

Provincial Advisory Committee Public Meeting Minutes: January 13, 2021

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Welcome, Conflicts of Interest & Additions to the Agenda

- Announcement regarding the passing of Denise Burke
- November meeting approval
- Additions to agenda – none declared

2021-22 Ontario CLRI Initiatives

Summary of feedback: What direction, feedback or comments do you have about initiatives proposed?

Engaging the Future Workforce - Secondary School

- It's important to connect with these groups (and even younger) about LTC career options and volunteer/co-op options.
- We need to showcase LTC in a positive light to the future workforce.
- PSW college programs seem to have more interest right now, particularly with mature students and domestic second career seekers.
- University seems to also be seeing an increase in students signed up for gerontology as well.
- LTC homes may be taking not be engaging students as much right now because of pandemic restrictions so it's important to find other ways to continue to engage students, even virtually.
- Could we find ways to include LTC in existing career tools and curriculums?

Workplace Mental Health in LTC

- Team members, admin, etc., are all expressing difficulties right now, whatever we can do to support is wonderful. This is important.
- There is support among PAC for adapting current tools to LTC, instead of starting fresh.
- Social service workers could be a helpful role in these initiatives to support team members and residents.
- What teams want are tangible things that they can take away and do, or go back to.
- If tools are all just online it's a barrier to people who need to then dig and find them. Mental health resources for team members need to be presented to them.
- Having advisors and coaching available to champion this work would be important.
- This work could be connected to diversity and inclusion work- there are different takes on mental health in different cultures, need to remove the stigma and need to change the culture of LTC. This is also about resourcing the sector- this all comes back to staffing shortages.

- The “*National Standard of Canada for the Psychological...*” is heavy language so someone will need to present it differently or with a lot of examples.
- May want to make sure privacy is touched on in this initiative.
- Experts you would ask to get involved in this type of work?
 - Ethics expert
 - Alzheimer society folks (good resources about grief and loss)
 - CAMH

Infection Prevention and Control Education

- This is critical. We can direct students to eLearning and even embed it into the curriculum.
- We need to expand on the role of IPAC for on-going control, need to think about this beyond COVID.
- AdvantAge Ontario delivered some webinars on IPAC (but more COVID focused), these could be complimentary to eLearning.
- Need to make sure we can update these easily (for example, if PPE guidelines change, we will have to update the modules).
- Valuable to promote this to families as well, they need access to this information and then they can also reinforce the knowledge to their peers. They also can remind team members that these exist too - allows family members to share knowledge.
- This is a hot topic with a lot of families right now. Need to make sure there are pictures, mirrors that show how to do this.
- Would be good to share with resident’s councils as well.
- Repetition is important, might be good to note that during promotion you’ll need to do them a few times over and over.
- This could be good as train the trainer- have people training families on this.
- Can these be embedded in LTC home systems that team members are already using?

Communication at End-of-Life (CEoL)

- Generally, the half-day training option is better than having full-day training sessions because it is easier to backfill staffing.
- Some team members have experienced situations when they don't know what to do or say to support end-of-life.
- This Ontario CLRI training program is very immersive and gives team members the chance to practice training skills, such as empathy versus sympathy. Although it may be easier to do training in person, do you have any suggestions on how we can integrate technology into a training context?
 - Consider Zoom meetings and having the resident listen in and coach. Zoom calls could be awkward at first.

The benefit of this model is that trainers can train their teams in their own homes.

- When we talk about who will do coaching, do you know any stakeholders we should reach out to? We are also interested in taking cultural sensitivity and diversity into the CEoL perspective.
 - The Indigenous Perspectives Society provides cultural differences training.
 - Local hospice networks could also be worth exploring.
 - Family council associations could help reach different ethnic groups.
 - Provincial palliative care networks and end of life networks
 - Culturally designated homes often have team members who are from the same culture as the residents. These nurses could support their peers.

- Based on your experiences of your teams engaging in online training, do you have any suggestions for how we can do the CEoL training program online?
 - Right now, LTC homes are extremely challenged in being able to give anyone a big chunk of time off. Training would have to be very short or possibly done during a typical break.
 - For online training, you might need to switch to short bursts, timing is everything.
 - LTC homes are doing a lot of palliative care conversations with residents who have COVID and it's challenging because family members are not able to be present. All of us agree that there's a benefit of teams getting support by/from CEoL's short online training to better support residents and families.
 - Shorter chunks of online training but continue to integrate the immersive and practical side of it, possibly at different times.
 - Utilize breakout groups in an online training program for practice opportunities.
 - Supported with feedback, possibly through observation.

- Is there a possibility for college/university students to do these eLearning modules with case studies?
 - If you use the content of the eModules and re-frame them as case studies, you might be able to have more people educated and the learners won't have to be in LTC to practice case scenarios. This could be helpful for students who don't have placements in their program.

Diversity & Inclusion

- We recently launched a diversity calendar - we are doing a trial of an electronic version of the calendar, but the advisory group has raised an issue that people may like to have a paper copy. Do you think we should invest in paper versions in 2021-2022? If yes, how do you think professionals would use the paper version in the home?



- Many team members (nurses, PSW) who would like to make use of the calendar don't have much online access during working hours. For this reason, a paper copy would be very useful.
- Ideally, paper copies would be mailed to different departments so all have access to the same info and start reflecting on diversity. Plus if mailed to one person, it could get lost and not used.
- Should be available in both English and French.
- Have residents or staff contribute to the calendar art.
- Perhaps a template so that each group could add to their newsletters.

Clinical Nursing Leadership (CNL)

- Ontario CLRI at Bruyere released the CNL online eLearning modules for RNs and RPNs. We are working with Algonquin College, RNAO, FCO and WeRPN to build a blended model - training online and in personal online. Who else could we collaborate with?
 - Clinical Nursing Leadership is critical. A huge challenge is that health care workers are leaving LTC. Perhaps we can leverage these online modules to encourage individuals to come and work in LTC because it is so needed right now.
 - It is essential to engage with frontline charge nurses with experience. Include them also as instructors and tie to practical day-to-day realities.
 - Integrate daily practice pieces of the role in the training.
 - Some LTC homes struggle with incorporating the practical element and demonstrations when they use eLearning.
- It is important to engage with universities directly to provide students with these learning opportunities. Also, many LTC homes have all types of students (from PSW to physicians) doing placements and it would be handy to offer these eCourses as learning tools.

eConsult

- What knowledge mobilization or promotion could the CLRI do so that every single home's clinicians use eConsult?
 - Expanding relationships with Ontario long-term care clinicians' group would be key.
 - It would be really helpful if clinicians could utilize the eConsult service through PointClickCare instead of through email.
 - Clinicians would like eConsult to be phone friendly.

Team Essentials

- Recognize challenges to move experiential learning online
- Great opportunity to train RSAs; expect that role is here to stay
- Fear nurses are overworked and may not have the capacity to participate.
- Desire to be more proactive = evolve from mandatory learning to more options and ability for homes to select what's necessary for their needs.
- Training needs to include cross-disciplinary knowledge – how teams work in LTC.
- With high turnover and transitions, new team members would miss out on any modules that are discontinued.
- Is it possible to deliver as an open resource (self-study) so limit the need of educators to facilitate? Train the trainer could address this need.

COVID-19 Orientation, Training & Clinical Placements

- Is ALPHA meant to supplement or replace training over time?
 - Mandatory courses could be replaced and embedded into ALPHA
 - Advisory Committee to determine long-term plans
- LTC homes could find value in customization and synergy among all the homes and they would support the ALPHA app. A question to Consider- *How to make annual mandatory training meaningful?*
- There is a structural gap in LTC as there are no preceptors within the home to support it. *How do we fill this gap with a lack of resources & funding to support students etc.?*
- What are the steps within the home to support staff (i.e., Resident Support Aide, RSA) once they access resources (i.e., ALPHA)? *How is the information reinforced?*
 - A: Dependent on the home. RSAs hired through ministry have a comprehensive and supportive Ontario CLRI training; Ontario CLRI exploring the expansion of this RSA training through cases and a community of practice with open office hours
 - A: Homes that hire directly have the option of using Ontario CLRI website resources (clri-ltc.ca/orientation)
- Member suggested that Ontario CLRI reach out to LTC homes to understand the value of RSA role.
 - Ministry-hired RSAs are completing reflection tool on gaps in learning – information from this to be shared with Ontario CLRI to improve training
 - Standardizing RSA training/education is essential
- Some LTC homes don't use RSA title; instead, have MSWs (Multiple Service Workers)

Educator Capacity Building (Certificate & Events)

- A September start date is suitable and it is important when sharing the news with the sector to be time-sensitive.
- There is a potential synergy with university gerontology programs where students could be involved to enhance their job opportunities in LTC.
- Employers would support the Educator Certificate program.
- PSW Champions (leaders among their peers) are another potential target group.

Group Roundtable

What updates or priorities do you have that you want to share with the group for the upcoming year?

AdvantAge Ontario:

Received Ministry funding to provide more COVID education – in form of webinars on IPAC and governance essentials series that just started. We are also working with consultants to provide one on one support from homes.

Family Councils Ontario:

Have partnered with Toronto writers collective and have done a few rounds of expressive writing for families as a peer support model. There is research behind expressive writing to promote resiliency, connection and self-esteem. Will be identifying people to train to run their session to expand reach to caregivers, with people who speak multiple languages, marginalized groups, etc. We have our Diversity Advisory Committee to push forward our work, not to duplicate, but to look at how to support homes, families, staff to be inclusive and equitable for families.

- The writing workshop starts with a prompt, a time for writing, and then comes back to give feedback. It's not about the writer, it's about connecting to the piece.
- Effective first round so we will continue and expand reach.

OLTCA:

- Hosting a group of webinars with advantage Ontario
- Weekly session to extend support out to homes, answer questions.
- We've also been working with Ontario Health Central and CLRI and others looking at leadership development that may lead to a mentorship program.
- Leveraging focus on Bell Let's Talk to focus on boosting and supporting health and wellness in LTC

Hastings County:

Trying our best to keep family members and residents engaged and keep everyone as positive as possible. We have had increasing requests for the ActivityPro family portal.

City of Toronto:

Over 90% of LTC home residents receive the first dose of the COVID-19 vaccine. Working to support staff vaccinations and reviewing different considerations to support uptake. This is where we have been heavily focused on this during the past couple of weeks.

Resident Representative:

- Having meetings online, taking webinars
- LTC team members are keeping residents busy
- Residents had their first dose recently. Approx. 2% of residents did not get the vaccine due to COVID, or because their families didn't want them to get it.

Family Representative:

- Regionally, family councils have pivoted to virtual meetings
- Lots of family councils are dissolving because can't meet on-site and don't have a virtual platform
- Lots of frustration
- Frustrations around not being able to get weekly testing results before they have to get next weeks' testing
- Families also need mental health support

Council of Universities:

Seeing an increase in enrollment numbers for gerontology courses.

Adjourn

The next meeting is Monday, April 19, 2021, 10:00 a.m. to 12:00 p.m.