



Healthcare
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Responding to Aggression in Long-term Care: Lessons from Five Case Studies

April 2004

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Acknowledgements

We want to thank our five sites for their many stellar efforts and the Workers' Compensation Board and the Healthcare Benefit Trust for their sponsorship of this project.

Introduction

By the early 1990s aggression in health care in British Columbia had emerged as a significant problem, particularly within the long-term care sector. Data from the Workers Compensation Board revealed that in the decade between 1982 and 1992 claims related to incidents of “violence” in the province’s long-term care facilities increased by more than 100 per cent, a growth in numbers that could not be explained by any corresponding growth in the labour force.¹ Additionally, the rate of injury from aggression towards care aides was five times higher than the rate of aggression or violence in any other occupation, excepting that of police officers.

This development was understandably a significant concern to the administrators, nurses and care aides who work within long-term care facilities. In 1992, the psychogeriatric committee of the province’s Ministry of Health developed a substantial manual, *The Management of Aggressive Behaviour: A Training Program for Staff in Long-term Care Facilities*, and in 1993 the BC Health Association and the Provincial Nursing Advisory Committee produced *Drawing the Line*, a video and comprehensive program aimed at preventing aggressive and violent behaviour towards healthcare providers.

In 1995 the Workers Compensation Board commissioned a three-year inquiry into the problems of aggression in long-term care facilities within the province. This three-year study examined incident reports and WCB claims, and canvassed a substantial number of

¹ Neil Boyd, “Violence in the workplace in British Columbia: A preliminary investigation,” *Canadian Journal of Criminology* 37 (4): 1995, 491–519. The word “violence” is placed in quotation marks, as much of the

employees in representative facilities about possible solutions for this continuing difficulty. The report recommended increased staffing, increased education for care aides and nurses, changes to facility policies and procedures, the accelerated construction of new care facilities, and improved information-gathering about residents at the point of entry into a facility.²

What happened between 1982 and the present in long-term care facilities? Essentially, the population of residents changed dramatically, from a grouping of elderly men and women who required little assistance with the realities of daily living to a grouping of men and women who suffer from significant cognitive impairments and dementias or are much too physically frail to live by themselves. In the language of long-term care, the population shifted from 90 per cent “Personal Care 1” in the 1970s to almost 100 per cent “Intermediate Care 3” and “Extended Care” today. Simply put, the residents who live in long-term care facilities in 2004 present many more challenging behaviours for nurses and care aides than the residents of 1974.

What of the solutions recommended in the 1998 report, *Gently into the Night*? In 1999 the Healthcare Benefit Trust proposed sponsorship of a joint project with the Workers Compensation Board, a project that would try, over a three-year period, to address the problem of aggression in five long-term care facilities within the province.

aggression directed towards care aides and nurses arises from the dementias of long-term care patients, not from a conscious desire to injure.

² Neil Boyd, *Gently into the Night: Aggression in Long-term Care* (Richmond: Workers Compensation Board of British Columbia, 1998).

After extensive discussions the Healthcare Benefit Trust proposed a program of action in relation to three of the recommendations from *Gently into the Night*: improvements in education and training; improvement in policies and procedures; and improvement in the gathering of information about incoming residents — as well as bringing their added perspective on teamwork and the dimension of a healthy workplace culture.

The rationale of the project was that relatively small investments of time and capital within these realms could produce cost savings, in terms of claims, sick leave and the extent of reported incidents. Given this equation of cost recovery, increases to staffing could not be justified. In most facilities even a one- or two-person increase in staff would result in a burden of between \$45,000 and \$90,000 annually, an amount that was typically greater than the cost of WCB claims of all kinds for the given facility. There may be good reasons for the province to increase the numbers of care aides working in long-term care facilities, but this increase cannot be justified on the ground of cost recovery — and this project was to proceed with a rationale of cost recovery.

Method

Our three-year project began in March 2001, with the joint financial sponsorship of the Healthcare Benefit Trust and the Workers Compensation Board. Our task was to implement changes in five long-term care facilities, which would focus on education and training, policies and procedures, and improving admission information and teamwork. We would then evaluate the impacts of these changes over time, in order to gain insight into the kinds of approaches that would best diminish aggression within the long-term care

sector. We decided against what we might describe as a “top-down” research agenda: determining what education and training should be given, what policies and procedures should be changed, administering the intervention and evaluating the effects of these interventions. Rather, we began with the premise that each site must take responsibility for changes within these realms: the management and staff of each facility would drive the process; our role would be one of helping them to identify possible solutions, and evaluating the effectiveness of their approaches.

We also began with the premise that each site would likely develop quite different approaches to the core areas of education and policies and procedures: that what might work for one site might not work for another. At the end of the project we would be in a good position to assess the extent to which there are shared desires for change; we would also be in a good position to assess what worked, what did not work, and why. The results could then be communicated to all other care facilities in the province, with a view towards creating improvements in their practices.

Site Selection

One of our first tasks was to select representative sites for our study. As we planned a fairly intensive and ongoing working relationship with each site, it was important, for reasons of cost, that they not be too far from the Lower Mainland. At the same time, however, we did not want all of our sites to be Lower Mainland sites. We ultimately selected two Vancouver sites, one from Vancouver Island, one from the Fraser Valley and one from the Okanagan. The Okanagan site was, however, closed in 2002 due to government budget cutbacks; we

were fortunate to be able to quickly add one site from the Lower Mainland, in order to maintain a roster of five case studies.

More significantly, we selected sites that were of a median bed size, and sites in which both management and staff believed resident aggression to be a significant problem in need of a coordinated effort. Additionally, we canvassed WCB claims data for the previous five years to confirm that resident aggression was indeed a problem within the facility. We also visited each site to describe our approach, and gave the staff and management time to consider whether they wanted to participate in this project.

Process and Principles

Before we began our work at each site, we set out a number of key principles. Both the senior management and the staff had to express a clear desire to be involved in the project. All research inquiries from our group at Healthcare Benefit Trust would require the employees' completion of a consent form, setting out the purpose of the research and guaranteeing anonymity and confidentiality. In addition, we promised all facilities that they would not be specifically identified in the final report. The facilities discussed in this report — Eastside Lodge, Southside Care Home, Westside Place, Valley Care Home and Island Lodge — are all pseudonyms.

The process we employed involved setting out a three-year timetable for each facility. In the first year we helped to set up what we termed “the site project team.” This was a group of about 12 individuals at each facility, with representation from management, nurses, care

aides, housekeeping and the kitchen staff. This group had the task of meeting with us at key points during the three years of developing a site plan based on their Current Situation Assessment, instigating changes derived from their site plans, and communicating with all other employees in the facility concerning the progress of the project. After creating a site project team, we began to gather information at each facility about the problem of aggression, canvassing claims and incident reports, conducting focus groups and interviews, surveys of employees and the site project team, and a Job Satisfaction Survey. Before the end of the first year we presented each site project team with the results of this information-gathering, a document that we termed the Current Situation Assessment.

After each site project team had received its Current Situation Assessment, our team from Healthcare Benefit Trust sat down with them in a series of meetings to work out a strategy for implementing changes focused on education and training, policies and procedures, teamwork, and what emerged at a number of sites as a key issue — environmental controls. The approach for implementing change within these realms was informed by the results from the Current Situation Assessment and then driven by the mandate of the team from each facility.

In the second year of the program changes were implemented within each facility and amended where necessary. Towards the end of the second year we began to evaluate some of these changes in order to see if they were having the desired impact and should be continued. At the beginning of the third year — the year that we are now concluding — we began the process of evaluation at each site, again canvassing claims and incident reports,

conducting focus groups and interviews, and handing out various surveys to employees and the site project team.

Our Tools of Analysis

At the outset of this project we confronted a key issue: How should we assess the problem of aggression at each facility? We decided that we should use both quantitative and qualitative methods of analysis in order to canvass the problem. If we were only to consider quantitative data — incident reports, claims and sick leave data, and survey results — we might overlook some of the key perceptions of those working within each facility. Focus groups and interviews also serve a brainstorming and problem-solving function that pen and paper analysis cannot capture. On the other hand, if we were to rely wholly on qualitative data — looking only at what employees and senior management told us about aggression — we would create a necessarily less objective analysis of the issue. We endorsed an evidence-based approach to policy-making, suggesting that changes within facilities should only be made after careful evaluative analysis of the best available data.

Our method permitted analysis of incident reports, claims and sick leave data, and survey results both prior to implementation of changes and then again a year after changes had been made. A similar “pre-survey/post-survey” process was employed with focus groups and interviews.

We must also say a little more about the specifics of the tools that we employed. The use of focus groups and interviews is a relatively straightforward matter. At each facility we

interviewed a representative group of about 10 employees individually and also conducted between five and eight focus groups, with about 8 employees in each group. We asked both individuals and groups about what specific changes could be made to diminish aggression. Was more education critical and, if so, what kind of education? What policies and procedures of the facility might usefully be enhanced or developed? What other initiatives might be helpful, outside of either significant increases to staffing levels or substantial changes to the physical structure of the facility? These latter two possibilities were, unfortunately, simply not financially feasible.

We gathered incident report data from each facility, where possible, for a full two years prior to involvement in the project; we also looked at a similar time frame for claims and sick leave data. We used the Job Satisfaction Survey, a well-validated instrument designed to measure job satisfaction across a number of different occupational categories and within a number of key domains: the conditions of work, the adequacy of communication on the job, the competency of supervisors, the extent of collaboration with co-workers, and the nature of the work.

We also used a Risk Assessment Questionnaire and an Employee Survey, designed and validated by the Healthcare Benefit Trust prior to the onset of the study, to measure a given facility's risk of aggression by residents. Both of these surveys are based on a multi-dimensional understanding of risk: the risk of aggression is not only to be determined by the knowledge, abilities and approaches of individual employees, but also by the acuity of a facility's residents, by the facility's policies and procedures, by the physical design

and environment of the facility, by its social environment, and by the extent of community support available to those who work and live within the facility. We developed four overlapping categories of risk: the individual employee or resident as a source of risk, organizational policies and procedures as a source of risk, the environment as a source of risk, and the extent of community support as a source of risk.

With the risk assessment tool, we were able to compare initial results from the five facilities involved in this project with results from 60 other long-term care facilities in British Columbia. With our “pre-survey/post-survey” approach, we were also able to determine whether employee perceptions of risk had changed during the course of this project. The Risk Assessment Questionnaire was responded to by the site project team at each facility, and the Employee Survey was responded to by a randomly selected group of employees during a single day, on each of the facility’s three shifts.

Results

As this project endorsed a case study approach, we begin with five separate studies; they emerge from five long-term care facilities and their attempts to improve education and training, policies and procedures, and teamwork.

Eastside Lodge

Eastside Lodge is located in the heart of Vancouver, a multi-storey residential building with about 100 beds. Until relatively recently most of the residents at this facility were

male, and typically drawn from a socially and economically disadvantaged part of the city. The team at Eastside Lodge was presented with a number of unique challenges. Cigarette smoking was a major source of tension; some of the men smoked in their rooms (a fire hazard) and access to cigarettes had also become a significant source of difficulty on the special-care dementia unit; conflicts between staff and residents — and residents and residents — were fairly commonplace.

There were also conflicts arising from queues for the dining room. The residents typically lined up for breakfast, lunch and dinner, and the congestion produced arguments, clashes between those in walkers and wheelchairs, and general confusion.

The site project team believed that there was a need for improvements in the education of employees with respect to dementia. They endorsed a 13-week training course for employees that focused on “person-centred” care, an approach that emphasizes the dignity and uniqueness of the dementia patient and seeks to implement more effective communication strategies for caregivers. They posted no-smoking signs in the rooms of smokers, and created improved access to cigarettes for those on the special-care unit, particularly prior to breakfast; they also moved furniture from an outdoor lounge to reduce congestion and the resulting conflict among smokers.

In order to prevent the lengthy queues to the dining room they made a simple design change, opening the room to residents at all times, and thus eliminating the queues, congestion and conflict. Finally, in an effort to boost employee morale, they established a

staff recognition program, “Caught in the Act of Doing It Right,” and set out a schedule of meetings to improve communication across various departments within the facility.

Our evaluation of these changes has indicated very positive improvements. There has been a clear reduction in documented incidents of aggression over time, especially in the special-care unit. The most significant decreases in aggressive incidents occurred in the dining room, the lounge and in front of the elevator. These changes can be attributed to a simple change to the physical environment of the facility: eliminating queues for meals. There have also been significant improvements in the amount and location of smoking within the facility.

The Job Satisfaction Survey revealed a greater level of satisfaction in 2003 than in 2001, especially in relation to satisfaction with supervisors and with communication within the facility. Focus groups and interviews confirm positive staff assessments of changes in communication and teamwork, education, and the potential for resident aggression. Finally, scores on the Risk Assessment Questionnaire have indicated reduced levels of risk — similar kinds of improvements within the same areas over time.

The negatives flowing from the project were less significant than the positives. Some staff thought the research team could have spent more time collaborating with the team (essentially a request for more time and resources); many staff also indicated that the benefits of the project have been offset by the uncertainties and difficulties created by government cutbacks to health care. Finally, some staff noted that eliminating the queues

for meals has presented the kitchen staff with new challenges, and they suggested that work remains to be done in the realm of interdepartmental communication.

Southside Care Home

Southside Care Home is a two-storey long-term care facility in south Vancouver, with almost 150 beds; a little less than half of these beds are within a special-care dementia unit. The facility was built in the late 1970s and has had a few minor renovations since that time. The site project team at Southside decided that there was a need to identify the kinds of education that would be most useful for staff before embarking upon any kind of formal or informal delivery of such a service. After determining the needs of the staff, they would then follow through on their survey responses, providing the most appropriate kinds of education and training. They also decided to establish a non-invasive and non-stigmatizing system that would allow for the identification of aggressive residents by all employees. And they began, simultaneously, to write a new aggression management policy for the facility, and to survey employees regarding possible improvements in interdepartmental communication, before putting these suggestions for improved processes into place.

The results of these interventions appear to be quite positive. There has been a significant increase in the delivery of education within the facility, a development that staff reported to have improved teamwork and communications. Reports of aggressive incidents have declined, even though staff indicated that they were more likely to complete incident reports today than at the start of the project. An unobtrusive system of colour coding was used to identify aggressive residents to kitchen staff; this change has also been seen as

positive, as it has both reduced incidents of aggression within the dining room and helped to improve communication among departments.

The data from surveys complement these results, and the impressions gleaned from focus groups and interviews with employees. The Job Satisfaction Survey of late 2003 revealed marked increases in job satisfaction, in contrast to early 2001. Specifically, employees indicated that communication in the facility had improved, and there was “less bickering and fighting” in the workplace. The results of the Risk Assessment Questionnaire were similarly positive. In 2001 the results indicated that Southside Care Home had higher levels of risk for aggression than most other long-term care facilities. The risk assessment in 2003 revealed significant improvement in all categories of risk: employees, residents, the organization’s policies and procedures, the environment, and the extent of community support.

Few negative comments emerged from our evaluation in late 2003. As was the case at Eastside Lodge, employees at Southside Care Home saw government cutbacks to health care as an obstacle to accomplishing the goals of the project. Specifically, they indicated that they now have less time to deliver care, making both the continuity of care and communication with co-workers a more difficult task. Many staff also suggested that more could have been done throughout the life of the project to inform all employees about developments; similarly, more could have been done to involve casual workers in education and training, and in collaborative changes to policies and procedures.

Island Lodge

Island Lodge is a two-storey long-term care facility on Vancouver Island built almost 25 years ago, with recent renovations. The lodge has about 100 beds, almost half of which are now devoted to special-care dementia units. Prior to our arrival in 2001 the lodge had begun an intensive program of education regarding dementia. As a consequence their site project team identified changes to policies and procedures as the key area of change needed. Specifically, they identified a need to diminish the amount of noise in the facility, a frustration for employees and an instigator of difficulty for cognitively impaired residents. They also decided that they needed to improve their system for the reporting of aggressive incidents and to improve the sharing of pertinent information about potentially aggressive residents.

The changes that they initiated were both simple and creative. The site project team called for a reduction in the volume of the call bell in the facility. And, in working towards the same noise-reduction goal, the team decided to provide each member of the care staff with a walkie-talkie to aid communication, which would simultaneously eliminate the need for the distracting call bell. Each manager was also provided with a portable phone — enabling them to respond to calls anywhere within the facility. The portable phone would serve to create a greater efficiency in management and to improve communication between management and staff. In order to address concerns about the adequacy and extent of reporting of aggression, a new incident reporting form was created — and a new resident information “flow sheet” was also developed to permit a greater sharing of information by care staff.

These changes produced, by virtually all accounts, dramatic successes. A survey of staff in late 2002 revealed almost universal satisfaction with the new walkie-talkies, with the managers' phones, the new incident reporting forms and the resident "flow sheets." In later focus groups and interviews, employees also expressed extremely positive views of these changes. The number of incident reports increased during the term of the project, but this increase was seen by staff, appropriately enough, as a positive development. Incident reporting was quite minimal prior to this project and the new incident reporting form has been very well received by those working at Island Lodge; they view the form as a means of gathering information that will guide later decision-making regarding the prevention and management of aggression.

The surveys of employees and the site project team produced similarly positive results. In 2000 the risk profile for Island Lodge placed the facility in the bottom half of all the long-term care facilities surveyed (62 in total). In 2003 the lodge now ranks in the top 10 per cent of all facilities, with the most dramatic change in the area of policies and procedures, the focus of the project's interventions. The Job Satisfaction Survey also revealed positive change: rules and procedures were seen as less of an obstacle, there was less agreement that there was "too much bickering and fighting at work," and clear perceptions by staff of improved communication within the organization. Finally, 94 per cent of employees indicated that involvement in this project has been good for the organization, 90 per cent indicated that more attention is now paid to the problem of

aggression, and 80 per cent indicated that they believed there were fewer incidents of aggression today, as a result of involvement in the project.

Westside Place

Westside Place joined the project in 2002, one year later than our other sites, after our Okanagan site was closed due to the provincial government's restructuring of healthcare delivery. Westside Place is a two-storey care facility with about 75 beds; one wing of the facility, with a little less than 20 beds, is a special-care dementia unit. Westside Place is viewed as something of a model for long-term care facilities; students are placed at the facility during practicums, and the facility generally enjoys a reputation as a care home that places a priority on education, with management and staff typically viewing aggression as "challenging behaviour."

Westside Place decided to focus on extending the mandate of education to all employees at the facility. They determined that they would identify a target group for education, develop a learning plan and schedule, and then evaluate the impact of their education program. They also decided to develop a new system for the communication of information regarding residents, and to evaluate the impact of this system over time. The initial current situation assessment had expressed concerns about the role of the recreational therapists, and the site project team decided to educate staff about the role of the therapists and to develop new programs and procedures for recreation. Finally, the site project team tackled the issue of interdepartmental communication, seeking ways to improve the abilities of different departments to work together more cooperatively.

The education provided during the term of the project was viewed positively. Employees indicated that they had increased confidence in their abilities to respond to an aggressive resident; they also indicated that the form of education — a Non-Violent Crisis Intervention program — had been very useful. Comments from focus groups and interviews indicated that there have been improvements in interdepartmental communication within the facility, and some positive changes in the recreation department, especially with respect to the consistency of morning programming. Incident reporting did not change during the time of this project; prior to our involvement, staff had already committed to filling out incident reports in response to resident aggression.

Results from survey data tended to corroborate the commentaries emerging from focus groups and interviews. The Job Satisfaction Survey revealed that staff in late 2003 were significantly more satisfied with their supervisors and with teamwork than they were in 2002, at the outset of the project. But as was the case with incident reporting, there was little change in results from the Employee Survey or the Risk Assessment Questionnaire. The profile that emerged in 2002 suggested that Westside Place had a much lower risk of aggression — and within all categories of risk — than did most other long-term care facilities. Thus, there was little statistical room for meaningful improvement.

Focus groups and interviews did reveal, however, that employees viewed the project as useful, as it provided opportunities for staff to brainstorm solutions, created more education and training opportunities, and pointed the way to some preliminary

improvement in interdepartmental communication. On the negative side of the ledger, staff noted that due to their late entry into the project there had not really been sufficient time — a little more than a year — for the impact of changes to be felt and properly evaluated, especially the changes in recreation programming.

Valley Care Home

Valley Care Home is a two-storey, 75-bed long-term care facility a little more than 100 kilometres from Vancouver; about 20 of the facility's beds are in a special-care dementia unit. The facility was built in the 1980s, and was accredited during the early 1990s. The staff at Valley Care Home decided to focus on creating improvements in education and training and teamwork, and on developing a new incident reporting form and incident reporting procedures. More specifically, they conducted an assessment of learning needs in order to determine the most appropriate form of educational delivery; they also decided to focus on creating workshops that would be designed to enhance teamwork. Finally, they evaluated the facility's policies for managing aggressive behaviour, in order to ensure that the policies were relevant and up-to-date.

The interventions undertaken at Valley Care Home had positive impacts, although there were also dramatic changes to the workplace during the term of the project. In 2003 the facility contracted out both support and care services. There was a substantial turnover in staff, and those who returned under the new arrangements are now typically earning about 30 per cent less than they were at the outset of the project.

Focus groups and interviews in the fall of 2003 revealed that there has been a loss of morale and increased stress from the transition to contracted work. Employees typically suggested that there has to be a focus now on rebuilding the workplace, increasing organization and communication, and making further improvements to the reporting and documenting of incidents of aggression. There was also a clearly perceived difference between the consequences of contracting out support services and the consequences of contracting out the task of care. Support staff suggested in both focus groups and interviews that there is now more training and education for staff, that teamwork has improved, and that they have more time to talk to residents. In contrast, those working in care suggested that much confusion and disorganization remains in the wake of the changes; feelings of resentment and frustration are still present and morale has suffered.

At the same time, however, there were a number of indications that the project, independent of these changes in the labour force, has had positive impacts. Employees indicated that the policies and procedures developed during the course of the project have been helpful in the transition to contracting out. Similarly, new guidelines for the management of aggressive behaviour and dementia have given the facility the ability to set higher standards for resident care. Perhaps surprisingly, survey data indicated largely positive changes. The Employee Survey, Job Satisfaction Survey and Risk Assessment Questionnaire all yielded some improvements in late 2003, in contrast to 2001. Staff members indicated that there have been more education and training delivered, and that they are more likely to feel that they are part of a team. Results from the Risk Assessment Questionnaire in 2003 demonstrated statistically significant improvements in all categories

of risk, and the area that consumed the greatest time and effort of staff — employees as a source of risk — yielded the most substantial change over time. The results from the Job Satisfaction Survey were understandably mixed. Employees indicated less satisfaction with the fairness of their pay and fringe benefits, but they also indicated a somewhat greater degree of satisfaction with their supervisors and with co-workers.

Conclusions: What Did We Learn?

At the outset of this project we knew that our case study method would not allow us to draw simple cause-effect conclusions about the impacts of changes in five long-term care facilities. After all, we had given each site a mandate to develop its own agenda for change, and to determine how and where to focus this change within the five realms that emerged as the foci of the project: improvements to education and training, policies and procedures, intake protocol, teamwork and environmental controls. At the same time, however, we knew that we would be able to determine the commonalities that emerged across sites, and, similarly, what differences existed; we would also be able to draw some general conclusions about the strengths and weaknesses of our collective interventions.

WCB Claims, Time Lost to Employee Illness and Changes to Health Care: The Limits of Design

We had hoped at the outset to be able to demonstrate a clear cost recovery from changes implemented during the life of this project: a reduction in WCB claims generally, with a focus on claims related to “acts of force or violence.” We had also hoped to be able to demonstrate a clear reduction in time loss due to illness at each of our five sites. But as we

have learned over the course of the past three years, many factors necessarily influence these variables, factors that are not typically within our control. First, we are dealing with a very small number of events and a very constricted period of time — three years; most trends involving such modest numbers tend to develop over a much longer period of time.

Each facility tends to have only one or two WCB claims annually that are related to “acts of force or violence”; further, the facility may, in any given year, also have only a handful of all other WCB claims. With such small numbers of claims, it is very difficult, given the aggregate data required for tests of statistical significance, to demonstrate clear declines over a short span of time. Additionally, implementation of changes took place in the fall of 2002; we began our evaluation in 2003, and this single year similarly limits our ability to draw inferences regarding claims data. This has also been a time of profound change for the healthcare industry and our project has not been immune: one of our five sites was closed, one was dramatically changed during the course of the project, and all faced economic challenges, with some degree of restructuring of their labour force between 2001 and the present. One effect seen at the site with dramatic workforce changes in 2003 was a rapid increase in time loss due to illness in that year, as departing employees used all available leave prior to the conclusion of their work.

The Power of the Process: Problem-Solving and Collective Action

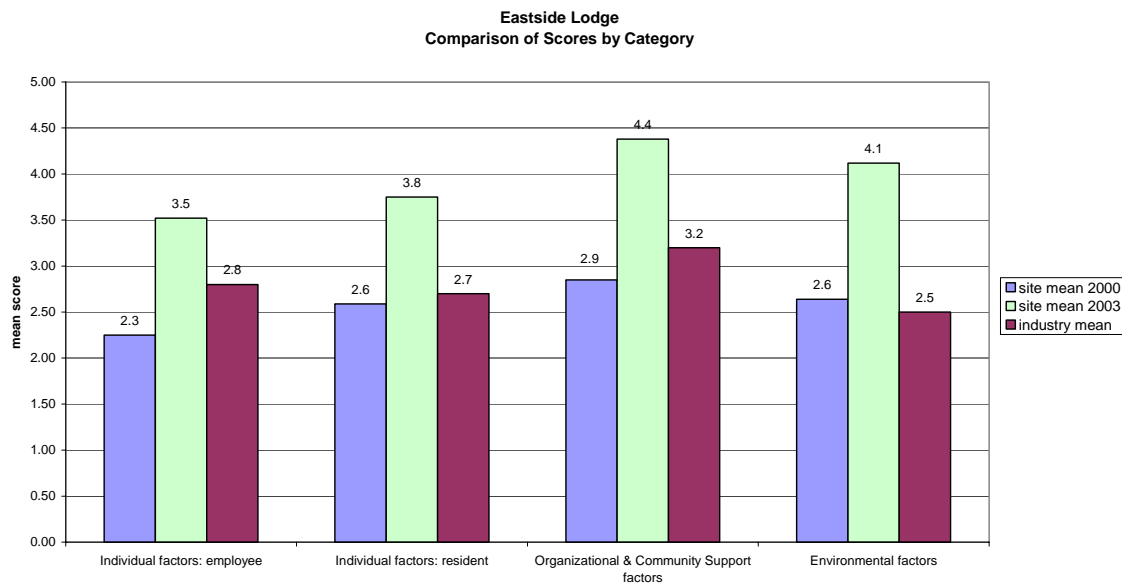
Our inability to demonstrate significant declines in WCB claims or time lost due to employee illness does not mean that this project has been in any sense a failure. To counter such a perception, we possess a raft of quantitative and qualitative data that speak to the

benefits of a process for effectively reducing and mitigating risk within the realms of the employee, the client, the organization and the environment. Long-term care facilities are a difficult work environment: they require a great deal of constant physical effort from their employees, especially care aides and nurses — those given the task of meeting the needs of increasingly cognitively impaired residents. These men and women — although they are almost always women — have traditionally had little time to do other than what their job demands: physically assisting, toileting, cleaning and bathing elderly men and women who are usually both physically and cognitively disabled. Care aides and nurses don't have the opportunity to sit down collectively and brainstorm solutions for the problems that an increasingly complex system of care has demanded. The most that they have usually been able to manage is a brief discussion at the end-of-shift care conference — a discussion about the current mental and physical state of particular residents.

This project has given a representative group of employees the opportunity to construct practical and often creative solutions to the problems that they face, with the provision of relevant data: the opportunity to find evidence-based ways to improve education, to change policy and procedures where necessary, to change the physical environment, and to enhance the social environment through improved teamwork. The cost of creating this opportunity has meant providing a group of approximately 12 employees with four hours of meeting time on a few days each year. We have found that what has emerged from this process — the creation of a continuous loop of gathering information, planning changes based on the best available evidence, and then evaluating the value of these changes — has been extremely positive.

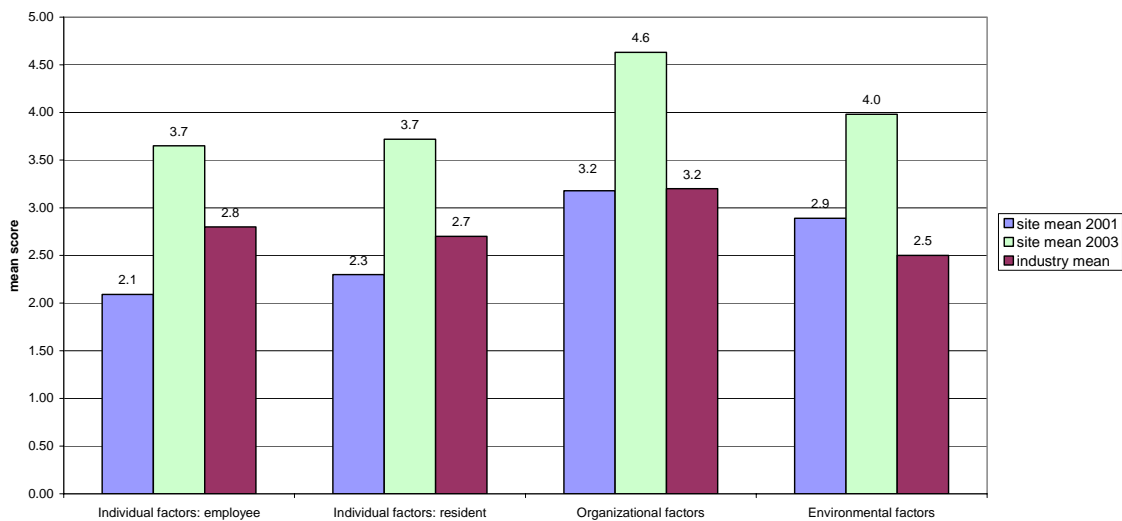
The Quantitative and Qualitative Data: Common Themes

In focus groups and interviews undertaken at the conclusion of this project, employees at all five sites have expressed positive views of their involvement. The extent of this enthusiasm has varied somewhat from one site to the next, and the specific accomplishments have similarly varied, as noted above, but a consistent message has emerged that this has been a very positive experience for both staff and management. Additionally, this view of the worth of the project is complemented by objective survey data. Employees at all sites produced responses that demonstrated increased job satisfaction over time; they also produced clear evidence of significant decreases in risk in relation to the problems of resident aggression.³

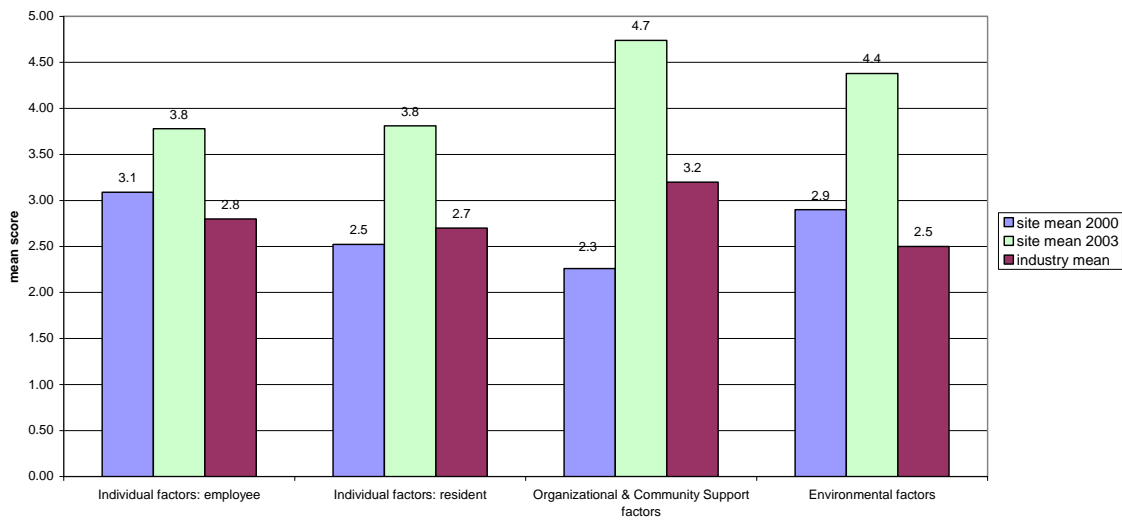


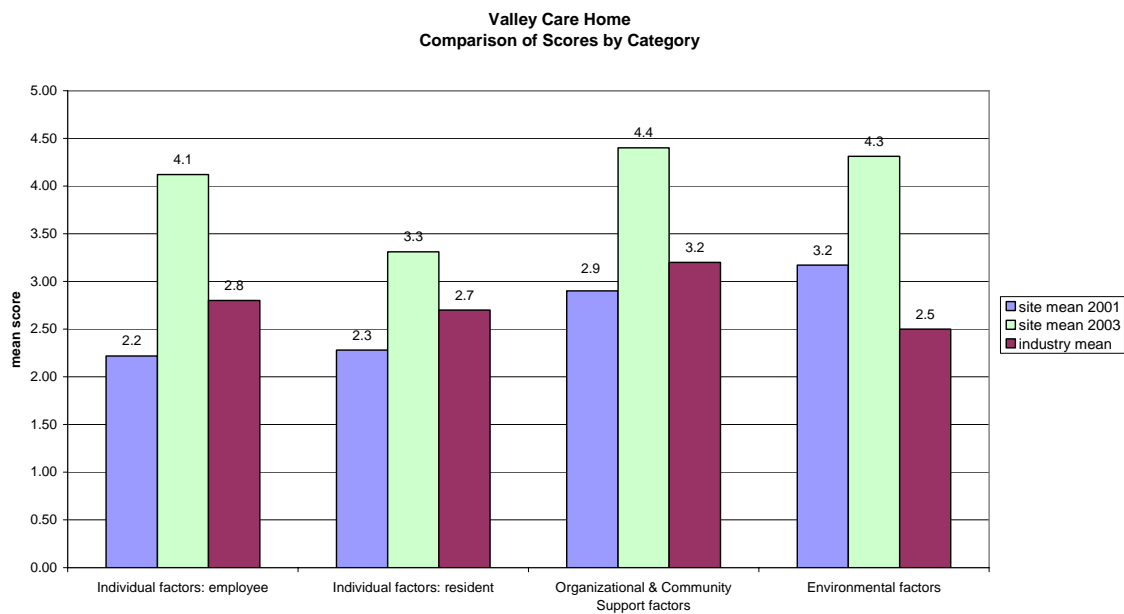
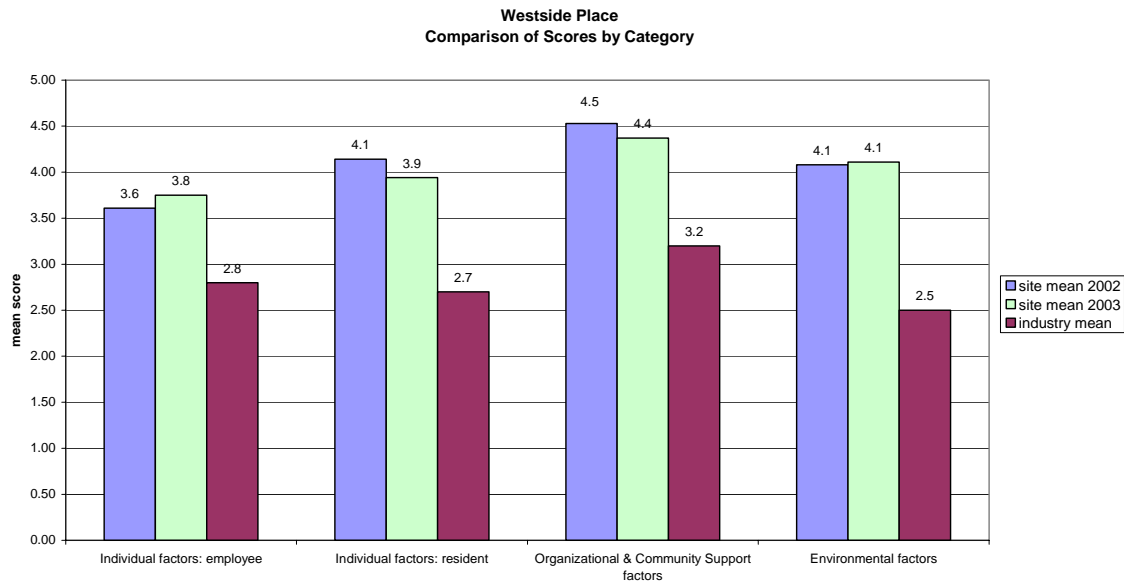
³ The one exception to this pattern of decreasing risk was Westside Place, where no significant changes occurred. It should be noted, however, that Westside Place already had very low risks for aggression at the time that they joined the project; there was little room for “upward mobility.”

**Southside Care Home
Comparison of Scores by Category**



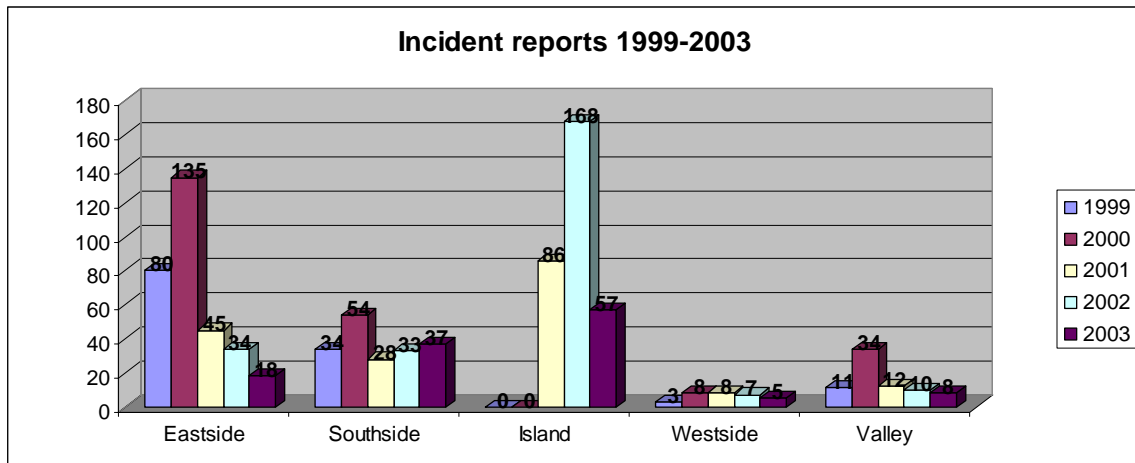
**Island Lodge
Comparison of Scores by Category**





Incident reporting also improved at all sites; employees were able to take responsibility for the creation of various forms, care plans or flow sheets that could be used easily and yet create sufficient information to allow for ongoing assessment of the problem. In some cases the number of reports decreased, and employees attributed the reduction to changes made during the life of the project; in other sites the number of reports increased or

remained constant, but the perceptions of staff remained consistent across all five sites. In the case of some initial increases at Island Lodge, for example, the staff attributed the apparent escalation to improvements in reporting — incidents had simply been overlooked before. In sum, both the quantitative data and the results of focus groups and interviews suggest marked improvements in reporting, a key first step towards building a program for the prevention and management of aggression.



The specific changes made at each site were quite varied. Eastside Lodge developed a better system for the regulation of access to cigarettes in its special-care dementia unit, and also worked to reduce conflicts around smoking in other locations in the facility. The team at Eastside also decided to eliminate queues to the dining room, with the consequence of dramatically reducing congestion and conflict. Island Lodge reduced noise within the facility, in part by turning down the volume of the call bell but also by providing improved communications for care staff and for managers. Southside Care Home developed a simple and unobtrusive system of colour coding to allow kitchen staff to know which residents have a potential for aggressive behaviour. Westside Place worked to improve the integration of recreational therapists with the activities of the care staff. Valley Care Home, faced with a dramatic restructuring of the workplace, developed educational workshops

focused on teamwork, which have improved the abilities of employees to weather a very stressful time.

The identification of keys to success is a somewhat more difficult task. It is clear to us that a number of variables are critical. First, all sites benefited from the opportunity to meet as a group and discuss what the data told them about the problem, and what solutions might be available. Second, leadership, both at the level of senior management and at the level of the site project team, was critical. At Island Lodge, for example, both the senior management and the site project team became excited about making possible changes at a very early stage, and worked to implement these changes. Their enthusiasm was communicated to other employees in the facility and the end result was a quite dramatic improvement in job satisfaction, perception of risk, confidence in the abilities of leadership and commitment to a team approach. A third point flows from this example. Some sites, such as Island Lodge, were particularly successful because they maintained good communication with all other employees throughout the project. The site project team was the crucial link among the research team, the senior management and the remainder of employees in the facility. Generally speaking, the smaller and more spatially compact the facility, the more able the site project team was to maintain good communication through the life of the project.

The Road Ahead: Achieving a Sustainable Future

We are quite convinced that this project has, at all sites, improved education regarding dementia, led to better baselines in incident reporting, improved job satisfaction, and reduced risks for injuries from aggression. But it is critical that these accomplishments be

sustained, and that other care facilities, especially those with clear difficulties in this realm, be provided with the kinds of opportunities that this project made possible. The costs of this intervention have, in concrete terms, amounted to about \$15,000 per site per year, arguably a relatively small amount of investment by the WCB and the Healthcare Benefit Trust for the results achieved. Additionally, it is possible that almost 50 per cent of this cost for each project site could be reduced through careful scheduling of meetings, and the consequent avoidance of staff replacement costs for the facility.

We are hopeful that at our five sites — Eastside Lodge, Southside Care Home, Island Lodge, Westside Place and Valley Care Home — the process employed will be sustained over time. In closing this report, we highlight an example of a plan for the future from one of our five sites, Southside Care Home (see Appendix A). This is the kind of framework that requires constant updating — the loop of gathering information, evaluating the information, implementing changes, and then returning to the beginning again by evaluating those changes — but that can yield positive results — reduced risks and incidents, improved morale and greater knowledge.

The Project Team

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Aili Malm is a researcher with a background in the use of both quantitative and qualitative research techniques. She has experience with the use of SPSS and Excel, and with a wide range of qualitative methodologies. She is a Ph.D. candidate in the School of Criminology at Simon Fraser University, a faculty member in the department of Criminology/Criminal Justice and Director of the Centre for Criminal Justice Research at the University College of the Fraser Valley.

Appendix A

Prioritized Goals and Objectives 2004, Southside Care Home

Education and Training

Goal: To implement a dementia care program based on the principles of person-centred care.

Objectives:

- Director of Recreation to work with west-wing staff to develop a person-centred care approach.
- Develop an implementation plan that includes both the development and evaluation of planned interventions.

Goal: To deliver relevant and timely education and training to employees on managing aggressive behaviour.

Objectives:

- Continue to review and update the learning plan and respond to learning needs as required.
- Focus on learning needs of casual employees.

Goal: To develop and maintain an organization-wide learning plan for managing aggressive behaviour.

Objective:

- Maintain and update plan as required.

Goal: To provide education and support to family members on aggressive behaviour management.

Objectives:

- Enhance the role of the Family Council.
- Provide education and training sessions 4 times per year.

Goal: To develop a Wellness Program for employees.

Objective:

- Development of formal program deferred for 6 months.

Policy and Procedures

Goal: To establish and maintain aggressive behaviour management policy/directives/procedures that reflect the philosophy of care at Southside Care Home.

Objectives:

- Continue to develop policy and procedures as required.
- Continuously improve existing policy and procedures (i.e. annual reviews).

Goal: To identify and effectively communicate, to all appropriate individuals, residents who have the potential for aggression.

Objective:

- Monitor and maintain effective resident identification process.

Goal: To continuously review care practices to ensure flexibility and quality of care.

Objectives:

- Continue to monitor/assess current practice.
- Identify areas for improvement; organize focus groups (employee involvement) to problem-solve solutions; implement solutions (e.g. move away from structured recreation programs).
- Develop supportive written procedures as required.

Goal: To improve and maintain an incident reporting system that is timely, accessible, understandable, meaningful and user-friendly.

Objective:

- Continue to monitor the incident reporting system to ensure that it meets the quality standards identified; ensure consistency of practice.

Goal: To reduce noise and distractions that are contributing to resident stress.

Objectives:

- Continue to assess the environment and respond to noise concerns in a timely manner.
- Enhance communications with staff on new procedures (e.g. Wanderguard).

Goal: To involve volunteers in areas that they view as meaningful and that are supportive to residents and staff.

Objective:

- Continue to support volunteer efforts.

Goal: Develop or implement clinical practice guidelines for preventing and/or managing aggressive or agitated resident behaviour.

Objective:

- Work towards establishing formal clinical practice guideline protocol; develop an implementation plan.

Teamwork

Goal: To enhance and maintain an ongoing staff recognition program that is highly valued by all.

Objectives:

- Develop an employee recognition program plan; involve staff (i.e. obtain staff feedback).
- Acknowledge all staff for their support of the Evaluation Study; celebrate the completion of the project (share results).
- Use existing modes of communication, such as the newsletter and bulletin board, to acknowledge staff accomplishments or contributions.

Goal: To establish and maintain an efficient and effective interdepartmental communication system.

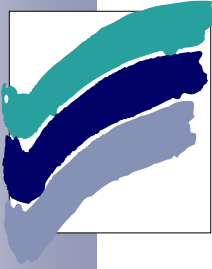
Objectives:

- Enhance utilization of the current “Information Management Team” as a means of addressing communication issues.
- Develop a communication campaign to heighten staff awareness of relevant operational issues; ensure staff members are kept informed on matters that affect their health, safety and well-being.

Goal: To maintain an effective system for communicating and providing direction to casuals on pertinent issues relating to resident care.

Objectives:

- Involve casuals in care planning/conferences.
- Explore options of informing/engaging casuals (e.g. buddy system).
- Explore the feasibility of developing community/facility standards for casuals.



Healthcare
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Five Final Site Reports

Eastside Lodge

Final Report

**Challenging Behaviour in Long-term Care
January 2004**

Presented to the Eastside Site Project Team

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Eastside Lodge: Final Report

In March 2001 Eastside Lodge agreed to participate in a three-year evaluation project, designed to reduce a number of difficulties associated with resident aggression. Specifically, Eastside Lodge agreed to develop interventions in three areas:

- 1) Education and training for staff on the prevention and management of aggression;
- 2) Organizational policies and procedures to prevent and manage aggression; and
- 3) Implementing strategies for enhancing teamwork — applying a collaborative process for the prevention and management of aggression.

This final report considers the effects of these interventions, evaluating their strengths and weaknesses, and pointing to possible future directions. Eastside Lodge is a 100-bed intermediate care facility, employing 102 full-time equivalents, almost all of whom are unionized employees: 76 full-time employees, 11 part-time and 41 casuals (these numbers have been somewhat reduced by budget cuts in 2003). The facility was built in 1993 and was renovated in 2001, during the early months of this project.

An initial assessment was conducted in the summer of 2001 to provide the employees and management of Eastside Lodge with a variety of types of information about existing efforts to prevent and manage aggressive behaviour at the Lodge. A "Current Situation Assessment" was presented to Eastside Lodge in September 2001. This report analyzed 1) Incident Reports; 2) Information gathered from Interviews and Focus Groups; 3) Survey Results: Risk Assessment, Employee, and Job Satisfaction; and then presented conclusions, with suggestions for possible areas of intervention.

The Interventions

Eastside Lodge decided to focus its efforts to reduce aggression on education, the policies and procedures of the facility, and improvements in teamwork. Specifically, the team at Eastside Lodge established four goals:

- 1) To provide ongoing formal education and training to all employees on managing aggressive behaviour, incorporating the principles of person-centred care;
- 2) To develop policy and procedures that would address cigarette access and distribution to minimize episodes of aggression;
- 3) To develop policy and procedures on a systems-based, facility-wide communication strategy to ensure each employee receives pertinent and timely resident information; and
- 4) To develop and maintain positive and effective management practices that value the employees.

In concrete terms, the team at Eastside Lodge decided:

- a) To provide a 13-week education and training course for staff in relation to dementia, and to provide more opportunities for education in relation to person-centred care;
- b) To improve regulated access to cigarettes among those on the third-floor special-care dementia unit, particularly prior to breakfast; to move furniture from the fourth-floor lounge to reduce conflict among smokers; and to post no-smoking signs in the rooms of residents who smoke;
- c) To redesign the dining room so that it could be open to residents at all times, thereby preventing lengthy queues at mealtimes that create conflict among residents and staff; and
- d) To establish a staff recognition program — "Caught in the Act of Doing It Right" — and to set out a schedule of meetings to improve interdepartmental communication.

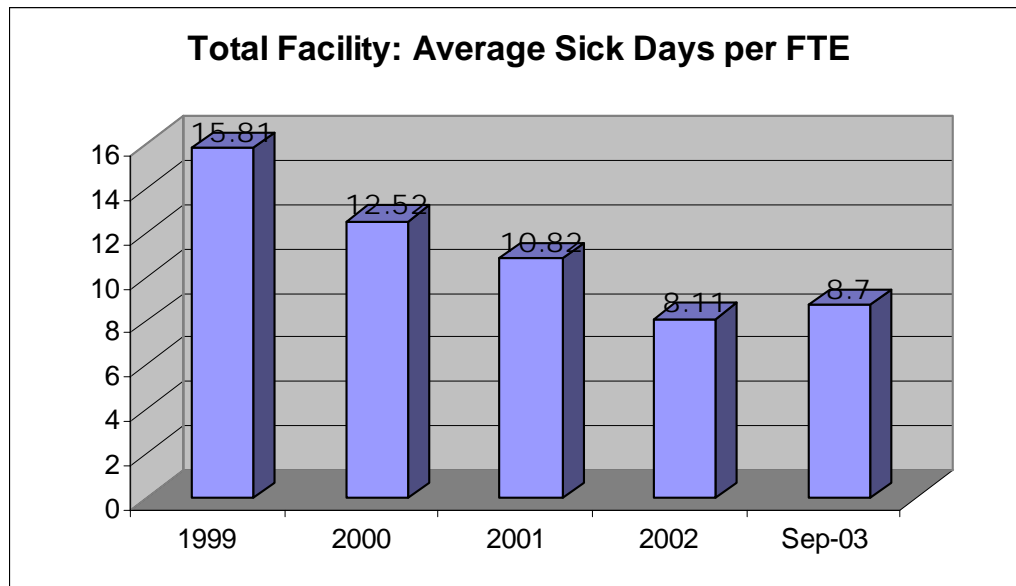
The Effects of Interventions: A Summary

In the pages that follow we set out the consequences of interventions at Eastside Lodge. These results are presented in a relatively detailed manner, documenting changes revealed in incident reports, interviews and focus groups, and in surveys of risk assessment and job satisfaction, and the successes or failures of various changes.

We have concluded from all of the available data that the interventions at Eastside Lodge have produced some positive impacts. We can point to decreases in days taken as sick leave during the life of this project, to some significant improvements in job satisfaction, and to a reduction of risk, along with positive employee assessments of changes, documented in focus groups, interviews and a post-implementation survey. The changes made at Eastside Lodge are correlated with reductions in days taken as sick leave, and, in any event, are perceived by most employees to have reduced the potential for resident

aggression. At the same time, however, we should be cautious in our interpretation of the impacts of this project. Decreases in sick leave had begun prior to the involvement of Eastside Lodge in this project and there were no significant changes in the incidence of WCB claims (see Chart A: Average Sick Leave per Full-time Equivalent: Eastside Lodge, 1999–2003).

Chart A: Average Sick Leave per Full-time Equivalent: Eastside Lodge, 1999–2003



Similarly, a redesign of the main floor of the facility (to ease resident access to the dining room and eliminate troublesome queues) had already been contemplated prior to March of 2001. Nonetheless, the direction of change is quite uniform, and both the site project team and the employees point to their involvement in this project as overwhelmingly positive.

Incident Reports

Our original analysis of incident data covered the period from July 1, 1999 to December 31, 2000 and documented a total of 214 incidents of aggression by residents during this time frame. From 2001 onwards the number of documented incidents of aggression has decreased considerably. The most significant decreases in reported incidents have occurred in the dining room, the lounge, the kitchen, and in front of the elevator. These reductions can all be traced to decisions taken by Eastside Lodge within the past three years: changes in residents' access to the dining room and kitchen; and changes to smoking policies, notably in relation to the fourth-floor lounge.

Chart B: Eastside Lodge: Reported Incidents of Aggression by Location, 2000–2003

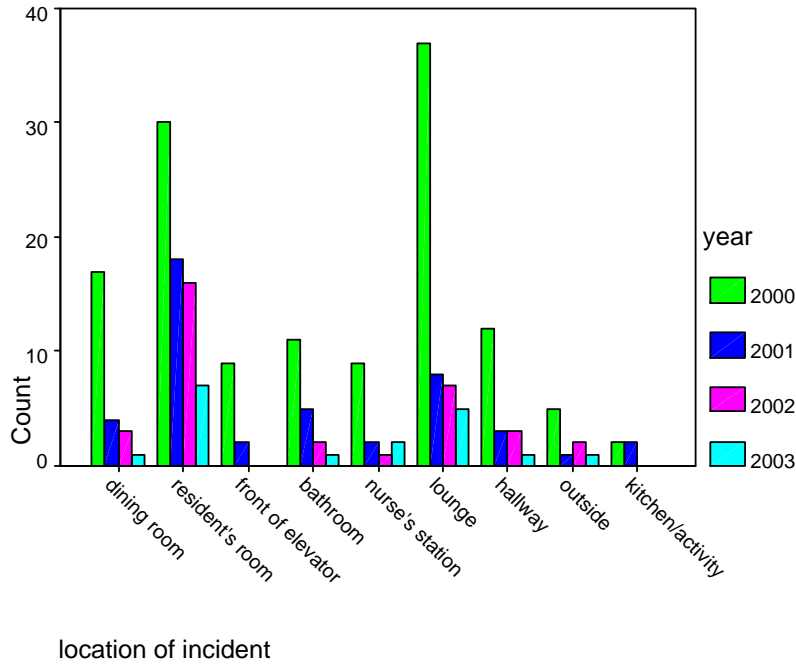
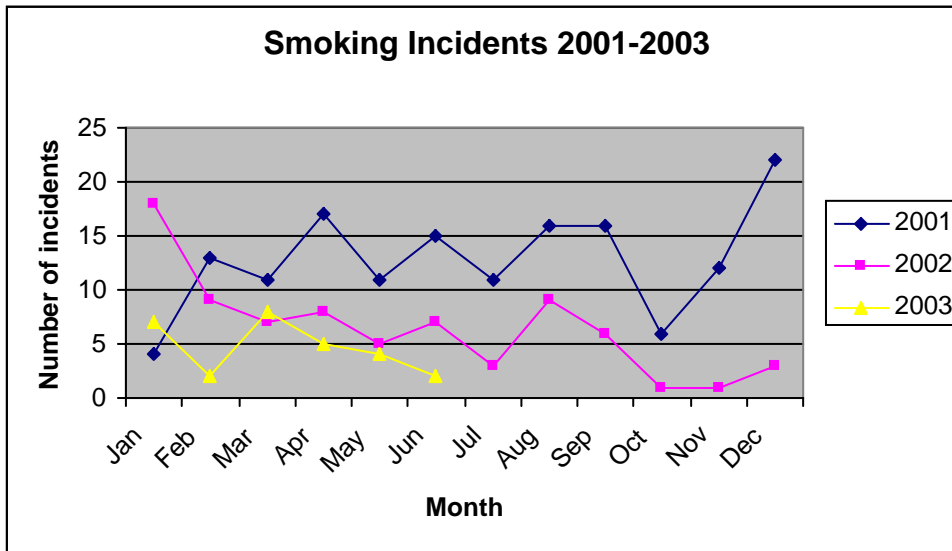
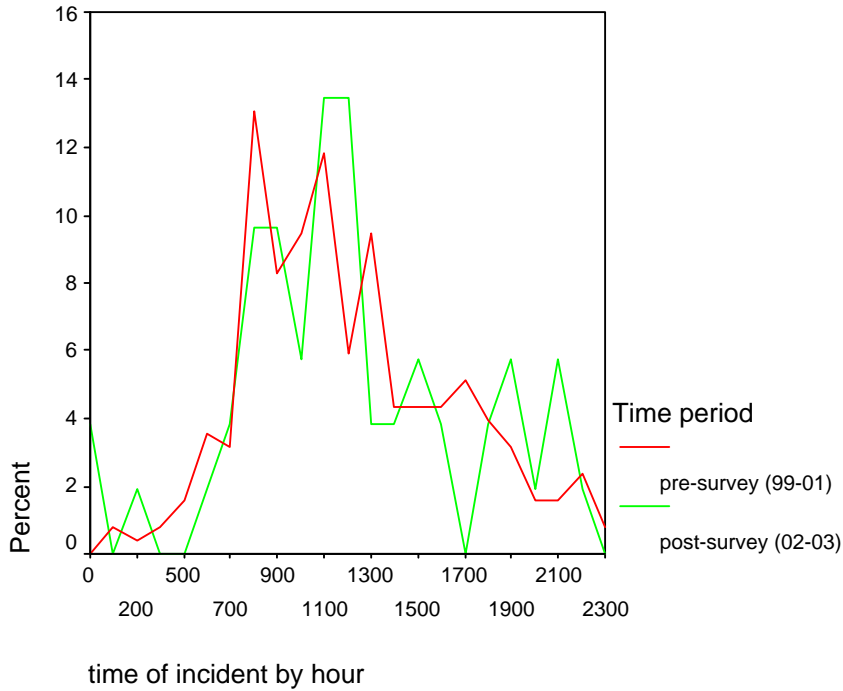


Chart C: Eastside Lodge: Smoking-Related Incidents, 2000–2003



We have one additional piece of evidence that suggests an impact created by these improvements in design. If we look at the temporal pattern of incidents of aggression (the time of day at which most incidents occur), we can see a consistency between 2001 and 2003 in Chart D, with the exception of the dinner hour. Because of the change in dining room access and the elimination of queues, incidents occurring at about 5 p.m. have virtually disappeared.

Chart D: Eastside Lodge: Most Common Time of Incidents, 2001 and 2003



These incident data suggest that incidents of aggression have decreased at Eastside Lodge during the life of this project. In 1999 and 2000 employees were already regularly reporting incidents of aggressive behaviour by residents; the declines between 2001 and 2003 cannot easily be attributed to changes in reporting practices by Lodge employees. Rather, it appears that there has been a real reduction in incidents of aggression, likely prompted by changes in facility design, improved education and motivation of employees, and by a reduction in difficulties associated with the use and distribution of cigarettes. The continuous decline in the use of sick leave similarly points to this conclusion.

Analysis of Interviews and Focus Groups

We have clustered responses to interviews and focus groups in relation to discussion of the various impacts of interventions during the past two years (see Appendix A: Thematic Analysis of Eastside Lodge Focus Groups and Interviews).

Benefits of the Project

The focus groups and interviews suggested three significant benefits that emerged from this study: increased attention given to the problem of resident aggression, improvements in teamwork, and a real reduction in incidents of aggression. Those responding noted that the project had created a process that permitted front-line staff to work out solutions to the problems they face on a daily basis; communication has been improved and aggression is now clearly documented. The focus groups and interviews also revealed the clear perception that aggression has decreased since 2001, particularly in the special-care unit; verbal aggression remains a problem, albeit one much less significant than physical aggression.

Effectiveness of the Interventions

Changes on the third-floor special-care unit permitted the activity workers to give out a first cigarette in the morning, freeing care staff to focus on the preparation of residents for breakfast, and eliminating many conflicts over smoking; there were similar impacts from changes to the fourth-floor lounge. Focus groups and interviews yielded the observation that there has been a significant improvement in the amount and location of smoking throughout the facility. Some smoking in the rooms remains; most view this reality as a reflection of the facility's clientele.

The changes to the physical environment of the facility were seen as a critical reason for the observed decrease in aggressive incidents: no more lines for meals was cited as the single most important factor. Those participating in focus groups and interviews also noted that there was improved communication within the facility, with information about residents entered on the computer, and with the holding of more interdepartmental meetings. The Service Award dinner and the "Caught in the Act of Doing It Right" program were cited as evidence of improvements in teamwork. Finally, the learning needs assessment was viewed as a useful study, one that allowed employees to focus on the type of education that would be most useful for the facility.

Difficulties and Future Challenges

The focus group and interviews revealed some concerns about the extent to which the site project team communicated with our research team during the second year of the project. A number of those surveyed suggested that more frequent meetings between the research team and the site project team would have maintained a greater momentum for the project.

The employees pointed to government cutbacks to health care, however, as a greater obstacle for this project. As the number of staff has decreased during the past two years and hours of work have, for many, similarly decreased, tension has emerged as a dominant theme. Many of the employees indicated that this uncertain future creates a barrier for the initiatives of this project.

Many employees noted that if a project such as this is to have lasting value, there must be ongoing evaluation of education and training for both regular and casual workers. Many also noted that interdepartmental communication is still in need of improvement, and that while many difficulties have been eliminated through providing residents with ready access to the dining room, a number of new problems have emerged: food services staff now have some concerns about their safety.

Analysis of Survey Results: Risk Assessment, Employee, Job Satisfaction and Post-implementation Surveys

Introduction: The Risk Assessment Questionnaire and Employee Survey

The Risk Assessment Questionnaire and Employee Survey were designed to help administrators and employees in long-term care facilities to identify, prevent and manage risk factors associated with aggressive behaviour.

The Risk Assessment Questionnaire was first administered to the site assessment team at Eastside Lodge in the summer of 2001; the Employee Survey was responded to by 49 employees of Eastside Lodge in June 2001. Both of these surveys are based on a multi-dimensional understanding of risk: risk is not only to be determined by the knowledge, abilities and approaches of individual employees, but also by the acuity of a facility's residents, by the facility's policies and procedures, by the physical design and environment of the facility, by its social environment, and by the extent of community support available to those who work and live within the facility.

We have developed four overlapping categories of risk: the individual employee or resident as a source of risk, organizational policies and procedures as a source of risk, the environment as a source of risk, and the extent of community support as a source of risk.

The Risk Assessment Questionnaire

The Risk Assessment Questionnaire was filled out, on an individual basis, by a team from Eastside Lodge in 2001 and again in 2003.

The Employee Survey

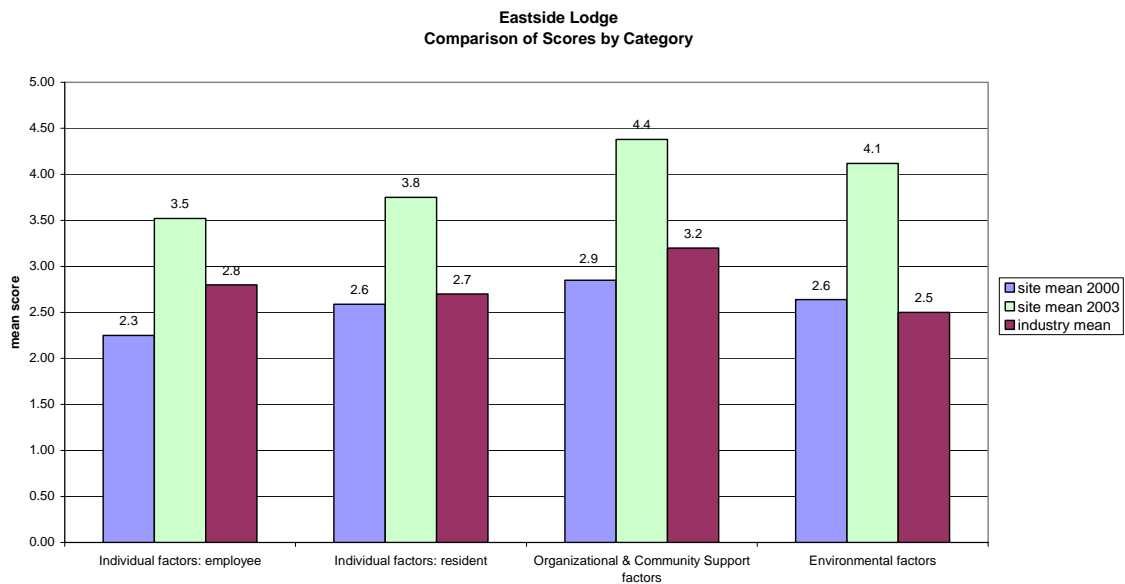
The Employee Survey provides a snapshot of the views of employees who work within Eastside Lodge, taken on a single day in June 2001 and then again in the summer of 2003. Although the Employee Survey does not canvass issues of the environment, or of the extent of community support, it does canvass some issues related to both individual and organizational risks. The responses to the Employee Survey allow the determination, albeit in an indirect manner, of whether employees share the views of the team responding to the Risk Assessment Questionnaire.

RESULTS: Risk Assessment Questionnaire

Results from the Risk Assessment Questionnaire in June 2001 indicated that Eastside Lodge had higher risks than most other long-term care facilities in two specific areas — individual factors: employees, and organizational policy and procedure. Eastside Lodge fell within the bottom 20 per cent of the 60 facilities surveyed to that date within the category of employees as a source of risk, and within the bottom 20 per cent of the 60 facilities within the category of policy and procedure as a source of risk.

Results from the Risk Assessment Questionnaire in May 2003 demonstrated statistically significant improvements in all categories of risk (see Chart E).

Chart E: Risk Assessment Scores



Most notably, one of the areas in which interventions were developed — policies and procedures (organizational and community support factors) — demonstrated the most significant change over time. The overall results from Eastside Lodge now place the facility within the top 10 per cent of all those long-term care facilities surveyed to date.

RESULTS: Employee Survey

The Employee Survey results in 2001 and 2003 provide a snapshot of many of the issues raised by the Risk Assessment Questionnaire. Although, as noted above, the questions asked are not directly correlational, the responses are useful and allow another focus for developing a program aimed at improved prevention and management of aggression. The differences in results from the Employee Survey in 2001 and 2003 were not as dramatic as

the results from the Risk Assessment Questionnaire. There were, however, three significant differences in responses. First, in 2003 more employees indicated that they did not always complete incident report forms after witnessing or experiencing aggressive incidents. This may account, at least to some extent, for the significant decreases in the number of incidents reported from 2001 to 2003. Second, significantly more employees now believe that dealing with aggressive residents is a part of their job; this may reflect an increased knowledge of dementia and the role that the disease plays in predisposing an individual to aggression. Third, in 2003 a significantly larger percentage of employees indicated that less attention should be paid to the problem of aggression, perhaps a reflection that current initiatives are now adequately meeting their needs and concerns (see Appendix B: Employee Survey).

Why did the results from the Risk Assessment Questionnaire demonstrate a clearly reduced profile of risk, while the results from the Employee Survey were, for the most part, more equivocal? The answer may flow from the differing roles played by the site assessment team and the employees of Eastside Lodge during the past two years. The site assessment team was more intimately involved in the project than the typical employee: they created the interventions, monitored their impact and essentially took ownership of the project. It is likely that this more focused commitment explains the more positive results from the site assessment team's responses to the Risk Assessment Questionnaire.

RESULTS: Job Satisfaction Survey

The Job Satisfaction Survey is a measure of job satisfaction with well-established reliability and validity, allowing those who take it to compare themselves to groups of workers in similar fields of employment. We compared the responses of 49 employees of Eastside Lodge who responded to the JSS on June 8, 2001 with those of 30 employees who responded to the JSS in December 2003. We found in 2001 that, relative to other medical personnel, employees at Eastside Lodge were slightly less satisfied with their supervisors, more satisfied with their operating conditions, much less satisfied with their co-workers, as satisfied with the nature of their work, and more satisfied with communication within the facility.

The results from 2003 were significantly more positive than the results from 2001, in relation to two categories: supervision and communication. Supervisors were more likely to be seen as competent and to be liked in 2003, and communications within the organization were more likely to be seen in a positive light (See Appendix C: Job Satisfaction Survey).

Post-implementation Survey

We asked a number of questions in 2003 about the value of this project for employees at Eastside Lodge. Specifically, we asked whether being involved for the past 2–3 years has been good for the organization, whether more attention has been paid to aggression, and whether the number of aggressive incidents has decreased. More than 90 per cent of those responding indicated that involvement has been positive, and almost 90 per cent indicated that “more attention is now being paid to the problem of aggression.” Approximately 75 per cent believe that involvement has also “reduced the amount of aggressive incidents” within the facility. Finally, one-third suggested that “the current state of the healthcare system in BC” has influenced their views of the effectiveness of the project. Although we cannot be sure of the meaning of this response, other related comments lead us to the conclusion that an uncertain labour-management environment has diminished the value of this project, at least for some employees.

Appendix A: Thematic Analysis of Eastside Lodge Focus Groups and Interviews

October 2003

Benefits of This Project

Increased Attention to the Problem of Aggression

“The project has been good because the problem of aggression is now being documented.”

“Overall, the project has been really good. We’ve had some good outcomes. The study helped us put in a more structured communication process around aggressive behaviour, particularly the working sessions.”

“There has been more attention paid to aggression because of the study.”

“The surveys and interviews helped us figure out what the front-line staff thought about aggression and other teamwork issues.”

Increased Teamwork

“We became more of a team after the project.”

“I liked that it encouraged a real team effort. We had people from every department. I liked that the employees had a chance to participate.”

“Everyone from every department was valued.”

“The team learned to work really closely together.”

Decreased Aggression

“The aggression has decreased here over the past two years, especially in special care.”

“There is decreased physical aggression, but verbal aggression is still about the same.”

Interventions

Smoking

Changes on third floor (special-care):

- Designated smoking times.
- Activities gives out first cigarette in the morning because care staff doesn’t have time.

- Residents are now able to focus on breakfast and programs rather than constantly on smoking.

Changes to smoking policy and procedures:

- Posted more “No Smoking” signs, even in the rooms and bathrooms of some residents (who often smoked in their rooms).
- Made certain (cognitively aware) residents sign contracts not to smoke in the building.

“We had smoking all over the place before, and after putting a new policy and procedures in place, we decreased it quite a bit; however, there is still some smoking in the rooms and probably always will be. That is the nature of our clientele.”

“There has been a big improvement in the amount of smoking in the facility.”

Environmental

- The dining room was renovated and gates removed.
- The TV was moved farther away from dining room for noise control.
- A coffee station was placed beside the dining room and is always accessible to residents.
- Bathrooms were made more accessible.
- Chairs were removed from the smoking room to make more room for wheelchairs.

“Our renovations were a change agent that coincided with the project. This change helped decrease aggressive incidents.”

“We changed the dining room so that there was no more lining up for meals. Now the residents can come and go from the dining room as they please. This has really decreased aggressive incidents.”

“The dining room renovation really reduced the amount of aggressive incidents.”

“It is amazing how the environmental changes helped reduce aggression, especially changing the dining room and having it accessible all of the time. The changes in the fourth-floor smoking lounge also helped reduce aggression.”

Communication

- Changed the 24-hour report to include aggression.
- We weren’t able to implement the staff computer communication due to cost.
- We started more interdepartmental meetings.
- Recreation and food services now have informal meetings.

“There is lots of cooperation between departments when there are major events.”

“We make a conscious effort to communicate with other departments.”

“Our communication increased over the past year.”

“We have a communication book, but it isn’t seen by all departments.”

“All of the information about the residents is now entered on the computer, which makes it easier for some to access, but more difficult for others.”

Interdepartmental communication still needs improvement

“I still think our interdepartmental communication needs some work.”

Education and Training

- A learning needs assessment was conducted. The survey was adapted from the HBT assessment and suited to Eastside’s needs.
- True Colours refresher was given to all staff.
- A 13-week dementia course was given to 13 people from different departments.
- GPEP course on aggression management was given to all staff (1-hour session).
- 6-hour human rights training was presented for the management team (November 2003).
- Phase 2 of the training program will commence January 2004.

“The study helped us focus on the type of education needed.”

Teamwork (recognition programs)

- “Caught in the Act of Doing It Right” program started
- Service Award dinner

“I have seen people saying thank you more.”

Difficulties in Being Involved with the Project

Not Enough Communication from the Research Team

“The second year seemed to slow down because the research team wasn’t around as much.”

“It would have been nice to have more engagement and communication from the research team.”

Things that might have maintained momentum over the three years include:

- Bi-monthly meetings with the research team
- More communication with the research team
- Had the number of staff not gone down so much, the site project team would have met more during the second year.

Cutbacks

“The cutbacks have hampered the effectiveness of this project. Support services have been hit hard, so our staff has more on their plate than ever. Resident care has also been hit. They have gone from 25 full-time down to 18.”

“There has been a lot of emotion in the workplace over the past 2 years due to uncertainty in the healthcare system. We don’t know what will happen next year with contracting out.”

“There is a lot of tension in the environment and that was a barrier to the teamwork initiatives of the project.”

Future Challenges

Interdepartmental Communication Still Needs Improvement

“I still think our interdepartmental communication needs some work.”

“All staff need to be informed of residents with aggressive tendencies.”

“I think, to some degree, this [interdepartmental communication] is still a problem.”

Continue Education and Training

“We need to continue education and training, making sure it is available for all staff. The training should also be formal and informal.”

“Focus on casuals getting education and training.”

“We need specific training on HIV care.”

Residents in Dining Room

“The food services staff have safety complaints about having residents in the dining room all of the time.”

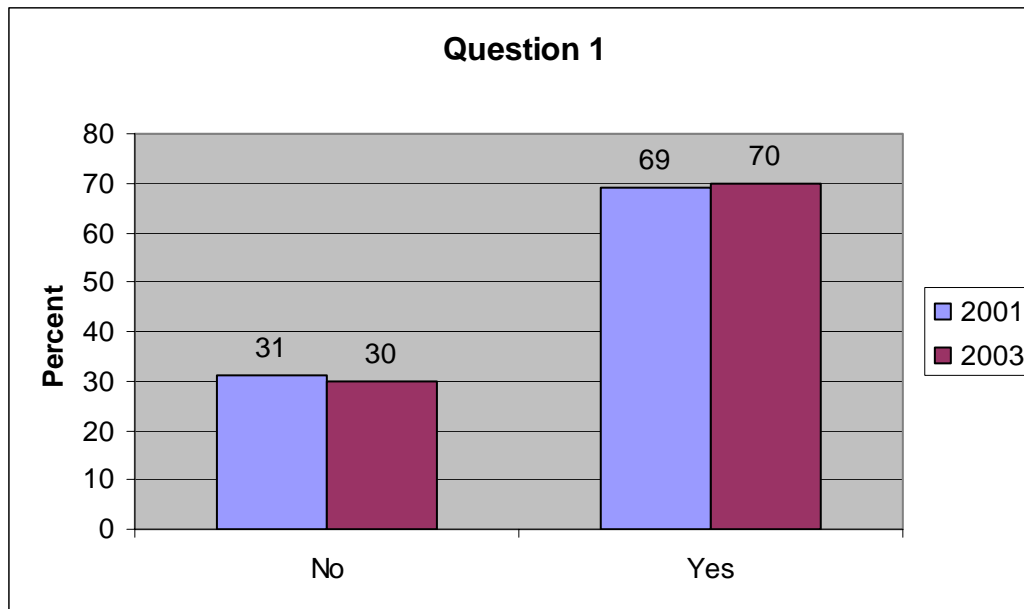
“The residents have access to sugar, which may be a problem for diabetic residents.”

“There is still a problem with too much wheelchair traffic.”

Appendix B: Employee Survey

The results below are from the completed Employee Surveys of 49 employees who worked in June 2001 compared to 30 employees who completed the Employee Survey in December 2003.¹

Question 1: Have you received education and training on the normal ageing process as well as the signs of dementia, delirium, Alzheimer's disease, etc., particularly as they relate to aggressive behaviour in the elderly?

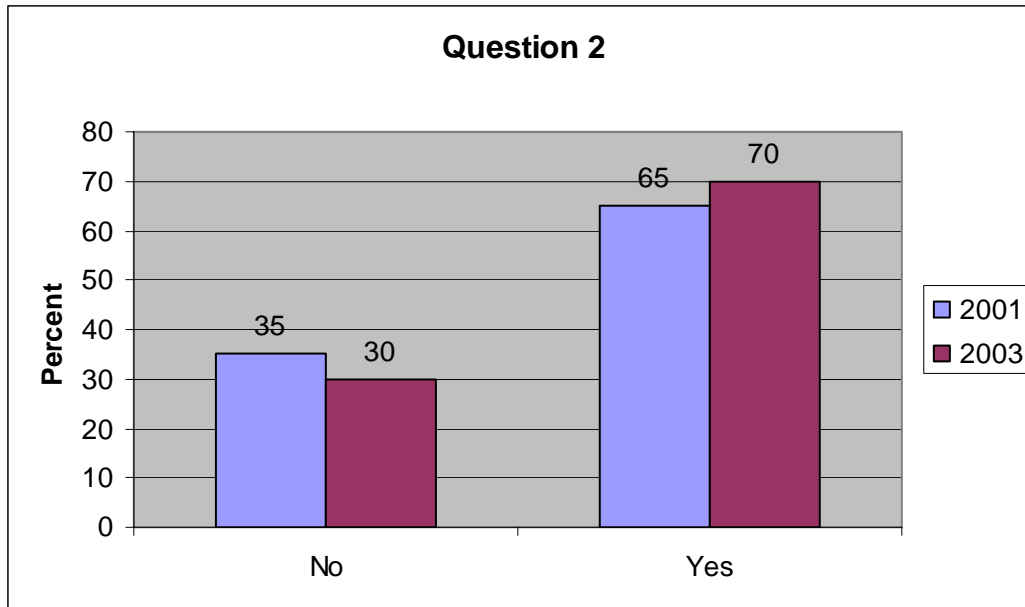


There is no significant difference between 2001 and 2003.²

¹ Due to rounding percentages to the nearest whole number, percentages may not add up to 100%.

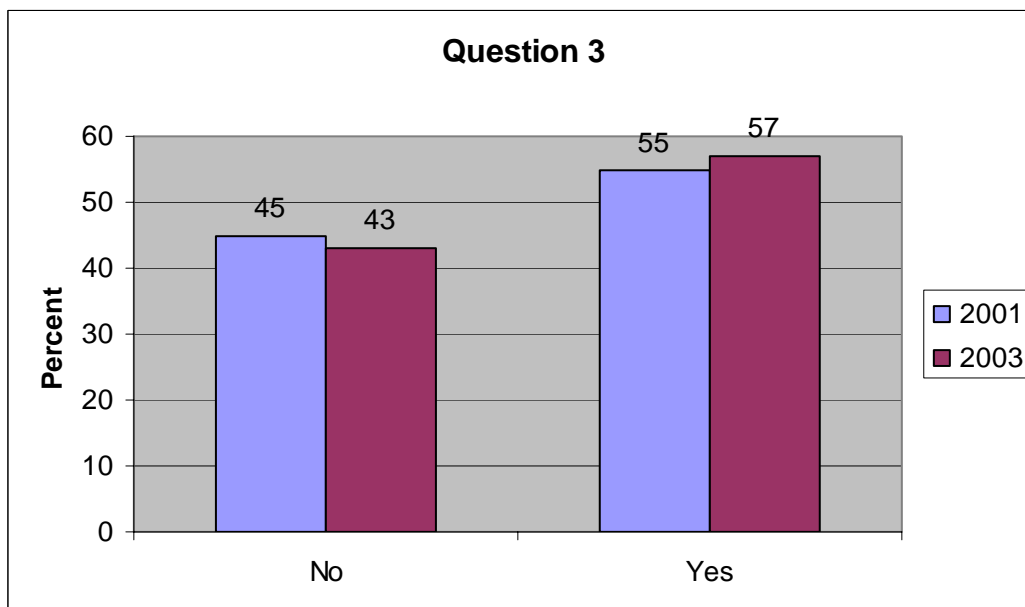
² Chi-square statistics were used to determine significance of employee survey questions.

Question 2: Have you received specific education and training on how to manage an aggressive resident (e.g. communication skills, protection of personal space, defensive strategies to reduce risk of injury)?



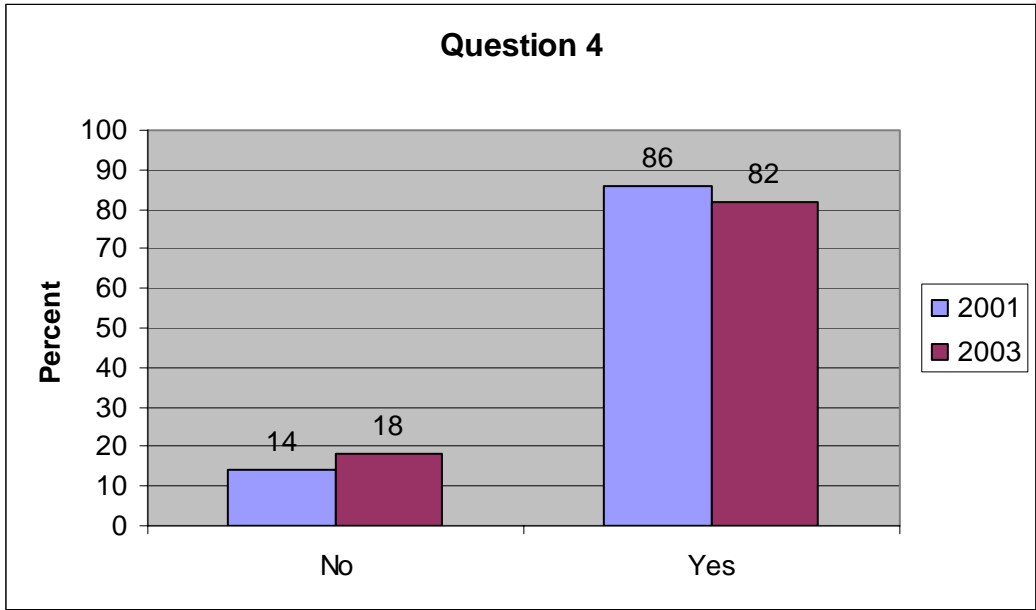
There is no significant difference between 2001 and 2003.

Question 3: Have you received education and training on the management of aggressive behaviour in the last 3 years?



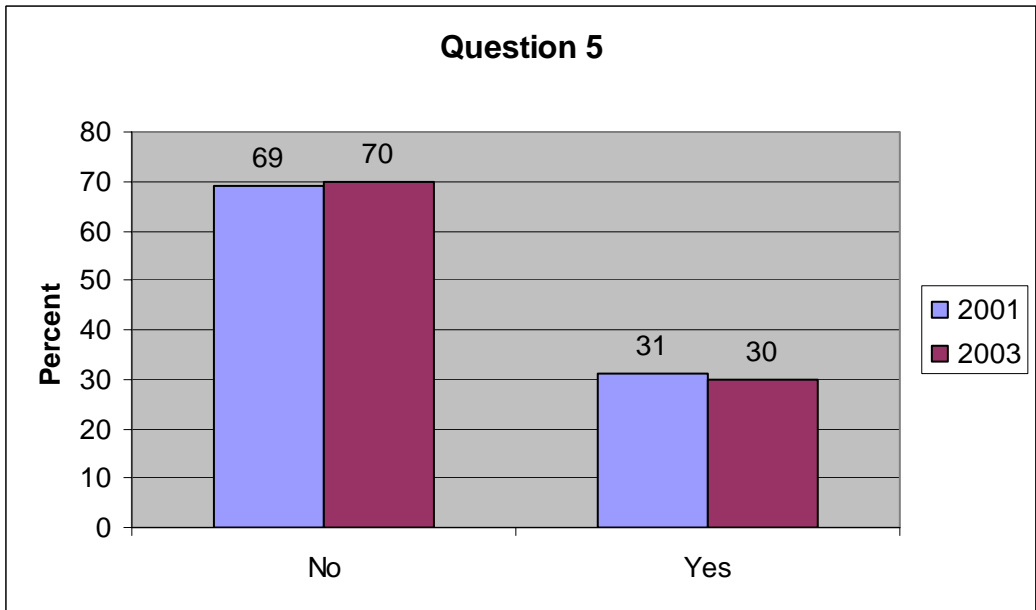
There is no significant difference between 2001 and 2003.

Question 4: When care concerns are reported, are they responded to?



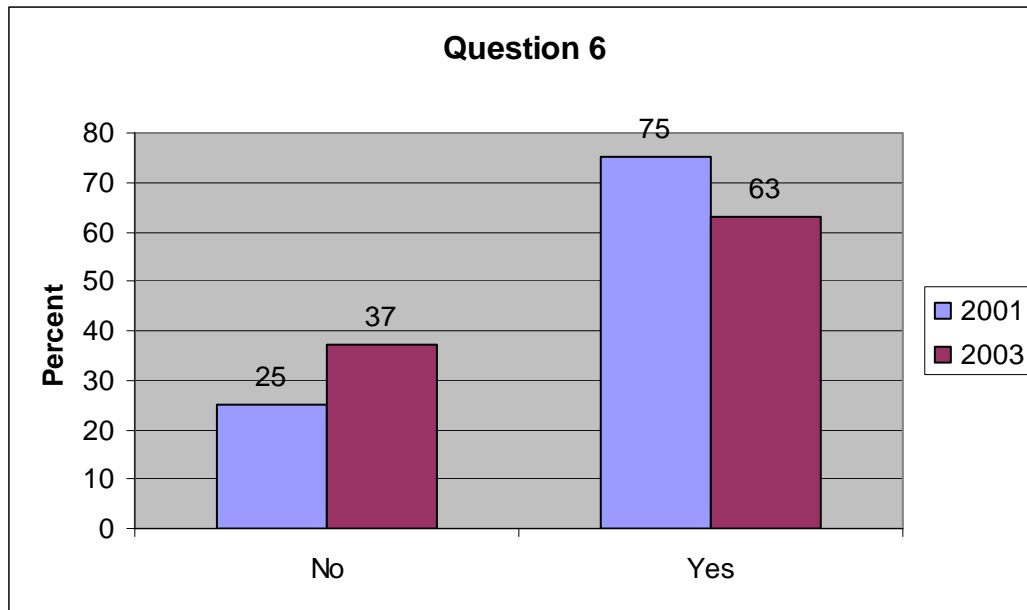
There is no significant difference between 2001 and 2003.

Question 5: Have you experienced at least one act of physical aggression (e.g. pinching, hitting, spitting, etc.) in the last week?



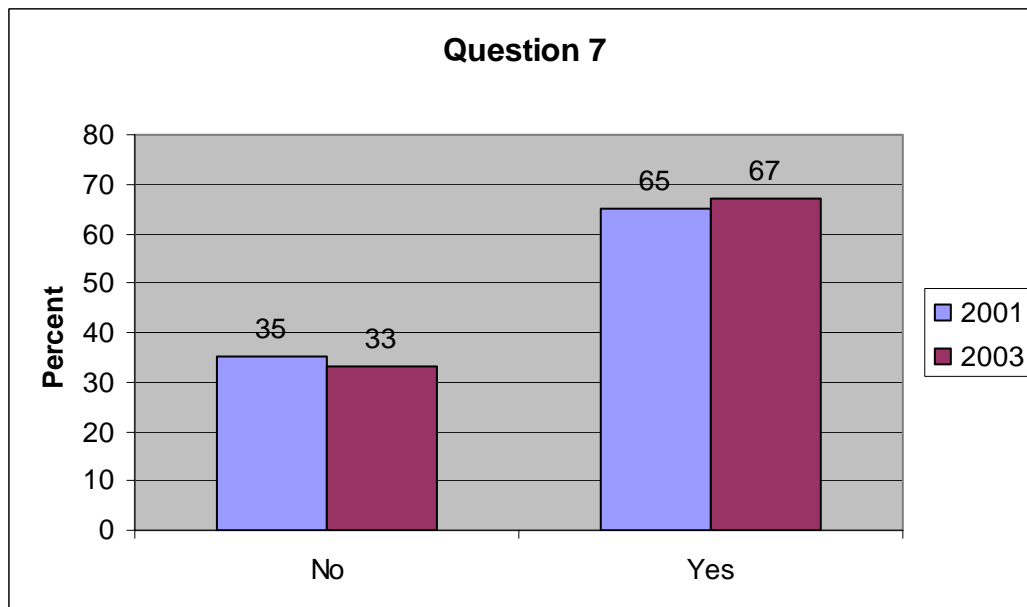
The difference in responses between 2001 and 2003 is not statistically significant.

Question 6: Have you experienced at least one act of verbal aggression (e.g. swearing, threats, yelling, etc.) in the last week?



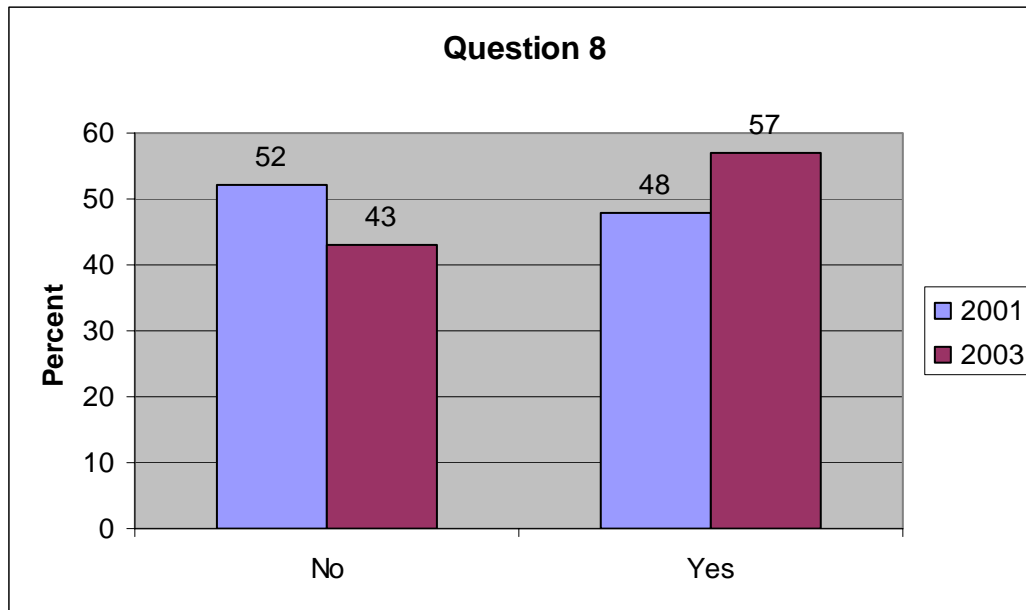
The difference in responses between 2001 and 2003 is statistically significant, with more staff saying “no” in 2003.

Question 7: Are residents who could be (or have been) aggressive identified to you?



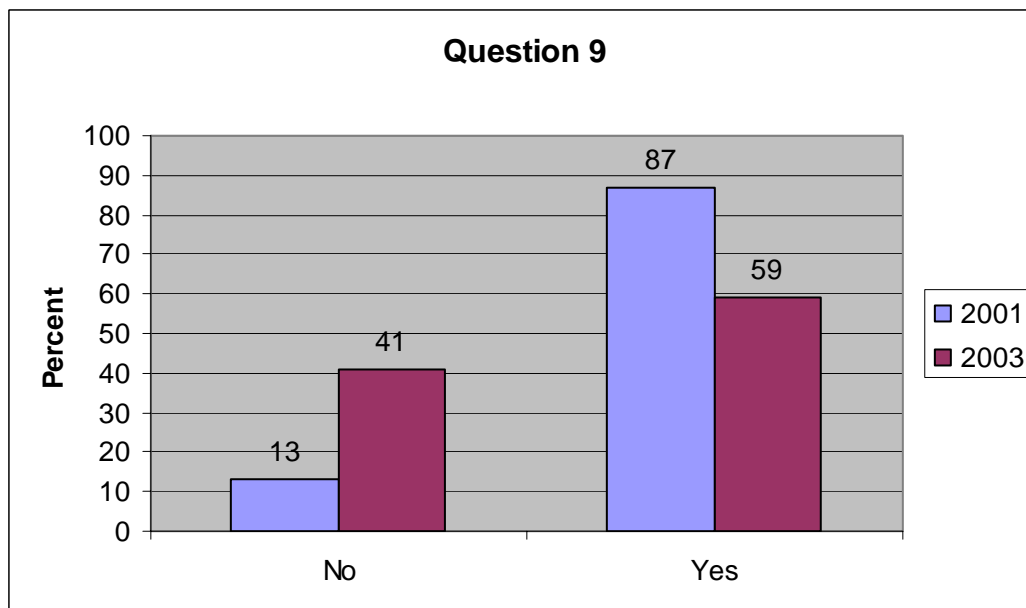
The difference in responses between 2001 and 2003 is not statistically significant.

Question 8: Are you informed when there is a behaviour change in the resident as a result of disease progression or acute illness (e.g. urinary tract infection (UTI), depression)?



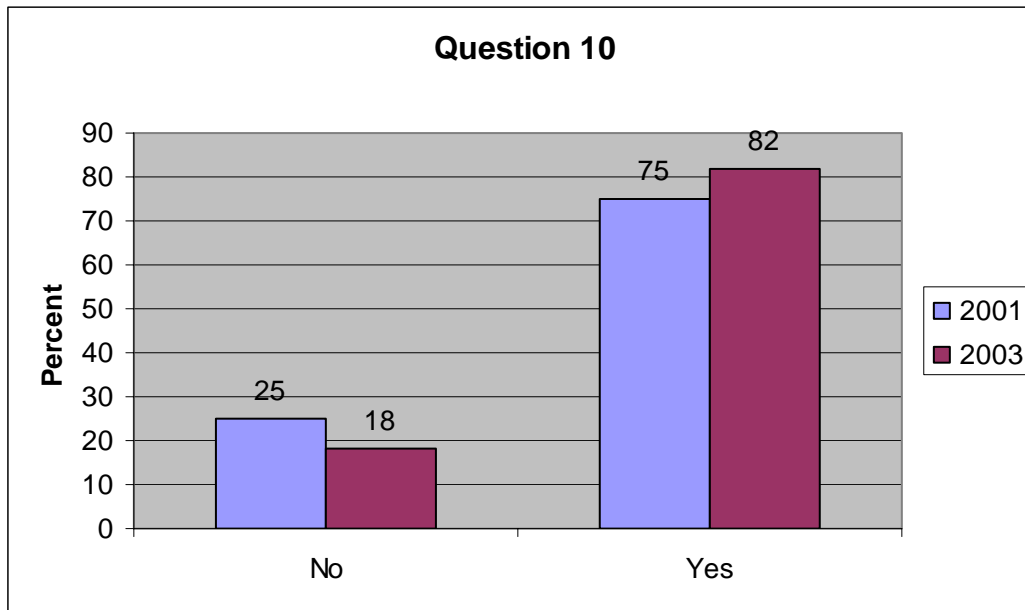
The difference in responses between 2001 and 2003 is statistically significant, with more staff saying “yes” in 2003.

Question 9: Do you complete an incident report for occurrences of aggressive behaviour?



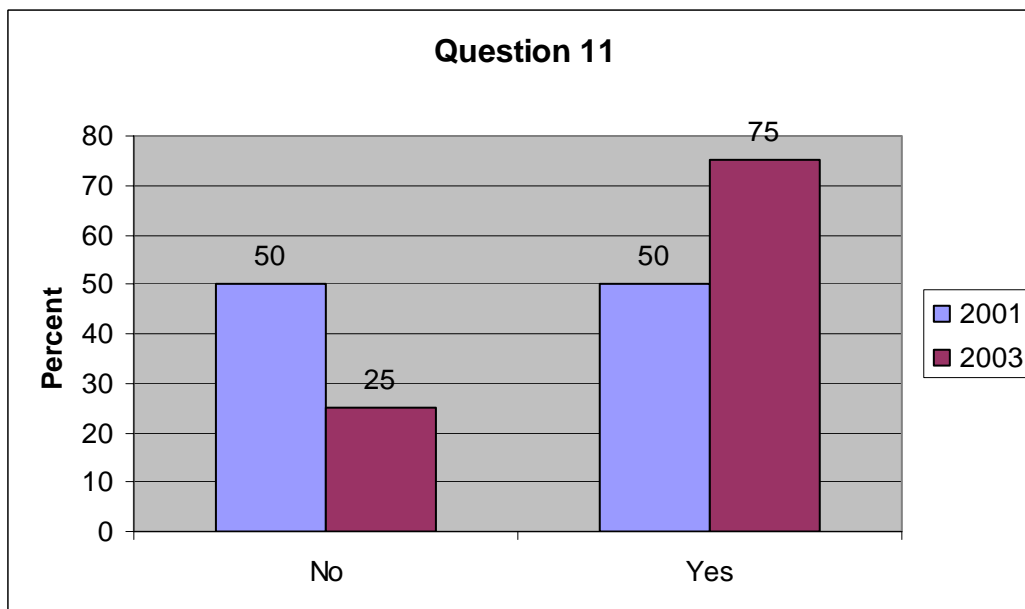
There is a significant difference between 2001 and 2003, with more staff saying “no” in 2003.

Question 10: Are policies and procedures in place for managing aggressive and violent behaviour?



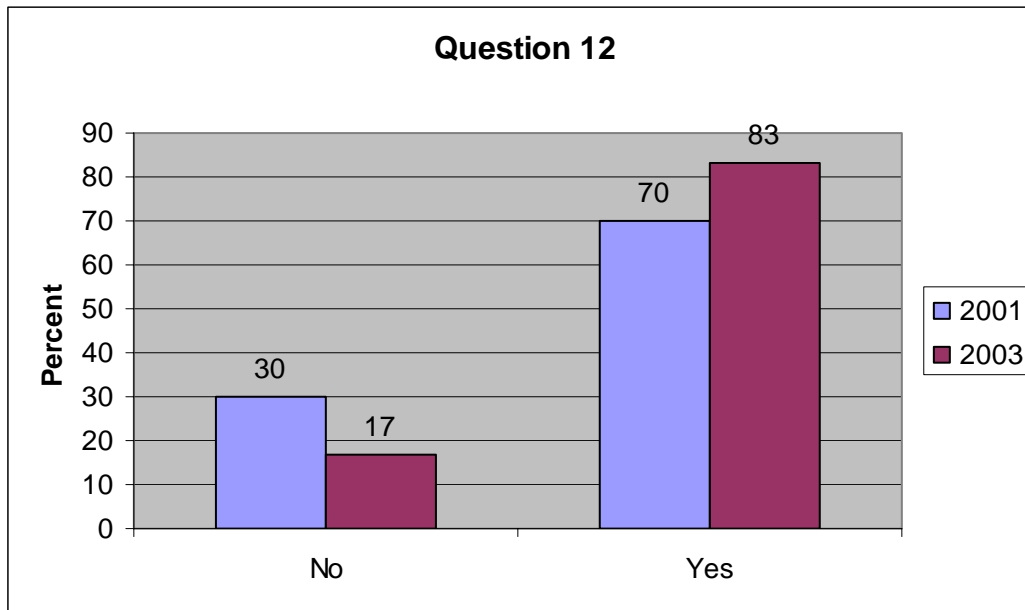
The difference in responses between 2001 and 2003 is not statistically significant.

Question 11: Do you think that dealing with physically or verbally aggressive residents is to be accepted as part of your job?



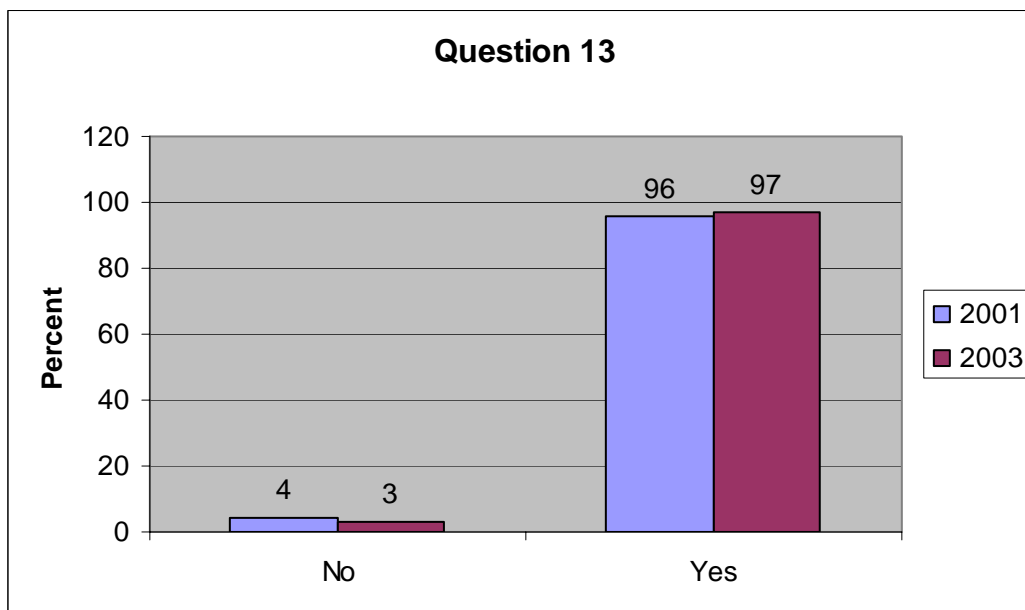
The difference in responses between 2001 and 2003 is statistically significant, with more staff saying "yes" in 2003.

Question 12: Do you feel confident in your ability to manage a physically aggressive resident (e.g. pinching, spitting, slapping, biting, grabbing, kicking, etc.)?



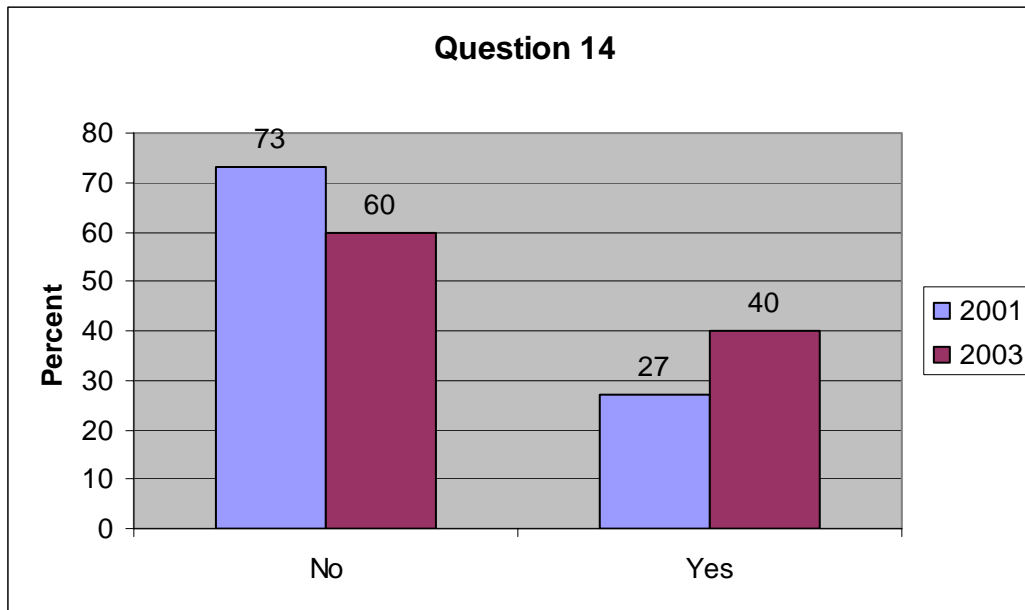
The difference in responses between 2001 and 2003 is statistically significant, with more staff saying “yes” in 2003.

Question 13: Do you feel you have effective communication skills (verbal and non-verbal) to be able to work positively with the elderly?



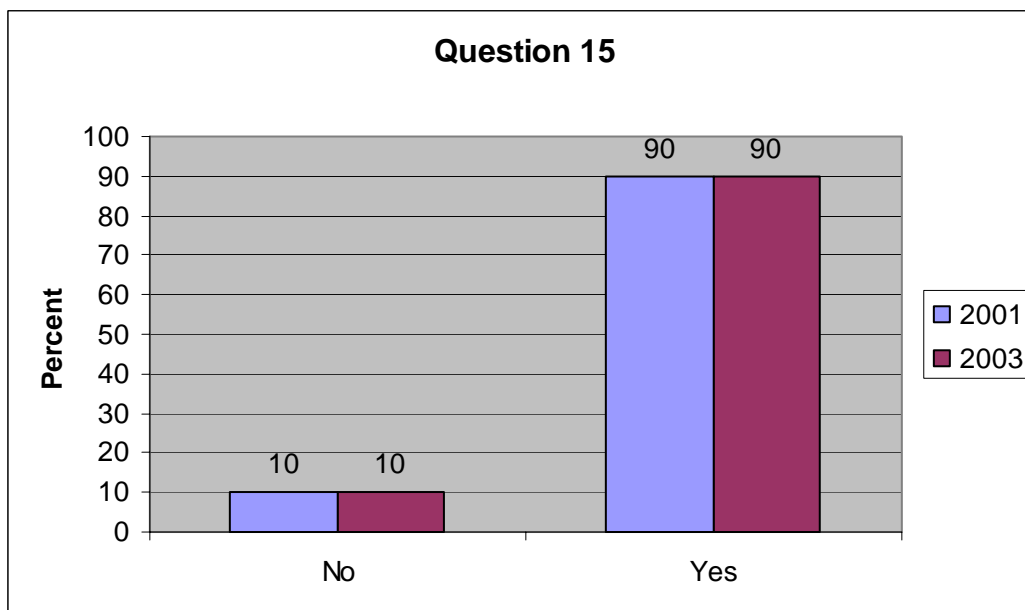
The difference in responses between 2001 and 2003 is not statistically significant.

Question 14: Do environmental restrictions (e.g. lack of space, poor workspace layout) limit your ability to move away from an aggressive resident?



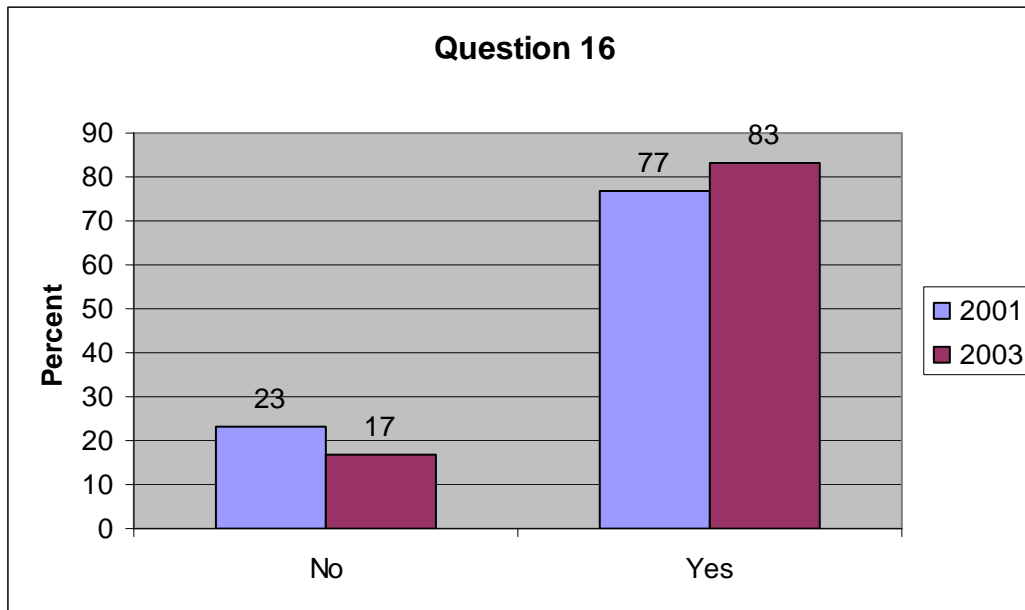
The difference in responses between 2001 and 2003 is significant, with more staff saying “yes” in 2003.

Question 15: Do you feel comfortable telling your supervisors/managers about your concerns about working with an aggressive resident?



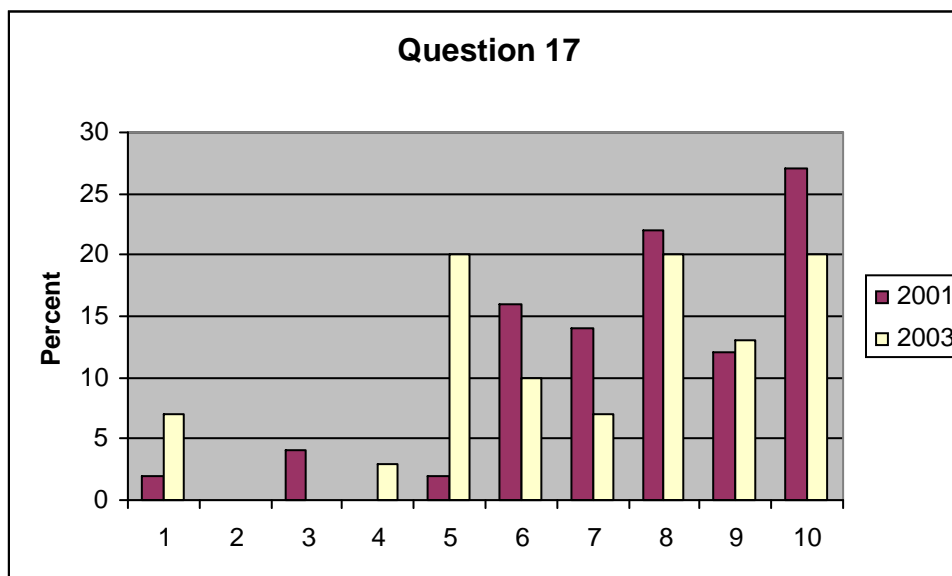
There is no difference in response between 2001 and 2003.

Question 16: Do you consider yourself part of the multidisciplinary care team for your unit or department?



The difference in responses between 2001 and 2003 is not statistically significant.

Question 17: Overall, do you think that more attention should be paid to the issue of managing aggressive behaviour within your organization? (on a scale of 1 to 10, where 1 = none; 10 = significant)



Staff who completed surveys in 2003 answered that less attention should be paid to aggression than respondents in 2001.

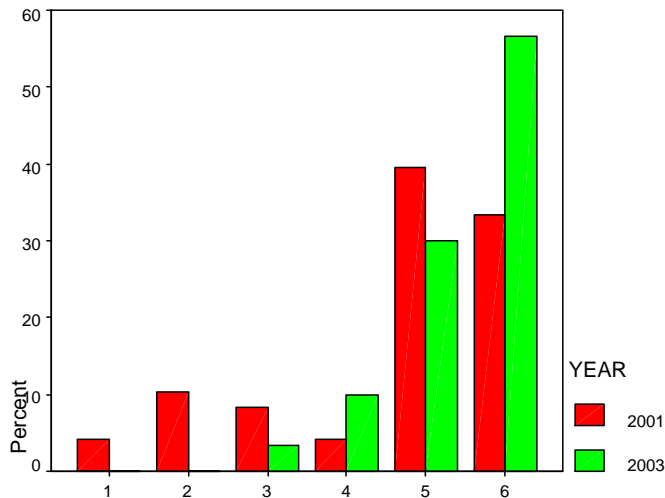
Appendix C: Job Satisfaction Survey

These results are comparisons from the 49 job satisfaction surveys completed in June 2001 (pre-survey) and the 30 surveys completed in December 2003 (post-survey). The pay, promotion, fringe benefits, contingent rewards and nature of work indices were omitted from the post-surveys because the research team decided the results presented in these categories were not important to the study at hand. A new teamwork index was added to the post-survey.

Rating Scale:	
1	= Disagree very much
2	= Disagree moderately
3	= Disagree slightly
4	= Agree slightly
5	= Agree moderately
6	= Agree very much

Supervision Index (composed of the following questions):

My supervisor is quite competent in doing his/her job.

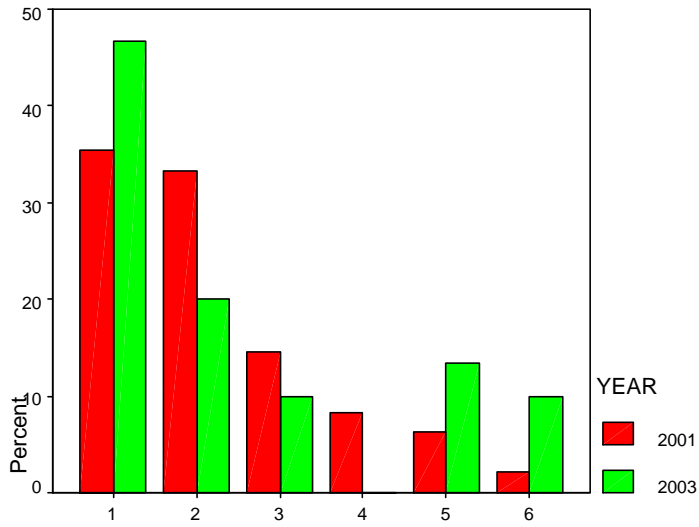


JS1

Employees surveyed in 2003 had a significantly higher level of agreement that their supervisors are quite competent at their jobs.³

³ Significance for Job Satisfaction Questions were tested using an independent-samples t-test.

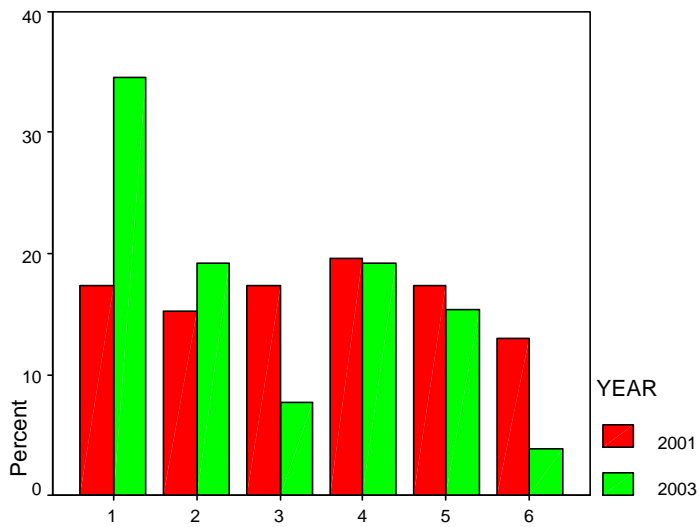
My supervisor is unfair to me.



JS6

There is no statistically significant difference between 2001 and 2003.

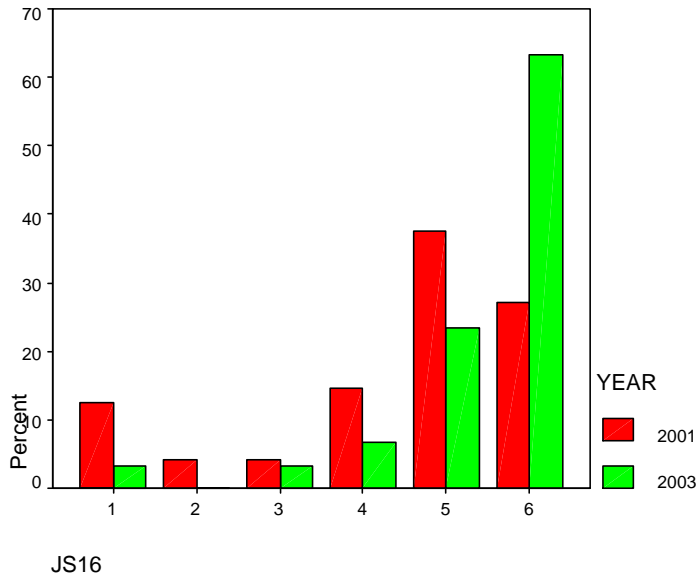
My supervisor shows too little interest in the feelings of subordinates.



JS11

There is no statistically significant difference between 2001 and 2003.

I like my supervisor.



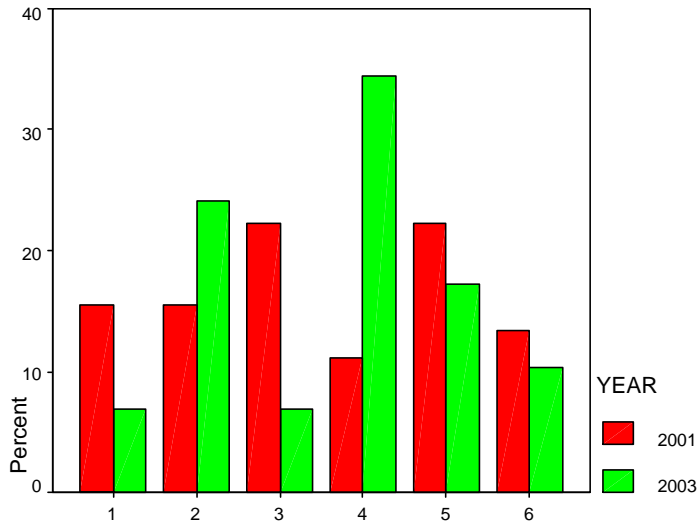
Employees surveyed in 2003 had a significantly higher level of agreement that they like their supervisors.

Overall, employees at Eastside Lodge seem to be more satisfied with their supervisors than all American averages.

Employees surveyed in 2003 had a significantly higher level of satisfaction overall with their supervisors.

Operating Conditions Index (composed of the following questions)

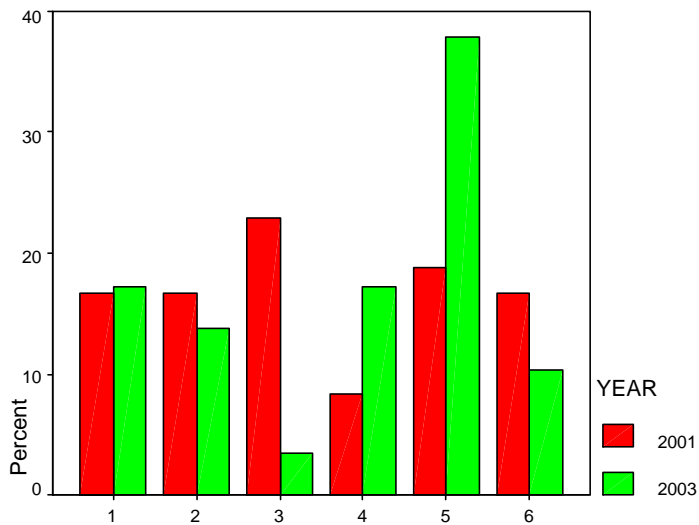
Many of our rules and procedures make doing a good job difficult.



JS2

There is no statistically significant difference between 2001 and 2003.

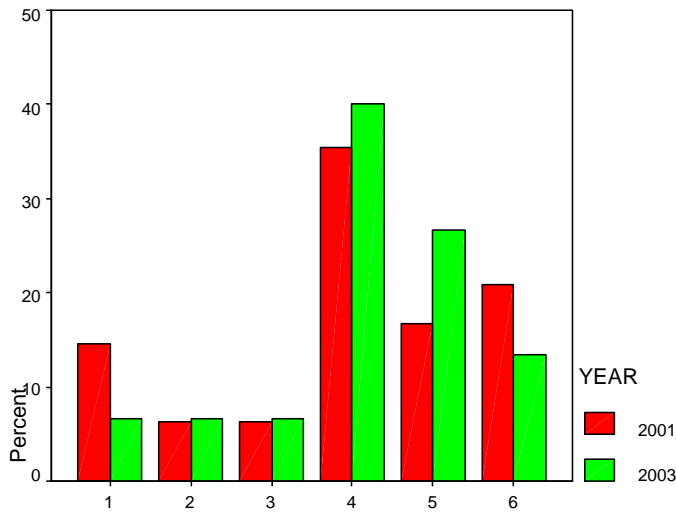
My efforts to do a good job are seldom blocked by red tape.



JS7

There is no statistically significant difference between 2001 and 2003.

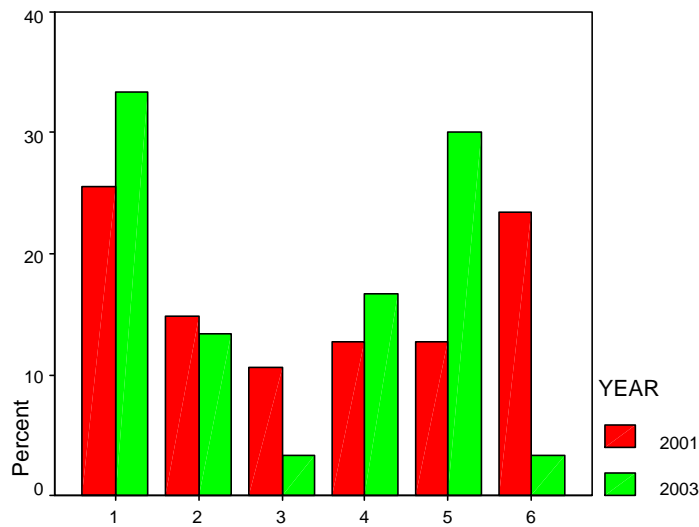
I have too much to do at work.



JS12

There is no statistically significant difference between 2001 and 2003.

I have too much paperwork.



JS17

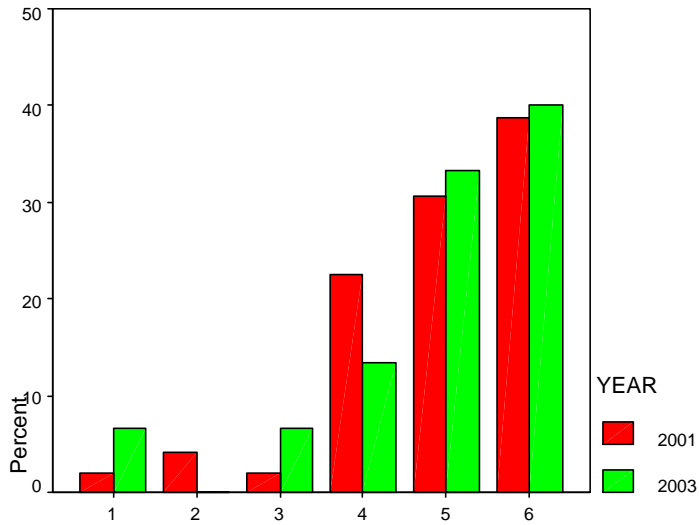
There is no statistically significant difference between 2001 and 2003.

Overall, employees of Eastside Lodge are more satisfied with the operating conditions of their job than American averages for every sector, with the exception of the private sector.

There is no statistically significant difference between 2001 and 2003.

Co-workers Index (composed of the following questions)

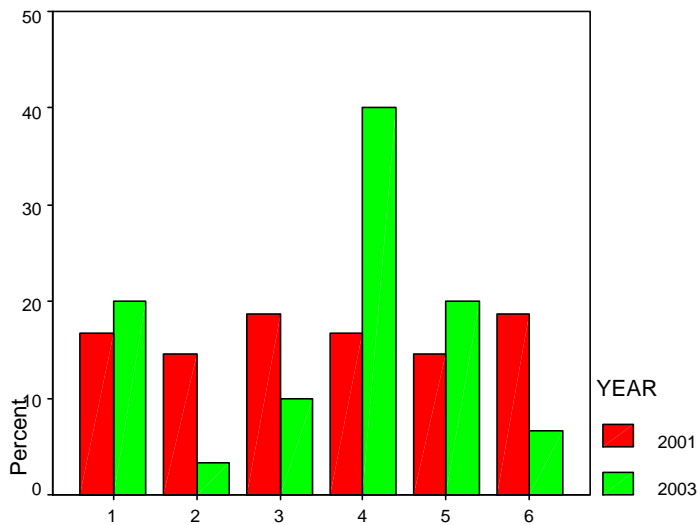
I like the people I work with.



JS3

There is no statistically significant difference between 2001 and 2003.

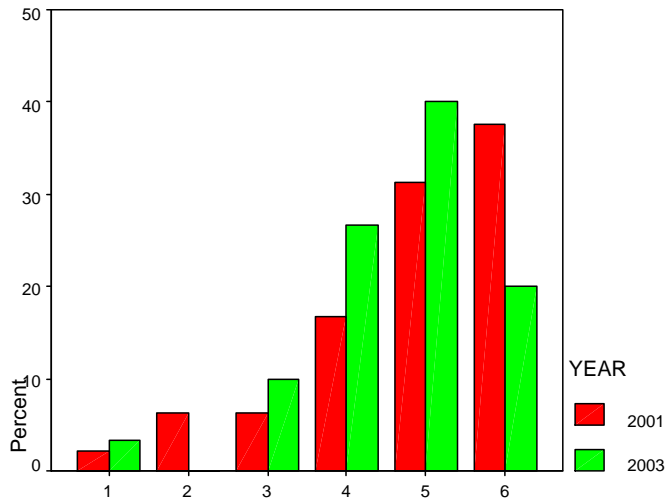
I find I have to work harder at my job because of the incompetence of people I work with.



JS8

There is no statistically significant difference between 2001 and 2003.

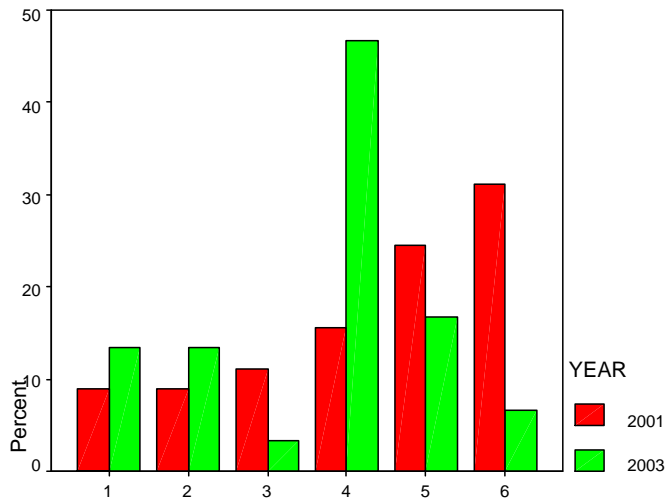
I enjoy my co-workers.



JS13

There is no statistically significant difference between 2001 and 2003.

There is too much bickering and fighting at work.



JS18

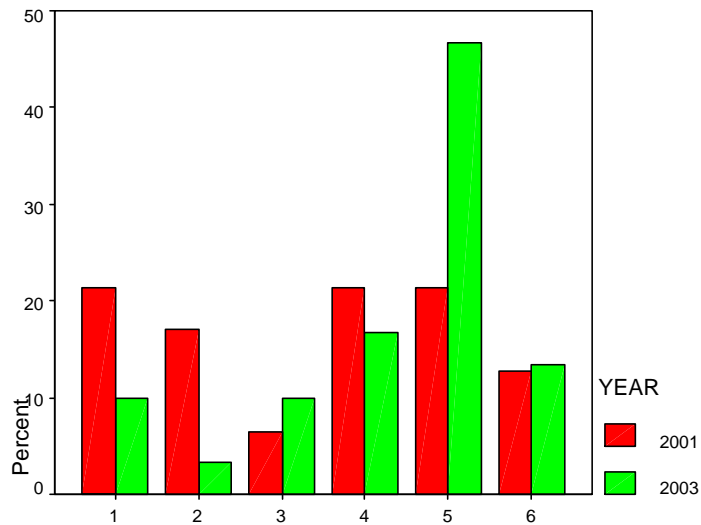
Employees surveyed in 2003 had a lower level of agreement that there is too much bickering and fighting at work; however this difference didn't quite make the .05 significance cutoff.

Overall, employees of Eastside are less satisfied with their co-workers than all other American samples.

There is no statistically significant difference between 2001 and 2003.

Communication Index (composed of the following questions)

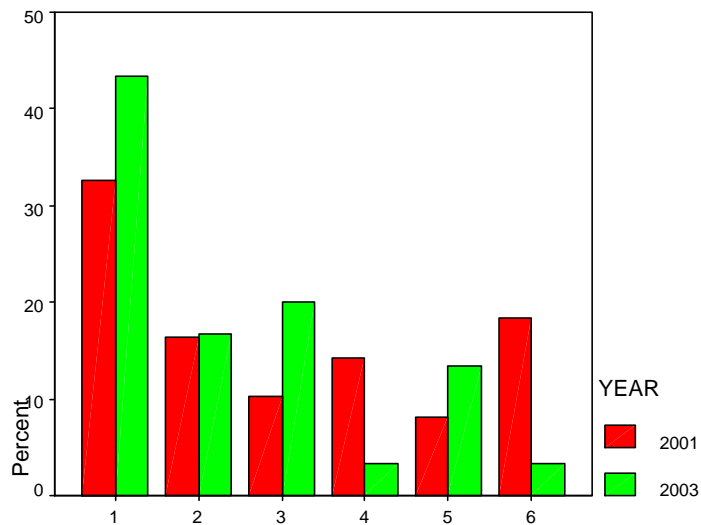
Communications seem good within this organization.



JS4

Employees surveyed in 2003 had a significantly higher level of agreement that communications seem good within this organization.

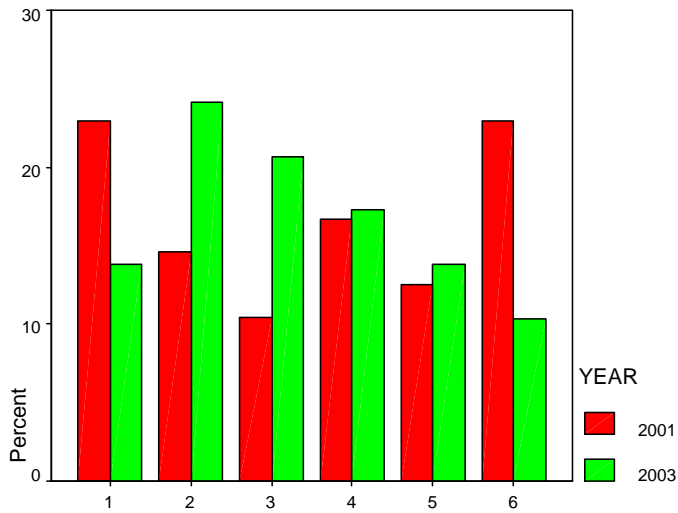
The goals of this organization are not clear to me.



JS9

There is no statistically significant difference between 2001 and 2003.

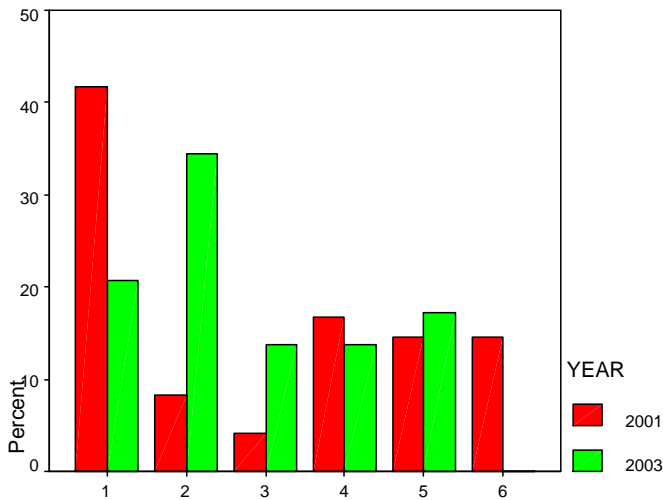
I often feel that I do not know what is going on with the organization.



JS14

There is no statistically significant difference between 2001 and 2003.

Work assignments are not fully explained.



JS19

There is no statistically significant difference between 2001 and 2003.

Overall, employees of Eastside Lodge are more satisfied with the communication within their job than all of the American sample averages.

Employees in 2003 are significantly more satisfied with their communication overall than employees in 2001.

Southside Care Home

Final Report

**Challenging Behaviour in Long-term Care
February 2004**

Presented to the Southside Site Project Team

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Southside Care Home: Final Report

In March 2001 Southside Care Home agreed to participate in a three-year evaluation project designed to reduce a number of difficulties associated with resident aggression. Specifically, Southside Care Home agreed to develop interventions in three areas:

- 1) Education and training for staff on the prevention and management of aggression;
- 2) Organizational policies and procedures to prevent and manage aggression; and
- 3) Implementing strategies for enhancing teamwork — applying a collaborative process for the prevention and management of aggression.

This final report considers the effects of these interventions, evaluating their strengths and weaknesses, and pointing to possible future directions. Southside Care Home is a 144-bed intermediate care facility located in south Vancouver. The facility has 83 intermediate care beds and 61 special-care beds. It employs 83 full-time equivalents, almost all of whom are unionized employees: 78 full-time employees, 28 part-time, and 87 casuals. The facility was built in 1979 and has undergone minor renovations since that time.

An initial assessment was conducted in the summer of 2001 to provide the employees and management of Southside Care Home with a variety of types of information about existing efforts to prevent and manage aggressive behaviour at the Care Home. A "Current Situation Assessment" was presented to Southside in the fall of 2001. This report analyzed 1) Incident Reports; 2) Information gathered from Interviews and Focus Groups; 3) Survey Results: Risk Assessment, Employee and Job Satisfaction, and then presented conclusions, with suggestions for possible areas of intervention.

The Interventions

Southside Care Home decided to focus its efforts to reduce aggression on education and training, the policies and procedures of the facility, and teamwork. The facility has a clinical-nurse coordinator who has facilitated an ongoing educational program, particularly for care staff, but the site project team wanted to ensure that there was a educational plan in place for the entire organization. Specifically, the team at Southside established five goals:

- 1) To develop and maintain an organization-wide learning plan for managing aggressive behaviour;
- 2) To deliver relevant and timely education and training to all employees on managing aggressive behaviour;
- 3) To identify and effectively communicate to appropriate individuals information about residents who have demonstrated a potential for aggression;
- 4) To establish a dynamic aggression management policy and procedures that reflect the philosophy of care at Southside Care Home; and
- 5) To establish and maintain an effective and efficient interdepartmental communication system.

In concrete terms, the team at Southside Care Home decided:

- a) To develop a learning needs tool, identify training resources, and to construct a schedule and plan for education of all staff;
- b) To follow through on this first initiative by delivering such education and training;
- c) To establish a non-invasive and non-stigmatizing system for the identification of aggressive residents;
- d) To write a new aggression management policy for the facility; and
- e) To survey employees regarding improvements in interdepartmental communication, and to put in place improved procedures for communication.

The Effects of Interventions: A Summary

In the pages that follow we set out the consequences of interventions at Southside Care Home. These results are presented in a relatively detailed manner, documenting changes revealed in incident reports, interviews and focus groups, and in surveys of risk assessment, job satisfaction and the successes or failures of various changes.

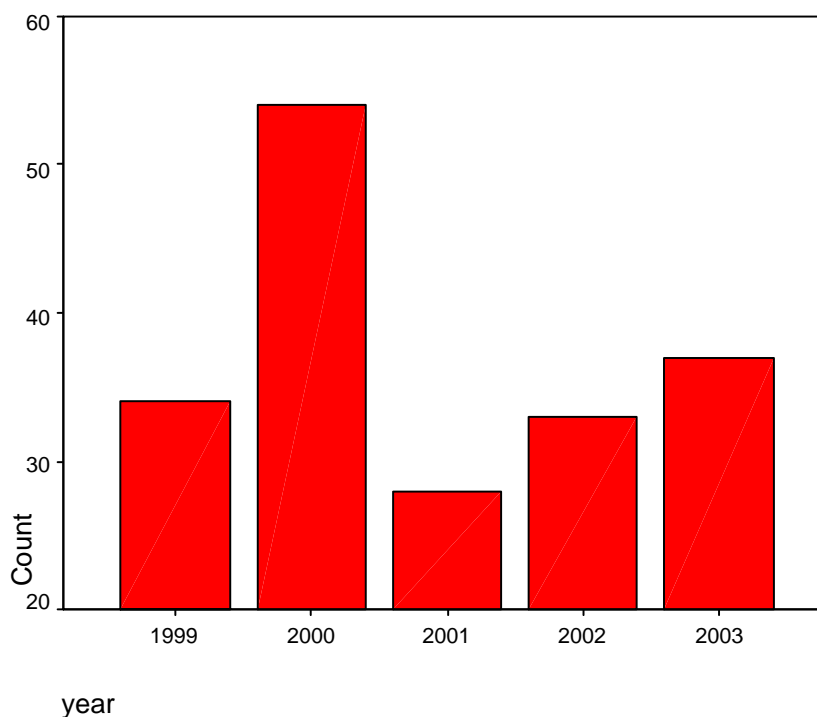
We have concluded from all of the available data that the interventions at Southside Care Home have produced lasting and positive impacts. Although we cannot point to annual decreases in WCB claims or in days taken as sick leave, we can point to reduction of risk, along with positive assessments of changes, documented in focus groups, interviews and post-implementation surveys. The changes made at Southside have, in the view of the overwhelming majority of employees, reduced the potential for resident aggression. Although the cited benefits are more intangible than the economic benefits generated by reduced WCB claims or decreases in leave due to illness, they are nevertheless perceived as contributing to reduced risks, efficiency and effectiveness by almost all employees.

Incident Reports

Our original analysis of incident data covered the period from January 1, 1999 to December 31, 2000 and documented a total of 125 incidents of aggression in these 24 months. Most of the incidents of aggression towards staff occurred in the resident's room, the dining room and the bathroom.

In the past three years the number of documented incidents of aggression has decreased considerably; there were fewer than 100 incidents for all of 2001, 2002 and 2003 (see Chart A).

Chart A: Southside Care Home: Incident Reports 1999–2003



As the system of incident reporting was already well established at Southside Care Home in 1999, we can reasonably argue that these decreases represent real changes in the number of incidents within the facility. The downward trend of incident reports is supported by the perceptions of staff, as revealed in focus groups and interviews. Although there does not appear to be any significant change with respect to the time of day during which incidents occur (see Chart B), there is some change with respect to the location of aggressive incidents (see Chart C). Specifically, the overall number of incidents has declined in all locations, except the hallways of the facility.

Chart B: Percentage of Incident by Time of Day, Pre- and Post-Project

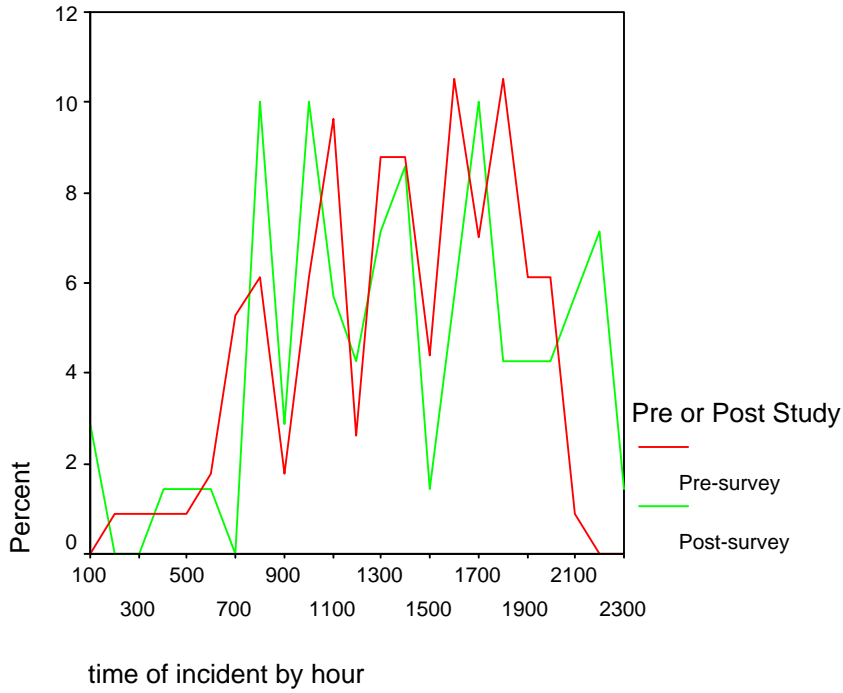
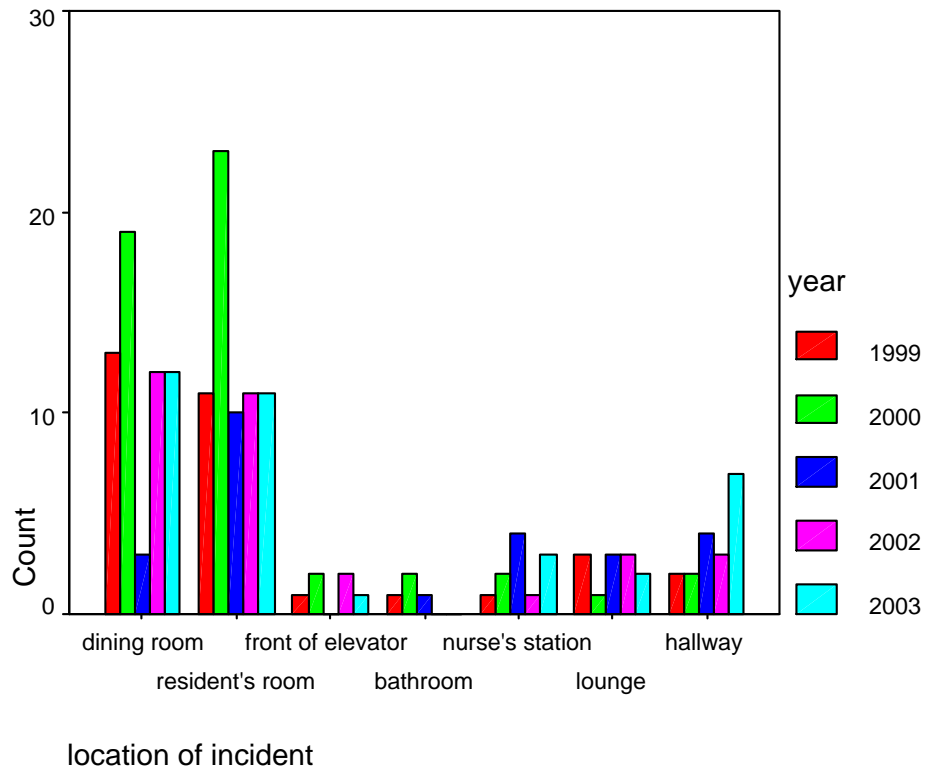


Chart C: Location of Incidents of Aggression, 1999–2003



Analysis of Interviews and Focus Groups

We have clustered responses to interviews and focus groups in relation to discussion of the various impacts of interventions during the past two years (see Appendix A: Thematic Analysis of Southside Focus Groups and Interviews).

Impact of the Project

Employees who participated in focus groups and interviews expressed strong support for their involvement in the project. They indicated that it was reassuring to know that aggression was a problem shared by others in long-term care, and that raised awareness of aggression had served to enlighten staff of the complexities involved in responding to the needs of residents. The opportunity to share experiences with other staff was also cited as an important benefit. Most staff indicated that there has been a reduction in incidents of aggression over time and that there is now more flexibility and adaptation in the delivery of care to residents.

On the negative side of the ledger, many staff saw government cutbacks as an obstacle to accomplishing the goals of the project. They suggested that having less time to deliver care has meant that continuity of care is diminished and communication is more difficult. They also indicated that more could have been done within the facility to inform staff about the project, and to involve casual workers to a greater extent.

Learning Plan and Education and Training

The development of a learning plan through the learning needs assessment was viewed as a significant accomplishment. The consequent education and training was seen to have improved teamwork and communication among staff and, more significantly, to have improved the approaches that staff use with residents in the instance of challenging behaviours. Others noted that despite the cutbacks to staff time, there has been more education and that this has been very beneficial for both practical delivery of care and for ongoing morale.

Communication, Reporting and Identification of Aggressive Residents

Most staff indicated that communication and teamwork have improved significantly, particularly among individual departments within the facility. As many noted, problems that used to be kept to oneself are now the subject of ongoing discussions; language barriers are less significant, given efforts within this realm.

Most staff also noted that incidents are reported more often than in the past, an indication that the catalogued reduction in aggressive incidents is a real reduction, rather than an artifact of a change in reporting practices. Others expressed satisfaction that with both

physical and verbal aggression now placed on the flow sheet, personal safety has been more clearly identified as a concern of the organization. Finally, the non-stigmatizing identification of aggressive residents to kitchen staff is seen as a major benefit, as it has both reduced incidents within the dining room and helped to improve interdepartmental communication.

Staff suggested that the future tasks of the facility must include more education and refreshers for staff, continuing work on collaboration and communication, a greater involvement of community volunteers, more consistency of care and a more intensive focus on the education of casual employees.

Analysis of Survey Results: Risk Assessment, Employee, Job Satisfaction and Post Implementation Surveys

Introduction: The Risk Assessment Questionnaire and Employee Survey

The Risk Assessment Questionnaire and Employee Survey were designed to help administrators and employees in long-term care facilities to identify, prevent and manage risk factors associated with aggressive behaviour.

The Risk Assessment Questionnaire was first administered to the site assessment team at Southside Care Home in June 2001. The Employee Survey was responded to by 60 employees of Southside in June 2001. Both of these surveys are based on a multi-dimensional understanding of risk: risk is not only to be determined by the knowledge, abilities and approaches of individual employees, but also by the acuity of a facility's residents, by the facility's policies and procedures, by the physical design and environment of the facility, by its social environment, and by the extent of community support available to those who work and live within the facility.

We have developed four overlapping categories of risk: the individual employee or resident as a source of risk, organizational policies and procedures as a source of risk, the environment as a source of risk, and the extent of community support as a source of risk.

The Risk Assessment Questionnaire

The Risk Assessment Questionnaire was filled out, on an individual basis, by a team from Southside Care Home in 2001, and again in 2003.

The Employee Survey

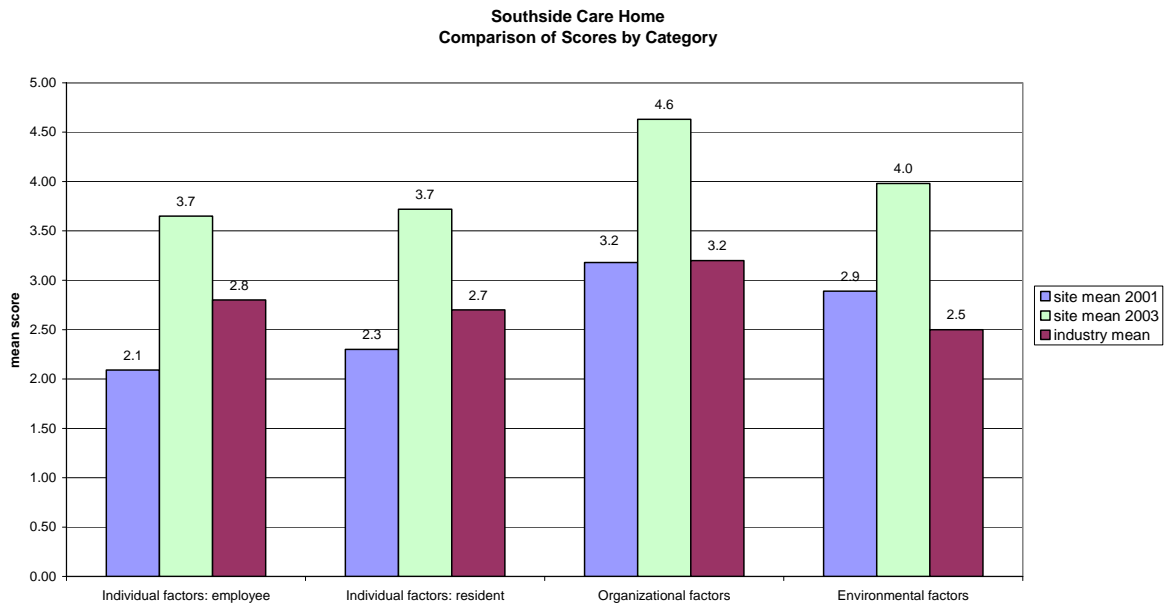
The Employee Survey provides a snapshot of the views of all employees who work within Southside Care Home, taken on a single day in June 2001 and then again in June 2003. Although the Employee Survey does not canvass issues of the environment, or of the extent of community support, it does canvass some issues related to both individual and organizational risks. The responses to the Employee Survey allow the determination, albeit in an indirect manner, of whether employees share the views of the team responding to the Risk Assessment Questionnaire.

RESULTS: Risk Assessment Questionnaire

Results from the Risk Assessment Questionnaire in June 2001 indicated that Southside Care Home had higher risks than most other long-term care facilities in one specific area — individual factors: employees. Southside fell within the bottom 10 per cent of the 60 facilities surveyed to that date within the category of employees as a source of risk.

Results from the Risk Assessment Questionnaire in July 2003 demonstrated statistically significant improvements in all categories of risk (see Chart D).

Chart D: Southside Care Home Risk Assessment Scores



Most significantly, the area in which the most substantial interventions was developed — employees as a source of risk — demonstrated the most positive change over time. This survey result is supported by statements given in focus groups and interviews regarding changes in approaches to residents, and improvements in understanding of the challenging behaviours that can be produced by progressive dementias.

RESULTS: Employee Survey

The Employee Survey results in 2001 and 2003 provide a snapshot of many of the issues raised by the Risk Assessment Questionnaire. Although, as noted above, the questions asked are not directly correlational, the responses are useful and allow another focus for developing a program aimed at improved prevention and management of aggression. The differences in results from the Employee Survey in 2001 and 2003 support the changes documented by the Risk Assessment Questionnaire (see Appendix B: Employee Survey).

Specifically, the 45 staff who responded noted that there has been more education during the two years of this project, that care concerns are now responded to more promptly, that aggressive residents are more likely to be identified to staff, and that they are more likely to feel a part of a team working within the facility. All of these changes were statistically significant. Additionally, staff were also significantly more likely to view responding to resident aggression as a part of their job, an indication that they now possess a broader understanding of the difficulties that can be produced by dementia. Staff also indicated that they are more likely to complete incident reports in 2003 than they were in 2001, further evidence that the decline in incident reports represents a real decrease in incidents of aggression within the facility.

RESULTS: Job Satisfaction Survey

The Job Satisfaction Survey is a measure of job satisfaction with well-established reliability and validity, allowing those who take it to compare themselves to groups of workers in similar fields of employment. We compared the responses of 60 employees of Southside Care Home who responded to the JSS in June 2001 with those of 45 employees who responded to the JSS in June 2003. We found in 2001 that, relative to other medical personnel, employees at Southside were more satisfied with their supervisors, more satisfied with their operating conditions, slightly more satisfied with their co-workers and with the nature of their work, and more satisfied with communication within the facility. Further, those who worked at Southside in 2001 were, on average, more satisfied with the nature of their work, their supervisors and their working conditions, their co-workers and with communication in the workplace than comparable groups of medical workers, police officers or those who work within either the private or the public sector.

The results from 2003 were similarly positive, but even more so than in 2001. Specifically, in 2003 employees indicated significantly less agreement with the statements, "There is too much paperwork" and "I have too much to do at work." They also indicated significantly less agreement with the statement, "There is too much bickering and fighting at work." Finally, they also indicated a significantly greater level of agreement with the statement, "Communications seem good within this organization."

Appendix A

Thematic Analysis of Southside Focus Groups and Interviews

Impact of this Project

General Comments (generally positive)

“I don’t think we will ever get to the point where there is no aggression, that is the nature of the environment we are in.”

“There are some incidents that will never stop; they are unpredictable.”

“The effect of the interventions needs to be communicated to other facilities.”

“I think the incidents of aggression have gone down since the beginning of the project, especially the really serious incidents. The increased communication and education were very important in this.”

“I think the project has paid off 100%. It was very reassuring to know aggression was a problem throughout long-term care, not just here.”

“I haven’t seen a dramatic change since the beginning of the study.”

“The project has had a very positive impact.”

Benefits

Raised awareness of aggression

“[The project] has raised awareness around the issue of aggression.”

“Because all levels of the staff participated, there was an understanding of the project at all levels.”

“As a facility, we have a clear focus on aggression now. We didn’t have that before this project. We had the problem, but no sense of how to deal with it.”

“It has made a difference in terms of the awareness of staff in regard to aggression.”

“This project has enlightened people to the problem of aggression in the facility. We talk about it more.”

“The project allowed us to see aggressive behaviours as a problem and talk about them. We finally got to share our experiences in more than informal ‘chit-chat.’”

“The staff are now more aware of aggression.”

Current Situation Assessment (CSA)

“The Current Situation Assessment was beneficial in assessing where we were at in terms of aggression.”

“In some areas, the project has made a significant difference. Everyone now has a better understanding of aggression.”

“The CSA had a lot of information that was hard to process. We needed your [the research team] help deciphering this information.”

Flexibility

“Increased flexibility was a byproduct of the project, even though we didn’t specifically focus on this as an intervention.”

“We are more flexible with care now...I think this has reduced aggression substantially.”

“There’s more flexibility now...we don’t force residents to eat when they don’t want to.”

“We are much more flexible and adaptable. We have learned this from taking GPEP.”

Difficulties

General comments

“If you don’t have someone in the facility who was the leader of the project, I don’t think it will succeed.”

“If people don’t see the project and its interventions as part of their job, the interest goes down.”

“We picked people that tended to already be ‘involved’ in the facility for the project team. It might have been more beneficial to choose some people who generally weren’t as involved.”

Changes in health care in B.C.

“The level of physical impairments has increased in the general unit since the beginning of this project.”

“The mood was a bit dark here for a while, but that is getting better.”

“With the staffing changes, I didn’t have as much time as I did before to devote to the project.”

“We went from a 7.5-hour day to a 7.2-hour day and this is destroying continuity of care and making communication more difficult. I think all areas of the industry will suffer over the next few years.”

Casuals

“There are still problems with casuals; they didn’t get the full benefit of this project.”

“The incidents increase around vacation time, when there’s more casual staff on duty.”

Lack of communication about project

“There hasn’t been strong communication about the project.”

“I don’t think the staff was kept informed of the project enough. We didn’t get enough feedback/comments on the report.”

“I expected more out of the project in terms of meetings. During the 2nd year, communication to staff and site project team suffered.”

Interventions

Learning Plan

“I definitely would use the learning plan again.”

Education and Training

“This has improved our teamwork drastically.”

“Co-workers now feel open to ask for help; this is more frequent than before.”

“We had CPI training for all of the staff and communication courses for 80 per cent of employees. We only received positive feedback from the staff who attended these courses.”

“Case studies are a good tool for education and they can be taught in an informal setting, such as report.”

“Aggressive incidents are now used as learning and teaching experiences.”

“Staff now have a better understanding of dementia and how it relates to aggression.”

“Approach toward aggressive residents has improved because of the training.”

“There seems to be more empathy in the building. This could be a result of the non-violent crisis intervention training.”

“The education and awareness is ongoing.”

“Education has really helped. The staff talk about aggression more.”

“OH&S should have more impact on the education plan because we represent all areas of the organization.”

“Our approach has gotten better because of the increased attention to aggression and the education and training. I speak much more gently now.”

“We have learned to walk away from aggressive residents.”

“We have had more education despite the cuts. This was incredibly beneficial for knowledge and morale.”

Communication

“The staff now communicates better.”

“If I had to rate our communication before and after the project, it has gone from a 4 to an 8.”

“Communication and teamwork have improved. The cardexes are used inter-departmentally now. Everyone reads the 24-hour report.”

“I think the biggest impact of this project has been on the interdepartmental communication.”

“We now discuss problems with one another more effectively. We used to keep our problems to ourselves. This is very important, especially with language barriers.”

“Communication between management and staff is much better now.”

“There’s still a lack of understanding from management about what care staff do.”

Increased reporting (especially verbal aggression)

“Incidents are recorded more often now than ever before.”

“We are documenting verbal aggression in addition to physical aggression.”

“I see more consistent reporting now.”

“We are much better at reporting verbal aggression now.”

“I think we have decreased the amount of incidents, but since we are reporting more consistently, this probably won’t show up in the records.”

“Reporting is better, but staff still don’t report everything.”

“Reporting has gotten much better.”

“The attitude around reporting has changed...they don’t feel they are to blame as much.”

“There is more of an avenue to talk about verbal aggression; you don’t feel silly expressing your dislike of it anymore.”

“Verbal and physical aggression is now placed on the flow sheet. This makes me feel good because I know the behaviour is monitored and my safety is a concern to the organization.”

Identification of aggressive residents

“Documenting on the flow sheets is more rigorous now.”

“There are now stickers on the seating plan in the dining room to communicate to dietary and kitchen staff about aggressive residents. I think this has really helped get information to this group. Residents who have aggressive tendencies are now served first and this seems to have reduced incidents in the dining room.”

“A 24-hour report goes out to all departments and there is a section on aggression in those. This helps interdepartmental communication.”

Intake Protocol

“A category of aggression was added to the additional interview. I think this has helped us screen out intensely aggressive residents we aren’t equipped to handle.”

“Now, when a new resident comes, we talk about aggression on intake. We didn’t used to do this. It is extremely beneficial in placing them in the correct area of the facility and alerting staff.”

“We now communicate about residents with aggressive tendencies to all departments on intake. I feel more informed now.”

Future Challenges

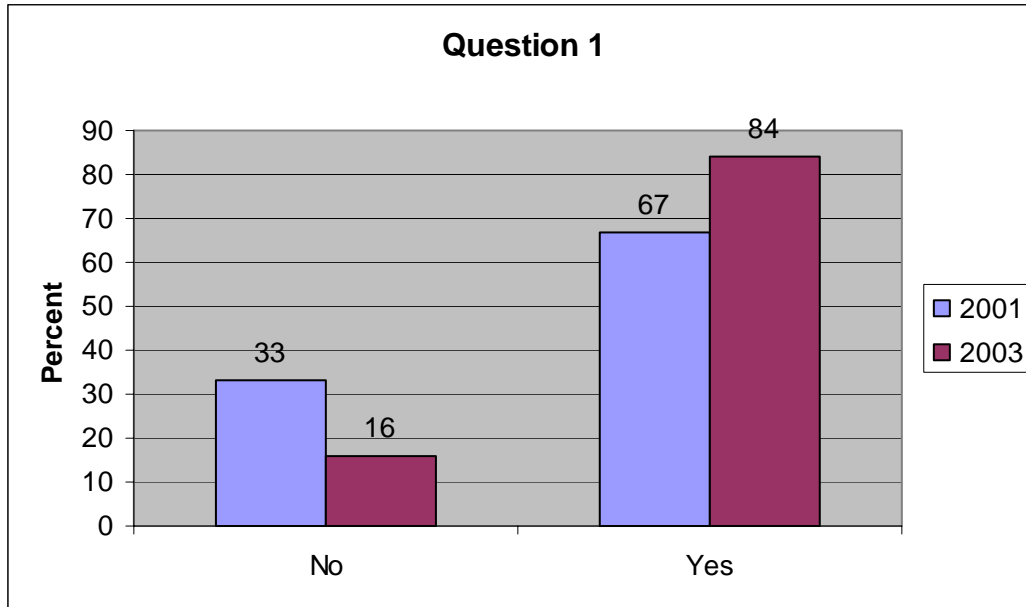
- More education and refreshers
- Keep working on teamwork/communication
- More volunteers and activities (especially in the evening)

- Focus on more consistency of care
- Regular updates like the Current Situation Assessment; keep up with all of the current interventions.
- More focus on education of casuals

Appendix B: Employee Survey

The results below are from the completed Employee Surveys of 60 employees who worked in June 2001 compared to 45 employees who completed the Employee Survey in June 2003.¹

Question 1: Have you received education and training on the normal ageing process as well as the signs of dementia, delirium, Alzheimer’s disease, etc., particularly as they relate to aggressive behaviour in the elderly?

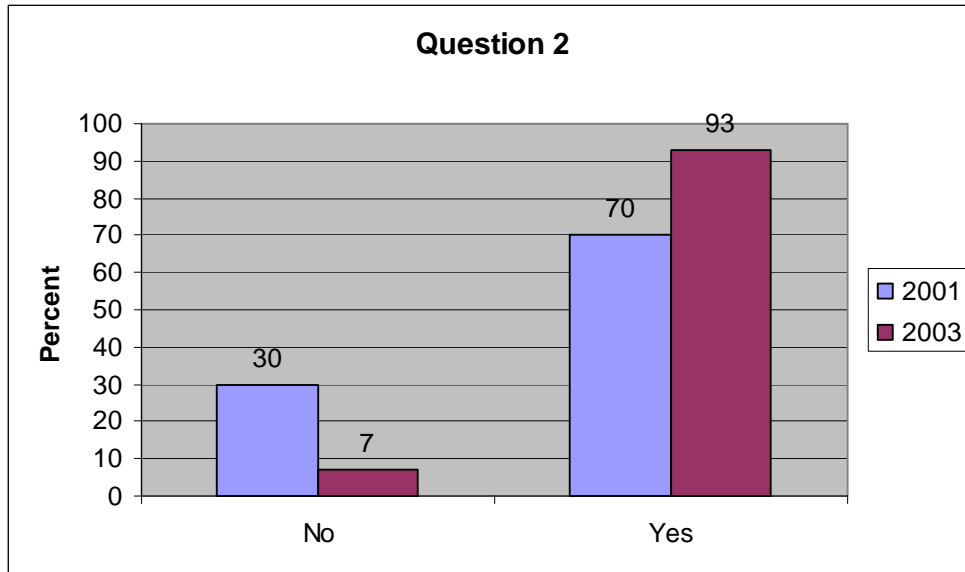


The difference in responses between 2001 and 2003 is statistically significant, with more staff saying “yes” in 2003.²

¹ Due to rounding percentages to the nearest whole number, percentages may not add up to 100%.

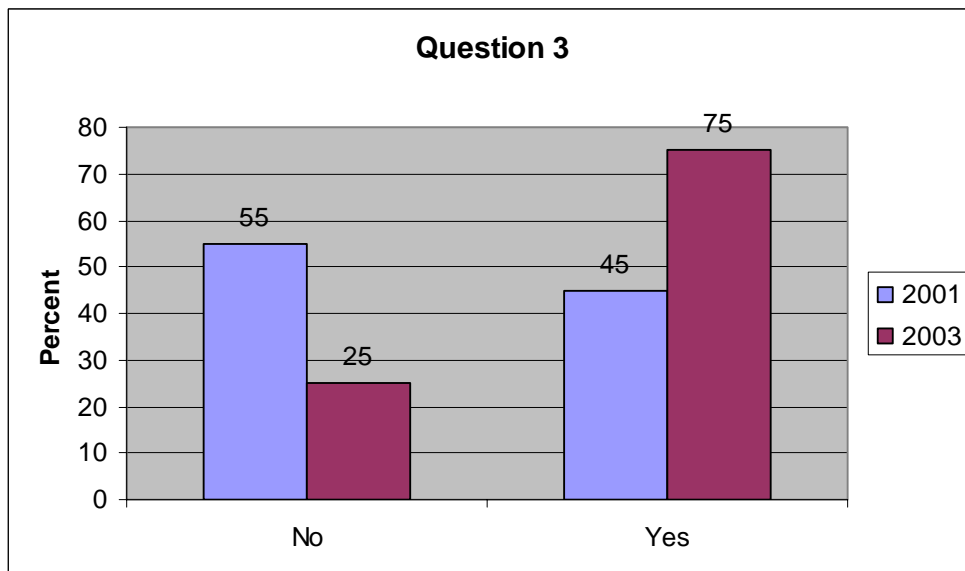
² Chi-square statistics were used to determine significance of employee survey questions.

Question 2: Have you received specific education and training on how to manage an aggressive resident (e.g. communication skills, protection of personal space, defensive strategies to reduce risk of injury)?



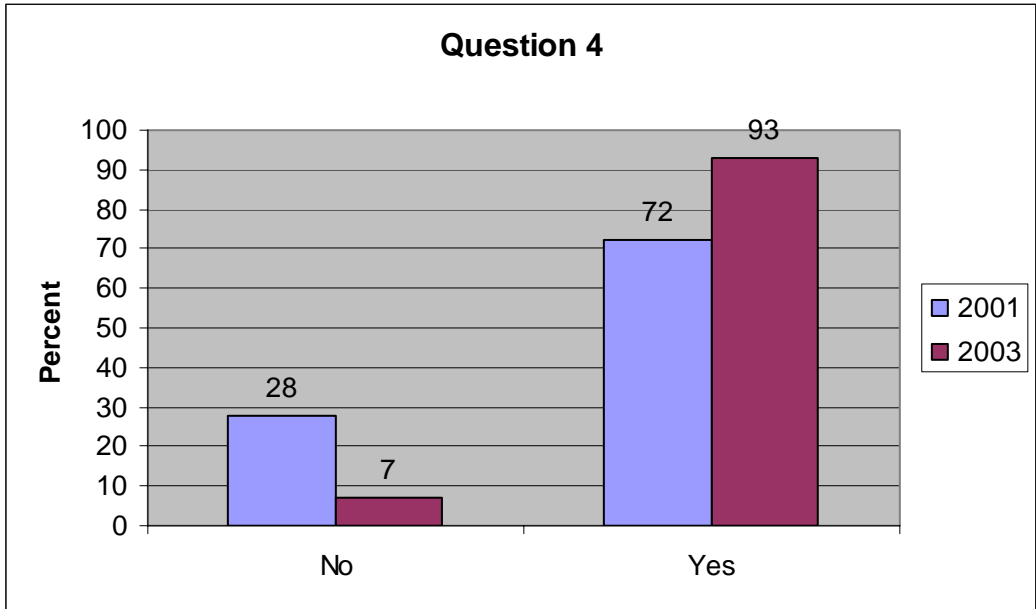
The difference in responses between 2001 and 2003 is statistically significant, with more staff saying “yes” in 2003.

Question 3: Have you received education and training on the management of aggressive behaviour in the last 3 years?



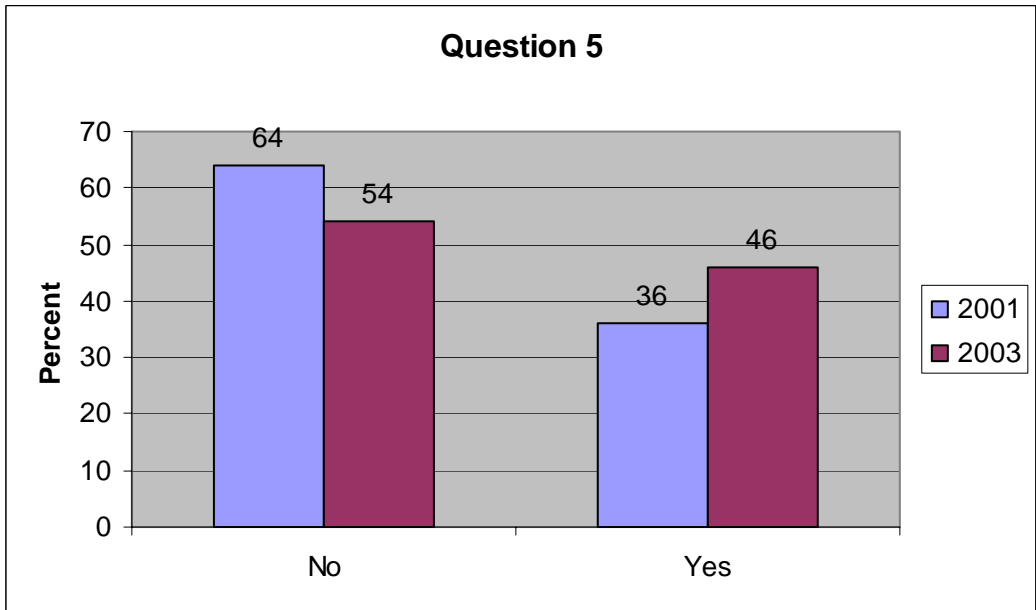
The difference in responses between 2001 and 2003 is statistically significant, with more staff saying “yes” in 2003.

Question 4: When care concerns are reported, are they responded to?



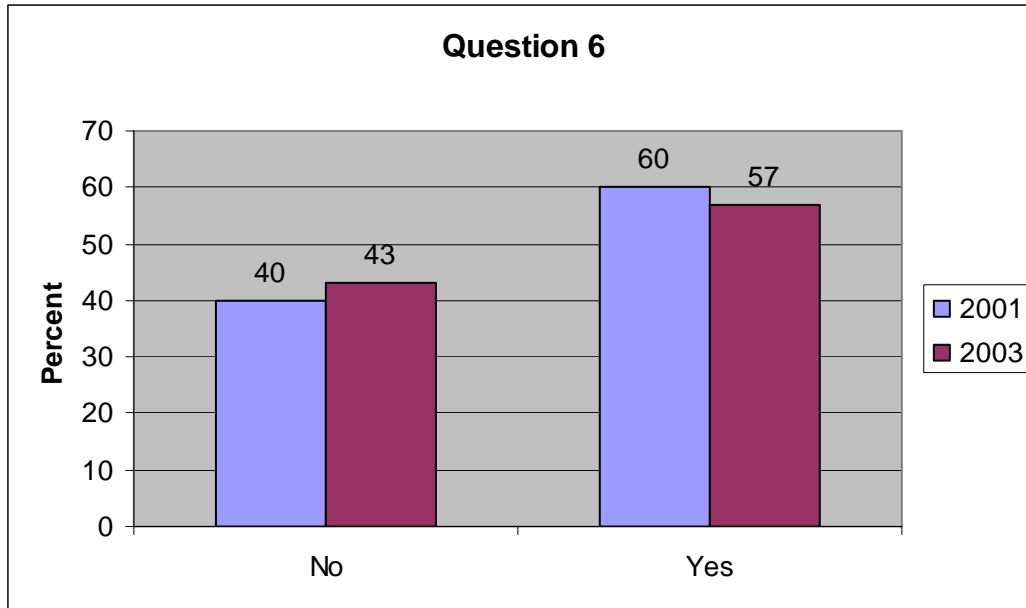
The difference in responses between 2001 and 2003 is statistically significant, with more staff saying “yes” in 2003.

Question 5: Have you experienced at least one act of physical aggression (e.g. pinching, hitting, spitting, etc.) in the last week?



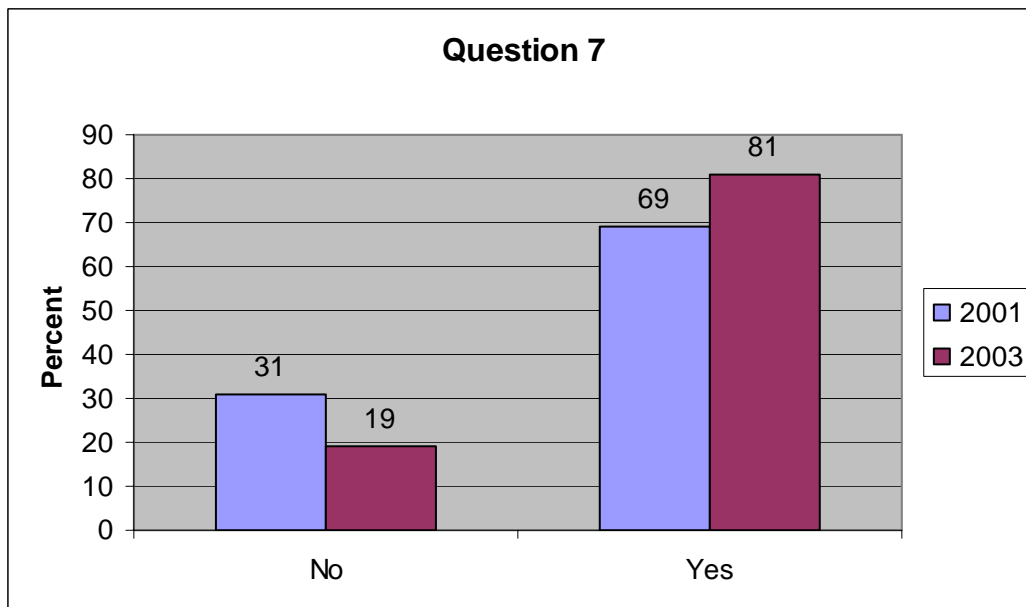
The difference in responses between 2001 and 2003 is not statistically significant.

Question 6: Have you experienced at least one act of verbal aggression (e.g. swearing, threats, yelling, etc.) in the last week?



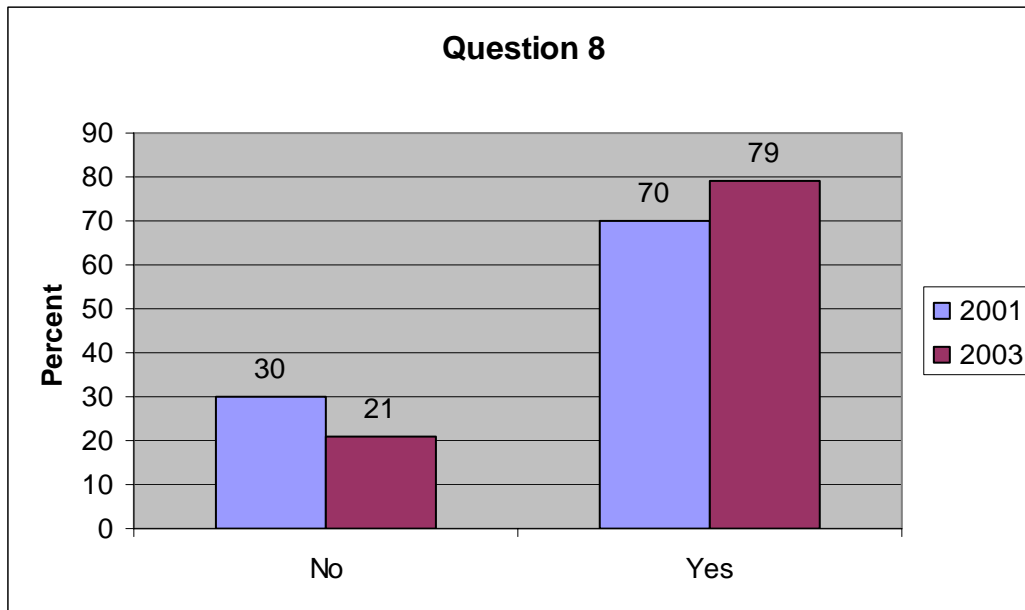
The difference in responses between 2001 and 2003 is not statistically significant.

Question 7: Are residents who could be (or have been) aggressive identified to you?



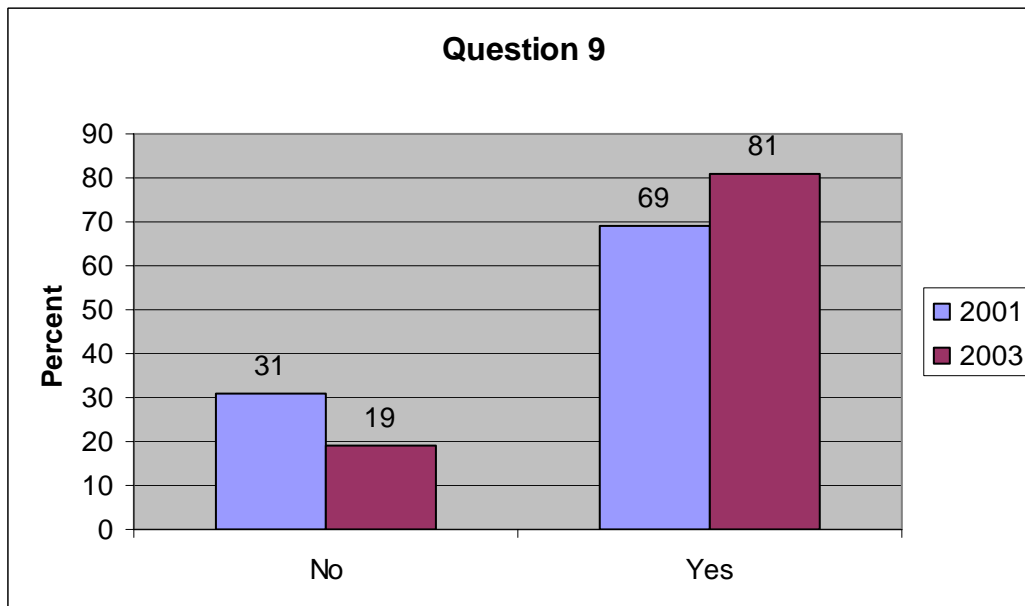
The difference in responses between 2001 and 2003 is not statistically significant.

Question 8: Are you informed when there is a behaviour change in the resident as a result of disease progression or acute illness (e.g. urinary tract infection (UTI), depression)?



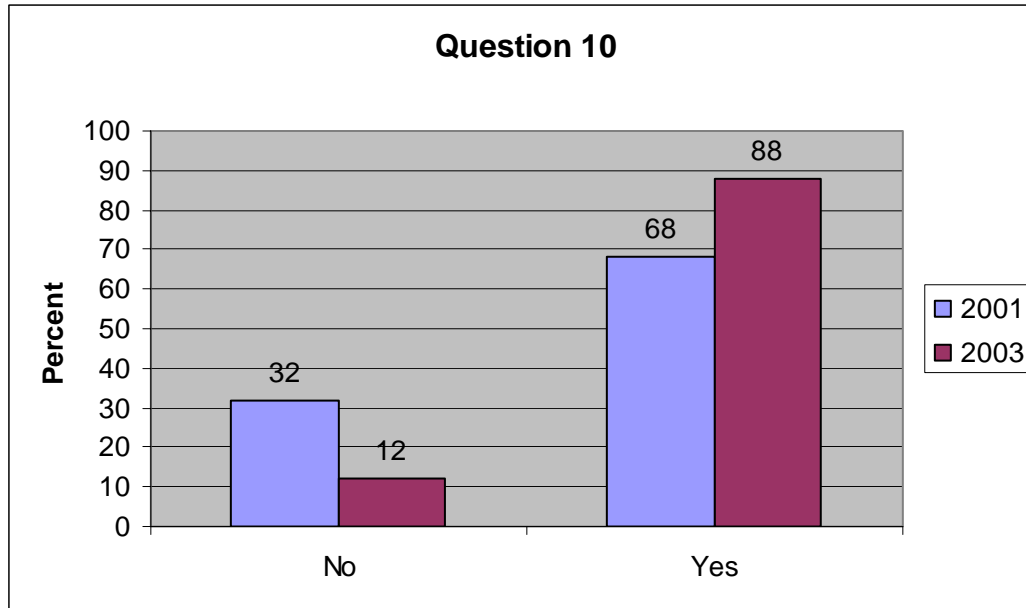
The difference in responses between 2001 and 2003 is not statistically significant.

Question 9: Do you complete an incident report for occurrences of aggressive behaviour?



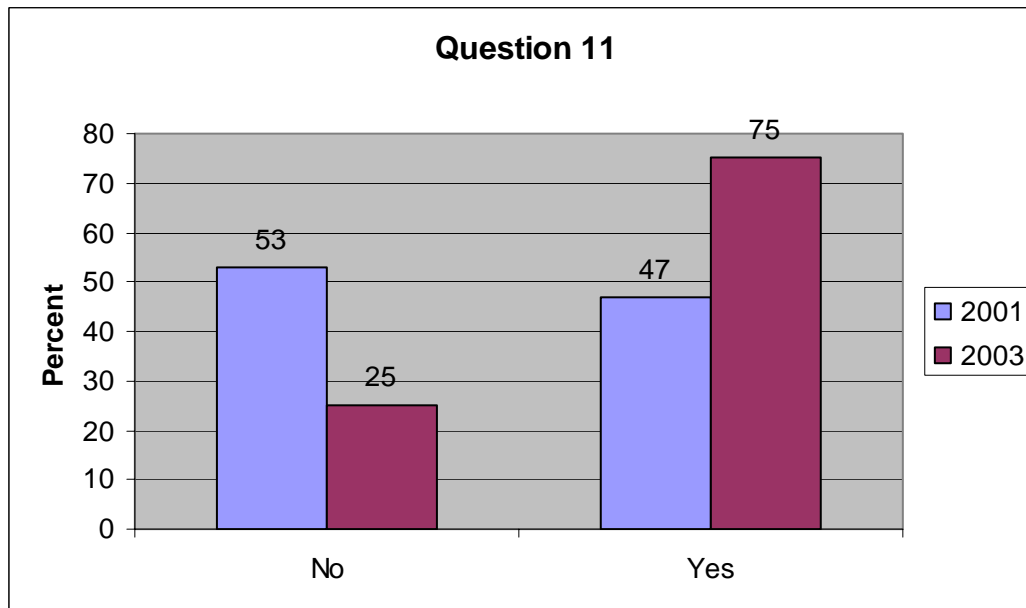
The difference in responses between 2001 and 2003 is not statistically significant.

Question 10: Are policies and procedures in place for managing aggressive and violent behaviour?



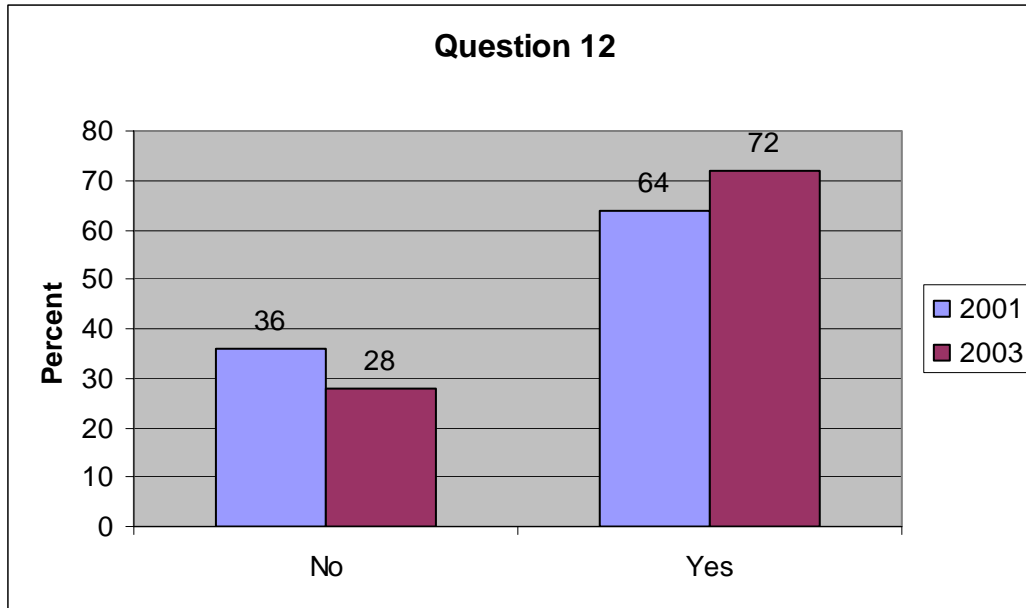
There is a significant difference between 2001 and 2003, with more staff saying “yes” in 2003.

Question 11: Do you think that dealing with physically or verbally aggressive residents is to be accepted as part of your job?



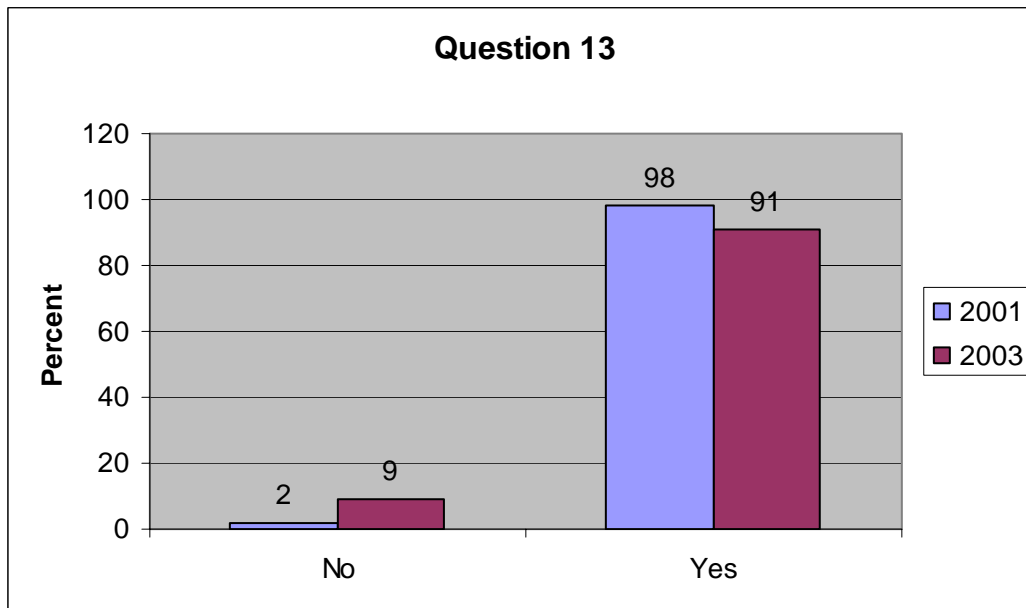
The difference in responses between 2001 and 2003 is statistically significant, with more staff saying “yes” in 2003.

Question 12: Do you feel confident in your ability to manage a physically aggressive resident (e.g. pinching, spitting, slapping, biting, grabbing, kicking, etc.)?



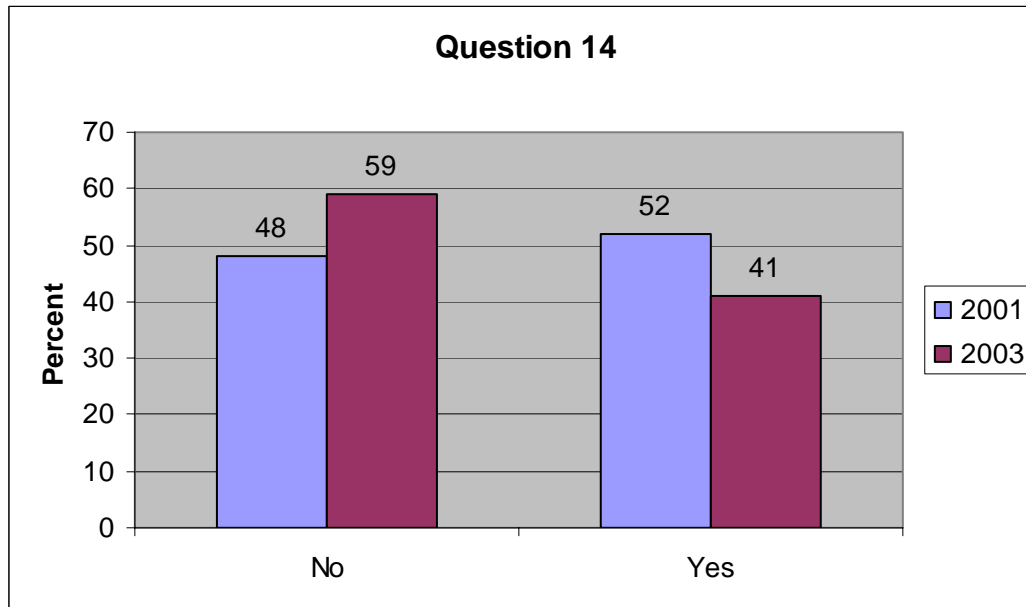
The difference in responses between 2001 and 2003 is not statistically significant.

Question 13: Do you feel you have effective communication skills (verbal and non-verbal) to be able to work positively with the elderly?



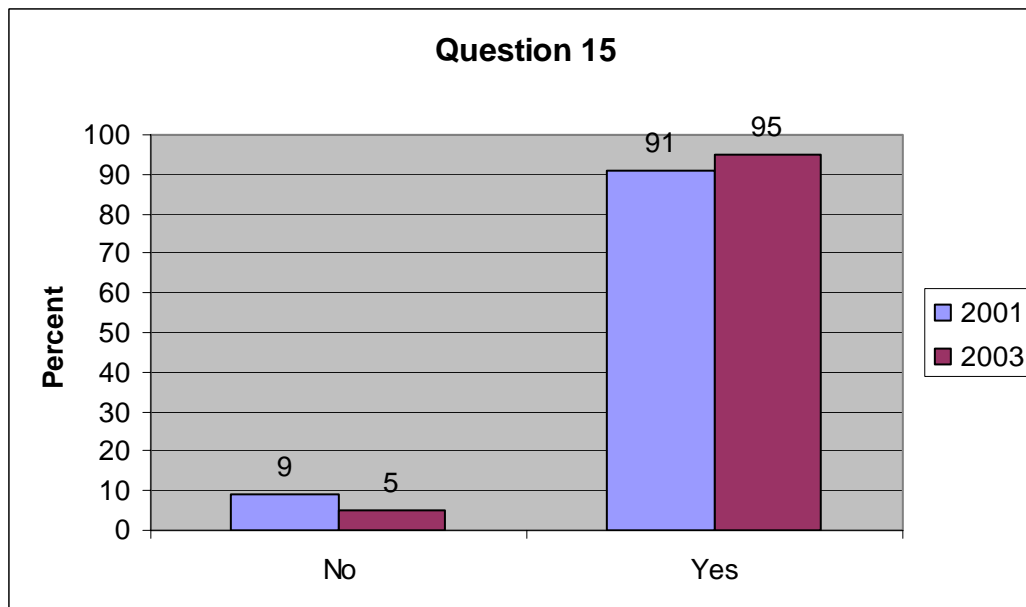
The difference in responses between 2001 and 2003 is not statistically significant.

Question 14: Do environmental restrictions (e.g. lack of space, poor workspace layout) limit your ability to move away from an aggressive resident?



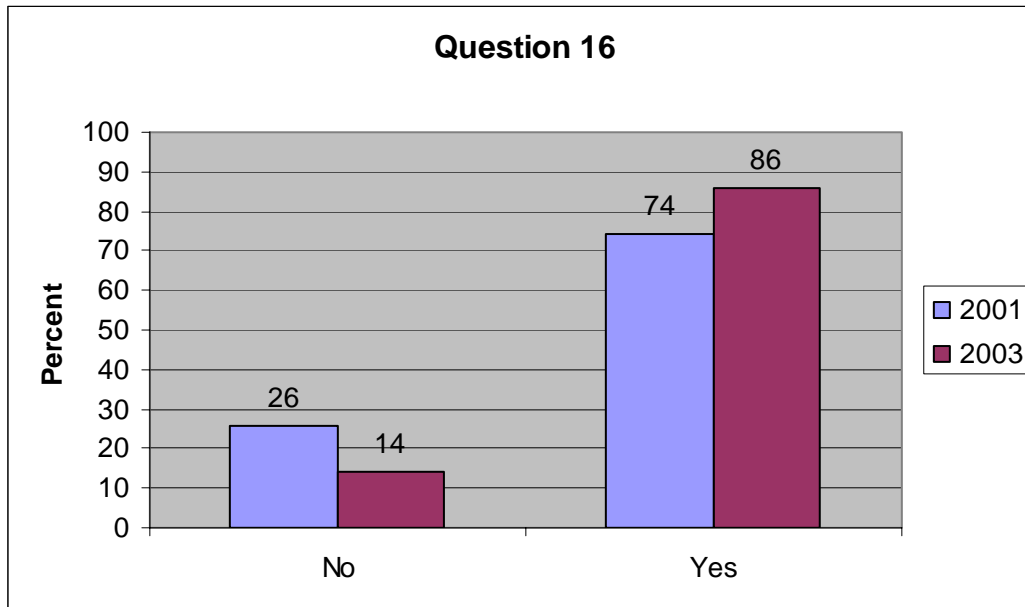
The difference in responses between 2001 and 2003 is not statistically significant.

Question 15: Do you feel comfortable telling your supervisors/managers about your concerns about working with an aggressive resident?



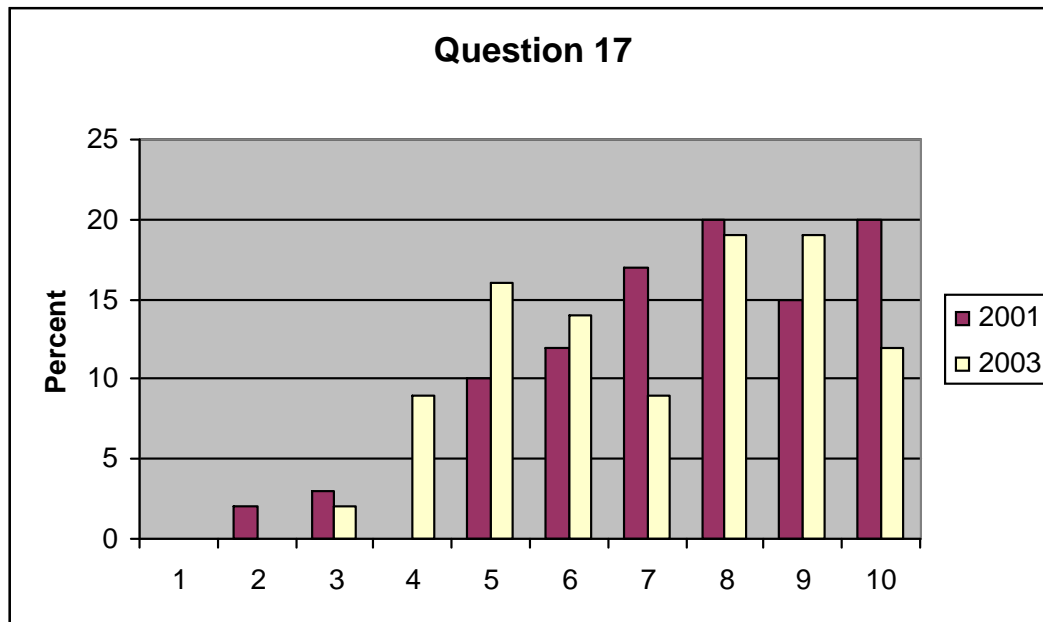
The difference in responses between 2001 and 2003 is not statistically significant.

Question 16: Do you consider yourself part of the multidisciplinary care team for your unit or department?



The difference in responses between 2001 and 2003 is not statistically significant.

Question 17: Overall, do you think that more attention should be paid to the issue of managing aggressive behaviour within your organization? (on a scale of 1 to 10, where 1 = none; 10 = significant)



The difference in responses between 2001 and 2003 is not statistically significant.

Island Lodge

Final Report

**Challenging Behaviour in Long-term Care Study
September 2003**

Presented to the Island Lodge Site Project Team

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Island Lodge: Final Report

In March 2001 Island Lodge agreed to participate in a three-year evaluation project designed to reduce a number of difficulties associated with resident aggression. Specifically, Island Lodge agreed to develop interventions in three areas:

- 1) Education and training for staff on the prevention and management of aggression;
- 2) Organizational policies and procedures to prevent and manage aggression; and
- 3) Implementing strategies for enhancing teamwork — applying a collaborative process for the prevention and management of aggression.

This final report considers the effects of these interventions, evaluating their strengths and weaknesses, and pointing to possible future directions. Island Lodge is a 94-bed intermediate care facility, employing 66 full-time equivalents, almost all of whom are unionized employees: 47 full-time employees, 17 part-time and 33 casuals. The facility was built in 1980, renovated in 1989 and, most recently, in 2002. In 2001 only one wing of the facility — Dementia Wing 1 — was a special-care facility, focusing on the needs of dementia patients. In 2003 one additional wing — Dementia Wing 2 — has now been converted to special-care; it is anticipated that the entire facility will eventually serve the needs of dementia patients.

An initial assessment was conducted in the summer of 2001 to provide the employees and management of Island Lodge with a variety of types of information about existing efforts to prevent and manage aggressive behaviour at the Lodge. A "Current Situation Assessment Report" was presented to Island Lodge in the fall of 2001. This report analyzed: 1) Incident Reports; 2) Information gathered from Interviews and Focus Groups; 3) Survey Results: Risk Assessment, Employee and Job Satisfaction, and then presented conclusions, with suggestions for possible areas of intervention.

The Interventions

Island Lodge decided to focus its efforts to reduce aggression on the policies and procedures of the facility. The Lodge had an ongoing educational program in place, begun late in 2000, and employees expressed greater concerns about difficulties flowing from gaps in policy and procedure. Specifically, the team at Island Lodge established four goals:

- 1) To develop, enhance and continuously improve aggressive behaviour policy and procedures;
- 2) To develop, enhance and maintain an effective incident reporting system;
- 3) To establish noise containment procedures and/or effective controls to enhance the quality of the working and care environment; and
- 4) To establish and maintain effective communication processes for sharing pertinent resident information related to managing aggressive behaviour.

In concrete terms, the team at Island Lodge decided:

- a) To create a new incident reporting form;
- b) To reduce the volume of the call bell within the facility;
- c) To provide all care staff with walkie-talkies and to provide each manager with a portable phone — and the corresponding ability to respond to calls at any place within the facility; and
- d) To create a new resident information "flow sheet."

The Effects of Interventions: A Summary

In the pages that follow we set out the consequences of interventions at Island Lodge. These results are presented in a relatively detailed manner, documenting changes revealed in incident reports, interviews and focus groups, and in surveys of risk assessment, job satisfaction and the successes or failures of various changes.

We have concluded from all of the available data that the interventions at Island Lodge have produced lasting and positive impacts. Although we cannot point to annual decreases in WCB claims or in days taken as sick leave, we can point to objective measures of increased job satisfaction and reduction of risk, along with consistently positive assessments of changes, documented in focus groups, interviews and post-implementation surveys. The changes made at Island Lodge have dramatically improved workplace morale and, in the view of the overwhelming majority of employees, reduced the potential for resident aggression. Although these benefits are more intangible than the economic benefits generated by reduced WCB claims or decreases in leave due to illness, they are nevertheless perceived as contributing to efficiency and effectiveness by almost all employees.

Incident Reports

Our original analysis of incident data covered the period from December 1, 2000 to March 31, 2001 and documented a total of 34 incidents of aggression in these five months; 31 incidents occurred in the 12-bed special-care dementia unit and three incidents occurred elsewhere in the facility. In our “Current Situation Assessment” we suggested to Island Lodge that there were a number of deficiencies in their incident report data. Specifically, surveys demonstrated that only a very small percentage of incidents of physical and verbal aggression were actually being documented.

In the past two years the number of documented incidents of aggression has increased considerably. Between April 2001 and May 2003 there were 313 incidents of aggression reported by staff. Again, most of these incidents occurred in the dementia unit, and during daytime.

Chart A: Location of Incidents

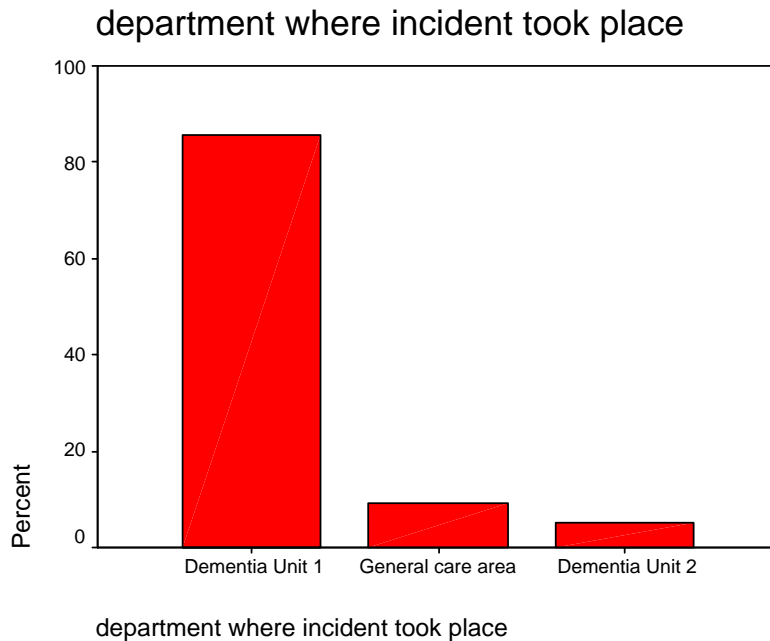
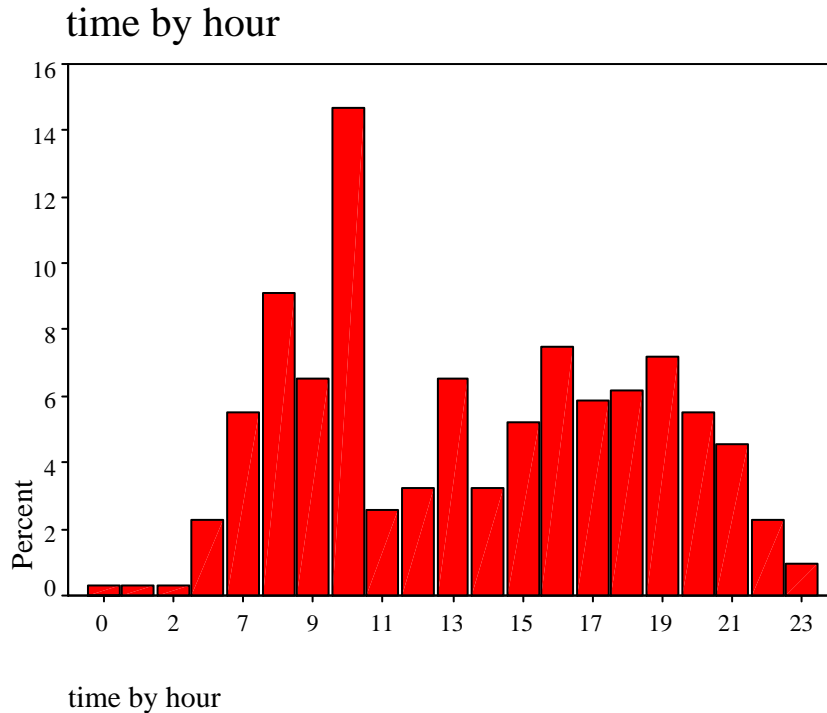


Chart B: Reported Incidents by Hour of the Day



We must caution that the dramatic increases in reported incidents of aggression do not mean that Island Lodge has actually experienced any real increase in such incidents. Rather, the existence of 313 reports of aggression only suggests that staff are now more systematically documenting these events, an important first step on a road to examining the specifics of these problems and, where possible, implementing changes in policy. An indication of the value of this more systematic documentation can be seen in the follow-up by the care team in the case of more serious incidents of aggression.

Chart C: Care team Follow-Up to Aggressive Incidents

Care team follow up

		Frequency	Percent
Valid	Medication	7	17.5
	Environmental change/suggestion	19	47.5
	Be alert to sudden change with resident	8	20.0
	Use slow actions	2	5.0
	Unpredictable	4	10.0
	Total	40	100.0

Finally, we can see from consideration of all incident reports that a very small percentage of residents are responsible for the overwhelming majority of incidents. A little more than 5 per cent of the residents at Island Lodge (a total of six residents) are responsible for almost 80 per cent all reported incidents of aggression. This clustering of events points to the need to focus on specific interventions for these especially challenging individuals.

Analysis of Interviews and Focus Groups

We have clustered responses to interviews and focus groups in relation to discussion of the various impacts of interventions during the past two years (see Appendix A: Thematic Analysis of Island Lodge Focus Groups and Interviews).

Impact of the Project

Employees who participated in focus groups and interviews expressed strong support for their involvement in the project. They indicated that despite fears associated with government cutbacks, the study has introduced a positive outlook within the workplace. There was a sense that improving communication and taking responsibility for change has created more pride and a greater sense of ownership of the workplace.

Reduction of Noise

The key contributor here is the provision of walkie-talkies and phones. There was a unanimous view that the walkie-talkies improve communication and increase the safety of the care staff. Participants also noted that the walkie-talkies and the phones lead directly to less use of the call bell, which in turn reduces the noise level and the possibility of residents' agitation. The managers' phones were also seen as an aid to noise reduction and, additionally, as a vehicle for improved efficiency.

Incident Reporting and the Resident Flow Sheet

Employees indicated that the new incident reporting forms are more useful and that they permit a consistent follow-up on aggressive incidents at Occupational Health and Safety meetings. There were also suggestions that, although the forms create more paperwork for care staff, the advantage of future analysis outweighs the difficulties of having to find time to describe the relevant details of specific incidents.

Additionally, the new resident flow sheet was viewed as a more effective means for communicating information about residents, particularly information relating to the possibility of aggression. The new forms were seen as easy to fill out and easy to read.

Analysis of Survey Results: Risk Assessment, Employee, Job Satisfaction and Post Implementation Surveys

Introduction: The Risk Assessment Questionnaire and Employee Survey

The Risk Assessment Questionnaire and Employee Survey were designed to help administrators and employees in long-term care facilities to identify, prevent and manage risk factors associated with aggressive behaviour.

The Risk Assessment Questionnaire was first administered to the site assessment team at Island Lodge in the summer of 2000. The Employee Survey was responded to by 41 employees of Island Lodge in May 2000. Both of these surveys are based on a multi-dimensional understanding of risk: risk is not only to be determined by the knowledge, abilities and approaches of individual employees, but also by the acuity of a facility's residents, by the facility's policies and procedures, by the physical design and environment of the facility, by its social environment, and by the extent of community support available to those who work and live within the facility.

We have developed four overlapping categories of risk: the individual employee or resident as a source of risk, organizational policies and procedures as a source of risk, the environment as a source of risk, and the extent of community support as a source of risk.

The Risk Assessment Questionnaire

The Risk Assessment Questionnaire was filled out, on an individual basis, by a team from Island Lodge in 2000 and again in 2003.

The Employee Survey

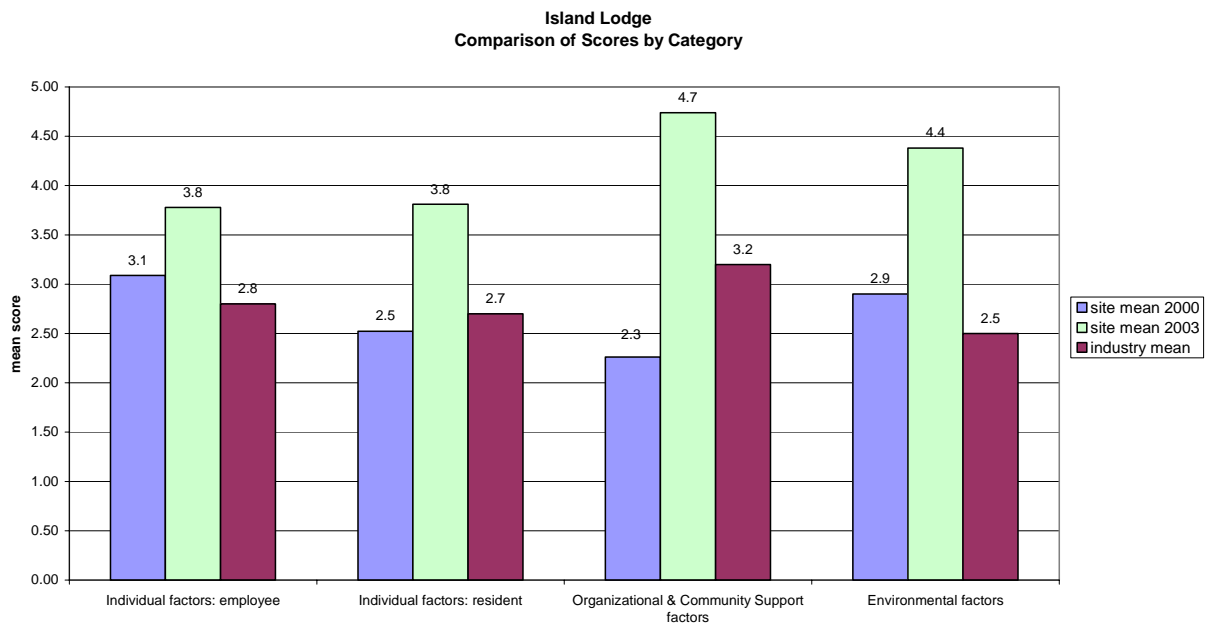
The Employee Survey provides a snapshot of the views of all employees who work within Island Lodge, taken on a single day in May 2000 and then again in May 2003. Although the Employee Survey does not canvass issues of the environment, or of the extent of community support, it does canvass some issues related to both individual and organizational risks. The responses to the Employee Survey allow the determination, albeit in an indirect manner, of whether employees share the views of the team responding to the Risk Assessment Questionnaire.

RESULTS: Risk Assessment Questionnaire

Results from the Risk Assessment Questionnaire in May 2000 indicated that Island Lodge had higher risks than most other long-term care facilities in two specific areas — individual factors: residents, and organizational policy and procedure.

Results from the Risk Assessment Questionnaire in May 2003 demonstrated statistically significant improvements in all categories of risk (see Chart E).

Chart E: Risk Assessment Scores



Most notably, the area in which interventions were developed — policies and procedures — demonstrated the most significant change over time. An education program, begun independently of this project in 2000 and continuing into 2003, may account for the similarly strong improvements in relation to employees as a source of risk. The overall results from Island Lodge now place the facility within the top 10 per cent of all those long-term care facilities surveyed to date.

RESULTS: Employee Survey

The Employee Survey results in 2000 and 2003 provide a snapshot of many of the issues raised by the Risk Assessment Questionnaire. Although, as noted above, the questions asked are not directly correlational, the responses are useful and allow another focus for developing a program aimed at improved prevention and management of aggression. The differences in results from the Employee Survey in 2000 and 2003 were not as dramatic as the results from the Risk Assessment Questionnaire. Although the responses to almost all questions in 2003 were more positive than in 2000, these differences did not reach the level of statistical significance.

Why did the results from the Risk Assessment Questionnaire demonstrate a clearly reduced profile of risk, while the results from the Employee Survey were more equivocal? The answer may flow from the differing roles played by the site assessment team and the employees of Island Lodge during the past two years. The site assessment team was more intimately involved in the project than the typical employee: they created the interventions, monitored their impact and essentially took ownership of the project. It is likely that this more focused commitment explains the more positive results from the site assessment team's responses to the Risk Assessment Questionnaire.

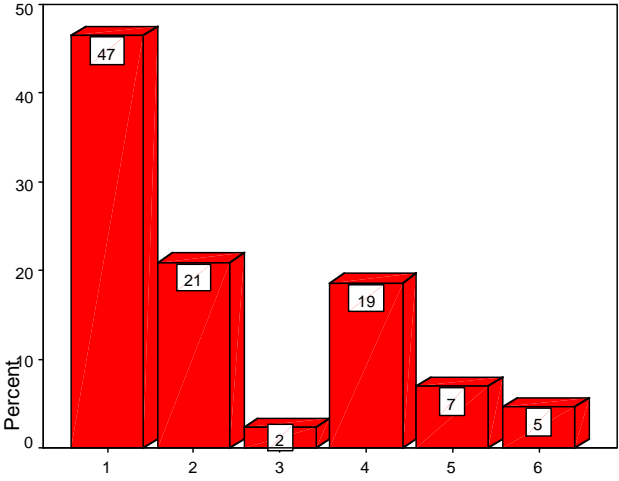
RESULTS: Job Satisfaction Survey

The Job Satisfaction Survey is a measure of job satisfaction with well-established reliability and validity, allowing those who take it to compare themselves to groups of workers in similar fields of employment. We compared the responses of 41 employees of Island Lodge who responded to the JSS on July 17, 2001 with those of 44 employees who responded to the JSS on May 28, 2003. We found in 2001 that, relative to other medical personnel, employees at Island Lodge were more satisfied with their supervisors, more satisfied with their operating conditions, more satisfied with their co-workers, more satisfied with the nature of their work, and more satisfied with communication within the facility. Further, those who worked at Island Lodge in 2001 were, on average, more satisfied with the nature of their work, their supervisors and their working conditions, their co-workers and with communication in the workplace than comparable groups of medical workers, police officers or those who work within either the private or the public sector.

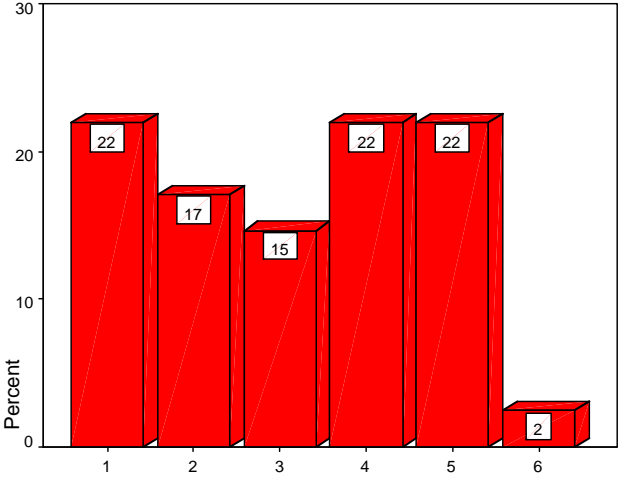
The results from 2003 were similarly positive, but even more so than in 2001. Specifically, in 2003 employees indicated significantly less agreement with the statement, "Many of our rules and procedures make doing a good job difficult." They also indicated significantly less agreement with the statement, "I have too much to do at work" and the statement, "There is too much bickering and fighting at work." Finally, they also indicated a significantly greater level of agreement with the statement "Communications seem good within this organization."

Rating Scale:
 1 = Disagree very much
 2 = Disagree moderately
 3 = Disagree slightly
 4 = Agree slightly
 5 = Agree moderately
 6 = Agree very much
 N/A = Not applicable

Chart F: Many of our rules and procedures make doing a good job difficult.¹



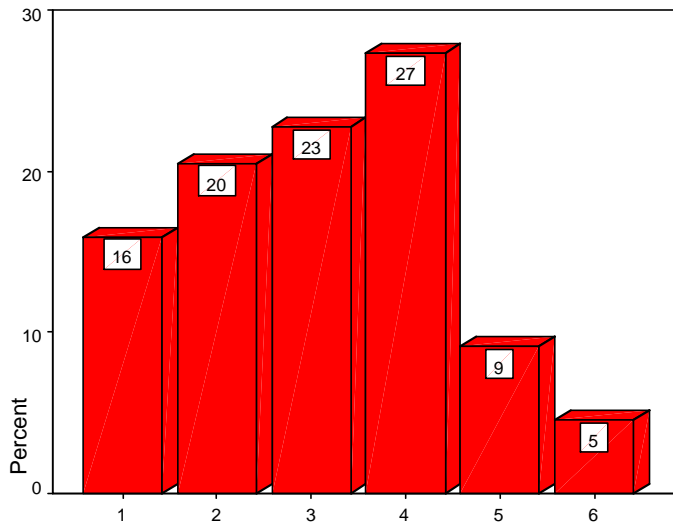
job satisfaction question 2 2003



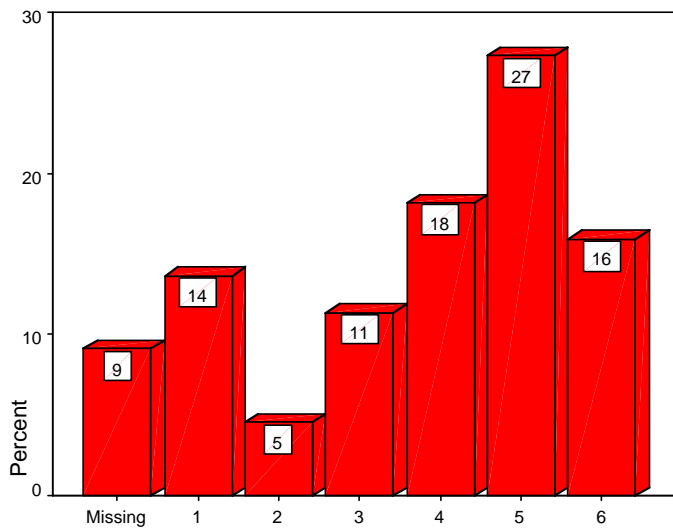
job satisfaction question 2 2001

¹ Due to rounding percentages to the nearest whole number, percentages may not add up to 100%.

Chart G: I have too much to do at work.

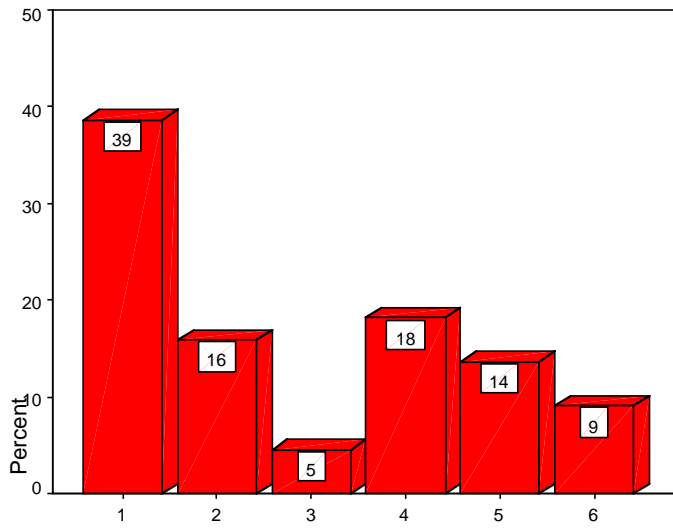


job satisfaction question 12 2003

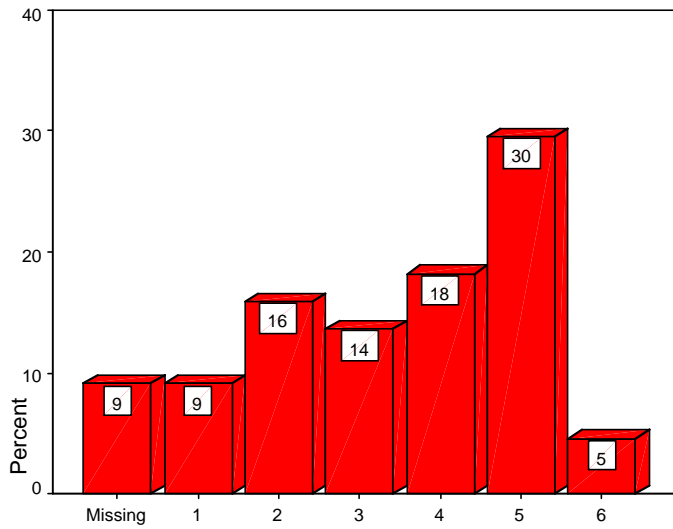


job satisfaction question 12 2001

Chart H: There is too much bickering and fighting at work.

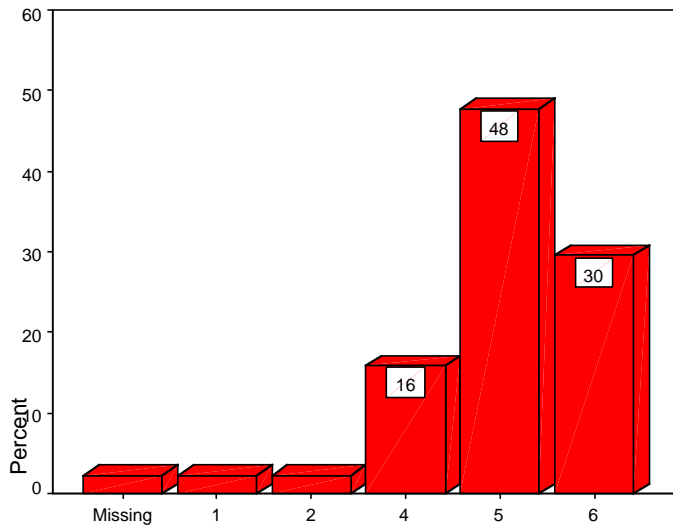


job satisfaction question 18 2003

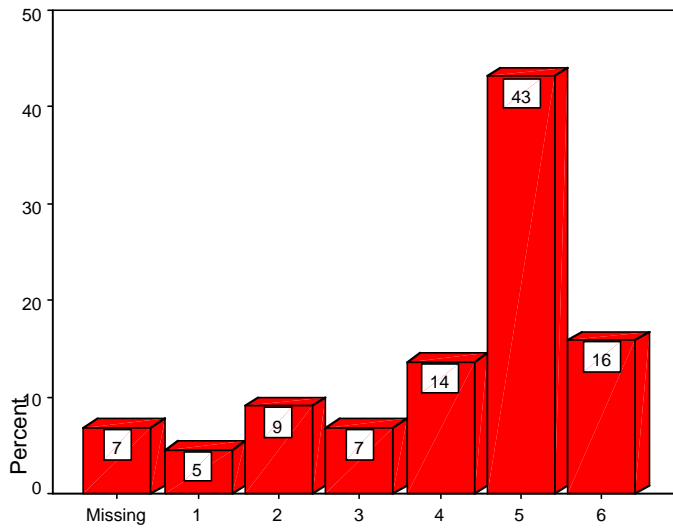


job satisfaction question 18 2001

Chart I: Communications seem good within this organization.



job satisfaction question 4 2003



job satisfaction question 4 2001

Post-implementation Survey

We determined that, in addition to our other sources of data, we needed to ask some direct questions about the specifics of the project's impact. Accordingly, we polled a random sample of employees at Island Lodge in a confidential questionnaire, asking them about the general impact of the project, the new incident reporting forms, changes to the call bell, the walkie-talkies and the resident "flow sheet."

The responses were extremely positive (see Appendix B: Island Lodge: Post-implementation Survey Results). More than 94 per cent of those responding indicated that involvement in the project "has been good for this organization" and almost 90 per cent indicated that "being involved in this project over the past 2–3 years has created more attention being paid to aggression in this organization." And more than 70 per cent of employees believe that involvement "has reduced the amount of aggressive incidents occurring in this organization."

Responses to our concerns regarding specific changes to policies and procedures were similarly positive. More than 90 per cent indicated that the new incident reporting forms have made their jobs easier; more than 80 per cent indicated that the noise from the call bell had been "noticeably" reduced; more than 90 per cent indicated that the walkie-talkies have both increased "my sense of personal safety" and "efficiency at work."

Appendix A

Thematic Analysis of Island Lodge Focus Groups and Interviews

May 2003

Impact of this project

General Benefits

“I think [this study] has done a really good job; the board’s interaction with the managers facilitated through the study has been beneficial. I don’t see any negatives.”

“This program has been quite beneficial and its interventions are used.”

“The biggest highlight of the study for me was being able to sit down and talk about our jobs. Communication was the biggest benefit.”

“The staff’s communication level has improved.”

"The job is a little better; the government cuts have added stress, but the study has been positive."

“I think it [the study] is worth it because the staff now understand what aggression is and what causes it.”

“The study was good because there was staff involvement and that led to increased communication and more pride and ownership in the facility.”

“The interventions are ingrained in our system now...they’ll keep going long after the study ends.”

"This study has been very positive. It made working here easier. We now know our limits and we are better educated around aggression."

Comparisons with Two Years Ago

“The staff is supportive of one another and the rapport between staff and management is very good despite the turmoil in health care.”

“We amalgamated the administrator and director of care positions.”

“Activities supervisor left.”

“We now have two secure dementia units: Dementia Wing 2 for high-functioning patients and Dementia Wing 1 for low-functioning clients.”

"The work is more stressful now because of increased dementia in our residents."

"Government cutbacks have slowed us down because we have more work. We don't get added care any more. The mental health society used to give us added care when we needed it, but it was cut."

"Our staff on Dementia Wing 2 rotates out after 5 days, and 3 times in 15 weeks, staff work in Dementia Wing 2."

"We haven't had any significant staffing changes over the last three years."

"Staff will probably say this is a better place to work than two years ago, but we still have problems."

"In my opinion, the healthcare changes haven't really affected this home."

"The reduction of the noise level in the facility has probably had the most impact on reducing aggression."

"I think aggression has decreased and we deal with it better, compared to three years ago."

Noise Level Reduction

"I think the noise level is a lot lower than it was 2 years ago."

"That [noise control] is wonderful. It reduces the potential for aggression."

Walkie-Talkie System

"The walkie-talkie system has really helped. We couldn't sit in a meeting without the call bell going off and driving us crazy."

"The walkie-talkies and phones were money well spent. It keeps the staff happier."

"The walkie-talkies and phones now let staff deal with problems right away and saves time in the long run."

"The noise level has gone down because of walkie-talkies."

"Walkie-talkies increase the staff's safety and communication."

"Walkie-talkies have increased the level of personal safety."

Phones

“The phones lessen noise pollution and increase efficiency.”

“We don’t use the overhead pager nearly as much because of the phones.”

“The phones increase the efficiency of the home.”

"Paging here used to be horrible, but now people are rarely paged. You can go a whole week without being paged. This is mainly due to the telephones carried around by the managers."

"The phones have helped noise level and efficiency."

Call Bell

“The call bell rings much less often, but I think that is a result of the walkie-talkies, phones, and an increase in residents with dementia.”

“The call bells are still a problem, but a lot of that is the difference in residents.”

"The call bells are still a pain...but they have tried to do something about it."

"I don't think the number of calls has been reduced, but the volume is less."

Incident Reporting

“We are still having trouble getting staff to report it [aggressive incidents] all, but we are able to get on top of it earlier and get interventions in place quicker.”

“The residents that we still have the most aggressive incidents with have behaviour disorders. We did a couple of in-services with case studies on personality/behaviour disorders.”

“Reporting is still under actual numbers, but that may always be.”

“The new form has all of the information that we need.”

“It is still a bit difficult to get the staff to fill out a form for every incident of aggression, but this may never be possible because of the nature of our residents.”

“Verbal aggression is the most underreported.”

“The incident reporting form creates more paperwork, but I think the pros outweigh the cons.”

"People are filling them out more."

"We are able to keep track of patterns of aggressive incidents better now."

"We do quite a bit of follow-up. Every meeting of OH&S we go over every aggressive incident."

Resident Information Flow Sheet

"The new flow sheet is quicker to fill out than the old one, and it's easier to read."

"More attention is paid to aggression on the new flow sheets."

"It is great. You go directly to the flagged event and communication is easier."

"It is good, but there are a lot of places to write about aggressive incidents now: care plans, tick sheets, report books, charts, etc."

New Policy and Procedures on Aggression

"The new policies and education have helped us."

"The new policy and procedures have increased awareness around aggression."

"It [new policy] has helped as a guideline for us to define aggression."

Difficulties in Being Involved with the Project

"There have been no difficulties; it went smoothly. The implementations ended up saving us time, and therefore money."

Future Challenges

"We need more courses on dementia."

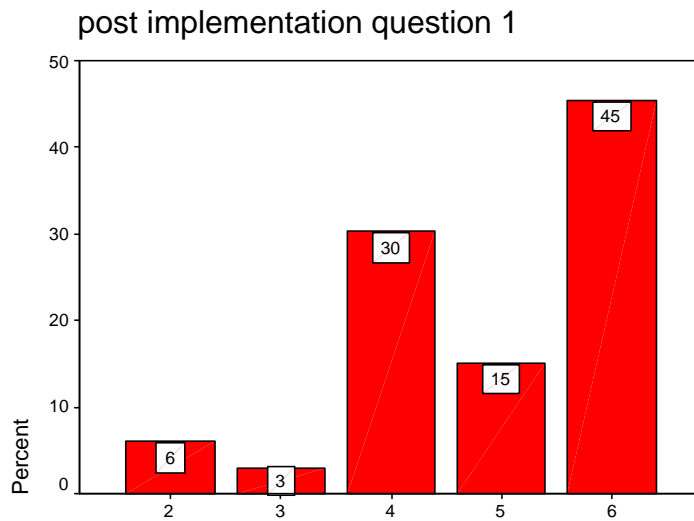
"We need to keep track of the aggression statistics and keep up with the reports. We can't get lazy on reporting either."

Appendix B Island Lodge: Post-implementation Survey Results

These results are from the 44 post-implementation surveys completed on May 28, 2003.

Rating Scale:	
1	= Disagree very much
2	= Disagree moderately
3	= Disagree slightly
4	= Agree slightly
5	= Agree moderately
6	= Agree very much
N/A	= Not applicable

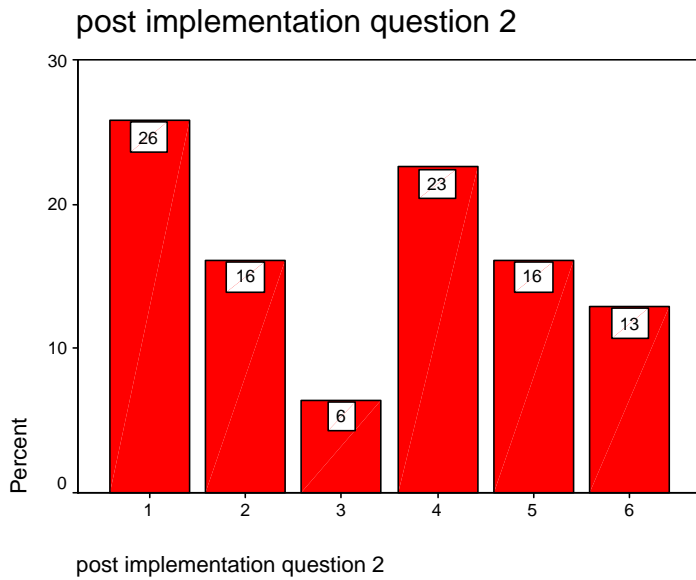
Question 1: The new incident reporting forms have made my job easier.



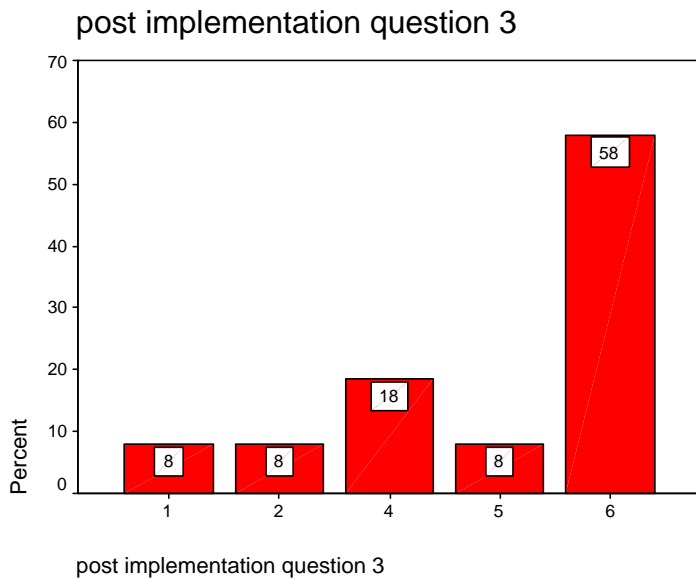
2 post implementation question 1

² Due to rounding percentages to the nearest whole number, percentages may not add up to 100%.

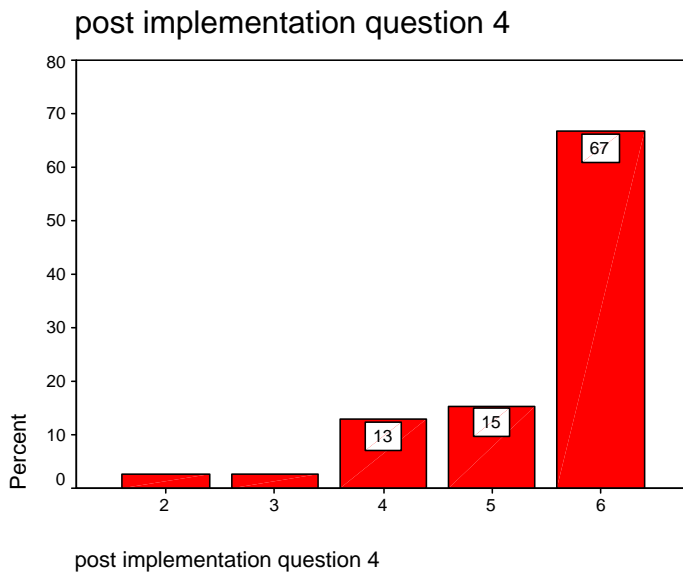
Question 2: The new incident reporting forms have reduced aggressive incidents over the past year.



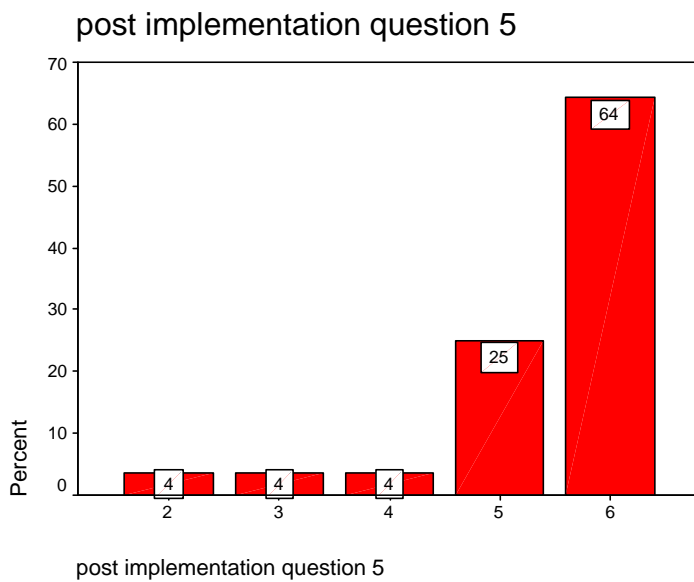
Question 3: The noise from the call bell has reduced noticeably over the past year.



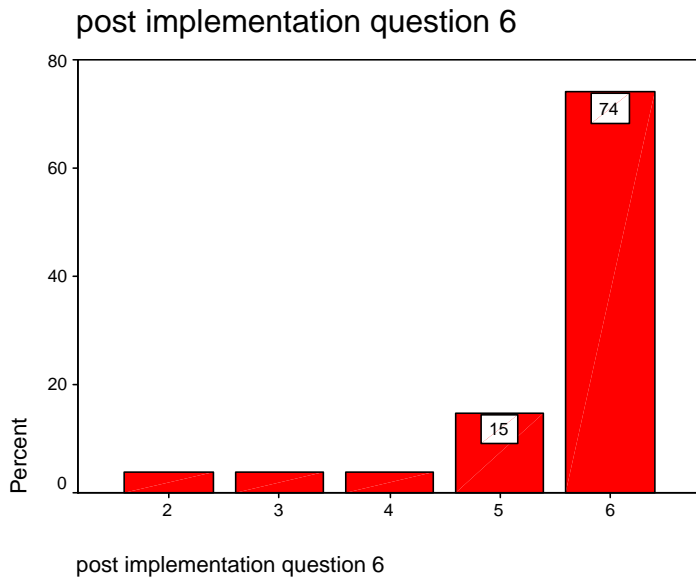
Question 4: The call bell increases resident aggression.



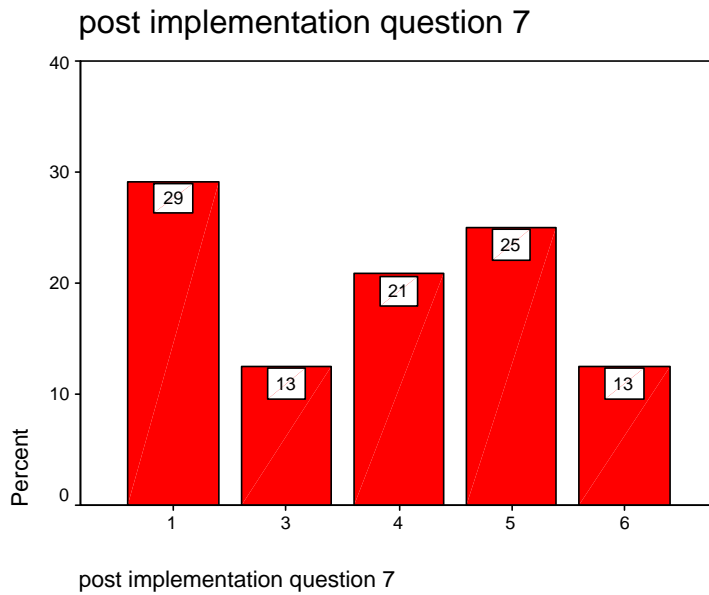
Question 5: The walkie-talkies have increased my sense of personal safety at work.



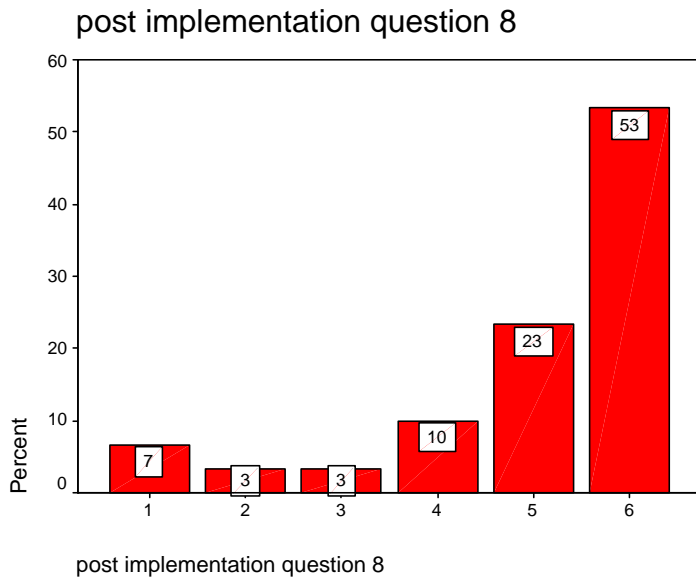
Question 6: The walkie-talkies have increased my efficiency at work.



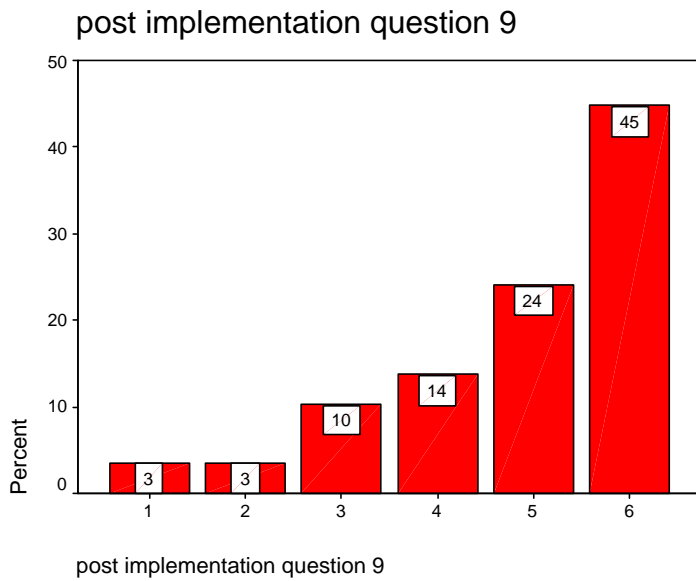
Question 7: The walkie-talkies have decreased the amount of aggressive incidents over the past year.



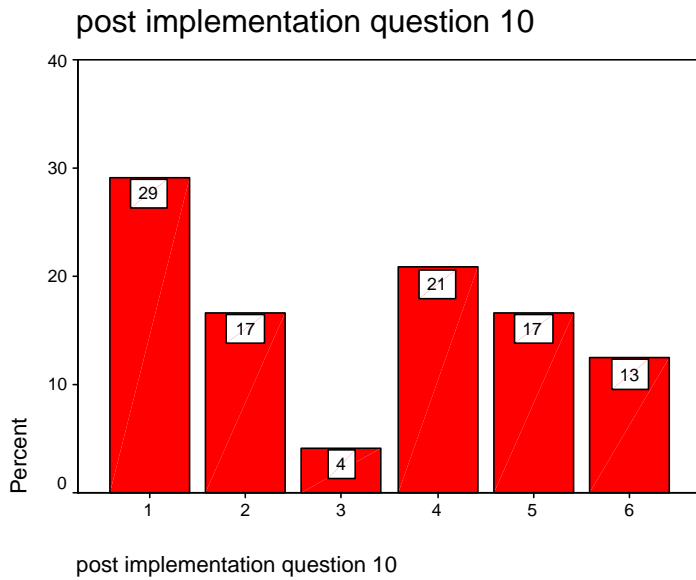
Question 8: I like the new resident information “flow sheet.”



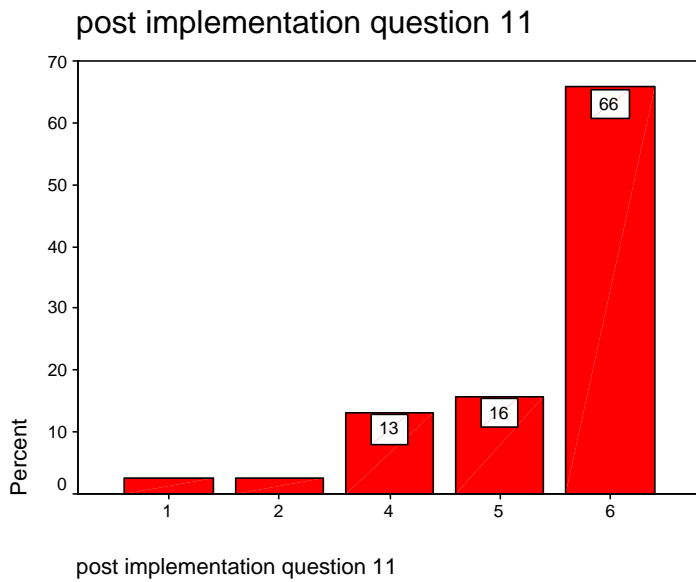
Question 9: I am getting the information I need from the new resident information “flow sheet.”



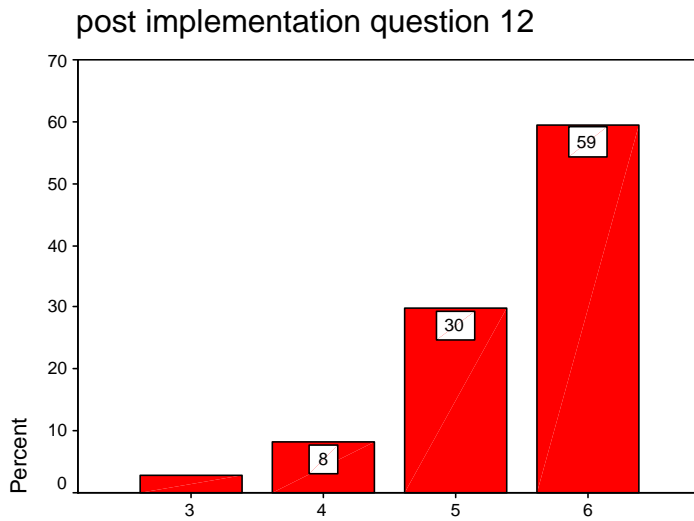
Question 10: The new resident information “flow sheet” has decreased the amount of aggressive incidents over the past year.



Question 11: Being involved in this project over the past 2–3 years has been good for this organization.

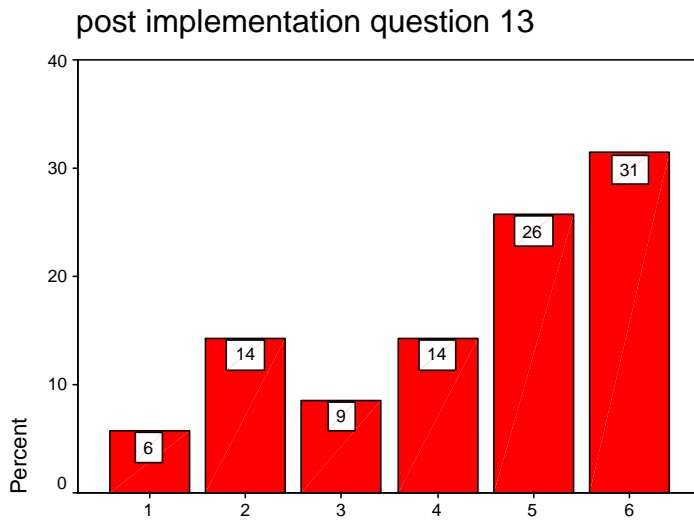


Question 12: Being involved in this project over the past 2–3 years has created more attention being paid to aggression in this organization.



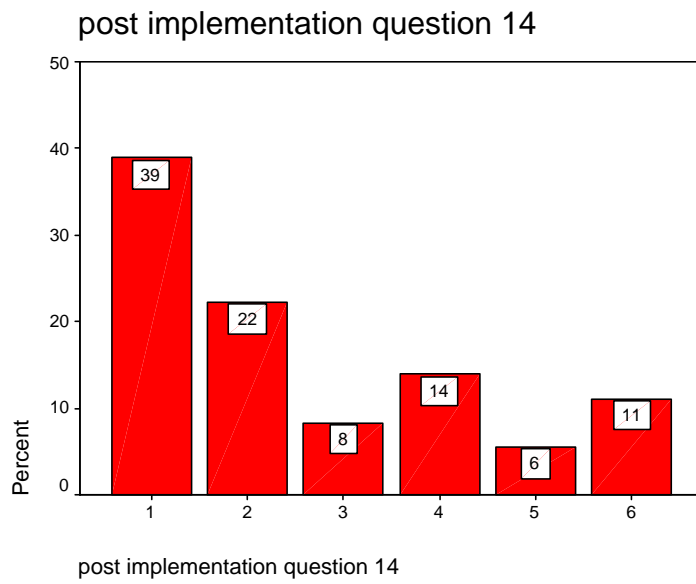
post implementation question 12

Question 13: Being involved in this project over the past 2–3 years has reduced the amount of aggressive incidents occurring in this organization.



post implementation question 13

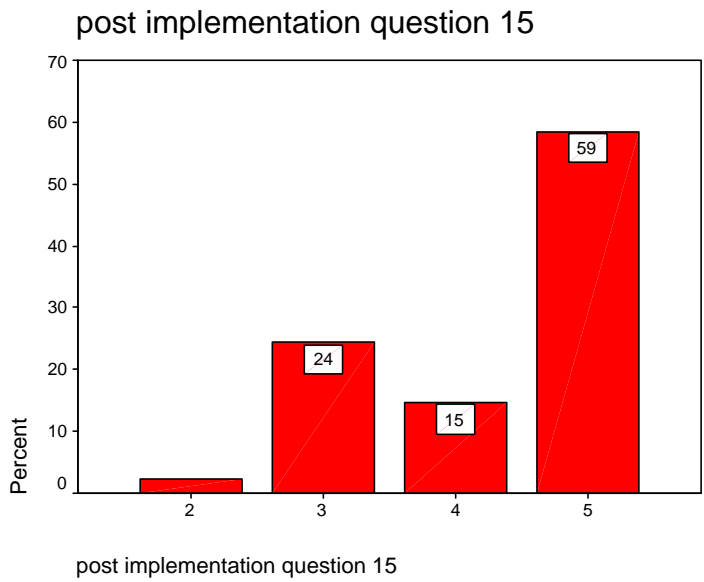
Question 14: The current state of the healthcare system in BC has influenced my answers on the effectiveness of this project.



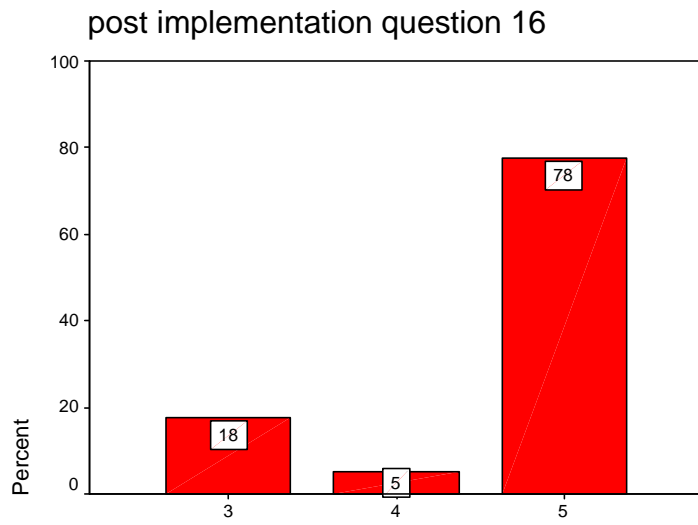
How have the following changes affected your work at Island Lodge?

Rating Scale:
1 = Changed for the worse
2
3 = Has not affected my work
4
5 = Changed for the better

Question 15: Changes to the call bell.

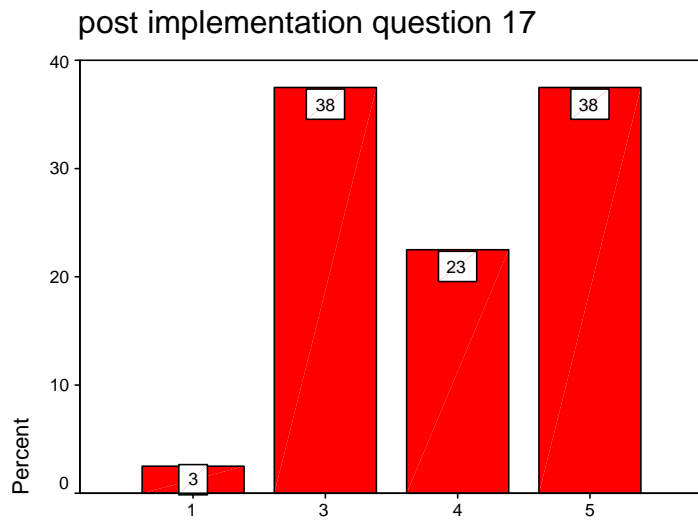


Question 16: Use of walkie-talkies.



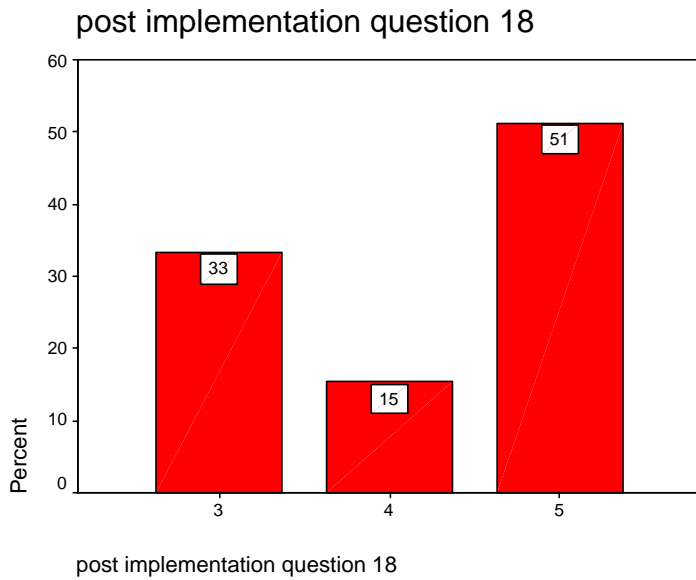
post implementation question 16

Question 17: The new resident information “flow sheet.”

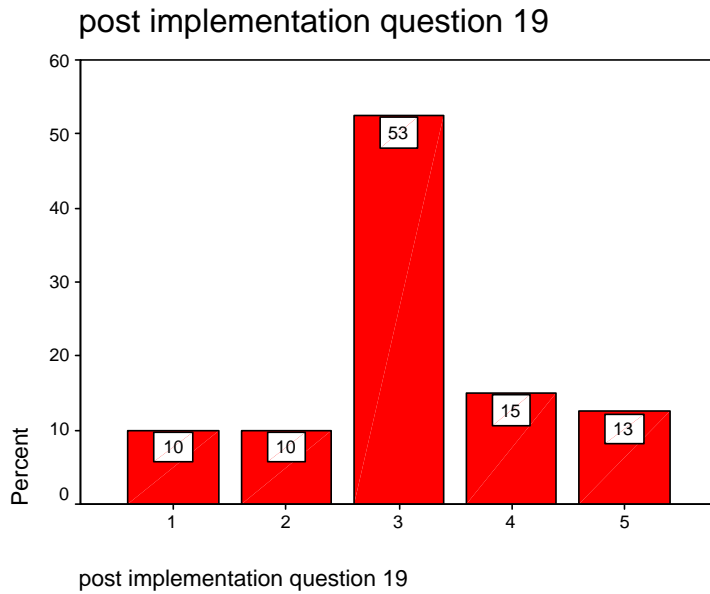


post implementation question 17

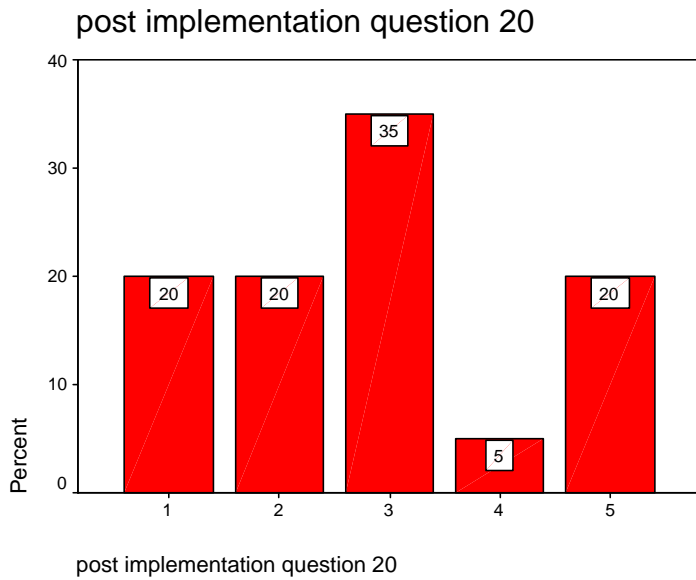
Question 18: The new incident reporting forms.



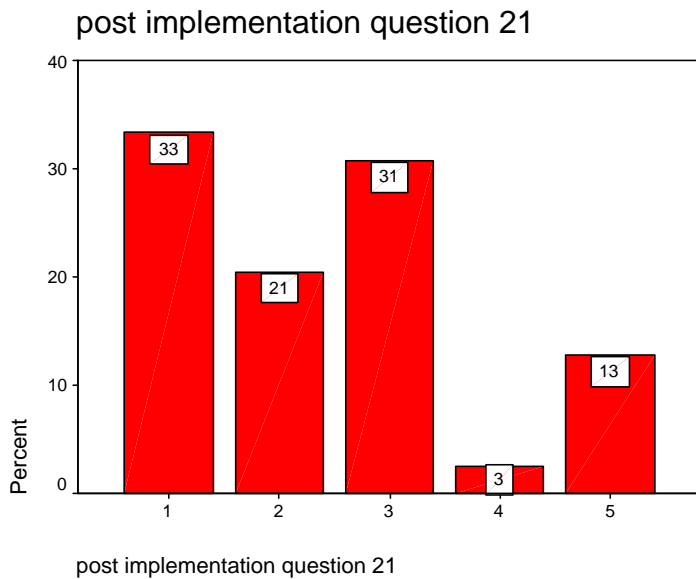
Question 19: Changes to staffing levels over the past 2 years.



Question 20: Changes in workload over the past 2 years.



Question 21: Changes in type of resident over the past 2 years.



Westside Place

Final Report

**Challenging Behaviour in Long-term Care
January 2004**

Presented to the Westside Site Project Team

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Westside Place: Final Report

In the summer of 2002 Westside Place agreed to participate in our evaluation project, designed to reduce a number of difficulties associated with resident aggression. Westside joined the project after one of our initial sites, Pioneer Lodge of Salmon Arm, BC, was closed by budget cutbacks. Westside Place agreed, like our other partner facilities, to develop interventions in several areas, albeit within a compressed time frame of 20 months:

- 1) Education and training for staff on the prevention and management of aggression;
- 2) Organizational policies and procedures to prevent and manage aggression; and
- 3) Implementing strategies for enhancing teamwork — applying a collaborative process for the prevention and management of aggression.

This final report considers the effects of these interventions, evaluating their strengths and weaknesses, and pointing to possible future directions. Westside Place is a 75-bed intermediate care facility employing 48 full-time equivalents, almost all of whom are unionized employees: 25 full-time employees, 37 part-time and 23 casuals. The facility began construction in 1982, with full completion in 1983.

An initial assessment was conducted in the summer and fall of 2002 to provide the employees and management of Westside Place with a variety of types of information about existing efforts to prevent and manage aggressive behaviour at the facility. A "Current Situation Assessment" was presented to Westside Place in the fall of 2002. This report analyzed 1) Incident Reports; 2) Information gathered from Interviews and Focus Groups; 3) Survey Results: Risk Assessment, Employee, and Job Satisfaction, and then presented conclusions, with suggestions for possible areas of intervention.

The Interventions

Westside Place decided to focus its efforts to reduce aggression on the policies and procedures of the facility, with smaller corresponding efforts in the realms of education and training, and teamwork. Specifically, the site project team at Westside set out five goals:

- 1) To provide formal and informal learning opportunities for all staff on managing challenging behaviours, for a minimum of four hours of formal training every two years;
- 2) To maintain effective communication procedures for sharing pertinent resident information related to managing challenging behaviour;
- 3) To maintain an effective recreation/activation program or services for achieving a good quality of life for residents;
- 4) To develop or update policy and procedures regarding managing challenging behaviours; and
- 5) To enhance interdepartmental communication and cooperation.

In more concrete terms, the team at Westside Place decided:

- a) To identify a target group for education, develop a learning plan and schedule, and, after delivery, evaluate the impact of the education program;
- b) To develop an improved system for the communication of resident information, and, after implementation, evaluate its impact;
- c) To educate staff on the role of the recreation therapist, develop new programs and procedures and, after implementation, evaluate their impact;
- d) To review and revise policy regarding challenging behaviours, with the goal of obtaining management team approval for the policy; and
- e) To identify issues of interdepartmental concern, construct a process for improved communication, and evaluate the impact of the process.

The Effects of Interventions: A Summary

In the pages that follow we set out the consequences of interventions at Westside Place. These results are presented in a relatively detailed manner, documenting changes revealed in incident reports, interviews and focus groups, and in surveys of risk assessment, job satisfaction and the successes or failures of various changes.

We have concluded from all of the available data that the interventions at Westside Place have had a number of positive impacts. Although we cannot point to annual decreases in WCB claims or in days taken as sick leave, we can point to objective measures of increases in job satisfaction and to other positive assessments of changes documented in the Employee Survey, focus groups, interviews, and a Post-Implementation Survey.

More specifically, the changes made at Westside Place have improved the knowledge base of employees, given them more confidence in responding to the challenging behaviours of residents, and enhanced teamwork — the extent to which staff view themselves as part of a multi-disciplinary team. We could find no evidence that the potential for resident aggression has diminished between 2002 and 2003, in either incident reports or the Risk Assessment Questionnaire. This lack of change may, however, be attributable to the fact that Westside already had very few reported incidents of aggression, and was seen as something of a model care facility within the area of the Greater Vancouver Regional District.

Incident Reports

The number of reported incidents of aggression at Westside Place has been consistently low for the past five years. There has been no significant change during the time that our project has been taking place. We might add that the rate of reported incidents appears to reflect the real extent of such behaviours, as staff consistently note that they do fill out incident reports if they experience aggression.

Analysis of Interviews and Focus Groups

We have clustered responses to interviews and focus groups in relation to discussion of the various impacts of interventions during the past two years (see Appendix A: Thematic Analysis of Westside Place Focus Groups and Interviews, October 2003).

Impact of the Project

Employees who participated in focus groups and interviews expressed significant support for their involvement in the project. They indicated that participation had increased attention given to the problem of aggression, had provided an opportunity to get together as a group to talk about solutions for mutual concerns, and had helped to create many more sessions of staff education and training, specifically more involvement in the Non-Violent Crisis Intervention in-service program.

Recreation Department Initiatives

This intervention led to the reorganization of the recreation department. Each therapist now works a shorter day, but more days of service are provided (five instead of three). Staff noted that the consistency of morning programming in the special-care dementia unit has been helpful, but also added that it is a little too early to document the impacts of these changes; there are, additionally, still some complaints from staff regarding the recreation department's contribution to the facility.

Communication and the Resident Flow Sheet

Employees indicated that the new flow sheet is more useful and that a system for the identification of aggressive residents has also been helpful. Most staff indicated that although interdepartmental communication remains a thorny issue, it has improved during the life of this project. Again, staff indicated that it is too soon to evaluate the success of initiatives designed to improve communication.

Education and Training, and Aggression Policy and Procedures

Staff consistently expressed positive viewpoints about the greater involvement of Westside in education and training programs, specifically, the Montessori process/program, and the Non-Violent Crisis Intervention program. They also noted that Westside had created a new policy on aggression and then informed staff as to its specifics.

Analysis of Survey Results: Risk Assessment, Employee, Job Satisfaction and Post-implementation Surveys

Introduction: The Risk Assessment Questionnaire and Employee Survey

The Risk Assessment Questionnaire and Employee Survey were designed to help administrators and employees in long-term care facilities to identify, prevent and manage risk factors associated with aggressive behaviour.

The Risk Assessment Questionnaire was first administered to the site assessment team at Westside Place in the summer of 2002. The Employee Survey was responded to by 31 employees of Westside Place in the summer of 2002. Both of these surveys are based on a multi-dimensional understanding of risk: risk is not only to be determined by the knowledge, abilities, and approaches of individual employees, but also by the acuity of a facility's residents, by the facility's policies and procedures, by the physical design and environment of the facility, by its social environment, and by the extent of community support available to those who work and live within the facility.

We have developed four overlapping categories of risk: the individual employee or resident as a source of risk, organizational policies and procedures as a source of risk, the environment as a source of risk, and the extent of community support as a source of risk.

The Risk Assessment Questionnaire

The Risk Assessment Questionnaire was filled out, on an individual basis, by a team from Westside Place in 2002 and again in 2003.

The Employee Survey

The Employee Survey provides a snapshot of the views of a sample of all employees who work within Westside Place, taken on a single day in the summer of 2002 and then again in the fall of 2003. Although the Employee Survey does not canvass issues of the environment, or of the extent of community support, it does canvass some issues related to both individual and organizational risks. The responses to the Employee Survey allow the determination, albeit in an indirect manner, of whether employees share the views of the team responding to the Risk Assessment Questionnaire.

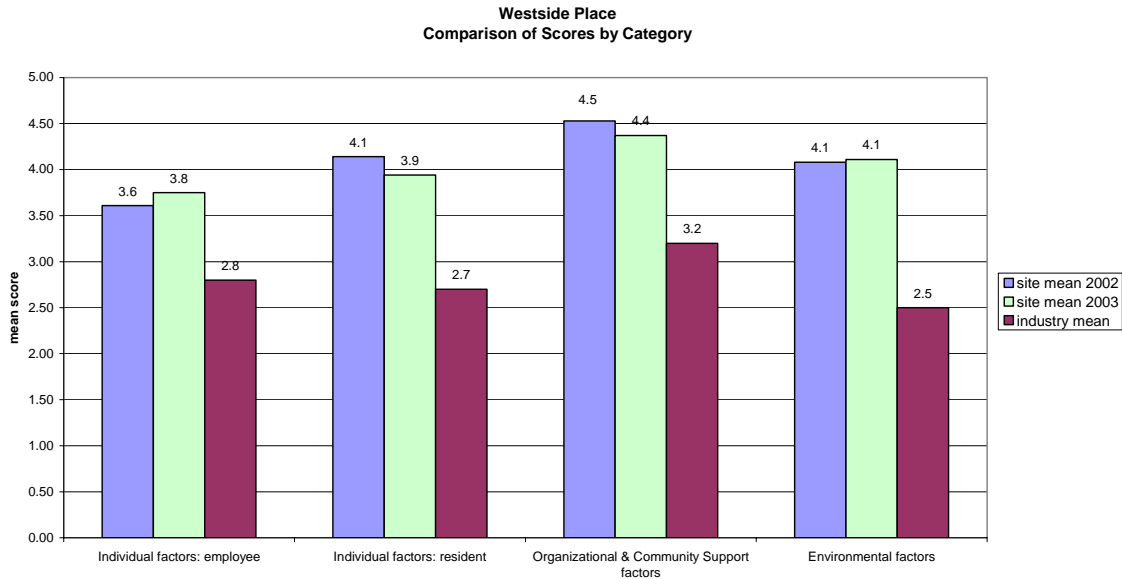
RESULTS: Risk Assessment Questionnaire

Results from the Risk Assessment Questionnaire in the summer of 2002 indicated that Westside Place had much lower risks than most other long-term care facilities in all of the identified areas — individual factors, organizational policy and procedure, the

environment, and community support. Westside Place fell within the top 10 per cent of the 60 facilities surveyed to that date within these categories.

Results from the Risk Assessment Questionnaire in the fall of 2003 demonstrated no statistically significant changes in all categories of risk (see Chart B).

Chart B: Risk Assessment Scores: Westside Place



This result is not particularly surprising, as the initial risk assessment scores indicated that there was not substantial room for improvements in risk within this facility.

RESULTS: Employee Survey

The Employee Survey results in 2002 and 2003 provide a snapshot of many of the issues raised by the Risk Assessment Questionnaire. Although, as noted above, the questions asked are not directly correlational, the responses are useful and allow another focus for developing a program aimed at improved prevention and management of aggression. There were some differences in results between the Employee Survey of 2002 and 2003, and all in a generally positive direction.

Specifically, employees were more likely to indicate that they had received recent education and training regarding aggression and strategies for responding to aggression. They also were more likely to indicate confidence in their abilities to respond to an aggressive resident, and to view themselves as part of a multi-disciplinary care team. Finally, they were more likely to note that aggression should be seen as a part of their job (perhaps a reflection of increased efforts in education and training), and more likely to suggest that enough attention was now being given to the problem of aggression within the facility (perhaps an indication that this initiative is serving its purpose).

RESULTS: Job Satisfaction Survey

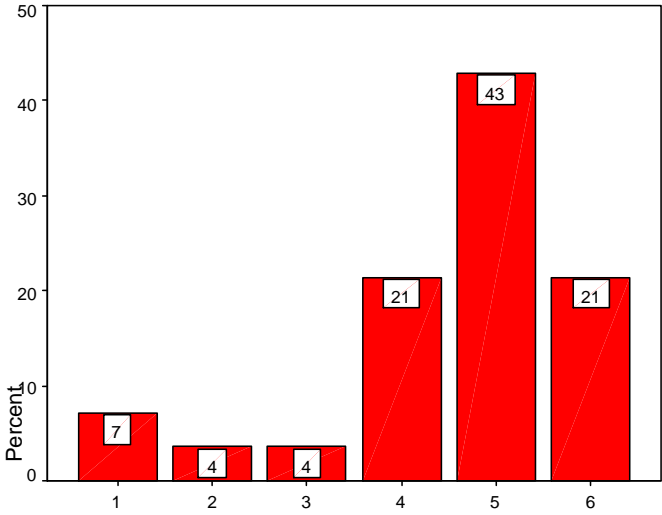
The Job Satisfaction Survey is a measure of job satisfaction with well-established reliability and validity, allowing those who take it to compare themselves to groups of workers in similar fields of employment. We compared the responses of 31 employees of Westside Place who responded to the JSS in the summer of 2002 with those of 28 employees who responded to the JSS in the fall of 2003. We found in 2002 that, relative to other medical personnel, employees at Westside were more satisfied with their supervisors, more satisfied with their operating conditions, more satisfied with their co-workers, more satisfied with the nature of their work, and more satisfied with communication within the facility.

The results from 2003 were similarly positive, but somewhat more so than in the previous year. Specifically, in 2003, employees indicated significantly more agreement with the statement, "My supervisor is competent."

A series of new questions also established that employees had very positive views of the extent of teamwork within the facility (see Charts C through M).

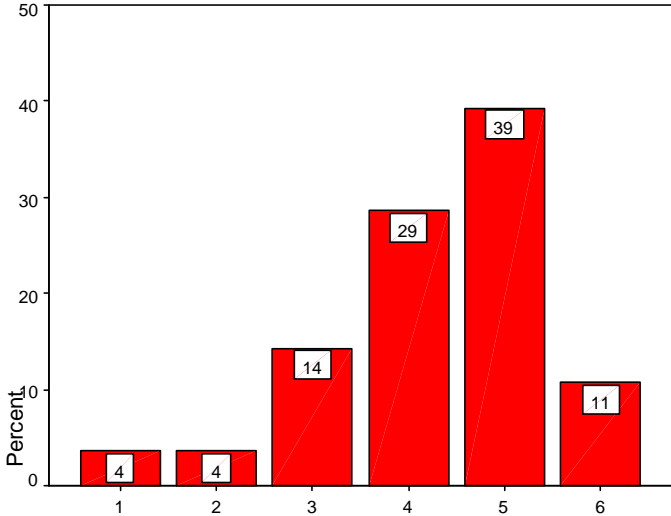
Rating Scale:
 1 = Disagree very much
 2 = Disagree moderately
 3 = Disagree slightly
 4 = Agree slightly
 5 = Agree moderately
 6 = Agree very much

Chart C: My co-workers communicate openly and honestly.¹



JS5

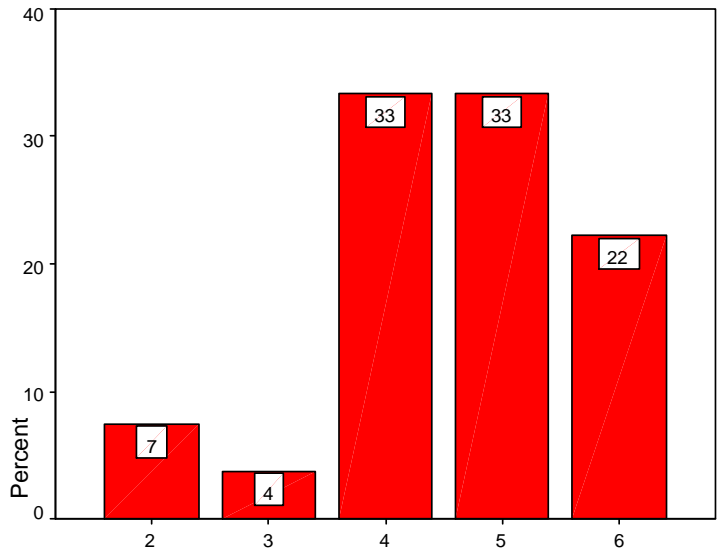
Chart D: Conflict and differences are resolved quickly.



JS10

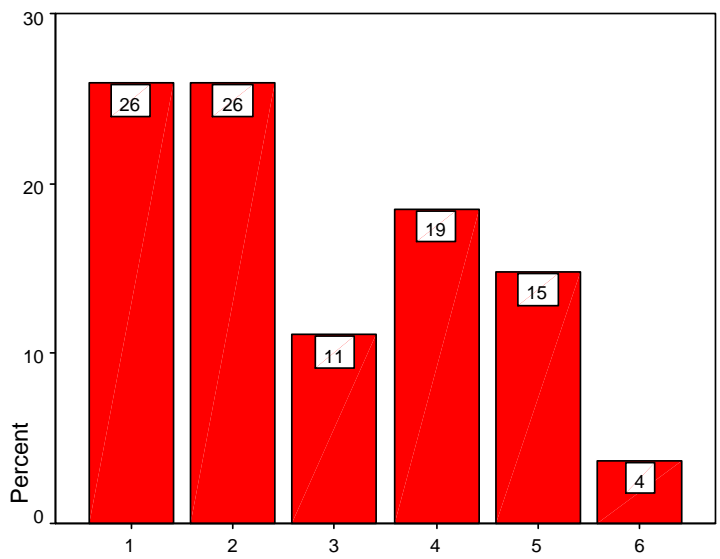
Chart E: Information is shared in a timely manner.

¹ Due to rounding percentages to the nearest whole number, percentages may not add up to 100%.



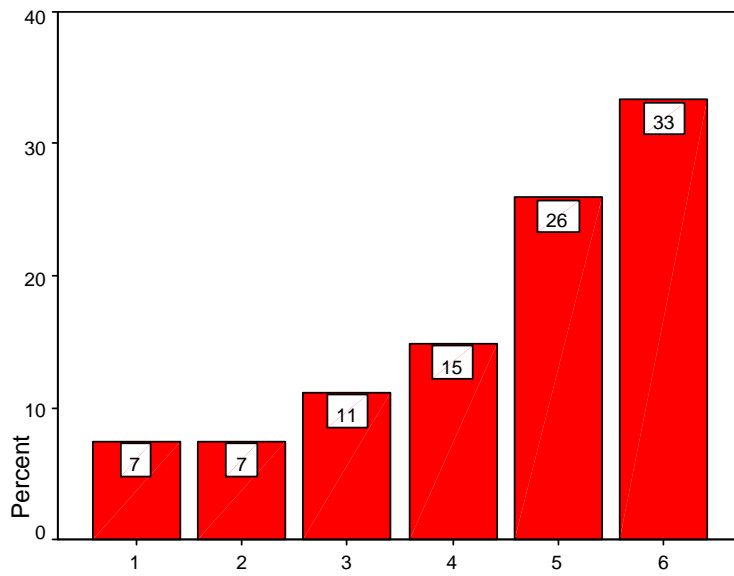
JS15

Chart F: There is a lack of trust in this organization.



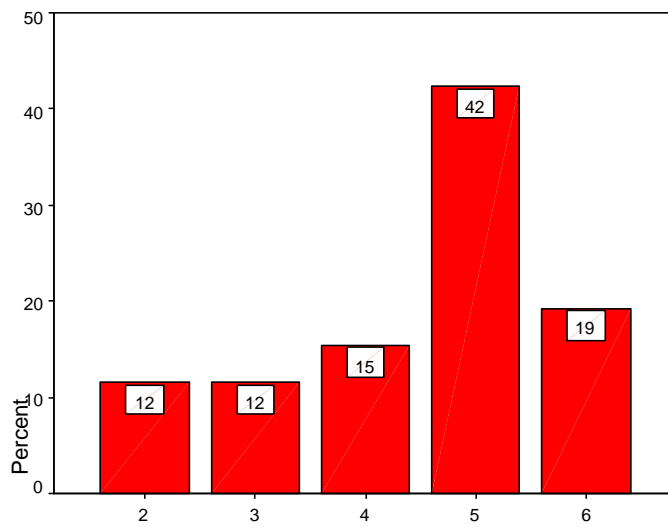
JS20

Chart G: My co-workers cooperate to get work done.



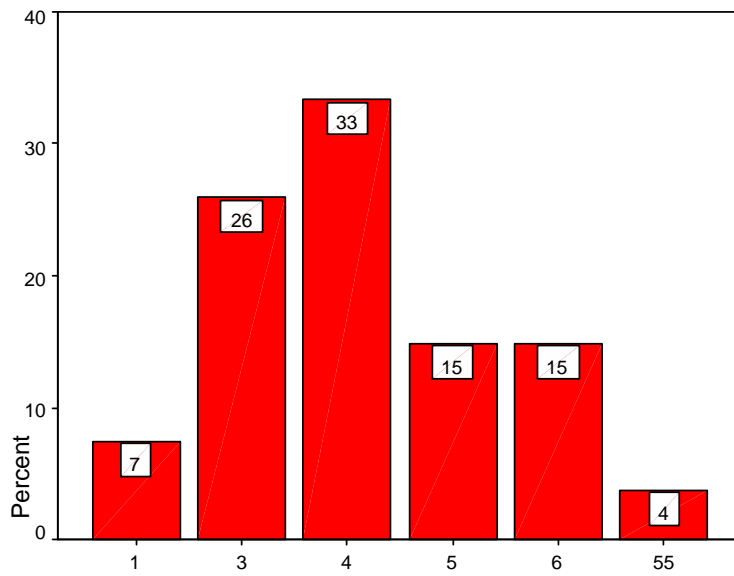
JS21

Chart H: My co-workers regularly follow care guidelines and health safety procedures.



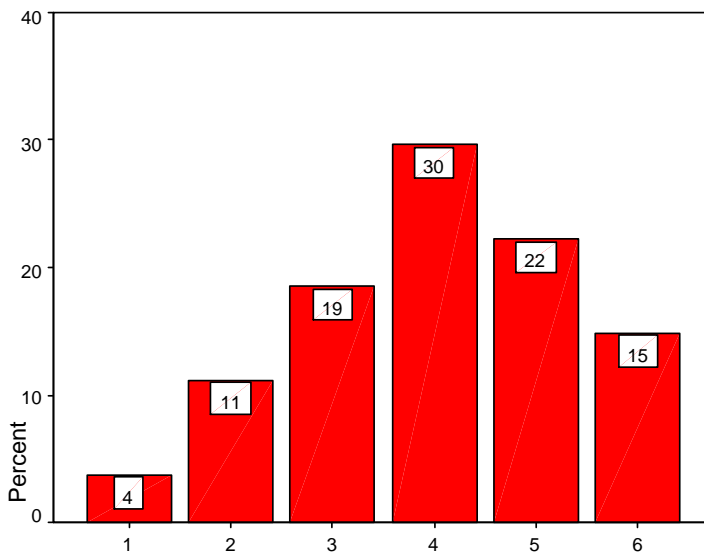
JS22

Chart I: Communication between work units is good here.



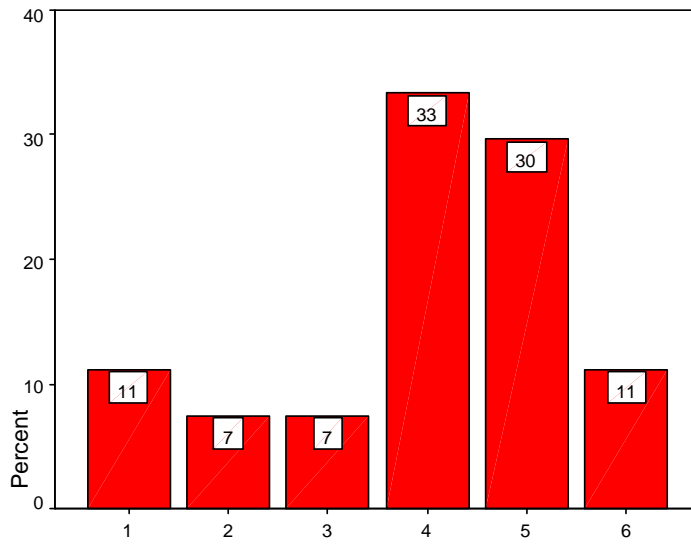
JS23

Chart J: Communication between staff and management is good here.



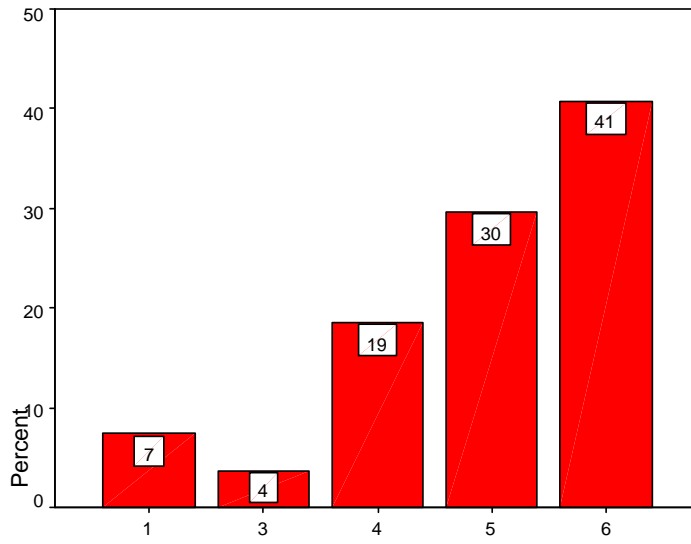
JS24

Chart K: I feel rushed at work.



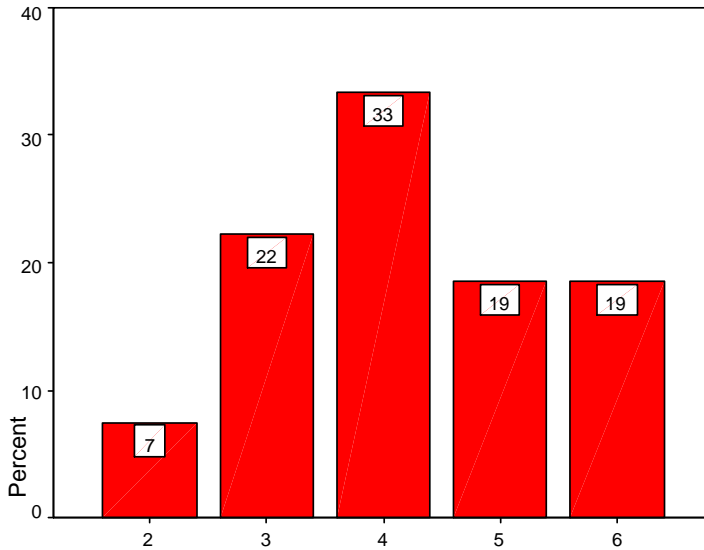
JS25

Chart L: We have good teamwork in our unit/department.



JS26

Chart M: We have good teamwork between departments.



JS27

Post-implementation Survey

We determined that, in addition to our other sources of data, we needed to ask some direct questions about the specifics of the project's impact. Accordingly, we polled a random sample of employees at Westside Place in a confidential questionnaire, asking them about the general impact of the project — whether "being involved in this project over the past two to three years has been good for this organization," and "has created more attention being paid to aggression in this organization." The responses were very positive: all agreed that involvement has been good for the organization, and more than 90 per cent thought more attention was now being paid to aggression.

Additional questions asked whether aggressive incidents had been reduced during the life of the project, and whether "the current state of health care in BC" had influenced their answers to these questions. Perhaps surprisingly, given the data from incident reports, more than 75 per cent of employees believe that involvement "has reduced the amount of aggressive incidents occurring in this organization." Finally, a little more than 70 per cent of employees indicated that the problems in healthcare had not affected their responses to our questions.

Appendix A

Thematic Analysis of Westside Place Focus Groups and Interviews

October 2003

Benefits of This Project

Increased Attention to the Problem of Aggression

“The study has increased the amount of attention being paid to aggression and aggressive residents in this facility.”

“The project has helped because we have more awareness of aggression and teamwork issues.”

Opportunity to Get Together as a Group (site project team)

“Getting staff together to talk about these issues was very valuable.”

“It has been good for the staff to come together and talk about issues.”

“I really enjoyed working together as a team [site project team]. I learned a lot.”

Opportunity for Increased Education and Training

“This project gave us the opportunity to get staff through Non-violent Crisis Intervention in-services.”

Interventions

Recreation Department Initiatives (interdepartmental teamwork)

- Reorganized the department, including scheduling. Each recreational therapist now works a shorter day (5 hours), but more days are served (5 days).
- Recreational programs are now held on 5 (instead of three) days.
- Increased amount of programming and visibility of recreational staff.

“The recreation department has made a lot of changes, but are still receiving complaints from other staff.”

“The consistency of morning programming in Special Care has been helpful.”

“The changes took place around May 2003, so it is too soon to see if there are changes with the residents...at least I haven't noticed any yet.”

Communication

- Still working on using a communication book across all departments.
- Red-dot system to identify aggressive residents introduced.

- Flow sheets for residents introduced.

“The communication process here is not very good. We basically use notes to communicate with other staff.”

“It is too soon to evaluate the interventions to communication; due to other priorities and the increased workload, we introduced most of these interventions in June.”

“Communication is still a big issue here, but it has improved.”

“The RNs do a good job of communicating information, but they shouldn’t be the sole method of communication.”

Education and Training

- One of the big things we did was bring in GPEP who have the Montessori process/program (engaging residents in meaningful activities, teaching staff and residents how to activate “procedural memory” (i.e. brushing teeth).
- All staff has attended NVC training within the last 6 months.

“The training has been very helpful for support staff and care staff.”

Aggression Policy and Procedures

- A new policy on aggression was written.
- Staff were informed of the new policy.

Difficulties in Being Involved with the Project

Not Enough Communication about Project to Staff

“The staff isn’t really aware of what the interventions of the project have been.”

Getting the Site Project Team Together

“Trying to get the task groups together was frustrating.”

“Suggestion box failed and we never had a chance to get together to discuss alternatives.”

“I feel that the site project team didn’t put enough effort into the project due to time constraints.”

Cutbacks

“We feel an enormous amount of stress from cut hours and lowered standards of care. The residents are becoming more agitated and are higher acuity.”

“There is a staffing issue here. We have one care aide responsible for 20 residents.”

“The staff feels very threatened...they are afraid of losing their jobs.”

“There is a lot of stress in the environment right now. Everyone is very conscious of their job uncertainty and cutbacks.”

“We are so rushed, I don't think we can do 'gentle care' with the workload we have.”

Future Challenges

Management Group

“Changes in management group has left some hard feelings.”

“Teamwork building needed for management group.”

Continue Education and Training

“More education and training for educational therapists needed, but we are so busy with programming right now we have no time.”

More Programming and Consistency

“We need more programming, particularly in special care, and consistency of programming.”

“We need to focus on group activities, not one-on-one activities...we don't have time for that.”

“We still need more programming, especially in the special-care unit.”

Continue with Communication Initiatives

“Communication (both inter- and intra-departmental) still needs to be focused on. Particular attention needs to be paid to communicating with casual and part-time staff.”

“Red-dot identification system needs to be evaluated by asking staff about its effectiveness.”

Valley Care Home

Final Report

**Challenging Behaviour in Long-term Care
February 2004**

Presented to the Valley Care Site Project Team

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Valley Care Home: Final Report

In March 2001 Valley Care Home agreed to participate in a three-year evaluation project designed to reduce a number of difficulties associated with resident aggression. Specifically, Valley Care Home agreed to develop interventions in three areas:

- 1) Education and training for staff on the prevention and management of aggression;
- 2) Organizational policies and procedures to prevent and manage aggression; and
- 3) Implementing strategies for enhancing teamwork — applying a collaborative process for the prevention and management of aggression.

This final report considers the effects of these interventions, evaluating their strengths and weaknesses, and pointing to possible future directions. Valley Care Home is a 75-bed intermediate care facility located in the Fraser Valley, British Columbia. The facility has 55 intermediate care beds, 19 special-care dementia beds and one respite care bed. The facility was built in the early 1980s.

An initial assessment was conducted in the summer of 2001 to provide the employees and management of Valley Care Home with a variety of types of information about existing efforts to prevent and manage aggressive behaviour at the Care Home. A "Current Situation Assessment " was presented to Valley Care Home in September 2001. This report analyzed 1) Incident Reports; 2) Information gathered from Interviews and Focus Groups; 3) Survey Results: Risk Assessment, Employee and Job Satisfaction; and then presented conclusions, with suggestions for possible areas of intervention.

The Interventions

Valley Care Home decided to focus its efforts to reduce aggression on education and training, the policies and procedures of the facility, and teamwork. Specifically, the team at Valley Care Home established six goals:

- 1) To provide timely needs-based education to all staff on managing challenging or aggressive behaviours;
- 2) To enhance and maintain informal opportunities for learning (e.g. care conferences, reports) within the organization regarding the management of challenging or aggressive behaviours;
- 3) To develop and maintain effective systems and procedures for sharing resident information with employees in a timely and efficient manner;
- 4) To develop and maintain an effective and efficient incident reporting and investigation system;
- 5) To maintain effective, relevant and up-to-date policy and procedures related to managing challenging or aggressive behaviours; and
- 6) To create a team environment where individuals respect and support each other, share information and are involved in decisions related to work practices.

In concrete terms, the team at Valley Care Home decided:

- a) To conduct a needs assessment to determine the content of education and training and the best methods for their delivery;
- b) To deliver this education and training and then evaluate its effectiveness;
- c) To determine the adequacy of existing systems of communication, and to develop improvements in strategies for communication;
- d) To develop and implement a new incident-reporting form and incident-reporting procedures;
- e) To ensure that the facility's policies for managing aggressive or challenging behaviour are relevant and up-to-date; and
- f) To improve staff awareness of the importance of teamwork, and to deliver workshops designed to enhance teamwork.

The Effects of Interventions: A Summary

In the pages that follow we set out the consequences of interventions at Valley Care Home. These results are presented in a relatively detailed manner, documenting changes revealed in incident reports, interviews and focus groups, and in surveys of risk assessment, job satisfaction and the successes or failures of various changes.

We have concluded from all of the available data that the interventions at Valley Care Home have produced some significant impacts, although dramatic changes to the workplace during the term of this project have also had correspondingly dramatic impacts. Specifically, Valley Care Home contracted out both support staff and care staff functions in 2003, support services in the spring and care services in the early fall.

The staff who have been contracted to provide care and support in 2003 are quite different from the staff who began this project in 2001. Although there is significant overlap, there are many new faces; in addition, the rates of pay for both care and support staff have been cut by approximately 30 per cent. During 2003, a substantial increase in sick leave occurred as employees who were about to leave used all available days prior to their departure. Focus groups and interviews in the fall of 2003 and January 2004 revealed a substantial loss of morale and increased stress from the transition to contract work. Employees stated strongly that there needs to be a focus on rebuilding the work-place, increasing organization and communication, and on reporting and documentation of the problem of aggression.

We cannot point to annual decreases in WCB claims during the life of this project, but we can, perhaps surprisingly, point to reduction of risk, along with some positive assessments of changes, documented in focus groups, interviews and post-implementation surveys. The changes made at Valley Care in relation to this project have, in the view of the majority of employees, resulted in a greater focus on the issue of the aggressive or challenging behaviours of some residents, even if this focus has been somewhat jeopardized by the events of 2003.

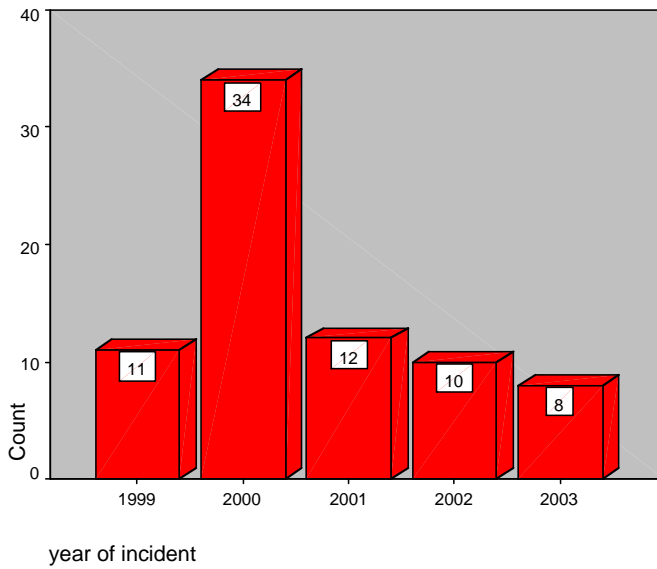
An important cautionary note must be added in the interpretation of any changes between 2001 and 2003: those responding to surveys, focus groups and interviews in 2003 were not drawn from the same pool of individuals as those responding in 2001, and any conclusions must, accordingly, be very tentative.

Incident Reports

Our original analysis of incident data covered the period from January 1, 1999 to December 31, 2000 and documented a total of 45 incidents of aggression in these 24 months. Most of the incidents of aggression towards staff occurred in the resident's room, the day room and the hallway.

In the past three years the number of documented incidents of aggression has decreased considerably; there were only 28 incidents in all of 2001, 2002 and 2003 (see Chart A: Valley Care Home: Incident Reports 1999–2003).

Chart A: Valley Care Home: Incident Reports 1999–2003



As the system of incident reporting was well established at Valley Care Home in 1999, we can reasonably argue that these decreases represent real changes in the number of incidents within the facility. There has been some change with respect to the time of day during which incidents occur (see Chart B: Percentage of Incidents by Time of Day, 1999–2003), and there has also been some change with respect to the location of aggressive incidents (see Chart C: Location of Incidents of Aggression, 1999–2003). Specifically, incidents in the late afternoon and evening increased in 2003, and the average annual number of incidents has declined in all locations, except in the dining room of the facility.

Chart B: Percentage of Incidents by Time of Day, 1999–2003

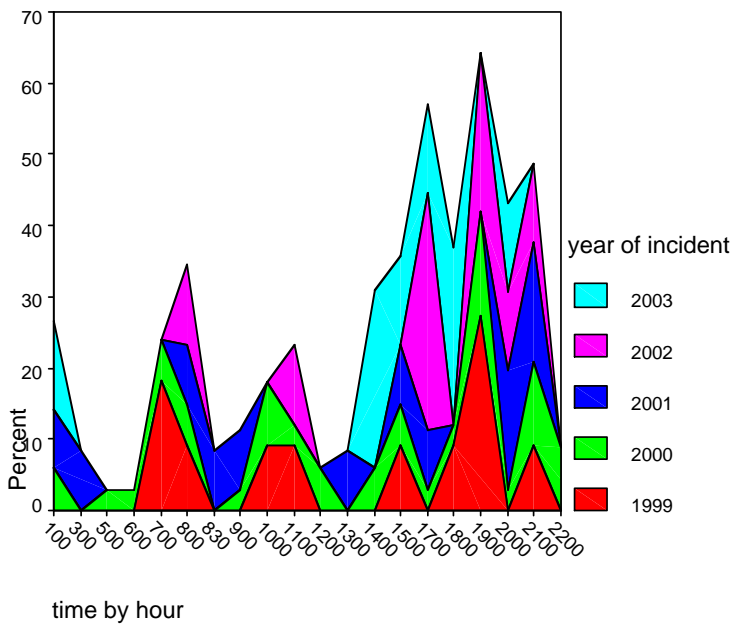
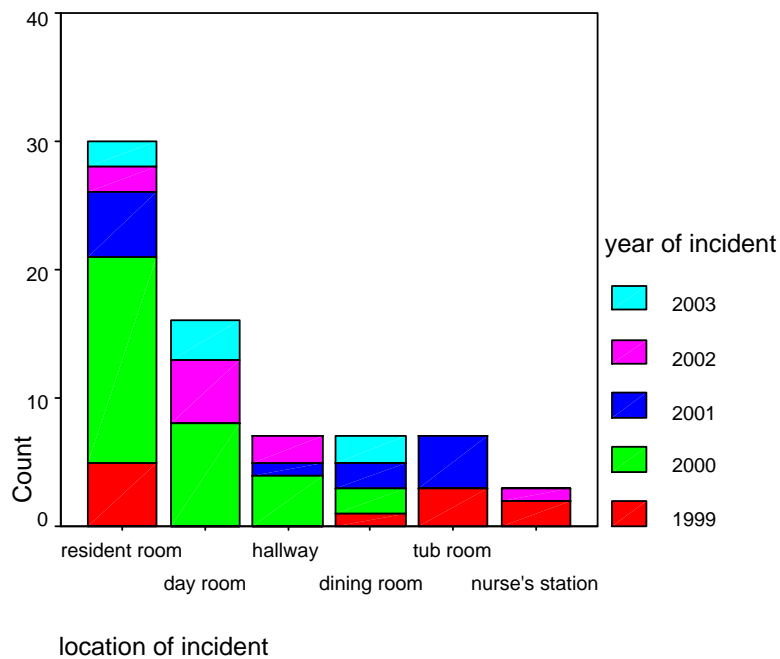


Chart C: Location of Incidents of Aggression, 1999–2003



Analysis of Interviews and Focus Groups

We have clustered responses to interviews and focus groups in relation to discussion of the various impacts of interventions and other changes to the workplace during the past two years (see Appendix A: Thematic Analysis of Valley Care Home Focus Groups and Interviews).

The Dramatic Changes of 2003

The contracting out of support staff at Valley Care Home — the kitchen and housekeeping staff — was seen in a generally positive light. Employees noted that the new company does its own training and education for staff, and they suggested that the new training and education was better than that which they had been receiving. Reporting of incidents has improved, as has teamwork. The support staff also indicate that they now have more time to talk to residents and get to know them.

But the portrait of change for those responsible for direct care is quite different. This is the first facility in the province to contract out all care, and there is concern that while the consistency and quality of care appears to be maintained, the coordinators of care are not particularly well organized, giving different and hence confusing directions. At the same time, however, the new contract team is seen as caring about doing a good job; some employees noted that there are simply times when "they just don't know what they're doing."

The Stress of Change

Most employees indicated that there was a considerable amount of stress associated with the transition to contracting out the task of care. They noted that feelings of resentment linger, that there is considerable frustration with the new agency and that salary cuts have had a negative impact on morale.

Benefits of the Project

Despite the turmoil of the workplace in 2003, most employees indicated that this three-year project has had a positive impact. Policies and procedures have been put in place as a consequence of the initiative, which were helpful during the changeover to contract. Similarly, the guidelines for the management of aggressive behaviour and dementia were rewritten, allowing the facility to set high standards for the care of residents.

Future Challenges

Many employees indicated that there is now a need for substantial rebuilding — of communication, teamwork and a sense of an individual's value to the organization. There is a perceived need for debriefing among the facility, staff and the new contracting agencies, and an expressed desire to have more sessions to allow for the venting of frustrations and voicing of both concerns and suggestions for the future.

Analysis of Survey Results: Risk Assessment, Employee, Job Satisfaction and Post-implementation Surveys

Introduction: The Risk Assessment Questionnaire and Employee Survey

The Risk Assessment Questionnaire and Employee Survey were designed to help administrators and employees in long-term care facilities to identify, prevent and manage risk factors associated with aggressive behaviour.

The Risk Assessment Questionnaire was first administered to the site assessment team at Valley Care Home in the fall of 2001. The Employee Survey was similarly responded to by 37 employees of Valley Care Home in October 2001. Both of these surveys are based on a multi-dimensional understanding of risk: risk is not only to be determined by the knowledge, abilities and approaches of individual employees, but also by the acuity of a facility's residents, by the facility's policies and procedures, by the physical design and environment of the facility, by its social environment, and by the extent of community support available to those who work and live within the facility.

We have developed four overlapping categories of risk: the individual employee or resident as a source of risk, organizational policies and procedures as a source of risk, the environment as a source of risk, and the extent of community support as a source of risk.

The Risk Assessment Questionnaire

The Risk Assessment Questionnaire was filled out, on an individual basis, by a team from Valley Care Home in 2001 and again in 2003.

The Employee Survey

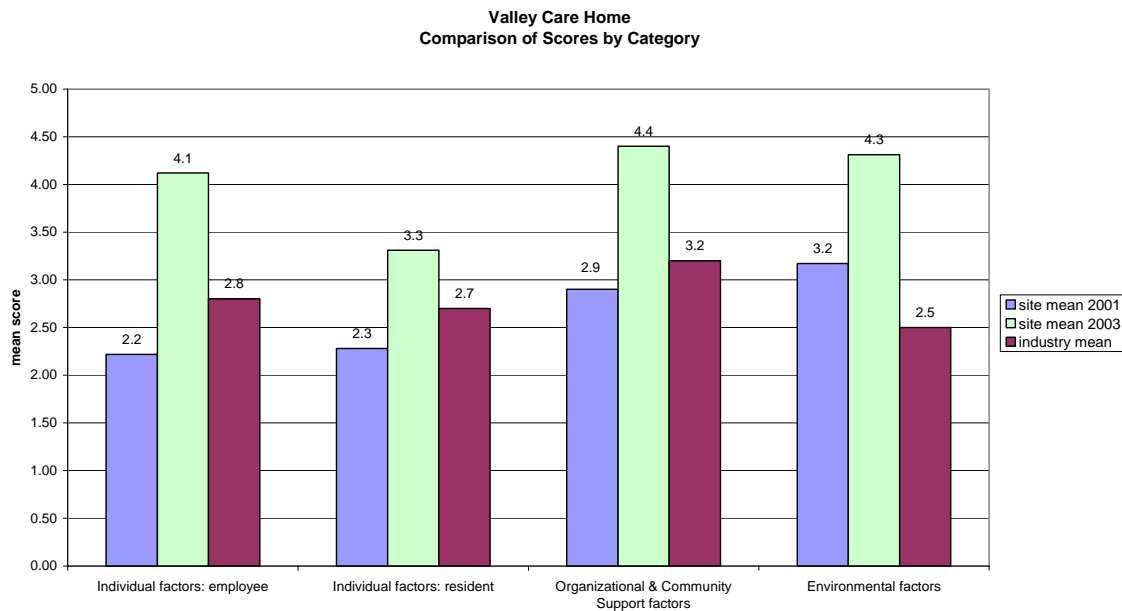
The Employee Survey provides a snapshot of the views of all employees who work within Valley Care Home, taken on a single day in October 2001 and then again in February 2004. Although the Employee Survey does not canvass issues of the environment, or of the extent of community support, it does canvass some issues related to both individual and organizational risks. The responses to the Employee Survey allow the determination, albeit in an indirect manner, of whether employees share the views of the team responding to the Risk Assessment Questionnaire.

RESULTS: Risk Assessment Questionnaire

Results from the Risk Assessment Questionnaire in the fall of 2001 indicated that Valley Care Home had higher risks than most other long-term care facilities in two areas — individual factors: employees, and individual factors: residents. The differences between Valley Care and other facilities were not particularly significant in relation to factors touching upon either environmental risks or risks flowing from organizational and community support.

Results from the Risk Assessment Questionnaire in the fall of 2003 demonstrated statistically significant improvements in all categories of risk (see Chart D). The area in which the most substantial interventions were developed — employees as a source of risk — demonstrated the most positive change over time. This survey result is supported by statements given in focus groups and interviews regarding improvements in understanding the challenging behaviours that can be produced by progressive dementias.

Chart D: Risk Assessment Scores: Valley Care Home



RESULTS: Employee Survey

The Employee Survey results in 2001 and 2004 provide a snapshot of many of the issues raised by the Risk Assessment Questionnaire. Although, as noted above, the questions asked are not directly correlational, the responses are useful and allow another focus for developing a program aimed at improved prevention and management of aggression. The differences in results from the Employee Survey in 2001 and 2004 support the changes documented by the Risk Assessment Questionnaire (see Appendix B: Employee Survey,).

More specifically, the 24 staff who responded noted that there has been more education during the two years of this project. This change was statistically significant. Additionally, staff were also significantly more likely to view responding to resident aggression as a part of their job, an indication that they now possess a broader understanding of the difficulties that can be presented by dementia. Staff also indicated that they are more likely to have experienced at least one act of verbal aggression in the last week.

RESULTS: Job Satisfaction Survey

The Job Satisfaction Survey is a measure of job satisfaction with well-established reliability and validity, allowing those who take it to compare themselves to groups of workers in similar fields of employment. We compared the responses of 37 employees of Valley Care Home who responded to the JSS in June 2001, with those of 24 employees who responded to the JSS in February 2004. We found in 2001 that, relative to other medical personnel, employees at Valley Care Home were more satisfied with their supervisors, more satisfied with their operating conditions, more satisfied with their co-workers, and with the nature of their work, and more satisfied with communication within the facility.

The results from 2004 were similarly positive, a somewhat surprising finding given the dramatic changes within the facility in 2003. There were only two significant changes revealed in the survey: employees indicated that they were less satisfied with the fairness of their pay in 2004, and with fringe benefits. But there was no indication of negative sentiments towards day-to-day work within the facility: the employees were actually a little more satisfied with their supervisors in 2004 — and with co-workers — and as satisfied with their operating conditions and with communications in the facility. There is, however, an important final caveat: those responding to the Job Satisfaction Survey in 2004 were a quite different group of individuals from those responding in 2001, making clear comparisons over time a difficult matter.

Appendix A

Thematic Analysis of Valley Care Home Focus Groups and Interviews

November 2003 and January 2004

Dramatic Changes since 2001

- Valley Care Home contracted out support services in the spring of 2003 and care in September 9, 2003.
- Since contracting out, staffing and activities for residents have increased.

Contracting out Support Staff

- WestCana is responsible for the contracting of support services.
- Increased staffing.
- Reporting is improved.
- WestCana does their own training and education for the staff. Support staff report this to be better than what they were receiving before contracting out.
- Staff took the initiative to upgrade skill level; this was not initiated by WestCana, but they supported it.
- Housekeeping now makes the beds to allow care aides more time with residents.

“The management in support services is excellent. We have in-services on aggressive behaviour that really help.”

Support Staff Teamwork Improved

“We know we are making less money, but we accept it. The staff are now happier working with one another and we make the best of the situation.”

“Teamwork has improved with support staff.”

“The kitchen staff now charts resident behaviour and characteristics. This really helps us identify aggressive residents.”

“We [support services] now have more time to talk to residents and get to know them.”

Contracting out Care

- JUSTCARE — first facility to completely contract out care in BC.
- Nurses are still union (BCNU).
- Activities and the adult day centre is also contracted out.
- Now 3 full shifts at 7.5 hours per shift.
- Staff are now working the shifts they prefer.
- JUSTCARE hired 60% of Valley Care Home staff and 40% new staff.

- All care staff were on a 3-month probation.
- Rely on JUSTCARE to provide orientation and education.
- Full-time salary went from \$20.00 to \$14.00 per hour for many, and reduced benefits.
- Consistency and quality of care are still being maintained.
- JUSTCARE is responsible for OH&S.

“The care coordinators are giving different directions; they aren’t on the same wavelength.”

“The people at JUSTCARE are good people, they just don’t know what they’re doing.”

“The staff seems to care more about the job and the residents now. Those who are here really want to be here.”

Changes in Clientele

- More head injuries
- More smokers

“We have about 40% resident turnover per year.”

“Our special care has more demented and socially inappropriate residents.”

“The acuity level of the residents has gotten worse, even since 2001. You need to pay more attention to what they are doing now.”

More Flexibility

“We now have increased flexibility.”

“Staff can now provide more flexibility due to staffing increases and less contractual constraints.”

“There are less restrictions now; we can be more flexible without the contract restrictions.”

Stress Involved in Changes

“The stress of the transition was terrible.”

“The general mood is frustration and anger toward JUSTCARE. JUSTCARE has never done this before and they are very disorganized. Everything is new for them.”

“There are still feelings of resentment from the changes. The staff is still grieving.”

“The salary cuts have had an impact on morale.”

Benefits of this Project

Put Systems/Policies in Place for Transition

- A real benefit to this project was that policies and procedures were in place, which helped during the changeover to contracting out.

“We rewrote the aggressive behaviour management and dementia care guidelines. We validated this information externally.”

Members of Site Project Team saw Project as Increasing Their Knowledge on Aggressive Behaviour Management

“The project allowed us to get resources from OHSA and set good standards of care and aggressive behaviour management.”

Future Challenges

Focus on Rebuilding the Workplace

“We need to focus on rebuilding all that we lost during the transition. We need to rebuild teamwork and job stability. There is a lot to put behind us.”

“Sharing of information between shifts [care] is not really happening now; we need to focus on this.”

“Communication is still an important issue, even more so with a new provider arrangement.”

“The staff feels very devalued and that all has to be rebuilt.”

“There’s a need for debriefing between staff, Valley Care and the contracting agencies.”

“We need more sessions to vent our frustrations and voice our concerns and suggestions.”

Re-establish Reporting/Documentation

“Documentation in all areas has fallen off since contracting out.”

Increase Organization and Communication with JUSTCARE

“The transition with JUSTCARE was very messy and unorganized, it will take time to build a more organized relationship between Valley Care and JUSTCARE.”

“The staff have handled the transition reasonably well, but it is stressful and they are losing patience with the disorganization between JUSTCARE and Valley Care.”

“There is increased risk in the workplace due to lack of procedures and consistent practices.”

Refocus on the Issue of Aggression

“The issue of aggression is still relevant, since our residents are becoming more challenging every year.”

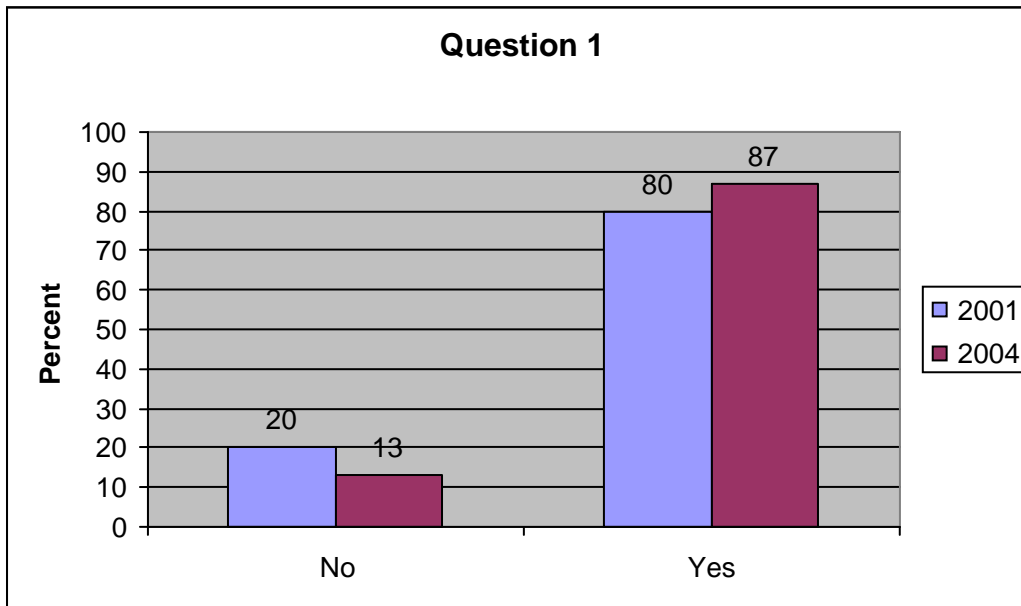
“Our residents seem to be younger and more challenging, so we need to focus on these behaviours and how to handle them more now than ever.”

“We need in-services on how to deal with aggressive behaviour and dementia.”

Appendix B Employee Survey

The results below are from the completed Employee Surveys of 37 employees who worked in October 2001 compared to 24 employees who completed the Employee Survey in February 2004.¹

Question 1: Have you received education and training on the normal ageing process as well as the signs of dementia, delirium, Alzheimer's disease, etc., particularly as they relate to aggressive behaviour in the elderly?

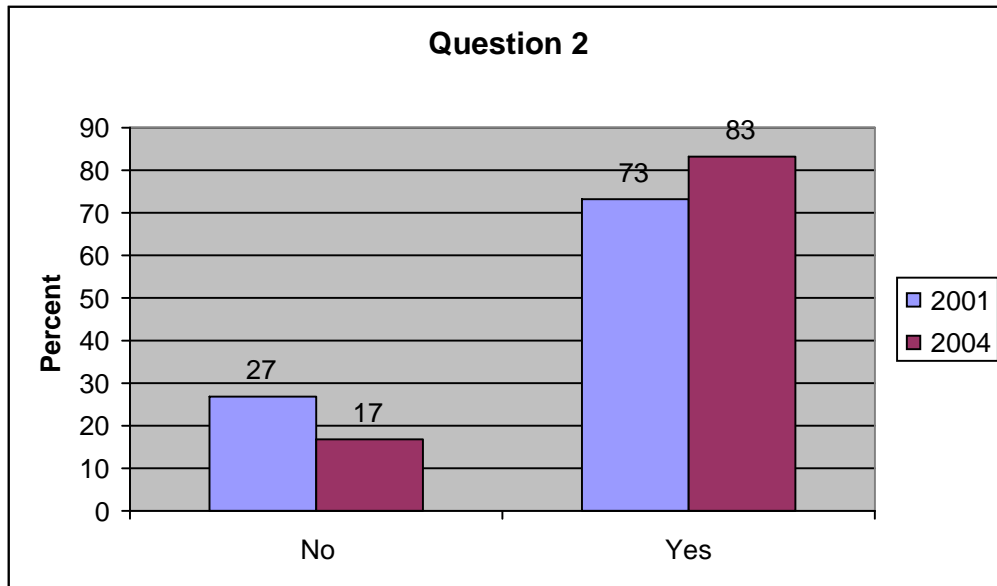


The difference in responses between 2001 and 2004 is not statistically significant.²

¹ Due to rounding percentages to the nearest whole number, percentages may not add up to 100%.

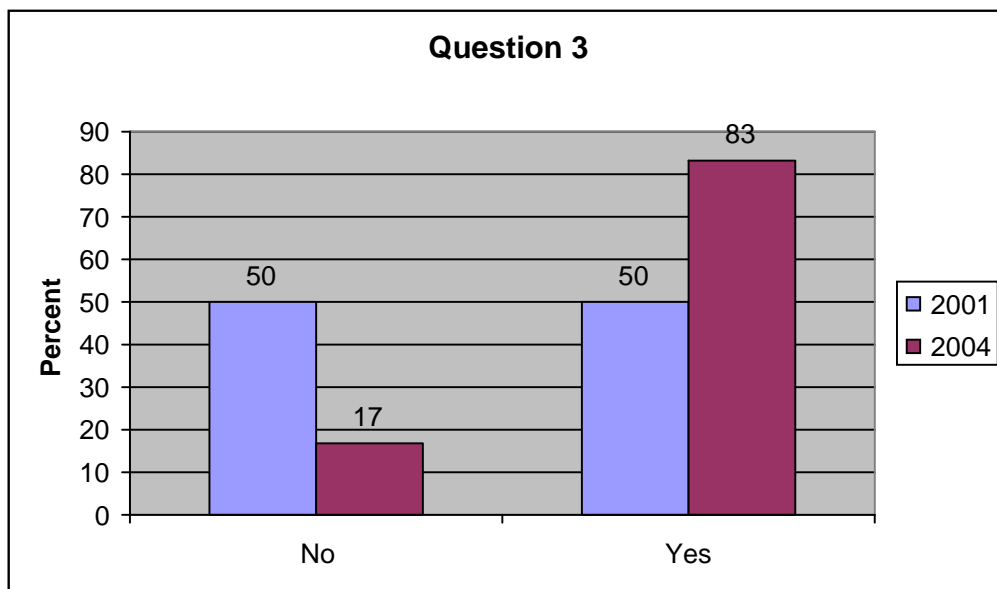
² Chi-square statistics were used to determine significance of employee survey questions.

Question 2: Have you received specific education and training on how to manage an aggressive resident (e.g. communication skills, protection of personal space, defensive strategies to reduce risk of injury)?



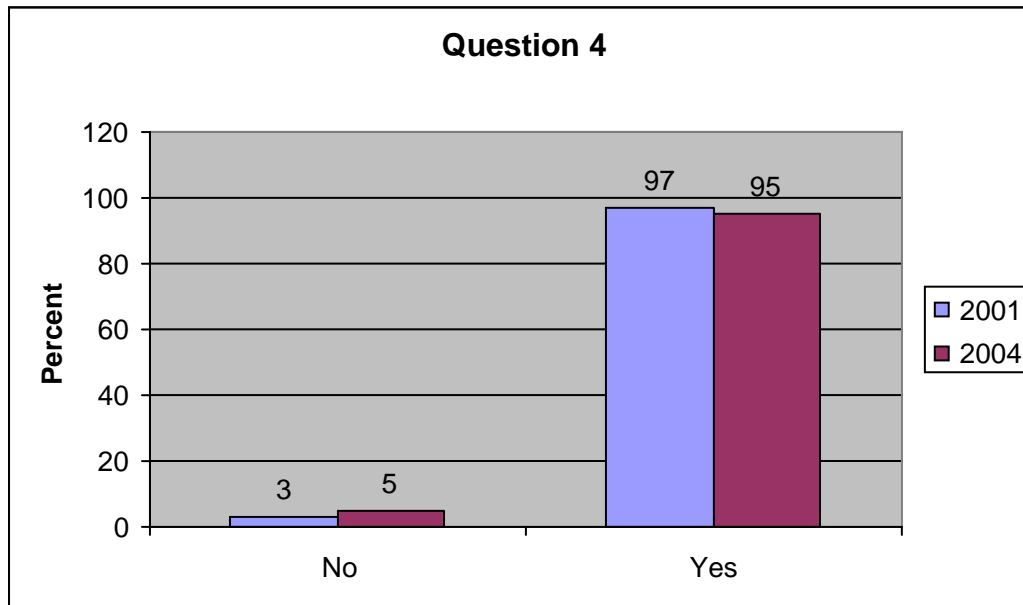
The difference in responses between 2001 and 2004 is not statistically significant.

Question 3: Have you received education and training on the management of aggressive behaviour in the last 3 years?



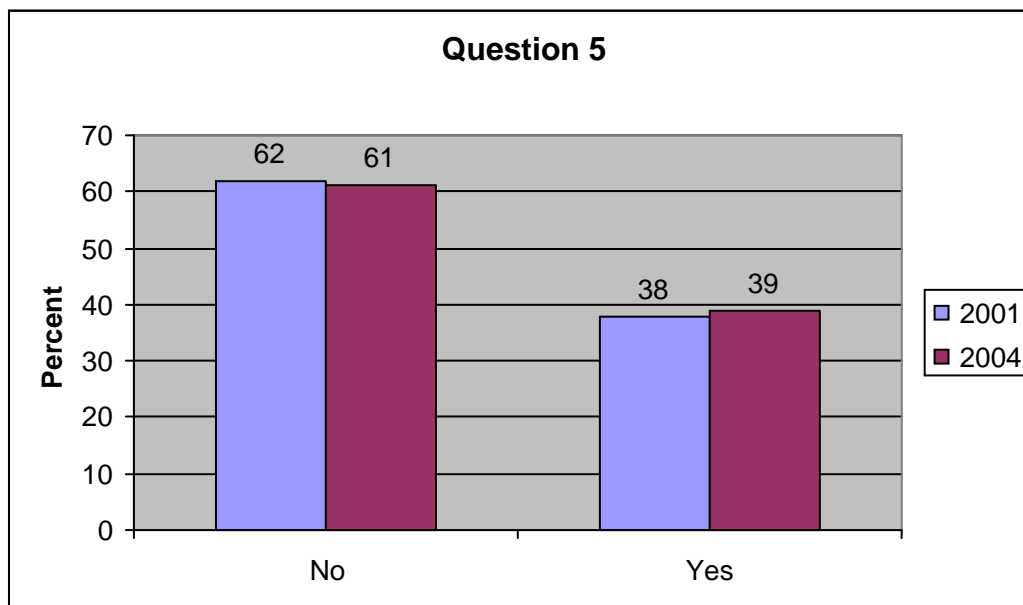
The difference in responses between 2001 and 2004 is statistically significant, with more staff saying “yes” in 2004.

Question 4: When care concerns are reported, are they responded to?



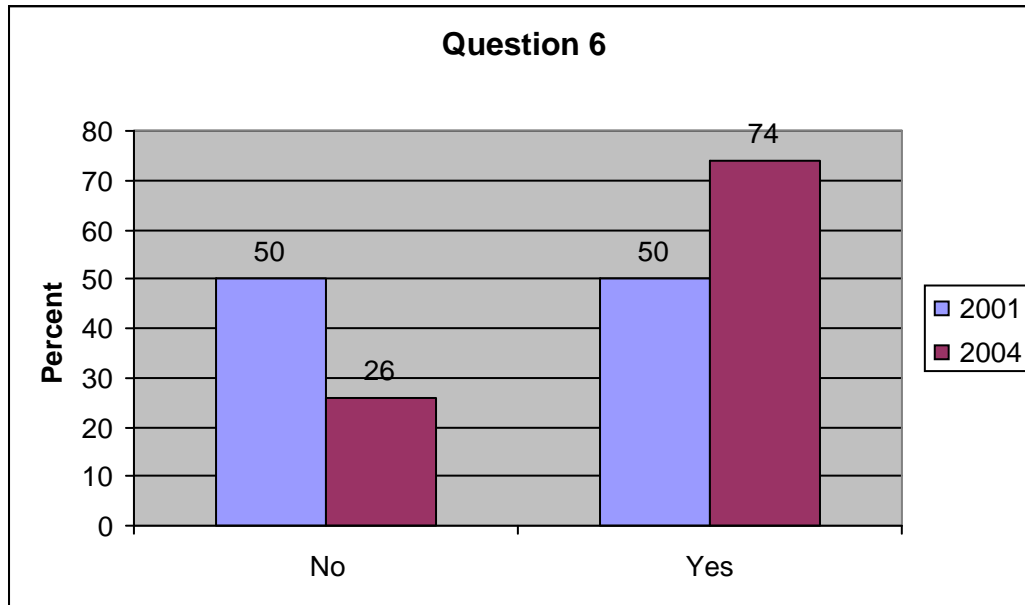
The difference in responses between 2001 and 2004 is not statistically significant.

Question 5: Have you experienced at least one act of physical aggression (e.g. pinching, hitting, spitting, etc.) in the last week?



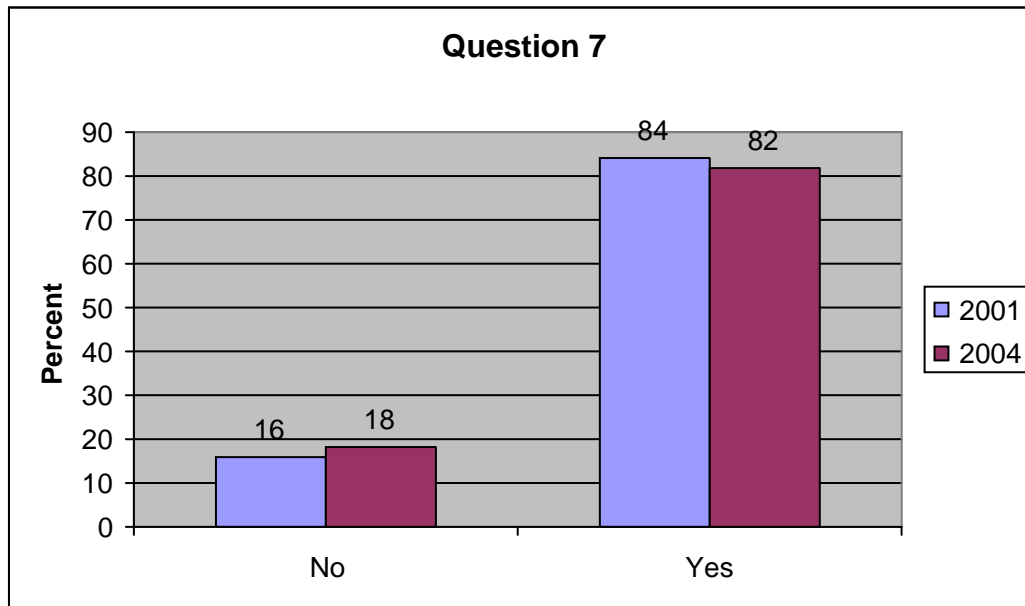
The difference in responses between 2001 and 2004 is not statistically significant.

Question 6: Have you experienced at least one act of verbal aggression (e.g. swearing, threats, yelling, etc.) in the last week?



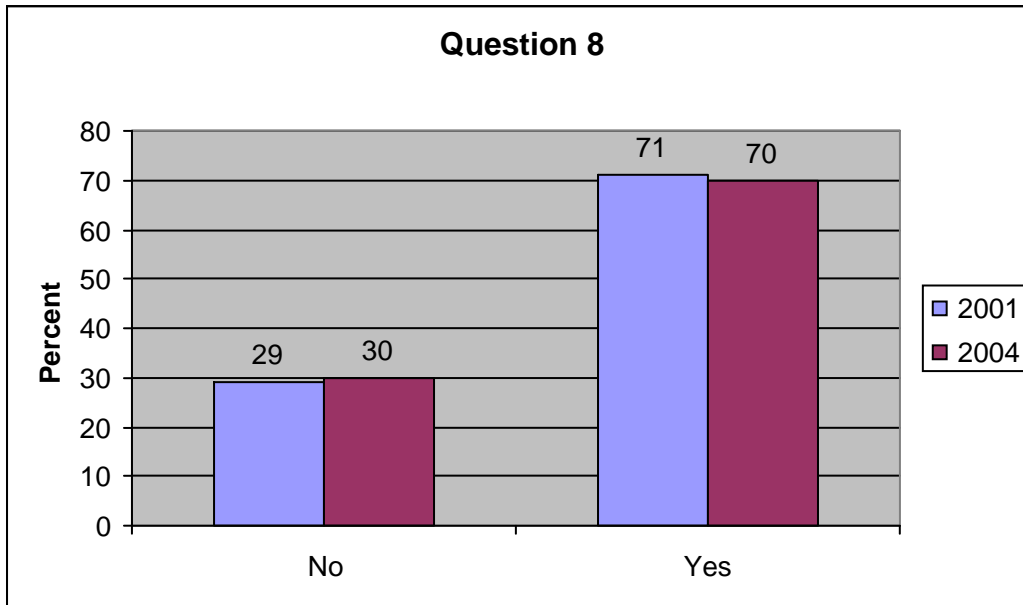
The difference in responses between 2001 and 2004 is statistically significant, with more staff saying “yes” in 2004.

Question 7: Are residents who could be (or have been) aggressive identified to you?



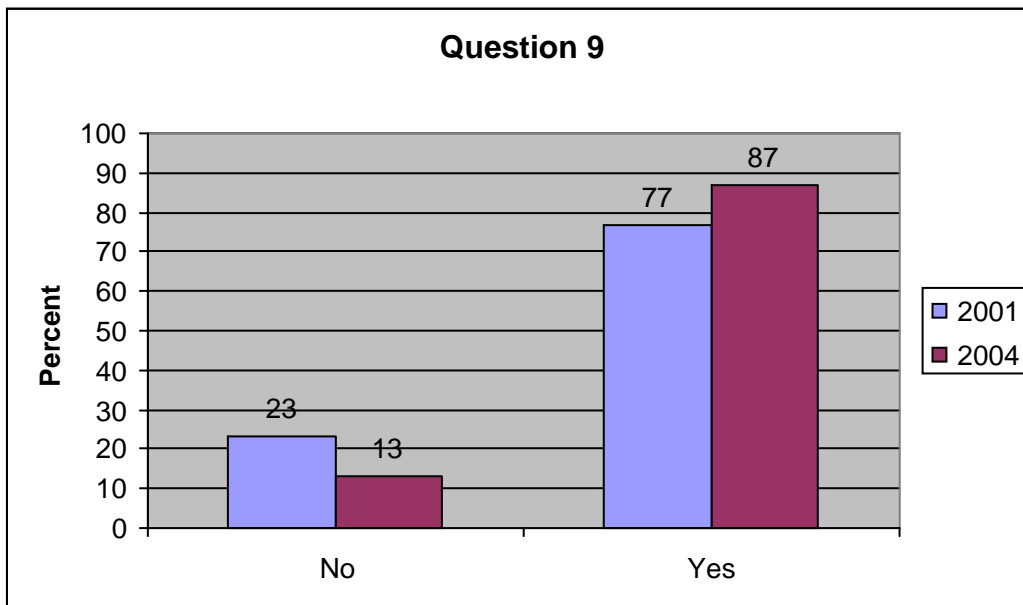
The difference in responses between 2001 and 2004 is not statistically significant.

Question 8: Are you informed when there is a behaviour change in the resident as a result of disease progression or acute illness (e.g. urinary tract infection (UTI), depression)?



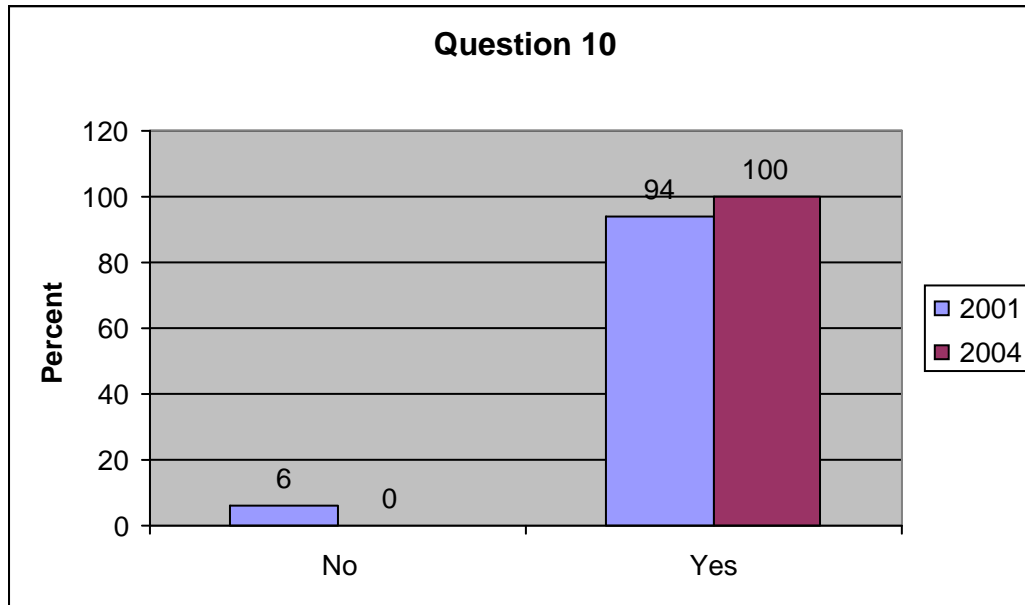
The difference in responses between 2001 and 2004 is not statistically significant.

Question 9: Do you complete an incident report for occurrences of aggressive behaviour?



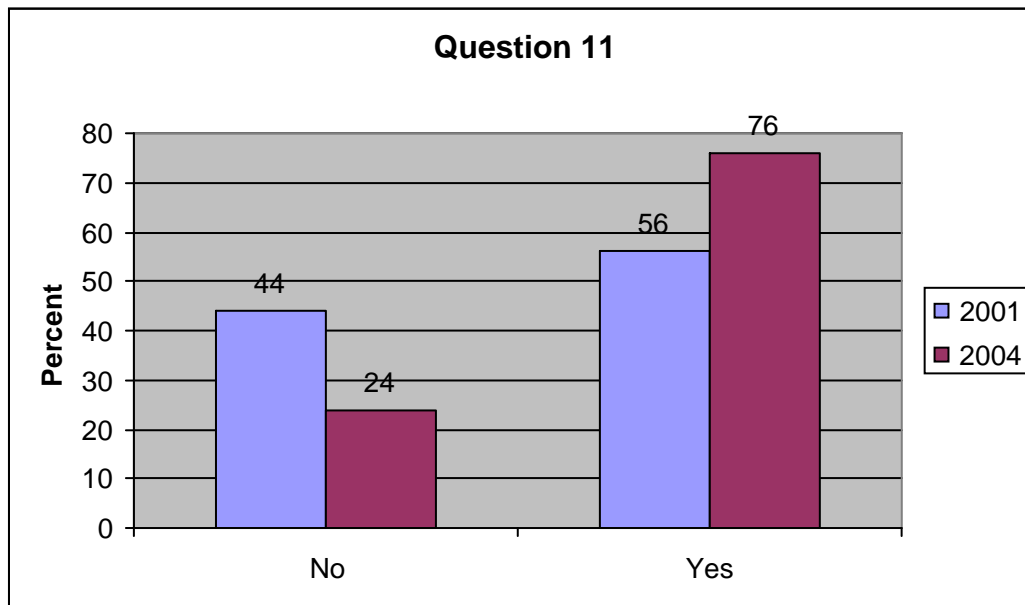
The difference in responses between 2001 and 2004 is not statistically significant.

Question 10: Are policies and procedures in place for managing aggressive and violent behaviour?



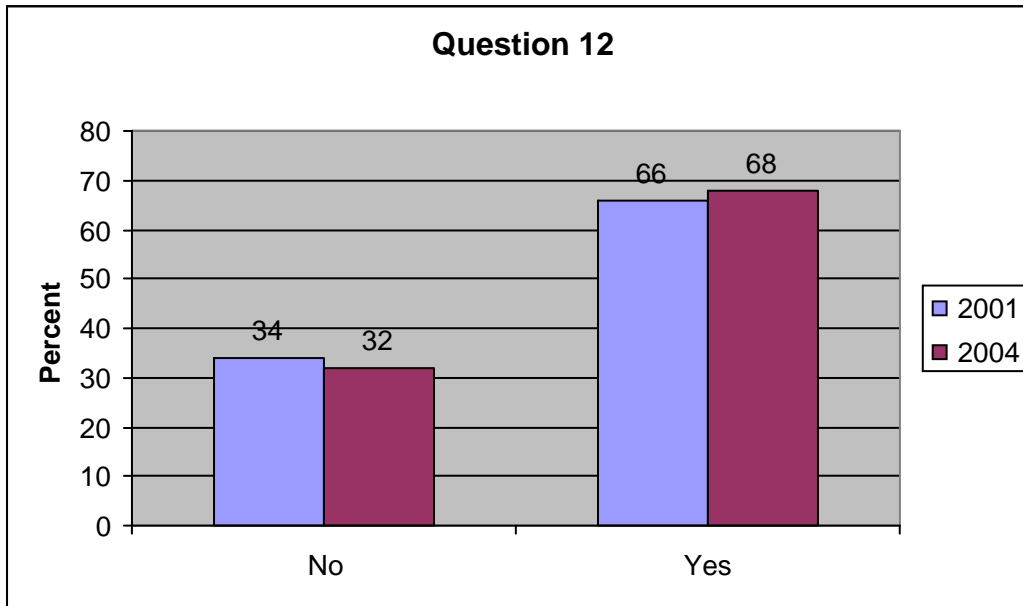
The difference in responses between 2001 and 2004 is not statistically significant.

Question 11: Do you think that dealing with physically or verbally aggressive residents is to be accepted as part of your job?



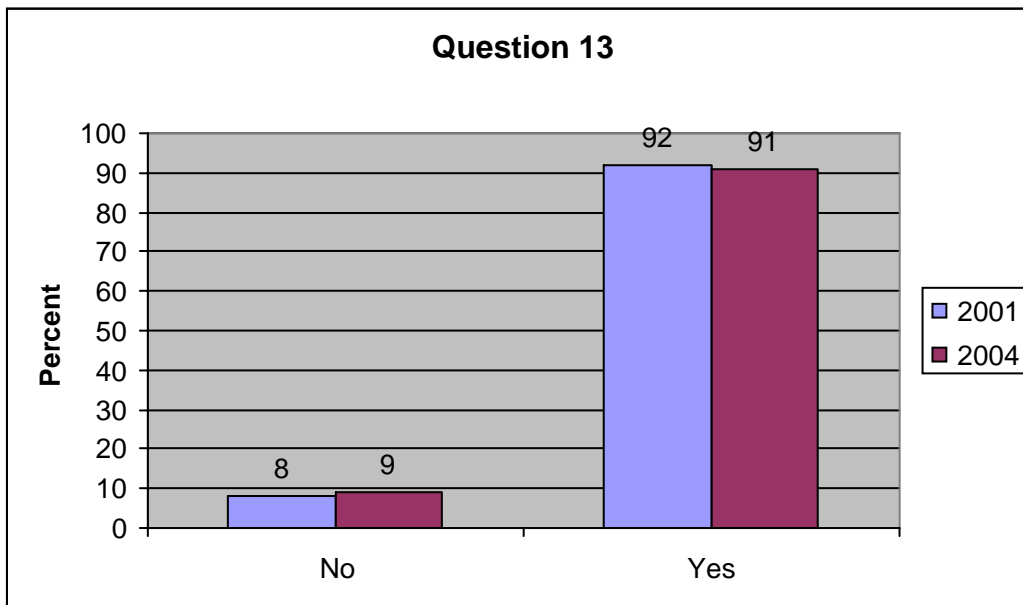
The difference in responses between 2001 and 2004 is statistically significant, with more staff saying “yes” in 2004.

Question 12: Do you feel confident in your ability to manage a physically aggressive resident (e.g. pinching, spitting, slapping, biting, grabbing, kicking, etc.)?



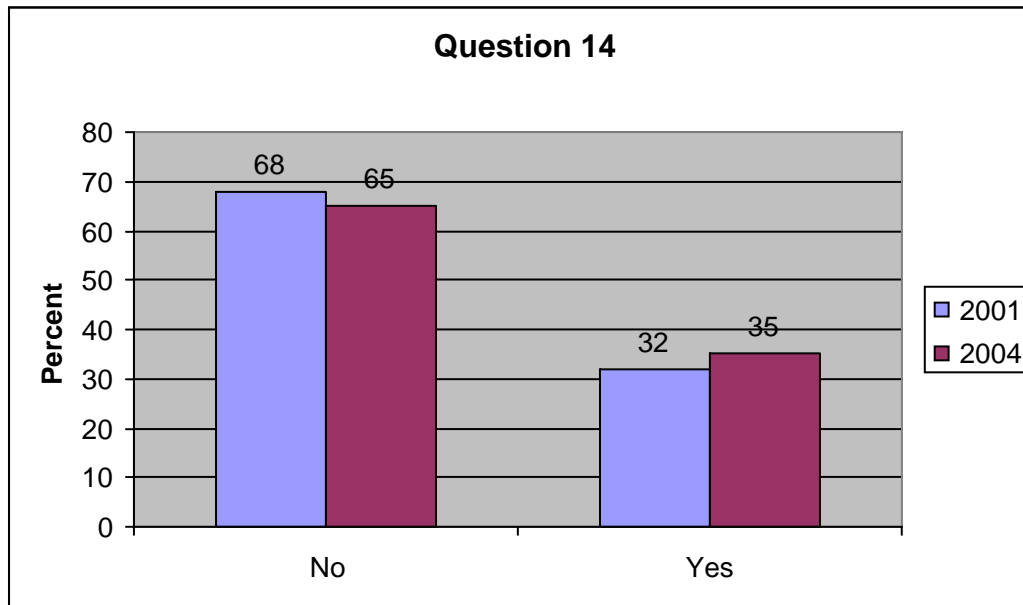
The difference in responses between 2001 and 2004 is not statistically significant.

Question 13: Do you feel you have effective communication skills (verbal and non-verbal) to be able to work positively with the elderly?



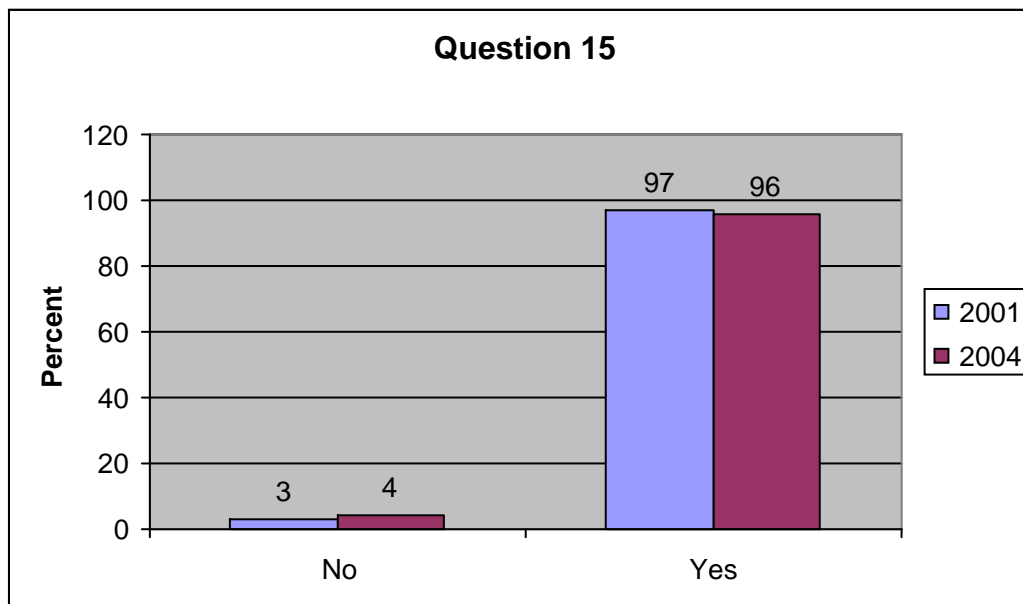
The difference in responses between 2001 and 2004 is not statistically significant.

Question 14: Do environmental restrictions (e.g. lack of space, poor workspace layout) limit your ability to move away from an aggressive resident?



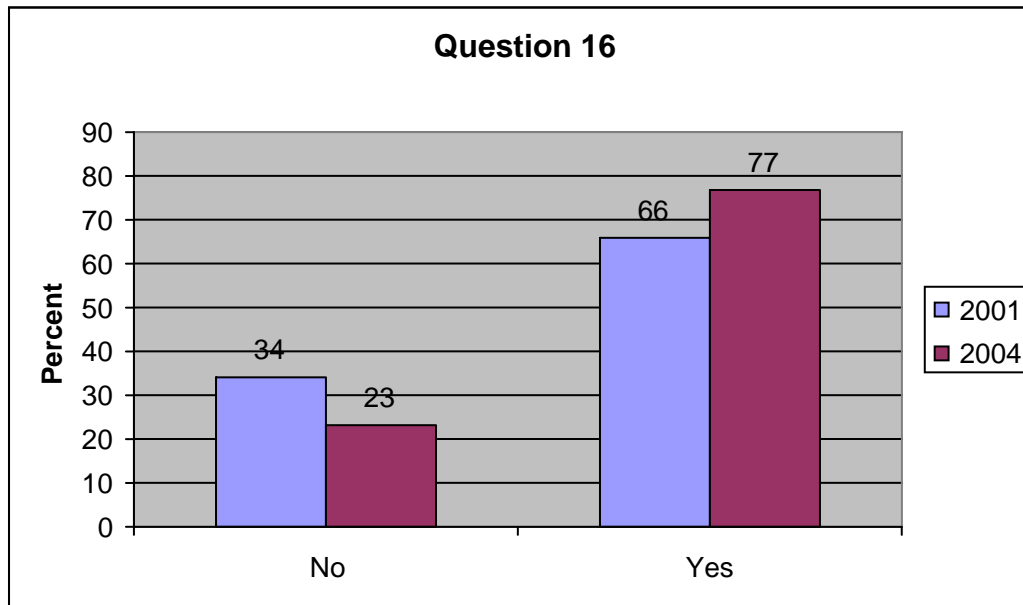
The difference in responses between 2001 and 2004 is not statistically significant.

Question 15: Do you feel comfortable telling your supervisors/managers about your concerns about working with an aggressive resident?



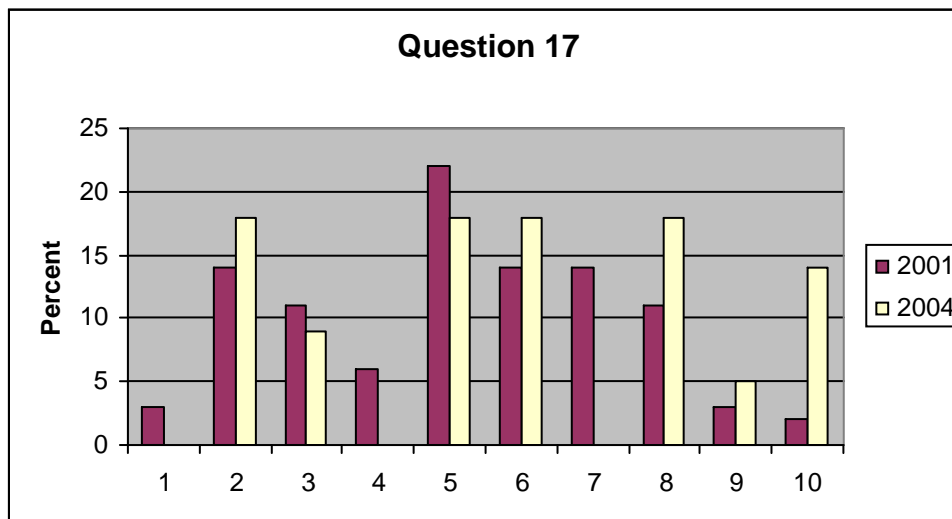
The difference in responses between 2001 and 2004 is not statistically significant.

Question 16: Do you consider yourself part of the multidisciplinary care team for your unit or department?



The difference in responses between 2001 and 2004 is not statistically significant.

Question 17: Overall, do you think that more attention should be paid to the issue of managing aggressive behaviour within your organization? (on a scale of 1 to 10, where 1 = none; 10 = significant)



The difference in responses between 2001 and 2004 suggest that more staff say “more attention should be paid to the issue of managing aggressive behaviour in your organization” in 2004.