STAFF’S CARE AND CONCERN FOR RESIDENTS

 Improvement Recommendations

1. Hire staff members who demonstrate compassion, caring, and empathy:
   • Include residents and staff in the hiring process.
     o Staff take the candidate on a tour of the unit where they will be working
     o Candidate is placed in situations where they will interact with residents and this interaction is observed and noted:
       ✓ Candidate completes application in a place where residents congregate
       ✓ Candidate is put in contact with residents during the tour
       ✓ For additional ideas refer to this book: Meeting the Leadership Challenge in Long-Term Care by Farrell, Brady and Frank; Health Professional Press
     o Evaluate candidates’ listening skills by observing candidates interacting with residents.
     o Develop a resident committee which interviews the staff. Refer to:
       ✓ http://www.ltlmagazine.com/article/can-residents-recruit-their-own-caregivers
   • Interview potential staff using behavioral-based questions. For example:
     o Ask candidates for specific examples demonstrating evidence of how they communicate with residents who are upset or anxious.
     o Ask them to describe three residents with whom you have had a caring relationship.
     o Ask open ended questions and LISTEN to their answers.
   • Ensure that communication skills are assessed as part of hiring, included as a competency in all job descriptions, and evaluated in performance reviews on an ongoing basis.

2. Conduct rounds on residents:
   • Identify who will make rounds.
   • Educate staff on how to complete rounds.
   • Establish expectations for rounding.
     o For example, it may be recommended that rounds are made on all residents who are admitted within 24 hours of their admission.
     o Rounds are made a minimum of once a day.
   • Establish a standard process for the staff making rounds to follow (e.g., knocking before entering room, smiling, making eye contact with resident, introducing him- or herself to resident and family members while inquiring if they have any needs that are not being met.)
   • Staff members should schedule time in their day to conduct resident rounds.
   • Those making rounds should not only visit each resident but also observe the interactions between the resident and caregivers.
• When entering the resident’s room notice their personal things (e.g., pictures, mementoes etc.) and make conversation with the resident about them.
• Determine expectations for scheduled resident rounds.
• Develop training for nurses on the expectations for scheduled rounds and any related documentation.

3. Establish key duties to perform while nurses/staff are conducting resident rounds.
• Ask if they are in pain.
• Ask if there is anything they need.
• Offer toileting assistance.
• Offer food or hydration as per medical orders.
• Ensure bed linens are clean and dry.
• Ensure the following are within the resident's reach:
  - Call light
  - Telephone
  - Television remote control
  - Bed light switch
  - Box of tissues
  - Water/approved fluids
  - Bedside table
  - Waste basket
• Encourage the residents to notify staff when something is needed prior to when they need it.

4. Develop a system for communicating the needs and feedback of residents (e.g. tracking documentation system)
• Reevaluate the work distribution; explore opportunities to improve the ability of staff to meet residents’ needs.
• Empower staff so they are able to make choices in how to meet the individual needs of their residents.
• Encourage staff to spend time with residents
  - Listening to their life stories
  - Encouraging residents to share their experiences and wisdom
  - Getting to know them as the person they are and understanding their history
• Consider residents’ needs beyond immediate care (physical, emotional, psychological, and spiritual).
• Create a staffing model that maximizes staff flexibility when events such as emergencies interfere with the staff’s ability to respond to the needs of all assigned residents.
• Evaluate the employees’ perspective of the staffing pattern/assignments, the impact on their workload, residents’ outcomes (e.g., falls), as well as their experience.
5. Provide staff with training on communication and interpersonal skills. These skills are useful in allaying residents’ and families’ anxieties. Developing empathetic communication techniques are essential in the provision of person-centered care:
   - Ensure that the training includes the following:
     - Acknowledging family expressions of emotion by being aware of cues for expressions of emotion.
       - A study by Curtis et al. (2005) found that this is a common missed opportunity to improve the quality of communication with residents/families.
     - Active listening.
       - It is recommended that this be done during orientation
     - Communicating empathy through behaviors such as
       - sitting down with the residents,
       - therapeutic touch, making eye contact, and
       - acknowledging their concerns (without judgment). Residents are more likely to share their feelings with an empathetic person (Larson & Yao, 2005).
     - “Presence”
       - Giving of one's time.
       - Being with a resident.
       - Attentively focusing on the residents.
       - This will provide the residents an opportunity to express themselves.
     - Helping residents to develop coping strategies.
   - Provide ongoing service communication skills training for all staff.

6. Strengthen the social support that can be provided by family and friends through
   - Open visiting hours.
   - Involving family members as requested by residents as “care partners.”
   - Providing a comfortable environment for visiting.

7. Create environments designed to promote healing. Such environments can help to alleviate resident fear and anxiety. Organizations should do everything possible to ensure that the care areas promote healing in the following ways:
   - Cleanliness: although residents may not be able to judge the technical adequacy of equipment in the home setting, they do expect and can evaluate cleanliness.
   - Organization of residents rooms: room organization should allow residents easy access to the things they need (e.g., bathroom, sink, and personal belongings.)
   - Noise reduction: noise can create stress and anxiety. Apply necessary interventions to reduce noise.
   - Odors: ensure that the environment is free of unpleasant odors.
   - Atmosphere: a warm and homelike atmosphere can be created through color, art, and décor.
   - Personalization: allow residents to personalize their room with photos or personal items as much as possible.

8. Refer anxious residents to Pastoral Care as anxiety may be caused by unresolved spiritual issues (Galek et al., 2007.)
9. Develop a plan for how to ensure that call lights are answered promptly and effectively (e.g., maximize the opportunity for the responding staff member to meet the resident’s needs rather than “transferring” the responsibility to another):
   • Address how to cover meal times or other times when staff volume fluctuates.
   • Identify and eliminate unproductive and unnecessary rigid divisions of labor among unit staff. Train staff to perform a variety of caring functions for residents.
   • Facilitate residents’ access to their caregivers through a quality, functional communication system.
   • Create a culture/expectation in which call bells are everyone’s responsibility.

10. Reward and recognize staff members who are observed actively listening to residents or whose residents have indicated they have really understood their concerns.