

# Team Integration of staff being redeployed into LTC

Heli Juola, PRC, PRCP Program Lead, MSW,  
RSW

Mario Tsokas PRC, BSW, RSW

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# Faculty/Presenter Disclosure

Heli Juola, PRC, PRCP Program Lead, MSW, RSW

Mario Tsokas PRC, BSW, RSW

- **Relationships with commercial interests:**
  - Grants/Research Support: None
  - Speakers Bureau/Honoraria: None
  - Consulting Fees: None



# Disclosure of Financial Support

- This program has **NOT** received financial support other than the support of the MOHLTC
- This program has **NOT** received in-kind support
- Potential for conflict(s) of interest:

**None to be disclosed**



# Mitigating Potential Bias

The information presented in this CME program is based on recent information that is explicitly “evidence-based”.

This CME Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in the CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards



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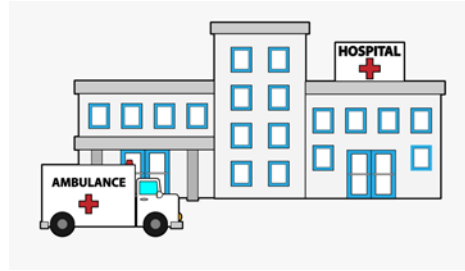
# Psychogeriatric Resource Consultation Program of Toronto

- Knowledge to Practice resource funded by the MOHLTC
- Interdisciplinary team supporting LTC and the Community in Toronto.
- Available to all Long Term Care homes in the province.

# Impact of COVID-19 on Long Term Care and behaviour support

- The pandemic has had a serious impact on Long Term Care, the residents and teams caring for them.
- Teams working in Long Term Care bring a wealth of knowledge and experience that can be shared.
- There are a number of COVID-19 related resources developed for people being redeployed into LTC. Resources such as:
  - [www.covidlearning.ca](http://www.covidlearning.ca)
  - [www.rgptoronto.ca/resources/covid-19/](http://www.rgptoronto.ca/resources/covid-19/)

# Teams and behaviour support may vary in different settings



Hospital

- Team composition
  - More medically based staff (Nursing, doctors)
  - Security
- Curative focus
- Physical and chemical restraints-least restraint policy



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Long Term Care

- Team composition
  - Interdisciplinary team including activation
- Palliative and restorative focus
- Zero/least restraints policy



# Behavioural supports in a Long Term Care setting

- Provide incoming team members on information about your behaviour management program (Eg. Internal behaviour lead, behaviour support resource team.)
- It is important to let incoming redeployed team members know about external behavioural supports:
  - Geriatric Mental Health Outreach Team (GMHOT)/Psychogeriatric Outreach Program (POP Team)
  - Psychogeriatric Resource Consultant (PRC)
  - Other external behavioural supports (Contact your LHIN BSO Coordinating Office)

It is important for Long Term Care to orient redeployed team members about systems put in place and resources available

# Where do I get supplies?

I'm not sure where that resident's room is!

Where is the staff washroom/locker room?

Where are the care plans?



Where is the shower room?

Which floor is the "Pine Tree" unit?

Where do I eat lunch/dinner?

Where are the infection control laundry hampers?

I can't find the clean/soiled utility room!

# Making the most of redeployed team support

- Redeployed team members coming in have a variety of skills and experience.
- Consider developing a process to match skills with service needs.
- Regulated team members may be redeployed into a role outside of their regular scope of practice, however they still have a responsibility to abide by their respective college standards.
- Clear and regular communication about the updated protocols is essential.
  - IPAC protocols are regularly changing in response to the pandemic.
- Consider ways to support frontline Long Term Care team taking initiative in orienting redeployed staff.

What ideas have you had around matching skills to service needs?

Any other ideas to make this process more seamless?