

## WING KEI CARE CENTRE STORY

November 2018

### Wing Kei story: using **survey results** to prompt improvement and **action**

I'm led on a tour of Wing Kei Care Centre by Jane, the Director of Care. Meaning 'to God be the glory', Wing Kei embodies a single purpose: to serve Chinese seniors with the dedication they deserve. While we walk, Jane pauses frequently to introduce me to people: staff, residents, and other visitors. I'm struck by the fact that several staff members stop to chat, and in an unsolicited way begin to tell me about something special they are doing at the facility. One staff member points out several completed resident craft projects, and I see the multitude of colorful mobiles hanging from the ceiling. Another tells me about a tasting committee who gather to taste and test food items, including pureed and minced options. The same food residents are served is also available for staff, families, and visitors to purchase and enjoy. I can sense the pride and eagerness everyone has, as they tell me about ways they are dedicated in improving *their* place, *their* facility.

With our tour finished, we gather in a conference room, joined by Kathy, the chief executive officer, and Ellen, a nurse in one of the evening leadership roles. Kathy and Jane express their gratitude for tools such as the HQCA's family experience survey, and reemphasize the value they place on it as providing valuable insights into opportunities to change and improve.

The significant improvements Wing Kei made in 2017 in two of the 'Dimensions of Care' categories since the HQCA's previous survey in 2014 prompted my initial connection with them. Readily admitting their desire to improve in a few specific areas from the 2014 survey, I was curious to hear about some of the initiatives that may have influenced their significant changes. We begin our chat focusing on how improvements may have been made in the category of 'providing information & encouraging family involvement'. Before getting to the solutions, I am told of some of their challenges.



### The challenges: providing **consistent** and predictable **communication** with family members

Kathy, Jane, and Ellen outline to me that day shifts tend to be the busiest shift of the day and are well resourced with experienced staff, volunteers, and the presence of management and other facility leadership. Many family members, however, who have jobs and commitments to contend with during business hours, commonly visit their loved one during the quieter, but less-resourced evening shift. They explain that since the commonly preferred day-shift nursing jobs were usually filled with more experienced staff, the newer staff, or staff who had recently graduated from their school programs, typically worked evening shifts. Junior staff members hadn't yet had the opportunity to build the confidence or gain the experience to communicate effectively with family members. Sometimes this meant family members would leave the facility with unanswered issues, and would need to re-connect the following morning with others at the facility via phone.

As I listen, what I am hearing aligns with previous discussions I had with members of Wing Kei's Family Advisory Council. One family member outlined some of the past frustrations encountered while visiting during evening shift. They often felt like it was more difficult than on day shift to find someone to discuss questions and concerns with, only to find a staff member not overly familiar with their loved one, and not able to address their concerns to their satisfaction.

### The challenges – continued

Kathy, Jane and Ellen also shared another challenge raised by the Family Advisory Council members: the dread of hearing the phone ring and seeing Wing Kei appear on the call display. Seeing the call display would prompt an immediate reaction and the creation of a potential worst case scenario. *‘Oh no, what could be going on?’, ‘they only phone when something bad has happened...I wonder if she’s had another fall?’, ‘is he more confused, or acting out again? I bet they want me to come over and see if I can help calm him down’.* I can immediately relate to this, as I have been the key contact for my own grandparents in the past, and vividly recall my chest pounding as I saw their care facility appear on my phone. These types of questions seem to immediately come to mind, and are made worse when significant time passes before the family member can call back.

### Let’s put our heads together; the creation of the evening leadership role

When looking for solutions and input into the many challenges Wing Kei faces, Kathy and Jane emphasize that they don’t have a special committee to do this work, but instead believe that it should be everybody’s role. Whenever possible, they invite family, residents, and staff to review things like survey reports, and believe that everyone has an equal say in suggesting ways to improve. As such, it was a family member with a healthcare background who first came up with the idea of creating an ‘evening leadership role’.

Upon further discussion and collaboration with staff, family, and members of the Family Advisory Council, they felt that this specialized nursing role would provide a consistent, reliable, and trusted ‘face’ that family members could seek out with any questions or concerns during the evening hours. Aware of the disproportionate number of newer staff working during evening shifts, they also believed that the evening leadership role would serve to provide invaluable mentorship to the less experienced staff. The focus of this mentorship would be in the development of skills to assist with family communication, but would also provide guidance with clinical decision making, and physician communication.

To move the idea of the evening leadership role to reality, funds were creatively shuffled and re-allocated, and the cost savings provided by the facilities low employee sick-time rate were taken advantage of. Three of Wing Kei’s veteran registered nurses accepted the position after realizing this unique opportunity in the final stages of their careers, to both improve family communication and impart their wisdom and knowledge to less experienced staff members.



*“[The evening leadership role] provides a **familiar and trusting** face – I know she will get things done!”*  
 (family member)

*“The evening [leadership role nurse] has provided **consistency**, and a comfort zone for families. It has helped residents and families feel **comfortable** and **confident**.”*  
 (family member)

*“The [evening leadership role] nurses are very **experienced** and **helpful**.”*  
 (member of Family Advisory Council)

## Enhancing Experiences in Long-term Care

### Evening leadership role – continued

Knowing that funds, resources, or circumstances might not support the evening leadership role indefinitely, Kathy and Jane emphasize the important role these nurses have played in assisting in the development of a ‘mentorship 101’ program. In one aspect of this program, intentional role playing is used to improve communication with families through the use of ‘difficult scenarios’ that have occurred in the past. Less experienced staff can practice tricky communication situations under the guidance of a more senior staff member. Other components of the program are interdisciplinary in nature; for example, departments such as nursing, maintenance, and housekeeping all come together in the same room, helping everyone understand each other’s unique roles and fostering connections and teamwork.

*“Even when I work evening shift when the managers are not here, I am **not afraid** because I know that there is always an experienced nurse here to support us.”*

*(junior member of nursing staff)*



### A better way; evidence of success

In my discussions with family, and family advisory council members, words like ‘experienced’, ‘trustworthy’, ‘familiar’, and ‘approachable’ are used when describing their interactions with the nurses in the evening leadership role. These traits seemed to leave family members feeling comfortable and confident in the nurse’s abilities, and in addressing any questions or concerns they may have raised. They also consistently mentioned the fact that day shifts were better resourced with management and other available help, and that the evening leadership role nurses functioned well to decrease this discrepancy. Family members also acknowledged the concept of mentorship as being an important element of the evening leadership role, and these family members felt that the level of communication they have received from junior staff members has improved.

A junior member of the Wing Kei nursing team also outlined the value of the mentorship component, after an acute change in clinical status of one of the residents in their care. Here are some reflections from that staff member regarding the value of the evening leadership role:

*(The evening leadership role nurse) coached me on how to use our assessment results to communicate effectively using SBAR with the doctor. Before I dialed the on-call doctor's number, (the evening leadership role nurse) gently reminded me to stay calm while speaking with the doctor on the phone. With her coaching and mentoring, I felt very comfortable and confident to speak with the on-call doctor on the phone. The doctor was very glad to be notified about the resident's status change. Clear instructions were given on how to take care of the resident throughout the night while still keeping the resident at our care centre resting in her own comfortable bed and the doctor gave clear instructions what to do the next morning. At the end of the conversation, the doctor was very impressed and reassured me that it was a good call.*

## Enhancing Experiences in Long-term Care

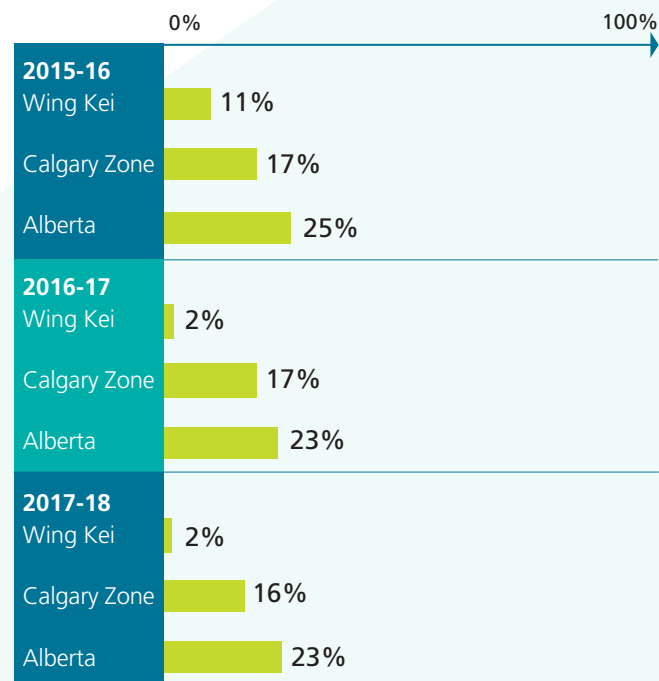
### Beyond communication; the benefits of mentorship

The development of the evening leadership role was initially intended to improve communication with family members. The previous story, though, provides a compelling example of how coaching and mentoring functioned in developing strong clinical decision making and communication skills. Through this, a resident was spared from the stress of an emergency department visit, and able to spend the night in the comfort of their own familiar environment.

Kathy and Jane mentioned that Wing Kei has a low rate of emergency department visits, and emphasized their ability to manage many tough clinical situations 'in-house'.

The data would appear to back this up. In the fiscal year of 2017-18, Wing Kei Care Centre had the lowest percentage of resident visits to the emergency department triaged as CTAS 4 (Canadian Triage Acuity Scale – less urgent) or 5 (non-urgent) among Calgary Zone facilities. This was an improvement from 2015-16, when they were ranked 4th in the Calgary Zone.

### Per cent of emergency department visits categorized as CTAS 4 (less urgent) and 5 (non urgent)



Source: Alberta Health Services, Analytics. "Long Term Care Facility - Utilization of the Emergency Department". 2018. [Emergency department visits by individuals living in long term care facilities]. AHS Tableau Reporting Platform. Retrieved September 28, 2018 from <https://tableau.ahs.ca>

### Let's put our heads together; the creation of a proactive calling process



Wing Kei used a summer student to complete a project focusing on ways to improve family communication. The student engaged family members through the use of focus groups, and the common experience of the dread faced when hearing their phone ring and seeing Wing Kei appear on the call display was heard and discussed. It was strongly felt that there had to be a process developed to make it clear to family members that not all phone calls from Wing Kei were to communicate bad news. As such, a proactive calling process was developed.

The agenda of these monthly calls was simple - Wing Kei nursing staff would provide monthly calls to family members, where the sole purpose was to provide a status update on their loved one, answer any questions the family member may have, ask if they could do anything to improve the care and services provided, and also to invite the family member to share their own observations of their resident. During the early development stages, calls were quite structured and formal in nature, and typically started off

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### Proactive calling – continued

with the staff member stating something like ‘this is not an emergency, but an ongoing update call’ in order to put the family members at ease. Similar to the evening leadership role initiative, Wing Kei also saw this as an opportunity to provide a mentorship component for their less experienced staff, by having a senior staff member listen in on calls, and to provide feedback to the other nurses. In time, and as the less experienced staff developed further skills, expertise, and relationships with the family members, the calls became less formal, and more part of routine practice.

### Knowing it was a better way; evidence of success

In my discussions with family and Family Advisory Council members, the benefits of this initiative were unanimously outlined. While bad news still sometimes had to be delivered, the proactive calling initiative has served to ease the anxiety of seeing Wing Kei appear on their call display. It has also served to better establish and develop relationships between staff and family members. Each staff member communicates with usually the same number of families over time, which also introduces an opportunity for consistency and continuity. What started as very formal discussions when the initiative first began, has now developed into calls which typically begin with a familiar first-name-basis greeting, and proceed into more of a friendly conversation than a formal update. Newer staff members have reported higher levels of confidence in speaking with families, and also appreciate having a platform to further build relationships.

*“Prior to the proactive calling process, anytime I received a phone call, I would feel jumpy and **anticipate bad news.**”*

*(Family Advisory Council member)*

*As told by Jamie Stroud, Lead, Health System Improvement, Health Quality Council of Alberta.*

The Director of Care, Chief Executive Officer, and a nurse in the evening leadership role were interviewed on site by an HQCA staff member. The HQCA would like to thank Wing Kei staff, residents and family members for sharing their story with us.

Wing Kei is one of a group of facilities that had either shown statistically significant improvements in certain dimensions of care, between the 2014-15 and 2017 HQCA Long Term Care Family Experience Survey, or had high positions in the HQCA’s Zone ranking charts.