2-1100 – Continuity & Temporary Staff

TIPS Question:

We are making progress in incorporating the P.I.E.C.E.S. template in providing care to our residents with cognitive/mental health needs. However, we face challenges with respect to large numbers of agency personnel that we must rely on in an effort to fill our staffing vacancies. Due to a lack of consistency, it often feels as though our progress gets set back. We have tried making agency staff aware of "Quick Start" but are still facing challenges. Are there any suggestions for improving the continuity of care that we provide to our residents with cognitive/mental health needs, when faced with large numbers of replacement staff?

Response

It is good to learn that you are making progress! Your question is an excellent one, however, it is one for which there is no simple solution. Developing a common knowledge, common language and common approach to problem solving is always a challenge. The road to achieving those goals is usually bumpy and takes time, patience and creativity – try not to lose heart because you are obviously doing some great work. I have a few comments and suggestions that I hope you will find helpful:

- Now that you have identified the problem you might want to pull together your partners in care e.g. Nursing Supervisors, Director of Care/ Administrator, representative from the front line care providers (PSW/HCA) to talk about the issue so that everyone has a shared understanding of the concern. Just a note, "continuity of care" is a fairly broad descriptor and I wonder whether it would be helpful if together you clearly articulated what that means for your facility and staffing issues. Are there specific areas in which this is more/less of a problem, how often is there a change-over of staff; any particular sector of staff, etc?

- Next, you can begin to look at what your facility provides in terms of orientation for new staff. Can the orientation include information about P.I.E.C.E.S. - and by this I do not mean an in-depth training, rather an orientation to the philosophy of the home re: the uniqueness of each resident and how you identify residents' needs, especially when there are care concerns i.e. that you look at all aspects of the person (P.I.E.C.E.S.). In the orientation, you might also want to set the expectation that when there are cognitive/mental health and/or behavioural concerns your facility uses a problem solving approach that carefully considers all possible causes, and incorporates the use of assessment tools and screening guides. You want new staff to at least expect that they may be involved in the collection of information that will help to understand the resident's behaviour; and that their observations are very important, as is the need to listen to and share information with other members of the care team.

- In some facilities, they use a "buddy" system when trying to orientate new staff – think about this option and discuss this as a possibility.

- In the Learning and Development Section of the P.I.E.C.E.S. Resource Guide there are a variety of informal learning methods you might consider using (and you will no doubt think of others), all of which encourage learning through *dialogue* e.g. one to one conversations, in the moment, care conferences, team meetings, report, etc. New staff and more seasoned staff will learn from opportunities to inquire, hear other perspectives, and share their own thoughts for consideration and reflection. Therefore, it is important to create as many of those opportunities as possible; this will also allow staff members who are very positive and forward thinking to hopefully have influence on newer staff.

- You may want to re-visit the strategies you use for communication with staff - in terms of sharing information about the care plan and whatever assessment goals may exist at the time for a particular resident e.g. use of DOS, monitoring regarding mood, assessment of mental status, delusional ideation, etc.; or if you are trying to gather information e.g. regarding the resident's life story, care strategies that work etc.; also how you provide feedback to the staff regarding assessment results e.g. what did the DOS recording show, etc. How do you use staff report, for example, or

communication books, etc., and can these strategies be enhanced in any way to ensure more consistent communication?

- When there are particular resident issues, I have found brief case-based support/education sessions with staff to be an effective way of helping staff to talk about the challenges they are having providing care to the resident, sharing their frustrations, reactions, successes, challenges, etc.

- These case-based supportive/educational sessions provide an opportunity to assist staff (new and seasoned staff) to enhance their understanding and re-frame their perceptions, at the same time as providing them with empathy and validation for their very important and sometimes difficult role. Could you link with your Psychogeriatric Resource Consultant to assist you with these sessions, or perhaps members of the Specialty Geriatric Outreach Teams?

- One of question you want to ask is, what are the possible "teachable moments" in any given day, and across shifts, etc? Remember, that learning is a very gradual process and can take place at a variety of levels and in many ways. Brainstorming about the possible strategies for communicating with, providing support to, and coaching new staff (indeed all staff) will go along way to enhancing continuity of care.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*