# Report on the Early Leaders Forum

# Creating a Vision for Long-term Care Homes as Centres of Learning

## Options and Opportunities for Ontario

held on November 24, 2010
at the Toronto Congress Centre Toronto, Ontario

Prepared on behalf of the
**Seniors Health Research Transfer Network**
**Promoting Productive Partnerships among Colleges, Universities and Long-term care homes Community of Practice**

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# Acknowledgements

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Thank you to the morning and afternoon speakers for sharing their ideas and perspectives. Also, thank you to the event facilitators and poster presenters for their contribution in making this event a success. Finally, we would like to extend a special thanks to those who dedicated numerous hours to ensure that every detail of this event was executed successfully. We would also like to acknowledge the financial (*), in-kind (**) and planning support provided by individuals and their organizations listed on the next page.

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Members listed with the sectors they represent.

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- Kristie Clark, Health Sciences, Community Services & Biotechnology, Conestoga College
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# Table of Contents

# Key Messages

On November 24, 2010, *Promoting Productive Partnerships among Colleges, Universities and Long-term Care Homes,* a Community of Practice of the Seniors Health Research Transfer Network (SHRTN) and the Ontario Interdisciplinary Council on Aging and Health (OICAH), brought together over 100 participants from long-term care homes, universities, community colleges, associations, government and community stakeholders to explore options and opportunities for implementing long-term care homes as Centres of Learning in Ontario. Below are key messages from the event.

- Participants articulated a **Vision** for Centres of Learning in long-term care that: embodies a culture that supports learning and research; fosters inclusive and equitable partnerships; is resident-focused; promotes excellence in education and research; and has the capacity to reinvent the long-term care sector's reputation. Participants highlighted their hopes for long-term care homes as Centres of Learning to act as vehicles for addressing larger system issues within a more integrated provincial strategy.
- There was consensus about the **urgency** to respond to the ongoing **health human resource challenges** facing Ontario's healthcare system. Our population is aging, older adults are staying in their homes longer before moving to long-term care homes and when they arrive in a long-term care home they have more multiple and complex chronic conditions than in previous years. These trends will place increasing demands on long-term care into the near future. The quality of care residents receive depends on the knowledge, capacity and skills of the workforce in this sector.
- There is much to **learn from the experiences of other jurisdictions**. Our international speakers demonstrated that establishing long-term care homes as Centres of Learning shows promise for preparing a health workforce to care for older adults and for providing a platform for research into better care. Better quality in long-term care results in more appropriate use of resources that positively impacts the entire health care system.
- We learned about factors contributing to the success of long-term care homes as Centres of Learning such as the importance of building **partnerships**, working in **collaboration** with government and securing **leadership** at all levels. We learned that each stakeholder brings critical **knowledge and expertise** to the partnership. We also learned that any new initiative must be **responsive** to local context.
- Establishing long-term care homes as Centres of Learning provides a viable vehicle for implementing a province wide strategy to **integrate** long-term care homes within the health care system. There is potential to **build on** the good work already being done in Ontario by groups such as the Élisabeth-Bruyère Research Institute, SHRTN, and Baycrest.
- To make this vision a reality we need to strengthen the capacity for **applied research** in long-term care, make enhancements to universities' and community colleges' **curricula**, and secure sustainable **funding**.

- There was **consensus** to move ahead with investigating options to implement a program for long-term care homes as Centres of Learning in Ontario. Participants suggested the following next steps: develop a clear mission, vision, goals and objectives; investigate models implemented in other jurisdictions in more detail as a basis for a proposal that aligns with Ontario's context; continue to have a centralized working group to guide the endeavor; develop clear research and education agendas; and take proactive steps toward being recognized for the excellent care delivered in long-term care homes every day.

# Introduction

Improving the care of seniors throughout the spectrum of health services is the aim of Promoting Productive Partnerships among Colleges, Universities and Long-term Care Homes, a community of practice of SHRTN and OICAH hosted by the Council of Ontario Universities. Our Community of Practice (CoP) shares strategies about educating health science students in long-term care and ways to improve integration of research and innovation in long-term care homes.

On November 24, 2010, over 100 stakeholders gathered to discuss the potential of long-term care homes to contribute to improving older adult care and quality of life in long-term care homes in Ontario by working in partnership with universities and colleges to become Centres of Learning – see Appendix A for invitational flyer.

The event attracted participation from key stakeholders including long-term care home staff and operators; faculty from schools of nursing, medicine, social work, rehabilitation and hospitality; professional and sectoral associations including the Registered Nurses' Association of Ontario (RNAO), the Council of Academic Hospitals of Ontario (CAHO), Ontario Long Term Care Association (OLTCA), Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), policy makers from HealthForceOntario and the Ontario Ministry of Health and Long-Term Care and community stakeholders from other SHRTN Communities of Practice, the Alzheimer's Society and residents' and family councils. A list of participants is included in Appendix B.

Promoting Productive Partnerships CoP co-chair, Larry Chambers kicked off the event by highlighting the day's ambitious objectives to examine experiences of other jurisdictions; discuss barriers, strengths, and opportunities for making Ontario long-term care homes model hubs for education and research; and achieve consensus on next steps for implementing robust long-term care homes as Centres of Learning. Larry facilitated the morning session and CoP member, John Puxty, facilitated the afternoon session.

The event provided opportunities for panel presentations, shared learning, and interactive small group discussions. Participants heard about the experience of other jurisdictions including the United States, Norway and Australia. Participants also heard about the foundational work already underway in Ontario and opportunities and challenges for growing these initiatives into a more formalized program of collaborative learning, teaching and research in long-term care.

Participants were invited to reflect on lessons learned from other jurisdictions, their vision for long-term care homes as Centres of Learning, challenges and next steps for making Ontario long-term care homes model hubs for education and research. The event resulted in unanimous support for continuing to investigate options for implementing Centres of Learning in Ontario long-term care homes.

The aim of this report is to highlight learning that resulted from the day and to present key recommendations for creating Centres of Learning and applied research in long-term care in Ontario.

# Inter-jurisdictional Perspectives

In the first session, leaders from Australia, Norway, United States and Canada shared their knowledge and experiences with long-term care homes as Centres of Learning. Donelle Rivett from Australia and Marit Kirkevold from Norway presented via taped webcast. Paul Katz focused on medical training largely from his experience working in the United States prior to joining Baycrest. Larry Chambers provided his perspective on Canadian models of education, research and innovation in long-term care homes.

A common theme expressed by all morning panelists is the urgency with which we need to respond to growing issues in long-term care due to:

- The changing aging population;
- The increasing complexity of chronic illnesses in residents;
- Difficulties recruiting and retaining qualified staff – particularly nurses and physicians – and cost-effective ways to improve the training and skills of interdisciplinary care teams;
- Societal devaluing of long-term care and lack of prestige attributed to those professionals providing geriatric care
- Competition for human resources from other providers including acute hospitals; and
- The lack of collaboration among educational institutions, research institutions and long-term care homes.

## Donelle Rivett, Manager of the Curtin Health Innovation Research Institute, Curtin University of Technology, Perth, Australia

Donelle Rivett described the findings from her review of the cross-jurisdictional investigation of teaching nursing home models in the United States that promote university, health service and aged care provider collaboration. Donelle visited programs in the United States including: Bloomington/Normal – Illinois, Rochester – New York, Miami – Florida and Lubbock – Texas. The programs could be categorized into four models: preceptor-based, project-based, statewide and collaborative partnership models. Below is a summary of each model.

1. *Preceptor based* models
   are aimed at improving student knowledge and experience in geriatric care. They offer students a learning and clinical practicum environment in a nursing home

complete with mentoring and clinical placements. This model is primarily designed to provide enhanced geriatric education and training for nursing students.

2. The goal of these programs is to provide positive clinical practicum and mentoring activities with expert nurse preceptors that would increase awareness and attractiveness of a career in aged care. These efforts assist with the bridging of academia and practice. Programs also aim to increase the number of aged care clinical work and education experiences for nursing students; increase the numbers of graduate nursing students employed in aged care.

3. *Project based models*
   are limited partnership programs between a university and an aged care provider. Projects are designed to improve quality and translate research into practice. In one example graduate students worked as mentors to the certified nursing aides (CNAs) to develop leadership skills and interdisciplinary appreciation. For the CNAs the project provided empowerment in the decision making process of care.

4. These small projects targeted the development of leadership skills at various levels within the nursing home and as an introduction to aged care, and leadership development for graduate students.

5. *Statewide models*
   are large, multifaceted programs addressing a number of areas. For example the Florida Teaching Nursing Home commenced in 2000 via a state legislative house bill to establish an integrated long term care training curriculum program for physicians and to initiate an on-line geriatrics university. The program has since expanded to provide interdisciplinary geriatric training and education programs.

6. The goals of this program are to: create and promote interdisciplinary education and research in aged care; research, implement and disseminate “best practices” for targeted aged care concerns; and exchange awareness and image of the aged care continuum, including community-based services. This model fosters standardization of care across the state.

7. One of the strengths of this program was the accessibility and practical base of the education and learning materials with an emphasis on interactive on-line learning.

8. *Collaborative partnership models*
   such as the Garrison Geriatric Education and Care Centre feature an aged care provider and university partnership that is long term. The care centre is a purpose-built teaching nursing home developed as a collaborative partnership between Sears Methodist Retirement Systems (aged care provider) and Texas design features such as telemedicine equipped examination rooms, tech-linked classrooms and faculty and student offices and conference centres. The goals of the collaboration are to: educate health professionals committed to pursuing excellence in geriatric care; demonstrate innovative, high quality aged care for practitioners, students and aged care providers; and provide a site to conduct clinical and behavioral research designed to advance geriatric and aged care.

9. Aligned with the Care Centre is the Garrison Institute of Ageing and the Geriatric Education and Training Academy with both institutes aimed at improving education,

training and research initiatives. The collaboration has had a number of benefits including securing external funding to provide CNA training programs in Texas.

Each of the teaching nursing home programs provides a different perspective and model for Centres of Learning in Ontario. Text Box 1 below provides a summary of the key features of successful programs in the United States.

**Text Box 1 - Features of Successful Teaching Nursing Homes: United States**

- Equitable partnership between nursing home and academic partnership
- Promotion of evidence based practice and innovation
- Education and research projects promoting participation for all levels of staff
- Engagement in preceptor and mentoring activities
- Philosophical and leadership approaches supporting innovation, committing resources and focusing on quality improvement
- Utilization of interactive technology
- Emphasis on the interdisciplinary aspect of the teaching nursing home

*Source: Rivett, D. (2007). The Winston Churchill Memorial Trust of Australia. Report by Donelle Rivett 2007 Churchill Fellow. An investigation of teaching nursing home models promoting university, health service and aged care provider collaboration.*

## Marit Kirkevold, Professor, Institute of Nursing and Health Sciences, University of Oslo, Norway

Marit Kirkevold described the background, development, status and prospects of the Norwegian Teaching Nursing Home (TNH) Program. In her comprehensive presentation, Marit provided key statistics about the Norwegian population and health care system, background for the Norwegian Teaching Nursing Home program, a brief overview of development phases and current and future challenges.

One of the notable highlights of her presentation was the speed with which the concept was embraced, indicative of Norway's readiness for such an initiative. The program was initiated in 1996 when Marit approached the National Geriatric Program for support to establish a TNH in Oslo. The National geriatric program argued for a national strategy and by 1998 the first teaching nursing home was established. It took about eight years to go from an initial idea to receiving government financing and commitment. In 2004 the Norwegian government recognized the establishment of TNHs as formal institutions. By 2008 TNHs were established in all 20 Norwegian counties. Sustained funding followed in 2009 as did greater interest and commitment to conducting research in this sector.

A second notable highlight of the Norwegian experience is its national rollout of the TNH Program. Marit describes its implementation as taking place in six phases.

1. *Planning*
   Phase 1 involved many meetings with stakeholders from government, clinicians, administrators, researchers and educators to identify the major problems in the care of older people and assess whether there was enough support for the establishment of TNH Program in Norway.

2. ***Experimenting***
   in this phase, the objective was to identify the active partners. This included recruiting a nursing home committed to participating in the project as well as university departments, schools of nursing and other institutions that would be actively involved in realizing the model. Developing the model to meet the local interests of researchers, clinicians, and educators was very important to the program's success. In this phase, collaborative ties were formalized and local projects initiated with clinicians, leaders, educators and researchers within institutions and homes.

3. ***Evaluating***
   *Phase 3* involved a series of internal evaluations of every new project conducted at each site. The evaluations focused on assessing whether or not the collaborative model improved care and competence development, and how well the model addressed retention issues. Following the internal evaluations, the Norwegian government conducted an external evaluation across established TNHs. Evaluations showed that TNHs increased competence of staff, increased quality of care in selected areas and improved learning conditions and enthusiasm for students.

4. ***Implementation***
   During Phase 4, TNHs were introduced into the health care system taking on regional and local responsibilities and run by local government.

5. ***Consolidation***
   During Phase 5, TNHs had to find ways to work together to implement regional and local responsibilities. It was decided TNHs would function as they did in the earlier project phases but would align more actively to assist government in realizing some of the overall policy goals the government wanted to initiate into the sector.

6. ***Expansion***
   In Phase 6, the government increased the number of TNHs and considered ways to apply results from local projects first regionally and then nationally. Expansion into home care services began in this phase as well. In 2009 the program included six regional TNHs, each having satellite homes working together in partnership. The government looked to TNHs as a vehicle to address national needs to improve the health care system. See Appendix C for a summary of Norway's implementation of the TNH Program.

Marit emphasized that success relies on the use of multiple strategies to improve collaboration between community care, research and educational institutions. Strategies used in Norway's TNH Program included political, structural-institutional, and culture-building (see Text Box 2 for more description).

The TNH Program showed results. For example, evaluations revealed increasing health provider competence demonstrated by greater number of degrees achieved by staff and more training and development programs within the homes. Systematically improving learning conditions for students increased enthusiasm about working in this sector. Locally initiated quality improvement projects continue to be a hallmark of the TNH Program showing improvements in areas of clinical care such as nutrition and palliative care.

Norway's Teaching Nursing Home Program is becoming a significant partner at local, regional and national levels for conducting research and for governments working to improve quality of care for older people. They will continue to contribute to national government initiatives such as improving dementia care and end of life care, as well as to sector-wide implementation of national guidelines for prevention of malnutrition.

**Text Box 2 - Strategies for Success: Norway**

*Political strategies* – involve key actors early to get commitment of leaders at local, regional and national levels.

*Structural-institutional strategies* – create positions that enable cross-boundary collaboration e.g. part-time clinical and part-time teaching or research.

*Culture-building strategies* – create opportunities to work together such as local quality improvement projects, and encourage reflection about how things can be done differently.

*Clinical guidelines and educational strategies* – combine competence development with practical organizational interests e.g. showing students that research-based guidelines can work will inspire students to go into this sector.

## Paul Katz, Vice President Medical Services and Chief of Staff at Baycrest and President of the American Medical Directors Association, Canada

Paul Katz focused his talk on medical training drawing on his experience in the USA. He began his talk with an examination of the history and rationale for academic nursing homes. Despite the increasing demands for long-term care home services there is a lack of understanding about the complexity of care that takes place in long-term care homes and credibility of health care professionals working in long-term care homes is often lacking. In spite of significant frailty and chronic illness among long-term care home residents, there still remains tremendous potential to enhance physical and psychological function and to have positive impacts on their quality of life.

Paul acknowledged the workforce reality in Ontario – of 23,000 physicians, only 2,500 practice in long-term care homes and the rate is declining. In Canada and the USA, exposure to long-term care in residency and training programs is modest and not always mandatory. Graduating residents are simply not prepared to provide care in long-term care. In the USA, 68% of medical schools use nursing homes as training sites with many advantages including less competition at the bedside for residents, a less frenetic pace and more opportunities for reflective learning.

From a physician and medical training perspective, Paul argued that there is much to be gained by providing mandatory opportunities to expose medical residents to nursing home practices during their training. The benefits are tremendous – improved attitudes, knowledge and skills among trainees, a greater interest in long-term care home practice after graduation, and improved outcomes for long-term care home residents.

The goals of geriatric teaching are not only to increase skills but also to foster interest in the field. In his presentation, Paul suggests several prerequisites for optimal physician training in long-term care homes - see Text Box 3 above for details.

**Text Box 3 - Prerequisites for Optimal Physician Training in Long-Term Care Homes**

- Leadership accepts the importance of long-term care within the care continuum;
- Long-term care home culture embraces "teaching";
- Training involves a longitudinal experience with adequate "patient" volume to appreciate the natural course of illness;
- Mandate a long-term care home primer to assure uniform knowledge base and consistent level of competency;
- Support engaged and knowledgeable role models to establish credibility and highlight career opportunities;
- Establish a "Long-term care home Specialty" to reinforce long-term care home practice as a legitimate practice.

## Larry Chambers, President and Chief Scientist - Élisabeth-Bruyère Research Institute, Canada

Larry Chambers provided an overview of the structure and capacity of the Élisabeth Bruyère Research Institute, and the Ontario Seniors Health Research Transfer Network. These organizations, along with Baycrest in Toronto serve as models to build upon in Ontario.

1. ***The Élisabeth Bruyère Research Institute***
   The **Élisabeth Bruyère Research Institute** is a partnership with Bruyère Continuing Care and the University of Ottawa. A hallmark of Bruyère Continuing Care is that it is an academic continuing care organization with three sites offering three families of clinical programs: Residential programs (271 resident places); Primary Care programs (30,000 people); Hospital programs (462 in-patient beds). The Élisabeth Bruyère Research Institute is an independent, not-for-profit, corporation with five full-time permanent employees, 59 contract employees and 49 active research projects. Over 1,000 students are involved in Bruyère Continuing Care clinical activities annually with 21 post-secondary institutions. The Research Institute is comprised of 47 Scientists from multiple disciplines on faculty with the University of Ottawa.
2. ***The Seniors Health Research Transfer Network (SHRTN) SHRTN***
   In Ontario, SHRTN supports long-term care homes and community care agencies through: (1) Province-wide Communities of Practice; (2) Access to evidence through SHRTN library service; (3) A coalition of research centres/institutes on health and aging); (4) Local leader networks (local LHIN implementation teams); (5) Provincial stewardship (advisory council of provider associations, academic organizations, government agencies); and (6) Monitoring and evaluation of activities and impact (CIHR support). SHRTN enables mutual sharing of explicit and tacit knowledge

across Ontario: face-to-face, over the telephone, on-line real time, sharing case studies and success stories.

3. ***Baycrest***

   **Baycrest** is a health sciences centre affiliated with the University of Toronto. Baycrest's internationally-renowned scientific research and clinical practice is dedicated to transforming the journey of aging. Baycrest provides care and service to approximately 2,500 people a day through the Baycrest Geriatric Health Care System in Toronto which includes a continuum of care from wellness programs, residential housing and outpatient clinics, to a 472-bed nursing home, and a 300-bed complex continuing care hospital facility with an acute care unit. Its Centre for Education on Aging has an international telehealth program, on-line programming, conferences or through other mediums to share knowledge with professionals, other health care organizations and the public. In 2009, Baycrest partnered with MaRS, Canada's premier innovation centre to establish Cogniciti, a new for-profit company to develop scientifically-validated products, games and training protocols for improving memory and cognitive functions. Every year some 800 graduate and post-graduate students from various colleges and universities receive part of their training at Baycrest in disciplines such as geriatric and family medicine, neurology, psychiatry, psychology, nursing, social work and occupational therapy.

In summary, these three Canadian models – Élisabeth Bruyère, SHRTN and Baycrest – represent possible operating models for Centres of Learning in Ontario. There are several other models in place in Canada and further work will be required to determine strengths and limitations of each.

## Lessons Learned

Speakers from Australia, Norway, United States and Canada demonstrated that robust Centres of Learning have the potential to improve quality in long-term care. Improved knowledge creation and sharing, increased competence of health professionals and enhanced attractiveness of the long-term care sector are vehicles to assist government to address key issues in the health care system.

Participants learned about several key success factors from our international speakers. First, collaboration among long-term care homes, education and research is central to developing successful and sustainable Centres of Learning. Second, working in collaboration with government, adopting inter-professional and interdisciplinary approaches and establishing partnerships are also important for sustaining the commitment of partners over time. Government commitment and sustainable financing were also key success factors. Another key success factor was securing strong leadership, advocacy and champions at all levels and with diverse backgrounds. This includes engaging change agents and advocates to influence policy and existing cultures.

# Making it Real: Ontario's Context

In the afternoon, participants heard from a panel of presenters representing Ontario colleges, universities, academic hospitals and long-term care homes. The panel provided a fulsome overview of the challenges and opportunities facing long-term care in Ontario as Centres of Learning.

## Ken LeClair representing both the Ontario Interdisciplinary Council for Aging and Health (OICAH) and Council of Ontario Universities (COU)

Ken provided an insightful university perspective. An academic clinician and self-professed boundary spanner, Ken emphasized that we need to think of long-term care homes in terms of providing what residents need to improve functioning. In developing a vision for Ontario, he stated that collaboration with the person and caregiver are central to providing what residents need. Ken echoed other speakers when he described a new population of Ontarians with increasing chronic illness. He argued for a collaborative, sustainable partnership among long-term care homes and education and research institutions – one that allows us to shift in metaphor from long-term care as "island" to long-term care as "integrated."

Ken then focused his presentation on challenges facing universities. He cited a survey of health sciences education programs for health professionals in Ontario conducted by

## Margaret Denton, McMaster University, on behalf of Ontario Interdisciplinary Council on Aging and Health

in 2004, the Ontario Interdisciplinary Council on Aging and Health that showed while most programs offered clinical placement there are gaps in education supporting long-term care and geriatric education. Few clinical placements exist in long-term care and there is a lack of trained faculty in this area. Focus groups with nursing students and seniors conducted by Kathy Gates, Ryerson University, in 2006 showed students would get the most out of their long-term care placement if it took place later in the Registered Nurse program. Ken's presentation revealed several challenges facing education including competition for space in curriculum, dearth of support for cross appointments and the growing need to address stigmas and lack of awareness about long-term care. When students have poor experiences or are exposed to suboptimal care within a poorly resourced system they are not inclined to pursue careers in long-term care.

## Rose Bell, Associate Dean at St. Lawrence College

Rose reminded us that colleges have much to offer the partnership: experience, commitment, innovation, applied research collaborations with industry and academic institutions, and programs that are responsive to community needs. Health, business, community, technology and hospitality careers begin in the colleges. She acknowledged that effort must be made to improve the image and attractiveness of long-term care homes as places to live and work. A major effort to change perceptions is needed. For example, the belief that long-term care homes do not provide a challenging population for highly skilled

staff is a perception that needs to be changed. Doing this involves promoting the diversity and opportunities for students to learn about the aging process, chronic disease management, and rehabilitation.

Rose described qualities for long-term care homes as centres of activity for education and research that are multigenerational, community-based, partnership-driven and aligned with the new legislation. Colleges are interested in being engaged in partnerships to create long-term care home Centres of Learning and there are many ways they can deliver programs to meet the needs of learners. Rose's vision for Ontario is one that is sustainable, involves committed individuals, obtains organizational support, offers creative approaches to learn, possesses available resources and is supported by research.

### Karima Velji, Chief Nursing Executive, Baycrest and Sanober Motiwala, Director, Policy and Research, Council of Academic Hospitals of Ontario (CAHO)

According to **Karima**, positioning any organization as a learning centre means the care, inputs and the education must be top notch. Karima noted that we owe it to the people we serve - frail, vulnerable populations with complex conditions - to provide the best care based on the best evidence. As a sector we need to prepare ourselves to meet the needs of the aging population into the future. Ontario is facing a challenge attracting top-notch talent. Creating learning centres in long-term care will ensure we have the competencies we need.

Karima provided her thoughts on how to strengthen long-term care. First, deliver quality outcomes that go beyond average. As a sector we need to shape the level of care we want to deliver and not fall into the trap of being satisfied with performing at the top 10% or provincial average. Second, inputs have to be top notch. We must enable use of evidence-based practice and understand the impact of organizational factors on quality of care such as staff mix. We need to shine a light on what is working and share those insights across the sector. Finally, we must collaborate with our educational partners to ensure curriculum has aging-related content. Karima concluded her presentation by encouraging us to focus our innovative efforts on how to assist people through the aging journey.

Sanober discussed CAHO members as potential partners and sources of support for long term care Centres of Learning. Sanober represents the association of Ontario's 25 academic hospitals and their research institutes. Hospital members at CAHO provide the most complex and urgent care, teach the next generation of health care providers and foster health care innovation derived from discovery research. Academic hospitals have integrated mission to: (1) conduct cutting-edge research and translate new science into best practices for the system as a whole; (2) teach tomorrow's health care providers in specialty and sub-specialty areas; (3) deliver tertiary and quaternary clinical services; (4) and work with partners to improve the health of the community through capacity-building. Enabling the rapid movement of research evidence into practice to improve quality is their strategic focus. CAHO hospitals are presently conducting demonstration projects that aim to show the value of collaboration, generate knowledge about speeding the translation of evidence into practice and create building blocks for future implementation across the system.

### Christina Bisanz, Chief Executive Officer, OLTCA, and Debra Cooper-Burger, Chief Executive Officer, Unionville Home Society (presenting on behalf of Donna Rubin, Chief Executive Officer, OANHSS)

Christina and Debra provided the legislative context for establishing long-term care homes as Centres of Learning in Ontario. In their joint presentation, Christina and Debra described how the *Long-Term Care Homes Act (2010)* brings with it a new inspection system, standardized assessment tools and renewed systematic effort to improve quality. The Act introduces numerous new qualification and training requirements for staff of long-term care homes. In addition, there is a need to respond to more complex resident needs, competition for staff and inconsistency in educational programs. Among the skills required in this sector are: competencies to address chronic disease management, infection control and prevention, implementation science and tools of quality improvement, RAI-MDS tools, data analysis, financial management, interprofessional practice, lifelong learning and leadership. These issues have significant implications for the long-term care sector and reinforce the need for the creation and uptake of knowledge and best practices in aging care, and greater investments in applied research and innovation.

Christina and Debra highlighted challenges and opportunities facing the establishment of long-term care homes as Centres of Learning in four key areas: relationships, curriculum and placement, funding and staffing, and regulation and policy (see Text Box 4). They argued for a more coordinated provincial approach that addresses issues in health human resources forecasting and planning; enables greater consistency in knowledge, skills and abilities among graduates; and creates new roles and allows existing roles to operate at full scope of practice.

The establishment of long-term care homes as Centres of Learning offers a viable strategy for addressing critical issues in long-term care. A coordinated provincial strategy will promote sustainability of aging care and services and better integration with other health partners but it must be supported by long-term care providers, and supported and financed by relevant Ministries e.g. Ontario Ministry of Health and Long-Term Care and Ontario Ministry of Training, Colleges and Universities and private sector partners.

## Lessons Learned

The scope of topics covered by the afternoon panelists highlighted the importance of intersectoral collaboration. We learned that each stakeholder brings critical knowledge and expertise to the partnership. The afternoon speakers also reinforced the importance of considering Ontario's context in planning and implementing Centres of Learning in long-term care. Finally, there was support that long-term care Centres of Learning provide a vehicle for implementing a province wide strategy to integrate long-term care homes within the health care system and that we ensure that *people* – residents, families and health care providers – are at the core. Links to speakers' presentations are provided in Appendix D.

## Text Box 4 – Challenges & Opportunities

| | Challenges | Opportunities |
|---|---|---|
| **Relationships** | • Power and role dynamics<br>• Recognition/Transferability between universities and colleges<br>• Researchers/operators/staff/LTC residents | • Involvement of Associations, Post Secondary & Regulatory Colleges<br>• Development of Operating Principles, MOUs/agreements<br>• Improvement in public confidence<br>• New long-term care recruitment strategies |
| **Curriculum & Placement** | • Elder-centered interprofessional care<br>• Evidence-based care/decision-making<br>• RAI-MDS support and coordination<br>• Quality improvement and data analysis<br>• Financial management (e.g. MIS) | • Curriculum review committee (colleges; universities)<br>• Implementation of best practices<br>• New opportunities for both clinical and non-clinical placements within LTC<br>• LTC Applied Research priorities |
| **Funding & Staffing** | • Lack of dedicated full-time QI and educators within LTC<br>• Technology uptake/adoption<br>• Limited access to research funding;<br>• Lack of compensation for front-line research activity and knowledge transfer | • LTCH funding formula that reflects teaching activity (e.g. student days)<br>• Consultation with CIHR/ funders re: guidelines for funding research partners |
| **Regulation & Policy** | • Resident privacy & consent<br>• Compliance<br>• Accreditation<br>• Intellectual property rights<br>• Confidentiality | • Legal/policy review to identify barriers<br>• Pilot programs<br>• Policy discussions |

# A Vision for Ontario

In small group discussions participants began to a craft vision for long-term care homes as Centres of Learning and research. Together, participants also articulated several attributes of an Ontario model. Notes from these discussions are available on the SHRTN website (see Appendix D).

## Culture that Supports Learning and Research

Consensus was strong that the long-term care sector is ready for a culture shift; a shift that ascribes increasing value to education, research and innovation. A culture of sharing, transparency and mutual understanding among researchers and practitioners is also part of this vision. Participants identified that there is already much research and applied knowledge that could be shared across the sector.

## Inclusive and Equitable Partnerships

Participants agreed that no home should be left out. All homes should have the opportunity to link to centres of excellence and Centres of Learning should not be limited by size, ownership or urban/rural geography. There was support for an overarching structure that includes smaller or remote long-term care homes.

Forging equitable partnerships between long-term care homes and universities promotes our ability to integrate research and practice and allows us to ground research within the needs of practice. Long-term care Centres of Learning permit researchers greater access to diverse populations. Knowledge sharing increases access to innovations, information, evidence, and best practices. Participants suggested that long-term care be represented on regional and local networks (e.g. dementia, palliative care) and that roles of the different partners be explicit and clear.

## Resident-Focused

Establishing Centres of Learning in Long-Term Care requires reflection about what older populations need to function throughout the aging experience and designing a system of care that addresses those needs. For example, residents need access to resources and supports at each stage of their life from assistance with activities of daily living to diagnostic and primary care, to rehabilitation, spiritual, social and recreational programs to end of life care. Long-term care homes balance health and social care, making care individualized.

Care is person-centred and excellent. Residents and families are valued members of the emerging community of long-term care. Residents must experience continuity of care and seamless transitions of care from acute to long-term care and to community. Research questions are relevant and appropriate for residents' needs – thereby ensuring resident/family council input and ensuring Resident Bill of Rights continues to be adhered to.

## Excellence in Education and Research

Centres of learning will attract researchers, practitioners, and students. Homes will be recognized as a "hub" for geriatric education that includes interdisciplinary clinical placements such as physiotherapy, occupational therapy, nursing and medicine. A standard curriculum crosses the disciplines, and advances knowledge in continuing care. Advancement is not limited to geriatric populations and is inclusive of young populations, and people with mental health issues and co-morbidities.

The curriculum is aging-related; it includes geriatrics and mandates clinical/theoretical practice for students of medicine, nursing, pharmacy, food/nutrition, occupational therapy, physical therapy and social work. Curricula reflect new and emerging competencies. For example, integrating RAI-MDS clinical information systems into care plans and training in quality improvement processes. Clinical placements in long-term care homes are reserved for students in years 2 and 3 of the program, when they are more skilled and closer to graduation. As a learning environment, long-term care homes have moved beyond preceptor models to become more collaborative and inclusive of research. Opportunities are created for mentorship, coaching, and for specialization post-graduation.

The research agenda attracts students from all disciplines. Research programs are embedded within long-term care needs and therefore optimally using the limited resources that long-term care homes have to expend. The research program builds on existing research and embodies evidence-based practice and knowledge translation principles. Policies enable access to data and resources within homes resulting in authentic collaboration. The sector is engaged to identify questions and make research needs known. Research is timely, relevant to long-term care homes and integrated with continuous quality improvement methods. Long-term care homes leverage the opportunity to become a hub for community education by offering a continuous learning experience for staff and a research program guided by quality monitoring tools like RAI-MDS.

## Long Term Care is Reinvented

The long-term care sector's reputation is reinvented to raise its prestige and perceived "equivalence" to other sectors. The sector develops a reputation for quality, creativity, innovation and leading clinical, management and operational practices. Involvement in the long-term care sector provides opportunities for partnership, collaboration and sharing among stakeholders including unions, primary and acute care. The sector is perceived by its partners to be open to sharing resources and amenable to change.

The image of long-term care promotes function – not warehousing. Rehabilitation is "restorative" and medicine manages chronic diseases and disabilities. The focus is improved resident care by employing well-trained staff, conducting research and creating knowledge.

## Vehicle for Addressing System Issues

Participants agreed that the long-term care home is an ideal place to better understand the linkages between acute and long term care systems and to highlight inadequate or inappropriate care practices at the system level. Ontario realizes economic benefits from having a more robust long-term care sector e.g. reduced hospitalizations, emergency room visits and medical errors. There is also a vision for long-term care homes as Centres of

Learning to contribute to realizing local, regional and national initiatives to improve quality of care for older people.

From a staff perspective, Centres of Learning value staff time and commitment required to participate in demonstration projects and provide rewarding places to work because initiatives are inclusive of frontline workers.

# Implementation Strategies

Participants were asked to discuss implementation strategies and practical considerations for implementing a province-wide program of long-term care home Centres of Learning in Ontario. Several ideas were generated and are listed below.

## Create Capacity for Applied Research in Long-Term Care Homes

- Encourage and support staff participation by removing barriers e.g. cover shift, give staff feedback about research results;
- Offer sector recognition or funding incentives for long-term care homes that demonstrate innovation, research and collaboration. Compete for external funding opportunities for research. Offer incentives such as academic and joint appointments and scholarships. Offer opportunities to long-term care homes to collaborate on research projects;
- Locate champions in long-term care homes who are interested in collaborating on research;
- Encourage long-term care homes to let research needs be known;
- Create physical space for research in long-term care homes e.g. classrooms
- Clarify long-term care homes' role in research. Ensure research is focused on and generated by long-term care homes;
- Address challenges inherent in conducting rigorous research in applied settings e.g. clinical trials or comprehensive impact evaluations; balance rigor of research with need for timelier assessments, incorporate the lived experience and voice of care received by residents;
- Create infrastructure to link research/academia/long-term care homes. Create a forum to link research ideas with research capabilities;
- Conduct a system wide needs assessment to learn what the common issues are across sectors that impact long-term care; and
- Develop a model for universities and colleges to support education in long-term care homes.

## Encourage Enhancements to Curricula

- Develop persuasive material and forums to present the need for more geriatric education in particular areas e.g. dementia care, partner with long-term care homes to develop placement requirements, curriculum and much needed competencies;
- Curricula developers for health professional programs could mandate that core competencies for geriatrics/gerontology be included in curriculum of health professionals;
- Build partnerships with health professional regulatory colleges, curricula designers, long-term care experts and actively participate in planning meetings to influence curricula;
- Create a formal process to link curriculum design to workplace reality; and
- Leverage technologies: e-learning, distance learning, telemedicine, live webinars.

## Secure Sustainable Financing

- Ensure long-term care and college and university funding formulae support effective teaching and learning environments.
- Explore opportunities for new and alternative funding streams such as foundations, sharing expenses across homes, and making broad-sector appeal to private sector and the public through fundraising.
- Partner with universities and colleges to leverage external grants as well as make proposals to reallocate existing funds to invest in the new initiative.

# Suggested Next Steps

In the final small group discussions, participants considered potential approaches for implementing a province-wide long-term care home Centres of Learning program in Ontario. In their closing remarks, **Jeff Goodyear,** Director of Health Human Resources Policy Branch, MOHLTC and **Tim Burns**, Director of Performance Improvement and Compliance Branch, MOHLTC, provided recommendations for moving forward. The highlights of these discussions are provided below.

- ***Develop a clear mission, a collective vision and realistic outcomes*.**
  Doing this creates an opportunity to develop shared language and mindset for the vision. In his closing remarks, Jeff Goodyear strongly recommended being clear on the goals. What has worked in Ontario is selecting a couple of goals and becoming proactive with them; finding champions and moving quickly to implementation.

- ***Investigate models implemented in other jurisdictions in more detail and develop a proposal that aligns with Ontario's context.***
  Look for local examples and learn from them e.g. Trent Centre for Community Based Education, RNAO's Best Practice's spotlight long-term care homes. In the investigation, examine strengths and weaknesses of various funding models. Consider geographic attributes, the range in sizes of long-term care homes and the diverse needs across the province.

- ***Continue the centralized working group with broad representation of the sector and shared governance across partners*.**
  In his closing remarks, Tim Burns emphasized that several major transformative changes taking place in long-term care in Ontario have been the result of new partnerships, e.g. new technology and methodology offered by RAI-MDS and recent collaborations with the Ontario Health Quality Council to develop *Residents First*.

- ***Develop clear research and education agendas or strategies.***
  Tim Burns, acknowledged the importance of addressing the education requirements under the new *Long Term Care Homes Act*.

- ***Promote long-term care and showcase our contribution to Ontario's health care system.***
  The idea of showcasing long-term care was one of the themes in Jeff Goodyear's closing remarks where he emphasized the importance of celebrating long-term care homes' successes more proactively. This will help build credibility.

# Conclusion

LTCH Centres of Learning show promise for preparing a health workforce to care for frail older adults and those with complex health care needs, and promoting research into better care. In summary, participants learned that long-term care homes that are affiliated with academic institutions create a platform to:

- Demonstrate high quality care to practitioners, students and other provider organizations;
- Create knowledge through education, research and innovation on the care of older adults and people with chronic diseases;
- Create opportunities to foster collaborative research which serves to reduce theory-to-practice gaps, enhance the translation of research into practice, and inform future research through in situ application/implementation;
- Enable a culture of learning and promoting interdisciplinary/interprofessional education and practice;
- Significantly contribute to the education of health professionals about the aging process by integrating evidence-based practice into curriculum; encouraging continuing education among nursing home staff and providing clinical placements for students.
- Improve and secure adequate competence of staff needed in the future;
- Improve the prestige of working with older people; and
- Create training sites positioned to create a preferred learning environment for professionals and to improve prestige, while highlighting the challenge of working with older people with multiple chronic diseases. Centres of learning and research increase attractiveness for career development with interesting opportunities to train in these settings, contributing to increased recruitment and retention of staff.

# Recommended Readings


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- Mueller C, Goering M, Talley K, Zacceagnini M. Taking on the challenge of clinical teaching in nursing homes (in press).
- Rivett D. An investigation of teaching nursing home models promoting university, health service and aged care provider collaboration. The Winston Churchill Memorial Trust of Australia. Perth, 2008. Access http://www.churchilltrust.com.au/site_media/fellows/RIVETT_Donelle_2007.pdf
- OLTCA. International experience suggests benefits to long-term care learning centres, The Morning Report 2010. Access http://www.oltca.com/axiom/DailyNews/2010/December/December03.html
- Seniors Health Research Transfer Network, Promoting Productive Partnerships among Colleges, Universities and Long-Term Care Homes, website access http://beta.shrtn.on.ca/nodes/shrtn-ke/cop_archive/content/12

# Appendix A: Early Leaders Forum Conference Program

Creating a Vision for Long-Term Care Homes as Centres of Learning - *Options and Opportunities for Ontario*

Wednesday. Nov. 24, 2010 | 8:00 am – 4:00 pm EST

Toronto Congress Centre | 650 Dixon Road

8:00 am | Registration & refreshments

8:30 am | Welcome, introductions & greetings
Larry Chambers, President and Chief Scientist - Élisabeth-Bruyère Research Institute

8:45 am | Panel: Inter-jurisdictional Perspectives on Teaching Long-Term Care Home Learning Centres

- Canada: Larry Chambers, President and Chief Scientist - Élisabeth-Bruyère Research Institute
- Australia: Donelle Rivett, Adjunct Researcher - School of Nursing & Midwifery, Curtin University
- United States: Paul Katz, VP Medical Administration & Chief of Staff - Baycrest
- Norway: Marit Kirkevold, Professor - Institute of Nursing and Health Sciences, University of Oslo

10:30 am | Small Group Discussions and Break: A Vision for Ontario
Moderated by John Puxty, Chief of Staff - Providence Care (Kingston) & Co-Director - Centre for Studies in Aging and Health

11:15 am | Plenary: Small groups report back on A Vision for Ontario
John Puxty

11:45 am | Lunch

12:30 pm | Panel discussion: Need for Intersectoral Collaboration
Moderated by: Cheryl Cott, Professor - Department of Physical Therapy, University of Toronto

- Interdisciplinary Council for Aging and Health, Council of Ontario Universities: Ken LeClair, Clinical Director - Geriatric Psychiatry Services, Providence Care, Mental Health Services
- Colleges Ontario: Rose Bell, Associate Dean - Health Sciences, St. Lawrence College
- Council of Academic Hospitals of Ontario: Karima Velji, CNE Baycrest and Co-Chair of CAHO's Practice and Education Committee and Sanober Motiwala, Director, Policy and Research, CAHO
- Long-Term Care Homes: Christina Bisanz, Chief Executive Officer - Ontario Long Term Care Association and Donna Rubin, Chief Executive Officer - Ontario Association of Non-Profit Homes and Services for Seniors

1:45 pm | Small group discussions & break: Potential Approaches for Implementing a province-wide Long-Term Care Home Centres of Learning Program in Ontario
Moderated by John Puxty and Ken LeClair

- Curricula & Applied Research: (Kristie Clark - Conestoga College & Cheryl Cott - University of Toronto)
- Strengthening Relations: Sectoral | Organizational | Professional: (Paula Neves - Ontario Long Term Care Association & Rose Bell - St. Lawrence College)
- Staffing & Financing Models: (Donna Lee – Lakeside LTC Centre & Debra Cooper Burger - Unionville Home Society)
- Regulatory & Policy change: (Elizabeth Esteves - Ontario Seniors' Secretariat & Lisa Hems - Ontario Seniors' Secretariat)

2:50 pm | Plenary: Reports from small groups – John Puxty & Ken LeClair

3:40 pm | Closing Remarks: Where do we go from here?

- Jeff Goodyear, Director - Health Human Resources Policy Branch, Ontario Ministry of Health and Long-Term Care
- Tim Burns, Director - Performance Improvement & Compliance Branch, Ontario Ministry of Health and Long-Term Care

4:00 pm | Meeting ends

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# Appendix C: Summary of Implementation in Norway's Teaching Nursing Home Program

Adapted from Marit Kirkevold's slide presentation
TNH = Teaching Nursing Home

| Timeline | Phases of Implementation | Main Activity | Key Results from Evaluations |
|---|---|---|---|
| 1996-1998 | Phase 1<br>Planning | • Problem Clarification<br>• Future workshop<br>• Gaining support from key actors<br>• Develop initial model | • Increased competence of staff both formally & informally<br>• Increased quality of care in selected areas (differed between institutions, bottom-up decisions about areas to improve)<br>• Transferable models for competence development<br>• Improved learning conditions for students<br>• Increased enthusiasm about working in nursing homes among participating staff<br>• TNHs formally established by the Directorate of health & Social services 2004, based on directive from the National Assembly (through national budget) |
| 1999-2002 | Phase 2<br>Experimenting | • Identify active partners<br>• Adjust model to local needs<br>• Actively identify local needs and initiate local projects<br>• Develop interactions across institutions | |
| 2002-2003 | Phase 3<br>Evaluating | • Internal evaluation at each site<br>• Internal national evaluation across sites<br>• External evaluation by independent examiner | |
| 2004- | Phase 4<br>Implementing | • New organizational structure<br>• Incorporate TNHs formally into health care system<br>• TNHs take on regional and local responsibilities | • Initiating & carrying through large number of local projects addressing local issues/problems (e.g. improving nutrition, developing social activity programs, sensory gardens, etc)<br>• Maintaining enthusiasm regarding the TNH concept (it is highly competitive to become local TNH partners)<br>• TNHs becoming active partners in realizing central governmental initiatives (e.g. "Care plan 2015", "Palliative Care plan" "Dementia plan 2015", "The Competence Improvement Initiative")<br>• TNH concept now transferred to social service and home care sectors by government initiatives<br>• TNHs becoming increasingly attractive as research partners for universities & colleges |
| 2004-2005 | Phase 5<br>Consolidation | • Renegotiate collaboration with governmental & local partners<br>• Review priorities, develop plans for future work<br>• Continue local development work<br>• Respond to strategic plans from government | |
| 2006-2009 | Phase 6<br>Expansion | • Increase diffusion of models/ results of local development projects<br>• Ensure equal access to developmental support/resources regionally/locally<br>• Identify/negotiate with local NHs for satellite status<br>• Support development of local satellite TNHs<br>• Ways to address significant national needs | |

# Appendix D: Links to Presenter Slides

The following materials are available on the SHRTN website: http://beta.shrtn.on.ca/contents/12.

- **Donelle Rivett**, Manager of the Curtin Health Innovation Research Institute at the Curtin University of Technology
  http://beta.shrtn.on.ca/resources/351
- **Marit Kirkevold,** Professor - Institute of Nursing and Health Sciences, University of Oslo, Norway (available from the author on request)
- **Paul Katz,** VP Medical Services and Chief of Staff at Baycrest and President of the American Medical Directors Association
  http://beta.shrtn.on.ca/resources/350
- **Larry Chambers,** President and Chief Scientist - Élisabeth-Bruyère Research Institute
  http://beta.shrtn.on.ca/resources/338
- **Ken LeClair,** Ontario Interdisciplinary Council for Aging and Health (OICAH) and Council of Ontario Universities (COU)
  http://beta.shrtn.on.ca/resources/349
- **Rose Bell,** Associate Dean at St. Lawrence Colleges
  http://beta.shrtn.on.ca/resources/347
- **Sanober Motiwala**, Director, Policy and Research, Council of Academic Hospitals of Ontario (CAHO) and **Karima Velji,** Chief Nursing Executive, Baycrest
  http://beta.shrtn.on.ca/resources/339
- **Christina Bisanz,** Chief Executive Officer, OLTCA and **Debra Cooper-Burger**, CEO Unionville Home Society (on behalf of **Donna Rubin**, CEO, OANHSS)
  http://beta.shrtn.on.ca/resources/387
- **Notes -** Small Group Discussions & Plenary Sessions
  http://beta.shrtn.on.ca/resources/390