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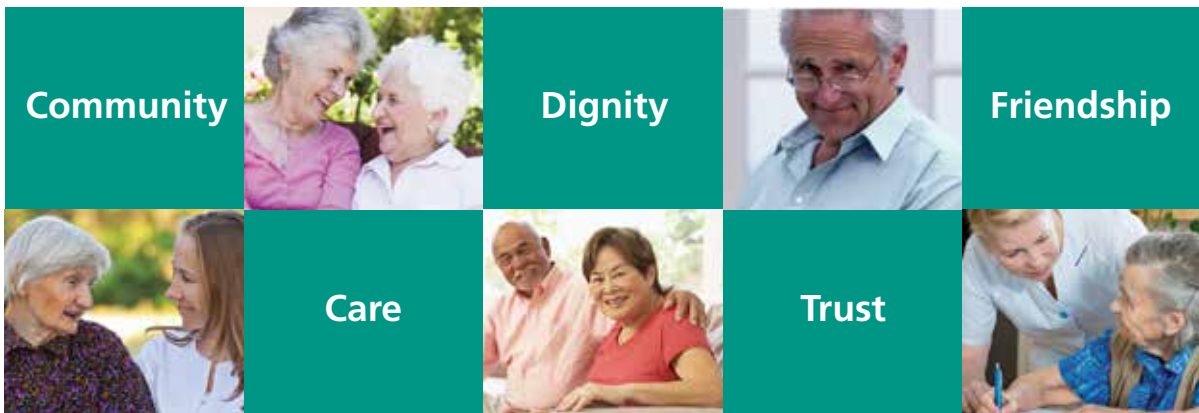
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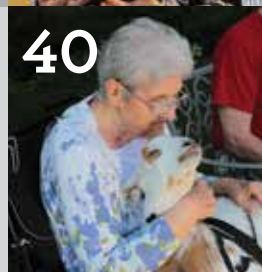
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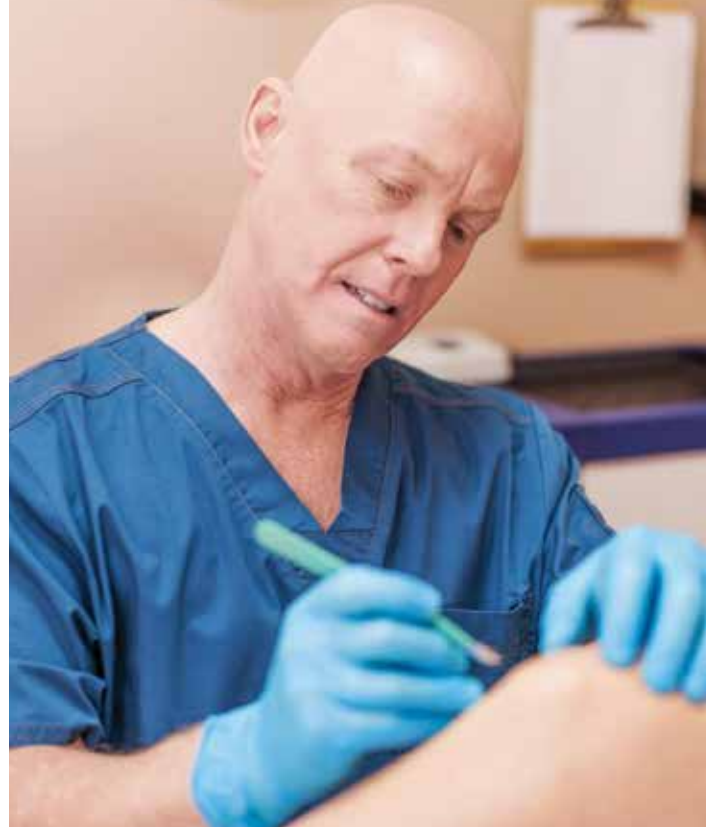
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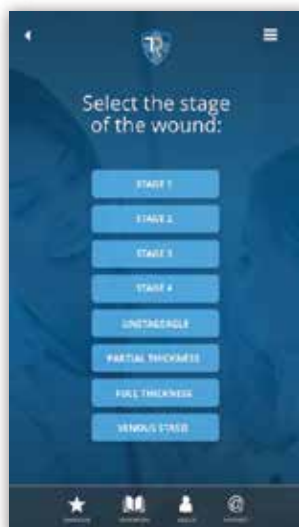
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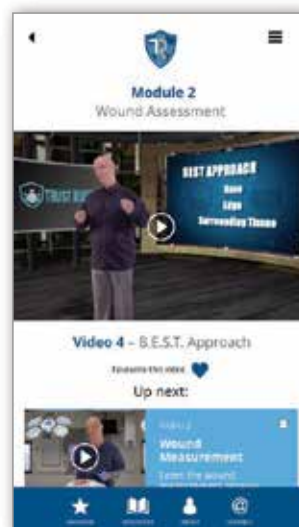
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The way we staff homes needs to change

BY CANDACE CHARTIER

As a young registered nurse, I worked in hospitals, home care, and even as a fly-in nurse for remote northern communities. Then I found long-term care, and knew I was home. It's a community: you build relationships with residents and families that just aren't possible in other settings. And caring for older adults, many of them close to the end of life, makes your own life more meaningful.

Long-term care is a hidden jewel of a workplace for the right people. But right now in Ontario, those people need more support. We're facing a growing labour shortage across the entire health care system, which is putting great strain on our long-term care homes. There aren't enough personal support workers to meet demand, and in some areas there aren't enough nurses either.

Recently, the provincial government announced it will fund an additional 15 million care hours in long-term care every year. They're looking to the long-term care sector for ideas on where to find the staff for this additional care, given the existing shortage.

This is a real opportunity to shake up the way we've been offering long-term care in this province. We've made a series of recommendations to the government about what

can be done, but they all come down to two things: We believe the solution to workforce issues is permitting greater flexibility in the roles that staff can perform, and removing barriers that are interfering with the number of people available to work in long-term care.

In particular, we think it is time for a review of the *Long-Term Care Homes Act*, one of the toughest pieces of long-term care homes legislation in the world. There are more than 600 requirements, and many of those are putting a stranglehold on long-term care homes' abilities to be innovative, to look at new staffing possibilities, and to provide more time on direct resident care.

As one example, we believe there needs to be more flexibility in the role of personal support workers. PSWs in home care and retirement homes are allowed to give certain medications under the direction of nursing staff, which then frees up nurses to focus on issues that need their specific expertise. This isn't allowed in long-term care.

In addition, there are stringent rules about PSW qualifications and the roles they fulfill in a long-term care home. We believe people with related health and social service training should also be permitted to work as PSWs, and that other staff such as health care aides and porters should be allowed to provide some of the 'lighter' resident care, such as transporting them to meals.

We've been doing things a certain way under the *Long-Term Care Homes Act* for almost 10 years now. It's time for an upgrade, to ensure that long-term care has the flexibility to adapt to a rapidly changing world. **LTC**

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

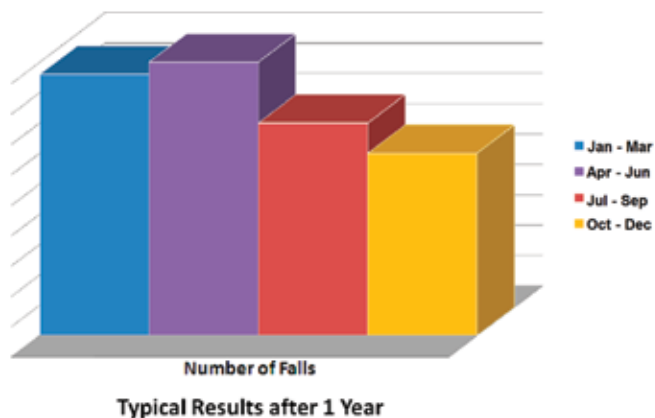


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All the Buzz

About Medical Cannabis and Seniors' Health



When 90-year-old Wendy Thorburn got the news that her daughter needed hip surgery – she knew it was going to be a tough and painful recovery. Together, they started researching alternative solutions for easing the known side effects and symptoms for opioid-based pain medications. In addition to pain relief, something that would ease nausea, sleeplessness, inflammation and anxiety.

To their surprise, one of the doctors consulted suggested they look at medical cannabis as an alternative solution as more and more people were opting to use this for relief.

"I'd never used recreational drugs growing up, and never in my wildest dreams did I think I'd be advocating for the use of cannabis for my loved ones, friends or myself to enhance our quality of life," said Ms. Thorburn, the Vice-President of the Residents' Council at Arbour Heights Long-Term Care Residence, who up to then, viewed cannabis as a recreational drug. "But the more I learned about it, I came to realize that Canada is at the forefront of innovating cannabis use – and it's not about smoking – many of us are interested in cannabis oils with the high CBD content."

It comes down to education, open dialogue and an open mind. Understanding that there are alternatives to the polypharmacy routines that many seniors are prescribed was a breakthrough for Ms. Thorburn and her peers.

As the residents' advocate, Ms. Thorburn was one of the first people to learn that Arbour Heights' medical team was in discussions with a local Health Canada-sanctioned cannabis producer.

In addition to Arbour Heights, over the last few months, federally-licensed producer WeedMD has signed medical cannabis supply agreements with several long-term care and retirement networks together representing over 3,000 patients and about 30 long-term care and retirement residences/ lodges in Ontario.

So what's the buzz about? Medical cannabis oil is a concentrated substance extracted from the cannabis plant. The extraction process leaves behind an oily consistency that contains high concentrations of the active compounds, or cannabinoids, most commonly referred to as tetrahydrocannabinol (THC)

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Over the next few months, WeedMD's clinical team will be visiting the health care providers in its seniors' network – rolling out its proprietary education platform to health-care practitioners, patients and their families.

As for Ms. Thorburn, she has all the evidence she needs – her daughter visits her regularly, pain-free and symptom-free.



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The Village at University Gates tries to make each day about living, learning and growing together

Resident-Centred Home of the Year

The Village at University Gates, a Schlegel Villages home, makes each day about learning

Since the Village at University Gates opened in 2015, its team has gone to great lengths to build authentic relationships and embrace research, two core values of parent organization Schlegel Villages. "When we welcomed 192 residents to their new home at University Gates over two years ago, we really focused on putting residents at the centre of everything we do," says Chris-Anne Preston, General Manager. "Being connected to the Schlegel Research Institute for Aging (RIA) gave us a unique opportunity to leverage those insights and knowledge towards that focus."

University Gates' resident-centred approach to care is evident throughout the Waterloo home. Its annual Wisdom of the Elder campaign, for example, gives residents an opportunity to pursue activities and hobbies that they may have left dormant for years.

This year's campaign, called Pursuit of Passions, was one of the most popular yet. Residents were given the stage to showcase their talents and experiences. One of the many highlights was a performance by resident Phil Fiess and team member Tiffany based on the movie *La La Land*. "It made me and every other exhibitor/performer feel a part of the real world again," Fiess recalled in a presentation at University Gates' operational retreat. "The transition from independent living to long-term care is supposed to be a depressing year, but instead, the way your staff has worked with me and given me their friendships, and the quality and variety of the programs and opportunities you have afforded me, have made it one of the happiest I have ever had."

This initiative is one of many the home has taken for its residents, staff, and families. Others include collaborating with the Schlegel RIA to bring in famed Canadian astronaut Chris Hadfield to meet and talk with residents, as well as involving residents in fundraising activities and community initiatives. "We try to make each day about living, learning, and growing together," Preston says.

The Village's collaborative approach is also central to its resident-centred culture. The home operates with neighbourhood teams working on dedicated care assignments with no rotations, which fosters stronger, longer-term connections among team members and residents alike. Its Village Advisory Team is composed of a mix of Village stakeholders who unite their experiences and perspectives to help keep that culture alive.

The Village at University Gates received a special award in 2017, the Ontario Long Term Care Association's Resident-Centred Home of the Year. For this award, the home must be nominated by its residents, and the final selection is made by Board members of the Ontario Association of Residents' Councils, all long-term care residents themselves.

"Giving residents, team members, its family members and other stakeholders a voice and making sure all perspectives are taken into consideration is important to making good on our resident-centred model," says Preston. [LTCI](#)



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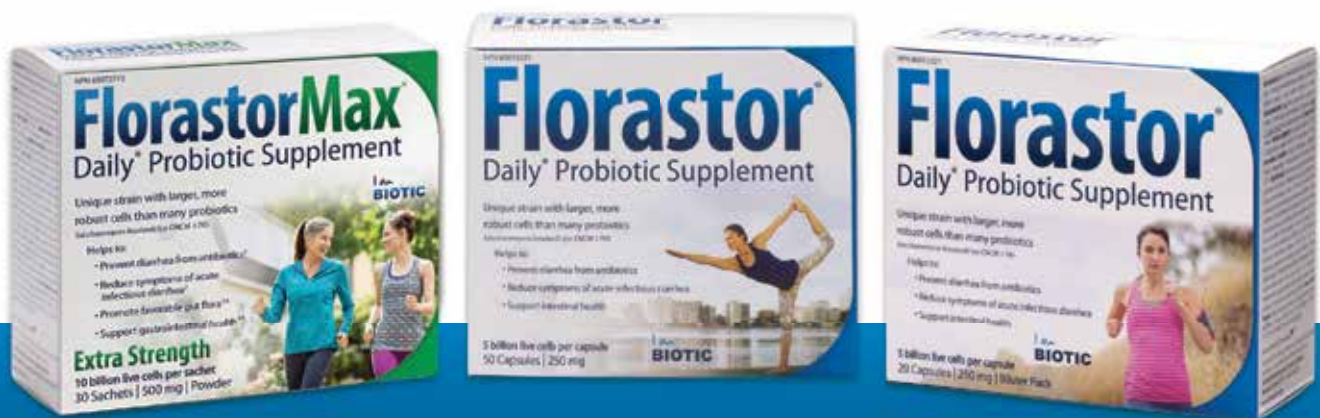
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Quality Improvement Team of the Year

Through hard work and determination, Woodingford Lodge becomes a Best Practice Spotlight Organization



Woodingford Lodge resident Ruby Clayburn (left) with personal care worker Melissa Tanner

The pursuit of excellence in long-term care is a journey led by best practices and innovation. It's also one driven by quality improvement teams like the Woodingford Lodge's Best Practice Spotlight Implementation Team and their champions, recipients of the 2017 QI Team of the Year from the Ontario Long Term Care Association.

The team was formed as part of the home's mission to become a Best Practice Spotlight Organization of the Registered Nurses' Association of Ontario (RNAO). To achieve this, the Oxford County home had to initiate three of the best practice guidelines developed by RNAO. It selected the Person- and Family- Centred Care best practice guideline to start.

"We had always been implementing change strategies, but found we needed a more formalized process like the best practice guidelines to be 100% successful," recalls Jennifer Hall, Staff Development Coordinator with Woodingford Lodge and a member of the 11-person implementation team.

That process began with incremental changes to Woodingford Lodge's culture through staff education, relationship-building exercises, and ongoing adjustments. A "best practice champions" information board was also created and displayed in the home to give staff from all departments an opportunity to become leaders in their clinical practice and to oversee the success of these changes.

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"We started small by simply helping staff understand how important it was to have the residents know who they are," says Corrie Fransen, Woodingford Lodge Director. "That means knocking and introducing themselves before entering a resident's room; calling residents by their preferred names; starting with what matters most when providing care; and having conversations with resident, staff, and family together regarding personal and family-centred care."

These strategies have already made a difference. In the home's most recent survey, both staff and residents rated several quality indicators higher than the previous survey, and there was a decrease in reports of staff being injured as a result of responsive behaviours. Staff engagement also improved. Within a year, the number of trained champions in the home nearly doubled to 50.

"For a home with 300 staff, that's a significant amount of people who have chosen to invest in the time and education to carry out these initiatives within the home," says Fransen. "They do so because they believe that what we're doing is valuable for the residents and their quality of work life."

The team looks forward to implementing two more best practice guidelines: preventing resident abuse and pain management. It is beginning by producing a video on the steps staff and volunteers must take to prevent and address abuse and neglect in long-term care, as well as the importance of reporting related instances.

Aside from that, Woodingford Lodge's Best Practice Spotlight Implementation Team and their champions are sharing their story and lessons learned with the long-term care community. As Hall explains, "It's better when you work together and build on the back of other homes. Even if you feel like you don't have a lot of resources or time, there are still ways to make positive impacts and differences through RNAO and other support organizations." [LTCI](#)

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Workplace of the Year

Inspiring staff is the focus at Almonte Country Haven

You can't eat an elephant in a single bite. These were the words of wisdom passed to Carolyn Della Foresta by her father, and advice that framed her approach to building a more productive and engaged workplace at Almonte Country Haven, an OMNI Health Care home that received the OLTCA 2017 Workplace of the Year award.

"When you have a goal as massive as 'change the workplace culture,' you have to take it in small chunks or you're going to get overwhelmed. You need to, as my dad said, eat it one bite at a time: look for small, practical changes to start, make those work, and build from there," Della Foresta says.

The first step for Della Foresta was settling into her role as Almonte Country Haven's Administrator in January 2016. Interestingly, this was 15 years after leaving the home as a nursing aide at the beginning of her career. Then, after hiring several new senior directors, Della Foresta and her team began looking for small yet impactful ways to revitalize the home's culture. "Almonte's employees were already providing excellent resident care, and we had happy residents, but there was more that could be done to make staff feel even more empowered and engaged in their roles," Della Foresta recalls.

One of the first initiatives was Quest for Quality, an "Amazing Race" style competition created for OMNI's 18 home management teams during the organization's quality retreat. Designed to align with OMNI's Quality Matters program, the outdoor event blended physical competitions with tests focusing on six aspects of quality in long-term care: proper use of personal protective equipment, activation and meeting all aspects of a resident's psychosocial well-being, effective care planning, quality food preparation, bed entrapment, and emergency codes.

"We involved staff and residents here in the home in developing and testing Quest for Quality. Now that we have all the instructions and props ready to go, the plan is to pass it from home to home so they can also engage their frontline staff in the activity," Della Foresta explains.

Other initiatives have also included re-igniting the home's long-dormant social committee, holding quality huddles, launching the Heart of the Haven recognition program, and initiating management dining room duty as a way to "keep a pulse" on one of the most important daily activities for residents. Speaking to the team's approach as a whole, Della Foresta

says, "I'm a firm believer that if staff feel fulfilled and listened to, they're automatically going to provide better, more personal care to our residents."

Enriching Almonte's workplace culture has been a journey for Della Foresta and her team, and it's far from over. Asked to pass along her own advice for other long-term care homes looking to take their first steps, she offers: "Don't give up. Having been in long-term care for a very long time, I know all too well that the job can get overwhelming. But when you do the work, you'll be rewarded with stronger resident relationships and staff members who not only 'get it' but want to help others 'get it' too." [LTC](#)



Almonte Country Haven resident Fred Baskin (left) and Life Enrichment Aide Mary O'Reilly holding a sign tied to the home's Quest for Quality competition



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Doll therapy is one program that helps residents feel engaged

Quality Improvement Innovation of the Year

Leacock Care Centre embraces DementiAbility to provide residents with greater purpose

The DementiAbility program was created by Gerontologist and Dementia Specialist Gail Elliot to help “create an environment where people living with dementia can achieve success and have the opportunity to live each day with meaning and purpose.” It’s a mission that aligns perfectly with the values of long-

term care and was embraced by Jarlette Health Services and the Leacock Care Centre.

“We have some really amazing and interesting people living here, and through DementiAbility we’re taking a deeper look at who these people are and how can we make living here a better experience,” says Tracy Muchmaker, the Leacock Care Centre Administrator.

The program trains staff on techniques for engaging residents with dementia and introducing activities that leverage their abilities, passions, and curiosities. The idea is that by keeping residents active and engaged, this will reduce negative behaviours.

Leacock Care Centre began its work with DementiAbility three years ago when it sent a mix of management, registered nurses, and PSW staff to take the program and then bring the teachings back to their colleagues. Since then, they have implemented popular activities such as doll therapy, cooking prep and laundry folding, and have also introduced impactful changes such as making staff name



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tags easier to read and adding resources to help residents be more independent.

"A big part of this is conducting 'About Me' assessments with residents to learn about their history, their hobbies, and their past work, and then putting those activities in place," says Muchmaker. "For example, we had one resident who was often agitated. We learned from her assessment that she always cooked and made sure everyone else was taken care of before eating. So we made her more involved in escorting residents in, clearing tables, and getting dinner ready. She enjoyed the activity and you could see it gave her a sense of purpose. She was also a great help to staff in the dining room."

We started by taking one area of the home, looking at where we might have the greatest need, implementing one project at a time, and then letting the staff see the benefit of that before rolling it out elsewhere

Leacock Care Centre has also seen improved behaviours and a significant decrease in worsening behaviours. Resident engagement and morale has also gone up, resulting in several benefits. "We saw a significant reduction in the percentage of residents with pain, because when you engage residents in meaningful and stimulating activities that can potentially decrease pain levels," Muchmaker reports.

Making DementiAbility work at Leacock Care Centre has relied on input from residents and their families and buy-in from staff and management. Muchmaker adds that its success is also attributed to a calculated approach: "We started by taking one area of the home, looking at where we might have the greatest need, implementing one project at a time, and then letting the staff see the benefit of that before rolling it out elsewhere."

Leacock Care Centre plans to send more staff for training and to begin work on new activities, such as themed rooms for residents. As for the importance of programs like these, Muchmaker says, "Many residents still have the ability to do many things and we don't want to lose sight of that. Because when you enable them to live their lives to the maximum of what their capabilities will allow, that provides them with meaningful purpose." 



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LIVING the Dementia Journey

Improving the lives of people with dementia is a priority for the long-term care community. It's also a mission that has inspired the LIVING the Dementia Journey program.

Developed by the Murray Alzheimer Research and Education Program (MAREP), in collaboration with the Schlegel-UW Research Institute for Aging, the award-winning initiative is a philosophy of care and training program designed to give staff, family members, and residents the knowledge and resources needed to enrich the lives of those living with dementia.

The program was developed in consultation with industry experts, long-term care staff, residents living with dementia, and their family members. It focuses on six factors of care that reflect the LEARNING acronym: Learning about the experience; Improving the well-being of those afflicted; Validating and honouring each person in the moment; Interpreting personal expressions, actions and



The LIVING the Dementia Journey program aims to enrich the lives of those living with dementia

reactions; Nurturing all relationships; and Greeting each day as an opportunity for growth. "The goal is to provide a better quality of care for people

living with dementia and ensure that care is being provided in a very dignified way," says Lisa Loiselle, Associate Director of Research with MAREP.



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There is a one-day overview workshop and six additional modules that cover each of the key areas in depth. Combined, they aim to create a community of best practices by empowering learners with knowledge they can apply in their day-to-day interactions and pass along to colleagues. And the program is open to everyone. According to one family member who took it: "It's been next to a miracle for me. All the things they're teaching me... it's opening my eyes. I wish I had known it years ago."

LIVING the Dementia Journey emphasizes strong, caring relationships as the foundation of care. "That's the core of this program," says Loiselle. "You have to know who the person is in order to provide them with the right type of care and support." **LTC**



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Falls in long-term care

Finding a happy medium in determining appropriate interventions

Long-term care homes in Ontario and across the country have invested significant time and resources in trying to prevent falls. Homes are evaluated provincially and nationally on the percentage of residents who experience falls in a 30-day period and, despite significant efforts, the numbers have not gone down.

Long Term Care Today spoke with falls expert Dr. Andrea Iaboni, a Geriatric Psychiatrist and Clinical Researcher with the University Health Network's Toronto Rehabilitation Institute, for her thoughts on falls prevention in long-term care.

What is unique about falls in long-term care?

First, the reason people are in long-term care homes is they need daily support and 24/7 supervision, so you're working with people who are largely elderly and frail, often near the end of life, and who are already at high risk of falls and other incidents. Second, the majority of people in long-term care have cognitive impairment. When you're caring for someone in later stages of dementia, for example, you can't engage them with education around falls prevention strategies or expect them to follow certain protocols the way you could with someone who has maintained their cognitive functioning.

It's important to realize that a lot of the research and strategies for falls prevention come from acute care. We don't have good research on the interventions that are effective within long-term care homes, particularly among people with dementia. That puts long-term care homes in a tough spot: they're being publicly evaluated and pushed to bring down their falls statistics, but we don't have solid evidence



Dr. Andrea Iaboni, Geriatric Psychiatrist and Clinical Researcher, Toronto Rehabilitation Institute, University Health Network

to help them know how to do this. There's a lot of promising work going on in homes right now in falls prevention, but it will take a while before we have hard evidence on what truly makes a difference.

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Does the mindset around falls in long-term care need to change?

I believe we have to tolerate some risk and embrace the idea that residents will fall, and if they do, it shouldn't always be seen as an indicator of bad care. In fact, maybe it's a sign that they're active, interacting with their environment and enjoying themselves. What quality of life does the resident want?

A lot of homes are really tense about falls because it affects their quality indicators, and that tension is passed down to staff. When every fall feels like a failure – and is treated like a failure – you're focused on preventing any fall from happening. That makes it difficult to maintain a balance between safety and resident independence. If we can relax around the occurrences of falls, we can begin to more clearly look at which ones are preventable, and which are due to factors that can't, or shouldn't, be modified, such as a resident who enjoys being more active or independent. Then, we can feel more comfortable about letting people move around and live their life. Removing that fear creates a more relaxed culture, and I believe that has a cascading effect on improving the quality of life for residents.

I work in this field every day, and even after doing everything I could think of to help my own grandfather, who lived in the community, he still fell at least once a month. Nobody assumed I was providing bad care; there was a recognition that he was elderly and frail, and that falls are going to happen if we allow people to be active. We need to get to that mindset.

Is there an argument to be made for changing the current quality indicator from “falls within the last 30 days” to “falls with injury?”

We certainly need a lot more work on the idea that falls are a good indicator of the quality of care. I think about falls

as being a “downstream event” from a lot of other factors, from the environment to medications. But they are also highly related to quality of life.

For example, you could have a long-term care home that really encourages their residents to be active and independent and they may have a higher rate of falls. In contrast, there could be a home that is more likely to discourage or prevent activity that comes with fall risk, and they may not have a very high rate of falls. So you have to wonder: how is the rate of falls connected to the idea of quality?

Continued on page 30



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The idea of falls as an indicator of quality first came out of the acute care literature, where patients have a change in their falls risk due to a medical illness and the unfamiliar hospital environment. In this context it makes sense to intervene aggressively to manage this temporary period of high risk. In long-term care, their home environment, many residents are at chronic high risk simply due to the nature of the population.

Switching to a "falls with injury" indicator might help to shift the focus from falls prevention to harm reduction, which might bring to light other issues around quality of care. This type of shift would help to normalize those unpreventable falls and put the focus on trying to reduce injuries in residents who are falling.

What advice would you offer staff when it comes to discussing fall risks with family members?

Communication can be hard because families get fearful when they think about their loved ones falling. Homes are required to call families to report falls, which can raise anxieties about care among families and concerns about being judged among staff. Both staff and families need a fair amount of support and guidance about how to think about these events. That's why we're working on a tool to help guide staff in discussing falls and fall risk with families.

You want to talk about how falls might be related to their specific illness and weigh the pros and cons of different approaches to managing falls.

In your recent research paper, *A Palliative Approach to Falls in Advanced Dementia*, you make an argument for an approach that prioritizes comfort, symptom management, and quality of life over interventions designed to prolong life. Can you elaborate?

Again, it's a shift in mindset. It's looking at falls prevention from the perspective of that person with dementia and determining how they would want to be treated. For example, they might have a history of preferring to take risks and would rather preserve their ability to remain as mobile as possible, despite the potential risks of a serious injury and shortened life span.

When you take a palliative approach, you enter situations with realistic expectations based on their stage of illness and their burden of symptoms. It's then that you can begin finding a happy medium by determining what interventions would be appropriate and what would not be acceptable, not just to the family members but to the residents themselves. **LTCI**





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Introducing ABBY

New ambient technology is changing the lives of those with dementia in long-term care



Dr. Andrea Wilkinson, CIHR-OLTCA Health System Impact Fellow

A new interactive technology is turning heads across long-term care. The innovation, known as ABBY and developed by Ambient Activity Technologies, is a wall-mounted display designed to engage residents afflicted with dementia through touchscreen activities, familiar tactile experiences (such as turning a wheel, flipping a switch, or petting a cat) and a mix of personalized images and media.

"I remember meeting the company's managing director at a conference in 2014 and recognizing how wall-mounted activities that are physically and cognitively stimulating could make a real impact on residents living with dementia in long-term care," recalls Dr. Andrea Wilkinson, a current CIHR-OLTCA Health System Impact Fellow.

This 2014 meeting led Wilkinson into postdoctoral work related to technology and dementia in the Mechanical and Industrial Engineering Department at the University of Toronto. "They had conceptualized this compelling and interactive tool and I wanted to explore how it could benefit people in long-term care, but I didn't have a clear direction as to how it could be tailored to a long-term care home environment."

Several conversations later, it was decided that the display would be most effective if it could promote familiar activities and display personalized content for residents. This way it would serve to both stimulate

memories and – perhaps most importantly – bring greater comfort into the lives of those living with dementia. Soon, a prototype ABBY device was designed that used Bluetooth tags to recognize individual residents and display a personalized selection of photos, videos, music, and activities based on their constructed profiles.

ABBY devices were then installed in six long-term care homes to test their influence on the resident populations. One site was programmed to display neutral material, while ABBY boards at the other five homes were designed to react with Bluetooth tags to produce tailored content for individual residents. The pilot program also

included surveys with family and home staff and was measured through pre- and post-test evaluations. "The goal was to introduce a product that works well for everyone, and to do so with evidence-based support," says Wilkinson. "From the scales and testing we've done so far, it's clear ABBY is having a positive impact."

June's story

Jennifer Harker has witnessed the impact ABBY can have on residents with dementia firsthand. Her mother, June, was one of the initial people to use the device at her home in Midland's Villa Care Centre. "The first time my mum saw ABBY it was a revelation," she remembers. "There were pictures



ABBY can display tailored content for individual residents

on there of her sisters, her brothers, and her mum and dad, and when she turned from them to look at me I knew it was my mum looking at me. It was really her."

As part of the project, Harker spent time collecting old photos and familiar imagery such as pictures of gardening, her mother's favourite pastime, to upload to the device. When ABBY recognized the Bluetooth tag on June's wheelchair, it would respond with visuals that had an immediate calming effect. "While ABBY stimulated an awakening in my mum, it also grounded her to the point where we could actually have a conversation that made sense," says Harker. "It didn't happen all the time, but it happened often enough that it helped create a relationship between the two of us, which is something you can lose with someone with dementia. It created moments to be treasured."


Harker also saw how ABBY can foster stronger relationships between staff, residents, and family members by inspiring conversations that went

beyond day-to-day routines: "It had a broader-reaching effect than just that immediate interaction. It helped paint the picture that my mum is a real person who had a rich life and many interests, which are things busy staff members don't always have time to focus on."

Making an impact

Initial testing has gone well for ABBY. Pre- and post-usage testing has produced noticeable behaviour improvements in residents, such as reduced agitation, anxiety, and aggression. Speaking from her own experience, Wilkinson says, "I've seen how having that control and interaction with ABBY really sparks a sense of joy in the resident. When they turn the radio knob and hear music that's personalized to them, or when they watch the slow-moving family photos, you can often see them responding positively. And even though they might not be able to name family members as they progress through dementia, there's still that sense of love and joy when they see faces that are familiar to them."

The degenerative nature of dementia means those connections to ABBY's content may wane over time. Still, says Harker, the technology remained a source of joy and peace for her mother, who has since passed away. With advice for others who might find themselves using ABBY alongside their loved ones, she adds, "You have to take the time and be patient. It can be time-consuming to collect the photos, build a profile, and spend time with your loved one watching those pictures." The advice also applies to staff, she adds. If staff invest the time in learning how to use the technology and help residents engage and interact with it, "it can be a really effective way of managing some of the challenging behaviours, which in turn makes your job a lot easier and improves the quality of life for residents. There's a tremendous payoff if you do that."

More information about the ABBY program is available at www.ambientactivity.com. 



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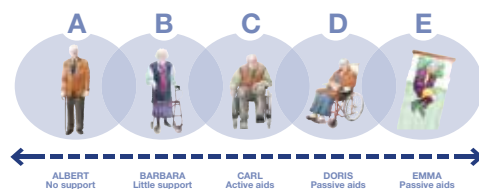


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While working as an executive at Extendicare, it never occurred to me that I would become a client of long-term care services within my own family – until the day came that I was.

Our lives were disrupted the day my husband Ty was taken to emergency and we were told he had an unusual brain disorder. That prognosis began an 18-month ordeal and the end result was the diagnosis of a rare, degenerative and terminal disease that knocked us sideways, right onto the bumpy path of home care, adult day care and eventually long-term care.

Ty's admission day into long-term care was a painful one for our family. My two young teens and I were confronting the conflicting emotions of relief, sadness, guilt and worry, but instead of feeling that someone understood and cared, I felt we were being processed as just another task needing to be dealt with that day.

For four years, I had both a personal and professional relationship with the long-term care system, and out of that experience came a desire to help long-term care homes understand how to work better with families and turn them into their biggest fans.

Long-term care is a people business, rooted in relationships created and built by trust. As we know, poor relationships can take excessive amounts of time, create a stressful work environment for your team, result in media and Ministry

escalations, and seriously affect your home's reputation.

I developed a new framework, called RECIPE, for working with families to help teams to manage issues and challenges, and to improve outcomes for families, employees and residents. Staff started to see the benefits of investing time and focus up front and being intentional about how they welcomed and engaged new family members.

Showing empathy to families and helping to increase their emotional coping skills may require extra time up front, but it is well worth the investment

The framework contains the building blocks of empathy in simple yet powerful ways. While there are many components to the program, there are several key steps that will help you turn your families into your biggest fans.

First, design an admissions experience that lays the foundation for strong family connections. At the admissions meeting, ask the family if you or a team member can call them that evening to check in and provide an update. Follow through, and be sure to ask how they are doing. Invest in the trust and connection from the start.

Second, get into the right mindset before you deal with families – every time. This will help reduce friction, manage expectations better, and improve communications. Be intentional and reset yourself before meeting with families with a deep breath, body stretch, or reflection of how you will contribute to a positive experience.

Clear out distractions like cell phones or thoughts about all your other work to be done. During your time with them, be only with them.

Showing empathy to families and helping to increase their emotional coping skills may require extra time up front, but it is well worth the investment. The goal is to develop a true sense of mutual trust, respect, and partnership with your families. When things happen – and things always happen – you will find they can be

resolved more efficiently and effectively because you have created this solid foundation. [LTCT](#)

Deborah Bakti left Extendicare in December 2017 to begin teaching her RECIPE framework to long-term care homes. Visit www.thinkbreakthroughinc.com for more information.

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Animal therapy

Study shows animals can generate positive reactions and enhanced well-being

Many people have positive memories of connections to animals in their youth. Julie Casey, a Social Worker and Animal-Assisted Therapy Specialist, is tapping into those memories through her research. She is studying the fundamental reactions to animals in people with dementia in the hopes of better managing agitated behaviours.

A total of 15 residents at McCormick Home, a long-term care home in London, Ontario, participated in the research project, which took place over eight weeks. Their interactions were largely with farm animals such as chickens and sheep because many of the residents in this region have an agricultural background and it is an area of Casey's expertise.

Outcomes of the study included a decrease in verbally aggressive behaviour and indicators of depression, as well as less resistance to care. In addition, those who attended more sessions with the animals exhibited a significant decrease in exit-seeking and verbally aggressive behaviour than those who attended fewer sessions.

"Animals can generate some surprising reactions in otherwise unresponsive people," says Casey. One 90-year-old woman who rarely communicated began chatting happily when cradling a visiting chicken. In another example, a generally unresponsive man reached out to feel the wool of a sheep as it passed by.

While there were not significant improvements in all areas, given the progressive nature of dementia, overall the study demonstrated that farm animals did contribute to enhanced well-being and did not create any negative outcomes. "Even minimal contact was found to produce some positive results in the participants," says Casey.

While a major limitation of the study was the small sample size, the outcomes were sufficient to warrant a larger-scale investigation working with farm animals and this population.

The study was conducted in partnership with London's King's University College and McCormick Dementia Research, a newly founded division

of the McCormick Care Group that is committed to engaging in research activity that enhances quality of life for people living with dementia.

"Human-animal interaction can produce a range of positive outcomes," says Dr. Rick Csiernik, Project Supervisor and Professor at King's University College. "On the biological level there is the release of oxytocin, which is a hormone that is associated with positive effect."

"There's been some animal therapy research done in the past, but not as much as you might think," adds Catherine Blake, Research Associate with McCormick Dementia Research. "We hope that the results of this research will help inspire additional studies that more formally establish a therapeutic connection between animals and those living with dementia." **LTCI**

For more information about this study, contact **Catherine Blake**, McCormick Dementia Research, at cblake@mccormickcare.ca.

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This is Long Term Care conference 2017

It can sometimes be challenging to find practical information, tailored specifically for long-term care, to help support resident-centred care and quality improvement. Enter *This is Long Term Care*, the Association's annual fall conference, which offers one-stop shopping for long-term care trends and tools in one dynamic conference. From engaging panel discussions to hands-on workshops, from falls prevention to virtual reality, the November 2017 conference offered something for everyone and generated excitement and pride in the sector.

Be sure to mark your calendars for *This is Long Term Care 2018*, to be held November 14-16, 2018 in Toronto.



What matters most

Homes are required to collect and report on a tremendous amount of data in long-term care, but what's being measured isn't always what matters most to residents and families. Long-term care resident Bill Jarvis, recipient of the 2017 Lifetime Achievement Award, shares his views during one of the conference's signature panels.



The joy of learning

A revolution of resident-centred care is sweeping across the long-term care sector, with staff putting the residents' needs and preferences at the front of all they do. *This is Long Term Care* offered engaging and entertaining sessions in field-tested research and practical strategies.



Awards Gala 2017

The Association's Awards Gala is a joyous evening that celebrates the sector's outstanding staff and residents. Top right: Linda Finkbeiner paid tribute to her late husband Jim (inset photo), recipient of the Association's posthumous Legacy Award, for his contributions to the community and Alzheimer's awareness. Bottom right: Bill Jarvis, recipient of the 2017 Lifetime Achievement Award and Revera's Resident Innovation Ambassador, brought the house down with his remarks and received a standing ovation. (See another photo of Bill on page 42). Below: Recipients of the Resident-Centred Home of the Year, The Village at University Gates, received their award from members of the Ontario Association of Residents' Councils, who selected the winning entry.



Intriguing innovations

The popular Innovators' Den, modelled after TV's Dragons' Den, featured emerging products and programs that make life better for residents and staff. Dragon Bill Dillane, President of the Responsive Group, gave this lift a try.



The Ice Bucket Challenge for ALS

Keynote speaker Nancy Frates (right) inspired the crowd with the story of how her family led the international ice bucket phenomenon and raised millions for ALS research after her son Pete Frates' diagnosis at age 27. At left: Candace Chartier, CEO of the Ontario Long Term Care Association.

THANK YOU TO OUR SPONSORS

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