



## **Welcome to CHNET-Works! Fireside Chats**

**June 23, 2006**

### **Activity and an Aging Population – Influencing decision makers to support Physical Activity in Long Term Care Settings**

**Hosted by:**

**University of Ottawa – Community Health Research Unit**

**Funded by:**

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# 'Open Space' – a new Fireside Chat Format

1. Participants submit questions/learning objectives.
2. The CHNET-Works! Animateur facilitates/moderates a discussion based on the above.
3. Special guest experts from the field will be invited to help answer questions and advise re: action points.

Hopefully we will end the 'Chat' with a clearer understanding of the situation, some key action points and a way to keep the discussion going (a listserve? another fireside chat? or...?).

# Housekeeping Items.....

*Agenda: 1:00 – 2:00 PM EST (and open until 2:15 PM)*

- ✓ Welcome, brief intro, questions/answers, discussions, wrap up

## *Trouble shooting your audio and visual connections:*

- ✓ Keep your Fireside Chat information and PowerPoint presentation available
- ✓ If your telephone line is disconnected or ‘bad’ – hang up and call back
- ✓ Use the Power point presentation if Bridgit link is not working for you

## *Teleconference etiquette:*

- ✓ \*6 – Mute/un-mute function
- ✓ Don’t put us on ‘hold’

## *Follow up:*

- ✓ Feedback - help our research and future Fireside Chats
- ✓ RSVP ‘challenges’ and ‘great interests for future ‘chats’ on this topic!

## **1:00 - 1:15 What is the situation?**

- What is happening currently in LTC facilities?
- Why do we think there is a need to advocate for support for PA in LTC?
- What are we hoping for?

# Results of discussions - Here's what is happening...(1 of 2)

- Recreation programs: activities and 'exercise' classes – mostly chair based
- Restorative Care (we have 2 staff for 180 residents) - 'hands on' is needed to help regain mobility, after 'return' to regular daily care – clients soon became dependent again. More staff is needed
- Variations re: staff, training and credentials
- Need an integrated model - need to have 'cross over' from PSW's to help with maintenance day to day with individuals post restorative care – plus new 'screened' individuals
- It doesn't have to be 'advanced'.
- Culture of staff: 'stressed' re: just need to get people to the meals (altho it is clear that if residents don't walk/do what they can for themselves – they will lost the function and the burden on staff will be greater.

# Results of discussions -

## Here's what is happening... (2 of 2)

- Staff shortage (e.g. it becomes overwhelming to try to walk everyone to meals)
- 'Too many wheelchairs' (take up space and time)
- Need to have motivation for staff and residents re: getting/staying functionally active as possible
- Residents may not 'want to'
- Families expect personal care
- Staff are 'afraid' to do range of motion (tho this is necessary)
- Lack of mobility – concern about falls for residents
- Training for PSW's is still variable
- Staff receptive to promoting PA but 'no time' (e.g. 1 health care aid for 14 – 15 residents)
- Programs: 1. "Ready to Go" – anyone who could do 'anything' was encouraged to do it. Colour coded charts on the wall helps prompt staff re: who can do what. Families hoping their loved one will be 'on the list'! Results promising. New residents keeping their mobility. 2. Map of Canada – each 15 minutes of activity gets charted 'across Canada' – helps residents to keep active.

# Results of discussions – What we are hoping for

- More out of chair activities for functional mobility
- Integrated model
- Cross over from rehab to maintenance
- Prevention: falls, contractures, losing interest in life
- Better quality of life
- Encouragement for residents to do what they are capable of doing
- More support from staff, families, decision makers
- PA for ‘walkers’ as well as those not able to walk – still need range of motion
- Individual (1 on 1) as well as group activities
- PSW’s – better training re: Range of motion
- More education (residents, family, staff etc) re: benefits of Physical Activity
- Regulation/training for PSW’s
- More support (funding) for more PSW staff as well as physio’s
  
- Inter XX??

# Related Questions/Learning Objectives Submitted:

- Working with the aging population we need to advocate for our aging boomers who will need more warm water pools to maintain physical activity. no matter the illnesses they face. Who is doing this work? If this work is not done now then Canada will have a huge population of older adults who will develop chronic illnesses... we need to think ahead for this huge cohort!!!
- What physical activity programs are currently in place within Canada at the present time and how are they working? What professions have a role in this?



## 1:15 - 1:30 Who do we need to influence?

- Who are the sectors, practitioners and decision makers that need to be influenced?
- What organizations do we need to reach? Any government departments?
- Are they different per province/territory?

## Results of discussions...who to influence:

Residents	Motivational requirements for residents and families
LTC 'home'	Staff comfortable, self efficacy re: Physical Activity, motivation, practitioner skills, training
Policy	Policy: is there support - \$?, what criteria and standards for staff and PA?

# Results of discussions:

## Who do we have to reach? (1 of 2)

- Ontario community support association
- Differences per each prov/territory: training, names, organizations
- There was a Canada wide eeting 2-3 years ago
- Nunavut – is just starting to look at these issues
- Canadian Centre for Activity and Aging
- Activity Professionals of Ontario (APO)
- Long Term Care associations
- Seniors Advocacy groups (some local, some P/T some national) – check in your region
- Community Centres – programming
  - share info – education

# Results of discussions:

## Who do we have to reach? (2 of 2)

- Osteoporosis Canada – programming available
- Universities – linking with LTC (kines, rehab, student placements)
- SHRTN – Senior’s Health Research Transfer Network
- Public Health Units – may have coalitions – seniors safety and falls prevention (e.g. FIT, HESP, walk this way..., )
- Community Health Centres
- Per Lara in Renfrew: volunteers trained via CCAA programs work at 2 LTC facilities in her catchment area (there are issues: recruiting/management/training etc) – but volunteers can be a great resource
- PA strategies – provides opportunity for funding? (advocacy req’d for LTC)
- Segmentation req’d
- Council on Aging
- Ontario Community Support Organization – listserve
- Training in different provinces varies –per structure and names (BC has a ‘standard’ curriculum)

# Related Questions/Learning Objectives submitted:

- To better understand the roles of various stakeholders in encouraging physical activity in long term care settings.

## 1:30 - 1:45 What do they need to hear?

- What are the key messages per those sectors?
- What information would be most effective for them?

# Results of discussions: messages

<p><b>Residents</b> <b>Families</b></p>	<ul style="list-style-type: none"> <li>•PA keeps people independent – quality of life – much better than in a wheelchair, bedridden – more independent we are the better quality of life we have</li> <li>•(residents and family members) to see the benefit of someone assisting mom/dad to do for themselves – independence</li> </ul>
<p><b>PSW's</b></p>	<ul style="list-style-type: none"> <li>– need to hear the above message</li> <li>– ‘use it or lose it ‘</li> </ul>
<p><b>Supervisors in LTC:</b></p>	<ul style="list-style-type: none"> <li>– in order to keep independence it takes time. This means that some other small things don't get done – PSW priority – to support independence</li> </ul>
<p><b>Staff/</b> <b>Administration:</b></p>	<ul style="list-style-type: none"> <li>– encourage residents/LTC involved in the rest of the world – energizes people (staff and residents) on an ongoing basis</li> <li>– staying in bed = loss of movement = loss of functional ability</li> </ul>
<p><b>Government</b></p>	<ul style="list-style-type: none"> <li>– funding mechanism needs to support PA/staff</li> <li>-e.g. rai tool — due to content in that tool – great benefit - this may encourage more funding</li> <li>-Ontario: now working with 90 homes. It takes time before data is back from those projects.</li> <li>-This is at provincial level –are other provinces may be using it? (NS, ..???) CIHI would have info on this. The tool is in many countries around the world. Many modules.</li> <li>-Counter the current funding re: more LTC \$ for people who need more care</li> </ul>
<p><b>Administration –</b> <b>(Nunavut)</b></p>	<p>Culture is going to affect PA focus/programs – need to look at appropriate activities</p>

# Related Questions/Learning Objectives submitted:

- To enhance knowledge of approaches currently utilized to advocate for physical activity in LTC setting.  
how to advocate for the provision of physical activity for these residents.
- To learn what other professionals do to encourage physical activity in their LTC settings
- Thoughts on the challenges to promoting PA in LTC, how to overcome these challenges, how to move the PA agenda forward?



# 1:45 What are the opportunities coming up?

- How can 'we' prepare for those opportunities?

# Results of Discussions:

## Opportunities coming up?

- PSW – health professionals regulatory advisory council - MOH gov.on. Ca
- Govt of On – will go forward with legislation for LTC sector – (amalgamating the 3 acts into 1 act) – this gives opportunity – watch for opportunity for stakeholder consultation (usual channels – professional associations)
- More equitable access for funding - OHIP for physios – not going through ccac's - better structured programming for PA? – (via: OHIP funding) home can organize with a physio provider – provider services branch – encourage you to access this funding (therefore opportunity for more/consistent staff for your LTC)

## 1:50 What's the next step?

- Another Fireside Chat? - who to reach? etc  
Create a listserve? discussion page?

Question/Learning Goal submitted:

- To find if this could be applied in the community.

## Results of discussions: next step

- Listserv is a good idea – networking tool (one existing from BC –info per Fran H in Niagara)
- Hear from other professionals (see the list re: messages and who to reach)
- Provide list of trainers for staff re: PA program? Need names/contact
- Discussion with larger group on line – other professional groups – have more ‘Nellies’ 😊. (practitioners)

## 'Other' Category of questions.

- We have initiated a home exercise program for our senior clients living in their homes.
- I am interested if there is other information that can be used to expand the program. We measure outcomes by completing a in home assessment at 6 weeks and 6 months and compare ADL's And IADL as well as depression scores using MDS- RAI
- Activity/is weight bearing activities more beneficial? How important is it to get the participant to get proper form or is just getting them moving more important? Balance and leg strength, is this the most important area to focus on? How to motivate older adults in a rural area where exercise is considered a waste of time.
- Learn more about the suggested type of physical activity for residents of LTC as well as how to advocate for the provision of physical activity for these residents.
- Would love to hear from a physiotherapist- what are the factors that might explain why some residents are bedridden. Are they admitted this way or do they progress to this stage and what might be done to prevent this and what are the criteria that determines if a resident is a candidate for physio/rehabilitation ?



Thanks everyone!

## Next CHNET-works fireside chat

- Date Thursday June 29<sup>th</sup>
- Time 1:00 – 2:00 EST
- Topic **Preventing Falls in the Community:**
  - A provincial model - community capacity building in Nova Scotia
- **Carol McAllister**, Coordinator 'Preventing Falls Together'  
Nova Scotia