3- 44 Maintaining continuity of care

TIPS Question:

Once you have completed the initial process and decided on the appropriate strategy how do you maintain continuity? Background information: This home rotates the HCA staff daily from one area to another. There are a lot of part-time staff on all shifts. Communication breakdown occurs quickly. As you can imagine this can be frustrating and upsetting to everyone involved.

Response:

Communication strategies you develop in question six as a result of having worked through the P.I.E.C.E.S. six-question template really depend on the relationship of all the partners in care. Remember that P.I.E.C.E.S. is built on a foundation of Partners in Care. Our very best strategies fall flat when if our entire team does not know about them! There are some strategies built into P.I.E.C.E.S. and U-First! that can assist you in communicating your plan.

First, let's think about your role of Psychogeriatric Resource Person in your facility. This role is one of assessment, but also of coach and mentor. When we explore the learning strategies (see Resource Section of your Guide) we know that adults learn by doing and by dialogue. The conversations you have to communicate your plan can have a dual role, bringing everyone up to date on the strategies to be used but also can create a learning environment within your facility, learning case by case. Hopefully, you have involved other staff members in working through the template, and it will be no surprise to them that there are new strategies for this resident...even better if staff were part of the strategy development. I know that when we first start using the template, we are often reluctant to chat about what we are doing as we are becoming familiar with the P.I.E.C.E.S. process, but as you become more comfortable with the template, I encourage you to share your learning. Remember, the focus of U-First! wheel is to promote dialogue so that strategies and understanding flow from the shared conversations. The other important aspect to remember about learning, is that it takes time, and we are encouraged to think of no step as too small...this may take some time and that is okay.

Next, you are looking for the current methods of communication within your facility. For example, how would everyone get to know about other areas of a person's care such as a medication change or that a family member was coming to take the resident out for the day? Can these same ways of sharing be used for sharing strategies you developed as a result of the six-question template? Research tells us that we implement new ways of thinking into practice when we have clear expectations and clear consequences. Your manager is the perfect Partner in Care for giving support to the approach you are taking. The two of you can visit the P.I.E.C.E.S. website's On-Line Manager's Guide for more excellent information about implement P.I.E.C.E.S. in the long term care facility.

The P.I.E.C.E.S. Resource Guide discusses using P.I.E.C.E.S. as a method of assessing ourselves as staff. You can use this acronym to explore areas of communication and staff readiness to communicate. Here are a few of my ideas without even having visited your facility or met your staff. Imagine what ideas could be generated when you and your Partners in Care get together to discuss communication of strategies!

P: Physical

- How overworked and tired are the staff feeling? Individually, and collectively, are they up to a new challenge?

I: Intellectual capacity:

- Think about the baseline understanding of behaviours and the P.I.E.C.E.S. process that your staff members have. Do they need more information to buy into the strategies you are suggesting? Could the Psychogeriatric Resource Consultant help you with education?

E: Emotional health of the staff:

- Do the staff see this as "one more thing" to do, and are they overwhelmed by the possibility? Or perhaps your staff are real innovators and eager for a challenge. Do they feel connected emotionally to the people they are caring for, or do they not invest, because they will be moving on to the next resident soon anyway. Do staff feel they are a team, or just workers who really don't know one another well?

C: Capability:

- Dementia care takes skill. What are the capabilities of the people on your staff? Is there someone you have identified that you could mentor and give your "A" to? Is there anyone who has taken P.I.E.C.E.S. or dementia studies previously?

E: Environmental factors:

- What is in place at the desk, at shift change to make communication easier? Is there an email process? What physical evidence is there that communication has taken place and people are responsible to implement, such as initials on a communication log?

S: **Social support**:

- Do co-workers feel supported? What other life skills do people bring with them such as computer skills?

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.*