



Tips for continuity of care during workforce disruption



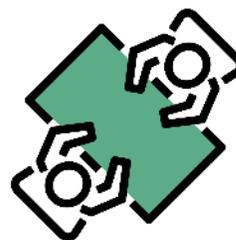
Clinical Governance Framework



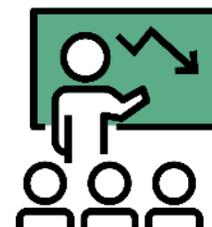
Staff Skills Mix



Monitoring



Mentoring



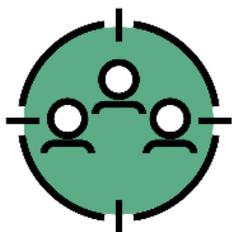
Risk Assessment and Management



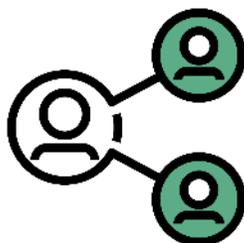
Communication



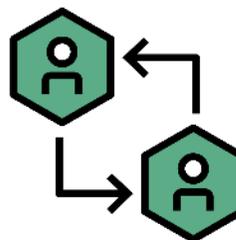
Strengthened Local Networks



Model of Care



Infection Prevention and Control



Agency Staff Usage



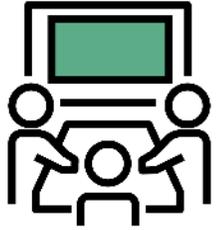
Access to Healthcare



Training

Clinical Governance Framework

Clinical Governance Framework supports Continuity of Care



Ensure:

- It is strong and well communicated
- All key stakeholders (internal and external) are aware of their responsibilities
- All staff with responsibilities have capability and capacity

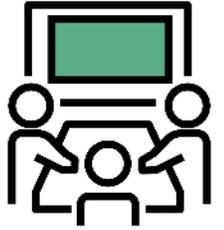
Remember:

- If the system is broken before the workforce disruption, the risk will be greater



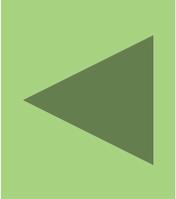
Clinical Governance Framework

Clinical Governance Framework supports Continuity of Care



“The increased time spent on recruitment and roster management distracted me from other core business including clinical supervision and oversight, training and governance”

[Click for more](#)



Staff Skills Mix

Need for Robust Rostering System

Knowledge of:

- Skill sets, availability to work, contact details, Medicare numbers
- Who can work longer shifts?
- Succession planning – who can step up?
- Those who can multi-skill – expand duties within scope of practice
- Who can provide mentoring, coaching and support, even if working remotely?



Staff Skills Mix

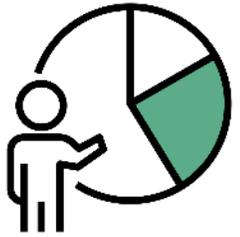
Need for Robust Rostering System

“We continue to provide high standards of clinical care. RNs have picked up additional shifts and all shifts are covered by RNs that know the residents well.”



Monitoring

Clinical, General Well-being, Mental Health and Spiritual Care



Access to accurate and current information

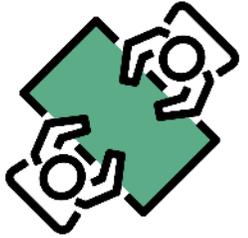
- Care plans – summary version and easily found
- Monitoring health and well-being – able to recognise deterioration
- Escalation – who to, and what?
- Robust clinical handover process
- How will high prevalence, high impact risks be identified, communicated and managed?



Mentoring

Coaching and Supporting

- Buddy new staff with trained existing staff
- Have induction systems and tips for the buddy to follow
- Have documented processes for tasks worked outside of normal duties
- Is there someone within the organisation or externally who can guide and support?



Risk Assessment and Management

A balance between Choice, Dignity of Risk and Community Well-being



Undertake risk assessments on

- Service environment,
- Equipment, systems and workforce
- Dignity of risk requires clear, understandable information and good documentation
- Consider what is the balance between individual choice and the aged care community choice



Strengthened Local Networks

Early Conversation and Collaboration

- Collaboration with other aged care Providers to share resources
- Network with other organisations such as Primary Health Networks and Local Health Districts to leverage expertise and resources
- Network with consumer peaks such as Older Persons Advocacy Network to assist with communications



Strengthened Local Networks

Early Conversation and Collaboration



“There has been little impact on continuity of care as Providers in the region are working collaboratively to ensure effective roster coverage and continuity of care”



Communication

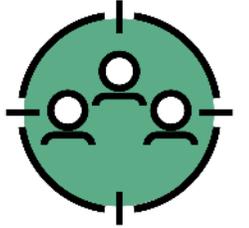
Communicate, Communicate, Communicate!



- Needs to be clear and to all – staff, consumers, families, contractors
- Transparent and often
- Have template letters prepared
- Advise consumers and their representatives of how different their lives may be in an emergency / workforce disruption



Model of Care

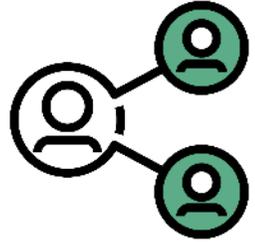


Focus is Person Centred, Consumer Led

- Promotes person centred care and service delivery
- Defined expectations of person centred care delivery, embedded in all training
- Support staff to operate within a person centred, consumer led model
- Provide easy access to individualised information – *Top 5, My Story, Social profiles and What's important to me*
- Process in place to monitor, understand and respond promptly to consumer experience
- Care delivery focuses on health and well-being and is consultative



Infection Prevention and Control



Prevention, Preparedness and Response

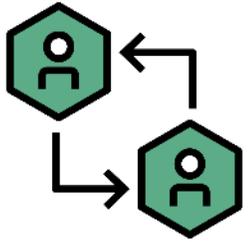
- Have a documented plan and review regularly
- Stress test the plan, regularly
- Survey your workforce
- Stocktake PPE
- Prepare template letters and signage
- Training – have teams competent in all aspects of infection prevention and control



Agency Staff Usage

Build Relationships and set Boundaries

- Strengthen relationships and communication with Agency organisations
- Define expectations for knowledge, competence and aptitude
- Due diligence to ensure credentialing, knowledge and competence
- Onsite orientation / induction to local processes and uphold person centred care and services
- Make block bookings to ensure consistency of care and reduce cross infection



Access to Healthcare Services

Use of IT and Infrastructure

- Do not postpone healthcare, continue treatments and make referrals
- Make sure care plans are up to date and available to other health care providers
- Strengthen relationship and communication with other providers e.g. GP, Allied Health and Pastoral Care
- Talk with usual health care providers about alternative ways of continuing services. E.g. telehealth
- Know and document external supports available e.g. residential in-reach services
- Consider whether remote access to your electronic records can be made available to external providers



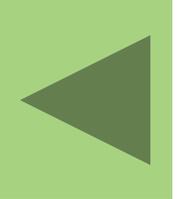
Access to Healthcare Services

Use of IT and Infrastructure



“As a contracted Dietitian can I visit the home with single site worker guidelines if I visit other homes. There is an increasing number of residents at risk of malnutrition that need my services”

[Click for more](#)



Training and Staff Well-being

Ensuring all staff are aware of policies and processes

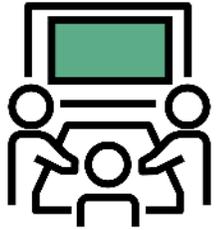


- Needs to be effective, ensuring competency and knowledge is embedded in practice
- Documented and easily accessed
- Use technology available – e.g. Online courses
- Offer frequently to keep teams fresh and up to date
- Communicate often with updates
- Offer Employee Assistance Programs
- Honour staff, for example with flowers, chocolates, fresh fruit and take-away meals
- Celebrate small wins



Clinical Governance Framework

Case study



Starlight Lodge is a stand alone 50 bed home in Victoria. The implementation of the single site worker guiding principles impacted on the home's access to qualified and skilled staff, with roster management becoming a greater challenge for the Manager. The Manager felt overwhelmed, feared staff burn out and was concerned that she was unable to keep abreast of all her responsibilities. Through the clinical support and guidance hub the Manager accessed the mentor program and received support to prioritise and implement actions that:

- Strengthened clinical governance, providing assurance of quality and safe care and identifying risks for immediate attention
- Identified skill sets within her team and delegate tasks in line with priorities
- Recruited additional staff and established a buddy program
- Provided practical resources to ensure an effective COVID-19 plan and staff infection control knowledge was being embedded into practice
- Prioritised continuous improvement activities with a focus on risk and consumer outcome and experience
- Improved communication to staff to build confidence and support

On reflection, the Manager expressed that she feels less overwhelmed with much clearer direction, the staff have remained committed and supported and there has been limited impact on continuity of care for the residents.



Access to Healthcare Services



Case Study

The single site worker guiding principles would discourage the Dietitian from making onsite visits. It is well known that COVID-19 restrictions can have a negative impact on the health and wellbeing of residents and ongoing access to Healthcare services is important. The Manager considered other strategies to ensure residents had access to the additional services that they needed. With IT systems in place remote access to records and Telehealth was set up for the Dietitian. The Dietitian also ran virtual toolbox sessions with staff and provided access to a malnutrition screening tool and choking risk assessment to ensure residents at risk were identified and referred in a timely manner.

Other nutrition and meal experience strategies discussed with the clinical support and guidance hub to support the health and wellbeing of residents at risk of malnutrition included:

- Confirming the nutritional adequacy of the menu (including mid-meals and snacks), with specific consideration for people with dementia and people on special diets such as texture modified diets
- Promoting a positive dining atmosphere including residents eating meals in their room
- Adequate staff to assist residents with their meals
- Good clinical governance with monitoring, analysis and timely response to clinical indicators of safe and effective care, including unexplained weight loss.

Through the use of IT the home was able to ensure continuity of care through remote access to health services and upskilling staff to implement local strategies that have a positive impact on consumer outcome and experience.

