Staffing For Excellence in Long-Term Care

York Care Centre is a Campus of Continuing Care for seniors that include seventy-two independent living apartments; thirty one assisted living apartments; and a 214 bed nursing home facility which is the largest Nursing Home under one roof in New Brunswick. York Care Centre is situated in the beautiful Saint John River Valley serving the capital of the Province and the surrounding region. Our Vision is a Community of Excellence in Senior Care.

Funding for long-term care in New Brunswick is largely provided by the Department of Social Development and is prescriptive in its mix for care services. Thirty percent of revenue comes from residents directly. The current formula for care services is 3.1 hours of care per resident per day which includes indirect expenses such as sick time, vacation, and such. This includes Registered nurses at 16.1 %, Licensed Practical nurses at 34.5% and unregulated workers (resident attendants) at 47.4%.

New Brunswick, like other provinces, has been challenged with an increased number of seniors requiring care owing to the changing demographics. Resulting from the demographics and the government’s removal of financial barriers to care, demand for long term care beds has greatly increased with a resultant increased wait list of residents for entry into long term care. In New Brunswick, in order to qualify for long term care, applications are initiated by the family doctor making a request for assessment by a social worker; reports from the doctor and the social worker. These reports go to the Single Entry Point Panel which meets weekly and is comprised of a doctor, nurse, and social worker who review all submissions to ensure they require nursing home care. This process results in those entering long term care presenting with multiple disease processes and requiring a high level of care. Additionally a high percentage of residents present with dementia.

York Care Centre has a long history of accepting those who present with high needs including those who are above normal nursing home level. The Centre has responded to the needs of the community by developing two specialized Units: an Alzheimer’s Unit and a Unit designed for those residents presenting with Challenging Behaviours. In addition, the Centre has approximately thirty residents under 65, as young as forty. There are five distinct Units as large as many individual Nursing Homes. Over the past five years there has been a complete reconstruction/renovation of the physical plant providing a wonderful environment for our residents and state of the art equipment. However, the square footage has doubled requiring staff to cover greater distances when providing care. The facilities really represent the “gold standard” for long term care.

With this as a backdrop, ensuring the right staff mix to achieve our vision presents many challenges and must be made in the light of multiple factors and through consultation and adjustment as possible. Some of those factors that are available to inform decisions in staffing are: case mix, medication administration count, geographical location, equipment to provide care, experience and strength of staff. Additionally,
philosophy of care such as least restraint, which requires monitoring of alarms and staff responsiveness, impacts staffing requirements. Monitoring of resident outcomes through audits and incidents is a key component of the evaluation process.

The Centre has determined that strong leadership is a critical element in providing service and this also impacts distribution of staff mix. There are four Unit Coordinators to lead the five Units. These Nurse Managers have strong clinical skills, leadership training, and a great depth of experience. The Centre continues to provide leadership development at all levels but in particular have focused on these important clinical leaders. Their strong skills have been critical in planning, implementing and evaluating staff level and mix. Staff at the Unit level have input into decisions directly impacting their Unit through these leaders. Each Unit has a dedicated staff complement that ensures continuity and optimizes efficiencies through their knowledge. Early in 2012 the staffing schedules were revamped ensuring that the pattern of continuity in staffing encompassed all shifts and seven days a week. Some substantial changes were made to enhance this aspect of scheduling. This improves resident outcomes and staff satisfaction.

While the funding formula is very prescriptive, the allocation of these resources depending on the factors cited can be altered to better meet the needs of the residents. The permitted alterations do not, however, extend to the need to retain physiotherapy, occupational therapy, information technology, or music therapy skills; funding for such essential skills is not provided in the nursing home budgets. Acquisition of equipment to increase efficiencies is critical to optimize staff use of time. The Centre has invested in a nurse call system with portable phones which allows staff to speak directly to the residents when they ring the bell, identify where an alarm is sounding and speak to each other to organize work and prevent steps. Overhead lifts in the rooms provide ready access so that the resident does not wait and saves staff time to retrieve equipment. Implementation of Electronic Medication Administration Record and multi-dose packaging has enhanced safety and reduced the time required to pass medications allowing time to be utilized in more direct care.

Adjustments to staffing have been made by working closely with The Department of Social Development when extra needs are identified such as increased care for residents who require a higher level of attention, and in instances where there is a change in a resident’s condition causing an impact on staffing and resident safety. For instance, in the Alzheimer’s Unit when the number or severity of incidents of aggression shows a substantial increase, staffing has been temporarily increased to enhance safety. A “panic button” helps to reassure staff and ensure a prompt response. Non-violent crisis intervention training and utilization of Code White to call for staff assistance helps staff feel safer when staffing ratios are lower, such as on nights.

The Admissions Committee carefully reviews the residents who are accepted for admission and the Admissions Coordinator visits prospective residents, working with the Department of Social Development to provide additional funding where necessary. This allows those residents who are beyond normal nursing home level to be admitted. The level of staff assigned will be based on the clinical needs of the resident to be admitted and their level of care is reviewed on a regular basis.

The Centre has a number of tools which may reflect the outcomes of resident care and in part the adequacy of staffing; incident stats, resident and family satisfaction, monitoring of absenteeism, overtime rates, staff turnover, and injury rates.

The Director of Care prepares reports for the Resident Care Committee of the Board. Committee members are very responsive to the residents needs and are continually seeking new methodologies to improve resident care and ensure resident outcomes are positive.
York Care Centre places a high value on education, employing a fulltime Manager of Learning Services who works with all staff to ensure they have the training they need to function to their full capacity; access to best practices; and current information on those issues which we find challenging. The Centre was an early adopter of utilization of LPNs to full scope and we continue to develop LPNs to ensure this. A high number of students also are placed at York Care which results in staff experiencing satisfaction in mentoring, assistance in service to the residents and lightening the load for the staff. This has also been helpful in attracting new staff to our environment.

The Staff Mix Decision-making Framework for Quality Nursing Care (Canadian Nurses Association, Canadian Council for Practical Nurse Regulators and the Registered Psychiatric Nurses of Canada, 2012) will be useful in helping us evaluate our approach and ensure that all elements of the framework have been reviewed when deciding staff mix. In addition it may help us provide to government all the factors which may impact a need for an adjustment to staffing and hopefully gain support for some non-traditional staff mix arrangements.

Currently no accepted workload measurement tool exists within the long term care sector in New Brunswick to objectively evaluate the level of care (and staffing) required for the residents. All nursing homes are funded by the same care staff formula regardless of the profile of their residents. A tool of this type could be very helpful in assisting homes who accept residents with additional care requirements to provide evidence for the required staffing. Conversely a lighter case mix would be much easier to evaluate as well.

Excellence in senior care is achieved through many initiatives; staffing levels and appropriate mix is a key element.

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