

CAPACITY BUILDING ROADMAP

FEBRUARY 2012





 ${\bf Alzheimer} {\it Society}$



PURPOSE OF THE ROADMAP

The purpose of this Capacity Building Roadmap is to assist the *Local Health Integration Networks* (LHINs) and their local service providers as they endeavor to build knowledgeable care teams who will provide the best care possible for older adults at risk of, or with complex healthcare challenges with responsive behaviours due to mental health, dementia, addictions or other neurological disorders, and their caregivers, in safe and supportive workplaces. This tool provides a framework for service providers to help organize their approach to training new staff and to align the first 6 months of training activities with the 12 core competencies.

HOW TO USE THE ROADMAP

This tool provides you with a framework to organize the capacity building approach of the *Health Service Provider* (HSP). Regardless of the progress to-date (i.e. if you have begun training or are still hiring or both), the tool can help HSPs to:

- bring specificity to a LHIN Capacity Building plan
- · organize HSP education and train activities already begun
- ensure all 12 core competencies are addressed
- ensure plan for the new hire be informed in part by the experience of the new hire (i.e. be individualized)

This tool has been developed to support the short-term "ramp-up" phase of *BSO Health Human Resource* hiring and capacity building. However, learning and quality improvement is an ongoing process. Additional tools will be developed as needed to help you meet the subsequent longer-term capacity building goals of the BSO Project.

BEHAVIOURAL SUPPORTS ONTARIO HEALTH HUMAN RESOURCES: RECOMMENDED CORE COMPETENCIES



Service providers who are hiring staff under the *Health Human Resources* (HHR) funding through the *Behavioural Supports Ontario* (BSO) project are provided with a set of 12 Core Competencies to guide hiring.

These Core Competencies were developed collaboratively with input from provincial and regional stakeholders, service providers and clinical leaders. This Capacity Building Roadmap builds on these 12 Core Competencies and provides a suggested progression to frame service providers' capacity building plan.

SUPPORT FOR PERFORMANCE

The success of the service providers' capacity building plan is contingent on the following components that best support positive performance in the workplace. The following are key factors that support individual performance in an organization and how an organization can actualize these factors (*Broad*, 2002; *TechRepublic*, 2012):

| FACTORS THAT SUPPORT INDIVIDUAL PERFORMANCE | | ORGANIZATIONAL ACTIONS TO SUPPORT INDIVIDUAL PERFORMANCE |
|--|-------------------|--|
| Individual capabilities | \longrightarrow | Hire people who have the ability to do the job they are hired for, or at least the ability to learn it. Consider qualities such as interpersonal skills, mentorship ability, conflict resolution skills, etc. |
| Clear performance expectations | \longrightarrow | Be clear, consistent and transparent about what the person is expected to do and support them with guidelines and policies to meet that expectation |
| Essential support | \longrightarrow | Provide the person with the responsibility, resources, time and authority to do the job requested of them |
| Motivation | \longrightarrow | Ensure that incentives or disincentives are appropriately aligned |
| Opportunities for continuous feedback and reflection | \longrightarrow | Provide opportunities for reflection (e.g. self-assessments) on individual practice as well as time dedicated to team reflection and subsequent planning of course corrections as a result of the reflective process |
| Necessary skills and knowledge | \longrightarrow | Provide continuous learning, knowledge exchange, quality improvement, education and training opportunities; both in-person and online |
| Supportive and safe work environment | \longrightarrow | Ensure the working environment is inclusive of all cultures and abilities and best supports physical and emotional safety and well-being; supported by physical design and organizational policy |

THE FRAMEWORK

To create your capacity building plan, or to test the robustness of your existing capacity building plan, consider what skills are needed, how those skills can be gained and when it is critical to have specific skills in place. This Roadmap is intended to reflect the relationship between the what, how and when and the 12 Core Competencies.

WHEN

Breaking down this "equation", the WHEN is a suggested timeline that will provide anchors for the key checkpoints throughout the first phase of skill development. The Roadmap WHEN starts with pre-hire, and has a 3 month and 6 month checkpoint. The continuous quality improvement required beyond 6 months will be addressed in subsequent tools yet to be developed.

WHAT

The WHAT is informed by three sources:

WHAT: UNIVERSAL + REGIONAL + INDIVIDUAL

UNIVERSAL The skills required by all new hires regardless of nuances between local/organizational contexts. These needs span regions and roles (e.g. understanding of the target population). The UNIVERSAL skills are outlined on pages 6-9 of this document.

REGIONAL The skills required to execute the LHIN Action Plans will vary LHIN to LHIN, the following steps can help determine the regional skill needs:

- 1. Use the Service Delivery Framework to examine your regional action plan. The Service Delivery Framework can be found at www.bsoproject.ca.
- 2. Identify the priority service elements that new hires will be expected to deliver.
- 3. Identify which of the core competencies / skills are critical to the achievement of the regional priority activities.

/HAT

INDIVIDUAL The skills required by the new hire will also be dictated by their unique compliment of skills and capacity they bring to the job (e.g. strong facilitation skills). The following steps can help determine those individual skill needs.

- 1. Consider the role the individual is to fill (e.g. registered practical nurse, registered nurse, personal support worker, or allied health professional) and the unique combination of skills and responsibilities that role requires, both individually and in relation to other teams members.
- 2. Review results from your interview process and align the skills set of the new (or potential) hire with the 12 Core Competencies
- 3. Request the new (or potential) hire complete a self assessment to identify their perceived comfort and skill level with respect to each core competency. This will also illuminate any potential gaps in the supportive environment (i.e. the factors required to support the person's performance). The self assessments should gauge motivation to close knowledge gaps and ask the hire for their suggestions and learning preferences (to be included in his or her specific capacity building plan, developed in partnership with supervisor/mentor/team)
- 4. Request the care team that includes the new hire(s) to complete a team assessment to identify their perceived comfort and skill level with respect to each core competency, as a team (given the unique skill set each member of the team has). This regular reflective opportunity enables the team to look at their broad skill set and identify where there may still be gaps and work collaboratively with their supervisor, mentor or other teams to determine the plan to close the gaps.

HOW

The HOW in this document provides options to facilitate learning, a rationale and directs you to sources for more information. The Roadmap does not list specific learning programs; however, a comprehensive repository of learning opportunities (developed by LHIN leaders in the BSO project) is available through www.bsoproject.ca. The options for HOW are outlined on pages 10-11 of this document.

Given the WHAT and WHEN that we outline in the Roadmap, and the options for the HOW we suggest, you will have the information you need to build your individualized capacity enhancement plans (i.e. tailored plan for each new hire).

WHEN + WHAT = HOW

It is important to note that working through this capacity building equation is a continuous process. It can be initiated before or immediately following hire; however, should be repeated at various stages across the first year of hire and beyond to adjust for changing skill set, workforce, environment, team, and the availability of new knowledge and promising practices (i.e. support for continuous learning).

For related resources, future versions of the Roadmap and to provide your feedback on this tool, please connect with us by visiting www.BSOproject.ca

THE ESSENTIALS: PREHIRE

Knowledge

Demonstrates an understanding of the system/landscape of who might make up the team; demonstrates an understanding of the uniqueness of the population

Person-Centred Care Delivery

Demonstrates an understanding/appreciation for the "team" philosophy, person and family directed care

Demonstrates an understanding of the unique application of person and caregiver directed care strategies for this population

Clinical Skills (including assessment, care planning & intervention

Demonstrates critical thinking and problem solving skills/ ability as they relate to clinical challenges

Works to full scope of practice

Field-Based Quality Improvement and Knowledge Transfer

Demonstrates commitment to seeking and sharing practice-based experiences in two-way exchange

THE PRIORITIES: 0 - 3 MONTHS

Demonstrates an understanding of the "new" landscape into which they have been hired (clarity of their role within the system), of role function and "work process" (how they are doing their job)

Demonstrates the ability to explain their role (e.g. "elevator speech") in order to support authentic conversations with clients and other providers

Demonstrates an understanding of the host organization as well as the organizations they will be working with

Demonstrates familiarity with the Long-Term Care Act and Regulations and, more specifically, policies and procedures related to Abuse Free Environment, Restraints and Code of Conduct and Prevention of Violence in the Workplace

Applies an understanding of the system to facilitate transitions between people and places

Demonstrates person and caregiver focused care (within scope of practice)

Demonstrates client-centred focus and commitment to the mission, vision, values and goals of the program and organization

Demonstrates a sound understanding of and commitment to, the principles of the Behavioural Supports Ontario (BSO) project and the Action Plan for the LHIN

Ability to implement best practice in dementia, delirium, mental health issues and their effect on persons, families and caregivers, based on scope of practice

Demonstrates skill in contributing to or completing assessment of dementia, cognitive impairment and delirium, mental health, addictions

Demonstrates physical assessment skills and the techniques of behavioural approach and evaluation

Demonstrates understanding of continuous quality improvement and knowledge transfer/ exchange processes

Demonstrates an understanding of the ways they can seek and share practice-based, and evidence-based knowledge to inform decisions in the context of their role

THE DEPTH: 3 - 6 MONTHS

Demonstrates familiarity with RAI documentation including assessments, *Resident Assessment Protocols* (RAPS) and care planning functions (depending on scope of practice)

Demonstrates familiarity with other programs, projects, initiatives and the link between them and BSO (e.g. *Resident's First*)

Demonstrates the protection of individual's rights and acts in an advocacy role for the resident/clients

Demonstrates a commitment to the establishment of therapeutic relationships with residents and families

Demonstrates the ability to use evidence (i.e. best practice and research, practice-based and observation) to identify (or flag) factors that contribute to behaviour and translate that knowledge into a preventative approaches

Demonstrates the ability to mentor peers in a clinical context (within scope of practice) to support organizational capacity building

Participates in and identifies knowledge exchange opportunities for continuous quality improvement

Champions and/or supports local quality improvement change initiatives

THE ESSENTIALS: **PREHIRE**

| | Change Management Skills | Demonstrates flexibility and comfort with change |
|------|---|---|
| | Leadership, Facilitation, Coaching and Mentoring | Demonstrates persona of a natural leader among peers Demonstrates enthusiasm for continued learning opportunities |
| WHAT | Cultural Values and Diversity | Recognizes one's own personal perspective and how they inter-relate/impact the consumer |
| | Prevention and Self-Management | Demonstrates comfort with a self-directed work environment Demonstrates the ability to meet physical safety requirements |
| | Resiliency and Adaptability | Demonstrates the ability to positively and productively adapt to changes in the work environment |
| | Collaboration and Communication | Demonstrates an understanding of the importance of collaboration at point of care, within teams, across organizations |
| | Professional and Work Ethics | Demonstrates professional work ethic and behaviours in interactions with internal and external contacts |
| | Technology Skills | Demonstrates basic computer skills |

THE PRIORITIES: 0 - 3 MONTHS

THE DEPTH: 3 - 6 MONTHS

Demonstrates commitment to positively managing change

Applies change management skills and techniques to positively managing change

Identifies "teachable moments" during the provision of care; embraces a leadership role in the care team

Actively, positively and constructively coaches and mentors peers related to care for this population

Shares positive learning through constructive feedback to build capacity

Demonstrates ability to de-escalate conflict through positive and productive relationships

Demonstrates interpersonal skills and ability to build strong relationships with frontline staff and administration

Demonstrates ability to respond to culturally sensitive situations

Demonstrates an understanding of the local context including rural/remote/urban, demographics, geographic, and other considerations

Demonstrates ability to understand client specific values and diversity in relation to ones own perspective or situation

Demonstrates ability to self-initiate learning opportunities upon self-reflection

Demonstrates an ability to effectively work with minimal supervision

Demonstrates the ability to identify indicators of compassion fatigue in self and team, and plan effectively for mitigation

Utilizes appropriate problem solving approaches to complex and challenging situations within scope of practice

Demonstrates effectiveness as a team member through collaboration, respect and effective communication skills in interacting with clients, family members and other members of inter-professional care teams, including community and primary care team members Proactively identifies opportunities to collaborate with or to enhance communications with clients, family members and other members of inter-professional care teams, including community and primary care team members

Demonstrates ability to identify and negotiate typical ethical dilemmas in a collaborative way

Demonstrates ability to identify and negotiate complex and challenging ethical dilemmas in a collaborative way

HOW

To support capacity building consider the following learning and exchange opportunities. For more information on resources to support capacity building, visit www.bsoproject.ca.

Facilitated learning programs (e.g. P.I.E.C.E.S™, U-FIRST!, Gentle Persuasive Approaches, Montessori, etc.)

Rationale: These programs are evidence-based and provide structured and evaluated opportunities for comprehensive learning and frameworks to inform care approaches specific to this population

For more information: Many of these programs have their own websites (e.g. www.piecescanada.com), and the AKE Resource Centre has a list assembled in one place: www.akeresourcecentre.org/Education, The Dementia Education Needs Assessment (DENA) tool can help determine which programs will best meet your needs: http://www.akeresourcecentre.org/DENA

Regular reflective practice through self and team assessment opportunities

Rationale: Capacity building and learning is a continuous process. Assessments can help identify the learner's perceived comfort and skill level with respect to the core competencies as they relate to their scope of practice. Assessments will also illuminate any potential gaps in the supportive environment that, if addressed, could better support the person and team's performance.

For more information: There are many sample assessments available online to draw from, consider reflection questions such as:

- 1. How would you rate your proficiency related to the core competencies?
- 2. How would you rate your comfort level with each competency; why do you feel that way, and what might the implications be?
- 3. How do you know if you are doing a good job?
- 4. How do you know if you are demonstrating person centered care?
- 5. Do you have what you need to do your job safely?
- 6. What supports do you need to reach your full potential in your scope of practice?

Quality Improvement processes

Rationale: These processes can effectively enhance understanding of and skills related to change management, team performance and collaboration. Quality Improvement processes are driven by the local needs and focus on frequent and rapid cycles of change.

For more information: Our provincial leader in this work is *Health Quality Ontario*. In addition, there is an Improvement Facilitator for each LHIN- contact your local LHIN.

Self directed learning through online learning and exchange platforms

Rationale: Networks such as the Canadian Dementia Resource and Knowledge Exchange, Alzheimer Knowledge Exchange, the Senior's Health Research Transfer Network, the Canadian Coalition for Senior's Mental Health, the Mental Health Commission of Canada, National Initiative for the Care of the Elderly (among others) all offer resource repositories or exchange platforms that link the learner to timely, relevant knowledge from research evidence, practice-based experience and lived-experience perspectives.

For more information: These networks and platforms all have a web-presence and can be found with a quick online search.

Continuous team engagement for collaborative learning

Rationale: Learning should not be individual focused only; the knowledge and skill needs of the team as a whole, is also critical. Reflecting on and solving problems in a collaborative team environment enhances individual skill level, which contributes to a higher team performance and also may illuminate any gaps to be closed.

For more information: Collaborative Learning: http://www.gdrc.org/kmgmt/c-learn/index.html

Mentorship, job shadowing and/or buddy program

Rationale: Peer to peer learning is an effective strategy for capacity building. Learners can apply knowledge and reflect on practice in real time and in the real world, with the safety and support of a having a peer alongside. Mentoring can effectively diffuse the innovative practices of a few champions, across an organization or region, without taking them out of their work environment.

For more information: Linking Health Professionals Module on Mentorship: http://www.linkinghealthprofessionals.com/landing/mentorship.html

Community of Practice (CoP) or Collaborative

Rationale: These groups of committed people offer support to share learning, consciously develop new knowledge, and share discoveries with others engaged in similar work, in order to advance individual and organizational practice. This platform not only enables cross sector and jurisdiction learning opportunities, but also supports leadership and knowledge exchange skill development.

For more information: Alzheimer Knowledge Exchange (AKE): http://www.akeresourcecentre.org/Communities, A Community of Practice toolkit: http://www.nccmt.ca/registry/view/eng/109.html, IHI - The Breakthrough Series: www.ihi.org

Case based discussion

Rationale: Case-based discussion is an effective way for new hires to apply and integrate multiple knowledge streams to real-world scenarios. By engaging in this discourse within a collaborative team approach, learners will be able to build upon the experience of others, as well as further scope out and articulate their own contributions to problem solving and service delivery models.

For more information: Portal of Geriatric Online Education: http://www.pogoe.org/front

Organization orientation

Rationale: New hires will be bridging multiple organizations in their community. It will be critical that they have a full understanding of the policies, processes and culture of each environment. Orientation to the host organization and partnering organizations in their community will accelerate relationship building and create the conditions for collaboration.

For more information: This process is best determined by each individual service provider. Consider a combination of organizational materials (both online and in print) and people as sources.

Knowledge exchange events (webinars, workshops)

Rationale: Exchange opportunities connect learners in-the-moment to timely and relevant research-based evidence, practice-based evidence and lived-experience to support evidence informed decision making within an individuals' scope of practice. These exchanges with peers facilitate the flow of information and knowledge and support application of that knowledge to practice.

For more information: Many networks offer these type of exchange opportunities: www.dementiaknowledgebroker. ca/events, www.akeresourcecentre.org/events, or www. shrtn.on.ca/events

Behavioural Supports **Ontario**









