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VOLUME 34, ISSUE 1

LONG TERM CARE TODAY

THE VOICE OF LONG TERM CARE



Planning, purpose & pulling together

What it takes
to open a new
long-term care home

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The palliative care
discussion:
How to make it easier

A glimmer of HOPE:
Online modules
address burnout

Culturally appropriate
care: How to start
the conversation

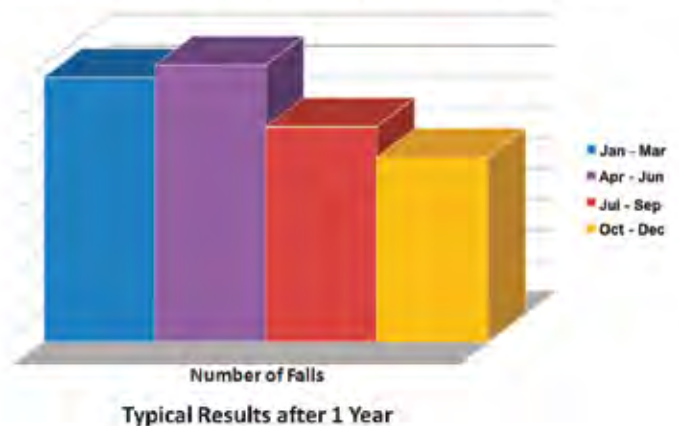


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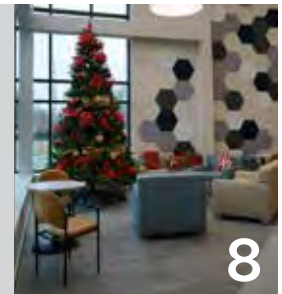
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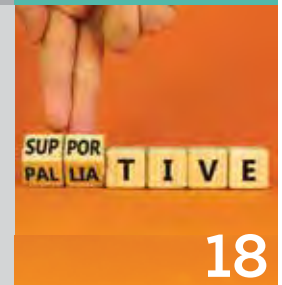
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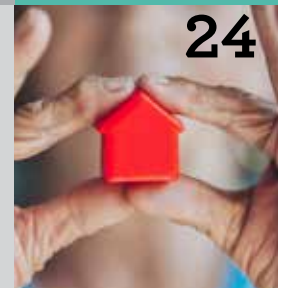
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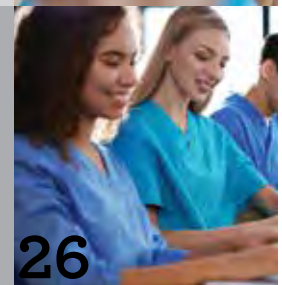
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LONG TERM CARE TODAY

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Helping improve long-term care (LTC) homes

New standard for operations and infection prevention and control in LTC settings

The national standard CSA Z8004:22, *Long-term care home operations and infection prevention and control*, provides:

- guidance on safe operating practices, design, and effective infection prevention and control
- recommendations to help ensure person-centred care based on equity, diversity, and inclusion



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peopleCare President and CEO Brent Gingerich welcomes Ilona Singer into her new home

What does it take to open a new LTC home?

Planning, purpose, and pulling together, says peopleCare

With 40,000 people waiting for long-term care in Ontario, it's no wonder building and opening new long-term care homes quickly is a top priority for government and senior living organizations alike.

peopleCare Communities – a family-owned, values-based leading operator of long-term care and retirement homes – is doing our part. Working hard to accelerate the nine long-term care developments currently in our pipeline, we anticipate getting shovels in the ground in multiple communities in 2023 alone.

Opening a brand-new long-term care home is a significant undertaking, which made it all the more satisfying to see the happy smiles on residents' faces this past December as we welcomed them into their new 128-bed home in Meaford, Ontario, with special guests and a ribbon-cutting in front of the holiday tree.

"The whole experience was fantastic," says family member Bernice Rennie, whose mother Margaret lives in the home. "The staff were incredibly helpful and I know my mom didn't feel any of the stress that may have been going on behind the scenes. When I left that day, I knew



peopleCare staff members in the lobby of the new Meaford LTC Centre, decorated for holidays in time for its opening last December

mom was in good hands and the staff said she had a great sleep that night in her new room.”

The secret behind the smiles? Careful planning, a steadfast focus on our resident-centred purpose, and our team pulling together with our family, community and government partners. All were instrumental in helping us hire and orient dozens of new staff, pass our pre-occupancy review, organize an enjoyable move-day experience with minimal disruption for residents, and meet our occupancy targets within the first 60 days of operation.

Planning: Do sweat the small stuff

There’s a saying about failing to plan. We knew that developing Meaford Long-Term Care Centre, and the other projects in our pipeline, required us to be strategic and set the organization up for sustained success. Key areas of focus included building in-house project management capacity and enhancing our existing network of external development partners and consultants.

“It had been some time since we opened a new home and so we took the opportunity to be very thoughtful and thorough in our planning,” says peopleCare’s Chief Financial Officer Iuliana Constantin. “This enabled us to deliver the long-term care home in Meaford – in the midst of a pandemic – on time and on budget. And it will ensure we can effectively manage multiple simultaneous projects going forward.”

Laying this type of groundwork also went a long way towards mitigating issues that arose in these last couple of tumultuous years, such as market volatility, supply chain issues, rising construction costs and increased interest rates.

Construction was completed within about 16 months. Planning for the opening, while maintaining existing operations in the old home mere blocks away, took about as long.

Jenn Killing, peopleCare’s Vice President, Quality, Research and Strategic Partnerships, led the opening of the new Meaford Long-Term Care Home. Along with developing an entirely new set of resources to stay



A musical performance was scheduled during the Meaford opening to help welcome residents to the new home

organized, focused and on track, she says collaboration was essential throughout all planning stages.

“It was important to involve the right people along the way to help us make decisions that would have a positive impact on both residents and operations,” says Killing. “We tapped into subject matter experts in our own organization and across our sector to leverage learnings and that supported better planning.”

As other long-term care organizations will be aware, the Ministry has prioritized rapidly building new long-term care homes to improve access to quality, resident-centred care and ease hallway health care. This includes enabling development through increased capital funding and modernized processes.

Our Meaford pre-occupancy review took place over several days. Each day, the Ministry team worked closely with our team, asking questions and identifying areas that needed to be addressed. Each night, our team resolved any issues and gathered required information to share back the next morning. The end result was an exemplary review passed with flying colours.

“The Ministry’s new tools and checklist are so valuable to understand how to thoroughly prepare, so we not only met but exceeded their requirements and expectations, which is always our goal,” says Killing. “And we appreciated the spirit of collaboration from their team. We felt they wanted the Home to open as much as we did and

were invested in making this a shared success.”

Our best advice from the experience – make sure every inch of the home is 110% ready for occupancy. “Go over and above what’s required. Put toilet paper on every roll, make every single bed,” says Deb Cornell, peopleCare’s Director of Accommodation. “It makes a huge difference knowing anyone could come through the door on inspection day and safely, comfortably live, work or visit in the home.”

Along with move-day planning, a significant amount of time and effort went into preparation of the occupancy plan, worksheets and communication that enabled us to admit 60 new residents in 60 days. That work was led by Wendy

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Key considerations

Some things to consider from peopleCare's experience:

- 1. Keep residents front and centre:** At every step, ask "How will this impact residents?" Plan accordingly. For instance, ensure residents have 1:1 move-day support but be mindful that too many extra hands might feel chaotic. Schedule residents who like to sleep in on the last bus. Set each room up the way the resident likes it before they arrive. Add a welcome basket. Schedule a popular activity or musical performance in the new lounges. All the little things you incorporate into planning will add up to a big, warm person-centred welcome.
- 2. Involve the right people early on:** An approach to planning that maximizes input from the subject matter experts at hand (especially your staff!) helps ensure decisions – from what supplies to buy, to where to put them – make sense from an operational perspective. Engaging residents, families and community partners will also help transform the building into a home.
- 3. Acknowledge that change can be hard:** While the benefits of moving to a newer home are many, the anxiety that goes along with the change can be acute. Residents may mourn the loss of familiar surroundings. Staff must get used to different job routines, workstations and coworkers. Be aware of the need for good change management practices, including plenty of opportunities for people to be engaged and share how they're feeling, so they can work through concerns and really get excited.
- 4. Identify one point person to lead communications with families and volunteers:** For some homes, this will be the executive director, for others, the director of programs. What matters most is having established relationships, updated contacts and a commitment to keeping everyone informed – in particular given the evolving and frequent info-sharing needed as opening day approaches.
- 5. Reach out to your sector colleagues:** In the lead-up to opening Meaford Long-Term Care, peopleCare reached out to other senior living organizations who had successfully opened new homes and they were generous in sharing tools, strategies and insights.
- 6. Celebrate success along the way:** Opening a new long-term care home takes a lot of time, persistence and plain hard work. That's why celebrating milestones along the way is so important. Inspire positivity by posting construction progress photos. Take time to reflect with everyone on how great it will feel once everyone is enjoying life in the new digs. And don't forget to write little notes of thanks to team members who contribute above and beyond to your successful development project.

Filiatrault, our Director, Clinical Services, alongside the home's clinical team, with a focus on person-centred care planning, choice and 1:1 support for residents and families.

Working closely with our valued partners at Ontario Health West, the home was full in no time, which speaks to both the effectiveness of our plan, and the growing need for more long-term care in the community. "It was a good day when we filled the home and knew we had 128 residents and all the staff we needed to provide them with meaningful experiences and exceptional care," says Filiatrault.

Purpose:

Keep residents front and centre

As visitors enter the resident home area to the left off of the bright

sunny lobby in Meaford, one thing they often notice first is the name: Beautiful Joe Way, and a lovely mural depicting its namesake, a local terrier known as "Canada's most famous dog." Residents named all the new home areas with a connection to the community's landmarks and heritage.

Katrina Tolton, Director of Programs, says this seemingly small gesture had deeper meaning. "Naming the new home areas was a lot of fun and built excitement and anticipation prior to the move," she says. "And I think it really reflects how we kept the focus on the needs, wishes and preferences of our residents every step of the way."

Resident Ilona Singer couldn't be happier with how staff supported her in the transition. "The move went so smoothly, everything was prepared and ready when I got here," says Ilona.

"I was a little sad to leave, but I was happy to see the new home."

Resident Norma Sonnenburg agrees, "Everyone was so welcoming. And the new home is gorgeous. When I first walked in, I thought wow – that lobby is something else!"

Engaging families was also key. We communicated with families regularly through town halls, emails and phone calls. Families helped their loved one pick out their new rooms (*What view? What floor? Near the dining room or lounge? Private or shared? etc.*). They also set up the new living space before the move, right down to family photos and mementoes, so residents felt welcomed and immediately more comfortable surrounded by their own belongings.

Every resident received a welcome basket and families enjoyed an in-room picnic lunch with their loved one, topped off with a musical performance. "The entire home was decorated beautifully and the concert was a nice touch," adds Rennie.

**Pulling together:
All hands on deck**

With construction nearing completion, communication and logistics planning for the pre-occupancy review, move-day and admissions kicked into high gear. Fortunately, our team wasn't going it alone. "Everyone was excited and wanted to help. From families and volunteers to community partners and members of the public. Unions and suppliers to contractors and architects. Successfully opening the Home was a real group effort," says Killing.

Our supportive municipal partners were always a phone call away to answer questions, help remove barriers and connect us with resources in the community that would benefit residents and staff. Our unions worked with us on new staffing lines and helped welcome and educate new team members. Some



Margaret Ruppel (left), one of Meaford's first residents, transitioned easily to the new home, which incorporated comfy design elements like an Adirondack chair and scenic walls (right)



neighbours fundraised to buy flower centrepieces for residents to enjoy; others dropped by looking for a tour or more information.

Staff from other peopleCare homes decorated the new Home for the holidays. And the entire Meaford team helped one another manage the balance between excitement and uncertainty. "Moving into the new Home is an adventure for us all," says Wendy Cochrane, a Recreationist who has worked for Meaford Long-term Care for 30 years. "A change like this is not easy, but I think it's a wonderful thing to experience because it helps

us to grow. And fortunately, we're a great team and can count on one another in the process."

To develop the long-term care homes needed to meet the growing demand in Ontario, everyone in the sector and health system is going to have to pull together. In the lead-up to opening Meaford Long-Term Care, peopleCare reached out to other senior living organizations that had successfully opened new homes and all were generous in sharing strategies and insights. Special thanks to Jarlette Health Services, Southbridge Care Homes, and many others.

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Fast forward to our recent experience in small-town Meaford and the prospect of hiring dozens of new personal support workers – plus clinical, dietary, environmental and other support service staff – in the midst of an ongoing staffing crunch.

"We knew we needed to get creative, fast," says Bethany Rupp, Meaford Long-Term Care's Executive Director (ED). "The traditional ways of getting new staff in the door don't cut it anymore."

Rupp speaks from experience. A long-time Meaford resident and former local business owner, she led the drive to build the larger workforce needed to meet the needs of residents in the new home.

Her top tips to consider:

- **Invest in dedicated recruitment resources** and start early. "Scaling up your workforce at this level isn't something easily taken on at the side of your desk," says Rupp. "From generating leads to hiring and orienting new staff, it's a lot to accomplish. Time is definitely your friend."
- **Pursue multiple recruitment strategies**, augmenting the standard community job fairs and traditional job postings with virtual career expos, social media advertising, open houses, imaginative community, staff referral incentives and much more.
- **Build a network of meaningful relationships** to widen your potential talent pool. Focus on innovative academic partnerships and rewarding student placements. Join the chamber of commerce and foster a robust volunteer base. "Finding ways to give back in the community helps residents stay connected to friends and neighbours and has the added benefit of keeping our home top-of-mind for referrals," says Rupp.
- **Solve for workforce housing**, one of the biggest barriers to recruitment and retention (particularly in rural areas). peopleCare secured rental units in Meaford and we are temporarily housing some new staff in our old long-term care home while helping them find other, independent options in the community.
- **Tap into your home's "cheerleaders,"** by creating an amazing workplace culture, then asking staff to share their experience through testimonials, mentorships and word-of-mouth. The positive things your existing staff say to their family and friends about working for you is one of your biggest opportunities and will resonate with prospective employees.
- **Look outside of Canada**, a strategy peopleCare used to add 30 Internationally Educated Nurses (IENs) to our Meaford team. These individuals commit to working in the home for two years and practise as PSWs while working towards their nursing credentials in Ontario. "They're proving to be an amazing asset in providing great care to residents," says Rupp. While the hiring process can be lengthy, new funding support from government for initiatives like IEN preceptorships makes this an even more appealing option to recruit skilled new employees.

We hope others will do the same. "We fully expect to continue this journey of learning and improvement as we open each of our new long-term care homes in the coming years," says Killing. "Wherever your organization is on your development journey, pick up the phone and call us anytime. We're happy to talk about what went well, what surprised us, and what opportunities will help us all build and

open more new homes quickly and efficiently."

Ultimately, the goal is to see all long-term care residents in Ontario flourishing in beautiful, modern new homes with more space, upgraded amenities and exceptional quality of life, Killing adds. Let's get there together. [LTCI](#)

Author: **Sheena Campbell**, Vice President, Communications and Engagement at peopleCare Communities. Aligned with its vision to Change the World of Senior Living, peopleCare is focused on resident-centred care, innovation and creating integrated senior living solutions to better meet the growing needs and changing values of Ontario's aging adults. Visit peopleCare.ca to learn more.



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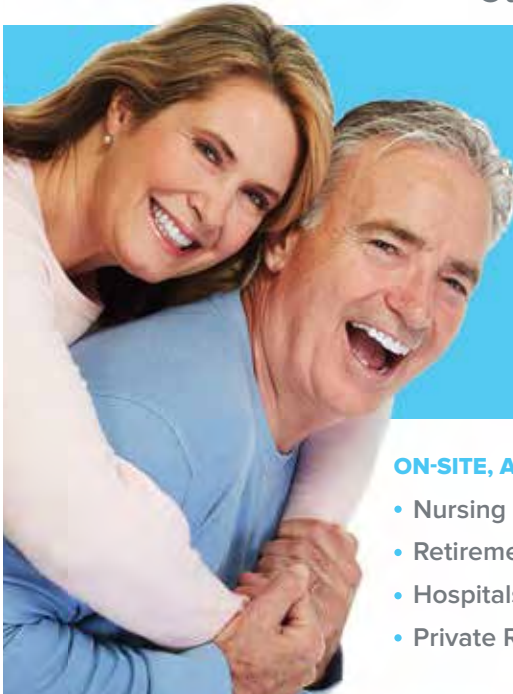
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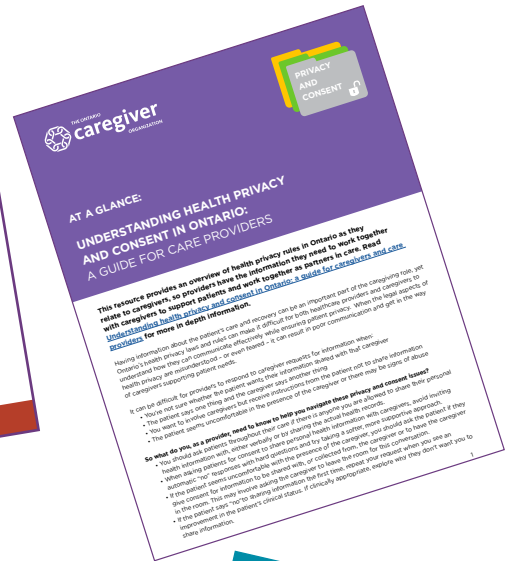
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New Essential Care Partner Support Hub

Tools and tips for long-term care homes

Essential care partners support a resident with critical physical, emotional and cognitive support and often assist with a range of activities such as eating and mealtime, recreational activities, dental hygiene, bathing and changing clothes. Different from visitors, essential care partners are necessary to the quality of life, day-to-day experiences and well-being of the resident. Their presence is essential even during health system pressures and outbreaks.

The inclusion of essential care partners in long-term care homes provides numerous benefits to residents, families and staff. These benefits include improved quality of care and resident outcomes, improved working conditions for care providers, and reductions in overall costs.

Formally identifying, including and supporting essential care partners as part of the care team are key components of an Essential Care Partner (ECP) program. Many long-term care homes across the province are already implementing the policies and leading practices of an ECP program, while others may just be getting started. ECP programs are an important part of family-centred care.

To help support your efforts, the Essential Care Partner Support Hub can provide guidance and coaching to your team, connect you to peers who have implemented an Essential Care Partner program, and provide you with resources, tools and templates. There is also an opportunity for ongoing learning and knowledge exchange through the Essential Care Partner Learning Collaborative (an interactive forum for health care provider organizations to share knowledge, experience and resources related to Essential Care Partner programs and practices).

The resources available through the Essential Care Partner Support Hub were designed in collaboration with care providers and care partners and include implementation guides and practical tips.

Here are just a few of the resources available on the website:

- **Essential Care Partner Program Implementation Guide:** This guide, developed by The Ontario Centres for Learning, Research & Innovation in Long-Term Care at Bruyère, includes a step-by-step process to develop or improve an Essential Care Partner program in long-term care homes.

- **Caregiver ID:** Templates to create a badge to identify essential care partners formally and visually in care settings.
- **Meaningful Engagement & Co-Design with Caregivers:** Resources and tools to support meaningful engagement and co-design with caregivers.
- **Health Privacy and Consent Resources:** Resources to help providers and caregivers better understand health privacy and consent rules.
- **Essential Care Partner Leading Practices:** These leading practices demonstrate the key components of successful Essential Care Partner programs.

IDENTIFY THE CARE PARTNER BENEFITS	INCLUDE THE CAREGIVER AS PART OF THE CARE TEAM	SUPPORT THE CAREGIVER
<p>Essential care partners are not visitors Caregivers are recognized as essential care partners and differentiated from general visitors.</p>	<p>Policy Organizational policies and practices enable the essential care partner open access to the care recipient (in accordance with resident wishes) and support essential care partner inclusion.</p>	<p>Essential care partner orientation There is a process for onboarding and orienting essential care partners.</p>
<p>Patient designation All residents (or their substitute decision-makers) are empowered and encouraged to designate their essential care partner(s).</p>	<p>Staff education and training Education and training are provided to all staff to understand the important role of essential care partners, and Essential Care Partner policies and practices.</p>	<p>Essential care partner training and education Essential care partners are provided education and training on key aspects of their role, including how they may choose to participate in care, and updated infection prevention and control protocols.</p>
<p>Documentation Essential care partners are documented (e.g., in the electronic medical record (EMR), including their contact information, timing, and level of participation in various aspects of care.</p>	<p>Communication Essential Care Partner policy and program information is pro-actively communicated to all staff, residents, families and essential care partners.</p>	<p>Rapid appeals A rapid appeals process is in place in regard to essential care partner identification and inclusion.</p>
<p>Identification Essential Care Partner Identification (ID badge) is used to identify and formally recognize essential care partners.</p>	<p>Shared commitment Mutual expectation of responsibilities of essential care partners and other care team members are developed and defined in partnership with residents, care partners and staff, including level of essential care partner participation in different aspects of care.</p>	<p>Support services Support services are available for essential care partners to answer questions and help them take care of their own needs while they are providing essential care.</p>
<p>Advance identification Residents with a planned admission are encouraged to identify their essential care partner(s) prior to admission.</p>	<p>Integration Essential care partners are integrated into point of care workflows and clinical pathways. Essential care partner tasks/time commitments are based on residents and care partner needs, abilities, comfort levels and preferences.</p>	<p>Link to support Essential care partners are provided and/or linked to supports and resources for their own well-being.</p>

Leading practices for Essential Care Partner Programs in long-term care homes

The key components of an effective Essential Care Partner Program include identification, inclusion and support. Learn

more at ontariocaregiver.ca/essentialcarepartner/ltc.

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Approaching the palliative care discussion

How to make the end-of-life journey easier for all involved

End-of-life care can be a difficult topic to broach. A resident's family or friends may not be ready to face the implications or make the emotionally charged decisions that ensue. Nevertheless, discussing palliative care early into a resident's long-term care journey can help make the experience beneficial for all.

"I've been a part of these conversations probably more times than I can count. It never gets easier, but in my years within long-term care I've found that outcomes are usually better for everyone when we can talk about end-of-life care before a resident's status changes suddenly and the family has to make all these important decisions at once while managing these intense emotions," says Brie Munshaw, Associate Director of Care with Cedarvale Terrace Long Term Care Home.

Discussions on palliative care will always carry an emotional weight, no matter when they occur. Still, having the conversation earlier rather than

later helps caregivers gain a deeper awareness of their options and move forward in collaboration and confidence with the home's clinical teams.

"Whenever we have the opportunity to go through the process before something happens and make it person-centred, with everyone involved, I feel we've done the very best thing we can do for the resident and their family at that stage," says Munshaw. "It just gives families that sense of comfort and peace of mind that we did everything we could to make it comfortable for them."

Defining "early"

When it comes to consulting on end-of-life care, "early" is a moving target. True, the palliative performance scale (PPS) can help point the way and long-term care clinical teams can pick up on signs that the time may be getting closer. Still, the end-of-life journey is unique for every resident, and circumstances can suddenly change overnight.

"The notion of 'early' in the context of these conversations is a tricky concept because what does it really mean?" notes Dr. Russell Goldman, Director of the Temmy Latner Centre for Palliative Care. "Even thinking about 'early' isn't necessarily early; it just means earlier than most people are doing it right now, which is often kind of too late or in a crisis. And then, sometimes, those moments of crisis may also be the right time to have a conversation because decisions need to be made at that point in time based on the circumstances at hand."

In short, Dr. Goldman says, early is subjective. Even when the right time unveils itself, there's no guarantee that a resident's caregivers will be on board. As such, establishing a foundation of trust and respect in advance of this conversation is, ultimately, the earliest step that long-term care teams can take.

"Trust is vital," agrees Munshaw. "It's one of the reasons I work very diligently to get to know our families

and our residents as individual people, so we can create a trusting relationship where I feel comfortable bringing the topic up. Even if the family isn't ready at first, at least I've brought it up. Then, as things change, they trust us enough to be more receptive to the conversation next time it comes up, and they are better prepared to have that conversation."

Experts in the room

Beginning the end-of-life care discussion is only the first step. The next is ensuring those initial meetings are productive and moving everyone in the right direction. Here is where it is valuable to have internal or external palliative care specialists in the room to help families understand what to expect and guide them through their options.

"One of the things I will ask is, "Are you aware of the natural history of this illness and what to expect? Do you know what 'normal' looks like?" And so, we can start to get a sense of where the resident's at and what to expect," says Dr. Goldman. "You may not always get what you're hoping to achieve out of those earlier conversations, but you're opening up a door and creating avenues for people to start talking. It's a first step towards developing a relationship that can exist over time."

"Having someone like Dr. Goldman in the room to say, 'This is what the illness looks like' or 'This is what we can do for you at the home as opposed to the hospital' is very helpful," Munshaw offers, adding, "It helps give people the information and reassurance they need to make tough choices."

Informed choices, stronger outcomes

The more time families have to understand their options, the better prepared they are to make decisions that will lead to their preferred care for residents approaching their end-of-life journey. This is true of decisions that may seem counterintuitive at first, but, when fully explored, are ultimately best for the resident.

"It never gets easier, but in my years within long-term care, I've found that outcomes are usually better for everyone when we can talk about end-of-life care before a resident's status changes suddenly"

Brie Munshaw, Cedarvale Terrace Long Term Care Home



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PALLIATIVE CARE

For example, says Dr. Goldman, "Stopping feeding someone on a feeding tube is much harder than putting it in in the first place. Even though the results are the same, they are very different psychologically for the person having to make the decision."

There are instances where stopping treating or forgoing certain actions is the best course of action, even if they seem like "giving up," experts say.

"Sometimes, the hardest decision to make is to do nothing, but one of the things that we really emphasize when the conversation goes this direction, is that we're not giving up, we're shifting focus," says Munshaw. "And in my years of long-term care, the so-called

'good deaths' tend to be the ones where people are given a chance to die on their terms, maybe next to their family, their dog, or listening to their favourite music. And those are all things you can start to talk about when you make that shift."

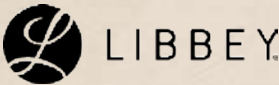
Advocates until the end

It is ideal when the resident can make these decisions, or has a family to help, but in some cases, the resident does not have that support system in place.

In these situations, Munshaw says, there will be a Public Guardian and Trustee to make the care-related decisions on their behalf. "When we have residents who do not have the support of a family for various reasons, we – the whole team – become like

a family to them. I've seen it many times in my years of long-term care nursing, and I can honestly say that helping and supporting the person on this journey at this most crucial time in their life is such an honour. I am thankful that I have the opportunity to be there for them."

When it comes to residents with family or friends, Munshaw says it is equally rewarding to help those individuals navigate this difficult time: "For me, when a family member says thank you for caring for their loved one and often gives me a hug, I know we've accomplished our goal of making the process as person-centred and dignified as possible." **LTCI**



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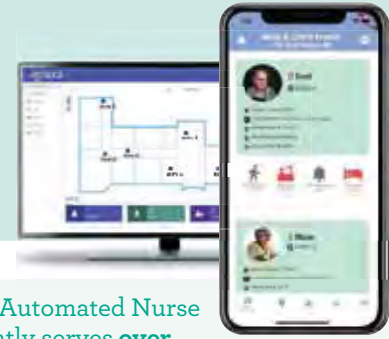
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Tenera Care is Redefining the Nurse Call System

Advertorial

Tenera's solution automates Nurse Call functionality, allowing patients to get help anywhere anytime (even when they can't request it). It provides data and analytics for preventative care, and includes value-add tools that drive operational efficiencies. The result is a practical, affordable system that delivers massive value to LTC.



Tenera was founded by Stewart Hardie after a personal experience with his grandmother, an LTC resident. An injury in the night and a nurse call button that was out of reach left her stranded on the floor for hours. This led to complications that she would not recover from.

This incident motivated Stewart to build a wireless Nurse Call System. He started working with senior care providers on a solution using existing technology, but quickly hit a wall.

"The existing indoor positioning technology (IPS) didn't meet the demands of health care," Stewart explained. "They needed a solution that was accurate, simple and affordable. But the accurate systems were complex and expensive. And the affordable, simple systems were not accurate."

So Tenera assembled a team to develop a better technology.

"Other accurate systems rely on hardware that is complex and expensive," said John Curticepear, VP of Engineering at Tenera. "We developed an advanced software to achieve high accuracy, allowing us to use low-maintenance, inexpensive hardware."

Tenera's Wireless Automated Nurse Call System currently serves over 2,600 LTC beds and has over 5,500 users with numbers growing daily. Customers report extremely high staff & resident satisfaction levels.

Improving the Quality of Care

A key feature of Tenera's system is the behavioral data it generates. Accessible through the system's analytics dashboard, it reports on behavior like washroom visits, sleep quality, staff time and physical activity. This data combines with automated alerts to flag changes that are early indicators of health complication, enabling preventative care.



A study by Innovative Solutions Canada reported that LTC staff were able to use Tenera to reduce falls by 55% and hostile interactions by 77%.

ACCURATE TO 15CM
WEARABLES WITH 1 YEAR BATTERY LIFE

Tenera's solution uses small Ultra-Wide Band (UWB) beacons, wearable devices with a help button for residents & staff, and a mobile enabled dashboard that monitors and alerts in real time.

A Better Nurse Call Solution

The result is a solution that is accurate to 15cm, simple to use and affordable. It is comparable in price to hard-wired systems. But unlike those systems that require replacement every 10-15 years, Tenera's hardware has no shelf life.

It allows residents to request help anywhere anytime, including through automated alerts that notify staff when a resident is in danger but can't request assistance themselves.

Staff accept requests through the mobile app that can clear automatically based on proximity, helping ease workload.

Another impressive feature is Tenera's fall detection. It uses their unique floor detection to better predict falls and eliminate false positives.

Other features include geofencing for dementia safety and resident wandering, outbreak contact tracing, and violent interaction prevention. It also serves as a robust asset tracking system and a highly effective staff safety solution.

Delivering Value to LTC Facilities

Tenera's solution is much more than a Nurse Call System - but it is purposefully positioned as one. This allows LTC facilities to procure Tenera, with all its tools and value-adds, using existing Nurse Call budgets.

For LTC providers who are being pushed to do more with less, having the ability to implement a system like Tenera's can be a true game-changer.

"We set out to improve how Nurse Call Systems notify of negative incidents," said Stewart. "But we ended up with a solution that helps prevent negative incidents from happening. That's something we are very proud of."

Tenera Care's system has been described as the "leading Wireless Automated Nurse Call solution" by AgeWell, Innovative Solutions Canada, the CAN Health Network, and University Health Network (UHN).



Learn more at www.tenera.care or email info@tenera.care



A glimmer of HOPE

BC's Helping Optimize our People Energy (HOPE) online modules address burnout

Staff burnout and staff retention have become hot topics in health care. Interdisciplinary staff working in long-term care are presented with multiple challenges due to the recent COVID-19 crisis and to increasing numbers of residents dying in long-term care.

A series of **HOPE (Helping Optimize our People Energy)** modules were developed in 2022 by a team of interdisciplinary frontline clinicians and researchers in collaboration with input from experts in the fields of palliative and relationship-centred care/team wellness to try to address these issues.

The HOPE modules evolved from a three-phase study. The first phase of the work, conducted prior to the COVID pandemic, highlighted that almost 50% of interdisciplinary long-term care staff participants were experiencing significant levels of emotional exhaustion, a strong indicator of burnout. Concern about burnout prompted a second study in 2017-18, in which participants were asked to describe the challenges they experienced regarding dying and death in long-term care facilities and the supportive strategies that might reduce the risk of burnout. The study was based on individual staff interviews and focus groups including a wide range of disciplines working in long-term care. Phase three of the study, including the module development, builds on findings from two previous phases.

Significant changes have occurred in long-term care over the last decade, particularly that residents often have very complex health conditions and require a high level of care (often palliative). The HOPE modules highlight the need to nurture both individual and team resilience and provide supportive strategies for both.

Module 1: Supporting the individual

The first online module features the warning signs of burnout and provides supportive strategies to promote recovery, self-care and resilience. The module aims to help individuals to:

- Understand the multiple challenges long-term care staff face when working in long-term care.
- Understand the multiple challenges staff face when caring for dying residents.
- Understand the symptoms of burnout and identify your own signs of burnout.

- Understand the different elements of mental health and well-being.
- Understand and identify how to incorporate the practices of self-awareness, mindfulness and physical/mental recovery at work.
- Express how nurturing resilience can help recover from burnout.
- Act on "taking time to say goodbye" and initiating debriefings after a resident's death.

A highlight of this module is Dr. David Kuhl, an expert in relationship-centred care/team wellness, talking about relationship-centred care and explaining how all of our relationships are reciprocal. The emotional connections and positive relationships that staff form with residents and their families enables the best care and exposes staff to occupational hazard of grief and other complex emotions when a resident declines or dies. This can lead to unresolved grief/emotional exhaustion/burnout if not dealt with in a timely way.

Increasing exhaustion in the workplace not only affects our physical and mental/psychological well-being, but also our relationships with colleagues, residents and their families, and ultimately the quality of care staff are able to provide.

Dr. Kuhl suggests using a visual image of plexiglass between the caregiver and the resident. The image serves to "protect" us as caregivers from absorbing the pain and trauma of those we work with. We can maintain the image as a boundary while we focus on understanding the feelings, experiences, and behaviours of the resident, rather than focusing on our own emotional responses. It allows us to be fully present to meet their needs.

Module 2: Supporting the team

The second module features building and nurturing team relationships, effective team communication, team support, building and nurturing relationships with family, effective communication with family, supporting families and supporting the resident at end of life.

The goal of the second module is to help team members:

- Understand what it means to be on the same page with colleagues, with the goals, objectives and values of your program.

- Combine the learned strategies for team and families into your existing value system.
- Understand the features that are specific to palliative care and know when and how to make a referral to palliative and spiritual health services at the appropriate time and in the best interest of the resident.
- Identify resources that are available for additional team and family support and know how to advocate for those resources.

The module begins with a reminder that team cohesion is the essential ingredient of a team that functions at their best – with safety, inclusion and trust being key ingredients. Also important is congruence for individual team members. Participants are asked *“Can you be your authentic self? Is the inside of you (with regard to your own values) expressed or lived honestly to the outside world?”*

Another highlight is Jenica Burns, a palliative care expert, talking about how to be present with a dying resident and ways in which to provide comfort care as well as advice on how to have difficult conversations with families.

The research team’s hope is that when staff dedicate the time (approximately one hour) to complete the modules, they have an opportunity to reflect, recover and access supportive education and resources.

As Dr. Kuhl concludes: *“Each of us is a limited resource.... If we give all of our emotional energy to a resident in Room 1... how much will we have left for the resident in Room 2? And how much will we have left for the people at home that we love? What do we need to do to take care of ourselves so we can make a similar investment today and the day after that? The secret of caring for the residents is in caring for the health care providers and caring for ourselves as health care providers....”*

The HOPE modules can be accessed via learninghub.phsa.ca course number 26536 (Strategies to alleviate staff stress and burnout related to death and dying in long-term care (LTC)). [LTC](#)

Authors: **Karen Pott**, BScOT; **Anne Leclerc**, MRSc, BScPT; **Kit Chan**, BSc, RD; **Annes Song**, BScN, BSc; **Chris Bernard**, MDiv; **You Na Choi**, BA; **Patricia Rodney**, MSN, PhD; **Joseph H. Puyat***, PhD, MA (Psych) *Principal Investigator. *Project consultants:* **Dr. David Kuhl**, **Jenica Burns** (RN)

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Move-in makeover

Transforming how people experience moving into long-term care at Sienna Senior Living

At Sienna, even while the pandemic was still in play, leaders started working on a new vision for creating a fulfilling experience in long-term care, with happiness at the root of daily life. Also, thinking ahead to the seismic demographic shift of the baby boomer generation, it was the right time to do something bold, transformative and purpose driven.

Extensive research into existing care models and consultation with Sienna's resident and family advisory groups revealed that Sienna has some excellent practices in place. Consultations also showed where there are opportunities to raise the bar when it comes to trust, communication, dining experience, recreation and socialization.

Circle

Following more than a year of design work and collaboration with residents, families and team members, Sienna launched the Circle approach, which is made up of four pillars: Settle-In, Savour It, Stimulate and Socialize. Each pillar identifies an aspect of long-term care that is most important to residents and families. The Circle approach is built on a foundation of high-quality clinical care and service excellence.

Since every journey to long-term care starts with moving in, that is where Sienna's changes began.

Moving ranks among the most stressful life events. Throwing in the additional complexities of needing long-term care makes it easy to see

why making this transition can be difficult.

Feelings of sadness, anxiety and loss of independence often accompany moving to long-term care. In addition, the stress of packing, paperwork, complex medical needs, guilt and fear of the unknown is overwhelming. For long-term-care staff, moving day is routine and often down to a science. The faster it gets done, the quicker residents can get settled in. But in the process, the resident and family experience can become overshadowed by necessary tasks: labelling clothing, admission paperwork, and assisting with unpacking.

While we cannot change what needs to be done to move someone safely into long-term care, we can change how we do it. Sienna Senior Living's Settle-In program puts an empathetic lens on an otherwise difficult process to make moving into long-term care feel less transactional and more personal.

Settle-In

The perspectives of residents and families were vital to the design of Settle-In. Their experiences were the basis of the journey map, aligning the structured process of moving in to meeting their individual needs and not the needs of the long-term care home. The journey map highlights four phases of the move-in process where long-term care homes can partner with residents and families to personalize their experience. The phases identified include: Tour, Prepare, Arrival and Settle-In.

An essential part of the Settle-In pillar's success is for long-term care staff to understand how they impact the move-in experience. The right mindset first involves acknowledging that for staff, move-in day is part of the regular workday, but for people moving in – and their loved ones – it is the opposite of routine. This event deserves special attention, specific staff training and processes that provide flexibility to meet every individual's situation and unique circumstances.

Rolling out the welcome mat

Tour

A decline in health usually triggers the pre-move-in stage for long-term care. When a long-term care home becomes available, decisions must be made quickly. When people have the opportunity to tour a home beforehand, it can provide comfort when it comes time to move. Sienna implemented Tour Teams of highly motivated team members (leaders and frontline staff) trained to provide an engaging tour experience. Tours give the team a chance to showcase the home and create an excellent first impression. Long-term care homes can succeed in offering all guests a high-quality tour experience by involving the whole team.

Prepare

In a perfect world, people would have more time to prepare for moving into long-term care. But for most, it's a scramble. The Prepare phase prioritizes all the tasks that can be

done at the home before move-in day, so the team can focus more on the relationship and less on the paperwork during those first overwhelming days. This involves calling them beforehand, completing as much paperwork as possible before move-in day, welcoming people to personalize their space in advance so it feels more home-like on arrival, and helping people know what to expect to soothe their fears and alleviate stress.

Arrival

Be a great host and make their arrival day feel anticipated. Every staff member should know their role in welcoming residents and be prepared to connect with them on a personal level. The attention should be on the resident and family, not the tasks. Small details such as reserved parking, welcome signs, and a personalized welcome gift can help counter some of the anxious feelings that come with move-in day.

Settle-in

The first six to eight weeks after moving into long-term care are crucial for building a relationship based on trust. A series of proactive phone calls and in-person visits from the environmental services, dietary, recreation and clinical teams during these weeks will reassure residents and families that the home is committed to getting things right.

Sustain

Sienna's Ontario and B.C. long-term care communities have received training and are now rolling out the Settle-In experience. An easy-to-use training guide and a train-the-trainer model contribute to its success. Resources include an implementation package and learning modules for each department, providing clear accountability to ensure the experience is standardized across all provinces. Audits and surveys are also integral to sustaining and improving the program.

Reducing stress, building trust

Residents and families continue to provide valuable feedback on their move-in experience. Although every move-in is unique, teams can use these learnings to continue to improve and customize the process.

One significant factor that led to the successful rollout of Settle-In was the team's thoughtful and collaborative

design. Every long-term care provider can begin implementing the Settle-In approach immediately because the basis of the program is about aligning empathy alongside getting the necessary tasks done. Settle-In ensures teams respond with the right behaviours at critical points during the move-in experience and from the perspective of understanding the journey from the lens of those we are entrusted to serve.

Creating a great move-in experience benefits everyone – the people who

live in long-term care, their loved ones, and the dedicated staff who support residents. Feeling welcome, at home, and comfortable from the first day supports trusting relationships, eases the burden of adjusting to a new environment, and cultivates happiness in daily life. [LTCI](#)

Author: **Nadia Daniell-Colarossi**, Senior Manager, Media Relations and Communications, Sienna Senior Living.

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PREP LTC

Supporting student placements

For those who haven't heard of this initiative, PREP LTC is a \$73-million project funded by the Ministry of Long-Term Care to support long-term care homes in building or expanding student placement programs. It is being led by the Ontario Centres for Learning, Research and Innovation in Long-Term Care (CLRI) at the Schlegel-UW Research Institute for Aging in collaboration with the Ontario CLRI teams at Baycrest Health Sciences and Bruyère.

Year 3 of the Preceptor Resource and Education Program in LTC (PREP LTC) is underway. The goals of PREP LTC are:

- To address barriers to increasing capacity for clinical placements;
- To provide a positive, high-quality experience for students and preceptors; and
- To recruit and retain team members in the long-term care sector.

Year 1 was only six weeks in length as we launched the initiative in mid-February, wrapping up the "year" at the end of March 2022. We launched Year 2 of PREP LTC in August 2023. We onboarded 10 Regional Engagement Liaisons (RELs) in the spring, and they have been connecting with all 626 long-term care homes across the province since we launched.

We've had a very productive and eventful year. Our RELs have engaged with over 80% of the long-term care sector in Ontario. This means that 505 long-term care homes enrolled in PREP LTC this year and have been working with our RELs to build and expand their student placement programs. Students who have a positive, high-quality experience in their clinical placements are more likely to stay in the sector.

In Year 2, we initially offered funding per PSW or nursing student to cover backfill pay for preceptors mentoring students. While students often shadow

their preceptors during rounds, evidence shows that when preceptors spend dedicated time with students providing instruction, feedback and time to debrief, students have a better experience and are more prepared to work in long-term care.

For preceptors to provide this dedicated time, PREP LTC funded long-term care homes to replace preceptors when they were off the floor to mentor students.

While many long-term care homes appreciated receiving backfill funding and provided students with dedicated mentoring time, many homes indicated that due to staffing shortages, they would be unable to use the backfill funds. Additionally, long-term care homes told us they would benefit from having student placement coordinators to coordinate student placements in their homes.

We heard these concerns, and, in collaboration with the Ministry of

Long-Term Care, we offered funds to cover the costs of developing a new student placement coordinator role or expanding an existing one. As well, in the last few weeks of Year 2, we broadened the funding to include honoraria to appreciate the work preceptors were doing. This year, we provided 398 homes with funding to support their student placement programs.

In addition to funding, PREP LTC offers free preceptor education in a seven-hour eLearning Course. It is accessible from our eLearning Hub. Enrolled long-term care homes can receive backfill funding for each team member that completes the preceptor course (\$210 for each completion).

Our eLearning preceptor course will be available in various formats to increase access to it. In the coming months, we will have a mobile friendly version, an in-person parallel version, a facilitated version and an asynchronous training option for facilitators. Look for these expanded formats in the summer and fall.

Furthermore, RELs work with each home to meet them where they are and support them in their trajectory toward building a high-quality student placement program. Support includes connecting long-term care homes with post-secondary institutions, brainstorming ideas on recruiting preceptors, supporting orientation activities and much more. Please check our resource webpage for resources to help your home build or expand your clinical placement programs.

In Year 3, participating in PREP LTC will be easier for long-term care homes: Homes can enroll and register for placement \$30,000 in coordination funds in a single step. Once enrolled, homes will be able to register their own students.

In the 2023-24 year, we have added Nurse Practitioner students to the types of clinical placements that are eligible for funding. The amounts per placement type are:

- \$2,000 per PSW student;
- \$3,600 per PN or BScN nursing student;
- \$3,600 per NP student; and
- \$3,600 per IEN (from any program) or SPEP candidate.

By enrolling in PREP LTC (clri-prepltc.ca/), your home's REL will work with you to ensure that you have

a high-quality, sustainable student placement program that will train students, recruit them and retain them for years to come. [LTC](#)

Author: **Shilpi Majumder**, PhD, Manager of the PREP LTC program of the Ontario Centres for Learning Research and Innovation at the Schlegel-UW Research Institute for Aging.



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Cultivating the ultimate team member experience

Schlegel Villages shares their strategies for building great teams

Careers in long-term care can be very fulfilling and long-lasting. However, heightened sector challenges are making it tougher for long-term care homes to recruit, develop and retain the skilled individuals they need to care for Canada’s aging population. Leaders are looking at their recruitment practices in a new light, as Schlegel Villages recently shared in a presentation at the Ontario Long Term Care Association’s spring conference.

“Finding and keeping long-term care staff was hard long before the pandemic, but when COVID-19 hit, long-term care homes took the brunt of the media’s attention,” says Cheryl Janssen, Director of People Engagement with Schlegel Villages. “There was a lot of misinformation going around that influenced the public’s perception of work in this sector. And at the same time, people who maybe wanted to get into long-term care were seeing their friends or family members in the industry come home exhausted.”

These factors were having an impact on recruitment and retention. However, as Janssen and the team at Schlegel Villages have learned, there are proven strategies for empowering teams, keeping them engaged, and helping them reach their full potential.

First contact

It begins with the first point of contact. Never underestimate the value of a strong workplace culture, says Lisa Obermeyer, Director of People Opportunities with Schlegel Villages, and be sure to demonstrate that culture from the first interview, where both the employer and their potential team member have a prime opportunity to gauge their alignment on core values and expectations.

“At that point, the candidate has already liked the job description and applied, so now the question is, ‘How do we create cultural alignment between the candidate and the organization to ensure the right fit?’” says Obermeyer.

One answer has been to bring Schlegel Villages team members into the interview room to connect with candidates, share their experiences,

and demonstrate the Village’s values. “Those team members have worked in our Villages and they know what the culture is like, so they’re also going to be able to identify those who are culturally aligned and like-minded to come in for a second interview,” explains Obermeyer.

Thinking beyond the traditional interview questions can also be beneficial. Specifically, Schlegel Villages has found success in replacing the standard HR interview questions with ones that dive deeper into topics such as workplace culture, expectations and personal development goals.

Overall, adds Obermeyer, the key to recruiting individuals that will go on to form exceptional teams is to look at the interview and onboarding process from the candidate’s perspective: “It always helps when you hold up the mirror to your hiring practices and ask if you would feel good as a candidate going through them. Does it feel like a good place to work? Did you make a great connection with someone that makes you want to come back? Or,

was it an experience that made you want to skip the second interview?"

Development and growth

Keeping staff engaged and on board is a persistent challenge in long-term care. Here's where committing to continuous career support and development can help keep teams intact.

For one, says Janssen, there are advantages to surveying new hires throughout their first weeks and months of their job. Even if these are anonymous, consistent check-ins enable leaders to monitor how new hires are adapting to the home or if they require additional support.

"Instead of just HR reviewing these reports, it's important for leaders in the Villages to have access to them as well so they can identify the point at which there may be opportunities for change, or practices that are going well that they want to continue," explains Janssen.

One of the main reasons team members leave long-term care is that they don't see a future in their current role. For this reason, Janssen says, there is immense value in taking every opportunity to demonstrate how they can grow within their role, department and organization as a whole.

"We like to share that one of our executives started off as a landscaper," says Janssen. "There are always opportunities to grow within a long-term care home, so we just have to make sure our team members know about these opportunities and are encouraged and supported to pursue them."

There are ample ways to support team growth, Janssen continues. These include enabling team members to "walk a mile" in a new position, to job-shadow leaders or assume non-traditional leadership roles, or to acquire additional training and education. In addition, says Obermeyer, Schlegel Villages likes to share stories of people who grow within the organization and make a concerted effort to identify others who may be ready to take the next step.

"Every fall, we go through the exercise of looking at all the positions in the organization that people can grow into



The key to recruiting individuals that will form exceptional teams is to look at the interview process from the candidate's perspective

and start looking internally at who might be a good fit for the role. Then, we figure out ways of helping those individuals become future candidates for those opportunities."

Constant feedback

The value of communication cannot be overstated when building the ultimate team experience, Janssen says. Engagement surveys, feedback sessions, town halls, and one-on-one consultations are all elements of a good feedback strategy, she notes, but none are effective unless team members feel safe and empowered to raise their voices.

"That goes back to building a workplace culture where your leaders are authentic and genuine," Obermeyer adds. "You can't just tell people to provide feedback; you have to win their trust."

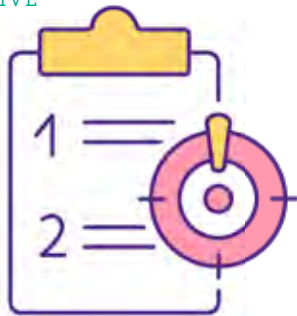
These insights scratch the surface of what it takes to create a fulfilling, empowering and long-lasting team member experience. If there is one connective thread, it's the need for a workplace culture where employees and their leaders have the resources, opportunities and incentives to flourish together. **LTC**

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A new vision for LTC staff orientation

A modular approach aims to streamline the onboarding process for long-term care employees

A new staff orientation initiative is being created to streamline and accelerate the onboarding process for long-term care employees. Called the Resident Care Training Cooperative, the modular approach aims to equip incoming long-term care staff with sector-specific micro-credentials (aka modules) that comply with regulations and are universally recognized by supporting homes.

The initiative is being hosted by Vision '74 Inc., a non-profit organization located in Sarnia that operates Vision Nursing Home and Vision Rest Home. Leaders have been working alongside Lambton College in Sarnia, Ontario, to design and pilot the program. According to Heather Martin, CEO of Vision '74 Inc., the desire for a faster and more efficient way of bringing new long-term care employees into homes has always existed, but the pandemic provided extra motivation.

"In April of 2020, we experienced our first outbreak of COVID and, due to several factors, we experienced a 50% drop in employees over about six weeks," Martin recalls. "Suddenly, we were in a race to find qualified replacements, which meant conducting all the necessary due diligence to ensure they met rigid industry standards. Soon, we were drowning in orientation processes and paperwork at a time when we were already stretched thin."

It didn't help, Martin continues, that much of the staff orientation work felt redundant: "The people coming in had already gone through orientation at another home, but now we had to start from scratch. We all live by the same regulations, so it didn't make sense that we couldn't carry that along."

Forming the vision

With orientation paperwork growing and staff frustrations mounting, Martin and her team turned to their partners at Lambton College for a better solution. That's when Sandy Vascotto, Director of the College's Innovation Institute, began working closely with Martin and her team to envision a more effective process.

"We realized the problem stemmed from the fact there was a pushdown in terms of the legislative requirements when it came to training, but every home had its own way of interpreting that," says Vascotto. "That was leading to a disparity in how people were being trained and qualified to those standards, which meant that other homes hiring them couldn't count on them being up to par with their expectations."

The team began to ask: Why was there a need to retrain staff and go through that process again? Could there not be a method by which the skills and competencies required to do the job in question were already

verified and recognized when they came in through the door?

"That's when we looked at micro-credentialing," says Vascotto. "It's a different way of doing the training where long-term care professionals can take short, competency-based training modules that demonstrate they aren't just able to read a piece of training and repeat it back, but that they have proven they have the competencies to perform their roles in a real long-term care home environment."

With competency-based training as the foundation, the team began breaking down Ontario's long-term care training requirements into 28 micro-credentials that could be obtained by long-term care employees and recognized by any home that supports the micro-credentialing initiative.

Importantly, notes Vascotto, "A big thing is we want to still give homes the autonomy to decide what training matters to them. So, the cooperative is really about providing 28 different 'LEGO blocks' so that any home could say, 'Yes, this works for us' or 'No, we won't recognize this and we need something more specific.' And if they don't want to accept one of the micro-credentials, there is room to create individually tailored templates for their homes or even specific roles."

On top of the 28 core micro-credentials, there has been ongoing work to create add-on credentials that are role-specific for professional development. "Then, we built another 40 micro-credentials that are specific for various roles," explains Vascotto. "What we asked was, 'Say you have somebody from housekeeping, or reception, or another role? What are some of the core skills you want them to have?' A 'pick and choose' option will be made available."

Building the Resident Care Training Cooperative

Thanks to a series of provincial grants, the team has spent a year bringing the Resident Care Training Cooperative to life. In that time, the team recruited Claudette Leduc, a health care industry veteran and project manager with Vision '74 Inc., to help align the program to industry needs, expectations and regulations.

"We surveyed homes throughout the region to understand what they would look for in a micro-credential. Then, based on those surveys and the legislative requirements, we started creating these small but information-rich modules that we then shared with long-term care homes and some in the retirement sector to get their feedback," Leduc says. "We are thankful for the support of the Sarnia-Lambton homes that participated in the early stages of this project."

Governance has been a fundamental consideration for the project. In deciding on an effective and fair way to govern the program, the team landed on a cooperative model that is owned and run by participating homes, thereby ensuring all voices are heard and the benefits are shared.

Key to that governance piece is the inclusion of a centralized online platform through which the users and system administrators (stakeholders) can track, measure, audit and collaborate on the program in real time as the program grows in size and scope.

Moreover, Vascotto explains, "The web portal automates that entire auditing piece. It's a place where the Ministry, homes and colleges can see when updates to a module are made based on changing legislation

"This is something the sector needs, and we're at a very exciting place in terms of moving it along. Ultimately, this could also allow organizations to tap into the program for annual mandatory education compliance"

Heather Martin, Vision '74 Inc.



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"The students coming out of schools and into the industry, in addition to seasoned workers moving away from one organization to another, already have the competencies they need through these credentials"

Claudette Leduc, Vision '74 Inc.

and then see which homes are compliant or non-compliant. At the same time, it's a place where the HR manager can visit to see if modules or regulations have changed, when and if staff credentials are expiring, and who may need new training."

Piloting the program

A lot has happened since Vision '74 brainstorming began in February 2021. Today, Martin, Vascotto, Leduc and the team have defined the 28 core micro-credentials, created add-on modules, laid out the foundation for cooperative and economic models, and created a prototype for the web portal. With the project coming into sharp focus, the current step is piloting the components of the micro-credential deployment among the program's early partners.

"As of right now, we have run through well over 3,000 micro-credential registrations, involving close to 200 individuals that have then moved into participating homes where they've been assessed to see if the micro-credentials effectively replace traditional training or if there's anything that needs to be worked on," Vascotto explains.

Martin believes this cooperative has the chance to reshape the long-term care staff orientation process at a time when Ontario is building new long-term care homes and working towards an average of four hours per resident per day by 2025. The sector will need thousands of new employees. "We see huge opportunity to take the pressure off of long-term care homes," she says.

"We're saving resources at the home level, and everyone in the industry can be assured that the students coming out of schools and into the industry, in addition to seasoned workers moving from one organization to another, already have the competencies they need through these credentials," Leduc adds.

"This is something the sector needs, and we're at a very exciting place in terms of moving it along," says Martin. "Ultimately, this could also allow organizations to tap into the program for annual mandatory education compliance." **LTC**

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Seniors Housing and Long-Term Care 2023 Outlook



Seniors housing is a vital and growing sector in the Canadian economy with a great deal of potential given the growing population of retiring and aging baby boomers.

Over the next two decades, the population of Canadians aged 75 and older is expected to grow fastest at over 110%, compared to 20% for the broader population. With the life expectancy of people aged 65 and over increasing¹, so too are the demands for services to care for them. With waitlists growing and government-funded construction and investment increasing, the opportunities in the sector are significant. Following are a few key trends and developments we're tracking.

While occupancies in the sector have fallen on average by 10% to 15% since 2020, we expect this to stabilize and trend higher by the end of 2024. Nonetheless, a significant and increasing gap between demand and supply for seniors residences persists. Many developers are on the sidelines because rising construction and labour costs, higher interest rates and slow lease-ups do not support investment return expectations. Uncertainty in the residential real estate market and declining sales volumes caused by rising interest rates are also impacting lease-ups. Meanwhile, some long-term care projects are being sold for alternate use as their licenses mature. To counter this trend, provincial governments are doing their best to incent development by increasing funding and subsidies to developers and operators.

Among other trends, larger players are choosing to divest smaller properties in secondary markets. At the same time, they're building for scale in larger urban centres. Operators are also leaving existing business lines to focus on either long-term care or retirement. While these moves led to significant merger and acquisition activity over the last five years, deals have been challenged given the rising rate environment. Buyers are resisting paying a premium for the promise of future income, while sellers are taking a wait-and-see approach, focusing instead on improving operations and cash flow. However, we believe consolidation will continue given the capacity of larger firms to support the higher costs associated with construction and operations.

Other developments to watch include:

- Increasing regulation and higher operating costs should persist in the short-to-medium term
- Consumer demand for gated communities with on-site amenities should increase
- Operators will remain focused on increasing occupancy levels and revenues while managing costs
- Recently announced changes to fast-track the accreditation of internationally educated nurses² should help manage current labour supply shortages

Our view is that it will take 18 to 24 months for the sector to normalise with continued support from lenders and the government, helped further by easing in both inflation and interest rate pressures.

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¹ <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-X/2021004/98-200-x2021004-eng.cfm>

² <https://www.cbcnews.com/2023/01/provinces-working-to-make-it-easier-for-internationally-educated-nurses-to-work-in-canada-0132442.html#gs.xyywbtx>



LTC resident Diane Eddy benefited from the SeeMe® framework, which enabled her husband Laird to incorporate her personal wishes and preferences into her care

Incorporating frailty considerations into care plans

SeeMe®: Understanding Frailty Together

Perley Health, a long-term care home and campus of care in Ottawa, Ontario, follows an innovative approach to developing, implementing and updating resident care plans. SeeMe®: Understanding Frailty Together is a comprehensive framework that considers frailty and prioritizes each resident's values, preferences and desired lifestyle. Under SeeMe®, residents collaborate with their families and care teams to make informed decisions about treatment and intervention options.

"Most families with a loved one admitted to long-term care are unaware of frailty and its effects," says Dr. Benoît Robert, Chief Medical Officer at Perley Health since 2011 and attending physician there for more than two decades.

Frailty, a medical condition of reduced function and health, is increasingly recognized and studied. A person who is frail is less able to cope with minor stresses and more likely to suffer rapid and dramatic changes in health. The risk of frailty increases with age, although not all older people are frail.

"I compare a frail person to someone in an overloaded canoe," says Dr. Robert. "While the water's calm, it's easy to stay afloat. But when conditions get tougher – say the resident gets a urinary tract infection or a chest cold – the canoe can sink quite quickly, even with interventions that are typically effective in an emptier boat."

Developed at Perley Health and the subject of ongoing evaluation, SeeMe® engages residents, families and care teams in often-challenging conversations about the relationship between frailty, medical intervention and quality of life. The process begins soon after admission with a Comprehensive Frailty Assessment, a standardized and holistic consideration of the resident's physical, functional, cognitive and psychosocial status. Part of the Assessment involves the Clinical Frailty Scale, a validated, evidence-based tool developed in 2005 that broadly stratifies degrees of fitness and frailty among people aged 65 and older. The results are discussed during a care conference involving the resident,

family members and staff, including a physician, nurse and personal support worker (PSW). Together, they create a customized care plan, which is updated annually or as needed.

"During the conference, the resident and family get the information they need to make informed choices about the care plan," says Andrea Liu, Manager of Interprofessional Care at Perley Health. "They learn about what we can do to manage pain, provide comfort and enable the resident to live life to the fullest in the time they have left. The wishes of each resident and family are unique; there are no right or wrong choices."

After Diane Eddy developed Alzheimer's, her husband Laird Eddy cared for her at home for eight years. In June 2021, Diane moved into a secure unit at Perley Health, where staff used SeeMe® to develop her original care plan and to update it a year later.

"I still feel responsible for her care," says husband Laird Eddy, "and recognize that she's getting the best of care at Perley Health. Sitting down with Diane and her care team to discuss who she is and what she likes, as well as her current health status – and then using this information to develop a care plan – helps to put my mind at ease."

In March 2022, the Canadian Geriatrics Journal published a study of SeeMe® completed by Perley Health's Centre of Excellence in Frailty-Informed Care. The study demonstrates that SeeMe® resulted in high satisfaction levels among nurses, physicians and the families of long-term care residents. SeeMe® residents and their families were more likely to choose less-invasive interventions to preserve both health and quality of life. This included decisions to decline cardiopulmonary resuscitation (CPR) and transfers to hospital.

"Frail patients present an existential challenge to medicine's traditional approach of treating one disease or condition at a time," says Dr. Kenneth Rockwood, who led the development of the Clinical Frailty Scale in 2005 and is widely considered one of Canada's top experts in geriatrics. A Professor of Geriatric Medicine at Dalhousie

University, Dr. Rockwood is also a Canadian Institutes of Health Research Investigator, a Staff Physician at Halifax's QEII Health Sciences Centre and the Nova Scotia Health Authority Senior Medical Director (Acute Medicine).

"Today's long-term care residents tend to be more clinically complex and to have more chronic illness than in the past," he says. "The higher the degree of frailty, the harder it is to recover and return to baseline – and by baseline, we mean what a resident was like two weeks earlier. And some may never get back to baseline."

Dr. Rockwood believes that identifying and tracking frailty enables care teams to deliver individualized, person-centred care informed by a resident's strengths and weaknesses. He encourages clinicians and policymakers alike to reconsider what it means to "get better."

"We have to frame the care of frail patients in a morally neutral way," he says. "Terms such as 'bed blockers' and 'hallway medicine' can serve to shift blame onto patients and away from the fundamental problems of the acute-care approach."

Since 2019, all Perley Health residents participate in SeeMe®. To support its implementation, Perley Health has developed a range of resources, including a training program for staff, and continues to conduct further evaluations.

"A deeper understanding of frailty helps everyone – residents, families and caregivers – communicate more effectively and make better decisions," says Dr. Robert. "One of the tragedies of medicine is that it over-medicalizes end-of-life care and death. In many cases, I think we're better off focusing on caring rather than curing. To improve long-term care, we need to develop, implement and validate more innovations like SeeMe®." **TCT**

To learn more or to request SeeMe® resources, please email **Andrea Liu** at aliu@perleyhealth.ca, or call her at 613-526-7170 x2445.

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Home to 450 seniors and veterans in long-term care and another 150 in independent apartments, Perley Health provides a full range of clinical, therapeutic and recreational services. It is also a centre for research, education and clinical innovation. The Centre of Excellence in Frailty-Informed Care™, established in 2019, conducts and shares the practical research needed to improve care. Caregivers come to Perley Health to study and to acquire hands-on skills and experience.



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A Chinese New Year celebration at a Yee Hong LTC, where residents' beliefs and traditions are honoured

Providing culturally appropriate care

Yee Hong shares insights on helping residents of all backgrounds feel at home

What defines culturally appropriate care? How is it being provided in your long-term care home? These are important questions to ask in a province rich with diverse cultures, values and beliefs. They are also questions that don't necessarily lend themselves to easy or definitive answers but rather conversations that evolve alongside Ontario's long-term care home demographics.

"Ontario is multicultural, so I think there's a need to take a fresh look at what culturally appropriate care actually means and how we, as long-term care professionals, live that in our homes," says Dr. San Ng, Chief Executive Officer with the Yee Hong Centre for Geriatric Care.

It's a passionate topic for Dr. Ng and the Yee Hong Centre team. Opened in 1994, Yee Hong has a renowned history of providing a safe, welcoming, enriching environment and high-quality services to allow 15,000 Chinese, Japanese, Filipino and South Asian older adults across the Greater Toronto Area to live in settings of their

choice, including long-term care, independent living, and in their own homes. This reputation is founded on an organizational culture in which each resident's unique identity – their values, beliefs, traditions and preferences – is truly honoured.

"One Asian person isn't the same as another," Dr. Ng explains. "Yes, there may be some commonalities in terms of outlook, but the culturally appropriate care discussion needs to start with an understanding that everyone is unique and that culturally sensitive, person-centred care goes much deeper than speaking their native language or serving traditional foods."

It's a valuable understanding, both for homes where residents with shared identities live, and homes in which residents have a wider spectrum of cultures and ethnicities. Dr. Ng notes, "We treat our residents and clients as though they are our own family members; in fact, Yee Hong's new logo is patterned after the word 'family' in Chinese. Culturally appropriate care isn't a strategy that

can be learned or applied in broad strokes. It takes a personal and nuanced touch."

As one example, "Each person or culture may have unspoken rules about politeness in how they are addressed or how they wish to communicate," says Chau Nhieu-Vi, Executive Director of Yee Hong's Mississauga Long-Term Care Home. "It's best to communicate with people in a way that they prefer."

"Individuals and their family members also have different end-of-life values and rituals for individuals, which we respect," adds Nazira Jaffer, Executive Director of Yee Hong's Hospice.

Certainly, there is no cookie-cutter approach; no one thing that can be pointed out as "culturally appropriate care" and applied the same way to other homes.

"It's not just one action," says Mabel Ho, Director of Education and Research at Yee Hong Centre. "It's the attitude, the belief, the practice, and the value which surrounds their

entire experience while living in their homes.”

Laying the foundation

It is up to every long-term care home to decide what culturally appropriate care means for their residents and how that can be delivered in a relevant, respectful and evolving way. And while there are no one-size-fits-all toolboxes or bolt-on programs that can create this type of care overnight, there are ways to get the conversation started.

Ask your residents: The most valuable source of education and insights into providing culturally appropriate care are long-term care home residents and their families themselves. Having exploratory discussions before and during a resident’s stay, from care planning to care provision and end-of-life discussions, can also help teams stay aligned with their values and expectations. “That’s the thing about culturally appropriate care – it’s self-determinism. It’s autonomy. It’s decision-making that comes from them, not from us, but we can facilitate and support the process,” says Dr. Ng.

Start with small but meaningful changes: Show residents and their loved ones that the home is on a journey to become more in tune with its residents’ expectations. Long-term care providers can invite residents and family members to provide feedback and suggestions on the environment, activities, meals, personal care, and so much more.

Be genuine: Arranging ethnically oriented events, reading land acknowledgements, or delivering care in ways that mirror cultural values is one thing. It’s another to do so with a fulsome understanding of why these activities are meaningful to residents and the history behind them. Culturally appropriate care resonates more when it is delivered with genuine consistency and evolves over time as preferences change.

Embrace support: Ontario’s long-term care sector is a community. Many homes like Yee Hong Centre have spent years learning and refining what it means to provide culturally appropriate care to their residents. Don’t hesitate to reach out for their insights, best

practices and lessons learned. “We don’t only deliver care and services; we support other organizations that are on this path as well,” adds Dr. Ng.

An evolving conversation

Even after all its years in operation, Dr. Ng and the Yee Hong team say they’re still learning what it means to foster an experience where residents from all backgrounds feel at home.

“It’s been 28 years, and we’re still evolving [in terms of] what it means

or how it works,” Dr. Ng explains. “We know from the feedback we get from families that we’re providing excellent care, but we are always learning and growing together.”

The concept of culturally appropriate care may seem hard to define. Yet, that may be the point. What matters most, says Dr. Ng, is that long-term care professionals recognize the value of this approach and begin – or continue – the conversation. **LTCI**

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Building relationships with families on admission day

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If you work in long-term care, or have a loved one in a home, you know the real world of long-term care is not what's portrayed in the news. But the myths and misconceptions create a lot of anxiety and are among the biggest concerns that families have when they're grappling with the reality of their loved one's declining health and the need to move them into a long-term care home.

Families are coming in, before even meeting you and your team, with scepticism, doubt, anxiety and fear about the long-term care system and capacity. They have already created a narrative, based on their limiting beliefs and assumptions, about all the things that could go wrong with this new and unknown arrangement.

Now mix in the guilt and grief families feel when they realize that long-term care is the only option left, even though friends and families keep asking why they're "doing this" to their loved one ("Surely you can continue to take care of them at home, can't you?").

You're starting this key connection in what I call a Relational Deficit. You don't have the advantage of beginning in a neutral or positive position. In many cases, you're starting from a place where negative perceptions exist, which you need to overcome to build trust and partnership with your new families.

The admission day, as overwhelming and heartbreaking as it is for families, also represents a change in their role and identity. But they haven't been given a new job description as a resident's family member, or what their responsibilities are as someone who is now a part of your long-term care community.

Families are coming in with a lack of knowledge, are feeling overwhelmed with a myriad of emotions, and likely don't even realize how much their role is about to change. Families are experiencing a knowledge gap, emotion gap and an identity gap. Most of your families never thought they'd be here.

This means that you're starting the relationship with people who would rather not have to need you and your team and all the supports that long-term care provides, coupled with their narrative about long-term care, which is fuelling their anxiety and fear. That by no means diminishes the quality of care, quality of life and the love you give to your residents and their families.

On the flip side, care team members have had experiences where families had expectations which long-term care isn't designed to meet, so they might worry and wonder what the new family is going to be like. Your staff may be feeling anxious, worried and under pressure to make the first impression count.

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Both sides in this key relationship between care team members and families have the potential to contribute to a Relational Deficit.

The good news is that you and your team can “be the change” that shifts this Relational Deficit to a positive. You can take the lead by shifting your perspective and your team’s concerns about families and changing your actions. You can begin the relationship right from the start by making deposits into the relational bank account. That way you are going to be proactive with building trust, respect and partnership with your families. Here are three ways to start:

1. Validate your families and their feelings.

Admission day is a massive, heartbreaking and life-altering event for them. Most families have run the gamut within the health care system and are feeling emotionally and physically exhausted. This day will be a blur for them as their life, as they knew it, is done, and a new, uncertain way of living is starting.

Take a few moments to ask your new family member how they’re doing and how they’re feeling. Let them know what they’re feeling is normal. For most families, this is likely their first and maybe only time moving a loved one into long-term care. Validating their emotions and assuring them they’re in good hands, that you’ve GOT them, will help ease their anxiety and build connection. This will also help reassure them that their decision to move their loved one into your home was the right one.

You might be the first person to ask them in months – or even years – how they are doing. Your kindness and attention could be something they remember for a lifetime.

2. Educate your families.

Families don’t know what they don’t know about long-term care and it’s not their fault. Long-term care is a complex

system and until you need it, there’s no need to know about it. What they think they know is usually influenced by media reports, and they form beliefs and assumptions that can lead to unmet expectations, disappointment and complaints. In my latest book, *Now What? Managing the Emotional Journey of Long Term Care for Families*, I share 20 common misconceptions that families have about long-term care and provide education to help avoid those pitfalls of misunderstanding and frustration.

Educating your families builds their confidence in you and your team, and within themselves in their new role as a partner in care in your community.

Here is an exercise you can do as a team:

- a) Write down the top five unmet expectations or complaints that families have (e.g., that clothing should never go missing).
- b) Write down what the reality is (e.g., we can’t guarantee with our laundry volume that clothes won’t get lost).
- c) Decide if you need to adjust the expectation through education or if you can adjust the reality (e.g., let families know up front about your laundry process and that it’s possible items may get lost).

3. Relate – build a relational (versus transactional) connection with your families.

In long-term care we can get caught up in the “task orientation” with all the checklists and forms that must be completed. There’s a lot of clinical data that needs to be gathered. But for your families, this may be one of their worst days and one that is completely life changing. They will likely remember how they feel on admission day for the rest of their life. Be intentional with relating and connecting with them on a human level. Take a few moments before meeting your new family to take a breath, reset and commit to being a present and calm, reassuring partner in care.

When you validate, educate and relate with your families, you are being intentional with making deposits into your relational bank account with them, building trust, respect and partnership through intentional connections. **LTCI**



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Preventing and reducing injuries from falls

How using the RNAO best practice guidelines makes a difference

Hampton Terrace Care Centre is a 101-bed home located in Burlington, Ontario, established in 2001. We are an LTC-BPSO pre-designate facility, with a mission to promote resident and family-centred care and quality of life through excellence, teamwork and innovation.

Between 2020 and 2022, we integrated RNAO's best practice guideline, *Preventing Falls and Reducing Injury from Falls, Fourth Edition*, to improve resident outcomes and quality of life. We were able to decrease resident injuries from falls as a direct result of implementing this best practice guideline and the implementation process taught us how to enhance team communication and collaboration. This allowed us to plan for and implement sustainable change with positive outcomes for our staff, family and residents.

We hope that by sharing our findings, we are able to inspire other organizations to improve resident outcomes and quality of care by working as a cohesive team and implementing best practices for preventing and reducing injuries from falls.

Our goal: We wanted to determine the impact on rates of injury post-fall associated with the implementation of RNAO's *Preventing Falls and Reducing Injury from Falls, Fourth Edition* BPG to determine the impact on resident outcomes and quality of life.

Our measures: We used the *Nursing Quality Indicators for Reporting and Evaluation*® (NQIRE®) data system to determine the number of residents who fell in the reporting years. Our internal QIP audits captured the number of injuries from falls.

Key findings

From January 2020 to June 2022 there was a significant reduction in the number of residents who sustained injuries from a fall. The number of residents who experienced a fracture dropped from 2.3% to 0.9%; the number who experienced skin tears dropped from 3.5% to 2.3%; and the overall decline in other injuries sustained in falls went from 19.1% to 4.5%.

Hampton Terrace implemented a multi-interventional organization-wide strategy to reduce falls and injury from falls using the recommendations of RNAO's best practice guideline. After a thorough gap analysis, we developed a plan for implementation that included organizational policy changes, increased education to staff, improved assessment and documentation procedures.

Notable practice changes

We improved post-fall documentation to include a multi-disciplinary review of current falls interventions, high falls risk medications, patterns or trends, and resident change of health status.

A skin integrity improvement intervention was implemented for all residents with high risk for skin tears.

This includes a botanical moisturizing skin cream applied to both arms from elbows to hands, and both legs from knees to feet. Assessment is performed by the registered staff based on the Braden Scale and physical assessment.

We provided education to staff on all fall prevention interventions available, where to find them, why to use them, and how to use them.

We used the Falling Star Program to enhance identification of residents at high risk for falls. Residents' assistive devices are tagged with a falling star logo. All residents have a poster over their beds to indicate falls prevention interventions, transfer status, and assistive devices in use.

These straightforward practices made a significant difference to our residents by reducing the likelihood of injury should a resident experience a fall. Hampton Terrace demonstrated that the implementation of RNAO's best practice guideline (BPG), *Preventing Falls and Reducing Injury from Falls, Fourth Edition* led to a significant decrease in percentage of injuries sustained when a resident experienced a fall. [LTCCT](#)

Authors: **Veronica Webb**, RN, Infection Prevention and Control (IPAC) Manager and **Charlotte Hutchinson**, RN, Clinical Manager with Hampton Terrace at the time of writing.



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Building better practices

A new digital transformation is driving evidence-based, resident-centred care

- D**o any of these questions sound familiar?
- If we only had more time to care for residents...
 - If only there wasn't so much duplication...
 - If only the system would do more...

These and other comments are heard daily in long-term care homes as staff struggle with ever-increasing human resource challenges and changes to resident complexity.

What is making a difference? A partnership between the Registered Nurses' Association of Ontario (RNAO) and PointClickCare to improve uptake of evidence-based practices in long-term care.

This RNAO PointClickCare partnership is achieving this goal by embedding digitized versions of the RNAO Best Practice Guidelines (BPG) – RNAO Clinical Pathways – within PointClickCare's new Nursing Advantage Canada technology, making them readily accessible at the point of care. The evidence-based RNAO Clinical Pathways facilitate access to evidence-based clinical assessment and support clinicians in their promotion of resident-centred assessment and care planning based on the psychosocial needs and care preferences of each individual resident.

RNAO Clinical Pathways are designed *by nurses for nurses* and other health providers. At the outset of this initiative, a group of over 20 clinical leaders from the long-term care sector began working on applying strict measures to ensure the RNAO Clinical Pathways adhered to the evidence in the BPGs and could be fully integrated into long-term care nursing workflows.

Flow diagrams were created to integrate these clinical pathways into workflows and the MDS 2.0 assessment cycle. Building on the great work done by other organizations advancing resident-centred care, the Behavioural Supports Ontario My Personhood Summary and the Victoria Hospice Palliative Performance Scale have been linked to the RNAO Clinical Pathways.

A member of the working group, Alex Lamsen, Clinical Practice Manager-Senior Services (Niagara Region), commented on the value of these evidence-based resources, saying, "RNAO Clinical Pathways allow us to positively influence the health and well-being of residents in our long-term care homes."

How? Each clinical pathway has embedded sections supporting resident-focused assessment and care planning. PointClickCare functionality reduces duplication of questions, streamlining documentation for nurses. Clinical suggestions appear based on responses to questions guiding nurses through high-quality, comprehensive care. For example, if the resident is identified as having responsive behaviours, a clinical suggestion reminds the nurse to initiate the Dementia Observation System tool and to complete a referral to the behaviour support lead. Auto-population of responses within an assessment and between assessments minimizes the need to ask duplicate questions.

The summary section of each clinical pathway provides a snapshot of key findings allowing the nurse to apply their critical thinking and nursing knowledge to identify next steps for care delivery. Relevant clinical insights are then provided in a rolled-up view, displaying the number of "abnormalities" triggered. What does this mean for you? This allows you to compare the number of abnormalities among assigned residents, with the goal of identifying differing levels of complexity. These clinical insights support the ability to drill-down to compare responses over time, allowing the nurse to see changes in resident care needs.

A recent admission at one home taking part in the pilot project highlights the impact these evidence-based clinical pathways are having. Here is "Joe's" story:

Joe was admitted to the home with complex health needs. He had advanced dementia, renal failure, depression and limited mobility. Using the Admission Assessment Clinical Pathway, the care team completed a holistic assessment. Following this, the team began to focus on the RNAO

Resident and Family-Centred Care (RFCC) Clinical Pathway, to learn as much as possible about the resident and their support system.


Any information already captured during the Admission Assessment Clinical Pathway auto-populates the RFCC Clinical Pathway eliminating duplication of questions for the resident and their family. The RFCC Clinical Pathway guides the conversation in an intuitive flow, as it progresses through topics such as cultural practices, spiritual beliefs and end-of-life goals of care.

Staff use the information collected to build a resident-focused care plan. For Joe, this meant the care team learned about his desire to still have a beer in the afternoon, outside in the garden. The nurse, while hearing his story and the importance of this simple routine, was able to capture that immediately into the resident's plan of care. It didn't get overlooked among all the other care planning items. The team helped the family explore Joe's goals of care, realistically looking at his care needs and his prognosis. Most importantly, the information collected helped maintain a consistent routine for Joe and ease his transition from home to long-term care.

Long-term care homes have been using the RNAO Clinical Pathways for almost a year. While a formal evaluation of this program is currently being planned, the working group is encouraged by the anecdotal

evidence from frontline staff focus groups and clinical leaders:

- "We are saving 30 to 40% of documentation time per admission."
- "We have seen a 30 to 40% increase in resident satisfaction with care."
- "Using this easy-to-follow format, any staff can do an admission. And now the seasoned nurses have confidence the follow-up will be done as the clinical suggestions are the prompts new nurses have needed for a long time; there is just too much to remember."
- "This really brings the resident to the centre of the assessment process; it now is all about the resident."

More information is available on the organization's websites: rnao.ca/bpg/implementation/clinicalpathways and pointclickcare.com/resource/skilled-nursing-software/webinars/rnao-bpg-clinical-pathway-information-session. 

Authors: **Deborah Johnston** RN, BSc.N, MN, Advisory Service Director at PointClickCare.
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