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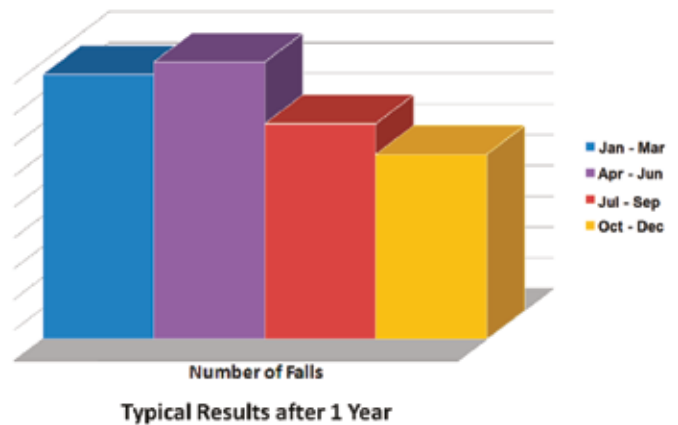


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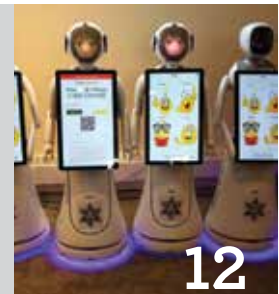
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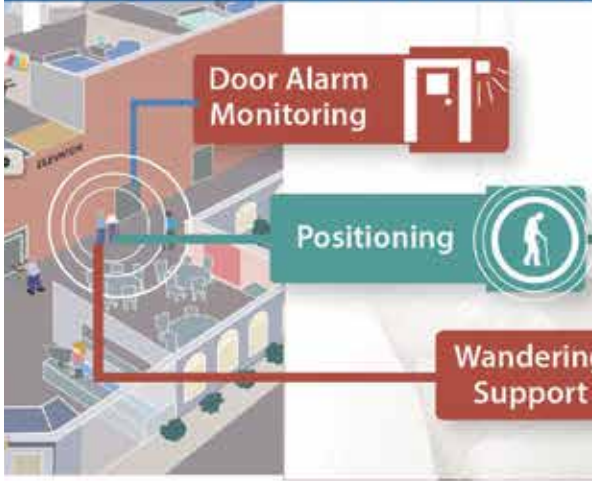
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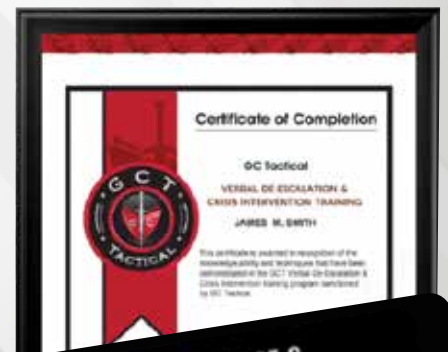
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The robot parade. Photo courtesy of Trinity Village

Robots offer social engagement and data

An innovative program implemented at Trinity Village has benefits for residents, families and staff

Meet the newest additions to Trinity Village Care Centre: Robbie, Sue, Madonna, Rosie, Mary-Lou and Buzz. They aren't new staff or residents, but robots adopted by the Kitchener long-term care home to spark social engagement and support.

Five of the robots are social engagement robots, with each assigned to one of Trinity Village's five home areas. The sixth, Buzz, is stationed at the entrance as a friendly and informative visitor greeter. Collectively, the robots have become valuable tools for enhancing resident experiences and advancing the home's monitoring, tracking and communication practices, says Debby Riepert, Chief Operating Officer of Trinity Village.

"We see the robots as 24-hour activities," Riepert explains. "They're not here to replace staff because they can't. They're here as tools that allow us to work smarter while providing a fun learning experience for our residents."

Bringing service robots into a long-term care home is a unique initiative in Ontario. For Trinity Village, the idea was sparked in 2023 when representatives of the home attended a conference and saw a robot model in action. Later, when the financial means became available, Trinity Village sourced a robotics partner that could bring this innovative technology into their long-term care community. That search led the team to GlobalDWS, a Toronto-based technology solutions provider.

Trinity and GlobalDWS worked closely to ensure the robots would be physically accessible to all residents and outfitted with intuitive, user-friendly touchscreen displays. "We appreciated the fact we could co-design the robots with GlobalDWS because nothing like this had really been done in Ontario, and we were essentially starting from scratch," says Riepert.

Once the robots' overall design was decided, the next step was determining where the robots would "live" within the home. Several factors had to be weighed, such as whether a home area had the infrastructure to support robots (such as electricity demands and WiFi strength) and where they would make the most impact. A decision was made to post one robot at the main reception area and embed a social engagement robot in each home area at a central location by the nursing station where staff, residents and visitors could easily access them.

Deciding on applications

One of the robot implementation milestones was to define the main application modules. A course of regular meetings led by program manager Maria Menounos and

the recreation department, in collaboration with residents, helped the home decide on four core activities for robots: songs, books, jokes and trivia.

These activities are accessible through each robot's touchscreen display alongside a handful of other functionalities, such as "Happy Birthday" serenades and weather announcements. Residents who were interested in participating had many opportunities to contribute content for each activity. Once the core activities and content were selected for the initial rollout, GlobalDWS was tasked with programming the robots.

Finally, with the content set, it was time to roll out the robots in the home areas. In April 2024, Trinity Village conducted a robot parade on each floor to introduce residents to their new virtual housemates. "At first, the reaction was, 'What is this?'" Riepert remembers. "Many people have never seen a robot, except maybe one or two who saw one in use at a restaurant. It was new for everyone, but it didn't take long for people to warm up."

At subsequent meetings, residents suggested including the resident handbook and other Trinity Village-specific reading materials under the books section.

Capturing data

Trinity Village's robot project has crossed several milestones since it began. One of the more recent ones has been setting up regular reporting using the data collected by each robot through their onboard cameras, sensors and other data-collecting tools. At any point, the team can generate an online report on how, why, when and where each robot is being used.

For example, says Riepert, "We can look at when each robot was started and how they were used down to the minute. That's very helpful because it gives us a better idea of what kind of content people like, what they're learning, and maybe which activities need to be refreshed."



The implementation team. Photo courtesy of Trinity Village



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These reports have already generated some interesting insights. In the short time they've been around, the data has shown that residents in the home's dementia care area are the most engaged with the robots, and that, overall, residents are enjoying all four categories – songs, jokes, trivia and books – equally.

Reports from Buzz, the robot that greets visitors, are also providing valuable insights. In addition to delivering a friendly hello to visitors, the digital ambassador provides a stream of data-driven insights about the home's visitor activity. "[Buzz] keeps completed records of which people are coming in, how often

they come in, where they're going, and even the purpose of their visit, whether they're a caregiver, general visitor, contractor or supplier," explains Riepert.

The home had a visitor system before, but the timeliness and accuracy of Buzz's reports are especially helpful in understanding and optimizing visitor activities. Similarly, Buzz has also helped leadership gain the full picture about a resident's visitors. For example, says Riepert, "Sometimes staff are concerned that a certain resident doesn't get visitors. But now, we can look at the data and figure out if that's the case or not, because sometimes it could be they are getting visitors but just not at the time when that staff is working."

"One of the things I really like about technology is that we're not relying on human interpretations, which are valuable but not the full picture," Riepert adds. "We're getting factual data to make better decisions."

The robots have a bright future at Trinity Village. The home is working towards programming them to navigate the hallways to alert residents to upcoming activities, communicate announcements and reminders, or offer one-on-one engagement.

"At first, our residents weren't comfortable with the idea of the robots coming into their room," Riepert says. "Now that residents have

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seen them and spent time with them, their comfort level is growing. So, down the road, we're looking to give residents the option of asking a robot to come to their room and possibly read a book off the screen or have a book read to them."

Plans for the robots and content are being discussed and actualized in collaboration with Trinity Village staff, residents, and GlobalDWS partners. As with any innovative strategy, the key will be to ensure new activities or functionalities are implemented with consent from all stakeholders and in a way that does not add further work or disruptions for the home's teams.

Piquing public curiosity

Trinity Village's robots are drawing attention within Ontario's long-term care community. They have received positive feedback from the Honourable Stan Cho, former Minister of Long-Term Care, as well as community members who have responded positively to the initiative online.

That being said, it's only natural that innovative approaches to long-term care can be unsettling for some people. One concern the home first heard was that overseeing the robots would mean more work for staff. "It doesn't add more work to what we're doing," Riepert explains. "We're implementing this change into our regular processes. We like to try new things, and we're always interested in sharing the ways we're working smarter, not harder."

Another question Trinity Village is asked is if the robots are – or will eventually be – replacing staff. This could not be further from the truth, says Riepert, who sees the robots as pieces of technology that provide around-the-clock engagement opportunities for residents and staff.

Others in the long-term care community have questions about where they can start on their own robot implementation journey. Riepert suggests the best first move is to find a technology partner like GlobalDWS and begin exploring what is possible. Then, it's a matter of bringing all

stakeholders together (such as staff, residents and families) to understand how and where robots would make the biggest impact in their specific long-term care environments.

"And take your time," Riepert adds. "You don't have to have these tools implemented the next day after you bring them in. Take your time, involve your residents, and learn as you go." [LTCI](#)



Buzz the robot with former Minister of Long-Term Care Stan Cho. Photo courtesy of Trinity Village

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Bloomington Cove Family Council Member Alf Chalk

Supporting family connections

The power of meaningful visits in long-term care

By Nadia Daniell-Colarossi

Families can often feel overwhelmed by the changes they see in their loved ones in long-term care. They may no longer be able to do all the things they used to do together, and decline in physical and cognitive health can leave loved ones feeling helpless and frustrated, unsure of how to engage meaningfully during visits. All too often this uncertainty can become a barrier to visiting,

impacting both the residents and their loved ones. What role do long-term care providers have in this cycle? How can we support, and why should we support?

Sienna Senior Living's Circle Approach is an innovative model designed to answer all these questions and more with programs and services to support the happiness and



Social visits from family and friends have many positive benefits to residents' overall well-being (stock photo)

well-being of people living in long-term care. The Circle Approach, made up of four pillars – Settle-In, Savour It, Stimulate and Socialize – was developed by collaboratively mapping the journey of residents and their families through long-term care to better understand their needs.

Social visits from family and friends are an important aspect of life in long-term care that can have many positive benefits for residents and contribute to overall well-being. Sienna's goal of creating moments of happiness by supporting connections in the community led to the development of Sienna's Meaningful Visits program and is the foundation of the Socialize pillar.

Kim Lattimore, Resident Experience Partner at Sienna Senior Living, has witnessed firsthand the challenges families face when visiting a loved one in long-term care. "Working in a long-term care community, we take for granted that we are in tune with what residents need and are comfortable with all levels of interaction and engagement," says Lattimore. "Our role is to help families navigate this transition, ensuring they feel comfortable and informed."

Lattimore notes that families often struggle to connect when they feel their loved one no longer recognizes them or cannot engage in the same way as before. "Our role is to support residents by ensuring that families feel comfortable so they continue to visit. Most families want to be there, but they just don't know how to relate anymore. This is our world, and we can share what we know with them."

Understanding the journey

Supporting a loved one to move into long-term care involves a shift from a familiar home environment to a community living setting, bringing new experiences and questions. The Meaningful Visits program was crafted by a task group inclusive of executive directors (administrators), directors of resident programs, social workers, and Sienna's Resident and Family Advisors – volunteers who contribute their knowledge and experience to enhance programs and services. The Meaningful Visits program is divided into four phases: Moving In, Settling In, Meeting Loved Ones Where They Are, and the Last Days, with specific tips, tools and resources tailored to each stage to help make the most of every visit.

This collaborative effort ensures the program addresses the real needs of residents and families and provides valuable resources at the community level. The program offers a brochure, a family portal on the Sienna website, and a Meaningful Visits Kit, all designed to support families in fostering meaningful connections.

These customizable kits are available at all Sienna long-term care communities in Ontario and British Columbia. They help take the guesswork out of what to do during a visit with practical resources such as games, conversation starters, books and musical aides. Kits are conveniently located in each location, often in the Circle café, the hub of the home where many visits take place. In many cases kits are integrated right into the home's décor, replicating how you might find similar activities in a family home.



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PRACTICAL TIPS

Sienna's Meaningful Visits program offers practical tips and resources to enhance the visiting experience. Here are some suggestions for families to consider.

Engaging in the long-term care community:

- Participate in community programs and activities together.
- Share meals or cook together in the community kitchenette.
- Foster new relationships by introducing yourself to other residents.
- Use Guest WiFi to share family photos or meet virtually with distant family members and friends.

Experiences to cultivate happiness:

- Bring personal items from home, such as photo albums or memory boxes, to spark conversation.
- Enjoy quiet moments of connection without specific activities – listen to music, hold hands and be present.
- Use sensory resources like sound amplifiers and magnifying glasses to enhance communication.
- Explore the "Meaningful Visit Kit," which includes puzzles, games, books and other activities to enrich your visit.

Strategies for challenging visits:

- Opt for shorter, more frequent visits to improve engagement.
- Be mindful of your loved one's best time of day for visits.
- Establish consistent routines and minimize distractions.
- Communicate through senses like sight or touch if verbal communication is challenging.
- Stay positive and flexible, even if visits don't go as planned.
- Seek personalized strategies from team members to enhance your visit.

Supporting the final days:

The final stage of life comes with a range of emotions, and families often seek guidance on how to provide comfort and support. Here are some ideas:

- Read favourite books, play soothing music, and provide favourite foods (if possible).
- Offer physical comfort through touch, such as hand-holding or gentle massages.
- Spiritual leader visits can offer valuable therapeutic support.
- Playing your loved one's favourite music can be particularly meaningful, as hearing is often the last sense we hold on to.



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A collaborative approach

Alf Chalk, a member of the Family Council at Bloomington Cove Community, contributed to shaping the Meaningful Visits program. His wife, Eileen, was diagnosed with Alzheimer's in 2004, and he has been a dedicated caregiver ever since. "It all started when a friend noticed Eileen couldn't follow the steps in a fitness class," he recalls. Over time, Eileen lost the ability to write, speak and eventually walk, making it increasingly challenging for her husband to care for her at home. When the time came for Eileen to move into Bloomington Cove Community, Alf had to create a new routine for them – a routine that has evolved over the years to accommodate the changes she has experienced.

Today, Alf's visits often coincide with mealtime so he can help Eileen eat. Although her ability to engage is limited and he isn't quite sure what she understands, he talks to her about their family and what the latest news is.

While Alf has always been an active visitor, he has seen other family members experience varying degrees of comfort in the home. "It's not surprising that families may feel uncomfortable and sad seeing what's happening with their loved ones," he says. "When the person you're visiting has limited ways of communicating or interacting, it's hard to know how to be there for them. But I strongly believe that while they might not recognize you, they know you are a comfort to them – you are someone familiar."

Alf emphasizes this sentiment, sharing how music therapy has been a source of joy for Eileen. "You can see her toes tapping to the music under the sheets," he says. "I play older songs she might recognize – Anne Murray and other Canadian artists to give her as rich an experience as I can because she deserves that."

A care provider once shared with Alf a piece of advice that has stayed with him: "I hang my troubles on a tree branch before I go inside." He tries to go into every visit upbeat and with a positive outlook. As an experienced visitor in long-term care, Alf is also a welcoming presence in the community, always greeting residents and their families and offering support where he can. For him, it's all about creating a sense of community where a friendly conversation can go a long way, especially when people are in the same situation.

"It's about understanding that the relationship is changing and supporting families in navigating these changes," says Lattimore. "Whether it's through a favourite song, a quiet moment of holding hands, or engaging in a simple activity, these moments can be incredibly meaningful."

For the team that created this program, the hope is that families and caregivers will feel supported, and as a result they will be more present and feel a greater connection to both their loved one and the long-term care community. **LTC**

Nadia Daniell-Colarossi is a Public Affairs Director at Sienna Senior Living.



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Personalized care for LTC residents living with dementia

Inside Extendicare’s Behavioural Support Transitional Units

A focus on person-centred care is driving the way that two Extendicare long-term care home Behavioural Support Transitional Units (BSTUs) improve quality of life for residents navigating the progressive and challenging nature of dementia.

Dementia is one of the most common reasons people move into long-term care. Many residents living with dementia find it challenging to communicate effectively, and some react with responsive behaviours – such as striking out and exhibiting agitation to try to express themselves.

At the core of their clinical approach, care teams at Extendicare’s BSTUs seek to understand resident behaviours and find meaning in them. Support for residents with complex behavioural needs and their families is achieved by learning about each resident’s behaviours and triggers, and then co-creating personalized behavioural care plans and interventions – in some cases helping residents transition out of long-term care and return to family homes.

“Learning everything we can about the resident in our care is at the heart of the support we provide,” says Karen Simpson, Manager of Behavioural Supports and Dementia Care Expert and Nurse Practitioner at Extendicare. “Our teams have developed innovative ways to better understand our residents’ previous experiences and current care needs which puts us in a better position to develop individualized care plans, improve their quality of life, and alleviate responsive behaviours related to dementia.”

Community feel

The specialized units are located at Extendicare Rouge Valley, a long-term care home in Scarborough, Ontario, with a 32-bed BSTU, and a



The Behavioural Support Transitional Unit at Extendicare Rouge Valley is overseen by an interdisciplinary team of highly skilled health professionals

28-bed BSTU at Extendicare McGarrell Place in London, Ontario.

The BSTU hallways are painted with calming colours. At Extendicare Rouge Valley, beautiful murals of nature landscapes and city scenes have been intentionally designed to make the unit feel less clinical and more like a neighbourhood or community.

For example, Toronto landmarks such as the CN Tower are painted on the walls and TTC “bus stops” serve as resting places for residents. Other murals in the BSTU include a dining room or 1950s-style kitchen, which may look familiar to residents. There are also interactive elements on the unit, such as sensory boards that offer sounds and textures to engage residents.

Residents living with dementia who display complex behavioural needs are cared for by interdisciplinary teams of highly skilled health professionals, including a geriatric psychiatrist, geriatric mental health outreach clinicians, registered nurses, nurse practitioners, social workers, personal support workers, activity aides and physicians.

In partnership with each resident’s family and caregivers, the teams delve deep to learn about each resident’s story and their behavioural patterns. They use this information to develop individualized care plans that recognize their personhood, help alleviate responsive behaviours and create a daily roadmap for quality of life.

“Residents in our units aren’t defined by their behaviours. We see them for

everything that influences who they are – their rich life experiences, their cultural backgrounds, their families and their beliefs. We find ways to leverage these elements into their care plans so it’s more meaningful to them,” says Simpson.

New actions

Extendicare’s work with the BSTUs has informed a suite of new actions to enable person-centred care. There are 10 tools utilized at the Rouge Valley BSTU, including a “WOW & Now Personhood Tool.”

Inspired by the educational resources of DementiaAbility and Behavioural Supports Ontario’s (BSO) My Personhood Summary®, the “WOW” part of the tool encourages the caregiver to capture who the resident is and information about their lived experience, such as where they grew up, their cultural, religious and spiritual backgrounds and family history, their interests and other details that make them who they are. This information empowers team members to tailor their engagements with each resident to enhance their quality of interactions.

The “Now” part of the tool encourages team members to draw upon care interventions they can enact, immediately, to provide comfort in the current moment for the resident. The “Now” interventions are based on Gentle Persuasive Approaches (GPA®) education provided to all team members in the BSTU to ensure person-centred care is at the core of all resident interactions.

BSTU teams use the tool to guide the care they provide throughout each resident’s stay with the unit from acceptance to discharge. They also provide the “WOW & Now” reports to the resident’s next destination to help inform future care teams on how to provide individualized care unique to the resident and their family.

“WOW & Now is a tool to enable us to better know the resident’s unique story and the individualized ways we can provide specific care for behaviours – right at our fingertips during the point of care,” says Zaynab Sheraly, Geriatric Mental Health



Emily, a resident of the BSTU at Extendicare Rouge Valley, and Archana, a Recreation Aide, enjoy working on an art activity together

PS0131

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Murals painted on the wall are of a 1950s-style kitchen which may feel familiar to some residents at Extencicare Rouge Valley

Outreach Team Nurse with the Scarborough Health Network, who supports residents at Extencicare Rouge Valley’s BSTU. Collaborations and partnerships across the health care system can help provide support from an interdisciplinary team with expertise in dementia care and mental health.

Examples of care

In one example, the personalized care a resident received at Extencicare Rouge Valley’s BSTU enabled him to move back home with his family and reconnect with his wife. Prior to admission to the unit, the family were unable to care for him due to verbal and physical responsive behaviours related to dementia. The care plan developed by the BSTU team and “WOW & Now” tool delivered ways for the family to better manage these behaviours.

Practical adjustments to day-to-day life included structured daily routines, specific activities tailored to their loved one’s interests, and modifications to the home environment to help avoid responsive behaviours. For example, this included moving the individual from their wheelchair to another location when behavioural triggers were observed.

Providing personal care to the resident had previously been a challenge, but distractive techniques, such as holding the resident’s hand and speaking to them in their language from childhood, were a simple strategy that helped eliminate responsive behaviours during these times.

The family reported the resident returned home with improved mood, increased engagement in activities, better sleep patterns and reduced agitation. They now keep a copy of the “WOW & Now” tool on the wall beside their loved one’s bed to help visiting personal support workers individualize the home care they provide.

In another example, a resident was admitted to the BSTU because the team in the long-term care home were finding that escalating verbal and physical responsive behaviours made it challenging to deliver care.

After a comprehensive resident assessment in the BSTU, the team started a plan to provide more person-

centred care and gradually reduce use of medications. This included conversation starters about the resident’s native country provided to staff in the resident’s “WOW & Now,” which promoted a greater sense of calm. She also became less agitated when holding familiar objects that seemed to evoke memories of her own personal and cultural experiences.

Other person-centred activities for this resident included playing music that she enjoyed, in addition to sensory supports such as hand massages, aromatherapy, outdoor visits, and speaking in calming and reassuring tones.

Following implementation of these care interventions, the resident’s comfort levels stabilized, and medication use was able to be carefully tapered. With this new daily care roadmap, she was able transition back to a mainstream long-term care environment.

With person-centred care, residents are often comforted by engaging in actions that are related to past careers, activities or sports. By learning what is familiar and meaningful to residents, the BSTU teams at Extencicare unlock key elements in this specialized dementia care that can make a world of difference to residents and their loved ones. [LTCI](#)



Hallways at Extencicare Rouge Valley are painted with murals of Toronto cityscapes, including landmarks such as the CN Tower. There are also “bus stops” where residents can sit



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Reimagining long-term care in Canada

Improving the experience of care for residents and staff

By Joanna Burke

"It was nice to know we are not alone with our struggles."

The hope that comes from feeling supported through difficult times is a common sentiment relayed by long-term care homes participating in the Healthcare Excellence Canada (HEC) Reimagining LTC program. In a time of wide challenges facing the long-term care sector, from the COVID-19 pandemic and beyond, HEC has focused on supporting long-term care homes across the country through initiatives aimed at enhancing pandemic recovery and resilience, reducing inappropriate use of antipsychotics, and supporting person-centred care while aiding workforce well-being strategies.

HEC, a pan-Canadian health care organization formed in 2021 following an amalgamation of the Canadian Patient Safety Institute (CPSI) and the Canadian Foundation for Healthcare Improvement (CFHI), is funded primarily by Health Canada and collaborates with diverse partners across the country to improve quality and safety in health care.

Over almost a decade, HEC and the legacy organizations of CPSI and CFHI have guided long-term care homes by implementing promising practices to improve quality and safety and contributed to meaningful changes in the experience of care for residents and the workforce in more than 1,000 homes across the country.

Reimagining LTC program details

In the Reimagining LTC program offered from January to December 2023, HEC supported over 230 long-term care homes in all 10 provinces to implement quality improvement projects within two priority theme areas: providing person-centred care and enabling a healthy workforce.

A particular area of focus concentrated on improving the appropriate use of antipsychotic medications to promote greater person-centred care. HEC partnered with Health Quality BC to reduce the potentially inappropriate use of antipsychotics without a diagnosis in 78 participating homes in British Columbia, including those with some of the highest rates in the province.

All registered teams received funding of up to \$10,000 per home, coaching, QI education and workshops, monthly webinars and opportunities for peer-to-peer learning through connections to long-term care homes across the country.

Person-centred care projects

Key project topics related to person-centred care improvement included:

- Innovative approaches to understanding lived experiences of residents
- Individualized care planning
- Resident engagement activities
- Improving the quality of dementia care

For teams working on supporting a healthy workforce in long-term care, the main project themes were:

- Creating healthy workplace cultures
- Engaging new interventions for staff well-being and satisfaction
- Addressing psychological safety



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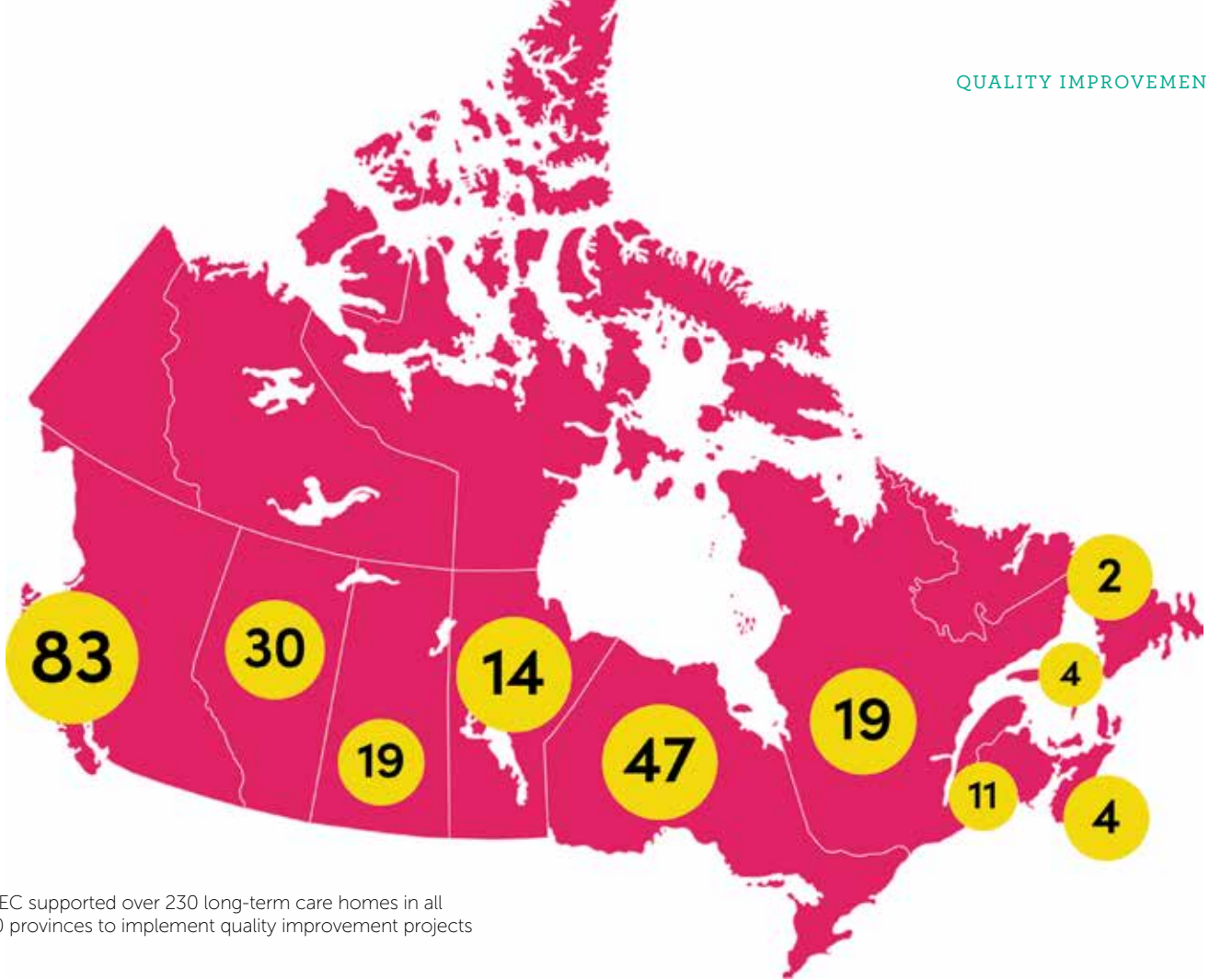
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HEC supported over 230 long-term care homes in all 10 provinces to implement quality improvement projects

Program outcomes and successes

By the end of the program, participating long-term care homes reported improvements in several staff outcome areas, including:

- Attendance and turnover
- Satisfaction
- Teamwork
- Knowledge and confidence

- Well-being
- Workload
- Workplace culture and safety

Teams working on person-centred care projects saw positive impacts related to engagement between staff and residents, including staff handling of responsive behaviours and involvement of family and essential care partners.

Of the homes focused on antipsychotic reduction in British Columbia, 59% decreased the percentage of residents taking antipsychotics without a diagnosis of psychosis, with an average decrease of 7.7% across all homes. Overall, homes were able to work towards creating a more home-like environment to improve the experience of care and strengthen resident safety and well-being.



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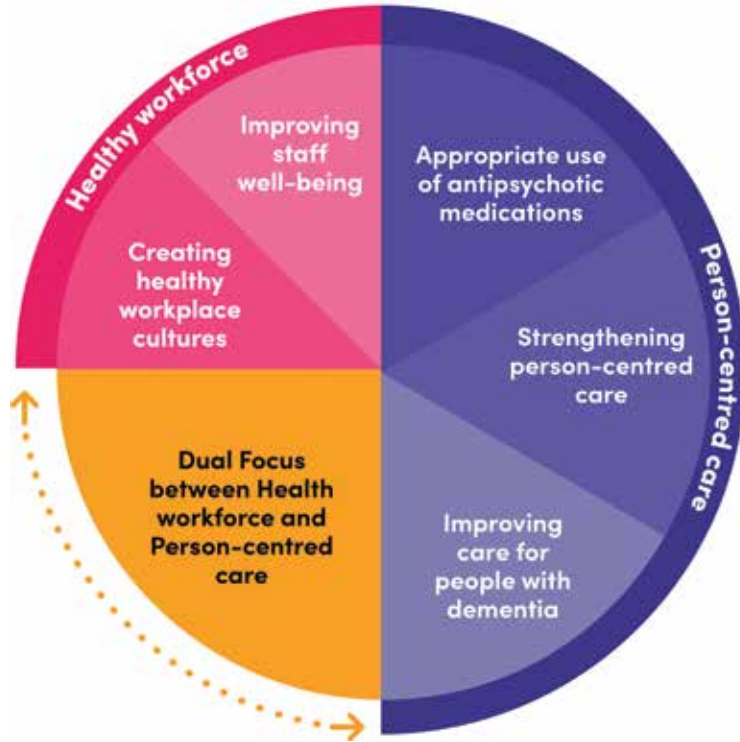
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Peer-to-peer learning

Many teams described receiving significant benefits from peer-to-peer learning activities and coaching hubs, where they were able to gain practical quality improvement education and share solutions to common problems. Building on this model of shared challenges and solutions, some teams also chose to create or increase the frequency of staff huddles in their

home to support implementation of their improvement project.

Feedback at the conclusion of the program articulated this sentiment, with participants stating, *"I was able to truly learn about our residents with this program and work towards strategies and solutions with the clinic team,"* and *"I see a team that has grown together and is more unified than prior to the project."*

Lessons learned

Teams also noted lessons learned from the implementation of enhanced person-centred care approaches within their homes, such as getting families more involved in care planning and training staff in relational care strategies: *"Hearing from care staff about all the creative ways they connect with residents helped these staff feel that their work is valued and appreciated."*

Others appreciated seeing how person-centred care initiatives improved staff experiences of the provision of care, because *"the long-term rewards are decreased workload, decreased safety concerns and increased joy in all of our work lives."*

One team from Ontario saw changes in both resident outcomes and work culture and noted that *"it gave context to the lived experience of our residents in the organization, and improvements in quality of life for our residents means a more engaged and kinder workforce."*

Future programs

Building on the success of the Reimagining LTC program and prior offerings, HEC will continue to support the long-term care sector with new programming launching in late 2024 focused on the appropriate use of antipsychotics and person-centred care, open to all long-term care homes across Canada.

Homes are invited to sign up for Healthcare Excellence Canada's email newsletter by either contacting us directly at communications@hec-esc.ca or signing-up through our website at healthcareexcellence.ca. We encourage homes to follow HEC on social media to learn about opportunities to join other programs offered by HEC. [LTCI](#)

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Joanna Burke is Program Lead of Health Innovation Programs with Healthcare Excellence Canada, where she supports programs focused on building quality improvement in the long-term care sector.

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Supporting compliance with the *Health Care Consent Act*

The PoET program helps homes with resident-centred consent

Ontario's *Health Care Consent Act* (HCCA) lays out the rules for consent that apply to all regulated health professionals in Ontario, in any setting – offices, clinics, hospitals, private homes and long-term care homes.

Although the Act might be referenced in a long-term care home's policies and some components might be followed, the full framework it provides is not always lived in the day-to-day practices of frontline staff, physicians, residents and family members.

There are many reasons why the Act is more of an "on paper" than lived practice in long-term care. In addition to the highly regulated environment of Ontario long-term care homes, there are also perceptions of competing legal and regulatory obligations, misperceptions about decision-making roles, and the challenges caused by fluctuating capacity – all occurring in the dynamic environment of a shared home.

The PoET (Prevention of Error-based Transfers) Project is an ethics quality improvement project that encourages alignment with Ontario's *Health Care Consent Act*. PoET helps Ontario long-term care homes to meet their obligations related to consent, capacity and substitute decision making by helping them to implement changes to their decision-making environment, by providing education and other knowledge-based activities, and by engaging different stakeholders to encourage role clarity in decision-making.

The PoET Project, founded by Drs. Jill Oliver and Paula Chidwick

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Certification with PoET

Homes that are new to PoET start with the Initiation Stream. Over four weeks, the PoET team works with the home to understand their current practices and decision-making culture and infrastructure, and then to create and implement a change plan. If the number and mix of changes implemented during this time meet required criteria, the home will receive a 1-Year PoET Certificate.

Homes that would like to maintain PoET certification at the end of the first year can then take part in the Recertification Stream which provides a 3-Year PoET Certificate to qualifying homes using standards that have been designed to ensure that the *Health Care Consent Act* is "lived" in the daily practices of the home.

The program also offers a Refresh Stream to certified homes at any time, which is a non-certificate stream focused on providing education and coaching support.

and backed by William Osler Health System, has been evolving over the last 10 years to encourage more alignment with the Act in the unique long-term care environment, with the goal of making decision-making more resident-centred.

Alignment is tied to resident-centredness as the Act requires registered health professionals to obtain informed consent prior to providing treatment in all but emergency cases. Additionally, to be valid the consent must come from the capable person, or the incapable



"PoET centres the voice of the resident, bringing forward what is important to them."

- Dr. Paula Chidwick



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“We developed the PoET Certification standards with the goal of making sure people – especially residents – can rely on it.”
- Dr. Jill Oliver

person’s substitute decision maker (SDM), and that SDM must follow certain rules in making the decision.

“PoET centres the voice of the resident,” Dr. Chidwick says, “bringing forward what is important to them and also including them in decision-making.” Adds Tiziana Rivera, Osler’s Executive Vice President, Quality, Research and Chief Nursing Executive: “When we change the culture of decision-making at the bedside, it not only enhances care for individual patients but also positively impacts the entire health care system.”

This benefit was tested through a collaboration with Dr. Henry Siu from the Department of Family Medicine at McMaster University and a financial contribution from the Health Care Policy Contribution Program of Health Canada. Between 2019 and 2023, the PoET Southwest Spread Project launched PoET in 54 Ontario long-term care homes and evaluated its impact.

The results have demonstrated that the belief was correct: Compared to control homes, long-term care homes that participated in PoET had decreased transfers to hospital

overall as well as decreased transfers at end of life. Additionally, residents from PoET homes had more palliative care encounters than residents from control homes. This work has been published in the *Journal of the American Medical Directors Association* (Sept. 27, 2023 and Feb. 28, 2024).

“Our results in the PoET Southwest Spread Project have provided definitive evidence that reducing errors in the health care decision-making process in long-term care leads to benefits to the resident, long-term care homes and the entire health care system,” says Dr. Siu. “Going forward, our findings now require a commitment from policy makers and funders to support this work so that all Ontario long-term care residents can benefit.” These findings have inspired further work which is already underway.

Spreading the benefits

The Provincial PoET Program is now available to all long-term care homes in Ontario. Using a remote model developed during the pandemic, the

WHAT CHANGE MIGHT LOOK LIKE

PoET recognizes that long-term care homes are unique environments and that what it means to meet obligations of the *Health Care Consent Act* might be unique as well.

The PoET Team has identified PoET Goals – general practices that describe what meeting the Act looks like in that setting. The PoET team collaborates with each home to create a set of change ideas that help meet these goals and increase alignment with the Act.

HCCA Requirement	PoET Goal	Home’s Current Practice	Change Ideas
Decision-making capacity is recognized as both decision-specific and time-specific, and informed consent relates to the treatment or treatment plan that is proposed	Registered health professionals (RHPs) in the home obtain consent from the right person (the capable resident, or the incapable resident’s correct SDM) at the time of proposal	To approach the family member identified on the chart by default, and approaching the resident only by exception	<ul style="list-style-type: none"> - RHPs clarify proposal and present it to the resident first - If the resident is found to be incapable, this is documented, and the resident is informed of the right to appeal - The RHP uses the Act’s hierarchy to identify the correct SDM when needed

Results from the PoET Southwest Spread Project

The PoET Southwest Spread Project found:

- Association between PoET and decreases in transfers to hospital, especially at end of life:
 - Long-term care residents who live in homes exposed to PoET are sent to acute care at a 27% lower rate than residents who live in long-term care homes not exposed to PoET.
 - Long-term care residents who live in homes exposed to PoET are, in their last two months of life, sent to acute care at a 45% lower rate than residents who live in long-term care homes not exposed to PoET.
- Association between PoET and an increase in palliative care encounters:
 - Long-term care residents who live in homes exposed to PoET encounter palliative care at a 147% greater rate than residents who live in long-term care homes not exposed to PoET.

The full results and their discussion can be found in the project's publications in the *Journal of the American Medical Directors Association* (Sept. 27, 2023 and Feb. 28, 2024).

program goal is to help all long-term care homes in Ontario improve their alignment with the Act, so that the benefits shown through the southwest project can be spread.

This program also fills a gap that currently exists for Ontario long-term care homes and their residents. Currently, residents are unable to evaluate a home's efforts and commitments to the decision-making structures of the Act, and homes have no way to make this visible to them or other interested bodies such as professional colleges and accrediting bodies. PoET has a certification process that encourages homes to make sustainable changes, which will stay in place even with changes in staff.


This helps to increase accountability and consistency across the province. PoET's Program Coordinator, Theresa Nitti, works directly with homes to help them identify and implement changes. "Homes have always seen their involvement with PoET as a point of pride," she says, "and we are so happy to introduce the certification process to put some structure and visibility around that."

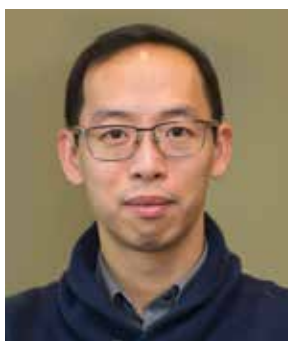
Additionally, Drs. Oliver, Chidwick and Siu are collaborating on a project that is piloting a set of documentation and process indicators, which could demonstrate alignment with the Act in participating homes. Successful indicators could be used as a

foundation for future accreditation and quality practice standards. Results from this study are expected in December 2025.

In addition to the Provincial PoET Program, the PoET Project offers other resources for Ontario long-term care home residents, family members, staff and physicians, including tools and resources, free webinars, role-playing games and videos. The resources and more information about the Provincial Program can be found on the PoET Project's website, poetproject.ca.

Like anyone else in Ontario, long-term care residents should expect that decision-making about their care will follow the *Health Care Consent Act*. The results shared in this article show that doing so helps to decrease transfers to hospital and increase palliative care encounters. "We developed the PoET Certification standards with the goal of making sure people – especially residents – can rely on it," says Dr. Oliver.

As one resident from a PoET home stated, "My life choices matter to me the most – that's up to me, not my kids. Thank you for giving me the control over my life choices back." 



"Our results provided definitive evidence that reducing errors in the health care decision-making process in long-term care leads to benefits to the resident, long-term care homes and the entire health care system."

- Dr. Henry Siu



Protecting Residents

in Long-Term Care Facilities from Bed Bugs



Bed bugs are a persistent challenge in long-term care facilities as they often hitchhike into these environments on clothing or personal items. Once inside, they can multiply rapidly, turning into a minor infestation. The presence of bed bugs can lead to significant physical, mental, and emotional harm. To effectively address this issue, staff in long-term care homes must receive thorough training in identifying and addressing bed bug problems.

Proper education and vigilance are essential to maintaining a safe and comfortable environment for residents and staff alike. When staff members can recognize the earliest signs of an infestation, they enable the facility to respond proactively and swiftly, significantly reducing the risk of a widespread infestation.

To combat bed bugs effectively, it is essential to understand their characteristics. Bed bugs are wingless, measuring 4-5 mm in length, and are typically brown or reddish brown. Female bed bugs can lay up to five eggs per day, with nymphs maturing in just five weeks. They feed on human blood, usually at night, and can survive up to a year without feeding. These insects are flat, allowing them to fit into tiny crevices within bedding or furniture. Common hiding spots include mattress seams, box springs, couch cushions, cracks in wood trim, dresser drawers, and electrical outlets.

In the ongoing battle against bed bugs, the role of staff in conducting visual inspections cannot be overstated. Staff at long-term care facilities must diligently inspect sheets and mattresses for small blood spots, which may signify bed bug activity. They should inspect the seams of the mattress, especially near the headboard and brownish black blood specks. Furthermore, they should look for identifying

bite marks, often presenting in clusters or lines on exposed skin, and listen carefully to residents about complaints of any bugs in or around their beds. An additional indicator is the presence of a sweet, musty scent in infested rooms. By remaining attentive to these signs, staff can swiftly and effectively address any bed bug infestations, ensuring the safety and well-being of residents.

The prevention of bed bug infestations requires proactive measures. This includes implementing inspection protocols for all used furniture, mattresses, and equipment before introducing them into the facility. If bed bugs are detected, entry should be refused. Regular monitoring is crucial, especially for new residents, with inspections scheduled two weeks and four weeks after their arrival.

Documentation is essential; maintaining a comprehensive logbook detailing all inspections and actions taken to prevent and address bed bug issues is important. These steps help ensure the ongoing cleanliness and comfort of the facility, safeguarding the health and well-being of residents and staff alike.



Train your staff to act quickly if they see or suspect bed bug activity. Bed bugs multiply quickly, so this will prevent them from spreading. Please remember the following instructions in case of a bed bug infestation: Notify a supervisor or a pest control provider immediately to address the problem. As a precaution, it is recommended that residents be relocated from the infested room. The door should be closed, and all personal items should be left in the room until a professional has inspected it. It is essential to have your pest management professional thoroughly check nearby rooms and common areas to prevent the infestation from spreading. These steps are crucial for effectively dealing with bed bugs and ensuring they don't cause significant trouble for residents and staff.



Where bed bugs are present, follow proper procedures for handling laundry. When dealing with infested laundry, double bagging is essential to prevent bed bugs from escaping. Additionally, ensure that items are washed in hot water and dried on the highest setting for a minimum of 30 minutes to effectively eliminate any remaining bed bugs and their eggs. These procedures are vital for maintaining cleanliness and preventing the spread of bed bugs through laundered items.

Finally, engage a pest professional technician to administer treatment, ensuring they have access to all necessary areas for the effective eradication of bed bugs. They will provide you with instructions to prepare the unit in advance for the treatment. By following these steps diligently, long-term care staff can effectively address bed bug infestations and prevent their recurrence.

To sustain a bed bug-free environment, facilities must prioritize staff training and have a pre-arranged relationship with a pest management professional. Abell's [freebedbugtraining.com](https://www.freebedbugtraining.com) offers video resources specifically for the long-term care industry. Educating residents, families, and staff on preventive measures and proper response protocols is crucial. By maintaining comprehensive inspection protocols and cleanliness standards, and collaborating with experts like Abell Pest Control, facilities can reduce infestation risks. Ongoing education and vigilance ensure a hygienic and comfortable environment for residents and staff.



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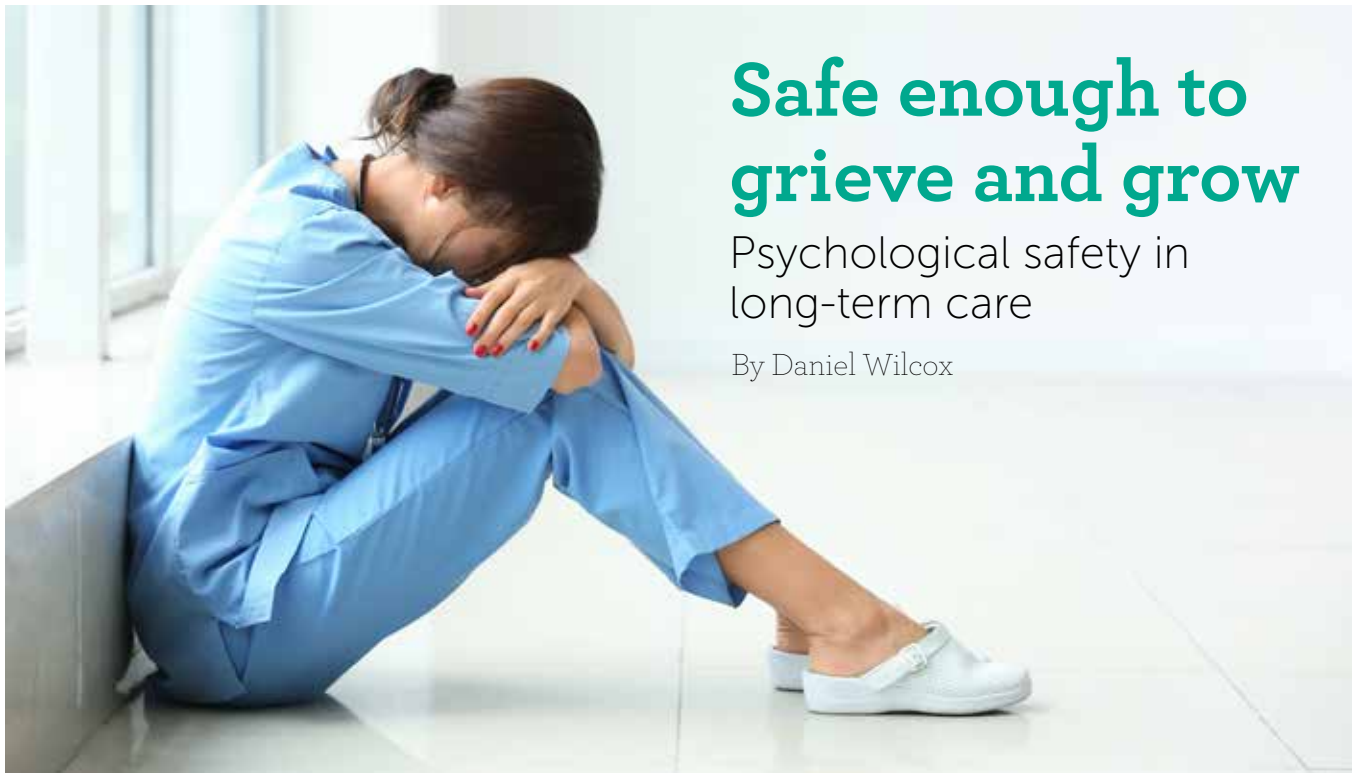
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Safe enough to grieve and grow

Psychological safety in long-term care

By Daniel Wilcox

Her end of life is near. I dress, bathe and feed her. I steal an extra 10 minutes from the hectic pace of my day to see if she is comfortable and comforted. For the last two years, she's been a fixture around the home. I'm already anticipating missing her encouraging attitude and how she takes the time to ask how I'm doing.

The moment comes suddenly. I am taking care of another resident and miss the chance to hold her hand as she dies. After the family has left, I enter the room, say a quick final goodbye, and, despite my best efforts, a few tears escape. It's at this moment that my supervisor walks by and shares that a colleague has called in sick again and to be prepared for a hard day.

Grief. Like an anvil on the chest. Unacknowledged.

This story is reflective of so many in our sector. It is an everyday occurrence. Working in a long-term care home is far from a normal job. An estimated 50% of the individuals that long-term care teams care for will pass away within the following 12 months. As frontline staff, you are expected to carry the emotional burden for vulnerable citizens, often while understaffed, overworked, and caring for complex needs.

Psychological safety: Moving beyond the jargon

When you don't feel safe enough to embrace the emotional toll of caring for and losing someone, you may disengage or become numb. When you aren't afforded time to process a challenging interaction with a resident or family member, your resilience dwindles. When you feel unable to reach out to colleagues or leaders because they seem stretched to their capacity, you may consider leaving.

As these examples illustrate, the scale of the psychological challenges facing long-term care teams is extensive. A recent root cause analysis conducted by the Ontario Centres for Learning, Research and Innovation in Long-Term Care (Ontario CLRI) and the Public Services Health and Safety Association found six primary factors and 229 tertiary factors that lead to psychological harm in long-term care settings.

At the Ontario CLRI, part of our mandate is to provide you with tools to create safer and more supportive working environments. Many of our courses touch on psychological safety. We highlight two here.

All-In palliative care: The team approach to LTC

Creating personal psychological safety in long-term care homes involves working as part of an effective team that has your back. The *All-in Palliative Care* course is an eight-hour virtual training program that helps staff constructively engage with grief and its impact on all team members, residents and care partners during dying, death and bereavement. Learners recognize and teach the value of self-compassion and self-care actions like box breathing.

Participants learn practices they can incorporate into their long-term care home to help process grief. These include:

- Running staff debriefing huddles after a death;
- Conducting honour guards whereby everybody who cares about a recently deceased person is assembled at the front door to say goodbye; and

- Regular memorial services honouring residents who have died and offering time for residents, team members and care partners to share memories and feelings.

As team members build confidence in communicating about and strengthening resident-centred palliative care, their own sense of well-being improves. As a course participant shared, "The session... made me realize the importance of self-care. The facilitator did a great job of making me understand how I grieve and the importance of grieving together as a team. I think our team got closer this day."

Team Essentials: Engaging Families in Distress

Poor interactions with family members can often be a major stressor for team members. With the *Team Essentials: Engaging Families in Distress* course, team members learn to use structured and compassionate communication tools to better communicate with residents, families and colleagues. The course provides practical training, including the use of SBAR (Situation, Background, Action/Assessment and Recommendation/Request) to share information about a family interaction with other team members. When team members are communicating family concerns effectively, there are overall improvements in the quality of care and a greater sense of team cohesion.

The course also teaches learners to apply the ARC Compassionate Communication Tool (Acknowledge, Reassure and Clarify) when communicating with a family member in distress. The ARC tool guides learners to communicate with kindness and compassion, support family members, and avoid negative outcomes.

You can find the *Engaging Families in Distress* e-course on the Ontario CLRI website.

Lighten the anvil on her chest

If we shift back to the frontline worker at the outset of the story, how would her situation look differently when her supervisor arrives during the final goodbye to the resident?

Was there an opportunity to acknowledge the grief she was feeling and to give her a short time to process the moment?

Was there an opportunity to commit to a team debrief on the impact of the loss of the resident?

Was there a chance to pay tribute to this wonderful woman within the home?

We all have opportunities to foster an environment where we can lighten the emotional load of colleagues experiencing the feeling of having an anvil on their chest. **LTC**

Daniel Wilcox is the Manager, Communications with the Ontario CLRI. For information on the courses mentioned above, visit www.clri-ltc.ca.



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Mental health in long-term care

The magic in partnership

By Caitlin Germond & Arro Barry



Caitlin Germond



Arro Barry

In part, this story is about mental health, but more so, it's about community – both our long-term care community and the greater community in which our long-term care homes reside. This story is about collective impact and the power of community to work together to solve complex problems.

In January 2022, our CEO at St. Joseph's Health Centre of Sudbury engaged in Dialogues for Mission, a month in which she dedicates time to meeting with staff at our long-term care homes, Villa St. Gabriel Villa and St. Joseph's Villa, to engage in deep listening. From these dialogues, it became clear that staff were struggling to meet the care needs of residents living with mental health conditions. At the same time, our larger community was recognizing the unique needs of older adults living with severe mental health concerns and their risk for being precariously housed. Guided by our mission, we knew we needed to take action to address the unmet needs of our staff, our residents and our community.

We started this work with a needs assessment to get a sense of where we were and where we needed to go. We knew the problem and solution was larger than just our organization, so we asked ourselves, "How can we create meaningful change in a timely way?" The answer was found in one of our community partners and experts in mental health – the Canadian Mental Health Association, Sudbury/Manitoulin (CMHA-S/M). We reached out with our need and our vision and the steps toward formal collaboration began.

At this point, acting fast meant investing time in building connections, clearly defining our vision, and developing a shared understanding. CMHA-S/M prioritizes providing safe, inclusive and accessible mental health and substance use services to all. This collaboration presented an opportunity to strengthen their community support, especially for older adults with severe mental health concerns whose progressive chronic disease needs exceeded the scope of their care capacity. This partnership allowed us to create a shared vision, leveraging

the expertise of both organizations to enhance resident care and build self-efficacy within our team.

So, what did we do? We embedded two CMHA-S/M staff members into our organization for a year. The aim of this year is to develop a standard of work that includes policies and procedures, from admission planning to direct care and some recommendations for ongoing change. This standard of work will train and support staff and residents through developing and implementing care plans and mental health strategies. To facilitate this, we developed structures for consistent and open communication, mutually agreed upon process and outcome indicators, and the flexibility to alter the aim based on emerging needs, resources and learnings.

To date, we are halfway through our year together and are pleased to report that the project is growing and changing to include new positions, mental health leads and a mental health coordinator. This expansion further champions change management and supports sustainability. We can also share that there is a synergy from this partnership that adds to the energy and excitement for the next six months of work, leaving us optimistic about the future. [LTC](#)

Caitlin Germond, MPH, is the Coordinator of Program Development and Outreach at the Canadian Mental Health Association-Sudbury/Manitoulin (sm.cmha.ca/) and **Arro Barry** is the Clinical Quality Lead at St. Joseph's Health Centre of Sudbury (sjsudbury.com).



CMHA and St. Joseph's Villa staff (back row) with residents in the home's Jim Ashcroft Healing Garden

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Culturally appropriate care: A conversation

What do equity, diversity, and inclusion look like in long-term care?



With an ever-changing demographic landscape, how do we provide culturally appropriate care that can be tailored to individual needs? And with an increasing reliance on newcomers to Canada within the caregiving workforce, how do we ensure we are creating inclusive and welcoming work environments?

These questions are top of mind with leaders and care providers today – not only in Canada, but around the world. Two leaders in long-term care in Ontario that operate in culturally diverse communities joined the Ontario Long Term Care Association's Coming of Age podcast to discuss balancing the cultural needs of their communities with person-centred individual care for the people their organizations serve.

The following article is adapted from a podcast conversation in 2023 with Adil Khalfan, President and CEO of Kensington Health, and Dr. San Ng, CEO of Yee Hong Centre for Geriatric Care.

DEFINING CULTURALLY APPROPRIATE CARE

ADIL KHALFAN: From my perspective, culturally specific care is actually rooted in patient-centred care or resident-centred care. You can't have one without the other. If we are really going to be a patient- or resident-centred organization, and a health care system, then we really need to understand that individual and their family – and part of that is their unique identity and their culture.

Kensington Health's long-term care home, the Gardens, is in one of the most culturally diverse pockets of downtown Toronto. Not only do we have an incredibly diverse resident population, but we also have very diverse teams, with more than 20 different languages spoken in our home.

We try to understand the people coming to us way before they come to our home. And that makes the transition better for them, their families, and for our staff, so that we're

aware and we can start to enhance and really provide that quality of life for them when they arrive.

DR. SAN NG: Yee Hong is known as primarily an Asian-serving organization because that was our roots – to remove barriers to access for individuals who do not speak English as their first language, who have certain values, customs and beliefs. Yee Hong actually supports many different Asian populations. We care for a large Chinese-Canadian population but we also have a dedicated floor for Japanese Canadians, and provide care and services for other Asians including South Asians and Filipino individuals as well. We also support partners such as the Indigenous communities, and we've worked with the Jamaican Canadian population as well.

Ultimately, we want to understand where a person is coming from, what's important to them, what gives them a sense of meaning, and what a high-quality life looks like for them.

That's not a simple thing. Culture is not homogenous. You'll hear us say that a lot. In China, there are 23 provinces. There are many different dialects, different attitudes and beliefs towards seniors' care, towards family values, and towards what independence means.

"Culturally specific care is actually rooted in resident-centred care. You can't have one without the other."

- Adil Khalfan

Those differences are out there across all of Canada's population. It isn't something that's unique to Yee Hong, or Kensington Health, or in Ontario.

SUPPORTING INDIVIDUALITY IN A HIGHLY REGULATED ENVIRONMENT

DR. SAN NG: There's no question we have certain regulations regarding staffing and programs – the government wants to help ensure that our spaces are safe and comfortable for the residents and clients.

However, we also need to understand what people need to live their lives the way they want. And that means choice and flexibility in their own homes – and long-term care homes are their own homes. I don't think that's well understood.

People want to wake up when they want to wake up in the morning. People want to eat when and what they want. People have certain preferences with respect to worship or their religion.

Is there the ability to do that? Smudging, for example, is such a fundamental practice for the Indigenous population. For some Buddhists, it's burning incense. Can we allow that within the regulations? How do we make that happen?

I think we can meet the standards but also provide some flexibility. But in order to do that, we need to have the ability to relax some of the restrictions and to also have resources to dedicate towards that.

As another example, providing kosher meals or Asian meals requires different types of techniques and different kinds of food, and sometimes that's more costly. We need funding dedicated towards that.

ADIL KHALFAN: I agree.

One of our residents was from the Indigenous community. He had lived proudly within that community and then came to our home. One of the things he really wanted to do was

continue to take part in smudging. So how are we going to allow this individual to continue to express their cultural identity, feel safe and cared for in their home, while working within the regulations? We found a way to connect with community organizations who could help us understand how to carry out the ceremony.

This type of sensitive and supportive care is also important to staff – they

feel like this is exactly what we should be doing for the people we care for. It's not an extra. And families are asking for it too.

LEADERSHIP IN EQUITY, DIVERSITY AND INCLUSION

ADIL KHALFAN: I think you cannot advance the EDI work unless you can build trusting relationships. It's in the ethos of what we do, building trusting relationship within our teams, our

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"My dream is that EDI is not a flavour of the moment, but instead it's embedded within each and every one of us."

- Dr. San Ng

family and resident councils, the community organizations we work with.

At Kensington, we're taking a three level approach to EDI.

One is having clinical champions really looking at how are our medical staff and clinical staff are providing equitable care for people with different needs and from various walks of life.

A second area is we're looking at is staff awareness and education and creating a safe and inclusive work environment for them. Equally important is encouraging people to speak up and safely express when they don't know something.

I myself, as a leader, don't know everything about equity, diversity and inclusion. I'm saying publicly that I don't know it. I'm nervous sometimes – but I'm learning. And when staff and people see me say that aloud, I think it creates an environment where it's safe to express your learning needs and that we're going to learn throughout our lives.

The other part is really trying to be courageous and fearless in advancing this journey towards equity and justice, not just accommodating the

rules that we have, but looking at how we are wiping out those rules to create opportunities for all walks of life for those who live and work in our homes. We're actively looking at ways of building our senior team to reflect the cultural and gender diversity of the people we serve.

DR. SAN NG: I think we also have to have humility. It's about having that ability to look at yourself and say, "You know what, maybe we're not as diverse, equitable or inclusive as we thought we were."

In fact, maybe we need to unlearn. At Yee Hong, we provide the care that we do because many individuals came from the same cultural background. But not everybody wants that. Not everybody prefers that. And to assume is something that is not helpful, actually, for advancing EDI.

What don't we know? What are our unconscious biases? How do we go about asking those really tough questions, about racism and about really different political ideologies, about different ways of being and acting? And are we making assumptions about how people are?

My dream is that EDI is not a flavour of the moment, but instead it's embedded within each and every one

of us. That we treat each other with the respect that everyone deserves. And we behave in ways that honour the individual and their needs and preferences.

SUPPORTING CULTURALLY DIVERSE STAFF

ADIL KHALFAN: We have a very culturally diverse population of staff. Many of the staff are new Canadians. We're trying to connect with community agencies and community organizations to help new Canadians and new residents, foreign trained, to be able to settle their lives.

This is not only to their benefit – when their lives are settled, they'll be able to deliver better care. I don't think we've done enough to help with that as an organization. I think there are many agencies out there that are set up to support them and we, as employers, need to help connect those agencies to our foreign trained staff.

I used to work in the Middle East, and when we were bringing in foreign trained workers, there was more of a focus on, "here's how we're going to help you stay here." In North America, it's a bit more of an independent culture. "You're here, go figure it out." I think that's an important element. I don't think we've sorted it out yet and it's an area that we need to look at seriously as leaders and as long-term care operators.

DR. SAN NG: It weighs heavily on my mind. At the same time though, there are individuals who do want to make a life in Canada and we need to think about how we can support them to



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come to seniors' care and long-term care specifically because we are a sector that is facing extreme shortages.

We need to change the profile of how rewarding it is to work in this sector. We attract individuals who have a safe place to learn about being a personal support worker, learning to be a leader, learning other types of skill sets and obtaining certifications, in a way that is delivered sensitively to them. We also have culturally sensitive preceptors and onboarding programs.

We need collectively to look at how we bring people in and not just expect that everyone will know how to figure things out on their own while encouraging them to join the seniors' care sector.

MEASURING SUCCESS IN EDI

ADIL KHALFAN: You do need to have an understanding of who's in your community – understanding the cultural makeup of our residents and our staff.

The data gathering of this type of information is new. We're going to continue to evolve our thinking, our understanding, and our quantitative and qualitative understanding of describing culturally safe care.

Part of our equity, diversity and inclusion strategy is a more robust way of doing data collection, holistically for both the community we serve and the people inside, so that we can actually set measurable benchmarks. With each point of the data work that we're doing right now, we're being very upfront and honest that this is not the be-all and end-all way of doing it, but it will help guide our approach towards advancing this journey of more culturally safe care.

You'll see the equity, diversity and inclusion work being put into various accountability agreements that we have with the province and our funders. We have a concerted effort in describing it from a data perspective, from a performance perspective, and our communities are asking for it.

I think it's the right time to really push the gas pedal, accelerate and describe these successes, but be humble enough to learn from other jurisdictions that are further ahead than we are.

DR. SAN NG: I'd like to add that qualitative data should not be discounted. We want to be sure to include the lived experience of

individuals and their family members and caregivers. EDI is not a simple concept to grasp.

There's so much richness and complexity in a person's life that makes them who they are. We need to put a face on this because we all have backgrounds, where we come from and how we grew up, that affect how we want to live as we age. TCT

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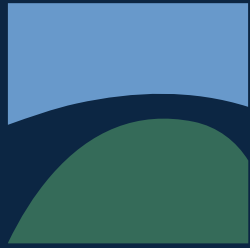
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In 2016, Perley began a comprehensive initiative to minimize resident falls including simulating a resident fall and staff training on response and procedures. Training includes a simulated fall, a debriefing and a survey of participants. Photo Credit: Perley Health

Falls prevention

Perley Health shares lessons learned

Numerous studies demonstrate that falls are a leading cause of injury-related hospitalizations among long-term care residents. Half of all long-term care residents experience at least one fall each year, for instance – nearly the double the rate for older adults who live independently.

A long list of factors can contribute to falls – everything from environmental hazards to declines in physical and cognitive status. Further complicating efforts to prevent falls in long-term care homes are high rates of turnover among residents and staff, and the need to respect the autonomy of residents.

In 2016, Ottawa’s Perley Health long-term care home qualified as a Best Practices Spotlight Organization (BPSO), a collaborative program led by the Registered Nurses Association of Ontario. Implementing RNAO’s best practices in falls prevention was among the home’s first BPSO projects.

Perley Health began a comprehensive initiative to minimize resident falls, engaging everyone from nurses and personal support workers to occupational therapists, physiotherapists, housekeepers, and more. Many actions were proposed and analyzed, and the most promising ones – such as risk assessments and post-fall staff huddles – have been standardized and implemented.

Among the most successful has been comfort care rounding (CCR), a multi-step process that has staff check regularly on each resident, scan for potential risks and log the results.

In the units where CCR was piloted, the rates of falls initially declined by as much as 50%. The rates subsequently increased, although they remain relatively low. In response, Perley launched another initiative designed to remind frontline staff of how best to respond when a resident falls.



A personal support worker records information in a Perley Health resident’s Comfort Care Rounding form. Co-created by Perley Health, Comfort Care Rounding is a multi-step process that has staff check regularly on each resident, scan for potential risks and log the results. Photo Credit: Tom Lilly

Transforming LTC through evidence-based best practices

In 2019, Perley Health established the Centre of Excellence in Frailty-Informed Care™ (CoE) to conduct and share the practical research needed to improve long-term care.

“Our goal is to shorten the gap between research and practice,” says Danny Sinden, Director, Centre of Excellence and Research Operations. “LTC homes are keen to implement evidence-based best practices in care. To do this, however, they need practical tools like tip sheets and guidelines. Thanks to donor support, we help meet this need.”

Among these resources are tip sheets on post-fall assessment and CCR, along with materials related to SeeMe®: Understanding Frailty Together, a method of developing, implementing and updating care plans in consultation with the resident, their family and care professionals. The method includes assessing the risk of falls. The CoE regularly presents research and distributes materials at academic and industry conferences.

Osgoode Care Centre, a 100-bed home near Ottawa, is one of many homes to benefit. “The practical resources created by Perley Health have been really valuable for our home,” says Shelley Bruton, Director of Infection Prevention and Control at Osgoode Care. “We particularly appreciate the tip sheet on comfort-care rounding.”

A current CoE study involving virtual-reality technology may help with another factor that often contributes to falls: loss of proprioception – the ability to sense and control body position, movement and force. The study, known as Re:GARDE, tests whether a virtual reality training program can improve visual health in older adults.

“I don’t think it’s possible to prevent all falls in long-term care,” says Daniela Acosta, Manager of Education and Knowledge Translation at Perley Health. “But implementing a comprehensive prevention program is a great way for long-term care homes to reduce their incidence and severity.”



A mock post-fall huddle engages a Perley Health resident, nurse, personal support worker, occupational therapist and physiotherapist. Overall, fall rates at Perley declined from 23% in 2017 to 16% in 2024. Photo Credit: Tom Lilly



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FOCUS ON FALLS

Daniela Acosta is Manager of Education and Knowledge Translation and was the initial lead for the BPSO. “While all our frontline staff are trained in how to respond, proper procedures are sometimes not followed in the heat of the moment,” she says. “Studies show that simulation-based training can be an effective reminder.”

Along with a colleague, Acosta designed and delivered a series of 30-minute workshops to frontline staff. Each workshop featured a simulated fall, a debriefing and a survey. The rates of falls declined again for a short period. Overall, fall rates declined from 23% in 2017 to 16% in 2024.

Perley Health delivers a modified version of the simulation-based training as part of its orientation for newly hired nurses and plans to scale up the program this fall.

“Quality improvement is an ongoing journey,” says Acosta. “You try something new, analyze the results and adopt practices that are proven effective. Then you start the cycle all over again.” [LTC](#)

Visit perleyhealth.ca/centre_of_excellence_for_evidence_based_resources on falls prevention and other topics to support teams in long-term care or contact centreforexcellence@perleyhealth.ca.

Falls prevention resources

Through the BPSO partnership, RNAO published an evidence booster about Perley Health’s Comfort Care Rounding initiative. Visit RNAO.ca and enter “Evidence Boosters Autumn 2017” in the search bar.

An RNAO webinar provides information about the simulation-based training initiative. Visit RNAO.ca and enter “Webinar simulation” in the search bar.

A follow-up study, published in the *Journal of Nursing Care Quality* in April/June 2022, documented the positive effects of the simulation-based training on frontline staff.

KEY ELEMENTS IMPLEMENTED BY PERLEY HEALTH

Fall prevention

- Use a standardized falls risk identification scale, on admission, quarterly, after a fall and after a change in status.
- Personalize fall and injury prevention interventions based on the resident’s modifiable risk factors and choices.
- Conduct hourly comfort care rounding to proactively meet the needs of the resident and scan the environment.

During a fall

- Provide comfort and reassurance to the resident.
- Complete a full head-to-toe physical assessment and neurological assessment if suspected that the resident has hit their head.
- If appropriate, move the resident using a mechanical lift.
- Reassess the resident for injuries, post-transfer.
- Complete vitals in both sitting and standing position, if possible.
- Contact the resident’s most responsible care providers.

Post-fall

- Within 24 hours:
 - Re-administer the standardized falls risk identification scale.
 - Complete an interprofessional post-fall huddle and mini-route cause analysis.

Include the resident and their substitute decision makers, if possible.

- Complete an incident report and update the resident’s care plan.
- Continue to monitor the resident for 72 hours and document status.
- Involve interprofessional team members for fall prevention support, as needed.

Program highlights

- Facility-wide simulation-based fall prevention training exercises are completed on the units for nurses and PSWs. The team supports residents who choose to live with risk.
- Residents and their substitute decision makers are engaged in fall prevention planning.
- Every department’s role is outlined in the fall prevention policy.
- Fall prevention and response training is tailored to every department and incorporated into orientation.
- Documentation tools, including the incident report, are custom designed to force function the post-fall processes to ensure all steps are completed.
- In addition to the post-fall huddle, interprofessional fall prevention meetings are completed for residents who fall often to reevaluate their personalized interventions.
- Audits that reflect ministry requirements are run occasionally.



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Eliminating restraints and reducing falls

A resident-centred approach to safety and well-being at Burton Manor

In 2019, Burton Manor Long-Term Care started a transformation with two objectives: eliminating restraints and reducing falls. Five years later, the Primacare Living Solutions long-term care home has not only met these seemingly opposing priorities but earned its spot as a Registered Nurses' Association of Ontario's (RNAO) Best Practice Spotlight Organization® (BPSO®).

RNAO's Best Practice Guideline (BPG), *Preventing Falls and Reducing Injury from Falls* (2017), served as the blueprint for Burton Manor's BPSO plan. From 2019 to 2023, the long-term care home implemented a host of alternative fall prevention tools and techniques from the BPG that enabled its team to eliminate the use of physical restraints (e.g., bed rails, seatbelts, lap trays, etc.) while reducing fall risks and injury severities.

"Some families believe that restraining a resident will prevent falls, but they may not be aware of the potential negative consequences of such measures," says Jyothi Martis, Director of Care for Burton Manor. "Restraining

residents limits their normal activities and can lead to increased agitation. These restraints may also have harmful effects, such as residents injuring themselves while trying to climb over bed rails or, in severe cases, risking strangulation with seat belts."

Implementing the RNAO's *Preventing Falls and Reducing Injury from Falls* BPG meant adopting several alternative approaches to restraints. Depending on the resident's risk profile, these include:

- **High-low adjustable beds** can be lowered to help residents safely transfer from their mobility equipment into or out of their beds.
- **Bed and chair alarms** that alert team members to help residents trying to leave their beds so they can assist.
- **Hip protectors** worn by residents to reduce injuries from falls.
- **Non-skid socks** worn by residents to help prevent slipping and falling.
- **Fall mats** to soften the impact of falls.

- **Bone protection medication (e.g., Vitamin D, Prolia (denosumab) and Actonel (risedronate sodium))**, prescribed to residents who are deemed susceptible to falls based on an initial consultation with physician and pharmacy teams.

Numerous fall prevention and injury reduction practices have also been implemented. For example, Burton Manor now places a "falling star logo" on the doors of fall-risk residents to identify those who require additional support and check-ins throughout the day. Additionally, Burton Manor staff conduct Intentional Comfort Rounding every hour to ensure these residents' safety and needs are monitored and attended to.

"Monitoring involves more than just briefly checking the resident's room and then leaving; it requires a thorough and attentive approach," says Martis. Instead, she explains, these rounds are meant to be a time when team members engage with residents to ascertain their comfort and safety as it relates to 4Ps: Pain, Position, Perineeds and Possession (see sidebar).

INTENTIONAL HOURLY ROUNDING

Does your patient...

- Pain**
 - have any pain or discomfort at rest or on movement?
 - ✓ provide analgesic/comfort measures
- Peri-needs**
 - need to use the toilet?
 - need briefs/pads changed?
- Position**
 - need to be turned, repositioned, or mobilized?
 - ✓ assess skin, provide care as needed
- Possessions**
 - have easy access to call bell, water, eye glasses, hearing aids, phone, tissue, and mobility aid?

Ask - "Do you need anything before I go?"

Communicate - "I, or someone from the team, will be back in about an hour to check on you"

The 4Ps of Intentional Comfort Rounding

Burton Manor’s fall prevention and injury reduction program includes regular check-ins with fall-risk residents. During these rounds, staff assess and address factors that may trigger fall risks, including:

- **Pain** - Is the resident experiencing any pain at rest or in movement? Do they require any analgesic/comfort measures?
- **Position** - Are they comfortable? Do they need to be turned, repositioned or mobilized?
- **Peri-needs** - Do they need to use the toilet or change their briefs/pad?
- **Possessions** - Do they have easy access to everything they need, such as eyeglasses, hearing aids, a phone, mobility aids, water or a call bell?

Continued monitoring and assessments are important to the ongoing success of Burton Manor’s BPG implementation. For this reason, the home has also tapped various team members to serve as BPG champions. These individuals monitor and assess the home’s fall prevention measures and practices, share their insights at monthly falls and restraint committee meetings, and contribute to the committee’s review process.

"Our champions play a crucial role in our efforts," says Martis. "They conduct audits on the floor, make sure the falling star logos are displayed, and verify that all fall prevention measures in our residents’ care plans are being implemented. Additionally, they provide valuable peer-to-peer education, which proves to be highly effective."

All told, becoming a BPSO for fall prevention and injury reduction has

required a foundational shift in how fall risks are identified, addressed and monitored. As Dr. Frank Welland, Burton Manor’s Medical Director, observes, "[There has been] a huge shift in the culture of the home. Burton Manor has excellent program committees supervised by a nursing leadership team that has helped it excel in all quality indicators. This has a huge impact on improving the quality of care of our residents."



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Transitioning into a zero-restraint home is no small challenge, even with RNAO's Best Practice Guidelines to point the way. At the onset of Burton Manor's BPG implementation program, for example, one of the biggest barriers was getting residents' family members on board with the idea, particularly those who may have seen their loved ones restrained for their safety in other health care environments.

Encouraging outcomes

Burton Manor launched its RNAO BPG initiative with an important question: Can resident falls and injuries be reduced without the use of restraints? According to data collected throughout its multi-year journey, the answer is a confident "yes."

For background, the *Preventing Falls and Reducing Injury from Falls* BPG implementation results were measured using the Nursing Quality Indicators for Reporting and Evaluation® (NQIRE®) data system. This methodology enabled the team to track the number of restraints used on residents, the percentage of residents screened for falls risk, and the percentage of residents who fell in the past 30 days.

The data speaks for itself. From 2019 to 2023, restraint use dropped by 16.5% (16.83% to 0.33%) and Burton Manor successfully became a "zero-restraint" home as of March 2023. Moreover, the percentage of residents who fell "in the last 30 days" dropped by 6.96% (from 18.78% to 12.8%) and there was an increase in the percentage of residents screened for falls risk.

Burton Manor's results resonate on a provincial level. Program data indicates that fall rates in all quarters from 2022 to 2023 were significantly lower than the provincial average, as were the percentage of residents who experienced worsening pressure injuries (PIs).

Feedback from the BPG implementation has been equally encouraging. Lisa Rosenberg, Burton Manor's Family Council President, shared her experience in a recent presentation: "A few years back, Mom fell a few times [and] the Burton Manor team implemented many interventions to

prevent my mother from falling again.... Burton Manor has done their utmost in making sure my mom is comfortable and that her quality of life is preserved."

Obstacles in every journey

Transitioning into a zero-restraint home is no small challenge, even with RNAO's Best Practice Guidelines to point the way. At the onset of Burton Manor's BPG implementation program, for example, one of the biggest barriers was getting residents' family members on board with the idea, particularly those who may have seen their loved ones restrained for their safety in other health care environments.

"Some families are understandably reluctant," Martis says. "Sometimes families come to us concerned about frequent falls and ask why we're not using restraints, as their loved one was restrained in the hospital. We respond by explaining that this is their home, and we don't use restraints. Instead, we suggest trying alternative approaches and evaluating their effectiveness."

Building trust among family members is key during any resident-care initiative. For Burton Manor, this is achieved through ongoing communication with all stakeholders while alternative fall prevention measures are being used when accidents happen.

"After each fall, we contact family members to inform them and address any questions they might have. We also review the interventions we've implemented, so they understand our actions and how these measures are designed to prevent future falls," says Martis.

Aligning home teams with alternative fall prevention and injury reduction


practices can pose a challenge. Again, Burton Manor benefits from providing consistent education and feedback sessions for its staff and empowering BPG champions to keep those practices in play.

"Achieving zero restraints is not easy," says Martis. "It can be challenging, but reflecting on our success, it's clear that it was the collective effort of everyone – along with the support of families and residents – that made it possible."

This teamwork has also been key to sustaining RNAO's BPGs and driving ongoing improvements.

One year after obtaining its BPSO status in June 2023, the Burton Manor team continues to pursue additional fall prevention strategies, such as setting up cameras and an AI system to detect and analyze the root cause of falls, reducing the use of antipsychotics among residents (where appropriate), and exploring various staffing and team configuration strategies.

Reducing the risk of fall injuries is a never-ending mission. If there is one lesson Burton Manor has learned throughout its *Preventing Falls and Reducing Injury from Falls* BPG implementation, it's that there are ways to keep residents safe without limiting their movements.

Says Martis: "There are alternative approaches we should explore to ensure the best quality of care for our residents, as this is their home. They deserve to live comfortably and enjoy a normal life here, experiencing the quality of life they deserve." 

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TECHNOLOGY





Registered Social Service Worker Mike Flood (left) and Registered Social Worker Morgan Timmermans (right) with residents of Extendicare Peterborough

How social workers help support the well-being of residents

The positive impact of a new pilot project at several Extendicare long-term care homes

The transition into long-term care is a major change for residents and their family support system. "It involves a lot of emotions throughout the journey," says Amy McNally, a Registered Social Worker and Psychotherapist at Extendicare. "The process of transitioning into long-term care can be complex."

It is a time when increased professional emotional and mental health supports offered to residents can help pave the way for a smooth and positive experience. Recognizing the need for enhanced resources for residents and their well-being at this important stage, several Extendicare homes in the Greater Toronto Area have piloted expanded resources for social work support for residents.

In a prior model, teams realized that the Registered Social Workers (RSWs) were predominantly providing support with admissions. With improved resident quality of life in mind, this led to a new and strategic approach that empowered RSWs to increase the psycho-social support, counselling and psychotherapy services to residents and their families.

This was made possible through a pilot project that introduced Registered Social Service Workers (RSSW) to work in the new role of Admissions Coordinator (AC). "For

the RSSW, it's about service navigation, settling in, and pre-admission work, such as touring people in the community and answering inquiry calls from the community about long-term care," says McNally. "This requires a dedicated person to support those who might not have experience navigating long-term care and the health care system."

As a result of the new project, there was a shift in the RSWs' work from clerical to clinical. Rather than overseeing admissions, the RSWs could focus primarily on resident and family mental health, well-being and psychosocial support.

"What we've done is target providing one-on-one counselling and group counselling," explains McNally. "RSWs are also qualified to provide ongoing assessments and support through the entire long-term care process, understanding the loss of health status, the grief around that, and through the continuum right up through palliative care and end of life."

Clinical care

According to the Ontario Association of Social Workers (OASW), RSWs are the largest providers of mental health care in Ontario. "In general, most people don't realize that that clinical care is within our scope," says McNally.

As a result of the new project, there was a shift in the RSWs' work from clerical to clinical. Rather than overseeing admissions, the RSWs could focus primarily on resident and family mental health, well-being and psychosocial support.

RSWs are health professionals with four or more years of specialized university education and have been trained to assess, diagnose and treat individuals to support their mental health. In contrast, RSSWs have two years of college education and focus on more supportive counselling and practical help such as service navigation. Both are recognized by the professional regulatory body, the Ontario College of Social Workers and Social Services Workers. "Our scopes are different," says McNally, "But RSWs and RSSWs work together and make for a great team."

In addition to being an RSW and psychotherapist, McNally is the Ethics Practice Leader on Extendicare's National Ethics Services Team (NEST) and has been a leader in pioneering solutions to better support residents. She notes that the pandemic highlighted the need for RSWs to provide psychotherapy services to support residents.

"We have a lot of mental health diagnoses in long-term care which are increasingly more complex, that we didn't see before. Our residents can benefit from formalized consulting

which can help reduce rates of depression, anxiety and mood disorders," notes McNally.

Based on the success of the pilot project, there is potential for it to expand, including future consideration within Extendicare's Model of Care.

McNally, who also sits on the Long-Term Care Subcommittee Advisory Board of the OASW, is advocating as part of that committee for more provincial funding and to make the RSW role consistent across all homes in the province.

McNally says the feedback to the project has been "fantastic" and she has heard from others reaching out about how to employ a similar strategy at their long-term care homes. "That's why we're sharing the success of the project, and how we made it happen," she says. "We'll keep making it even better, and the difference for those we serve is extremely rewarding." [LTCI](#)

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The power of psychological safety

The most powerful force to empower your team is YOU By Hoss Notarkesh

In the demanding world of long-term care, creating an environment where staff feel empowered is crucial for both employee satisfaction and quality of resident care. This article explores how you, as a leader, can foster psychological safety – the key to unlocking your team’s full potential.

Imagine a workplace where everyone feels safe to be themselves, share their ideas without fear of judgment, and admit mistakes without retribution. This is the essence of psychological safety – a cornerstone of high-performing teams. As a leader in long-term care, you have the unique opportunity to be the most powerful force to empower your team, and it all begins with you.

PERCEPTION IS PROJECTION: Understanding your impact

The first step in fostering psychological safety is understanding a fundamental truth: Your perception of others is often a reflection of yourself. When we project our own insecurities, fears or judgments onto others, we risk creating a toxic atmosphere that hinders collaboration and innovation. By recognizing that your reactions to others are deeply connected to your own inner state, you can begin to approach challenges with greater clarity and compassion.

Consider this: When you perceive a colleague as difficult or a resident as unpleasant, these perceptions might

actually be projections of your own frustrations or unmet needs. Instead of taking their actions personally, ask yourself what these reactions reveal about your own state of mind. This introspection can help you address the root causes of your reactions, which often makes the external problem seem less significant or even eliminates it altogether.

THE FOUR AGREEMENTS: A blueprint for psychological safety

To cultivate a psychologically safe environment, consider integrating the principles from Don Miguel Ruiz’s book *The Four Agreements* into your daily interaction:

- 1. Be impeccable with your word:** Speak with honesty and integrity, avoiding gossip and negativity. Frame the feedback to the team member in a way that emphasizes you’re looking for solutions together.
- 2. Don’t take anything personally:** Understand that the actions of others are often projections of their own experiences, not a reflection of your worth. If a team member seems resistant to a new policy, remember their reaction may stem from their own fears or past experiences, not your leadership.
- 3. Don’t make assumptions:** Avoid jumping to conclusions. Instead, communicate openly to prevent misunderstandings. Instead of assuming that John’s silence in

meetings means disengagement, have an open conversation to understand his perspective and offer support to address any underlying issues.

- 4. Always do your best:** Focus on your own actions and avoid self-judgment. Recognize that your “best” during a crisis may differ from a calm day and extend this understanding to your team.

These agreements serve as a blueprint for creating a more positive and productive work environment. By embracing them, you not only enhance your own well-being but also contribute to the psychological safety of your team.

BREAKING OLD HABITS: Cultivating self-awareness

Creating a culture of psychological safety requires breaking old habits and developing new, healthier ones. This process begins with self-awareness. Recognize your own patterns of behaviour and the emotional biases that drive them. Are you quick to judge? Do you often assume the worst? By identifying these tendencies, you can begin to change them.

Next, address self-judgment. Neutralize the negative thoughts you have about yourself and others. Understand that everyone is doing their best with the resources they have. Practising mindfulness through

conscious breathing can help you stay focused on the present moment, fostering a calm and self-compassionate mindset that benefits both you and your team. Once we begin to understand our own patterns and biases, the next step is to embrace vulnerability as a tool for connection.

VULNERABILITY:
The path to trust

One of the most powerful ways to build trust and psychological safety is through vulnerability. By sharing your own experiences, fears and challenges, you create a space where others feel comfortable doing the same. This openness fosters a deep sense of connection and mutual respect within the team, which is essential for effective collaboration.

As a long-term care leader, you are the catalyst for creating a psychologically safe workplace. By embracing these principles and consistently applying them, you set the tone for your entire team. Remember, fostering psychological safety isn't just about improving workplace dynamics – it's about enhancing the quality of care. Long-term care means loving and caring for one another while loving and caring for our residents.

Your commitment to personal growth and empathetic leadership can transform your team, your organization and, ultimately, the lives of those in your care. The journey towards a psychologically safe environment starts with you.

Start today by asking yourself: What is one thing I can do to create a more psychologically safe environment? **LTCT**

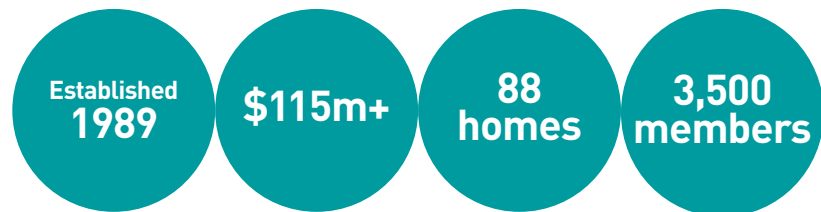
Hoss Notarkesh is an Executive Business Coach and Founder of Zen Teambuilding™. He has worked in seniors' care for nearly two decades. Learn more at zenteambuilding.com.

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The magic of music

High-quality concerts benefit both long-term care residents and staff

By Kate Dupuis & Debra Chandler

Music can help to bridge mental, physical and emotional barriers, stimulate memories, and provide a way to communicate when language is more challenging. Music is part of the fabric of long-term care, be it recordings of classical songs played during meals or having a local performer provide entertainment to residents as part of the recreation programming calendar. Staff can connect with residents through music using song, rhythm and movement as a common language and a safe place to meet.

In a recent project, a research team from the Sheridan Centre for Elder Research and the Schlegel-UW Research Institute for Aging partnered with Concerts in Care Ontario (CiCO) to provide weekly concert series to five Ontario long-term care homes. Data were collected from both residents (observations) and staff (observations and questionnaires) to explore potential benefits of these high-quality concerts performed by professional musicians.



Given how difficult the pandemic has been for staff working in long-term care, with high rates of burden and burnout and many staff members leaving the sector, it was particularly important to examine the experiences of staff to see whether these concerts could positively impact their well-being and their quality of work.

Results indicate that residents actively engaged in the performances by singing, clapping and moving to the music, and demonstrated appreciation and curiosity for the performers and their instruments.

Staff reported that the performances benefited their own social well-being and mood, provided additional ways of connecting with residents and colleagues, and helped them look forward to coming to work.

The performances were anticipated throughout the week, with team members looking up the artists and discussing upcoming performances with the residents in their care.

The magic of music is that it is not restricted to one room, or space, but rather can be shared easily throughout a neighbourhood. Even residents who prefer to stay in their own suites can listen to, and hopefully benefit from, the performances.

While there are often musical opportunities in long-term care, this project was relatively unique in that we provided

curated concert series to each individual home, taking into account the musical and linguistic needs and preferences of residents and staff, and offered a variety of performance modalities (e.g., performances on each unit, in a doorway of a resident suite, travelling down a hallway, in a large communal meeting space) to include as many residents and staff as possible.

This project speaks to embracing a person-centred approach when providing recreational opportunities in long-term care, and emphasizes the importance of connecting with and exploring the needs of staff and leadership at each site before beginning a new program. It is our hope that we can continue to expand our Concerts in Care Ontario program to long-term care homes across Ontario, with positive benefits for all those who reside in, work in and visit the homes. [LTCT](#)

Kate Dupuis is the Schlegel Innovation Leader in Arts and Aging at the Sheridan Centre for Elder Research and the Schlegel-UW Research Institute for Aging. **Debra Chandler** is the Executive Director of Concerts in Care Ontario. For more information visit concertsincareontario.com or reach out to debra@concertsincareontario.com.



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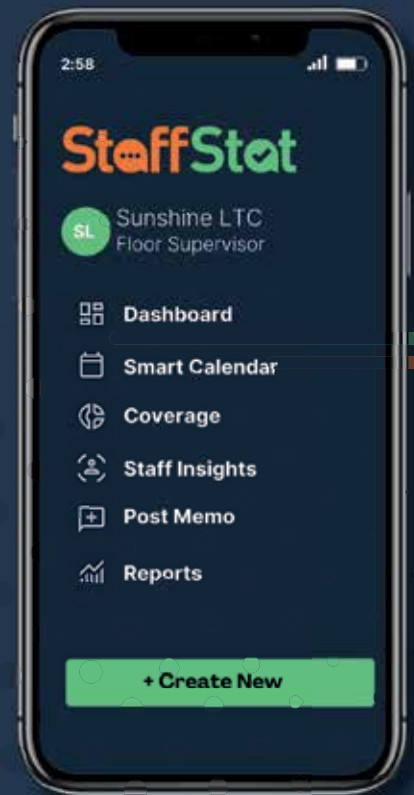
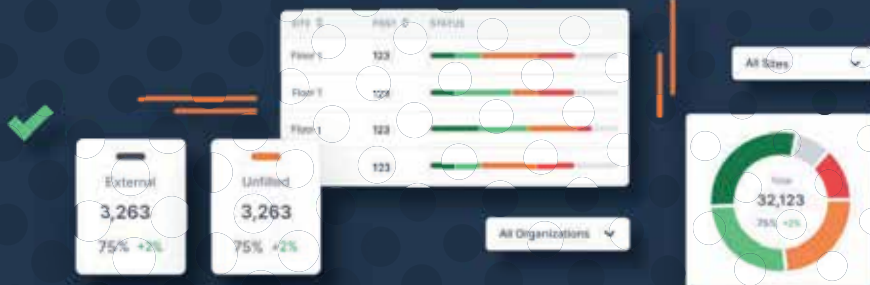
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