the resident in both the recreation and bathing environment. ***Sound & Vision*** allows caregivers to use a separate USB stick with music for each unique resident.

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Best New Long-Term Care Product or Service of the Year

The geko device, distributed by Perfuse Medtec and piloted by Revera, significantly improves wound healing

Wounds that are slow to heal or do not heal can lead to infection, reduced quality of life and mobility, and potentially the loss of a limb or death.

A new device called the geko, developed by U.K. company Firstkind Ltd and distributed by Perfuse Medtec Inc. in Canada, stimulates the common peroneal nerve (a nerve close to the fibular head), activating the calf and foot muscle pumps and increasing blood flow.

This increase in blood flow in the lower limb has significant benefits for those suffering with wounds. Beyond the improvement in blood flow, it is also easy to use, light, portable, silent and pain free.

As a part of its Innovators in Aging program, Revera piloted the geko device in 2016. The clinical benefits to residents included increased healing (including wound closure), pain reduction, and the control and reduction of edema.

The pilot findings also showed that many residents had improved quality of life. In some, their pain was diminished significantly or stopped altogether. Staff and residents reported a very high level of satisfaction with the device overall.

Perfuse Medtec will be launching an additional wound-specific product in 2017, building on what they learned from the geko pilot. LTCT

For more information on the **geko**, please visit www.gekodevices.com.

Husband and wife improv team Mondy Carter and Karen Stobbe

Going with the flow

Improv is a surprisingly useful tool for caring for people with dementia

Karen Stobbe and Mondy Carter are no strangers to the stage. As seasoned improv artists, the couple have made a career out of thinking on their feet and, in more recent years, training health care professionals and family members to use traditional improv techniques when caring for people with Alzheimer's. Stobbe and Carter were popular keynote speakers at the Association's This is Long Term Care conference last November. They recently opened up to *Long Term Care Today* about "going with the flow."

What is improv, and why is it an effective approach for dementia?

Karen Stobbe: It's the whole idea of being present and in the moment. You can't rehearse for a conversation with someone with Alzheimer's. You can read all the books and go to all the classes about caring for someone with Alzheimer's, but because everyone is an individual, you really can't prepare for those personal situations. Instead, you need to have some communication tools in your toolbelt. That's the same philosophy as improv.

What are the main "rules" of improv?

KS: Saying "yes" instead of "no" is a good example. Let's say someone with dementia says they want to go outside in -30 degree weather. Instead of saying "No, it's too cold," you could say, "Yes, I understand you want to go outside," and keep that kind of "yes" conversation going until you find out what the request really means. A second rule of improv is "do not argue", and when you put the two together, it all starts to click.

Practicing improv exercises at the Association's fall conference, This is Long Term Care

The other crucial piece is listening. The older we get, the more invisible we become, and Alzheimer's is that "cherry" on top that makes you completely invisible. Truly listening and being inclusive can make such a huge difference for people with Alzheimer's.

Mondy Carter: It can be hard to listen to people with Alzheimer's, because you may be dealing with the same phrases and questions over and over again. If you challenge yourself to come up with new responses, though, you might break that cycle and get something else to pop up.

What are the challenges to using improv in these situations?

KS: Families can have a hard time "going with the flow" and stepping into their loved ones' worlds. Where professionals might have an easier time with it, family members have emotional ties and can be going through different stages of grief. Some might be in complete denial and want to pull that person back into the real world so they can be present with them, or they might want that relationship back so badly that they won't accept the fact that Mom may not remember them anymore. The more they pull and push, though, the more they get pushback.

MC: One thing to remember is that improv helps caregivers deal with their own feelings of loss. We are who we are in relation to other people, and when a loved one starts to lose themselves, we lose a part of ourselves too. That little bit of you starts to go away and it's something that's not really addressed.

How did you make the leap from improv to dementia care?

KS: Mondy and I had been improv actors for a long time. When my dad had Alzheimer's, then much later my mom, we began using improv techniques without really being aware of it.

MC: Karen had been teaching improv informally to caregivers for a long time, but eventually there was an "aha" moment when she intellectually looked at the guidelines for improv and those for Alzheimer's and realized there was a lot of crossover. And that's when we started this journey. LTCT

Free resources on using improv to communicate with someone with **Alzheimer's** and other **dementias** can be found at www.in-themoment.com.

Providing pleasure and purpose with doll therapy: the in-home Behavioural Supports Ontario program in action

In-home behavioural support teams outperform mobile teams

Data shows differences in restraint use, antipsychotics, and aggressive behaviour

By Michele Grouchy, Nancy Cooper & Tommy Wong

Behavioural Supports Ontario is a provincial program, started in 2010, that provides support for people living and coping with responsive behaviours associated with dementia, mental illness, and other neurological conditions.

At times, these behaviours can cause distress for the people affected and those around them. It can be difficult to identify the triggers and meanings of responsive behaviours. Behavioural Supports Ontario (BSO) staff are specially trained to do this, and to help each resident find meaningful and pleasurable activities that will reduce their distress and responsive behaviours. They also help staff to reorganize personal care and the home's environment to help reduce common triggers.

The province initially invested $40 million to support this initiative across Ontario, both in the community and in long-term care. There was wide variation in the way the funds were allocated by each Local Health Integration Network (LHIN). By 2015, three distinct models of BSO teams were operating within the long-term care sector:

1. **In-home BSO teams** where a team of one or two BSO staff, typically an RN/RPN and a PSW, work on-site and are dedicated to the residents of one long-term care home.

2. Under the **sub-LHIN mobile team model**, multiple long-term care homes within a LHIN sub-area are served by one BSO team that travels to provide service.

3. A **mobile team** model where the team is located in one long-term care home but serves all homes across the LHIN.

By 2015, anecdotal feedback from homes was indicating that the in-home model was proving more effective. We undertook a survey of our members about the three BSO models as to whether they differed on factors such as care planning, collaboration, team building, and resident outcomes. The findings showed that the in-home teams outperformed the mobile teams on every key measure, often quite significantly.

We wanted to probe these findings further. Using data reported through the RAI-MDS system, we conducted an analysis that showed long-term care homes with in-home BSO teams have lower levels of restraint use, antipsychotic use, and severely aggressive behaviour than long-term care

homes with mobile BSO teams. While other factors may be affecting these findings, we believe there is a potential correlation between the contributions of in-home BSO teams and overall improvements in these areas.

The ability of the in-home BSO teams to provide a consistent presence and timely and individualized interventions is a major advantage. Wait times of more than 10 days were reported by one-quarter of homes that rely on BSO mobile teams. As in-home BSO teams work on-site, they know the staff, residents, and families, and are able to vary the timing of their shifts to meet the needs of residents. They also build capacity and support culture change within the home, so that other staff have the knowledge and skill to manage responsive behaviours.

There is a role for mobile teams to provide expertise and sharing of best practices across the regions, but future policy and funding should focus on supporting the development of in-home BSO teams. LTCT

About the authors: **Michelle Grouchy** is the former Senior Knowledge Broker at the Ontario Long Term Care Association (OLTCA); **Nancy Cooper** is Director of Quality and Performance, OLTCA; and **Tommy Wong** is Manager of Planning and Analytics, OLTCA. Details of the survey, data analysis, findings, and discussion can be found in *Implementation of Behavioural Supports Ontario (BSO): An Evaluation of Three Models of Care*, published in Healthcare Quarterly, February 2017.

Seeing results with an in-home BSO team

Just three years ago, in the advanced dementia unit of one long-term care home, more than 45% of residents were on antipsychotic medications, well above the provincial average. Many people were agitated and restless, and there was some conflict between residents as a result. Most had advanced to a stage of dementia where they were hard to reach.

When a Behavioural Supports Ontario (BSO) team was funded in the home, they created four different "stations" with activities that residents can explore throughout the day to provide more stimulation and reduce restlessness.

1. In the dining hall, a selection of Montessori items such as books, sorting items, and lacing cards helps to keep residents' hands and minds occupied while waiting for their food. This waiting period at mealtimes was previously a flashpoint for agitated behaviour and conflict between residents. The BSO team taught personal support workers how to recognize which activities appealed to each resident, and to ensure they have a personalized selection of Montessori items at every meal.
2. In the lounge area, there's a dresser and mirror with hats, bracelets, and scarves, which provide tactile stimulation and familiar activity (the population on this unit is largely female).
3. The nurses' station hosts a music area, decorated with framed album covers from decades past.
4. A small lounge has been converted into a doll nursery, complete with soothing decor and a selection of dolls and clothes donated by residents' families. Residents are welcome to visit the nursery at any time. Several times a week, they can participate in a formal doll therapy program of bathing and dressing the dolls with the BSO team. The activity provides a sense of purpose, connection, and pleasure; many are at a stage of dementia where they are not engaging with anything else. Families that were initially uncertain about a doll therapy program have embraced it and the home now hosts events that involve families, residents, and the dolls.

In addition to these home-wide activities, the BSO team develops behavioural management strategies for individual residents. They watch what's happening when challenging behaviour occurs, and often interview the resident's family for clues. The team then pieces together what's triggering the behaviour and helps staff to develop an approach that reduces or eliminates the resident's distress.

The result: Within a year of the BSO team's arrival on the unit, staff were able to reduce antipsychotic medications by almost 50%, and residents have much lower rates of agitation, restlessness, and conflict. According to the home's managers, the BSO team has had a positive ripple effect throughout the entire home and its culture.

Falling numbers

An in-depth review identifies key ways to improve a falls reduction program

Falls present one of the most significant health risks for residents of long-term care homes. Unfortunately, they are unpredictable by nature.

In his first few weeks in long-term care, John, an 86-year-old resident with dementia, frequently got out of bed without staff assistance, resulting in numerous falls. The staff lowered his bed closer to the ground, put a soft mat on the floor and gave him a hip protector to wear during the day to prevent a hip fracture, should he fall again.

Krista Griffin, Revera's National Director of Recreation and Rehabilitation, says this is a common approach to falls prevention in long-term care. Unfortunately, strategies like these are focused on reducing injuries, rather than preventing falls.

That distinction was one of the key findings of a comprehensive analysis and review of Revera's falls programs across the country, which began in 2015. The improvements the organization has made as a result of the study have led to a 50% drop in the number of falls in the homes involved in the pilot study.

At the cornerstone of the new approach is a screening tool used to identify a resident's risk of falling that is more sensitive and comprehensive than what is currently used by many homes. This new tool is particularly important with a growing population of residents with dementia who cannot directly communicate their needs.

"Staff tend to make assumptions about why residents are falling," says Griffin. "We need to make sure we understand the root causes of each fall based on evidence, not assumptions. That allows us to develop timely, personalized, and resident-specific interventions." Griffin asserts that the new assessments, when done at key times, provide that information.

John, for example, may be restless at night because he is in pain. He may be experiencing side effects from his medications. Or he may be thirsty and want a drink of water. Using the new approach, staff would first do a thorough clinical assessment and address the reasons that John frequently gets out of bed. Once they were confident that all his needs had been met, they would implement personalized fall prevention and injury reduction strategies to help keep him safe should he decide to get out of bed.

"The improved environmental assessment is a key component of Revera's fall prevention program," says Griffin. "Our screening tool now looks at factors such as adequate lighting, whether important personal items are within reach, whether the room is too cluttered and if safety hazards exist." Additionally, Revera now ensures all staff who work in the residents' rooms, including housekeeping, are aware of the environmental risks identified through the assessment.

Behind every fall is a story: Revera used images and slogans to help communicate the program

Revera has also revised the use of the "falling star" logo as a visual management tool in its homes. This small poster, used to identify residents at risk, was associated with 80% of residents in the pilot homes and had lost its effectiveness as a reminder for staff. The team changed the criteria so that the falling star logo is only used for the highest-risk residents.

The project is still in its early stages, involving eight homes across the country, but has yielded promising results. After all the data has been evaluated from each phase of implementation, the plan is to roll the new program out to all Revera homes across Canada.

Griffin says Revera found value in using quality improvement methodologies. "But the biggest takeaway," she says, "is that it's important to include all interdisciplinary frontline staff. They have the answers. You just need to provide the opportunity for their voices to be heard." LTCT

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Technology Trends & Your Roadmap for 2017

Technology is having a significant impact on senior care and senior living (LTPAC). From electronic health records to wearable devices to automation of critical functions like medication administration – technology is playing an increasingly vital role in:

- supporting better overall care,
- improved experiences for residents, and
- greater efficiency/engagement for staff.

As we move through 2017 and beyond, the use of technology to meet resident and complex care needs will continue to increase. Some key trends to watch:

Increased mobility and multi-function devices: Equipping care teams with mobile devices means they can document on the go – allowing them to spend more time in front of residents, less time behind a desk. While mobility is key, so is multi-functioning. For example: point-of-care, eMAR and timeclock (punch-in, punch-out) should be available on the same device. Multi-function devices also means lower overall cap-ex spend while ensuring better device security, access to mission critical data and better technology adoption.

Technology-enabled integrated service management: Replacing various paper workflows and manual tasks with automated, integrated processes. Allows for greater efficiency and reduces risk of manual error.

Migrating to the Cloud: Leaving aging physical servers (and the maintenance that goes with them) behind and opting for the Cloud. Reducing cap-ex spend and choosing stable monthly costs for secure data storage is an attractive option for many.

Keeping up with the tech savvy: Younger staff are used to living in the digital world and they expect their workplace to be equipped with the right tools. As the baby boomers age, they and their families will also expect technology-driven services like portals.

Solid wireless: To keep up with technology adoption, facilities need to ensure they have reliable and secure wireless networks in place. Inadequate Wi-Fi can be a major source of frustration, not to mention risk.

Need for 24x7 support: Providing care is 24x7. The technology you use has to be available around the clock also. What about IT Support? Many organizations are realizing as they add technology, they also need to ensure adequate support is available.

What does your roadmap look like?

How do these trends compare to your technology roadmap? Do you have a plan in place that prepares your organization for future technology adoption?

There are a lot of moving parts to consider. And no matter what technology you choose to adopt, data security and privacy are of prime concern.

Building a plan is essential to map out what roles technology can play for your organization and for designing a rollout that is reasonable and affordable.

A flexible approach to recreation

Injecting a bit of creativity into recreation programming helps keep residents engaged

In a field governed by much-needed rules and regulations, it can sometimes prove challenging to get creative. Yet there's a growing body of evidence suggesting that creativity is integral to enhancing the lives of long-term care residents – especially when managing their recreational activities.

Despite the evidence pointing to the importance of creativity, recreation programming in most long-term care communities still happens in a fairly uniform way.

"Budgets are limited, and as a result we create one-size-fits-all 'group' solutions to support recreation and leisure that maximize our programming dollars," says Heather Luth, Dementia Program Coordinator with Schlegel Villages. "This has created a culture within our communities where programs are often defined as successful by the number of people who attend, and where a good calendar is one that is a 'full day' of group program opportunities."

While a predictable recreation schedule and steady participation numbers may give the outward appearance of a successful program, they don't guarantee that the activities are fun and meaningful for all residents. In fact, relying on inflexible "one-size-fits-all" approaches can result in residents feeling bored, disengaged and unable to benefit from the activities.

Luth gives the example of a sing-along, where residents in the programming space typically spend up to an hour singing old favourites together, with staff utilizing tools like CDS, songbooks and projection screens.

"This is a great example of a one-size-fits-all solution to music programming," says Luth. "At one point you have to wonder, 'Is this meaningful to everyone? Is this the right fit for today based on the mood within the space?'"

As a counterpoint, Luth describes a Musical Moments program that attempts to keep things fresh by breaking free from the box. Recreational

therapists are able to mix things up with different forms of music like concert DVDs, music trivia books or vinyl records. They can also introduce individual listening devices with curated playlists for individual residents or a fresh mix of activities such as music trivia and *Name That Tune*.

"This program now prompts the recreation therapist to bring a variety of resources and approaches to support individuals to enjoy musical moments," points out Luth. "When a program is uniquely designed to reflect residents' unique interests and preferences, it becomes more meaningful and leads to greater levels of engagement."

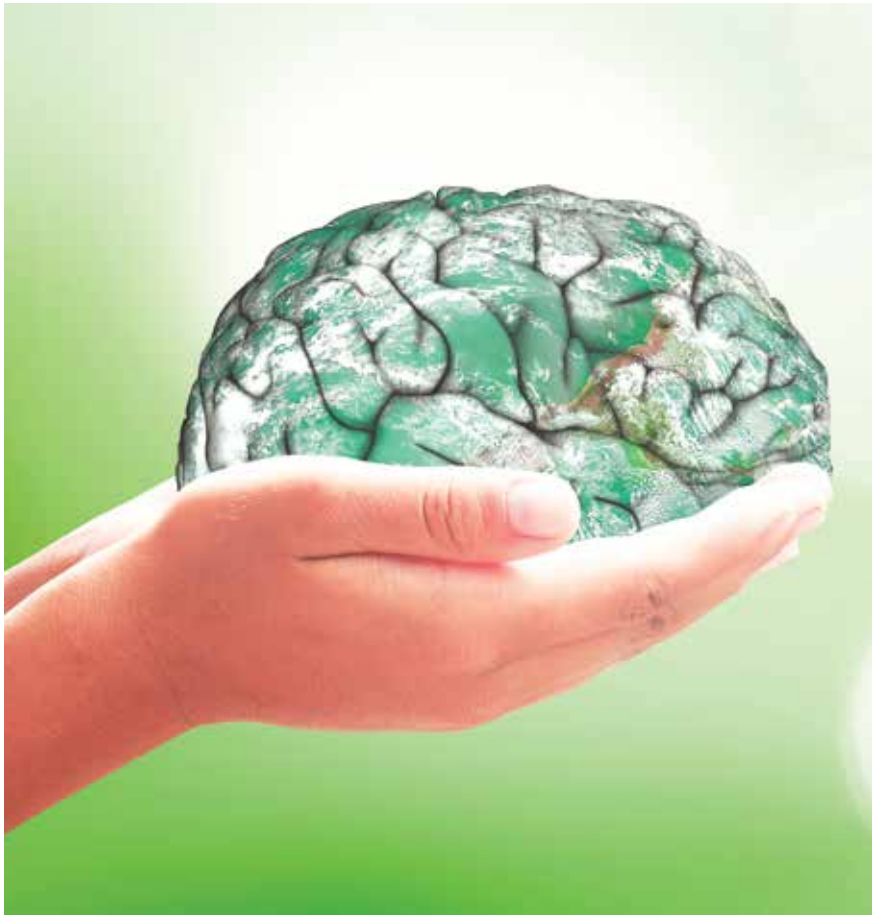
It may not look quite the same two days in a row, or it may look different in another home area, adds Luth. "We're always adjusting the program to respond to the needs and direction of the residents on that particular day."

The challenge that remains is that recreational therapists are often given little wiggle room to get creative. Their managers may be more comfortable when staff stick with familiar programming that they believe matches regulatory requirements.

While it may be difficult, Luth believes there is room to bring creativity to the job, noting that the *Long-Term Care Home Act's* Residents' Bill of Rights can be interpreted as support for trying new ideas for recreation activities if existing ones aren't helping residents.

Finding a new approach begins with taking an honest look at existing activities and identifying where change can make a difference. "Once you have identified programs that are keeping you in the 'box' with no real value, then you have just created space to try something new," says Luth, underscoring the fact that the end-goal is about maintaining a high quality of life for all residents.

"Socrates says it best," she notes. "'The secret of change is to focus all of your energy not on fighting the old but on building the new.'" LTCT



Advancing innovation

The Canadian Centre for Aging & Brain Health Innovation partners with long-term care

By Ron Riesenbach, Alisha Tharani & David Stoller

Long-term care organizations and caregivers are under pressure. It's no secret that embracing innovation is an important way to meet the current and future needs of an aging population – but the path to innovation is not always simple.

Recognizing the value of innovation, the Ontario Long Term Care Association has entered into a Strategic Alliance Partnership with the Canadian Centre for Aging & Brain Health Innovation (CC-ABHI) to purposefully ignite innovation within long-term care.

Why CC-ABHI?

CC-ABHI was created to provide support for the development, testing, and dissemination of new ideas and innovations that address unmet seniors' care needs. Through its funding programs, CC-ABHI has access to some of the most innovative new solutions that are being developed for the long-term care sector and is now able to offer Association members early access to many of these ideas.

Test new ideas

Association member organizations have the opportunity to become pilot test locations for the testing and development of CC-ABHI innovations. CC-ABHI-led innovation activities will offer innovative tools, services, and opportunities to all Association members, while access to CC-ABHI funding programs will allow OLTCA

members to accelerate the development of their own innovations from their frontline workers.

By participating in CC-ABHI programs, Association members will play a critical role in developing, testing, shaping and bringing new innovations to market so they can gain widespread adoption across the long-term care sector.

Support for culture change

Beyond providing access to tangible solutions, CC-ABHI is also helping long-term care homes foster a culture of innovation within their own organizations.

On the surface, developing a culture of innovation appears difficult. However, CC-ABHI is providing Association members with programs to help overcome this challenge. CC-ABHI's list of services available include:

- Customizable tools to drive prototype design;
- Design thinking expertise to help increase the capacity for innovation; and
- A continually evolving base of experience that members can tap into.

Funding available

In the fall of 2016, CC-ABHI launched several programs to support the development and dissemination of innovations that have the potential to directly benefit residents in long-term care.

The Spark Program offers up to $50,000 in funding to support the testing of ideas developed by front-line/service delivery staff. One of the recipients of this year's funding is Kensington Health in Toronto. Working with UHN's OpenLab and the Toronto Rehabilitation Institute, they are testing the potential benefits of virtual reality on seniors with dementia who are otherwise restricted to their homes or long-term care residences. Ideally, the project will improve patients' mental health, quality of life, and reduce their propensity to wander.

The Industry Innovation Partnership Program (i2p2), funds projects up to $600,000 to help bridge the gap between companies that have innovative solutions at an advanced stage of development, and health care organizations who are looking for solutions to the challenges they face every day.

In 2017, CC-ABHI will be launching additional funding programs, and Association members are encouraged to join the CC-ABHI mailing list to learn more about upcoming funding opportunities and events. Just send an email to info@ccabhi.com or visit the website at www.ccabhi.com. This is just the beginning of a great partnership. LTCT

Ron Riesenbach is Managing Director, CC-ABHI at Baycrest; **Alisha Tharani** is Manager, Strategic Partnerships, CC-ABHI; and **David Stoller** is Senior Marketing Specialist, CC-ABHI.

This is Long-Term Care conference 2016: Innovation and inspiration

It started just two years ago, but the Ontario Long Term Care Association's fall conference, **This is Long Term Care**, has rapidly become a choice destination for home operators, frontline staff, senior policy-makers, researchers, students, and innovators.

The 2016 conference, held November 23-25 in Toronto, showed how homes are moving the needle on quality and care through innovation, collaboration, best practices and new approaches to care.

From an outstanding educational program to a vibrant Innovation Marketplace, This is Long Term Care kept delegates informed, engaged, and entertained. And the third annual Quality and Innovation Awards gala provided not only recognition for a job well done, but inspiration for everyone who wants to enhance the services they provide to residents every day.

Be sure to mark your calendars now for the 2017 event, to be held November 27-29 in Toronto. Join us to share ideas, challenges, and solutions, and celebrate all the great work that is happening in long-term care.

Not on our mailing list? Let us know at info@oltca.com and we'll make sure you receive all the news.

The new Ontario Patient Ombudsman, Christine Elliott, with Association CEO Candace Chartier

Lillie Johnson, a resident of Extendicare Rouge Valley, received a Lifetime Achievement Award for her years of exceptional community service at the Quality and Innovation Awards

Association CEO Candace Chartier (centre) and Board Chair Bill O'Neill (far right) are joined by (left to right) Sharon Lee Smith, Associate Deputy Minister of Health and Long-Term Care; William Charnetski, Ontario's Chief Health Innovation Strategist; and Dr. Eric Hoskins, Minister of Health and Long-Term Care.

Pride and excitement at the Quality and Innovation Awards

Connections and conversations in the Innovators Marketplace

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Cardinal Health, Corporate Alliance Partner

Laughing and learning in an improv session

Showcasing promising programs and research in the poster sessions

ArjoHuntleigh, Corporate Alliance Partner

Showcasing new products in the popular Innovators' Den

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