

# Facilitating Dialogue Between Research and Practice

ICCER NETWORKING EVENT

BOW VALLEY COLLEGE - APRIL 11, 2016

---



# Overview

---

Who are we?

Why are we here today?

What are we going to talk about?

Sienna Caspar, P. Ratner, A.  
Phinney, & K. MacKinnon (2016).

---



The Influence of  
Organizational Systems on  
Information Exchange in  
Long-Term Care Facilities:  
An Institutional  
Ethnography.

# What did we learn from Sienna?

---

Person-centered care is heavily dependent on **effective information exchange** among health care team members.

**Practical access to texts** containing individualized care-related information (e.g., care plans) was dependent on job classification.

Regulated health care professionals accessed these texts daily. **HCA's lacked practical access** to these texts and primarily received and shared information orally.

Oral information exchanges were largely dependent on the **quality of workplace relationships**.

# Electronic Versus Paper-Based Documentation

---

2014/15 ICCER 10K grant

Partnership between Wingkei, Bethany, UofA and UofC

It is widely accepted that EHRs have the potential to positive impact quality of care

Evidence building demonstrating the need for LTC to address ineffective communication and exchange of information

# Electronic Versus Paper-Based Documentation

---

Wingkei had implemented EHR; Bethany was looking at moving from paper to electronic documentation for HCAs

Point of Care (POC) replaces HCA paper based documentation of resident care information with electronic tools

- Including nursing alerts for high risk care issues such as skin integrity, bowel function and pain management

# Electronic Versus Paper-Based Documentation

---

Grant provided opportunity to collaboratively explore and compare changes in technology supporting HCA communication

What did we do?

- HCA Observations
- HCA and Care Team interviews/focus groups

# Electronic Versus Paper-Based Documentation

---

## **What did we find?**

- Integration of POC technology into practice suggests positive impact on clinical documentation by HCAs and enhanced communication



## Health care aides use of time in a residential long-term care unit: A time and motion study

Anastasia A. Mallidou<sup>a,\*</sup>, Greta G. Cummings<sup>b</sup>, Corinne Schalm<sup>c</sup>, Carole A. Estabrooks<sup>b</sup>

<sup>a</sup>School of Nursing, University of Victoria, Victoria, British Columbia, Canada

<sup>b</sup>Faculty of Nursing, University of Alberta, Edmonton, Alberta, Canada

<sup>c</sup>Vice-President, Edmonton, Alberta, Canada

### ARTICLE INFO

**Keywords:**  
Health care aides  
Long-term unit  
Older adults  
Residential nursing home  
Time use

### ABSTRACT

**Background:** Organizational resources such as caregiver time use with older adults in residential long-term care facilities (nursing homes) have not been extensively studied, while levels of nurse staffing and staffing-mix are the focus of many publications on all types of healthcare organizations. Evidence shows that front-line caregivers' sufficient working time with residents is associated with performance, excellence, comprehensive care, quality of outcomes (e.g., reductions in pressure ulcers, urinary tract infections, and falls), quality of life, cost savings, and may be affiliated with transformation of organizational culture.

**Objectives:** To explore organizational resources in a long-term care unit within a multilevel residential facility, to measure healthcare aides' use of time with residents, and to describe working environment and unit culture.

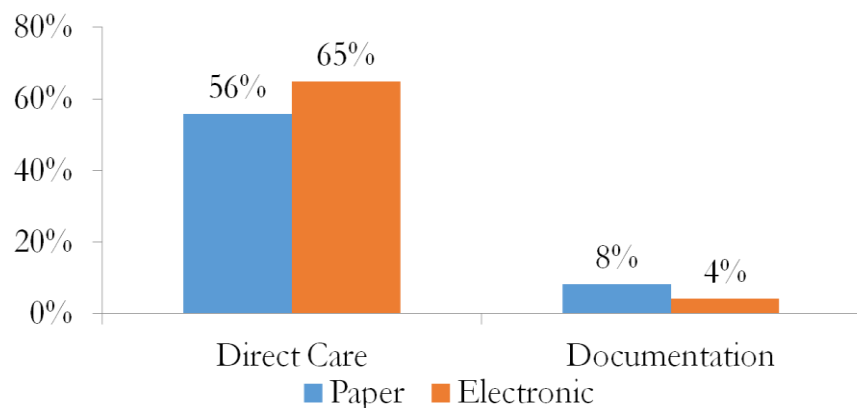
**Methods:** An observational pilot study was conducted in a Canadian urban 52-bed long-term care unit within a faith-based residential multilevel care facility. A convenience sample of seven healthcare aides consented to participate. To collect the data, we used an observational sheet (to monitor caregiver time use on certain activities such as personal care, assisting with eating, socializing, helping residents to be involved in therapeutic activities, paperwork, networking, personal time, and others), semi-structured interview (to assess caregiver perceptions of their working environment), and field notes (to illustrate the unit culture). Three hundred and eighty seven hours of observation were completed.

**Results:** The findings indicate that healthcare aides spent most of their working time (on an eight-hour day-shift) in "personal care" (52%) and in "other" activities (23%). One-to-three minute activities consumed about 35% of the time spent in personal care and 20% of time spent in assisting with eating. Overall, caregivers' time spent socializing was less than 1%, about 6% in networking, and less than 4% in paperwork.

**Conclusions:** Re-organizing healthcare aides' routine practices may minimize the short one-to-three minute intervals spent on direct care activities, which can be interpreted as interruptions to continuity of care or waste of time. Fewer interruptions may allow healthcare aides to use their time with residents more effectively.

© 2012 Elsevier Ltd. All rights reserved.

HCA Observations: Activity Summary



# Electronic Versus Paper-Based Documentation

---

POC was interpreted functionally as documenting at the bedside rather than in a chart room

Following implementation of POC observations indicated HCAs documenting in corridors together

Decision to “encourage” bedside documentation reconsidered given Sienna’s research

# Electronic Versus Paper-Based Documentation

---

So what is the impact at the bedside?

“Person-centered care is heavily dependent on effective information exchange among health care team members.”

# Impacts of Using Electronic-based Documentation

---

Facilitated holistic care planning and resident centered care

*“We can see input from everyone...nursing, OT, dietitian... and so the whole team contributes to the care plan...”* (LPN)

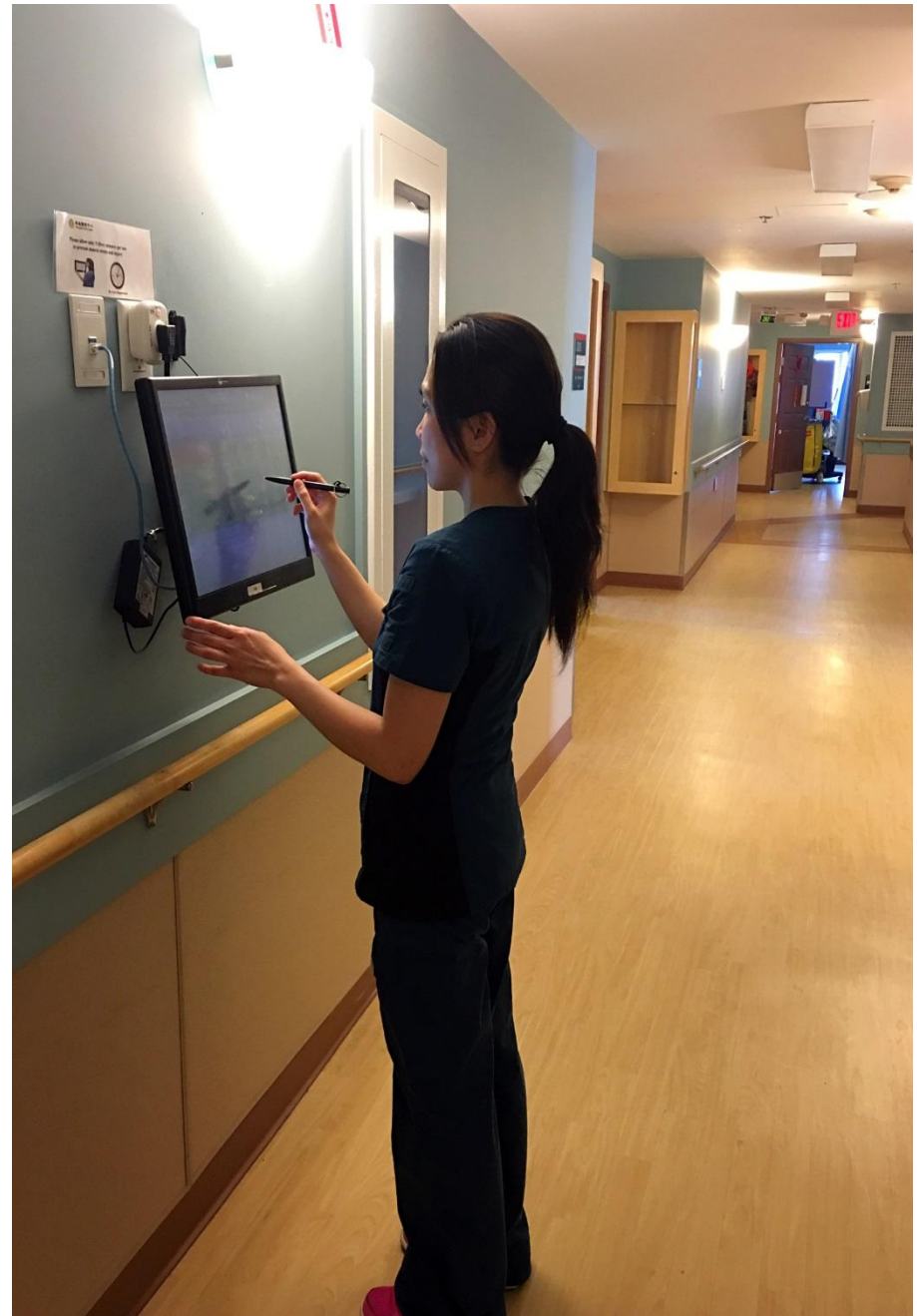
# Impacts of Using Electronic-based Documentation

---

*“I love this computer because any changes I can go to POC dashboard and check them out myself. For example, if you go to the POC dashboard you can see who has a red area, who has a skin problem, and who has 3 days of bowel care” (HCA)*

*“The POC serves as a reminder for us. We can see through our POC what we should do, and what is the most important thing to do. It is highlighted in our POC” (HCA)*

POC  
Documentation  
by HCA



# Wing Kei Daily Care Plan Review



# Wing Kei Daily Care Plan Review

---

Nursing led meeting including HCAs and ID team

Comprehensive review the care of for one resident care everyday

Use POC and RAI MDS data (e.g. CAPS)

Care plan goals collaborative identified, reviewed and evaluated by the team with real time clinical information



# Some Challenges

---

Introducing research project to staff

Staff workload concerns and time management

HCA's willingness to participate in the project  
(benefit to others)

# Questions?

---

