Implementing a responsive leadership intervention in long term care facilities

Interview with Sienna Caspar, PhD, Associate Professor, Faculty of Health Sciences, University of Lethbridge

Reflection: *"Documentation does not guarantee communication."*

What changed?

Three things changed in the test sites for Caspar's intervention:

- Daily care team huddles were initiated
- Leaders were trained in the collaborative, real time, responsive leadership model
- Team leaders became part of a support system

Caspar initiated the change in two long-term care sites compared with two control sites. Health Care Aides (HCA), who provide 80 to 90 per cent of care reported a statistically significant improvement in their perception of how supported they were by their supervisors and an improvement in their perceived ability to provide truly person-centred care.

"They reported better communication between the teams and better collaborative decision making," says Caspar. They also reported anecdotal evidence of improved patient outcomes in areas such as ulcer management.

How did the seniors' voice or experience inform your project?

"I had an Licensed Practical Nurse (LPN) who worked with a resident, "Joe," who was combative, resistant and fearful every time he had to have a shower," says Caspar. It was an ongoing battle until the LPN spoke with family who explained the reason behind Joe's fear and requested he receive sponge baths. The LPN complied and amazingly, so did Joe.

Yet when the LPN went to the patient's Client Care Plan to add this information, she found the request was already there and had been for nine months. Nine months in which Joe's individualized need to have a sponge bath, as opposed to a shower, had not been met. This story was one of many that demonstrated to me that we need to increase communication within and between care teams in healthcare settings.

A second example was of an HCA who noticed a resident was not eating because of the embarrassment of food dribbling down her face after a mild stroke. The HCA found that if the woman was seated in the dining room facing the window, she would eat. Information like this is critical to the health and wellbeing of the resident, says Caspar, yet risks being lost in documentation only.

How did your thinking and/or that of your colleagues change?

Through stories like these, personal experience with a loved one, and previous research shadowing health care aides, Caspar came to the important insight: "Documentation does not always guarantee communication." And communication is a fundamental requirement for high functioning teams, she says.

Extending the football analogy of Caspar's staff huddles, it's like playing football with only the playbook, when the huddle on the field is where the real time information the team needs to win is shared.

The required change in thinking is to recognize that Health Care Aides possess relevant and important individualized care information about patients and are first to see changes. Care plans need to become living documents that reflect ongoing input from residents, families and these front line staff, says Caspar.

What do we need to ensure all seniors who need it can benefit from this change?

It's going to require a change in thinking at the policy and regulatory level about our use of documentation as a primary form of communication, says. Caspar. We need to ensure access to documentation is feasible for all care staff members and support the change in leadership practice at the team level. "The outcomes can be quite profound." It means engaged and empowered front line staff, a better flow of knowledge, and as a result, better front line care.