



Staffing

PC P.E.A.R.L.S.™

The Alzheimer Society of Canada has identified the following 7 key elements of person-centred care:

- 1 Person and Family Engagement
- 2 Care
- 3 Processes
- 4 Environment
- 5 Activity & Recreation
- 6 Leadership
- 7 Staffing

There is an information sheet on each of these elements to help long-term care homes begin and sustain a “culture change” to provide a person-centred approach to care.

Staff training and support, continuity of care, and the fostering of intimate and trusting relationships between families, residents and staff are key factors in optimizing person-centred care and the well-being of residents. In a person-centred home, staff know who residents are and how to provide care that recognizes the person’s unique needs and preferences, builds on their individual strengths and abilities, and promotes their independence, self-esteem and quality of life.

Key principles and some innovative strategies from Canadian long-term care homes

Core principle	Strategies
<p>Staff understand and adopt a person-centred philosophy of care. Staff focus on people living with dementia first and foremost as individuals, as valued human beings, and strive to understand the experience of dementia and each person’s reality by being present “in the moment”. They are open to culture change and provide individualized, flexible care, recognizing that every person has a unique personality, preferences, history, likes and dislikes, skills and abilities, and a wide range of life</p>	<ul style="list-style-type: none">• Create and use a hiring interview guide to assess the values, attitudes and beliefs of potential employees and see how they match with those needed to deliver person-centred care.• Involve a resident advocate to provide coaching to staff and identify alternative approaches to improve the care and be more person-centred.• Conduct interactive huddles with the staff to brainstorm, share and learn from each other about opportunities to improve the person-centred care of residents.

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“I tell staff that the time they spend learning about the resident, from the resident and their family, is money in the bank. It will help them as much as it will help the resident.”

– Director of therapeutic services

Core principle	Strategies
<p>Make continuity of care the norm so that trusting relationships between staff, residents and their family members are strong and sustainable. This will enable everyone to get to know each other better. Staff use their knowledge and understanding of residents to better meet their unique needs, taking into account their preferences and strengths in ways that promote independence, self-esteem and quality of life.</p>	<ul style="list-style-type: none"> • Assign care aides to be the primary caregiver for a specific number of residents in their neighbourhood¹. They are the primary contact with the families, supporting and encouraging them to be involved and engaged in the life of the person with dementia. Staff become informal advocates for each of their residents, making sure their needs are met. • Ensure consistency of staffing within a neighbourhood to enhance working relationships among staff members and interdisciplinary teamwork. It builds trust and friendships, staff learn about each other’s strengths and weaknesses, and adapt ways to work effectively together. A nurse will help change or weigh residents, in addition to dispensing medications or doing other clinical tasks. Staff pass on to each other what they learn about a resident, leading to better personalized care.
<p>Place a high value on continuing staff education and provide regular training opportunities. Staff are supported to develop, upgrade and use their knowledge, skills and creativity to deliver person-centred care. Quality of care of residents with dementia improves when staff acquire enhanced knowledge and skills.</p>	<ul style="list-style-type: none"> • Provide all newly hired frontline staff with extensive orientation and supervision in the home’s approach to person-centred care, and have a mentor close at hand to provide advice or assistance when needed. • Provide a mandatory two-day Relation-Centred Care Training program to teach clinical staff how to provide care to residents in a person-centred way by focusing on the relationship and not just the task. Clinical staff learn tactics such as maintaining eye contact with residents, using touch to build trust, and reassuring residents by explaining what they are about to do before they do it.

¹ A neighbourhood is a small and autonomous living space within a home. It is staffed by a permanent team who is able to get to know the residents and their families, thus meeting their unique needs.

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“RNs are just as involved as the resident care associates in the day-to-day care of the residents...in time spent with residents. We rely on each other...Very much a team approach...Very close knit...We all help each other out...We all do a little bit of everything”

– Leader, resident care

Core principle	Strategies
<p>Place a high value on continuing staff education and provide regular training opportunities. Staff are supported to develop, upgrade and use their knowledge, skills and creativity to deliver person-centred care <i>continued</i></p>	<ul style="list-style-type: none"> • Organize a “Virtual Dementia Tour” to give staff an opportunity to experience what it is like to live with dementia and thus develop greater empathy for residents. They are outfitted in gear that helps simulate the effects of age and dementia, such as vision-limiting goggles, fingers taped together and a cacophony of noise through headphones, while being asked to complete a series of tasks.
<p>Ensure adequate staffing levels necessary for person-centred care and organize shifts to best respond to resident needs. Allow flexibility in role definitions to encourage all staff – regardless of their responsibilities and duties – to be attentive and responsive to the needs and preferences of residents. Providing person-centred care and support is the responsibility of everyone.</p>	<ul style="list-style-type: none"> • Allow for short-shifts of care aides from 4:30 to 8:30 p.m. to meet the increased needs of residents during “sundowning” periods. • Adjust the schedules of dietary aides assigned to particular neighbourhoods to 12-hour shifts to ensure continuity and consistency of staffing. When one of the two aides assigned to each neighbourhood is not working, the other is on duty as a result of this change. • Broaden role descriptions and expectations to encourage nursing staff to be more involved in the non-medical day-to-day lives and activities of residents. Non-clinical staff (housekeeping, maintenance) are encouraged to support care aides in providing direct care to residents.

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“The Gentle Persuasive Approach (GPA) training involves all staff, regardless of their job. It teaches us how to invite residents to do things and participate. This helps change things for the resident from a ‘have to’ to a ‘choose to/want to’, which makes a huge positive difference.”

– RN

Core principle	Strategies
<p>Recognize and value staff for their contributions and give them a voice in decision-making. Empower staff to do what they believe is right for the resident and to show initiative in providing the best possible person-centred care. When staff enjoy their work, are valued by others and feel close to residents, the care they deliver tends to be more person-centred.</p>	<ul style="list-style-type: none">• Support staff to lead and execute initiatives. A licensed practical nurse (LPN), who was hearing-impaired herself, suspected that some residents’ confusion might be due, in part, to poor functioning of their hearing aids. She volunteered to do an assessment and found that none were using their hearing aids correctly. With support from management, the LPN designed a program that included staff education on checking, inserting, adjusting and cleaning hearing aids to improve the situation.• Gather input to help design a dining room for residents who require assistance in all activities of daily living. Arrange small tables around the room’s perimeter, with spaces between the tables for the residents’ wheelchairs. At mealtimes, caregivers sit facing the residents while helping them eat, which is more satisfying for the residents than being fed from behind or the side, as would be the case at a conventional dinner table.• Give a “Caught Doing Good” award to recognize and reward personal initiative in improving quality of life and demonstrating the values of person-centred care.• Give a “Token of Kindness” for an act big or small that makes a difference in the lives of residents, families and staff. Ask the recipient to enter her story on the website and then pass the token along to other deserving staff members.