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OMNI president and CEO Patrick McCarthy receives a cheque from Carol-Ann Krupka of Boehringer Ingelheim as part of a grant for OMNI's diabetes strategy.

OMNI Launching Comprehensive Diabetes Program

'This strategy is all about quality'

By Deron Hamel

PETERBOROUGH, Ont. - OMNI Health Care is launching a comprehensive diabetes strategy aimed at enhancing quality of life for residents living in its 17 long-term care homes as well as reducing strain on the acute-care system.

At the heart of the program is the diabetes advisory team, a group that includes medical and diabetes professionals from the community and from within OMNI that will be focused on developing

an action plan, creating treatment guidelines, establishing a physician-staff education framework and identifying outcomes to gauge the program's success.

Enhancing quality is once again a major focus for OMNI in 2013, and reducing the impact of diabetes on residents has been identified as a key priority this year. To illustrate the prevalence of diabetes in long-term care, 369 of the 1,419 residents living in OMNI homes — 26 per cent — have

diabetes, with 305 of those affected by Type 1, or insulin dependent, diabetes.

OMNI president and CEO Patrick McCarthy underscores the impact the diabetes strategy will have on meeting the organization's goal of delivering top-notch quality care to residents.

"Given the prevalence of diabetes and the complexities of the conditions that can arise from diabetes, anything that you can do to prevent diabetes or early detect and better treat diabetes and related complications will

end up improving residents' quality of life," he says.

On Feb. 6, OMNI received a grant from Boehringer Ingelheim (Canada) Ltd. and Eli Lilly (Canada) Inc. to help make the strategy possible. As part of the program, new protocols and strategies, including medications, will be piloted at two OMNI homes, Riverview Manor in Peterborough and Pleasant Meadow Manor in Norwood.

OMNI chief operating officer Shawn Riel says

See 'Better' page 3

Seniors Care Strategy Could Bring OMNI Possibilities

Should Ontario's recently proposed "seniors care strategy" be adopted by the Ministry of Health and Long-Term Care, a stream of possibilities could emerge for OMNI Health Care to play an enhanced role in care delivery.

See 'Maximizing' page 3

Family Member Proactive About LTC Anxieties

When Betty Hodge is asked about the anxiety she faced when her stepson, Alan Hackett, moved into Country Terrace in March 2010, she doesn't mince words — she expected, and continues to expect, the best possible care for him. Initially, she knew that not being able to be with

See 'Personal' page 2

The Step Into Long-term Care Starts with Love

By Jeanne Pengelly

Choosing to register a loved one for long-term care is never easy, and now that Norma MacLeod has embarked on that journey for her long-time friend, Ulva Braden, she has some advice to share with others.

"There's all kinds of support, not just at the home,

See 'When' page 2



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Table for Two

David and Carol Arnold are seen here enjoying Frost Manor's recent Valentine's Day celebration.

Riverview Collaborates to Share BSO Updates with Others

CE LHIN long-term care home representatives to hold meetings every other month

By Deron Hamel

Riverview Manor recently collaborated with Fairhaven, another Peterborough long-term care home that received funding for Phase 1 of the province's Behavioural Supports Ontario (BSO) initiative, to share the latest educational updates available from the Central East Local Health Integration Network (LHIN).

Everyone shared success stories on implementing BSO in their homes.

The event was hosted at Riverview Manor and brought together representatives from seven area long-term care homes, as well as Peterborough Regional Health Centre, to share updates on such training as Montessori techniques, "gentle persuasive approach" training, U-First and PIECES (physical, intellectual, emotional, capabilities, environment and social).

The group of 18 participants also worked on the BSO's behavioural assessment tool and crisis care plan, using a case study provided by Riverview Manor.

Riverview shared the

Montessori techniques being used within the home. Everyone shared success stories on implementing BSO in their homes.

The homes networked with each other to share ideas and best practices related to curbing agitation, says Becky Dennie, a Riverview Manor registered practical nurse and the home's BSO lead.

For example, members from St. Joseph's at Fleming shared the story of a resident whose agitation led to wandering and calling out. Staff members didn't know what to do to better accommodate the resident. So, others offered ideas that the representatives could bring back to the home.

Dennie says attendees "agreed that these meetings are of great success and helpful," so they've decided to host gatherings every other month, with Riverview Manor and Fairhaven taking turns facilitating the events and all homes taking turns hosting.

BSO is a \$40-million initiative to help enhance quality of life for seniors affected by dementia and other conditions that cause agitation. The funding, which is provided to long-term care homes through Ontario's 14 LHINs, is largely put towards staff education.

When Being Friends Means Making a Tough Decision

Continued from page 1

but in the community as well," she says. "I was somewhat resistant at first, thinking, 'Oh, we can get through this by ourselves,' but as things get more complicated, it's good to ask for help."

"I was somewhat resistant at first, thinking, 'Oh, we can get through this by ourselves,' but as things get more complicated, it's good to ask for help."

— Norma MacLeod, friend of Ulva Braden, resident, Riverview Manor

Ulva's Alzheimer's had progressed to a point that made it difficult for her to stay in her own home. While she still needs no

physical support, she was particularly stressed when she would receive a phone call and not recognize the caller. There were other stressors, too, when Ulva lived in her home in Peterborough.

Then, when her husband passed away two years ago, it was clear Ulva would need care.

First, Norma — Ulva's power of attorney — spoke to Ulva's only family, two sisters, who were supportive of the decision. She found that by approaching them early and gently, their support was easily obtained. That's not always the case, Norma says, and she says she's particularly grateful for that support.

Then she turned her attention to helping Ulva adjust to the idea. It wasn't until the phone call came from Riverview Manor to

say the room was ready that Norma realized she'd neglected her own feelings.

"I was totally shocked," she admits now. "I was not ready. I knew she wasn't either, and I definitely wasn't."

Logistically, there was very little time to get moving. Riverview Manor could only hold the room for a few days.

Then, once Ulva was into her semiprivate room, it seemed to take a long time to adjust. In fact, not until January when a private room became available did Norma have the sense that Riverview Manor was now home for her friend.

"It's a long process, and a difficult one, emotionally — for both the resident, and for the family and friends. I'm good now; I don't have the guilt anymore that went along with it — I've seen that it's been better for her."

Personal Clarity, Collaboration with LTC Home Staff Key, says Betty Hodge

Continued from page 1

Alan all the time to ensure he was receiving top-notch care was going to create stress in her life, Betty says.

Alan, 48, suffered a brain injury at age six. He is paralyzed from the neck down and unable to verbally communicate. Betty describes herself as Alan's "voice." As Alan's chief advocate, Betty naturally demands that her stepson's needs are met.

This means having him included in activities, ensuring he's safe and that his dignity is upheld. Betty says the Country Terrace team has succeeded in providing the care Alan needs, and this has put her mind at ease.

"One challenge (for me) is the need to let go and reflect daily on, 'have I done all I can?' What is the priority today or next week?" Betty explains.

"Both the (administrator) Karen Dann and the nursing co-ordinator Kim (Noftle) have come on board as

accessible, reliable and approachable. And (they have) an open-door policy."

Betty also meets with the Country Terrace team to discuss goals for Alan. Having this opportunity to collaborate with staff members to create a care plan is encouraging for Betty, she says.

After Alan moved into Country Terrace, Betty worked with staff members to have audits in place for his care. For example, Alan relies on a feeding tube that must work at all times, so checks are in place to make sure the tube is always operational.

"I found staff reliable to assess and update his needs — every resource has been well utilized to meet his feeding needs and problems (are) quickly resolved," Betty says, adding accessibility to the nutritional-care team has been "an added bonus."

While Betty is applauding the physical care Alan is receiving at Country Terrace, she says she's also

happy with his emotional care. Betty says the home's staff members have worked hard to create an inclusive environment for Alan.

The home's life enrichment department is aware of the goal to have Alan attend as many activities as possible, and Betty says her stepson is regularly participating in music, crafts and reading programs.

"Activities (are) so much a part of Alan's life, and the interaction is excellent," says Betty.

Asked what advice she would give to other people with a loved one living at Country Terrace, Betty is straightforward in her reply.

"I would stress that family spend the time with their loved ones, but let Country Terrace become a part of your family," she says.

"Be realistic. I would not leave issues unsettled, but respect unique challenges front-line staff face. Be involved, but learn to take care of yourself." — DH

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EDITORIAL



Tool Time

Pleasant Meadow Manor residents (left to right) Gerry Farrow and Jack Pryne proudly display their power tools during the home's woodworking program.

Maximizing Health-care Delivery

Continued from page 1

The strategy, which was submitted Jan. 8 by its lead, Dr. Samir Sinha, includes 169 recommendations to maximize the way health care is delivered to Ontario's 1.9 million seniors.

In its recommendations to Sinha, the Ontario Long Term Care Association focused on areas where the long-term care sector can add value to seniors care: complex care, palliative care, assess-restore/convalescent care, specialized family caregiver support and advanced practical training for aging care workforce.

The recommendations include:

- The development of an evidence-informed capacity planning process
- Increasing short-stay respite and convalescent-

care program capacity in long-term care homes

- Enabling long-term care homes to provide higher levels of care to individuals with complex-care needs
- Exploring the ability of long-term care homes to serve as community-care hubs

- Streamlining application and placement processes to improve flow to and from long-term care homes
- Providing additional training opportunities to maximize the knowledge and skills of long-term care home staff and support them in releasing time to care
- Enhancing utilization of nurse-led outreach teams

If the strategy is implemented, OMNI president and CEO Patrick McCarthy says OMNI, as a provider,

would be positioned to help people through the health-care system and even mitigate stress in hospital emergency rooms.

For instance, some OMNI homes are already involved with nurse-practitioner programs. These programs see nurse practitioners provide in-home interventions to residents who would otherwise be transferred to hospital.

In terms of palliative care, which has been identified in the report as an area that needs attention, McCarthy says OMNI homes are already places where people can be provided an environment where they can live their final days with dignity.

"We would be a key partner in the journey of seniors through the system," he says. — DH

Better Diabetes Control Means Fewer Hospital Visits

Continued from page 1

research into protocols and strategies to be trialled in the program indicates positive results for seniors living with diabetes.

Diabetes is a serious issue in long-term care, and its impact on quality of life profound: fluctuating blood sugar brought on by diabetes can cause falls, and the disease also poses challenges for wound care. Diabetes can also lead to cardiovascular

disease and stroke.

By having better control of diabetes, residents can avoid hospital visits, which, in turn, improves quality of life while helping reduce the burden on the acute-care system, McCarthy says.

"If you have a fall, there's a chance of injury. You may have pain, may have to go to hospital and spend hours awaiting diagnosis and treatment in the emergency room. A fall avoided means a

better quality of life," he says.

The fact the diabetes strategy aims to improve quality of life for residents and reduce strain on the greater health-care system attests to its value, says McCarthy.

"This strategy is all about quality."

McCarthy and Riel note that eventually OMNI is hoping to expand the program to include community outreach and employee wellness initiatives.

OMNI Caregivers Champions of Helping Families

The decision to move a loved one into a long-term care one is not an easy one to make, but it's a situation many of us will have to face.

When parents, siblings, friends and, in some cases, even sons and daughters, have care needs that can no longer be met at home or in hospital, a long-term care home is often the next option.

We hear the countless stories of the one-to-one time (long-term care home staff members) spend with those living in long-term care homes; how their willingness to go the extra mile for residents, even doing the smallest things, will brighten someone's day.

When the decision is made to move someone into a long-term care home, family members are often left with a myriad of emotions. Often, guilt and anxiety are among those emotions.

Guilt feelings can stem from people believing they have abandoned their loved one. Anxiety, often results from fear of the unknown; not being with their loved ones 24-7 to see first-hand the care they're receiving can cause sleepless nights.

We all know that long-term care home staff members have those special qualities needed to care

for residents. We hear the countless stories of the one-to-one time they spend with those living in long-term care homes; how their willingness to go the extra mile for residents, even doing the smallest things, will brighten someone's day.

What sometimes gets overlooked is the care these dedicated professionals provide family members.

Recently, the OMNIway has been discovering how many family members went through emotional turmoil when the decision was made to move their loved one into long-term care. They've shared their stories of conflicted feelings and anxiety and how they weren't sure they had done the right thing.

They've also shared stories of how the homes' staff members — both managers and front-line workers — eased families' concerns through their work with residents and by having open-door policies when families need support.

Life in long-term care, many families have said, has increased not only their loved ones' socialization but also their health and overall quality of life.

The approach to resident care and being there for residents' loved ones has left family members with peace of mind, we are told.

Those working in OMNI Health Care's 17 long-term care homes do much more than what we see and hear about. Let's hear it for all they do.



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Sparking Conversations to Meet Caregivers' Emotional Needs

Grief and stress roots compassion fatigue

By Kristian Partington
PETERBOROUGH, Ont. - There are names for it: caregiver burnout or compassion fatigue. However you choose to describe it, in the health and long-term care sectors there can come a point when the stresses of the job and the emotional challenges that come with it can catch up with even the most resilient of people.

"They're struggling with their own feelings of loss over somebody they've grown very close with in the last few years; and they also have to deal with residents' feelings of loss."

— Susan Towns, nursing administrative service manager and RAI co-ordinator, Pleasant Meadow Manor

On Jan. 25, a small meeting was convened to discuss these emotional burdens, and the need for proactive organizations to address them and ensure their staff is able to do the best job possible for the people they serve. Among the many issues identified by the small panel, the concept of unaddressed grief among people working in palliative care arose.

The act of caring for someone in long-term care is the art of ensuring their lives are as full and meaningful as possible, which inevitably comes with some emotional attachments. When a life ends, sadness and sorrow are very real, and in a job where time is a precious commodity, too often there is little time for grief, the group agreed.

Those feelings, carried home unaddressed due to the ongoing demands of the job, can become a burden, and in time, the compassion that first drew a person to work in a caregiving capacity risks weakening and people may become

reluctant to allow meaningful relationships to grow.

"Staff needs that time to go in and say their own goodbyes," Pleasant Meadow Manor nursing administrative service manager and RAI co-ordinator Susan Towns told the group.

Memorial services are helpful in this respect, and it's important that everyone in the home has the opportunity to pay their respects to a person who has died, she says.

Fellow residents feel that additional burden as well, and it's important that front-line workers are equipped to handle these stresses. Unfortunately, current training and education for front-line workers rarely touches on this subject, and facing this reality on the job adds another layer of stress.

"That's another aspect of staff grieving," Towns says. "They're struggling with their own feelings of loss over somebody they've grown very close with in the last few years; and they also have to deal with residents' feelings of loss."

This emotional burden, among others, is why Tom Regehr and Becca Partington organized the meeting in their capacity as operators of CAST Canada, a Peterborough-based organization helping professionals and corporations better understand issues such as trauma, addiction and mental health through educational workshops and training seminars.

Addressing the emotional needs of people working the front lines of social services is the organization's typical mandate, but "it came up in conversation over a year ago, the idea of taking what we do and morphing it into this sector," says Partington.

For more information or to offer your insights, contact CAST Canada at 705-749-6145, or e-mail regehr@cast-canada.ca.



Country Terrace residents take part in a new karaoke program that offers therapeutic value as well as fun and entertainment.

Singing Helps Heal

OMNI Health Care homes expanding the benefits of music therapy

By Jeanne Pengelly
KOMOKA, Ont. - Its benefits have been anecdotally and scientifically, recorded for decades — music therapy helps healing — in children with cancer, veterans with post-traumatic stress disorder, people with mental illness and even post-operative patients.

Now a new study is supporting the thought that music therapy can specifically help people with cognitive impairment, including Alzheimer's and Parkinson's patients.

Frank Russo, a cognitive scientist doing research at Ryerson University in Toronto, is using new technology to probe the link between sound and the parts of the brain that control movement.

While it is a small part of his overall research, Russo says music therapy can help Parkinson's patients walk and people with Alzheimer's remember.

That's something care providers at some OMNI Health Care homes have already been noticing.

Country Terrace's clinical care co-ordinator (CCC) Kimberley Nofle has a passion for music, and her experience in local establishments with karaoke sparked the idea of trying it with residents.

She found a sound system, got approval for a wireless microphone, and gathered the residents. The rest happened on its own.

The residents loved it. Even one resident whose life at Country Terrace was reserved and closed came out of her shell, Nofle says.

"I've noticed the resident much more involved. She's started to lose weight, develop friendships, and be more outgoing," she says.

Karaoke at Country Terrace looks like this: about 50 residents gather in the Nottingham Recreation Hall in front of a large-screen television. Life enrichment staff members facilitate some of the favourite songs, and support the singing while passing around microphones to residents who want to sing.

The smiles abound; the refrains linger.

"It gives me a great deal of pleasure to see people having fun," Nofle says.

Even staff members who consider themselves musically challenged take part, she says.

"It's like anything, Some people are not musically inclined and then they're afraid, but we've tried to develop a supportive atmosphere so that people feel free that they can sing and they don't have to sound like a recording artist," Nofle says. "We try and celebrate whatever anyone can do."

At Garden Terrace in Kanata, life enrichment aide Shiela Ross has had a similar experience with music therapy.

At an evening event shortly before Christmas, more than 40 residents and even some family members joined for an evening of musical entertainment that included both singing and listening.

"Even the ones that speak very little, you'll see a toe tapping that indicates the music is hitting their soul," she says.

Think Nutrition!

March is nutrition month. Stay informed about the latest issues and updates affecting Canadians by visiting: healthy Canadians.gc.ca



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