# Engaging Front Line Teams in Quality Improvement:

UNIVERSITY OF ALBERTA

# Safer Care for Older Persons in residential Environments

- A clinical trial
- Took place in WRHA Feb 2016 – Feb 2017

# Rationale

- Presently, one in 40 Canadians is aged between 65-74, and one in three aged 85+, has a diagnosis of dementia.
- Between 50 and 92% of older people with dementia will die in a nursing home.
- By 2038 the number of Canadians with a dementia diagnosis is projected to reach 1.125 million people.
- In the absence of breakthroughs in either preventing of treating dementia, and regardless of political initiatives to delay it, the need for nursing home care will increase dramatically, up to tenfold.

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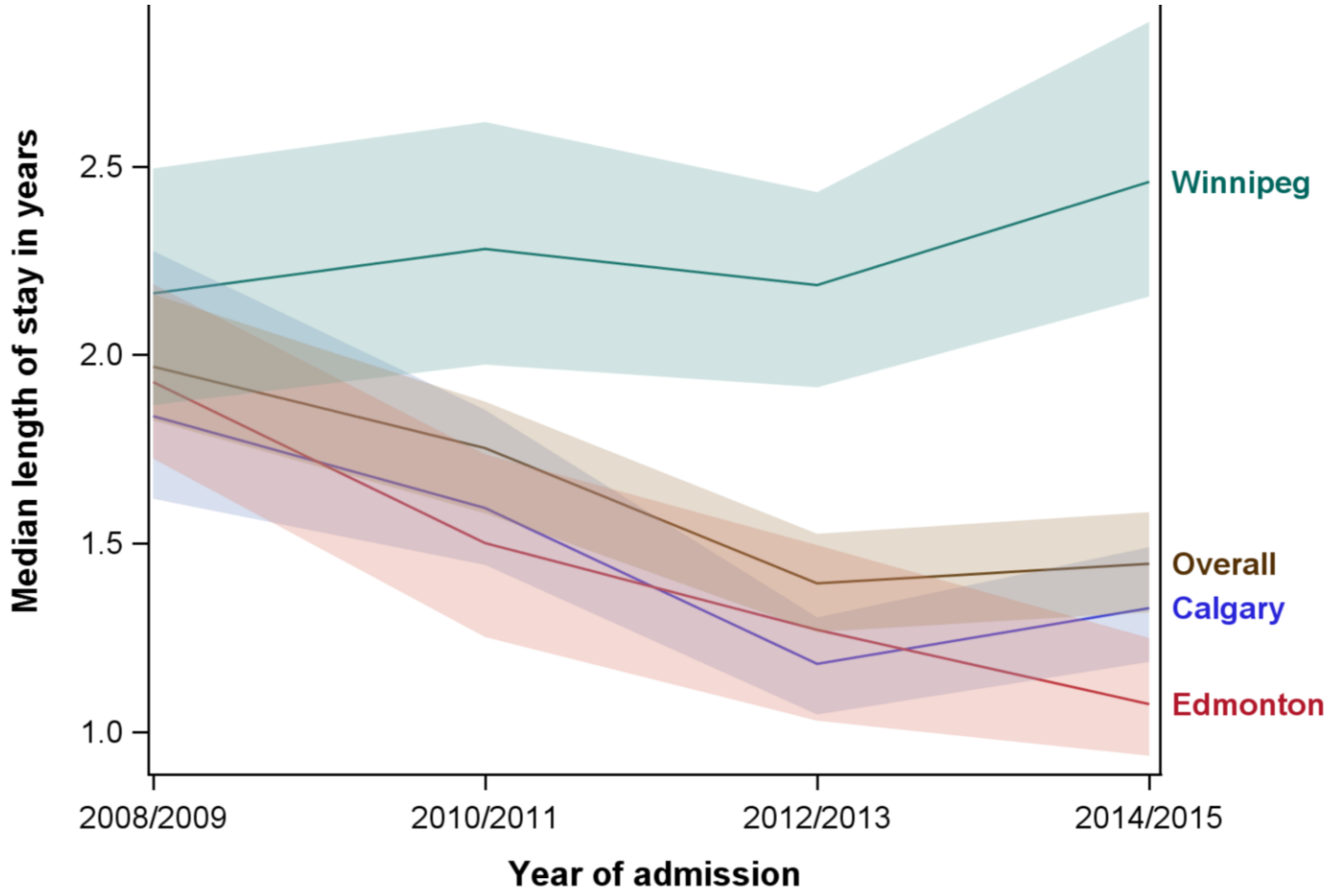
- 43% of Canadian seniors in nursing homes will spend up to four years of their lives in the nursing home and 20% will live there more than five years, although more recent data suggest this survival time is falling

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Courtesy of M Hoben (TREC PDF)

# Rationale

- Despite the increasingly complex needs and high dependency of this highly vulnerable population, nursing home staff levels and skills have not significantly changed over recent years.
- Nursing home care providers report increased workloads and decreased quality of work life
- Repeated calls have been issued to address the quality of care in nursing homes, but we still have little evidence on how to support and sustain high quality care

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HOME » NEWS » HEALTH » ELDER HEALTH

# Care Quality Commission finds 'appalling' failings in elderly care

Watchdog finds poor care quality in residential and nursing homes looking after elderly with dementia and Parkinson's disease

The CQC found 'appalling' failings in the quality of elderly care Photo: Alam

By Laura Donnelly, Health Editor
2:04PM BST 16 Oct 2014

# B.C. family angry after care home switches patient's cat for robotic version

THE CANADIAN PRESS

Published on: February 22, 2018 | Last Updated: February 22, 2018 1:44 PM MST

SHARE ADJUST COMMENT PRINT

DUNCAN, B.C. — The family of a British Columbia woman who has dementia say staff at the woman's care home removed her cat and replaced it with a robotic stuffed animal.

Dawn Douglas has been living at the Sunridge Place care home in Duncan for nearly two years and her family says they've been fighting to reunite their mother with her beloved cat, Snoop.

Bill Court, her son, says the family was told Snoop could move in if they supplied appropriate documentation from the family doctor and a veterinarian, and also agreed to be responsible for the cat's hygiene and vet bills.

But Court says within a day of reuniting his mother with Snoop, staff at the care home told his mother they were taking it for a bath, then replaced the cat with a robotic version.

A spokeswoman for Park Place Seniors Living, which operates the home, says a staff member had a

# Staffing is so low in some B.C. care homes that seniors can't shower or go to the toilet when they want

BY LORI CULBERT, VANCOUVER SUN FEBRUARY 24, 2018

STORY PHOTOS ( 2 )

Like Sign Up to see what your friends like.

lf, president of the Council of Senior Citizens' Organizations of B.C.
by: Francis Georgian , Vancouver Sun

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Plan Do Study Act
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# Rationale

- In Canada, unregulated non-professional workers provide 75–80% of direct care to nursing home residents.
- The significance of Care Aides in ensuring quality of nursing home resident care is well-acknowledged, but...
- This group of workers is often omitted from decision making and active participation in quality improvement
- Calls to provide HCAs with job enrichment opportunities, recognition, and increased job responsibility have been made for years in order to improve outcomes for all parties, but these calls have seldom been heeded

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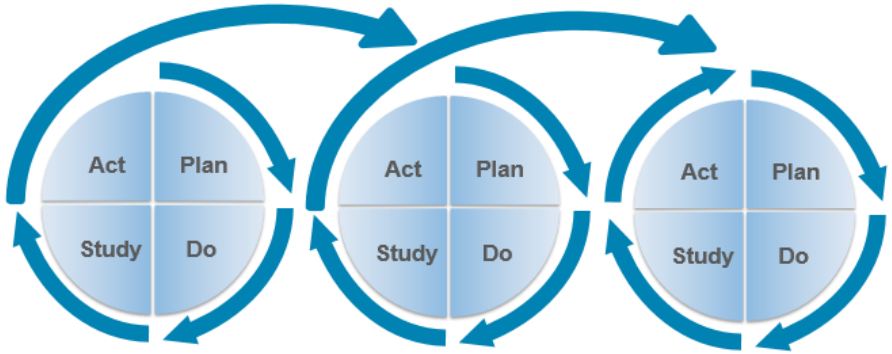
# What is SCOPE?

- It’s a way of doing things
- Its based upon the Institute of Health Improvement’s Breakthrough series model
- It uses a Quality Improvement Collaborative at its heart

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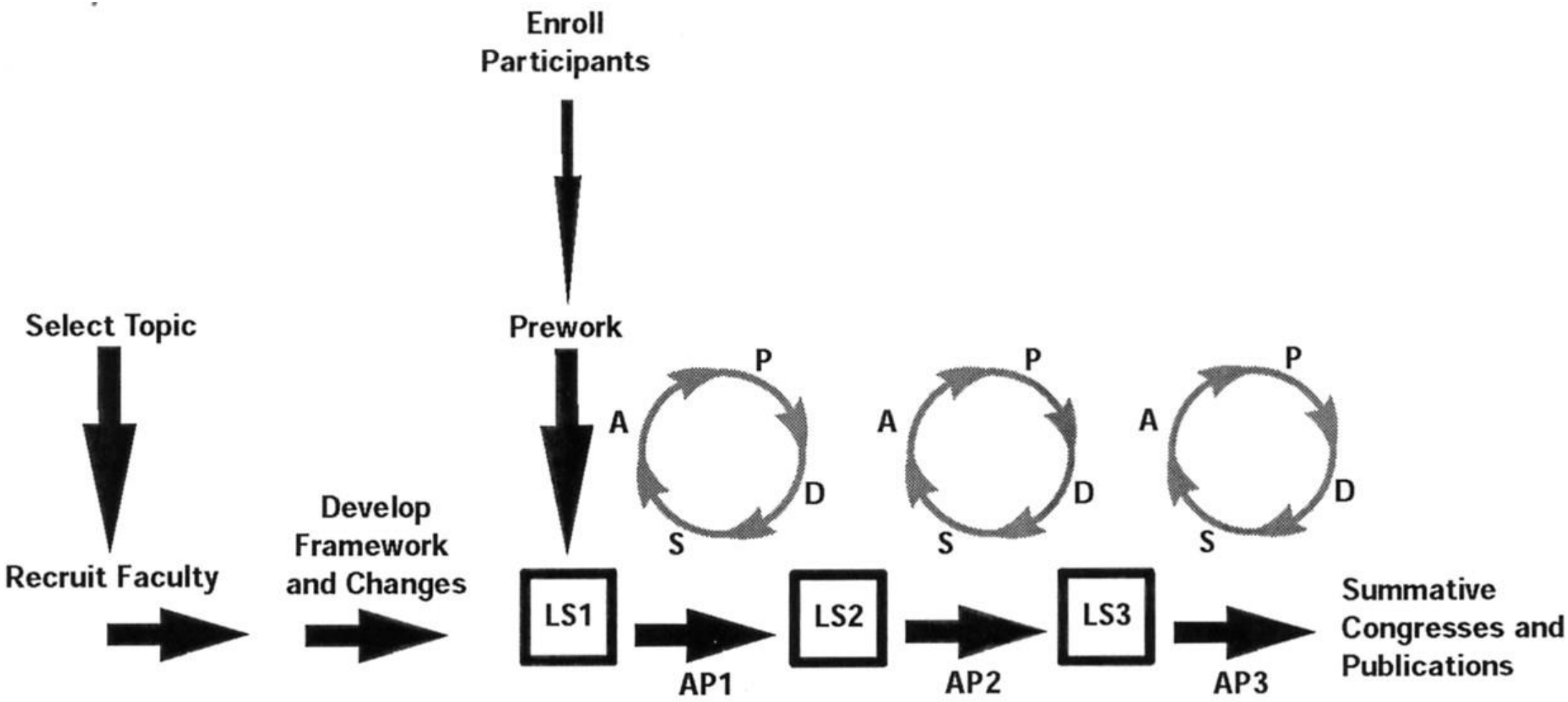


LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

**Supports:**
Email • Visits • Phone Conferences • Monthy Team Reports • Assessments

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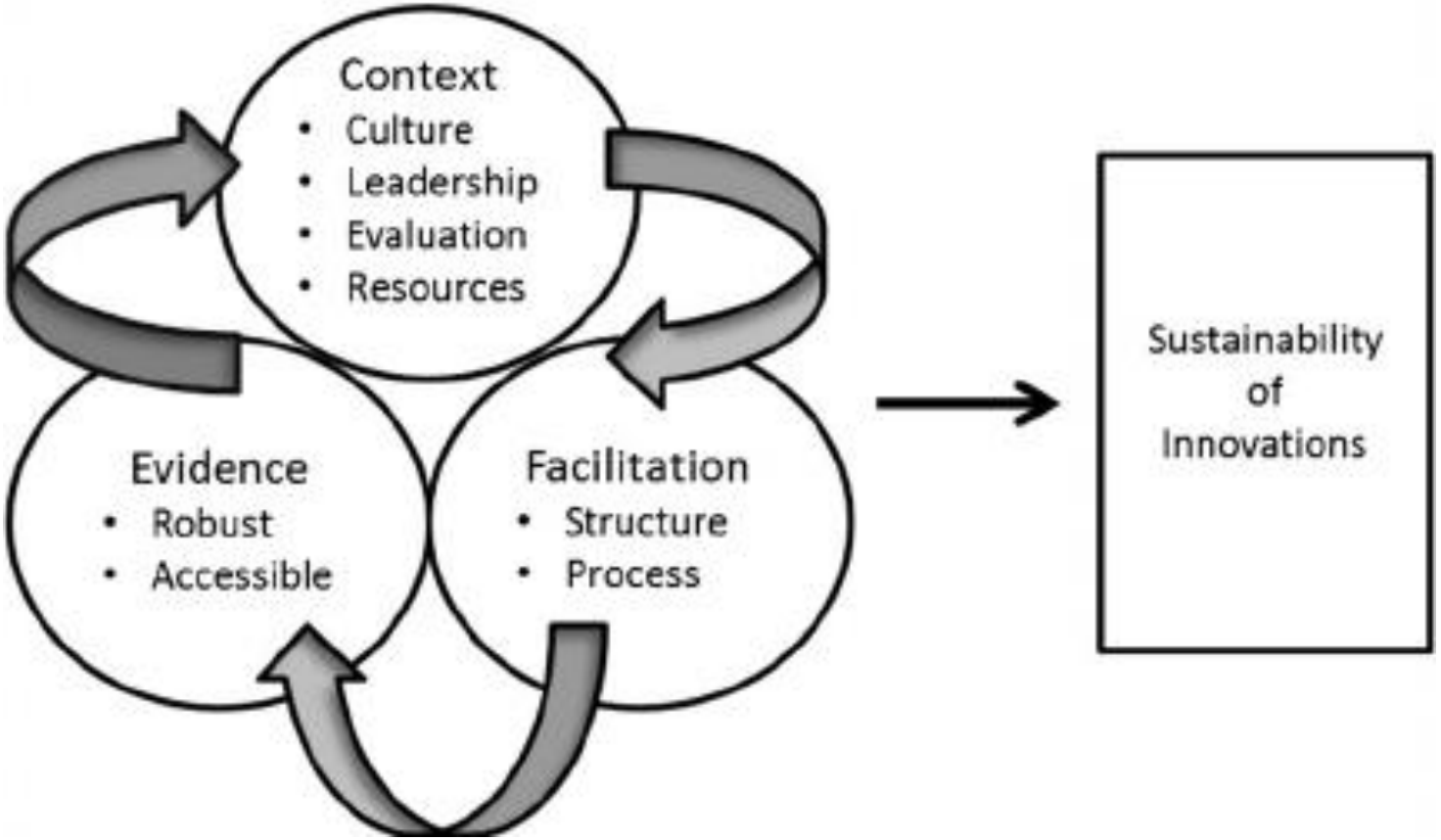
# SCOPE is based on the PARiHS framework

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# Facilitation

- SCOPE employs education, coaching, team building, communication and networking as part of its facilitative activities.
- SCOPE has a quality which develops capacity in these activities.
- They work with clinical care unit teams and senior leaders in nursing homes to support the activities both during and after the intervention.

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# Facilitation – to make easy

- mutual respect
- a partnership of learning
- dynamic goal-oriented process
- critical reflection
- addressing issues of implementation
- helping to design systems and processes of care that enhance the transfer of evidence into day-to-day practice,
- overcoming difficulties through collaborative and participative actions that focus on creating conditions for human flourishing and mindful, practical action.

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Worldviews on Evidence-Based Nursing, 2010. **7**(2): p. 76-89.
Annals of Family Medicine, 2012. **10**(1): p. 63-74.
Journal of Advanced Nursing, 1997. **25**(2): p. 396-404.
Science, 2012. **7**: p. 25.

# What does SCOPE do?

- Provides support and empowerment to:
- CA led quality improvement team
- Trains team in
  - QI
  - Measurement
  - PDSA

- Uses a clinical area upon which to improve quality

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# The SCOPE team

- 2-3 CA (one of whom is the team lead)
- 3-4 other team members

- Supported by senior sponsor
  - Removes barriers for team

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- CAs have the most frequent direct contact with family members and residents.
- CAs know where the quality gaps lie.

# SCOPE's secondary stream

- The message from leaders matters. Health care staff perceive leadership support as important to QI success.
- The "top down" approach is not the best
- SCOPE has a leadership stream to "open the eyes" of senior leaders to the potential of their CAs

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- The organizational culture in many nursing homes is hierarchical, role dependent, and resistant to change.
- NAs do a tremendous amount of physical and emotional caregiving, often with inadequate time and resources.
- Shifts in organizational culture that decrease rigid role boundaries and flatten hierarchies can empower NAs and other team members to propose changes to improve resident lives.

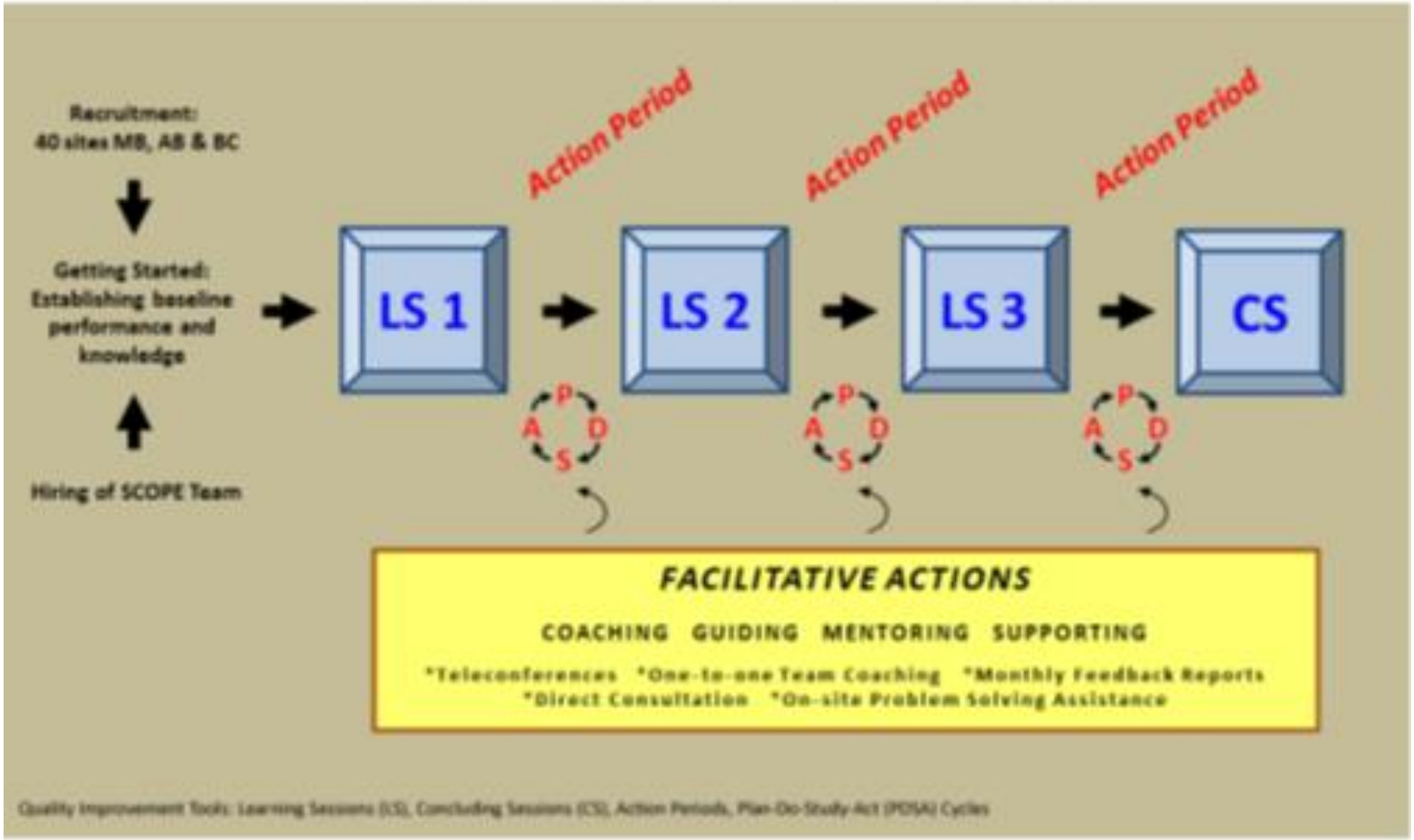
# Parental attitudes

- “If given the opportunity to contribute, they can have valuable input into areas most in need of improvement. Providing opportunities for NAs to take risks in their thinking without criticism is an important step toward learning from their caregiving wisdom and communicating that they are crucial members of the QI team”



American Journal of Nursing. 118(2):11,

# Schematic of SCOPE Intervention

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# Engaging the front line teams

- Between each LC is an action period
- In the action period – teams undertake QI attempts
- Small changes – and assess the effect
- A quality advisor works with the teams
- The senior leader “removes barriers” to allow the team to operate

“Not understanding how [QI] programmes, that are largely complex social interventions, work is likely to result in nontransferability, [and] a limited ability to improve the program and its outcomes…”.

# Other work

"We're the eyes and ears because we're with them on and off throughout the day... a lot [has] to do with knowing our resident, knowing when there is any kind of change, being able to figure out if there is some kind of pain, and then just reporting it off to the nurse"

teamwork, communication, and seeing positive results as a result of QI efforts encouraged involvement in QI

Journal of Nursing Care Quality. 2016 31(3):282–289,

# Other work

- communication  - a consistent challenge
- staff resistance to change, particularly in the initial stages of the project.
- Involving the wider unit team – a barrier

Journal of Nursing Care Quality. 2016 31(3):282–289,

# Other work

NAs often focused their descriptions of project success on specific changes they had observed in the daily lives of individual residents, their personal relationships with residents, and their enhanced ability to provide good care.

Journal of Nursing Care Quality. 2016 31(3):282–289,

# Other work

Nursing assistants often described appreciating the new knowledge and skills they had gained as a result of the QI projects in which they participated.

"For me, it's an accomplishment. If there's a resident who needs help...we want to make sure that we help them, whatever their needs, we're always there."

Journal of Nursing Care Quality. 2016 31(3):282–289,

# From SCOPE

‘Senior sponsors were amazing with their support of the teams.  They helped eliminate any barriers that they could – told the other non-SCOPE staff they ‘must’ take part … and support the teams’

# The learning congresses

- The quality advisor played a supportive/motivational and educational role by facilitating staff understanding of QI techniques.
- Learning congresses supported teams by providing opportunities for teams to describe and hear about the experiences of other teams, and to boost each other’s motivation.

- ‘source of inspiration and encouragement’ ‘hearing stories at the learning congresses and taking tools from others and seeing others struggle too and then hearing positive outcomes was really helpful’.

- The quality advisor position was described as ‘excellent… simplified the information, empowered teams…would not tell us, asked us questions to get us thinking’

- The learning congresses and quality advisor were the vehicles through which teams learned how to use QI techniques, although teams struggled with measurement of the PDSA cycle

*‘In two sites, the Quality Advisor took over and helped with graphing and synthesis of data as the skills did not exist within the team’*

- educating staff and families about SCOPE ‘helped get them on board and limit naysayers”
- leadership played the most important role in overcoming resistance, ‘Staff outside of the SCOPE team ignored us at first, or told the team that the “extra work” [of using the cards] was not worthwhile...
- Negotiating relationships sometimes involved conflict with other staff, ‘[when] doing the SCOPE work people say things like “oh, you are the boss now?”’
- Leadership ‘mandating’ involvement of non-SCOPE staff was not without drawbacks, ‘It is sometimes seen as “telling” on other staff when you go to the sponsor for help’

- One HCA explained, '*We know the residents best…we try to tell them [RNs] and they are dismissive – they sometimes make you feel second class'* .

FRESHRN

*THE HIERARCHY OF*

**NURSING**

- When asked about challenges in SCOPE, the senior sponsor said '*The RNs!…they were often the staunchest opposition to the project [saying things like] "HCA don't make decisions", "this isn't allowed", "HCAs can't do this"*
- Ultimately, senior sponsors reflected on the need to carefully consider who was part of the SCOPE team, *'a single individual could act as a positive influence or a real hindrance to team development and progress'*; *'we were completely wrong in who to choose"*

# CA acquired other skills not unique to SCOPE.

- They learned to be adaptable, the learned new strategies for working with residents and other staff,
- *‘We learned different techniques to solve problems in work and in personal life’*;
- ‘*We learned new team skills, new leadership skills.’*

# Skills

- ‘SCOPE *team members grew in terms of their confidence, their communications skills, their ability to empathize’*
- part of the expanded skill set also included greater tenacity / perseverance when faced with challenges or failures,

*‘There was an ‘aha’ moment when they failed [but saw it] wasn’t the end of the world, it just meant you had to try something else’*

# SCOPE changed CAs' and leaders' expectations regarding CA capabilities

- leaders and professional staff came to see HCAs as capable members of the care team,

'Definitely valuable because our team learned to work as a team, saw potential in HCAs and they see it in themselves now too'

'they [leaders] became very proud and impressed with what we did on our own. It's nice to hear that and to know that they want to keep this going'

- In many instances leaders started to give HCAs roles on other initiatives,

‘Our managers and Director Of Care now involve us in assessments and care planning is in our binder so we see more’

- CAs gained confidence and began to feel empowered,

‘We are not the little people any more – we have a voice’

‘CAs got to feel involved and part of the project, rather than overlooked’

- Leaders also became more aware of their own approach to interacting with and supporting front-line teams

‘the thing that made it for me was their excitement over an idea for change and a well thought out plan – when they came to me with this I realized then that it was going to work – I was shocked’…’It was important to step back and listen and realize the potential in the CA led team’

- Participants also described their views about the impact of SCOPE on residents

*'The environment for the residents is better – it's calm and not as over stimulating; staff are more aware of behaviors and how they are approaching residents; co-workers now come to us for help'*

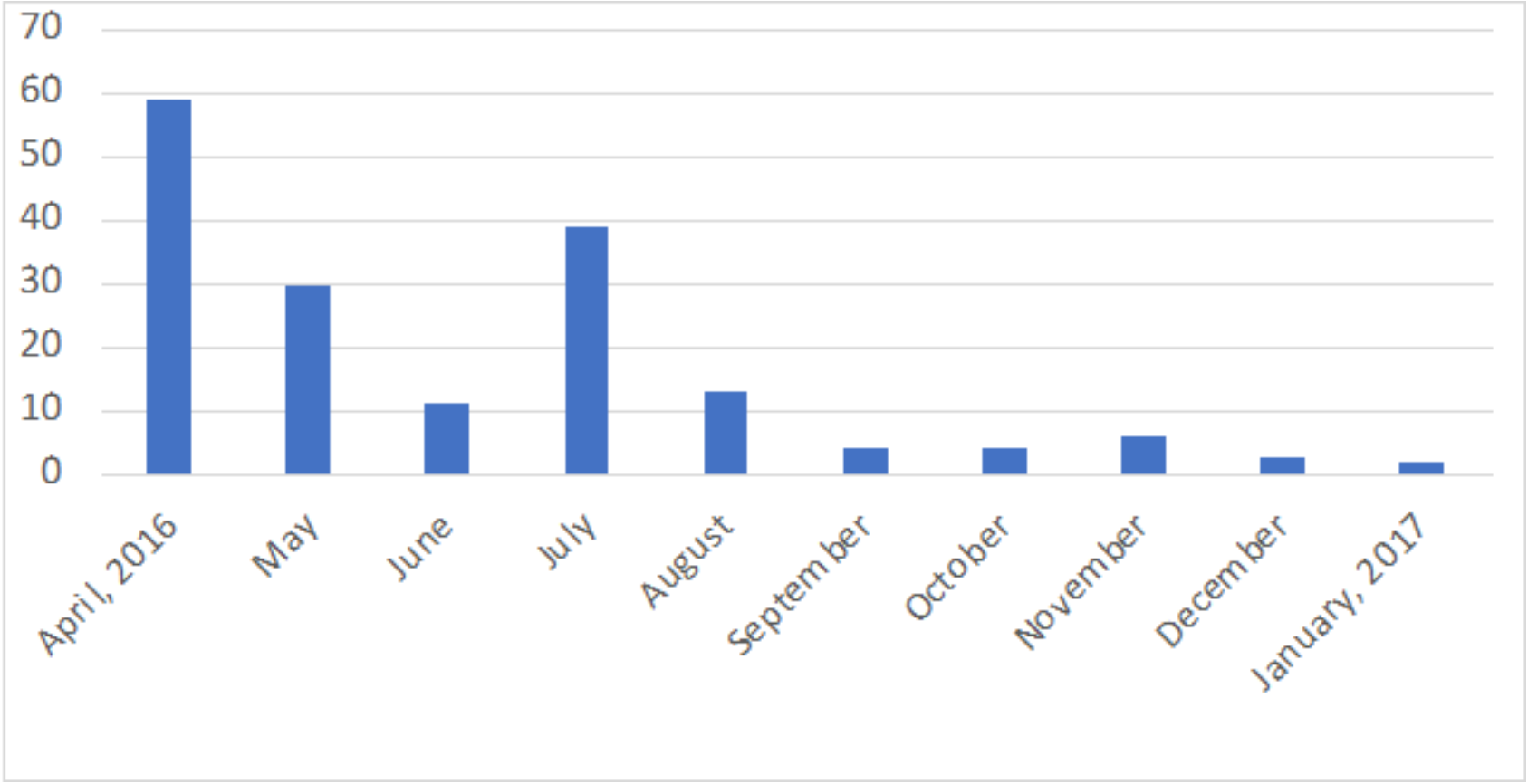
# A journey…

- team members contended more with navigating the workplace and negotiating relationships near the start of the one-year QI program, and they experienced more skill development and program impact as the year progressed.
- As one CA group explained, ‘t*here was skepticism re what we are doing, when we are recording things and doing the SCOPE work people say things like ‘oh, you are the boss now?’*
- *[Question: Did this subside?] Yes it did lessen, we taught people what we were doing but it was them seeing the results that got them on board and now we have spread it throughout the facility’*

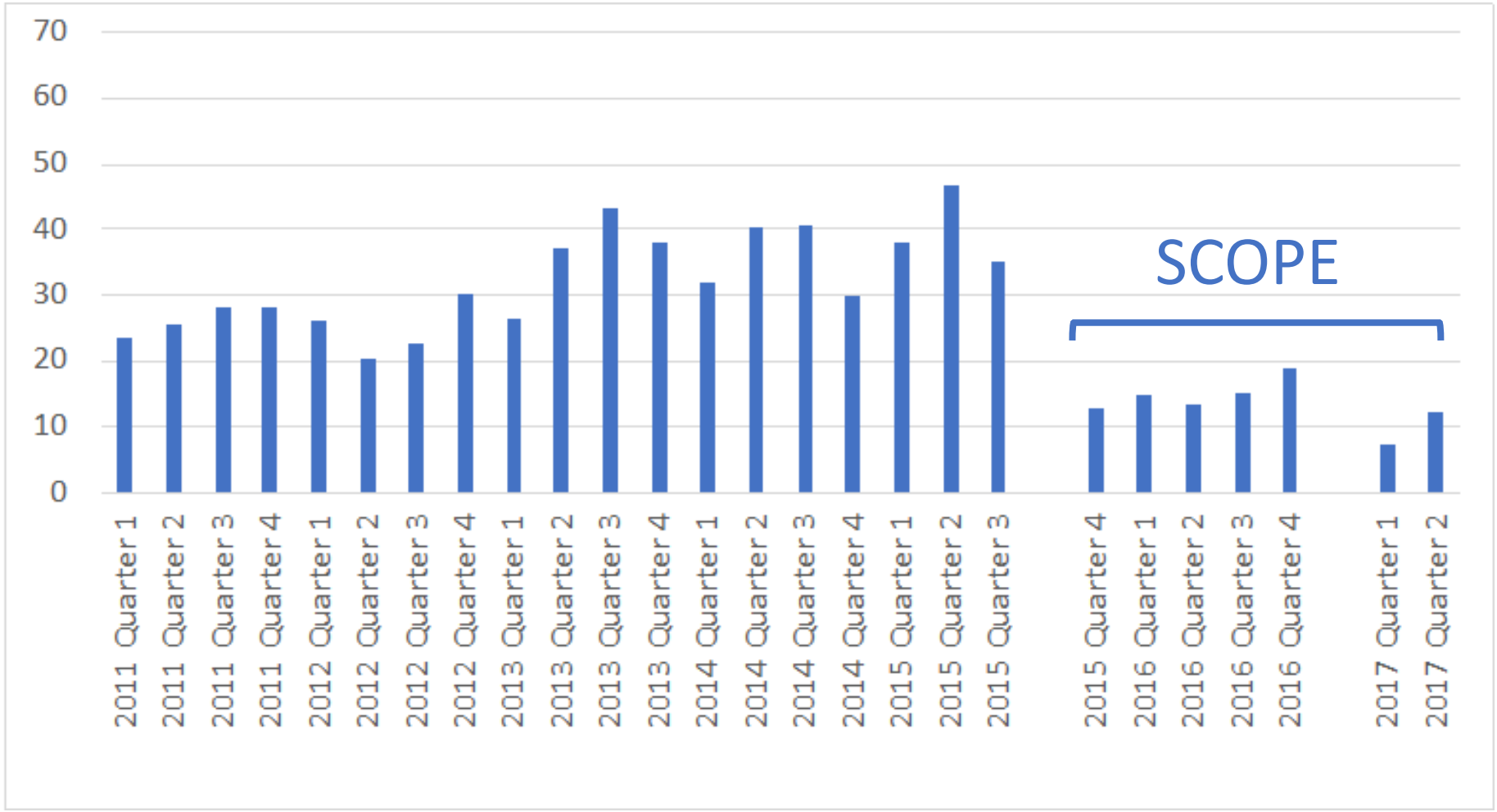
# A damascene conversion

# If you take it seiiosly – does care for residents change?

- Care Aide counts of monthly responsive behaviours during mealtimes, April, 2016 to January, 2017
- the SCOPE intervention started about December 2015 for 1 year



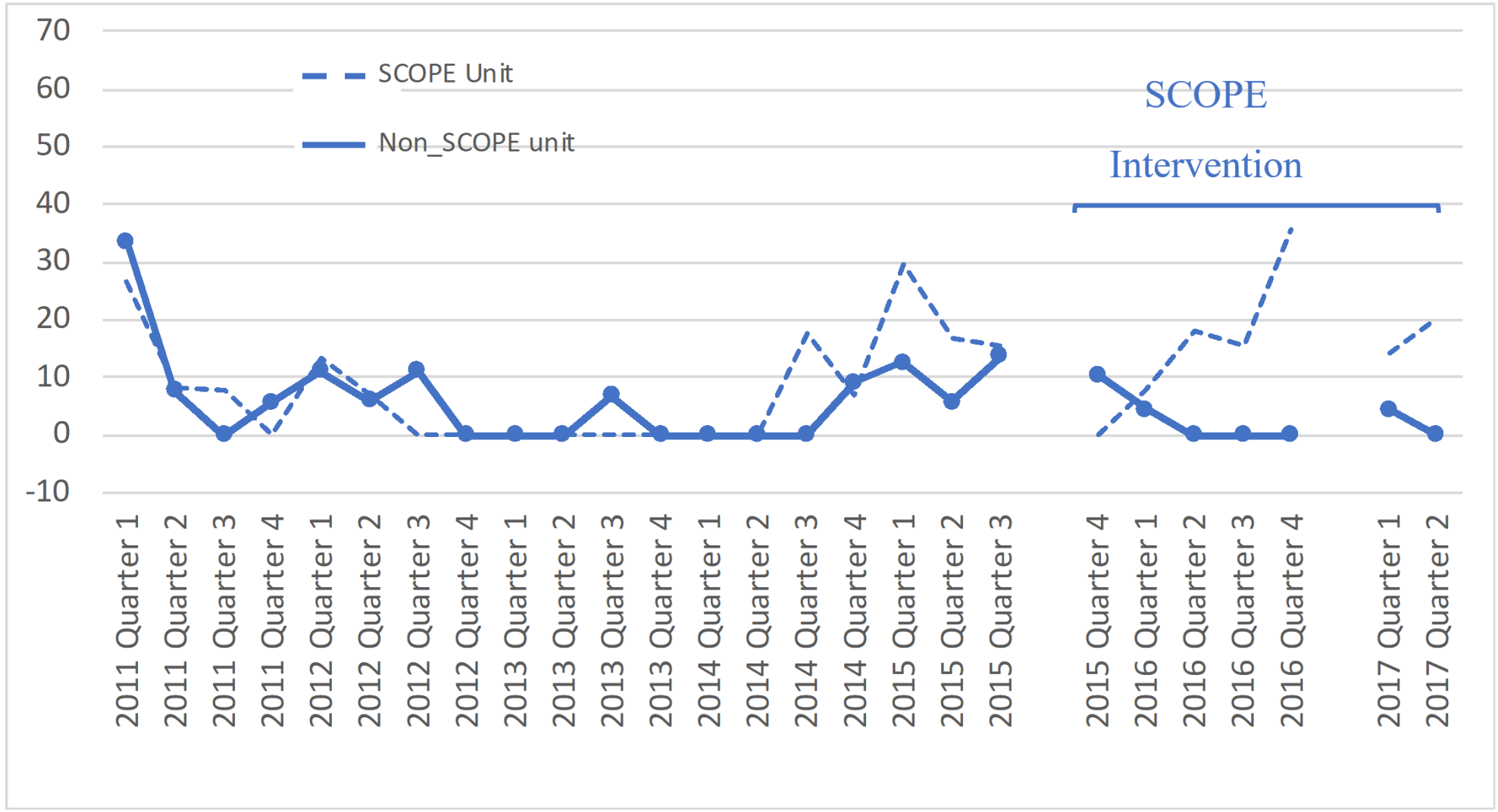
# % residents with daily or excruciating pain



# Maintenance of mobility

Percentage of residents with improvements in locomotion

comparisons do not account any potential differences in overall resident frailty

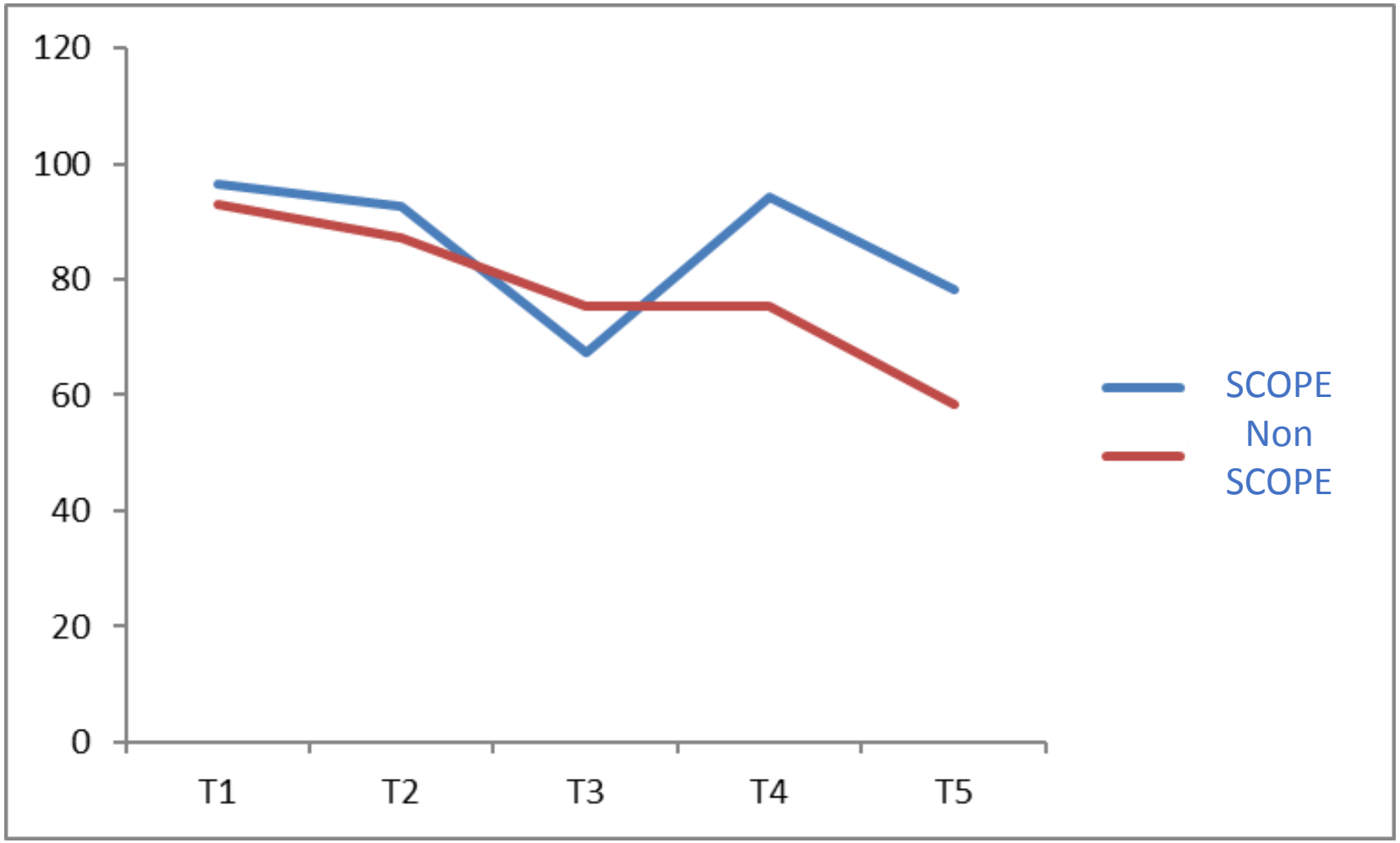


# What happens afterwards…?

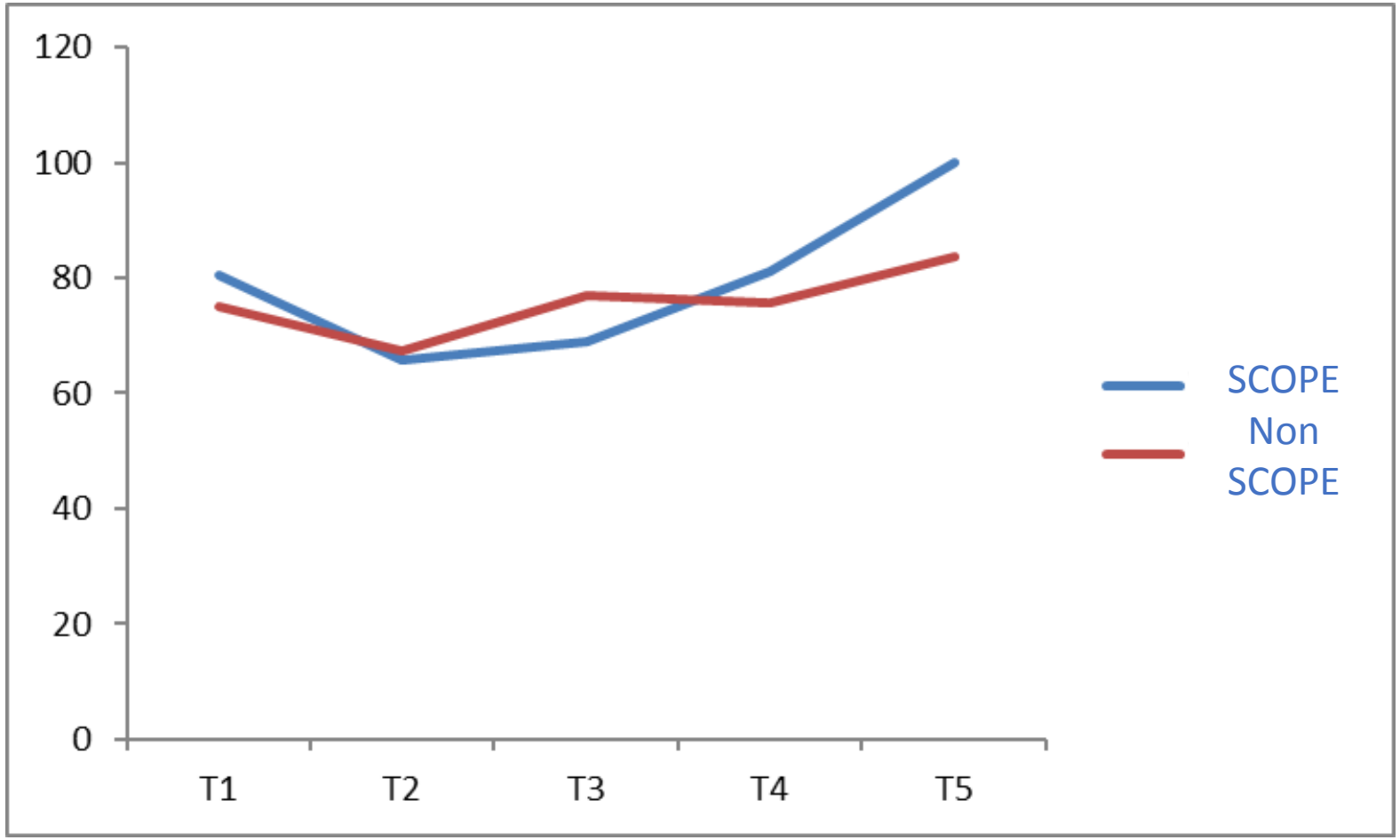
In a study of what happened after the SCOPE pilot study in 2012

- Managers'/ care coordinators' perceptions of the level of SCOPE sustainability and spread were largely consistent over six and 12 months after SCOPE.
- Findings provided evidence of sustainability of QI activities on the intervention units in four of the seven facilities up to 18 months after the SCOPE intervention ended

# Are there any QI activities on your unit?



# Does your QI team use information on current activities with residents at your meetings



# Conclusion

- SCOPE successfully achieves its purpose
- Front line staff can be engaged
- Leaders can realise the potential of front line staff

- Staff’s quality of working life can be improved