

Long Term Care Staffing – Proactive Measures, Response and Resources

Proactive Measures:

- □ Review vacant positions across all departments and optimize recruitment efforts and scheduling in areas of greatest risk
- □ Follow up on any postings or candidates in process to expedite hiring and orientation
- □ Connect with OESH regarding staff on leaves of absence to determine ability to return to the workplace with or without accommodations
- Determine areas/shifts that are of largest challenge and review ability to increase staff EFTs to mitigate outlined challenges
- □ Consider cross training staff to multiple roles (e.g. assist with meals)
- Review workflow and ensure staff are working to the fullest extent of their scope of practice to support areas of potential greatest need. Consider how other positions e.g. ward clerks, allied health, etc. can be added/utilized to decrease demand on nursing and health care aides (HCA) to allow further focus on resident care
- Consider how designated family caregivers may wish to be involved in supporting the care of their resident
- □ Consider addition of uncertified health care aides to reinforce staffing
- Examine opportunities to partner with another PCH or group of PCHs to review staff that meet the single site exemption criteria and could be an additional resource to the partner site in times of need
- □ Review site Incident Command structure and delegates for key leadership roles
- □ Medical Director to ensure rotation for physician/NP coverage is established
- □ Review orientation information for redeployed nurses and HCAs

Staffing Needs Identified:

- □ Where staffing needs exist, consider the following:
 - Have you offered additional shifts and overtime?
 - Have you combined lower EFTs and offered higher EFTs?
 - Have you considered changing shift descriptions for hard to fill shifts (e.g. changing N shift to D/E or D/N where feasible)?
 - Have you implemented 12 hour shifts or a combination of 12s/8s?
 - Have you optimized scheduling of remaining staff to meet needs (e.g. are you able to shift staffing from days where you are better staffed to weekends or shifts where you have needs? Can day or evening staff shift to evenings or nights? If reviewing staffing for the week and high needs on Sat/Sun but staffed well later in the week on Wed/Thurs— could staff move or be moved to support the more immediate and urgent needs allowing for more time to fill other shifts for later in the week?)
 - Have you completed a single site exemption request and connected with agencies?



- Have you connected with housekeeping or security services to engage additional supports which may help extend the use of existing staff?
- Have you engaged uncertified Health Care Aides through PRRT to bolster staffing?
- If able to as part of your organizational structure or in partnership with another PCH, consider opportunities to share staff from another site where staffing is stable to sites where more assistance is needed
- Are all staff working to the fullest extent of their scope of practice to support areas of greatest need?
 - support staff and/or admin staff that can take on responsibilities to free up or extend practice of direct care staff
 - allied health professionals that can be reassigned to lend support to direct clinical staff
 - availability of LPNs versus RNs
- Do you have managerial or regional corporate staff that can be reassigned to lend support to the clinical staff?
- Consider, wherever possible, to defer all non-critical functions that are usually done by clinical staff to a later time frame or have this work supported by non-clinical staff
- Consider how designated family caregivers may wish to be involved in supporting the care of their resident
- Consider your usual process for mandating and overtime when all other internal processes have been exhausted (Please note that the mandating of staff "just in case" there are sick calls should not occur: mandating in these circumstances need to be a last resort)
- Consider cancellation/rescheduling of staff vacation
- If facility has exhausted all of the above, complete PCH Weekly Needs Staffing Template and submit to the COVID Response Unit. The involvement of Canadian Red Cross may also need to be considered.



Requesting Resources

PCH Single Site - Approved Agency:

https://professionals.wrha.mb.ca/files/covid-19-ltc-pch-single-site-approved-agency.pdf

Single Site LTC Facility Exemption Request:

https://sharedhealthmb.ca/files/covid-19-ltc-exemption-request.docx

This is sent to <u>brent.roussin@gov.mb.ca</u>; jazz.atwal@gov.mb.ca; amy.young@gov.mb.ca;
<u>GTrinidad@wrha.mb.ca</u>; <u>dirwin2@sharedhealthmb.ca</u>; <u>asalonga@wrha.mb.ca</u>;
<u>LPRose@wrha.mb.ca</u>

Jani-King Deep Cleaning Services:

https://professionals.wrha.mb.ca/files/covid-19-ltc-memo-facility-deep-cleaning.pdf

CIVP Hydration and Palliative Care Consult Support Services:

Refer to the schedule and referral form emailed monthly from WRHA COVID-19 'Access to CIVP Hydration Support and Palliative Care Consult Support Services'

Provincial Recruitment and Redeployment Team (PRRT):

https://sharedhealthmb.ca/files/covid-19-resource-request-form.xlsx

- This is sent to <u>COVID19Recruitment@sharedhealthmb.ca</u>; <u>asalonga@wrha.mb.ca</u>; <u>lprose@wrha.mb.ca</u>
- This is also used to request Uncertified Health Care Aides (UHCA)

COVID Response Unit:

https://professionals.wrha.mb.ca/files/covid-19-ltc-cru-pch-weekly-staffing-needs-template.xlsx

- To request outbreak-related Nursing & Health Care Aide staffing support from the COVID Response Unit
- This is sent to <u>covidresponseunit@wrha.mb.ca</u>; <u>wberriault@wrha.mb.ca</u>; <u>asalonga@wrha.mb.ca</u>; <u>LPRose@wrha.mb.ca</u>