Optimizing Workforce Utilization to Inform Care Delivery in Continuing Care Facilities

Executive Summary

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Workforce Research & Evaluation,
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Bethany Airdrie

CapitalCare Dickinsfield

Whitehorn Village

Project Team Members

Project Co-Leads

Esther Suter	Director, Workforce Research & Evaluation, AHS, Calgary; (esther.suter@albertahealthservices.ca)
Sandra Woodhead Lyons	Executive Director, Institute for Continuing Care Education & Research, Edmonton; (scwl@iccer.ca)

Co-Investigators

Edward Makwarimba	Senior Research & Evaluation Consultant, AHS, Edmonton
Siegrid Deutschlander	Research & Evaluation Consultant, AHS, Calgary
Karen Jackson	Senior Research & Evaluation Consultant, AHS, Calgary
Amanda Wilhelm	Research & Evaluation Consultant, AHS, Calgary

Advisory Committee Members

Jane Bankes	Manager, Integration and Advance Practice, AHS, Calgary
Shannon Barnard	Lead, Strategic Implementation, Workforce Planning, Seniors Health, Calgary
Lenora Carriere	Director, Workforce Liaison & Best Practice Development, Seniors Health Provincial Team, Red Deer
Melina Dharma-Wardene	Director of Quality and Service Development, Bethany Care Society, Calgary
Thorsten Duebel	Administrator, Kipnes Centre for Veterans, Edmonton
Cynthia Johnson	Senior Practice Lead, Occupational Therapy and Recreation Therapy, AHS, Calgary
Betty Kolewaski	Administrator, CapitalCare Dickinsfield, Edmonton
Marnie Lento	Care Coordinator, Whitehorn Village, Calgary
Laura MacDonald	Director of Care, Monterey Place, Calgary
Jodi Phillips	Clinical Educator, Bethany Care Society, Calgary
Lesley Podruzny	Lead, Research & Evaluation Seniors Health, AHS, Edmonton
Terry Risbey	Workforce Planner, Alberta Health, Edmonton
Liz Ross	Senior Practice Consultant, AHS, Edmonton

We thank management, staff, residents and families who shared their valuable time to engage in the various research activities we undertook between February 1st, 2012 and June 30th, 2013. We are thankful for the insights and perspectives they shared with us. Staff and families face many challenges in continuing care. Caring for seniors is complex, and all three sites have demonstrated that quality resident-centred care can be achieved through collaboration and commitment. We also thank our advisory committee members for their insightful and invaluable contributions over the course of the study.

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The study explored how services can be enhanced by addressing current workforce utilization in two long-term care (LTC) facilities (Bethany Airdrie, Airdrie AB and CapitalCare Dickinsfield, Edmonton, AB), and one supportive living facility (Whitehorn Village, Calgary AB). The following four workforce-related concepts deemed crucial to high quality resident, provider, and system outcomes were targeted: resident-centred care, collaborative practice, staff working to their full potential, and optimal staff mix. The study was carried out between February 1st, 2012 and June 3rd, 2013.

The objectives of the study were:

1. To validate the profile of residents and their needs in the participating care facilities as outlined in a recent study on 113 continuing care facilities in Alberta (ACCES report, Strain et al. 2011).
2. To identify the current challenges of workforce utilization including resident/family-centred care, collaborative practice, providers working to their full potential, and staff mix at each continuing care facility.
3. To explore if and how current workforce utilization impacts resident needs.
4. To develop intervention strategies supporting workforce optimization for implementation at the continuing care facility level and the policy level.

Qualitative data were gathered through a variety of complementary methods including monthly staff sessions, individual interviews with residents, family members and senior staff/managers, and observations of individual staff, group meetings, and specific activities. Quantitative data were collected in the form of resident assessment indicator (RAI) data, human resource data (staff mix and full time equivalents), and a survey to capture staff perceptions of resident needs. We used a socio-ecological framework to map emerging issues and design strategies related to workforce utilization on different levels of the system. A socio-ecological approach offers a research and action framework emphasizing the complex interplay between people, groups, and their environments (Richard et al. 2012).

Emerging issues and proposed strategies:

Family-centred care: Two primary issues identified were family expectations and care philosophy. Across sites, residents and families have unrealistic expectations, and at times even misconceptions, about the type of care to be provided. All facilities aim to create a home-like/hospitality environment conflicting with the need to standardize care and activities for residents. Proposed strategies focus on facilities providing accurate information about services and their philosophy of care.

Collaborative practice: Role clarity, internal communication issues, and information exchange with external care providers emerged as the top three challenges. Role clarity issues impacted workload, created gaps in care, and contributed to tension between staff. Role clarity issues emerged largely between different nursing positions (e.g., Registered Nurses (RNs) vs. community care coordinators) while overlap in care provided occurred among Occupational Therapists, Physiotherapists, and Recreational Therapists. Communication issues related to charting in multiple places and lack of effective communication between shifts. Concerns also focused on the lack of adequate information from external providers, e.g. when residents are discharged back to the continuing care facility after an

acute care hospital stay. Proposed strategies evolve around clear job descriptions and a review of communication structures and processes.

Providers working to their full potential: Collaborative leadership and health care aide (HCA) utilization emerged as the top two issues under this concept. The leadership issues relate to the need for all staff to share leadership and decision-making. While there are official leaders (management and the leads for different areas of service delivery), it is important that RNs, Licensed Practical Nurses (LPNs), and HCAs assume some leadership responsibilities during care delivery. There were notable differences in the HCA roles and responsibilities in the three facilities studied, with HCAs having restricted roles in the LTC facilities as compared to the supportive living facility. Although a standard provincial HCA curriculum has existed since 2005, there is wide disparity of education levels (provincial curriculum vs. equivalent training vs. practice experience) and competency levels among HCAs currently employed in continuing care. Organizations have different internal hiring standards, which may lead to confusion regarding the expectations of HCAs and their roles. Strategies center on leadership development for staff, and standardization of HCA education and role expectation.

Staff mix: The two common emerging challenges were utilization of casual staff and gaps in staff mix. Facilities use casual staff to cover short-term staff shortages arising from sick leaves and vacations. However, casual staff know little about residents, their needs, and likes and dislikes, which leaves some residents more agitated. Casual staff may also cause more work for regular staff as they require more assistance. Gaps in staff mix existed in all three sites where staff noted specific roles they thought would make services more comprehensive, including a nurse practitioner and a massage therapist for one LTC facility, and a therapist assistant for the supportive living facility. Strategies focus on better integration (through incentives and education) of casual staff and review of staffing model to examine opportunities for staff mix changes.

Amidst all these challenges there also emerged many practices that are going well in the continuing care facilities, including success of interdisciplinary rounds, initiatives to make facilities feel homey, great teamwork and leadership, and commitment to a particular care philosophy. Residents and family also stated that staff members display positive and caring attitudes as they provide care to residents.

This study is unique as there is limited research that comprehensively examines workforce utilization in the continuing care sector. The strategies provide opportunities for organizations, as well as decision-makers, to contribute to better workforce utilization in continuing care and ultimately create high quality resident, provider, and systems outcomes.