Champlain Region Family Council Network (CRFCN)
October 2018 Conference – Summary Notes

October 27, 2018
CRFCN Fall Conference
St. Patrick's Long-Term Care Home of Ottawa
2865 Riverside Drive, Ottawa, ON K1V 8N5
Summary Notes

Welcome and introduction by Rosemary Cavan, Chair CRFCN
- Thank you to St. Pat`s Home for providing us once again with a great venue.
- Introduction of the CRFCN Executive Committee
- **Introduction of speakers**
    - **Mary Connell**, Regional Municipality of Peel, Long-Term Care Butterfly Model of Dementia Care
    - **Michelle Fleming**, Ontario Centre for Learning, Research and Innovation (CLRI) at Bruyère and **Ryan Bradley**, Activity Aide, Madonna Care Community (Ottawa)
    - **Nancy Lesiuk**, The Royal, Outreach and Behaviour Support Services – Long-Term Care Homes, Champlain Region BSO Program Update and **Michelle Duperron**, PSW and BSO Champion, Grace Manor (Ottawa)

Mary Connell – Overview of Peel`s Implementation of the Butterfly Model of Dementia Care at Malton Village Long Term Care Centre

- Mary is the project leader for the Region of Peel's implementation of the Butterfly Model of Care in the Malton Village Long Term Care Centre.
- One home area at Malton Village Long Term Care Centre has been turned into a Butterfly Home, the first in Ontario. The intention is to roll out the program to other areas of the home and to all five municipal long-term care homes in the Region of Peel.
- There has been considerable interest in the project; to date, there have been 75 tours of the home, and Mary has given 19–20 presentations on the project.
- The objective of the Butterfly Model is person-centred care. It is a social interaction model that is designed to increase the well-being of those living with dementia by meeting residents' physical and emotional needs and by making the Centre feel like a home.
- Unlike other long-term care models of care, the Butterfly Model brings about transformational change, for example, in how staff perceive their role, how staff perceive residents as emotional individuals and their level of engagement with residents, and how the province perceives long-term care.

- In 2016, the Malton Village Long Term Care Centre team saw a presentation by Dr. David Sheard, who is the chief executive and founder of Dementia Care Matters (DCM), the proponents/owners of the Butterfly Model. They began a pilot in March 2017; the final evaluation took place in April 2018. To initiate the pilot, money was solicited from other health organizations in the region.
- The Malton Village Long Term Care Centre was selected for the pilot because it had the most challenges, such as high rates of employee absenteeism and a high number of family complaints.
- Prior to implementation of the project, DCM carried out a baseline assessment of care and ranked the home at 9/10, where 10 is the lowest rank. DCM reassessed the home six months after implementation of the Butterfly Model and the home's ranking had changed dramatically to 2/10.
- The Butterfly Method has six key components:
    1. Staff training:
        - This was the biggest undertaking in terms of cost and time investment.
        - Each of the 43 staff members in the one home area where the model was implemented received eight full days of training on the Butterfly method.
        - The training focused on developing emotional intelligence and engagement with residents.
        - Project implementation leadership engaged staff unions from the outset. There were a few grievances during the course of implementation.
        - The training is experiential and tracks interactions between staff and residents.
        - One of the training exercises involved the staff member assuming the physical position and limitations of a resident with advanced dementia.
    2. Physical environment:
        - The objective is to improve emotional well-being and reduce negative behaviours by decreasing the institutional nature of the physical environment.
        - A Butterfly Model home tries to change the environment to reflect the interests of the residents. For example, they created a garden for a resident who had been a florist.
        - Bright wall colours are used to break up spaces and identify end points. Mary noted that four residents who tended to constantly pace the home area stopped doing so once the walls were painted. She also noted that persons with dementia see colour five to eight times paler than others; therefore, brighter colours are needed to provide a more comforting and interesting environment.
    3. Giving life purpose:
        - This is a key component of the model. The objective is to prevent, reduce and be able to quickly mitigate negative behaviours by giving residents tools to interact and engage with their environment.
        - Staff carry out extensive social history research for each resident at admission to help support engaging them as individuals.

- Social history information gathered from the resident and family and friends helps to design activities for them to give each individual a sense of purpose in life. For example, residents are invited to take on tasks such as picking up the mail or stuffing envelopes.
- Staff also reached out to the home's community to find volunteers who could support engagement either by providing "tools of trade" or visiting residents, e.g., a law office provided a legal "tool kit" for a resident who is a lawyer; engineers from a local company visit with a resident who is an engineer to talk about projects; architectural firm provided old blueprints for a resident who is an architect.
- For those with more advanced dementia, where engagement is more challenging, the focus was on touch, scent and hearing, e.g., touch boards, hand massage, aromatherapy, singing and comfort activities such as staff simply holding a resident's hand.
- In some residents with advanced dementia, improvement has been seen, including more speaking and singing.

4. Measuring outcomes:
   - Measuring outcomes is important to identify success, to promote on-going funding and expansion of the program to other areas of the home and to other Peel municipal homes.
   - A public dashboard was created that tracks performance indicators in key areas of health outcomes of residents, levels of engagement and experiences of family and friends.
   - The performance indicators were tracked by degree of progress towards a baseline objective.
   - They are also looking at revising their approach to measuring outcomes to better demonstrate benefits and costs.

5. Measuring success – the indicators:
   - To date they have used the following indicators: social engagement; family satisfaction; staff satisfaction; behavioural incidents; antipsychotic drugs; pain; falls; unplanned weight loss.
   - Examples of success include: reduction in use of antipsychotics from 34% to just 12% without an increase in responsive behaviours; the number of falls has gone up but that reflects residents being more active and engaged; family members are visiting more often because they have hope, e.g., residents are happier, and some have begun talking again.
   - Indicators can be added over time and can include operational efficiencies and cost savings, e.g., they are considering measuring the reduction in food waste now that residents eat in a more home-like manner (residents now sit at one long table and are served from bowls/platters of food in portions that they want to eat).

6. Policies and procedures
   - New or revised policies and procedures were developed as part of the project.
   - At the outset, project leadership consulted the Ministry of Health and Long-Term Care (MOHLTC), including aligning the Ministry's long-term care regulations against the Butterfly Model requirements to gauge compliance; only three items didn't align but were resolved with discussion with the MOHLTC.
   - Mary is developing manuals that can be shared with other homes to help them implement the Butterfly Model.

- The implementation plan included an advocacy strategy. A Toronto Star investigative reporter was brought in at the very beginning to document the project. Members of municipal council were given tours of the home.
- Some welcomed successes were unexpected, such as the degree to which staff satisfaction was increased, dramatically reduced absenteeism, more attention to personal care of residents by family members and friends such as putting makeup and jewelry on residents and the extent to which staff are getting involved in finding solutions to reduce responsive behaviours.
- Next steps, subject to funding:
  - Expand the model to the advanced dementia care area
  - Expand person-centred care training to all staff in the facility
  - Implement the model to other Peel municipal homes
  - Development and implementation of an improved benefit-cost assessment tool
- Mary is happy to share Malton Village Long Term Care Centre's experience with the Butterfly Model, and she can be contacted at: mary.connell@peelregion.ca.
- The Dementia Care Matters website also has extensive information and resources on the Butterfly Model at: www.dementiacarematters.com.

Michelle Fleming, Ontario CLRI at Bruyère and Ryan Bradley, Activity Aide, Madonna Care Community (Ottawa)

- Michelle Fleming spoke about the Java Music Club and Java Memory Care programs. She provided background about the CLRI, which consists of three research centres in Ontario focused on finding evidence-based solutions for improving long-term care.
- Michelle thanked the CRFCN for their letter of support in 2017 to the Centre for Aging and Brain Health Innovation (CABHI). Thanks this support, the CLRI received a grant to implement and study the results of the Java Music Club and Java Memory Care programs in 33 long-term care homes across Ontario and five retirement homes.
- The Java Group Programs (http://javagp.com/) are designed to reduce loneliness and depression in residential care settings and are intended to reduce social isolation and loneliness through peer support and creation of strong, trusting relationships.
- Studies have shown that seniors are at increased risk of isolation as a result of such things as health

problems, death of a spouse and caregiver duties. The impact of feelings of loneliness can be the equivalent of smoking 15 cigarettes a day.

- A UK study found that the prevalence of severe loneliness of those living in long-term care homes is at least double that of seniors living in the community. Although there are activities for residents in long-term care homes, there is still isolation; often it is the same group of people participating in the same organized activities, but many are alone in their room.
- Of residents living in long-term care, 55% say they are lonely, and it is likely higher because of those who can't communicate due to dementia or other health problems. Adults 65+ have the highest suicide rate in Canada. There are significant impacts of loneliness, including increased falls, depression, cognitive decline and increased hospitalizations.
- Conference participants can access the CLRI's revamped website at www.clri-tlc.ca, and are encouraged to sign up for their newsletter.

Java Music Club
- Cost of the Java Music Club kit is $3,500. The kit includes a step-by-step guide, facilitator's manual, music CDs, photos and a "talking stick". The cost is high because of music royalties.
- The kit is well designed to provide recreation staff at long-term care homes with everything needed to run a Music Club.
- The Music Club works with a group of eight to ten residents who meet weekly with a facilitator. Music and photos are used as a guide to reminisce and encourage discussion, singing and sharing of stories. The facilitator has a guide with 52 themes.
- Residents learn things about one another, creating personal connection and developing empathy for peers. The use of music breaks up talking and stimulates memories.
- Michelle showed the YouTube video on the Java Music Club, which featured implementation of the program in Champlain area long-term care homes.

Java Memory Care
- The Java Memory Care Program is an adaptation of the Java Music Club Program and is designed to improve quality of life for those living with late stage dementia; it is typically a better program for residents with more advanced dementia than the Java Music Club Program as the focus is on touch and sensory stimulation.
- The Java Memory Care Program involves a smaller group for individuals with moderate to advanced dementia.
- Ryan Bradley spoke to implementation of the Java programs in his home. He provided a welcome personal dimension appreciated by all present.

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Nancy Lesiuk, Behaviour Support Outreach, Champlain Region – BSO Program Update and Michelle Duperron, PSW and BSO Champion, Grace Manor (Ottawa)

- The transitional unit at The Royal can accommodate residents from long-term care homes or from hospital acute care provided they qualify for long-term care.
  - The objective of the transitional unit is to stabilize the individual so that they can return home (with care support), to their retirement home or to a long-term care home.
- Behaviour therapy & dementia
  - Use of behaviour therapy with persons with dementia is new to geriatrics and to long-term care as it has traditionally been used for autism and other mental/brain disorders.
  - Goals: improved quality of life and individualized care plans
  - The Royal is establishing a group of behavioural therapists for long-term care.
  - Behaviour therapists consider:
    - Behaviour triggers
    - Use of rewards in behaviour modification
    - Causes of negative behaviours such as changes in routine and daily life, staff approach, etc.
    - Baseline behaviour assessment is very detailed, which helps to train staff and develop alternate approaches, e.g., the frequency, time of day (to the hour) and circumstances of behaviour episodes is documented.
    - Michelle Duperron is a PSW and trained BSO Champion at the Grace Manor in Ottawa. Her remarks brought an important personal dimension to our understanding of the BSO program.

Round Table Discussions

- To foster knowledge building and awareness, participants took part in group round table discussions to share personal successes and challenges in supporting and advocating for family members and loved ones who are residents in long-term care homes.

Wrap-up & Date of the CRFCN's Annual General Meeting in April 2019

- Rosemary Cavan thanked the speakers and attendees, expressing hope that the Conference provided valuable information and supported networking and knowledge building.

- Rosemary Cavan asked participants to inform the CRFCN of topics of interest to them for future conference planning.

CHAMPLAIN REGION FAMILY COUNCIL NETWORK (CRFCN)

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