Aged Care Clinical Mentor Model of Change:
Six Steps to Better Practice

A Guide for Implementing Clinical Change through Workforce Development

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A step by step guide for aged care services implementing the ***Aged Care Clinical Mentor Model of Change***.

The ***Aged Care Clinical Mentor Model of Change*** guide has two applications:

1. Enabling an aged care service to implement a sustainable Clinical Mentor workforce role, and
2. Enabling an Aged Care Clinical Mentor to implement a Model of Change to achieve best practice.

Developed by the *Clinical Mentoring: From Evidence-Base to Outcomes for Older People* project during 2012-14, this guide is a learning and development tool for use in community and residential aged care services.

The model provides proven benefits to residents, clients and staff of aged care services.

It informs the development of a new role: that of Aged Care Clinical Mentor. It also informs the Aged Care Clinical Mentor's change management approach to enabling best practice.

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*A key aim for implementing the **Aged Care Clinical Mentor Model of Change** into aged care services is to provide best clinical practice. The following sections introduce the concept of best practice and the drivers of change to enable this; 'Aged Care Clinical Mentors' and 'Aged Care Site Champions'.*

Best Practice

Aged care services aim to provide best practice care and services to older people. Implementing best practices in all areas of aged care, including clinical services, links in with the continuous improvement framework required by the Australian Aged Care Quality Agency for both residential and home care services *(Australian Aged Care Quality Agency, 2014; Department of Health, 2011).*

The goal of an Aged Care Clinical Mentor is to implement best clinical practice in an aged care service by demonstrating leadership in change management which results in 'real' improvements in clinical care outcomes.

Best practice in aged care is important. It infers that everyone involved in providing care and services to residents and clients use care and service concepts, interventions and techniques that are grounded in research and known to provide good quality outcomes for older people. It follows then that best practice in clinical care is a fundamental aspect of best practice overall. When considering clinical care for residents and clients, the following statement is relevant:

> *Without a sound understanding of what exactly should happen in practice (ie The clinical behaviours that need to be performed as informed by the best available research based evidence and local context), it is impossible to measure the gap between 'desired' and 'actual' care provided, set implementation goals and monitor performance.*

> *(Kitson, A. & Strause, S. E. (2010) in Bosch et al. 2011)*

Aged Care Clinical Mentors

A mentor is someone, either in the workplace or in private life, who has encouraged another person to develop personally or professionally in an area of importance to them. The mentoring relationship involves a mentor who is highly skilled in a specific area that a mentee (person receiving mentorship) requires guidance in, with the mentor encouraging, supporting and advising the mentee (Kilgallon & Thompson, 2012; Murrell, 2007).

A mentor can be described as:

> *'Someone who encourages and offers direction and advice to a protégé or novice'*

> *(Kilgallon & Thompson, 2012)*

The process of mentoring involves:

> *'A collaborative relationship between two or more individuals that supports the career and/or personal development throughout one's career'*

> *(Murrell, 2007)*

Introduction

The mentor/mentee relationship is best when built on trust, respect and agreed expectations. Mentoring relationships can be planned and structured in a formal manner or can be informal, whereby one person casually asks another for help within a period of time (Heartfield et al., 2005).

A recent trend in aged care services is to utilise mentors in bringing about both cultural and clinical change; strengthening leadership and the movement towards quality in care enabling clinical practices that are evidence based and considered 'best practice'. Although the clinical mentoring role within aged care is a new role, it is seen as a key workforce development concept.

In the aged care setting, a clinical mentor is a leader who facilitates improved quality of care for older people, using best practice by providing and encouraging professional development in colleagues through communication, education and peer support.

The Aged Care Clinical Mentor is a specialised role, with attributes which can assist aged care services to identify, recruit, support and sustain the right health professional in the Clinical Mentor role.

The Aged Care Clinical Mentor is a health care professional who demonstrates:

- **Competence:** evidenced by a high level of knowledge about the clinical care and support of older people, effective communication, project management skills and the respect of colleagues in the workplace.
- **Confidence:** evidenced by strong self esteem, a positive attitude and outlook and a sense of a personal and professional vision for the future.
- **Commitment:** evidenced by clinical leadership in the education, development and mentoring of staff which enables improvement in job skills and effectiveness.

Due to the skill mix, scope of practice, and the level of responsibility required to deliver clinical change, a person holding a minimum Bachelor degree qualification in a health related discipline with clinical and project experience in aged care services would be best suited to this role (refer resources for a comprehensive job description).

Aged Care Site Champions

Aged Care Site Champions work with an Aged Care Clinical Mentor to undertake mentoring activities. They provide clinical leadership, direction and mentoring to staff by supporting the implementation of mentoring plans developed by the Aged Care Clinical Mentor.

The Aged Care Clinical Mentor, with the assistance of a Site Champion, are integral roles when implementing best clinical practice utilising the *Aged Care Clinical Mentor Model of Change*.

The *Aged Care Clinical Mentor Model of Change*

The *Aged Care Clinical Mentor Model of Change* (refer Figure 1, below) is a model for:

- Enabling an aged care service to implement a sustainable Clinical Mentor workforce role, and
- Enabling an Aged Care Clinical Mentor to implement a Model of Change to achieve best practice.

Figure 1: Aged Care Clinical Mentor Model of Change: Six Steps to Better Practice

Introduction

Aged Care Clinical Mentors can lead a clinical change management mentoring program which supports best practice and benefits residents/clients and colleagues – ultimately improving the quality of care and life for older people.

The model is a six step process and is situated within a continuous improvement framework. It conforms to current Australian aged care regulatory requirements and can be used in residential and community aged care services.

Why should an aged care service consider utilising the *Aged Care Clinical Mentor Model of Change?*

There are three objectives in exploring and developing the *Aged Care Clinical Mentor Model of Change* in an aged care service:

1. To demonstrate the effectiveness of the Model of Change in achieving positive clinical outcomes for residents and clients.

2. To demonstrate the effectiveness of the Model of Change in providing leadership, education/training and support to staff, which enhances their capability and career pathway.

3. To demonstrate the effectiveness of the Model of Change in positively impacting the workforce in terms of job satisfaction and retention of both mentors and mentees.

What benefits can the *Aged Care Clinical Mentor Model of Change* deliver?

A workforce development initiative which enables an Aged Care Clinical Mentor to implement the Model of Change will support the improvement of clinical care and services, by:

- Active involvement in the identification and implementation of continuous improvement initiatives related to clinical practices
- Reviewing and assessing current clinical practices in an identified clinical priority area and implementing strategies for 'best practice' service provision, active participation in and contribution to, organisational meetings/consultations/knowledge transfer activities
- Providing staff access to relevant and current best practice clinical information
- Implementation of Action Plans in relation to clinical care within an identified clinical priority area at the site level. This may include:
  - Staff education
  - Skills assessment
  - Observation and development of tasks/skills
  - Small group meetings/learning
  - One-to-one mentoring
- Positively interacting with other staff, members of the health and service provision team, residents, clients and their representatives to promote clinical mentoring and its outcomes
- Informing management teams of any relevant issues or opportunities for improvement
- Identifying specific site-based champion(s) and providing them with mentoring/education and support.

The six step mentoring process to achieve best practice delivers:

- Improved quality of care delivery to residents and clients
- Improved competence and confidence of staff involved
- Increased leadership capability of clinical mentors and mentees
- Positive changes in the workplace including services and communication that improve job satisfaction.
- Increased satisfaction of residents and clients with the services provided
- A contribution to decreasing employment turnover of care staff
- Robust evidence suitable for use in the residential and home care standards monitoring process.

How to use this *Aged Care Clinical Mentor Model of Change* guide

The guide is divided into two main parts:

Part A: Establishing the Aged Care Clinical Mentor role

How an aged care service manager can establish the Aged Care Clinical Mentor role using the six steps in the *Aged Care Clinical Mentor Model of Change*.

Each step is followed by a vignette which provides an example of how the role was established in an aged care service known as 'Quality Aged Care'.

Part B: Implementing Best Practice utilising an Aged Care Clinical Mentor

How an Aged Care Clinical Mentor can implement best clinical practice using the six steps in the *Aged Care Clinical Mentor Model of Change*.

Each step is followed by vignettes to provide examples of how to apply the model in both residential and community aged care services for a service known as 'Quality Aged Care.'

Please note: The vignettes need to be considered in view of the size and context of the aged care service. They are for illustrative purposes only.

Resources

There is a range of resources included in this guide to assist aged care services in implementing the Aged Care Clinical Mentor role (refer resources, page 81-129).

The resources, summarised below, also assist an Aged Care Clinical Mentor to be an effective leader of change, and achieve and sustain best practice in an identified clinical priority area.

They are:

1. **Business Case** – used by service managers to propose the introduction of the Aged Care Clinical Mentor role, and how to support and sustain the role

2. **Business Case Implementation Action Plan** – used to identify actions needed to implement the role of Aged Care Clinical Mentor

3. **Aged Care Clinical Mentor Action Plan** – used to identify activities and actions needed to change current clinical practice to best practice

4. **Aged Care Clinical Mentor Activity Report** – every action identified in the Aged Care Clinical Mentor Action Plan is documented in its own activity report that can be used as continuous improvement evidence during standards auditing. It can be used as a guide for the same kind of activity in a different clinical priority area as well as a support tool for the Business Case Implementation Action Plan

5. **Aged Care Clinical Mentor Outcome Report** – a summary report to document the changes implemented to achieve best practice in the clinical priority area

6. **Mentoring Agreement** – to document the agreement between the mentor and mentee including the goals of the mentee, the frequency of meetings, the estimated duration of the mentoring partnership, and what the mentor will offer or do. The agreement can also be adapted for group mentoring

7. **Stakeholder Analysis** – to identify and document those stakeholders likely to have a high or low influence on the clinical practice improvement plan and provide a high or low level of support

8. **Job Descriptions** – these detail the Aged Care Clinical Mentor role and its responsibilities, and the Site Champion role. A Site Champion supports the Aged Care Clinical Mentor to implement aspects of an Action Plan.

In summary: The Aged Care Clinical Mentor Model of Change is a demonstration of both workforce development and clinical leadership in aged care services to enable best practice in clinical care and services for residents and clients.

Part A

■ Establishing the Aged Care Clinical Mentor role:
using the six steps in the Aged Care Clinical Mentor Model of Change

1 Identify
a compelling reason for creating the new role and prepare a business case

6 Sustain
by embedding the role into workplace culture, policy and practice

2 Engage
others in the idea

Best practice in Aged Care

5 Evaluate
the costs and benefits of the role to clients, residents, staff and to the service

3 Plan
how to identify, recruit and develop the right person for the role

4 Implement
the role into the service

■ Module 1: Identify

Identify a compelling reason for creating the new role by preparing a business case

1 Identify

Identify the Business Case

Identifying a clear and compelling case for workforce innovation by creating the role of an Aged Care Clinical Mentor is critical. An important part of this work is *engaging* with stakeholders who have a real or perceived interest in the role. A logical and well thought through argument can then be developed. This should identify why an aged care service should develop and support the role of Aged Care Clinical Mentor and how the role could be implemented, supported and sustained over the longer term. In other words: identifying a strong business case and the benefits of a workforce model innovation is the first step.

Business cases are communication tools written in a langague that the intended audience understands. An example business case template is included in the resources section of this guide.

Developing a business case for the role is really another way of saying: 'the change that's recommended is justified'. A business case which details a solution to an identified business need (including the costs and benefits) is more likely to attract support if it is developed in conjunction with discussions about the 'importance of best practice'.

Business cases always start with the end in mind: 'What does ulitimate success look like? If an Aged Care Clinical Mentor role was created, how would quality of care for residents and clients in the aged care service be affected?'

Tip: when preparing a business case be as brief and succinct as possible, but give enough information to make the decision making job achievable!

Most health professionals working within aged care services are expert in identifying the needs of clients and residents. For example: Registered Nurses use assessment tools to identify individual needs related to daily living assistance arising from disease or disability. In the same way, a Physiotherapist will use observation skills to assess a client's mobility and any impacts upon this arising from an accident or recent surgery. The professional education and clincial experience of these health professionals teaches them systematic assessment of needs as the basis for developing a treatment or action plan. (Walley & Wright, 2010)

This same kind of systematic assessment needs to be applied to the development of the business case for an Aged Care Clinical Mentor workforce role.

Ask: '**Why does the service need the role of Aged Care Clinical Mentor?**' The answers to the four questions below may assist in identifying the business need:

1. **Business Needs:** What are the goals and aspirations of the aged care service with regard to best practice and the role of the Aged Care Clinical Mentor in achieving this?
2. **Professional Needs:** What does this mean in the context of the health professional and the regulation that frames the aged care industry?
3. **Resident and Client Needs:** What do current and potential consumers of aged care services want from services in both the short and longer term regarding quality of care?
4. **Workforce Needs:** What do current and potential employees in aged care services want in terms of professional leadership, development and opportunity?

The business case must answer these questions to reflect the context of the aged care service as it currently exists and as it may exist into the future (to meet the vision and strategy of the service). It must offer a creative and compelling solution to address those needs. The service can then take a proactive approach to understanding change and its implications. New approaches to creating business success can then occur (Best, 2005).

Tip: the business case should clearly outline the benefits and costs of creating an Aged Care Clinical Mentor role to address the business needs. It should also identify the risks of establishing or not establishing the role.

A business case will assist service managers to:

- Clarify what the care and service needs are and why an Aged Care Clinical Mentor role is a good solution to address the needs
- Demonstrate 'planning ahead' for improvement in workforce structures to meet business goals
- Enable business decision makers to think about the effective use of human resources
- Ensure they have the right people in the right job at the right time to meet the service goals and aspirations.

The documented business case, once endorsed by the service's decision maker, will also inform plans to implement the role; attract, retain and develop an Aged Care Clinical Mentor. It can also be used to check that plans are on track and to assist in the evaluation of outcome.

An important part of the business case document is describing a 'business case study'. This is an example of how the proposal has **actually worked** in another aged care service such as the information provided in Part B of this guide. Part B provides detail and can be referred to in the business case document.

1 Identify

In summary: the business case for embedding the role of an Aged Care Clinical Mentor within an aged care service will:

- Provide sufficient information about the business need for the Aged Care Clinical Mentor and demonstrate opportunity to use the role to meet the need
- Identify the alternatives available – the positives and negatives of each
- Recommend a preferred strategy (that is: creating an Aged Care Clinical Mentor role)
- Identify the risks and issues with implementing the role
- Identify how the success of the role will be measured in terms of outcomes for residents and clients, together with outcomes for staff and other stakeholders
- Outline the investment required to implement the role of Aged Care Clinical Mentor.

A framework for a business case for embedding an Aged Care Clinical Mentor as part of workforce structure within an aged care service could include the following **six business case elements**:

1. Executive Summary
2. Strategic Alignment, identifying the:
   - Issues
   - Anticipated outcomes
   - Recommendations
   - Justification
   - Problem statement
   - Organisational impact
3. Aged Care Clinical mentor role overview
   - Clinical Mentor job description
   - Role performance
   - Site Champion job description
   - Risks
   - Major milestones
4. Cost benefit analysis
5. Alternatives analysis
6. Approval.

Tip: frequently ask yourself who the audience is for the business case – remembering their principle interests and goals.

Organisational Application Vignette

Lindsay, the Service Manager of 'Quality Aged Care' facility, identified a need to improve the focus of her staff upon best practice and to make the required changes necessary to encourage and enable this.

She thought there might be a need to have a staff member with the right skills and background, focused on implementing best practice to ensure that clinical practice was of the highest, evidence based standard. She had come to this conclusion because she was aware of wide ranging practices at her site in some clinical areas and she had also received a number of complaints from both community clients and residents about the standard of some of the clinical care provided.

Lindsay had recently attended a conference where best practice concerning pain management was a featured topic and was inspired by the outcomes discussed as well.

Lindsay considered whether her service should identify an Aged Care Clinical Mentor to lead clinical best practice and, if so, how she could obtain Chief Executive Officer support for this. She decided to research and develop a business case to explore the idea. She wrote the business case with the Chief Executive Officer in mind, as she was aware that it would be this person she would need to convince.

◼ Module 2: Engage

Engage others in the idea

1 **Identify**
a compelling reason for creating the new role and prepare a business case

2 **Engage**
others in the idea

3 **Plan**
how to identify, recruit and develop the right person for the role

4 **Implement**
the role into the service

5 **Evaluate**
the costs and benefits of the role to clients, residents, staff and to the service

6 **Sustain**
by embedding the role into workplace culture, policy and practice

Best practice in Aged Care

Engage Stakeholders

Engaging with relevant stakeholders within the context of aged care services is critical to *identifying* and documenting a compelling business case for an Aged Care Clinical Mentor role. It is important to engage the people who may be affected by the Aged Care Clinical Mentor role idea, decision or implementation approach that is recommended.

By performing a stakeholder analysis (refer resources), the stakeholders will be identified. They may be those who support or oppose the idea, they might be those who are influential in the aged care service or within the wider community in which the service operates. They might be in 'official positions' or be affected long term by any decision that is made in relation to adopting an Aged Care Clinical Mentor role.

Engaging with stakeholders will reveal what matters most to them in relation to the concept – they can be genuine influencers of the business case for creation of an Aged Care Clinical Mentor Role, creating more opportunity for an outcome that truly meets needs.

Working in partnership with stakeholders in an inclusive way is a key 'leadership marker' in developing the workforce model as it values the thinking, ideas and inputs of others in creating sustainable success (Mullins, 2005).

The steps in performing a stakeholder analysis are:

1. Brainstorm a list of all possible stakeholders
2. Classify the stakeholders to understand their needs and interests and prepare the stakeholder analysis matrix (refer resources)
3. Focus engagement efforts on the 'high support' and 'high influence' stakeholders.

Once the various stakeholders are identified and classified into the matrix, thoughtful planning and preparation can occur to ensure their views are sought and communication about the business case idea is clear.

Communication is more than the sharing of ideas or positions. It is also concerned with the social interactions which occur via messages, the creation of meaning within the context and the sharing of that meaning through information, ideas and feelings (Mohan et al., 2004).

The *Aged Care Clinical Mentor Model of Change*, when applied to implementing best clinical practice, describes the communication approaches best suited to each group of stakeholders (refer Part B, Module 2). By including and valuing the diverse voices of stakeholders, useful information will be obtained to strengthen the development of a legitimate business case. Engaging early with relevant stakeholders demonstrates a genuinely collaborative approach and builds shared purpose. This in turn encourages all those involved to work together constructively to advance toward a common goal.

Tip: By discussing the business case ideas openly and by being receptive to feedback, stakeholders can listen to one another, explore new ideas and generate options previously not considered.

Keeping accurate records of stakeholder engagement is therefore important to demonstrate transparency, build trust between people and groups and for future reference as the business case document evolves.

When engaging stakeholders, it is critical to communicate both the perception and reality of a genuine belief that their contributions count and have potential to make a real difference to the business case being developed.

The service manager can engage with any identified potential candidates for the Aged Care Clinical Mentor role at this stage so that ideas can be tested, interest explored and potential appointment implications canvassed. The questions used to identify business need are the same questions which can be used to engage stakeholders (refer Part A, Module 1).

Questions and comments built around the six business case elements on page 20 could also form the basis for useful stakeholder engagement.

Making sense of stakeholder engagement inputs may be challenging – particularly when there is a wide range of views. A simple approach for sorting disparate views and making choices about their validity is to focus back on answers to the four principle questions already described, which explain 'why does this aged care service need an aged care clinical mentor role?' For stakeholder engagement they could be changed to:

1. **Stakeholder Need:** What goals and aspirations do the stakeholders of aged care services have with regard to best practice and the role of health professionals in assisting achieve this?

2. **Professional Need:** What does this mean for the aged care workforce professionally and legally?

3. **Consumer Need:** What does quality of care mean for consumers of aged care services?

4. **Workforce Need:** What do employees in aged care services need to deliver quality care and services?

Engaging others in the vision for the role of Aged Care Clinical Mentor and the value this role can bring to a model of change for best practice, is critical to support the business case.

Organisational Application Vignette

Service Manager, Lindsay, began an engagement process to make sure she identified all the relevant stakeholders who may be interested in or affected by her idea for an Aged Care Clinical Mentor. She discussed her idea for a clinical mentor with the Registered Nurse and also with the Enrolled Nurse who worked every weekend with indirect supervision of a Registered Nurse. She engaged with the literature on the topic of 'clinical mentoring'. She talked with the Chairperson of the Resident's Committee, together with a representative of the Community Clients' Advisory Group, and explained to them why she was thinking about developing the role. This was difficult at times as it meant that Lindsay needed to openly share her concerns regarding inconsistent clinical practices.

A visiting General Practitioner and Dental Hygienist were consulted as Lindsay wanted to obtain the perspectives of those who didn't have 'every day' interactions at the residential site. Lindsay then talked with two of the Health Promotion Coordinators at the local Health Service that she had regular contact with. Lindsay also spoke with her state based aged care peak organisation to canvas the idea and see if they had any useful contacts.

She then called a 'brainstorming' meeting with the staff to refine the stakeholder group and classify them in terms of their needs and interests.

Armed with this information, she and a Registered Nurse developed an engagement and communication strategy for each classified group. The strategies were much the same for each group with particular enhancements for high support and high influence stakeholders.

Lindsay decided to personally communicate with people in these groups. Lindsay built her engagement approaches around the four key areas: stakeholder need, professional need, consumer need and workforce need. She asked lots of questions to assist her understand needs – and she freely shared her concerns about the current risk to residents and clients of clinical practice, which was not based on best practice guidelines.

■ Module 3: Plan

Plan how to identify, recruit and develop the right person for the role

1 Identify
a compelling reason for creating the new role and prepare a business case

2 Engage
others in the idea

3 Plan
how to identify, recruit and develop the right person for the role

4 Implement
the role into the service

5 Evaluate
the costs and benefits of the role to clients, residents, staff and to the service

6 Sustain
by embedding the role into workplace culture, policy and practice

Best practice in Aged Care

3 Plan

Plan Development

Planning is the next step in a a well thought-through approach to create the new workforce role of an Aged Care Clinical Mentor. The goal of effective planning is to achieve effective *implementation* - turning the idea into reality.

Tip: create a plan which is simple to understand, logical in sequence and aligns to the principles of continuous improvement.

There are many resources available to assist in developing plans. A basic planning framework with key headings is useful (Baum 2008, p213). The Action Plan (refer resources) used by Aged Care Clinical Mentors for planning activities to implement best practice can also be used as the Business Case Implementation Action Plan for implementing the workforce role of Aged Care Clinical Mentor. A Business Case Implementation Action Plan example and template is included in the resources section. Overall, the plan would include:

- Action plan rationale: why the plan is needed
- Objectives: what you wish to achieve
- Actions to be taken
- The relevant residential or home care standard/expected outcome applicable to the action
- Resources required to get the actions done
- Timeframes
- Evaluation: how will the implementation of the new Aged Care Clinical Mentor role be evaluated?

The following points are to be considered when developing the actions in the plan:

Creating a job description: Sample job descriptions for both Clinical Mentor and Site Champion are included in the resource section. These job descriptions can be adapted to use in the service.

Preparing the work environment: Having secured organisational support from the decision maker for the role, the Implementation Action Plan needs to ensure attention is paid to the local work environment and conditions as 'enablers' of the new workforce role and its mandate to encourage best practice (Laschinger & Leiter, 2006).

Keeping the local workplace informed of plans by sharing the vision for the role, creating positive expectation regarding how the role aligns to the service's values and local structures will encourage ongoing success of the Model of Change and enable a re-think of local and corporate processes. This links to the requirement to 'buy-in' for assisting long term sustainability of the role. The same principles apply for the role of Site Champion.

Recruit and Select: To attract the right people to the roles of Aged Care Clinical Mentor and Site Champion, consider advertising in the local paper, using online advertising or identifying current staff members who may be interested/suitable. The job description can be used to inform the questions to be asked in an interview. An explanation of the plans for development and support of the role should occur in the interview so that candidates have a comprehensive understanding of the role. Consider which of the identified stakeholders should/could be involved in recruitment and selection.

Appoint and Orientate: After offering the role to the successful candidate, making the announcement will be important to underscore the role's importance. The announcement will also remind stakeholders about how the role will support changes to improve quality of care and services. Orientation activities for the role should include an introduction to the service's approach to continuous improvement, document control and policy/procedure development. It should also include information on how the Aged Care Clinical Mentor can access support for education and other corporate resources.

A copy of Part B of this guide should be given to the Aged Care Clinical Mentor at the time of orientation to support them in how to engage the Model of Change. This also provides a framework in which to agree upon a set of performance indicators for the role.

Support and Develop: The International Council of Nurses has made a simple statement which is of relevance to this part of the plan: 'An educated nurse workforce plus a good work environment = high quality care' (2014, p7). This statement could also be applied to other health professionals taking on this role.

The Business Case Implementation Action Plan for support and development should focus upon improving the skills of the Aged Care Clinical Mentor in any areas identified as requiring professional development to fulfil the role. These may include project management skills or clinical practices related to an identified clinical priority area that the service would like addressed.

Identifying a corporate mentor for the role will also provide support for 'navigating the system' both within the wider workplace and with those external to it. This person should have a good knowledge of corporate structures and roles and be able to provide guidance regarding the wider organisational system.

Evaluate and Refine: The strategies for assessing the effectiveness of implementation of the new role will differ from the strategies required to demonstrate best practice outcomes for residents and clients. Feedback opportunities should be created for all stakeholders in terms of the difference the role has made to the local workplace and the role's capacity to achieve on-going, embedded change via mentoring. This demonstrates a genuine desire to understand the outcomes from various perspectives. Using stakeholders' constructive feedback further refines the role and ensure that the Aged Care Clinical Mentor role is part of the continuous improvement cycle demonstrated in the *Aged Care Clinical Mentor Model of Change*.

3 Plan

Organisational Application Vignette

Lindsay, the Service Manager, worked with Steven, the Quality Manager, to develop a plan for implementing the Aged Care Clinical Mentor role.

Lindsay was confident that her thorough research of the need for best practice, together with comprehensive engagement of stakeholders, would contribute to the approval of the business case she was developing. Steven assisted her to develop an Implementation Action Plan for the role of Aged Care Clinical Mentor.

She knew that a robust plan was important to maximise the chances of success – and the fact that she would probably only have one opportunity to 'make this work'.

The Implementation Action Plan included: the steps to take when implementing a new role (attracting and recruiting, supporting and developing), timelines, evaluation plan and a reminder about why the action plan was being developed.

Sustaining the role into the future was a strong focus of the Implementation Action Plan and included Lindsay's ideas for a corporate mentor. Repeating the good work of the Aged Care Clinical Mentor over time, was the goal Lindsay was aiming for so she paid special attention to the strategies she and the Mentor would put in place to make this a reality for the long term.

Lindsay included the Implementation Action Plan in the business case, and forwarded it to the Chief Executive Officer, making a point of linking the legislated service standards to the need identified.

- ## Module 4: Implement

Implement the role into the service

Best practice in Aged Care

1 Identify a compelling reason for creating the new role and prepare a business case

2 Engage others in the idea

3 Plan how to identify, recruit and develop the right person for the role

4 Implement the role into the service

5 Evaluate the costs and benefits of the role to clients, residents, staff and to the service

6 Sustain by embedding the role into workplace culture, policy and practice

Implement the Plan

Implementing the new role of Aged Care Clinical Mentor is an exciting culmination of a successful business case. Effective implementation will be dependent on thorough *planning* – ultimately, positive outcomes for residents and clients depend on both.

Smooth implementation of the new role will build confidence amongst stakeholders and will promote a positive understanding amongst colleagues that the role will add value to their daily work.

Use the Business Implementation Action Plan document (refer resources) to move ahead and implement the role. If needed, modify and use Activity Reports (refer resources) to assist in keeping track of individual actions.

Adjust the Implementation Action Plan based on feedback as required.

Recognise that there are leaders at all levels in aged care services. Identify and encourage them to engage with the Implementation Action Plan to strengthen local and corporate collaboration.

Report on progress of implementation to assist with maintaining accountability to the business case decision maker who approved the role.

Organisational Application Vignette

Lindsay, the Service Manager, received approval from the Chief Executive Officer to proceed with establishing the Aged Care Clinical Mentor and the Site Champion roles.

She used the Implementation Action Plan she had provided in the business case to then move ahead. She met weekly with a Registered Nurse and the newly appointed Aged Care Clinical Mentor to review progress against the Implementation Action Plan and to ensure the right data was being collected from the beginning of activities.

She continued engagement with stakeholders, and ensured others in the implementation team did likewise.

The Implementation Action Plan was adjusted a few times in response to local feedback and unexpected site situations. Lindsay, and Steven the Quality Manager, began to notice changes in some of the Key Performance Indicators related to the chosen clinical priority area that was the focus of change for the Aged Care Clinical Mentor.

Lindsay found that, by using the Activity Reports to document each activity related to an action, she was able to easily keep track of her progress towards the goal of successful role establishment.

■ Module 5: Evaluate

Evaluate the costs and benefits of the role to clients, residents, staff and to the service

5   Evaluate

Evaluate the outcome

Evaluating the Aged Care Clinical Mentor role in creating and *sustaining* best practice clinical care for residents and clients is one of the critical last steps in achieving workforce development application of the model.

The evaluation step is very dependent upon the previous steps. It should have been developed with the business case, and considered during *engagement* with relevant stakeholders with a real or perceived interest in the role.

Evaluation should postively substantiate the *identified* business case need and be a key component of the **Implementation Action Plan** that has been used. The evaluation can make observations and judgements about how the role was *implemented*, supported and sustained over the short term and its value to the aged care service in terms of addressing the identified business need. Evaluation information can generate knowledge and inform longer term plans for sustaining, changing or expanding the role into the future. The evaluation should validate the Aged Care Clinical Mentor role in the aged care service.

What is evaluation?

Evaluation is a systematic assessment of the process and/or outcomes of a project or program with findings that contribute to the improvement of a project or a program. (O'Neill et al., 2004).

A best practice evaluation includes observation, measurement and a comparison of what is observed with what was originally specified as indicating good performance or outcome. It should consider the processes used throughout the consideration and implementation of the new role and the short term effects or changes brought about by the role. It should also consider the outcomes related to the overall goal of the role of Aged Care Clinical Mentor.

'How will knowledge be created to know if the plan for implementing a new Aged Care Clinical Mentor role is a success?'

The evaluation plan requires a decision on:

- Who would be in the stakeholder group of people overseeing the evaluation questions?
- How to capture all relevant inputs and outcomes from all relevant stakeholders?
- What measures can be used to give a complete picture?
- What data will be collected to inform the evaluation and the knowledge needed to make a judgement?

The evaluation conversations and data analysis related to the implementation of the Aged Care Clinical Mentor role will provide insight into success:

- Were plans to implement the role implemented as planned?
- What went well?
- Is the role off to a good start? Is it making the difference hoped for?
- What evidence is there to support the answers to any of these questions?
- What would be done differently next time?
- Does the implementation of the role of Aged Care Clinical Mentor alter or streamline any other systems/processes of the service?

Tip: choose evaluation strategies that are right for the aged care service and which are simple, practical and assist identify required information about the implementation of the role!

Ideas:

- Consider both qualitative and quantitative data
- Use the baseline data for comparison
- Consider using data from outside the aged care service for comparison of results
- Make good use of existing monitoring processes at the service to obtain the data.
- Make it easy for stakeholders to provide the data needed.

(Registered Nurses Association of Ontario, 2005)

Evaluate

Organisational Application Vignette

As Lindsay, the Service Manager, had included comprehensive evaluation strategies in the Implementation Action Plan within her business case, it was easy to commence data collection from the beginning of the appointment of the Aged Care Clinical Mentor.

The usual site Key Performance Indicators in the clinical priority area were available, and, once the IT and paper based systems were set up to collect additional data, this was straightforward.

The implementation team had already planned the best ways to collect qualitative data from residents and clients, as they had been informed about this by residents and clients during the engagement phase.

The Job Descriptions assisted Lindsay to provide feedback about performance during the 'on boarding' and regular review process for the new Cinical Mentor as well as the Site Champion.

Lindsay brought together some of the key stakeholders who were involved in the original 'brainstorming' session to help answer the questions from her perspective about the introduction of the role:

- Were the implementation plans successful?
- What went well?
- What could have gone better?
- Is the role off to a good start?
- Is it making the difference we hoped it would?
- What is some of the evidence we have about this?
- Would we do anything differently next time?

Lindsay used the answers to these questions together with analysis of the various clinical key performance indicators to write her post-implementation report for the Chief Executive Officer. She included the Clinical Mentor and Site Champion in this process.

■ # Module 6: Sustain

Sustain by embedding the role into workplace culture, policy and practice

1 **Identify**
a compelling reason for creating the new role and prepare a business case

2 **Engage**
others in the idea

3 **Plan**
how to identify, recruit and develop the right person for the role

4 **Implement**
the role into the service

5 **Evaluate**
the costs and benefits of the role to clients, residents, staff and to the service

6 **Sustain**
by embedding the role into workplace culture, policy and practice

Best practice in Aged Care

6 Sustain

Sustain workforce changes

Sustaining the workforce role of the Aged Care Clinical Mentor will be dependent upon a number of factors, including the outcome of the *evaluation* of the role in its context. It is important to *engage* the people who may be affected by the evaluation of the Aged Care Clinical Mentor role by assisting them to understand the relationship between the evaluation and sustainability.

Justification of the *identified* business case via an on-going sustainable role will be built upon continued engagement of stakeholders, effective *implementation* of the role and an evaluation that demonstrates the role's value in championing best clinical practice in aged care services.

Clarifying the leadership responsibilities of Aged Care Clinical Mentor in terms of best practice change in clinical services is crucial to medium and long term sustainability. The ability of the role to engage its own talent and the talent of others, in both collaborative and independent practice to bring about practice changes, will make the sustainability difference.

Workers in aged care services are capable and keen to learn about best practices which benefit clients and residents. They represent a resource to the greater community which can and should be developed for the benefit of older people. Yet it is known that the dissemination and use of best practice evidence by aged care workers is patchy (Kitson, 2008).

An Aged Care Clinical Mentor role can be instrumental in improving consistency of uptake of best practice evidence in a sustainable and cost effective manner if drivers, challenges and opportunities for best clinical practice remain at the forefront of workforce design decision makers.

Sustainability of the role is linked to the need to shift focus from 'more of the same' to demonstration of evidence which reflects new and innovative ways to create and deliver value to residents and clients (Malarkey 2014, p563).

Sustaining the Aged Care Clinical Mentor workforce role requires an aged care service to be convinced through evidence, of the role's value for:

- Driving positive clinical outcomes for residents and clients
- Developing the clinical and change management capability of Registered Nurse and other health profession leaders
- Supporting 'up-skilling' of direct care staff
- Embedding best clinical and change management practice within their aged care services
- Utilising resources and partnerships, based on evidence, to make a tangible difference to the lives of residents and clients
- Strengthening systems to meet the needs of future consumers.

Celebrating and making innovative successes known are important strategies for sustaining momentum and knowledge of the *Aged Care Clinical Mentor Model of Change*.

If you have successfully adopted the model, celebrate success.

Make it known.
Share the good news.
It is indeed good news for residents, clients, and aged care workers and services.

Organisational Application Vignette

In writing her final report for the Chief Executive Officer, Lindsay the Service Manager discussed the outcome of the sustainability strategies she had argued in the original business case.

The Aged Care Clinical Mentor had recommended a number of changes to policy, procedure and documents. Also recommended were some changes to educational approaches related to the clinical priority area. These were accepted by Lindsay and implemented.

The evidence of sustainability was starting to accumulate, with excellent Key Performance Indicator outcomes, together with increasing numbers of compliments from residents and clients.

Lindsay was building confidence that staff capability had improved and consistent best clinical practice was occurring.

The visiting health professionals had also expressed their support for the positive clinical changes that were now very obvious. They had made further suggestions regarding other clinical priority areas, to be considered for attention via the Model of Change lead by the Aged Care Clinical Mentor.

Due to the rigorous data collection, Lindsay had been able to demonstrate both financial and non financial benefits, further strengthening the sustainability case.

She realistically acknowledged the financial outlay involved in employing an Aged Care Clinical Mentor, but she also argued, with supportive evidence, the benefits to residents, clients, staff and the organisation's reputation. She made sure to link these arguments to her service's vision and she held a celebration event on site to acknowledge the successes in collaboration and clinical service improvements.

Part B

■ Implementing Best Practice utilising an Aged Care Clinical Mentor: using the six steps in the Aged Care Clinical Mentor Model of Change

Best practice in Aged Care

1 Identify a clinical priority area and best practice guide

2 Engage others in the idea and form a Working Group

3 Plan and prioritise the activities on the action plan

4 Implement the activities to introduce best practice into the service

5 Evaluate the benefits to clients, residents and staff

6 Sustain the changes by updating policy, procedures and education

■ Module 1: Identify

Identify a clinical priority area and best practice guide

1 Identify
a clinical priority area and best practice guide

2 Engage
others in the idea and form a Working Group

3 Plan
and prioritise the activities on the action plan

4 Implement
the activities to introduce best practice into the service

5 Evaluate
the benefits to clients, residents, staff and the service

6 Sustain
the changes by updating policy, procedures and education

Best practice in Aged Care

1 Identify

Identify the Clinical Priority Area

The first step required to commence the process of change is to identify a clinical priority area. A clinical priority area relates to an area of clinical practice within the aged care service that requires continuous quality improvement to meet best practice and residential or home care standards.

The clinical priority area may be identified in a range of ways, including:

- An internal audit by the aged care service
- Resident/client/representative/staff feedback
- Compliments and complaints analysis
- Hazard and incident reports
- An audit by the Australian Aged Care Quality Agency or other regulatory body
- Receipt of the Department of Social Services' or other Peak Body 'Better Practice' kits for implementation
- Coroner's recommendations
- A review of published research.

Consider the mission/purpose and values of the aged care service

The aged care service mission and values underpin any strategies related to quality improvement. Take for example the mission statement of the fictional aged care service 'Quality Aged Care' used in this guide:

Quality Aged Care's Mission Statement:

Our Mission is to provide high quality aged care services to our residents and clients centred on respect for the dignity of each individual. Our well educated workforce will do this in partnership with residents, clients and other stakeholders.

The provision of 'high quality aged care services' means that 'Quality Aged Care' is continuously monitoring the standard of care and services delivered to ensure it is 'high quality'. 'Quality Aged Care' would be committed to updating any identified clinical priority area that needs improvement to meet best practice in accordance with their Mission Statement, the residential and home care standards and evidence based information.

Outline the clinical areas of concern within the identified priority area

Once the clinical priority is identified, list the key clinical practices related to the priority area that requires improvement. For example, if the clinical priority area identified is wound care, the priority area is the umbrella term but the clinical area of concern may only relate to better identification of skin tears and not to the application of dressings. Similarly, if continence management is identified as the clinical priority area, the clinical area of concern may be night time continence management rather than product selection.

The Aged Care Clinical Mentor should identify two to four clinical indicators that are relevant to the clinical priority area to monitor the impact of the mentoring activity on the quality of care. For example, the clinical indicators related to skin tears may be healing time or incident numbers. The purpose of using indicators is to allow evaluation of quality of care. The indicators should be selected in consultation with service managers.

Identify 'Best Practice'

Once a clinical priority has been identified, the Aged Care Clinical Mentor should identify appropriate 'Best Practice' guidelines. The 'Best Practice' guidelines will allow the Aged Care Clinical Mentor to measure current practices against and plan implementation of new practices to meet contemporary clinical standards.

For example, some best practice guidelines relevant to aged care services are:

- Pain management
  - Australian Pain Society *(2007) The PMG Kit for Aged Care. An implementation kit to accompany The Australian Pain Society's Pain in Residential Aged Care Facilities: Management Strategies*
  - Registered Nurses' Association of Ontario (2013) *Clinical Best Practice Guidelines: Assessment and Management of Pain (3rd ed.)*
- Dementia care
  - Department of Social Services (2014) *Dementia Dynamics Toolkit*
  - Registered Nurses' Association of Ontario (2014) *Caring for Persons with Delirium, Dementia & Depression*
- Wound management
  - Australian Wound Management Association Inc. (2010) *Standards for Wound Management*
- Falls prevention
  - Australian Commission on Safety and Quality in Health Care (2014) *Falls Prevention*
  - Australian Commission on Safety and Quality in Health Care (2009) *Preventing Falls and Harm From Falls in Older People. Best Practice Guidelines for Australian Community Care*

- Bladder and bowel management
    - Deakin University (2009). *Continence Tools for Residential Aged Care: An Education Guide,* National Continence Management Strategy: http://www.bladderbowel.gov.au/assets/doc/ctrac/conttooledguide.pdf
    - Joanna Briggs Institute (JBI) (2008) *Management of Constipation in Older Adults: Best Practice Information, JBI, Adelaide*
- Palliative care
    - Department of Health and Ageing (2011). *Guidelines for a Palliative Approach for Aged Care in the Community Setting — Best practice guidelines for the Australian context*, Australian Government Department of Health and Ageing, Canberra.

Best practice guidelines can also be accessed from:

- The JBI Database of Best Practice Information Sheets and Technical Reports: http://joannabriggslibrary.org/index.php/JBIBPTR
- Registered Nurses Association of Ontario Best Practice Guidelines: http://rnao.ca/bpg
- Australian Commission on Safety and Quality in Health care: http://www.safetyandquality.gov.au
- Department of Social Services. Encouraging Best Practice in Residential Aged Care Program: http://www.caresearch.com.au/caresearch/tabid/2138/Default.aspx.

To recap the steps:

- *Identify* a clinical priority area
- *Identify* a best practice guideline
- *Identify* the clinical areas of concern in practice related to the clinical priority area by comparing current practice against the best practice.

Residential Aged Care Vignette

'Quality Aged Care' underwent a re-accreditation audit last month. Representatives from the Australian Aged Care Quality Agency audited the facility and, even though continence management met Expected Outcome 2.12, the auditors noted that overnight continence management could be improved with evidence based practice.

The key opportunities identified for improvement related to schedules for offering/taking residents to the toilet and their relationship to the number of overnight falls recorded on incident reports. The Service Manager decided to call on Michael, their Aged Care Clinical Mentor to address the opportunity for improvement and ensure that continence management practices were meeting best practice standards, continued to meet expected outcome requirements, and improved the quality of care for residents.

Michael's first task was to identify what best practice guidelines were available on the clinical priority area; continence management. He firstly looked at the Continence Foundation of Australia's website for best practice information.

Community Aged Care Vignette

Jenny, the Aged Care Clinical Mentor for the South East Community Services region of 'Quality Aged Care,' was growing concerned at the increased reports of falls for some community clients. She felt it was time to investigate this, and see if work practices reflected best practice.

Knowing that the Australian Commission on Safety and Quality in Health Care coordinates improvements nationally, Jenny searched their website and found a best practice guideline on preventing falls and harm from a fall in older people living independently at home. One opportunity for improvement she found was to introduce a 'falls prevention plan' for clients at risk of falls.

Jenny checked her own service's policy/procedures documents and found that they did not include a falls prevention plan strategy for community services. Jenny set about developing an Action Plan to introduce the falls prevention plan strategy into the South East region 'Quality Aged Care' Community Service. She then discussed this with the Service Manager.

■ # Module 2: Engage

Engage others in the idea and form a Working Group

- **1 Identify** a clinical priority area and best practice guide
- **2 Engage** others in the idea and form a Working Group
- **3 Plan** and prioritise the activities on the action plan
- **4 Implement** the activities to introduce best practice into the service
- **5 Evaluate** the benefits to clients, residents, staff and the service
- **6 Sustain** the changes by updating policy, procedures and education

Best practice in Aged Care

Engage stakeholders

Initiating a change in practice relies heavily on the ability of the Aged Care Clinical Mentor to engage the support of their manager, their peers and other stakeholders. Prior to an Aged Care Clinical Mentor implementing any change of practice, a thorough Stakeholder Analysis (refer resources) is recommended, to identify the key people required to engage with, support and drive the change (Shirley, 2012). Once identified, these people can be part of a Working Group – either as participants or observers who have an interest in staying informed.

Perform a Stakeholder Analysis

Stakeholders can be defined either as primary or secondary stakeholders.

Primary stakeholders:

- People who are directly associated with the service
  - e.g. managers, leaders, staff, general practitioners, allied health professionals, and residents/clients (and/or their representatives).

Secondary stakeholders:

- People who are not essential to the service but who hold an interest in its viability. In the case of 'Quality Aged Care' a secondary stakeholder may be a representative from:
  - Continence Foundation of Australia
  - Palliative Care Australia
  - Alzheimer's Australia
  - Australian Wound Management Association
  - The local community hospital or community health centre
  - Older person's mental health services
  - Pharmacy

The steps in carrying out a Stakeholder Analysis are:

- Brainstorm a list of all possible stakeholders
- Classify the stakeholders to understand their needs and interests.

To perform this a stakeholder analysis matrix (see resources) can be used. The matrix is designed to assist analysis of stakeholder influence and support. Each stakeholder is positioned in one of the four cells in a matrix:

- High Support/High Influence
  - These stakeholders will positively affect the dissemination and adoption of best practice for the clinical priority that has been identified
  - They need a great deal of attention and information to maintain their support of the mentoring approach to change management
- High Support/Low Influence
  - These stakeholders can positively affect dissemination and adoption of best practice for the clinical priority if given support
  - They need attention to maintain their support and prevent development of a neutral attitude towards the mentoring approach to change management
- Low Support/High Influence
  - These stakeholders could negatively affect dissemination and adoption of best practice
  - They need a great amount of attention and support to obtain and maintain a neutral attitude and to gain their support for change
- Low Support/Low Influence
  - These stakeholders are least able to influence dissemination and adoption of best practice
  - They could have a negative impact so should be monitored. They need ongoing attention to develop a neutral attitude and to gain their support for change.

(Registered Nurses' Association of Ontario, 2002, p32).

The Stakeholder Analysis allows the Aged Care Clinical Mentor to plan how to engage and/or support categories of stakeholders in change activities.

Engage a Working Group to support a common goal

Once management have approved the mentoring, the Aged Care Clinical Mentor may benefit from setting up a Working Group. Change within services is not easy. Kotter (2012) emphasises the need to develop a strong team committed to a common goal as being necessary to drive a sustainable change and a Working Group will assist this. The Working Group does not need to include a large number of people and should engage stakeholders identified in the analysis as having 'high influence' and 'high support' in enabling change.

2 | Engage

Enablers to implementing change are important for the Aged Care Clinical Mentor and the Working Group to be aware of, and include:

- Provision of a strong evidence base for change
- Continuing to present the case to senior staff so they can remain supportive of change and the mentoring approach involved
- Comprehensive education and support for change delivered to mentees
- Demonstration of positive outcomes for residents and clients
- Presence of a champion for change.

Barriers to implementing change are also important for the Aged Care Clinical Mentor to be aware of, and to work with their Working Group to plan strategies to address. Barriers may include:

- Aged care service culture resistant to change
- Lack of resources and time for the Clinical Mentor to manage change effectively
- Insufficient time for mentees to understand guidelines and consistently apply best practice
- Unsupportive management.

(Adapted from Bennetts, Campbell-Brophy, Huckson, & Doherty 2012, p.139)

Engage a Site Champion for supporting change

One enabler for change identified in aged care services is engaging Site Champions (refer resources for a comprehensive Job Description).

Site Champions work collaboratively with the Aged Care Clinical Mentor to implement activities associated with the *Aged Care Clinical Mentor Model of Change*; a model that demonstrates positive outcomes for staff, residents and clients across residential and community aged care services by embedding best practices.

Site Champions accept accountability and responsibility for mentoring activities by:

- Practicing within their own professional scope of practice
- Ensuring the consistent application of the service policy framework by themselves and others
- Maintaining contemporary professional knowledge and skills in clinical competency through participation in continued professional development programs
- Providing clinical leadership, direction and mentoring to staff
- Supporting the implementation of Action Plans in relation to identified clinical priorities as delegated by the Aged Care Clinical Mentor
- Assisting staff to identify individual learning needs and facilitating opportunities for staff development within the nominated clinical priority area as delegated by the Aged Care Clinical Mentor

- Providing education and development opportunities for staff to improve knowledge, job skills and effectiveness in the nominated clinical priority area as delegated by the Aged Care Clinical Mentor. This may include:
  - Observation of tasks/skills and giving feedback
  - Discussion in small groups or one-to-one
  - Skills assessment
- Contributing data and other information related to mentoring activities and outcomes as required by the Aged Care Clinical Mentor
- Positively interacting with staff, members of the health team, residents, clients and/or their representatives
- Informing the management team and Aged Care Clinical Mentor of any relevant issues.

To recap the steps:

- *Identify* a clinical priority area
- *Identify* a best practice guideline
- *Identify* the clinical areas of concern in practice related to the clinical priority area by comparing current practice against the best practice.

- Perform a Stakeholder Analysis
- *Engage* Stakeholders who have high influence/high support in a working group
- *Engage* Site Champions

Residential Aged Care Vignette

Michael, the Aged Care Clinical Mentor, set out to perform a Stakeholder Analysis and identified several people to be involved in a Working Group if change to the continence practices in the facility were to be sustainable:

- High Support/High Influence – Lindsay, Service Manager; Antonio, Continence Nurse Advisor; Bronwyn, Clinical Nurse; Steven, Quality Manager
- High Support/Low Influence – Paul, night duty Registered Nurse; Terry, the husband of a resident
- Low Support/High Influence – Chai, Registered Nurse; Manuel, Enrolled Nurse
- Low Support/Low Influence– Beryl, Personal Care Assistant (Beryl is a long standing Personal Care Assistant who others look to for comment) Tony, continence product Sales Representative.

Michael set up a Working Group meeting inclusive of the high influence/high support stakeholders identified.

Michael then worked with Lindsay, the Service Manager, to identify and engage a suitable Site Champion.

Community Aged Care Vignette

Jenny, the Aged Care Clinical Mentor, set out to perform a Stakeholder Analysis and identified several people to be involved in a Working Group if new approaches to falls prevention in the service were to be sustainable:

- High Support/High Influence – Lindsay, Service Manager; Yvette, Physiotherapist; Steven, Quality Manager
- High Support/ Low Influence – Penny, Service Coordinator; Greta, Manager of the local community centre; Mary, the daughter of a community client; and Karen, Home Support Worker (Karen is a long standing Home Support Worker who others look to for comment)
- Low Support/High Influence – Chad, Enrolled Nurse and Marian, Therapy Assistant
- Low Support/Low Influence – Vivien, Independence Aids product representative.

Jenny went about setting up a Working Group that included people identified as having high influence.

Lindsay, the Service Manager, and Jenny then appointed a Site Champion after a suitable candidate was identified.

■ Module 3: Plan

Plan and prioritise the activities on the action plan

1 Identify a clinical priority area and best practice guide

2 Engage others in the idea and form a Working Group

3 Plan and prioritise the activities on the action plan

4 Implement the activities to introduce best practice into the service

5 Evaluate the benefits to clients, residents, staff and the service

6 Sustain the changes by updating policy, procedures and education

Best practice in Aged Care

3   Plan

Documenting a plan

Prior to the Aged Care Clinical Mentor implementing change, documenting a clear plan is important:

- To ensure that all members of the Working Group agree on the actions required to meet the objective and improve quality of care
- To consider all aspects of addressing the clinical priority area requiring a change to practice and be able to prioritise accordingly
- To plan how the evaluation of the actions will be performed
- To ensure there is a document trail in the case of a change of person in the Aged Care Clinical Mentor role
- To keep track of the achieved actions, and report on them
- To ensure key people know their responsibility in relation to actions so they can be accountable for them within the agreed time frames.

(Adapted from Northern Territory Government, 2007, p.158)

There are two tools (refer resources) that the Aged Care Clinical Mentor requires to plan the actions necessary to appropriately implement best practice into their service:

- **Action Plan**: This tool is used to plan the mentoring of aged care staff when implementing best practice in the identified clinical priority area. The Action Plan briefly highlights these activities
- **Activity Report:** Every activity identified in the Action Plan is documented in an individual activity report that can be used as continuous improvement evidence during standards auditing. The Activity Report outlines the activity in greater detail.

Develop an Action Plan

To write the Action Plan, you will need the following information:

- Objective: what do you wish to achieve?
- Activities: what will you do to achieve the objective?
- Actions: what tasks do you need to do to implement the activity?
- Residential or Home Care Standard: which standard and expected outcome does this relate to?
- Resources required: who will perform the action(s) and what other resources are required? Think about finances, materials, people and time.
- Time Frame: when do you plan on performing the action(s)?
- Evaluation: how will you know the action happened and if it was effective?

Key questions an Aged Care Clinical Mentor needs to be mindful of when planning the activities included in the Action Plan:

- Are there any legislative requirements to be considered in running this activity?
- Are there any Workplace Health and Safety risks or implications to be mindful of prior to undertaking this activity?
- What ongoing learning and development will be required to ensure that best practices once established, are maintained in the service?
- How will the service measure that the new practices are sustained? Who will perform these, i.e. scheduled audits?
- What are the costs associated with staff involvement?
- Is there any impact on rostering?
- What, if anything, is the site already doing in this area, e.g.:
  - Is there a learning and development program in place?
  - Is the policy under review?
  - Are existing tools or documents in place?

Evaluation methods that could be considered to identify if the activity has had an effect are:

- Pre-Post knowledge tests
- Clinical Audits (pre and post)
- One-to-one interviews with care staff, residents, clients and other stakeholders
- Focus Groups to interview groups of care staff, residents, clients and other stakeholders
- Self-rated assessment by care staff
- Participant evaluation sheets
- Questionnaires/surveys
- Skill/task demonstrations
- Education attendance lists.

3 Plan

Gain insight from the Working Group on the Action Plan

It is recommended that the Aged Care Clinical Mentor allow the Working Group to review the Action Plan as new expertise can assist refine and improve the plan. The more time spent on planning implementation, the less chance there is that sustained change could fail.

The Aged Care Clinical Mentor should also prioritise the activities outlined in the Action Plan in consultation with the Working Group, dependent on the service's capacity, including time, money and/or other resources allocated for mentoring. A simple numbering system next to each action (refer resources) will suffice in identifying the priority of each action. By performing this step the Aged Care Clinical Mentor plans the order in which activities will be implemented, evaluated and embedded for sustainability.

Gain final approval of the Action Plan from management

Once the Aged Care Clinical Mentor has consulted with the Working Group and prepared the final Action Plan, a meeting should be arranged with the service's management. The Aged Care Clinical Mentor needs to present the Action Plan to management, including justification as to why the practice change is required. It is important to positively represent the benefits of a move towards best clinical practice at this point, as without full commitment of management, the model of change cannot proceed.

The Action Plan needs to include costs for any additional staffing and resources required to implement the actions. If this is too difficult to do, the Aged Care Clinical Mentor should ask management or their corporate mentor for help. The Action Plan can also include how the Aged Care Clinical Mentor intends to communicate the actions to residents/clients or their representatives, staff, management, and stakeholders. This will assist in the long term sustainability of the clinical changes. The corporate mentor may be able to assist in this.

Plan to motivate

Motivation is a key ingredient necessary for changing practices. Being aware of the enablers of motivation to change can assist an Aged Care Clinical Mentor to plan strategies that strengthen these enablers. Health professional teams have been found to work most effectively when there is:

- Influential and high level endorsement and support
- Recognition of different values and skills within the team
- Effective leadership that bridges the gap between management and staff
- Training in communication and team processes
- Appropriate infrastructure and resources
- Opportunity to reflect and evaluate.

(NHS Modernisation Agency, 2005)

Plan to address the barriers of change

Change is never easy. Being aware of barriers to change can assist an Aged Care Clinical Mentor to include strategies to address these barriers. Some of the barriers to change an Aged Care Clinical Mentor may encounter are staff:

- Not being aware of the reason why change is necessary
- Feeling that there are other more important issues to be dealt with
- Not agreeing with the proposed change, or feeling that there is a better way to achieve the outcome
- Disagreeing about how the change should be implemented
- Feeling that there is a criticism about the way they do things implied in the change process
- Feeling that they have done this before and nothing changed
- Feeling that there will be extra work for them as a result of the change.

(NHS Modernisation Agency, 2005)

In addition, there are known barriers when implementing change in Aged Care. There may be time constraints on mentors and mentees which can result in:

- Lack of support to attend education/training activities
- Lack of timely feedback from mentees on education/training activities
- Lack of opportunities for the mentees to meet with peers to discuss and share their experiences.

Tip: Spend the time necessary to refine the Action Plan with the Working Group and, engage and gain support from the service's management. The main driver of change failure is inadequate engagement and support of critical stakeholders (Shirley, 2012: p399).

Prepare an Activity Report for each action

The purpose of the Activity Report is to enable Aged Care Clinical Mentors to record the site's Mentoring activities and outcomes as documented in the Action Plan in a systematic manner.

Activity Reports for each of the activities approved on the Action Plan can commence, but not be completed, at this stage of the process of change. This can assist the Aged Care Clinical Mentor to think through their activity implementation plans more thoroughly.

The Activity Report includes a section that requires the Aged Care Clinical Mentor to identify which residential or home care standard the activity relates to. Once completed, the report can be used by services as evidence of achieving continuous improvement and as evidence to support expected outcomes within the relevant Standards.

3 Plan

The Aged Care Clinical Mentor is responsible for the completion of an Activity Report. However, the Site Champion can contribute to its content at the direction of the Aged Care Clinical Mentor.

To write an Activity Report, the Aged Care Clinical Mentor will need to know:

- Clinical Priority Area: what is the clinical priority being addressed? This is taken directly from the Action Plan.
- Clinical Issue: what is the clinical problem within this clinical priority area? This may be addressed in the objective of the Action Plan.
- Residential or Home Care Standard: which standard and/or expected outcome does this relate to?
- Activity: what is the activity and the actions (as recorded on the Action Plan) that are required to achieve the objective? Who will be responsible for it?
- Goal: what do you wish to achieve by implementing this activity?
- Mentees: a record of how many people were involved in the activity.
- Activity commencement/completion dates – when do you plan to commence the activity?
- Evaluation: how will you know the action happened and if it was effective?
- Outcome: how do you propose the activity will affect quality of care/life for clients and residents?
- Outcome Evaluation Plan: how do you plan to evaluate the outcome?

To recap the steps:

- *Identify* a clinical priority area
- *Identify* a best practice guideline
- *Identify* the clinical areas of concern in practice related to the clinical priority area by comparing current practice against the best practice.

- Perform a Stakeholder Analysis
- *Engage* Stakeholders who have High Influence/High Support in a working group
- *Engage* Site Champions

- Develop an Action *Plan*
- *Plan* to motivate and address potential barriers to change
- *Plan* the actions by preparing Activity Reports

Residential Aged Care Vignette

Michael, the Aged Care Clinical Mentor, drafted a final Action Plan, and arranged a meeting with the Service Manager who approved the actions. At the first Working Group meeting, Michael gave each stakeholder a copy of the Action Plan and discussed the importance of planning the activities to initiate change and embed into practices so that best practice was sustained. He discussed the cost savings that would be gained by the service through appropriate continence management as well as the benefits to staff in terms of increasing their knowledge about aspects of continence management. He then outlined the benefits expected for residents through improved continence management positively impacting on falls risk.

In his role as Aged Care Clinical Mentor, Michael put forward a justification for the project stating that there would be less linen use, reduced continence product changes, increased sleep satisfaction for residents and reduced falls related to continence overnight. Michael also discussed the benefits to staff from the changes in practice by presenting examples to show them the time they would gain through reduced product changes and reduced wet bed linen changes PLUS the time saved in dealing with falls incidents. He also discussed the reduction in manual handling that would result from decreased requirements to change continence products.

Together with the Working Group, Michael prioritised the activities that were listed on the Action Plan. He then went about planning each action using a separate Activity Report for each of the activities. At this stage he didn't finalise the Activity Reports.

Michael used the Activity Report to record the time lines, the resources required and the evaluation methods he would use. One of the actions on the Action Plan was to ensure that all steps of the project were effectively communicated. An Activity Report was written outlining the communication strategies that Michael as the Aged Care Clinical Mentor would use.

Community Aged Care Vignette

At the scheduled monthly management meeting, Jenny, the Aged Care Clinical Mentor, presented the Action Plan regarding the 'falls prevention program'. She also presented three key documents to support her actions: Guidebook for Preventing Falls and Harm From Falls in Older People: Australian Community Care 2009; a short version of Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Community Care 2009; and Falls Guidelines - fact sheets. After perusing the action plan, the stakeholder analysis and discussing it with Jenny, Lindsay the Service Manager was keen for Jenny to proceed with the 'falls prevention program' development.

Jenny then set up a Working Group meeting, inclusive of the stakeholders identified as having high influence and high support. At the first Working Group meeting, she gave each stakeholder a copy of the Action Plan and discussed the importance of planning these activities to initiate change and embed into practices so that best practice was sustained.

Jenny discussed the quality of life improvements that would be gained by clients through appropriate falls prevention programs as well as the benefits to staff in terms of increasing their knowledge about aspects of falls prevention. She then outlined the benefits expected for 'Quality Aged Care' services through falls prevention strategies which would positively impact on falls risk for clients as well as decrease the issues involved in managing a falls situation with a client.

In her role as Aged Care Clinical Mentor, Jenny put forward a justification for the project stating that there would be less pain and injury for clients, reduced call outs of clinical staff, increased mobility confidence for clients and reduced falls overall (and therefore reduced cost). Jenny also discussed the benefits to staff from the changes in practice by presenting examples to show them the time they would gain through reduced falls and reduced pain and immobility for clients PLUS the time saved in dealing with equipment and family concerns about increased service needs due to falls incidents. She also discussed the reduction in manual handling that would result from reduced need to physically assist clients with their mobility.

Jenny, the Aged Care Clinical Mentor, planned her activities by preparing an Activity Report for each action. She knew that she couldn't sign off on these until the activity was finalised, but found these reports useful in keeping a record of actions. They also assisted her to keep abreast of all the relevant information pertaining to each action so she could accurately report these to management.

Jenny planned a questionnaire targeting all community clients to identify their needs in relation to falls prevention planning. The questionnaire asked each client questions relating to the amount of exercise they regularly engaged in (particularly exercise programs that include balance training) and any home safety interventions as these areas had been identified in the best practice guide as relating to falls management. This strategy complied with Home Care Expected Outcome 1.4, 1.5, and 1.6.

Jenny planned that she would run this questionnaire again in six months as an evaluation of the project and compare the results. In this way any improvement in practice and reduction in falls' risk would be identified.

■ Module 4: Implement

Implement the activities to introduce best practice into the service

1 Identify a clinical priority area and best practice guide

2 Engage others in the idea and form a Working Group

3 Plan and prioritise the activities on the action plan

4 Implement the activities to introduce best practice into the service

5 Evaluate the benefits to clients, residents, staff and the service

6 Sustain the changes by updating policy, procedures and education

Best practice in Aged Care

4 Implement

Implement mentoring activities

To recap some guiding principles in implementing a change in practice:

- Have an Action Plan to guide the activities involved
- Obtain initial and on-going management support, which is essential for success. Recognise that support and change may come from all directions
- Identify key stakeholders and, if appropriate, set up a Working Group to advise and support the change in practice
- Set clear objectives that state what you wish to achieve to address a clinical area of concern within a clinical priority area
- Document the activities as evidence of continuous improvement, using an Activity Report
- Remember that improvement is an ongoing process
- Plan appropriate evaluation of activities to identify the effects of the change.

There are many mentoring activities that the Aged Care Clinical Mentor can consider to assist, initiate and embed changes in practice such as:

- One-to-one mentoring
  - Involves the Aged Care Clinical Mentor, Site Champion, or a delegated mentor, who is an experienced clinician in aged care, working with an individual mentee to assist them to learn the required skills
  - Can involve scheduling regular discussions between the Aged Care Clinical Mentor and mentee over an agreed period of time, as documented in the Mentoring Agreement (refer resources).

(Adapted from Heartfield, Gibson, & Nasel, 2005: p8)

- Group mentoring sessions
  - Offer the opportunity for a number of mentees to benefit from the attention of a single Aged Care Clinical Mentor
  - Have an added synergistic effect through the interaction of the group members
  - Position the Aged Care Clinical Mentor as a group facilitator or learning leader acting as a partner in the learning process and helping group members to mentor each other by sharing ideas, skills, experience, guidance and feedback
  - Magnify the power of peer mentoring by providing opportunities to interact with a broader base of experience.

(Adapted from McDonald, 2002, p.17).

- E-mentoring (also known as online mentoring)
  - Is a mentoring relationship conducted via the internet or the service's intranet
  - Has the same goal as face-to-face mentoring: establishing a trusting, nurturing, positive relationship between the Aged Care Clinical Mentor and the mentees
  - Uses any suitable electronic communication available, e.g. email, secure websites, or the service's intranet
  - Can overcome some of the challenges with face-to-face mentoring, especially time constraints *(MENTOR/National Mentoring Partnership, 2005, p.20)*.
- Concise case studies
  - Are designed to be delivered to groups of mentees in 15 minutes and can be run during a handover, meeting or scheduled education session
  - Have a case description that is no more than one paragraph in length
  - Include only information relevant to the clinical priority area that is being addressed
  - Showcase a better clinical outcome to the case by illustrating the clinical practices to be adopted
  - Refer to the best practice guideline being used by the Aged Care Clinical Mentor.
- Using visual aids such as posters, short videos, presentations
- Attending and presenting at staff/service meetings
- 'Shadowing' mentees as they perform tasks, providing feedback, and performing skills demonstrations
- Utilising and developing 'Site Champions' who conduct mentoring
- Attending orientation sessions for new staff to explain the mentoring role.

Implement

Implement according to activity priority

Module 3 discussed prioritising the activities in collaboration with the Working Group and/or management and recording this using a simple numbering system next to each activity in the Action Plan (refer resources). The Aged Care Clinical Mentor can then work through implementing each activity in prioritised order, documenting the process of activity implementation within the Activity Report.

Once an activity has been implemented, further information can be entered into its Activity Report (please refer to the sample document in the resources section in conjunction with reading the following instructions):

- Enter in details of the activity implementation in the 'Activity Overview' section
- Record the number of mentees and their job role (e.g. Registered Nurse, Enrolled Nurse, Personal Care Assistant, Home Support Worker etc.) involved in the activity under the column titled 'Mentees,' ensuring that this is the total number of participants involved. For example; if a group mentoring session at a staff meeting is conducted and there were two Registered Nurses and two Enrolled Nurses present, record this within this column
- Describe the effectiveness of the activity under the column 'Evaluation' (for further information on evaluation techniques please refer to Module 5: Evaluate)
- Document any policies and procedures that relate to the activity that may need to be edited/ amended for sustaining the change.

Please note that a copy of materials used to implement the activity should be attached to the Activity Report, as this forms part of the evidence that can be provided during an audit process.

To recap the steps:

- *Identify* a clinical priority area
- *Identify* a best practice guideline
- *Identify* the clinical areas of concern in practice related to the clinical priority area by comparing current practice against the best practice.

- Perform a Stakeholder Analysis
- *Engage* Stakeholders who have High Influence/High Support in a working group
- *Engage* Site Champions

- Develop an Action *Plan*
- *Plan* to motivate and address potential barriers to change
- *Plan* the actions by preparing Activity Reports

- Prioritise activities
- *Implement* activities
- Continue to document how activities are *implemented* in the Activity Reports

Residential Aged Care Vignette

The first activity prioritised by Michael, the Aged Care Clinical Mentor, was to target night time continence management practices. He decided that an audit of the site was necessary. Referring to his documented Activity Report, he commenced an audit of all residents for their continence pattern in the evening and overnight. Firstly, Michael spoke to many staff within the facility and listened to their insights into the patterns of continence overnight for each resident. He then read the case file notes and associated charts and discovered that continence needs and outcomes of continence care were not always documented fully.

He spoke to selected residents or their representatives and did a cross check of falls incident forms against continence record charts and found that 50% of the overnight falls were related to residents trying to get up from bed to go to the toilet during the night in the absence of staff assistance. He engaged the continence product advisor to obtain an up to date list of products being used at the site, together with their capacity specifications.

Michael commenced mentoring activities with staff (mentees) to strengthen their understanding of the need for correct assessment to identify why some residents were urinating so frequently overnight and the use of appropriate products with enough absorbency to offer residents a comfortable, undisturbed night. He worked with them to identify ways in which they could modify the duty statements to increase the number of opportunities they had to offer residents assistance to go to the toilet closer to bed time.

Community Aged Care Vignette

Jenny, the Aged Care Clinical Mentor, held several group mentoring sessions with community staff to discuss the need to introduce a falls prevention program. She highlighted the increase in falls she had identified, and the questionnaire that was to be used to identify the clients most at risk of falls. She produced a procedure for home support workers on how to complete the questionnaire with clients, and attended their staff meetings to roll this out and answer any questions they had. As requested, she emailed a copy to ensure that the home support workers were well informed of this activity.

Jenny received 85% of the questionnaires back within the timeframe asked and analysed them. She held a staff morning tea to thank everyone for their input in getting this work completed (celebrating the short-term win – See Module 5).

She discovered that only 40% of the community clients in the South East were participating in regular exercise. However, most of this was not resistance training (suggested as reducing falls risk). Jenny then arranged, in conjunction with the community care co-ordinators, for education flyers and letters of invitation to be given to each of the 'at risk' clients together with details of an exercise program the local community centre was running. Jenny had arranged a discount for South East community clients to attend the sessions, as she felt this might attract a higher participation rate.

Jenny worked with the service educator and facilitated a number of education sessions for home support workers, focused on identifying falls risks in the home (including making the sessions available as e-learning packages for those living more remotely).

■ Module 5: Evaluate

Evaluate the benefits to clients, residents, staff and the service

Best practice in Aged Care

1 Identify a clinical priority area and best practice guide

2 Engage others in the idea and form a Working Group

3 Plan and prioritise the activities on the action plan

4 Implement the activities to introduce best practice into the service

5 Evaluate the benefits to clients, residents, staff and the service

6 Sustain the changes by updating policy, procedures and education

5 Evaluate

Evaluate mentoring outcomes

Evaluation of mentoring activities is an important step in the *Aged Care Clinical Mentor Model of Change,* to ensure that activities positively impact on clinical practice and make a change to the quality of care provided by the service. The evaluation of activities also allows the Aged Care Clinical Mentor to assess if the activity was an effective method in terms of the time and money spent implementing it (see Module 3 for examples of evaluation methods).

Evaluation always involves reference to the original objectives:

'Did we achieve what we wanted to achieve? Did we get the desired result?'

If the answer is 'yes' – the next questions are 'What is the evidence of this? What is the proof?'

Evaluation - the small wins count

Major change takes time, sometimes lots of time. Sustained clinical change often involves a set of small changes or 'short-term wins' that can be evidenced through the varying evaluation methods of mentoring activities.

It's important for the staff involved in the mentoring project to see evidence that all the effort is paying off.

Three characteristics of a good short-term win are:

1. It is visible; management, Aged Care Clinical Mentors and mentees can see that the result is real
2. It is unambiguous; there can be little argument that it exists
3. It is clearly related to the change effort to develop 'best practice' in the clinical priority area.

(Adapted from Kotter, 2012, p.126))

Celebrating short-term wins is important to:

- Provide evidence that the effort being put in by Aged Care Clinical Mentors, mentees and Site Champions is worth it
- Reward change agents – Aged Care Clinical Mentors, mentees, and Site Champions by acknowledging their input and expertise
- Help fine tune vision and strategies; short-term wins give management, Aged Care Clinical Mentors, mentees, and Site Champions concrete data on the viability of the Action Plan
- Undermine naysayers; clear improvements towards 'best practice' make it difficult for these people to block needed change
- Keep management on board; provides evidence that the move to 'best practice' is on track and worth the resources being expended
- Build momentum; turn neutral staff into supporters and reluctant staff into active helpers.

(Adapted from Kotter 2012, p. 127)

Ideas for celebrating short-term wins:

- Acknowledge the staff involved and the activity in the service newsletter
- Provide small 'encouragement' gifts (e.g. a chocolate) for attendance at workshops or education sessions
- Implement an 'Aged Care Worker of the week' award, or similar, to highlight someone who has engaged positively with 'change'
- Make the change implemented visible, e.g. posters in public areas – 'before' and 'after'
- Identify a staff member as a champion in a clinical priority area that has changed for the better
- Offer specific support for ongoing professional development in the clinical priority area.

Attach all evaluation evidence to the Activity Report

The results of the evaluation should be attached to the relevant Activity Report.

Keeping records to document continuous improvement in implementing best practice is important evidence required for service auditing purposes. In addition, keeping accurate records will assist in the future when reviews are planned or organisational memory needs refreshing.

An effective evaluation will assist everyone to learn about what to do differently next time.

Remember: evaluation is about making judgements, and judgements need evidence to back them up.

Tip: If there is no positive change to 'Best Practice' evident in the evaluations, you cannot move onto Step 6: Sustain. You need to go back to Step 3: Plan the mentoring activities and revise the Action Plan.

Evaluate

To recap the steps:

- *Identify* a clinical priority area
- *Identify* a best practice guideline
- *Identify* the clinical areas of concern in practice related to the clinical priority area by comparing current practice against the best practice.

- Perform a Stakeholder Analysis
- *Engage* Stakeholders who have High Influence/High Support in a working group
- *Engage* Site Champions

- Develop an Action *Plan*
- *Plan* to motivate and address potential barriers to change
- *Plan* the actions by preparing Activity Reports

- Prioritise activities
- *Implement* activities
- Continue to document how activities are *implemented* in the Activity Reports

- *Evaluate* each activity
- Celebrate the small wins
- Record the outcome of the *evaluations* in your Activity Reports and keep the evidence

Residential Aged Care Vignette

Michael, the Aged Care Clinical Mentor, re-audited. He spoke to staff and listened again to their insights into overnight continence patterns for each resident. He then read the case file notes and associated charts and noted a definite improvement in the documentation of continence needs and outcomes of continence care. He spoke to selected residents or their representatives and did a second cross check of falls incident forms against continence record charts. He found that only 5% of the overnight falls were related to residents trying to get up from bed to go to the toilet during the night in the absence of staff assistance in the period since clinical mentoring activities had commenced. He reviewed the continence product list and noted a rationalisation of products aligned to the actual capacity needs identified for individuals. He documented all the evaluation evidence he found.

An outcome that was a very pleasant surprise to Michael was staff expressions of job satisfaction. He had implemented a staff satisfaction survey for all night time staff prior to the clinical change and had then repeated the survey two months after the change. The staff were significantly happier with the work at night as the revised continence management plans had freed up time to spend on more comprehensive settling routines for some residents who had often been disturbed overnight. The night staff considered the quality of the sleep of some residents had been improved and they felt good about contributing to this.

The continence aid total financial cost had also reduced as the patterns of the residents toileting needs were more predictable.

Michael had planned to evaluate the clinical change by asking the residents and their family members if they were satisfied with the change and an open forum was held. Of the 18 attendees all were happy with the change. One family member stated 'There are now fewer disturbances overnight which has led to an increased quality of life for my wife. She needs her sleep'.

Community Aged Care Vignette

Jenny, the Aged Care Clinical Mentor initiated the same questionnaire that she had used earlier to survey the community clients at the planned evaluation time. She also used the same communication strategies as when implementing the change. She received 79% of the completed questionnaires in the planned timeframe.

After analysing the results, Jenny discovered that the South East falls prevention strategy had made a difference. There had been a 24% reduction in falls reported for the previous period. However, attendance at the community exercise program had not changed. This baffled Jenny as she realised that the reduction in falls was related to an activity other than attendance at the classes. Was it due to raising awareness via the flyers? Home Support Worker observations/conversations in the home with clients? She decided to go back to Step 2 in the Clinical Mentor Model for Change and re-question how she could engage and encourage community clients to attend exercise classes as this was still identified as a best practice strategy. Once this was identified, she would move through each stage of the clinical change model and re-evaluate to see if the new encouragement strategies had worked.

Jenny also found, through her review conversations with the Home Support Workers, that 95% of them felt a lot more confident in referring any issues of falls risk to the service coordinators – principally because they felt the education sessions had informed them about what could increase a risk of falls.

■ Module 6: Sustain

Sustain the changes by updating policy, procedures and education

6 Sustain

Sustain 'best practice' changes

It is important to note that when embedding and sustaining 'best practice' into a service it:

- Is the last step, not the first: most alterations in norms and practice values come at the end of the transformation process
- Depends on results: new approaches only become everyday practice after it is very clear that they work and are better than the old methods
- Requires a lot of talk: without verbal instruction and support, staff are often reluctant to admit the validity of new practices
- May involve turnover: sometimes staff who really dislike the changes may leave
- Means decisions on succession are crucial: if new staff are not willing to embrace 'best practice', the old way of doing things will reassert itself.

(Adapted from Kotter 2012, p.166)

Clinical change is successful when it becomes known as 'the way we do things around here.' As with other processes, the benefits from ongoing monitoring to ensure continuous improvement and relevance (Queensland Government n.d., p.3).

Sustaining change through policy and procedure

Prior to embedding clinical practice changes into policy and procedure, the Aged Care Clinical Mentor should consult with management and the Working Group on the outcome of activity evaluations and gain their approval and support.

Once the Aged Care Clinical Mentor is aware of the positive impact an activity has on quality of care, the changes to practice will require a reflection within current procedural guidelines or, potentially, new guidelines will need to be created. It may be that new ways of delivering education will also be required, or new approaches to purchasing or use of equipment. There may be many implications of changes to practice that the Working Group can identify.

The Aged Care Clinical Mentor should conduct a policy and procedural guideline audit to identify where updates are needed to reflect the new clinical practice implemented during the mentoring activities (after first checking how this process usually occurs in the service).

The new policy and procedural guidelines should reflect the clinical practice changes. Once these are completed the Aged Care Clinical Mentor may need to submit these new guidelines to the service manager so that updates can be finalised in line with the usual process for document control.

Sustaining change through communication

Once the changes are approved and are being embedded into policy and procedural guidelines, ongoing communication of the change is required (in accordance with the service's communication policies). Some communication tools could include:

- Newsletters
- Intranet
- Mail outs
- Workshops
- Notice board notifications
- Meetings with residents/clients and/or their representatives
- Meetings with staff
- Announcements on pay slips.

Write and submit a final report

The Aged Care Clinical Mentor should write a final report (refer resources) on the successful implementation of clinical best practice and submit it to management. The Aged Care Clinical Mentor report will 'close off' the clinical practice change process. The report should include the sustainability plan which provides ideas to address two key questions:

- What ongoing learning and development will be required to ensure that best practices are maintained in the service?
- How will the service measure if the new practices are sustained and who will perform these measurements, i.e. scheduled audits?

Sustain changes for the long term

The Aged Care Clinical Mentor and the service management should refer to the sustainability plan in the final report to ensure that the clinical change will continue to improve the quality of care for residents or clients over the longer term.

Now that the Aged Care Clinical Mentor has completed the *Aged Care Clinical Mentor Model of Change*, a periodic audit of the best practice should be scheduled. This can include discussions with staff and residents/clients and their representatives. This will allow ongoing monitoring of the clinical practice changes being sustained or identify gaps in practice, in which case the *Aged Care Clinical Mentor Model of Change* can commence once more.

6 Sustain

To recap the steps:

- *Identify* a clinical priority area
- *Identify* a best practice guideline
- *Identify* the clinical areas of concern in practice related to the clinical priority area by comparing current practice against the best practice.

- Perform a Stakeholder Analysis
- *Engage* Stakeholders who have High Influence/High Support in a working group
- *Engage* Site Champions

- Develop an Action *Plan*
- *Plan* to motivate and address potential barriers to change
- *Plan* the actions by preparing Activity Reports

- Prioritise activities
- *Implement* activities
- Continue to document how activities are *implemented* in the Activity Reports

- *Evaluate* each activity
- Celebrate the small wins
- Record the outcome of the *evaluations* in your Activity Reports and keep the evidence

- Embed and *Sustain* the change by celebrating small wins
- *Sustain* change through communication
- Complete and submit a final outcome report to Management
- *Sustain* the changes by updating the relevant policies and procedures.

Celebrate success. Make it known. Share the good news.

Residential Aged Care Vignette

After a further meeting with the Working Group, where the findings of the evaluations related to clinical changes were presented (forum results, staff satisfaction survey and auditing results), the group gave approval for Michael, the Aged Care Clinical Mentor, to embed the practices. In order to do this, he needed to identify the policies and procedures that not only related to continence but to falls prevention and incident investigation. Michael also prepared a final report for Lindsay, the Service Manager.

The policy and procedural changes were made and then communicated to all staff via group mentoring sessions within staff meetings and at handovers.

Following his plan for sustainability, Michael ensured the first audit post the change was implemented on time. This indicated that changes in practice were still embedded and sustained.

Michael had, at the time of preparing the Action Plan, become a member of the Continence Foundation of Australia, to ensure he had easy access to information about continence management best practice. He also worked further with the education team to develop a series of specific education sessions linked to the changed clinical policy and practice – that would be rolled out over the next six months. He included Antonio, the Continence Nurse Advisor, in this process.

Community Aged Care Vignette

Jenny, Aged Care Clinical Mentor, set about liaising with her Site Manager so that the procedural guidelines could be rewritten to reflect the new falls prevention plan. She also had some funds left in her budget and allocated these to printing 'Falls Reduction' promotional flyers that were provided to each new community client. Included with this flyer was a voucher from the community centre, offering the first exercise class for free. She had negotiated this with the community centre manager.

Once Jenny finalised the procedural guideline updates, she checked that all the appropriate information was on the Activity Reports, gathered other evidence of activities (the completed questionnaire and her analysis of these), and handed these to the Quality Manager for recording on their continuous improvement register and for filing. This paperwork formed a trail of evidence that was later used during an audit conducted by the Australian Aged Care Quality Agency.

To sustain the changes in practice Jenny scheduled ongoing bimonthly meetings with the service co-ordinators for twelve months. During these meetings, Jenny planned to revisit each step in the falls prevention plan by discuss what was working, what wasn't, and identifying any areas of practice that required improvement. This was one way she continued to identify ways to use the *Aged Care Clinical Mentor Model of Change* in the future.

Resources

Resources

■ Resources to assist aged care services in implementing the Aged Care Clinical Mentor role

- Business Case Template
- Aged Care Clinical Mentor Job Description
- Site Champion Job Description
- Business Case Implementation Action Plan
- Aged Care Clinical Mentor Action Plan
- Aged Care Clinical Mentor Activity Report
- Aged Care Clinical Mentor Outcome Report
- Mentoring Agreement
- Stakeholder Analysis

Business Case Template

1. Executive Summary

This section provides general information on the issues surrounding the business need and justification for developing the role of an Aged Care Clinical Mentor within the service.

Usually this section is completed last, after all other sections of the business case have been written. This is because the executive summary is exactly that, a summary of the document detail for a busy Executive.

For example: The Aged Care Clinical Mentor is central to a Model of Change that facilitates and implements clinical 'best practice', resulting in continuous improvement benefits for residents and clients of aged care services. As a workforce development strategy, the Aged Care Clinical Mentor gives structure to the development of health professional leadership in Aged Care Services. There are four objectives in developing the Aged Care Clinical Mentor workforce role and to bring about a Model of Change in an aged care service:

1. *To demonstrate the effectiveness of the Clinical Mentor role in achieving positive clinical outcomes for residents and clients.*

2. *To demonstrate the effectiveness of the Clinical Mentor role in providing leadership, education/ training and support to staff which enhances their capability to deliver quality services*

3. *To demonstrate the effectiveness of the Clinical Mentor role in positively impacting the workforce in terms of job satisfaction and retention of both mentors and mentees*

4. *To implement best practice in clinical care in [your organisation] to achieve the vision of [your organisation's vision].*

2. Strategic Alignment

All workforce development should support the organisation's strategy and plans to add value to the aged care service and maintain executive and organisational support. This section provides an overview of the organisational strategic plans that are related to establishment of the role of Aged Care Clinical Mentor. This includes the strategic plan, what the plan calls for, and how the Aged Care Clinical Mentor role supports the plan.

For example: [your organisation's] vision is to provide the best care to its residents and clients in a respectful and dignified way. The development of the role of Aged Care Clinical Mentor will support this vision by providing a skilled resource to mentor staff as they identify and implement best clinical practices in care and service for clients and residents.

2.1 Issue

This section should briefly describe the business issue or problem that the proposed Aged Care Clinical Mentor role will address. This section should not describe how the problem will be addressed; only what the problem is.

For example: Best clinical practice evidence is available to aged care services, but it is difficult to get this evidence into practice and ensure sustained changes to practice. This results in challenges to the quality of care and services provided to residents and clients and means they are not always receiving best practice care. Because best practice, evidence based care is not being delivered, outcomes for residents and clients are not always optimal.

[Include in here any audit, complaint, observation or other evidence which demonstrates the fact that best clinical practice is not being implemented, and that this is a problem]

2.2 Anticipated Outcomes

This section should describe the anticipated outcome if the proposed Aged Care Clinical Mentor role is implemented to embed the Model of Change. It should include how the new role and Model of Change will benefit the aged care service.

For example: The new role of Aged Care Clinical Mentor will achieve an important outcome: identification and implementation of best clinical practice within [your organisation]. It will do this by: researching and assessing best practice, mentoring staff in best practices, collaborating with stakeholders about best practice and evaluating outcomes of best practice in terms of quality of life and care from the perspective of residents and clients. This will directly benefit [your organisation] as it will strengthen its achievement of Standards and expected outcomes and it will position it within the aged care industry as a provider of very high quality care and services. It will address the issue identified above.

2.3 Recommendation

This section summarises the approach of how the proposed Aged Care Clinical Mentor role will address the business issue or problem. This section should also describe how desirable results will be achieved by outlining each step in the Aged Care Clinical Mentor Model of Change and the effect this could have on the organisation.

For example: it is proposed that the Aged Care Clinical Mentor will address the issue of 'implementing evidence based clinical practice into everyday practice' by using the Aged Care Clinical Mentor Model of Change:*

1. *Identify*
2. *Engage*
3. *Plan*
4. *Implement*
5. *Evaluate*
6. *Sustain*

*Add in the detail against each of the six elements to describe what the Aged Care Clinical Mentor would do to work within it.

2.4 Justification

This section justifies why the recommended new role of Aged Care Clinical Mentor should be created and enabled. Where applicable, evidential information should be provided on the benefit the organisation can expect if an Aged Care Clinical Mentor is engaged and what the implications of not engaging this role could have.

Include the 'Business Case Study' here, as mentioned (Part A: Module 1) to illustrate how the role has worked in another aged care service.

This section also describes the roles of the team members who are involved in developing this business case.

For example: Benefits [your organisation] can expect from implementing the Aged Care Clinical Mentor role are: improved identification of best clinical practice evidence, improved responses to clinical issues via the use of best practices, increased educational opportunity for staff, improved knowledge and skill amongst staff, increase in staff ability to contribute to team approaches to care and services, reduction in risk of poor resident or client outcomes resulting from utilisation of less than optimal care practices, increased job satisfaction for staff, and reduction of costs.

Implications of not creating and enabling this role: Non-contemporary clinical practices that could negatively impact on quality of care, workplace risk and resident/client/staff satisfaction.

Team members involved in developing this business case:

Role in [your organisation]	Name of team member
Service Manager	name
Human Resource Manager	name
Quality Manager	name
Clinical Nurse	name
Allied Health Practitioner	name
visiting General Practitioner	name
Local Health Service Manager	name

2.5 Problem Statement

This section describes the business problem (e.g. Poor wound care practices, increased workplace injury) that the role of Aged Care Clinical Mentor aims to address. This section should not include any discussion related to the solution.

For example: [your organisation] has identified, via audits and feedback from residents that wound care practices are not as effective as they should be. There is a problem with staff not knowing about contemporary wound management product selection or the stages of wound healing. This results in fragmented approaches to wound product selection and management – shift by shift. Resident feedback has been that 'every nurse seems to do something different day by day' and visiting general practitioners have raised concern with the Clinical Nurse that wounds appear to heal slowly in the facility for some reason. Wound product costs are escalating.

2.6 Organisational Impact

This section describes how the proposed Aged Care Clinical Mentor role will modify or affect organisational policy or processes and the tools they may require to fulfil their role such as hardware, software, or special equipment. It should also explain any additional roles that may be created to support the Aged Care Clinical Mentor such as Site Champions.

For Example: the proposed role of Aged Care Clinical Mentor will influence organisational policy and processes (including tools) through research and implementation of best practice approaches to clinical priority areas. Best practice guidelines will be assessed against current policy and procedure and recommendations made for change. These recommendations will also include any updates required to clinical tools and also for staff and resident education. The new role will require access to a laptop, printer and software to enable internet access. They will also require access to the current policy, procedure and clinical tools for chosen clinical priority areas and clinical auditing.

It is also recommended that an additional role of Site Champion is created. This role will support the Aged Care Clinical Mentor on site to undertake the practice changes required.

3. Aged Care Clinical Mentor Role Overview

3.1 Aged Care Clinical Mentor Job Description

This section includes the job description of the Aged Care Clinical Mentor, their role and responsibilities, scope of practice, who they will report to and the performance management of the role.

Refer pages 92-94 for an Aged Care Clinical Mentor Job Description example.

3.2 Role Performance

This section describes the measures (or Key Performance Indicators) that will be used to gauge the Aged Care Clinical Mentors performance and outcomes.

For example:The key performance indicators are contained with the Job Description and will include:

- *Identification of best practice evidence guidelines (number identified)*
- *Attendance at continued professional development activities of relevance to the role (number attended and reflective outcomes documented)*
- *Development of mentoring action plans and activity reports (number developed)*
- *Facilitating education for staff (numbers and types of education facilitated)*
- *Collection of relevant data of outcomes (volume and type of data collected)*
- *Involvement in organisational meetings and consultations to disseminate clinical best practice information (number and type).*

3.3 Site Champion Job Description

This section includes the job description of the Site Champion, their role and responsibilities, scope of practice, who they will report to and the performance management of the role.

Refer pages 95-97 for a Site Champion Job Description example.

3.4 Risks

This section includes a risk analysis and on how any identified risk could impact on the effectiveness of the role of Aged Care Clinical Mentor or Site Champion.

For example: Risk management is a process of systematic application of management policies, procedures and practices to the tasks of communicating, establishing the context, identifying, analysing, evaluating, treating, monitoring and reviewing risk. The role of Aged Care Clinical Mentor could be impacted by the following risks. Risk reduction strategies are shown for each risk identified.

Risk Identified	Likelihood	Consequence	Risk reduction strategy
Lack of understanding and acceptance of the role by stakeholders	*Not expected*	*Major*	*Communication plan* *Development of Job Descriptions*
Role does not attract or retain the right employee	*May occur*	*Moderate*	*Recruitment plan* *Education and Professional Development plan for the Aged Care Clinical Mentor and Site Champion*
Management does not continue to support the role	*Not expected*	*Major*	*Implementation plan includes regular reporting and communication with Management* *Evaluation plan includes Management as a stakeholder*
Role does not achieve what was expected in terms of outcomes	*Not expected*	*Moderate*	*Implementation plan will be reviewed regularly and outcomes assessed routinely. Timely corrective actions will be taken throughout implementation*

3.5 Major Aged Care Clinical Mentor Milestones

This section lists the major milestones and their target completion dates that can be expected. These milestones relate to the process of change described in the Aged Care Clinical Mentor Model of Change and when each of these steps will be achieved. Since this is the business case, these milestones and target dates are general and in no way final. It is important to note that if the role of the Aged Care Clinical Mentor is adopted, the person who fulfils this role would provide an Action Plan with formal timelines included for consideration by the Service Manager.

For example: after appointment, the new Aged Care Clinical Mentor will develop an action plan specific to the clinical priority area identified. However, as a first step, the table below details the broad time lines for establishment of the role activities overall.

Activity	Major Milestone	Who is involved	By When
Identify	Identify the clinical priority area of focus	Aged Care Clinical Mentor Management Quality Manager	1 month after appointment
Engage	Identify and engage stakeholders with information about the role and the clinical priority area Identify a Site Champion	Aged Care Clinical Mentor Management	Within 2 months of appointment
Plan	Develop a plan to research, identify, implement and evaluate the implementation of best practice	Aged Care Clinical Mentor Management Site Champion Relevant stakeholders	Within 2 months of appointment
Implement	Implement the documented plan	Aged Care Clinical Mentor Site Champion	Within 6 months of appointment
Evaluate	Commence evaluation	Aged Care Clinical Mentor Management Site Champion Relevant stakeholders	After 6 months
Sustain	Embed changes in policy/procedure/employee education programs/audit systems Recommence cycle with a new Clinical priority area	Aged Care Clinical Mentor Management	After 6 months

4. Cost Benefit Analysis

Many consider this one of the most important parts of a business case as it is often the costs, savings and benefits an organisation yields which win final approval to go forward. It is important to quantify the costs and benefits of employing an Aged Care Clinical Mentor as much as possible in the business case. The purpose of this is to illustrate the costs of implementing the role and compare these with the benefits and savings to determine if the role is worth pursuing. For example if an Aged Care Clinical Mentor was employed to commence the Model of Change to embed better wound care practices, what would the benefits be in terms of:

- Reduced expenditure related to improved wound care and assessment times?
- Reduced wound dressing cost?
- Reduced medical costs associated with reduced infection and the need for medical review?
- Reduced nursing time related to reduced dressing frequency or re-work of dressings?

It is also important to note the cost-benefit of improved resident, client and staff satisfaction (reduced complaints and associated follow up costs, increased staff satisfaction impacting on staff retention therefore reducing employment costs). Sometimes costs and benefits cannot be quantified – they are intangible – but just as important as financial benefits. For example:

- The goodwill of stakeholders expressed towards an aged care service provider which has a superior reputation in the community
- The benefits to staff in terms of increased skills and confidence
- The community understanding and acknowledgment of the aged care service as a 'best practice' service
- The improvement in quality of life for a resident or client who only had a dressing change once a week instead of once a day.

For example: the costs of employing an Aged Care Clinical Mentor are: [calculate these costs over a defined period. Is the role 2 days a week for 52 weeks?]

The current costs for wound management products are: [obtain the costs from site management for wound product purchases for the last 12 months.] The current costs for site staff to manage wounds is: [calculate the time it takes to assess wounds and undertake wound management in a typical week – over the 24 hours of each day. Then calculate what this costs over a year in terms of staff time.]

This will give a rough guide to the overall costs: human resources and products. But this is only one part: think further about the 'cost' to residents of poorly assessed wounds with poorly chosen products. Consider the impact of this on resident's or client's pain and quality of life. This is also a cost (to quality of life, service reputation, stakeholder satisfaction) which may be reduced by the benefits arising from appointment of an Aged Care Clinical Mentor.

The cost reduction anticipated is a percentage reduction in time taken to assess wounds in a typical week, and a percentage reduction in wound product costs due to improved selection. Resident complaints about wounds will be reduced by X%, and GP satisfaction will increase.

5. Analysis of Alternatives

This section requires thought on what the alternatives might be to implementing best clinical practice via another strategy other than by the Aged Care Clinical Mentor Model of Change. Although the business case is the result of having selected one option to embed best practices, a brief summary of considered alternatives should also be included—one of which should be the status quo, or 'doing nothing'. A justification for the decision not to select the alternatives should be provided.

For example: There are two alternatives which were considered prior to the recommendation of creation of the role of Aged Care Clinical Mentor. They were:

- *Do nothing – continue with the status quo*

- *Improve the access to best practice evidence for all staff to use more readily via the intranet in the aged care service and encourage them to use it via flyers and the notice board.*

The reasons why both of these alternatives were not chosen are set out below:

Do nothing – continue with the status quo

[Your organisation], in its vision statement, aims to provide the best care to residents and clients in a respectful and dignified way. There is clear evidence available from audits and residents/clients themselves that this is not always occurring. If the status quo continues, the same results will continue. A change needs to occur to enable care outcomes to be more positive for residents and clients, in line with continuous improvement processes.

Improve the access to best practice evidence for all staff to use more readily via the internet in the aged care service and encourage them to use it via flyers and the notice board

There is evidence that staff do not have the knowledge and skills to assess best clinical practice evidence or even find it. Audits and resident/client feedback has indicated a vast range of practices being used – reflective of varying understanding. Staff do not have the time to be searching for and evaluating evidence – it is not cost effective for all staff to do this individually – and it does not promote consistency of care for various interpretations and weighting of evidence to be utilised by a myriad of professionals. Single source best clinical practice information is cost effective to obtain and disseminate. It is also more readily assessed for outcome – and can create consistency of practice which is more likely to achieve superior clinical results.

6. Approvals

The business case is a document for which approval is granted or denied to move forward with enabling the role of Aged Care Clinical Mentor. Therefore, the document should receive formal approval or rejection from the relevant aged care service's executive.

For example:

Business Case submission by:

Name: _____

Title: _____

Signature: _____

Date submitted: ___/___/_____

Approval by: *Name: _____*

Title: _____

Signature: _____

Name: _____

Title: _____

Signature: _____

Approval date:___/___/_____

(Adapted from Project Management Docs. (n.d.). Business Case Template. Retrieved December 12, 2014, from http://www.projectmanagementdocs.com/project-initiation-templates/business-case.html)

Job Description
Aged Care Clinical Mentor

Award/Agreement	[name the relevant EBA/award here]
Responsible to	[name of the person the Aged Care Clinical Mentor will report to]
Summary of role	In accordance with the purpose and values of [your organisation] the Aged Care Clinical Mentor is responsible for the provision of quality services that meet the needs of residents and/or clients. The focus of this role is mentoring of staff to achieve the implementation of best practices. The Aged Care Clinical Mentor role provides mentoring support to clinical and non clinical staff and direct supervision to Site Champions if employed to assist with mentoring activities.
Reporting lines	Day to day reporting to the [name the relevant Manager here]

Key Responsibilities and Duties

Work collaboratively with the [name the relevant people here eg. Quality Manager] to initiate the Aged Care Clinical Mentor Model of Change which demonstrates positive outcomes for staff, residents and clients across residential and community aged care services by embedding clinical best practices.

Accept accountability and responsibility for mentoring activities by:
- Practicing within own professional scope of practice
- Ensuring the consistent application of [your organisation] policy framework by self and others
- Maintaining contemporary continued professional knowledge and skills in clinical competency through participation in professional development programs
- Providing clinical leadership, direction and mentoring to staff
- Developing mentoring action plans related to identified clinical priorities
- Assisting staff to identify individual learning needs and facilitating education and development opportunities to improve staff knowledge, job skills and effectiveness within nominated clinical priority areas. This may include:
    - Skills demonstration assessment
    - Observation of tasks/skills and giving feedback
    - Discussion in small groups or one-to-one mentoring
    - Education presentations
    - Development or sourcing of learning materials
- Identifying evidence-based resources in relation to clinical priorities that support improved clinical practice and building these resources (forms, education tools) into implementation plans in consultation with management
- Gathering and creating data and other information related to mentoring activities and developing activity reports for each of the actions; maintaining evidence to support these actions and reporting on activity evaluations to management within agreed times

Job Description
Aged Care Clinical Mentor

- Actively participating in organisational meetings/consultations to disseminate clinical best practice knowledge
- Positively interacting with staff, members of the health team, residents, clients and their representatives
- Informing the management team and staff of any relevant issues.

Ensure clinical practice is improved by:

- Being actively involved in the identification and implementation of continuous improvement initiatives utilising mentoring in nominated clinical priority areas
- Identifying and reviewing best practice related to clinical priority areas and facilitating staff access to the information
- Actively participating in organisational meetings/consultations and other knowledge transfer activities to disseminate best practice knowledge
- Assisting management in identifying Site Champions and providing mentoring/training and support for their role.

Quality and Safety

Responsible for:

- Maintaining a safe work environment in accordance with [your organisation] Work Health and Safety Policies and Procedures, and actively participating in the rehabilitation of staff injured at work.
- Assisting in the on-going maintenance of a safe work place through involvement in the implementation of safe work in accordance with [your organisation] Work Health and Safety Policies and Procedures.
- Participating in mandatory Work Health and Safety training sessions
- Identifying and reporting hazards in the workplace
- Participating in [your organisation] Quality Management System and commitment to processes of continuous improvement.

Privacy and Confidentiality

Responsible for:

- Adhering to [your organisation] Privacy of Information Policy and Procedure at all times
- Maintaining a duty of confidentiality to all residents, clients, volunteers and staff
- Ensuring that any "Confidential Information" that becomes known through the course of employment with [your organisation] is kept confidential including information relating to [your organisations]:
  - Business or operational interests;
  - Methodology and affairs;
  - Financial information; and
  - Anything else that is notified as being confidential
- Other duties as directed by the [name the relevant manager].

Job Description
Aged Care Clinical Mentor

ESSENTIAL CRITERIA

- Current registration as a Health Practitioner with the Australian Health Practitioner Regulation Agency
- Minimum of 3 years experience in Aged Care
- Demonstrated ability to work independently
- Demonstrated project management skills
- Excellent interpersonal skills and communication, both written and verbal
- Report writing and education program writing skills
- A sound understanding and commitment to the person centred approach in aged care
- Interest in developing others and own development
- Preparedness to assume responsibility and demonstrated leadership
- Cultural competence and ability to engender trust and confidence in others
- Ability to learn from experiences and share them
- Patience and ability to guide risk taking
- Good understanding of evidence based practice and critical reasoning.

DESIRABLE CRITERIA

- Specialist knowledge in the clinical priority area
- Experience in working with Indigenous Australians and people from culturally and linguistically diverse (CALD) groups.
- Knowledge of mentoring principles, research methods, critiquing of evidence and knowledge translation
- Qualification or working towards a Certificate IV in Training and Assessment, or equivalent.

Acknowledged		Date	
	[title]		
Acknowledged		Date	
	Employee		

Job Description
Site Champion

Award/Agreement	[name the relevant EBA/award here]
Responsible to	Aged Care Clinical Mentor [or name the person the Site Champion will report to if not the Mentor]
Summary of role	The Site Champion role works collaboratively with the Aged Care Clinical Mentor in defined activities associated with mentoring of clinical and non clinical staff as delegated.
Reporting lines	Day to day reporting to the Aged Care Clinical Mentor

Key Responsibilities and Duties

Work collaboratively with the Aged Care Clinical Mentor to implement activities associated with the Aged Care Clinical Mentor Model of Change which demonstrates positive outcomes for staff, residents and clients across residential and community aged care services by embedding clinical best practices.

Accept accountability and responsibility for mentoring activities by:

- Practicing within own professional scope of practice
- Ensuring the consistent application of [your organisation] policy framework by self and others
- Maintaining contemporary professional knowledge and skills in clinical competency through participation in continued professional development programs
- Providing clinical leadership, direction and mentoring to staff
- Supporting the implementation of action plans in relation to identified clinical priorities as delegated by the Aged Care Clinical Mentor
- Assisting staff to identify individual learning needs and facilitating opportunities for staff development within the nominated clinical priority area as delegated by the Aged Care Clinical Mentor
- Providing education and development opportunities for staff to improve knowledge, job skills and effectiveness in the nominated clinical priority area as delegated by the Aged Care Clinical Mentor. This may include:
    - Observation of tasks/skills and giving feedback
    - Discussion in small groups or one-to-one
    - Skills demonstration assessment
    - Education presentations
- Contributing data and other information related to mentoring activities and outcomes as required by the Aged Care Clinical Mentor
- Positively interacting with staff, members of the health team, residents, clients and their representatives
- Informing the management team and clinical mentor of any relevant issues.

Job Description
Site Champion

Ensure clinical practice is improved by:

- Being actively involved in the identification and implementation of continuous improvement initiatives in nominated clinical priority areas
- Identifying and reviewing best practice related to the clinical priority areas and facilitate staff access to the information
- Actively participating in organisational meetings/consultations to disseminate best practice knowledge.

Quality and Safety

Responsible for:

- Maintaining a safe work environment in accordance with [your organisation] Work Health and Safety Policies and Procedures, and actively participate in the rehabilitation of staff injured at work
- Assisting in the on-going maintenance of a safe work place through involvement in the implementation of safe work in accordance with [your organisation] Work Health and Safety Policies and Procedures
- Participating in mandatory Work Health and Safety training sessions
- Identifying and reporting hazards in the workplace
- Participating in [your organisation] Quality Management System and commitment to processes of continuous improvement.

Privacy and Confidentiality

Responsible for:

- Adhering to [your organisation] Privacy of Information Policy and Procedure at all times
- Maintaining a duty of confidentiality to all residents, clients, volunteers and staff
- Ensuring that any "Confidential Information" that becomes known through the course of employment with [your organisation] is kept confidential including information relating to [your organisation's]:
  - Business or operational interests
  - Methodology and affairs
  - Financial information; and
  - Anything else that is notified as being confidential
  - Other duties as directed by the Aged Care Clinical Mentor and [appropriate Manager], [your organisation].

Job Description
Site Champion

ESSENTIAL CRITERIA

- Current registration as a Health Practitioner with the Australian Health Practitioner Regulation Agency (AHPRA)
- Minimum of 3 years experience in Aged Care services
- Demonstrated ability to work independently
- A sound understanding and commitment to the person centred approach in aged care
- Interest in developing others and own development
- Preparedness to assume responsibility and leadership
- Cultural competence and excellent interpersonal skills and communication
- Ability to engender trust and confidence in others.

DESIRABLE CRITERIA

- Specialist knowledge in the clinical priority area
- Experience in working with Indigenous Australians and people from Cultural and Linguistically Diverse groups
- Knowledge of mentoring principles
- Qualification in or working towards a Certificate IV in Training and Assessment, or equivalent.

Acknowledged		Date	
	[Title]		
Acknowledged		Date	
	Employee		

Business Case Implementation Action Plan

Name:_____ Date of Issue: _____/_____/_____

Title: _____

Action Plan Rationale (Why is the plan needed? Write a brief summary based on the approved business case for the role):

Objective 1 What do you wish to achieve?/ The desired result:

Actions **What will you do to achieve the objective?**	Residential /Home Care Standard Which Aged Care Standard(s) does this relate to?	Resources Required Who will perform this action? What other resources are required?	Time Frame When do you plan on performing the action? Please include dates from and to	Evaluation How will you measure that the action was effective or happened?

Objective 2 What do you wish to achieve?/ The desired result:

Actions **What will you do to achieve the objective?**	**Residential /Home Care Standard** Which Aged Care Standard(s) does this relate to?	**Resources Required** Who will perform this action? What other resources are required?	**Time Frame** When do you plan on performing the action? Please include dates from and to	**Evaluation** How will you measure that the action was effective or happened?

Objective 3 What do you wish to achieve?/ The desired result:

Actions **What will you do to achieve the objective?**	**Residential /Home Care Standard** Which Aged Care Standard(s) does this relate to?	**Resources Required** Who will perform this action? What other resources are required?	**Time Frame** When do you plan on performing the action? Please include dates from and to.	**Evaluation** How will you measure that the action was effective or happened?

Business Case Implementation Action Plan Examples

Name:_____Lindsay Smith_____   Date of Issue: 31 /12/2014

Title: _____Service Manager_____

Action Plan Rationale (Why is the plan needed? Write a brief summary based on the approved business case for the role):

A new role of Aged Care Clinical Mentor was approved by the [decision makers] on [approval date]. The implementation of this role has been approved as evidence suggests the role will be central to achieving positive outcomes for older people who are provided with services.

The objective is: to establish and support a new workforce role of Aged Care Clinical Mentor

The goals of implementing this role are to:

- Implement best practice guidelines into [your organisation] to address gaps in clinical practices and promote quality of care and services for residents and clients

- Demonstrate leadership in aged care by implementing best practice guidelines into the organisations practices

- Assist [your organisation] stream line continuous improvement initiatives that translate knowledge efficiently and effectively

The costs and benefits of implementing the role are estimated to be:[enter any cost benefits identified within your business case]

Business Case Implementation Action Plan - Examples

Objective 1 **What do you wish to achieve?/ The desired result:**

Create a Job Description for the Aged Care Clinical Mentor

Actions **What will you do to achieve the objective?**	Residential /Home **Care Standard** Which Aged Care Standard(s) does this relate to?	Resources **Required** Who will perform this action? What other resources are required?	Time Frame When do you plan on performing the action? Please include dates from and to	Evaluation How will you measure that the action was effective or happened?
Copy the Aged Care Clinical Mentor job description as provided in the Aged Care Clinical Mentor Model of Change Guide and adapt to your organisation's policy requirements.	Residential: 1.1, 1.6 Home Care: 1.1, 1.7	Lindsay Smith Aged Care Clinical Mentor Job Description Template	2/1/15 – 15/1/15	Completed Job Description has been approved by Human Resource Manger and uploaded onto intranet. Job Description has informed a position advertisement.

Objective 2 What do you wish to achieve?/ The desired result:

Prepare the work environment

Actions What will you do to achieve the objective?	Residential / Home Care Standard Which Aged Care Standard(s) does this relate to?	Resources Required Who will perform this action? What other resources are required?	Time Frame When do you plan on performing the action? Please include dates from and to	Evaluation How will you measure that the action was effective or happened?
Communicate with staff and the residents or clients and tell them about the plans for the role of the Aged Care Clinical Mentor: Explain the benefits envisaged and how local ways of doing things will be improved via a change management model approach. Ask for ideas about how this kind of role could work at the service Face to face: at a staff meeting and at a resident or client meeting Email announcement, flyer on staff room notice board, article in service newsletter.	Residential: 1.1, 1.8 Home Care: 1.1, 1.3,	Lindsay Smith Aged Care Clinical Mentor Job Description Time in meetings Flyer Email Article for newsletter	16/1/15 – 31/1/15	

Objective 3 What do you wish to achieve?/ The desired result:

Recruit and select an Aged Care Clinical Mentor

Actions **What will you do to achieve the objective?**	Residential / Home Care Standard Which Aged Care Standard(s) does this relate to?	Resources Required Who will perform this action? What other resources are required?	Time Frame When do you plan on performing the action? Please include dates from and to	Evaluation How will you measure that the action was effective or happened?
Create an internal advertisement. Create an on-line advertisement. Talk about the new role at staff meetings Document a 12 month plan of professional development for the new appointee together with scheduled performance reviews.	Residential: 1.1, 1.3, 1.6 Home Care: 1.1, 1.7	Lindsay Smith Aged Care Clinical Mentor Job Description Human Resources Manager Meeting time Research time/ resources to develop the professional development plan	1/2/15 – 28/2/15	

Objective 4 *What do you wish to achieve?/ The desired result:*

Appoint and Orientate the Aged Care Clinical Mentor

Actions **What will you do to achieve the objective?**	**Residential /Home Care Standard** Which Aged Care Standard(s) does this relate to?	**Resources Required** Who will perform this action? What other resources are required?	**Time Frame** When do you plan on performing the action? Please include dates from and to	**Evaluation** How will you measure that the action was effective or happened?
Announce the appointment in the site newsletter. Put a notice on the notice board. Hold a 'welcome' morning tea, and arrange for key support people to meet with the Aged Care Clinical Mentor (particularly co-workers with special responsibilities in quality and residents/clients/ representatives).	Residential: 1.1, 1.6 OR Home Care: 1.1, 1.7		1/3/15 – 30/3/15	

Objective 5 What do you wish to achieve?/ The desired result:

Support and Develop the Aged Care Clinical Mentor

Actions **What will you do to achieve the objective?**	Residential /Home Care Standard Which Aged Care Standard(s) does this relate to?	Resources Required Who will perform this action? What other resources are required?	Time Frame When do you plan on performing the action? Please include dates from and to	Evaluation How will you measure that the action was effective or happened?
Implement the 12 month development/ education plan with the Aged Care Clinical Mentor and give them responsibility for actioning these plans including feedback.	Residential: 1.1, 1.3, 1.6	Work routine document	1/4/15 – 31/12/15	
Check if any changes to overall organisational education programs need to occur as a result of appointing an Aged Care Clinical mentor.	Home Care: 1.1, 1.7	Education materials		
Meet regularly with the Mentor. Engage with them in their mentoring Action Plan.		Meeting time		

Objective 6 What do you wish to achieve?/ The desired result:

Actions **What will you do to achieve the objective?**	Residential / Home Care Standard Which Aged Care Standard(s) does this relate to?	Resources Required Who will perform this action? What other resources are required?	Time Frame When do you plan on performing the action? Please include dates from and to	Evaluation How will you measure that the action was effective or happened?
Establish a reference group of key stakeholders who can assist with the evaluation plan.	Residential: 1.1, 1.3, 1.6			
Review the mentoring outcome results with the Mentor.				
Conduct an performance evaluation with the Aged Care Clinical Mentor.	Home Care: 1.1, 1.7			
Develop a questionnaire for the Aged Care Clinical Mentor which explores all aspects of the implementation plan for the role from their perspective.				
Review the findings with the Aged Care Clinical Mentor and relevant Human Resources and Quality staff, to consider any changes required to the nature of the role or its support/position within the organisation.				

Aged Care Clinical Mentor Action Plan

Aged Care Clinical Mentor: _____

Date of Issue: ____ / ____ / ____

Clinical Priority Area (What is the problem?): _____

Objective 1 **What do you wish to achieve?**

Priority	Activities	Actions	Residential/ Home Care Standard	Resources Required	Time Frame	Evaluation	Activity Report Number
Number each activity according to the priority for implementation	Briefly state what you will do to achieve the objective?	Tasks to do to implement the Activity?	Which Standard(s) does this relate to?	Who will perform this action? What other resources are required?	When do you plan on performing the action?	How will you measure that the action was effective or happened?	Please record an Activity Report Number related to this action.

Aged Care Clinical Mentor: _____

Date of Issue: _____ / _____ / _____

Clinical Priority Area (What is the problem?): _____

Objective 2 **What do you wish to achieve?**

Priority	Activities	Actions	Residential/ Home Care Standard	Resources Required	Time Frame	Evaluation	Activity Report Number
Number each activity according to the priority for implementation	Briefly state what you will do to achieve the objective?	Tasks to do to implement the Activity?	Which Standard(s) does this relate to?	Who will perform this action? What other resources are required?	When do you plan on performing the action?	How will you measure that the action was effective or happened?	Please record an Activity Report Number. related to this action

Aged Care Clinical Mentor: _____

Date of Issue: _____ / _____ / _____

Clinical Priority Area (What is the problem?): _____

Objective 3 What do you wish to achieve?

Priority Number each activity according to the priority for implementation	Activities Briefly state what you will do to achieve the objective?	Actions Tasks to do to implement the Activity?	Residential/ Home Care Standard Which Standard(s) does this relate to?	Resources Required Who will perform this action? What other resources are required?	Time Frame When do you plan on performing the action?	Evaluation How will you measure that the action was effective or happened?	Activity Report Number Please record an Activity Report Number related to this action.

(Adapted from: Northern Territory Governement. (2007 ed.). The Public Health Bush Book. Volume 1. Strategies & Resources.

Aged Care Clinical Mentor: _____Jo Smith_____   Date of Issue: 12/01/2015

Clinical Priority Area (What is the problem?): _____Wound Care_____

Objective 1 What do you wish to achieve?

Identify best practice guidelines for wound care

Priority	Activities	Actions	Residential/ Home Care Standard	Resources Required	Time Frame	Evaluation	Activity Report Number
Number each activity according to the priority for implementation	Briefly state what you will do to achieve the objective?	Tasks to do to implement the Activity?	Which Standard(s) does this relate to?	Who will perform this action? What other resources are required?	When do you plan on performing the action?	How will you measure that the action was effective or happened?	Please record an Activity Report Number. related to this action
1.	Source best practice guideline	Search university library (up to date literature) Perform a grey literature search through Google Critique any best practice guidelines	Residential Accreditation Standards 1.1, 2.1, 2.11 Home Care Standard 1.5	J Smith Computer Internet connection	Jan 15	Best Practice Guideline Sourced	1

Please note: The Aged Care Clinical Mentor would continue to populate action plan sheets to fulfil all the objectives/activities required to implement best practice.

Objective 2 What do you wish to achieve?

Identify key stakeholders

Priority	Activities	Actions	Residential/ Home Care Standard	Resources Required	Time Frame	Evaluation	Activity Report Number
Number each activity according to the priority for implementation	Briefly state what you will do to achieve the objective?	Tasks to do to implement the Activity?	Which Standard(s) does this relate to?	Who will perform this action? What other resources are required?	When do you plan on performing the action?	How will you measure that the action was effective or happened?	Please record an Activity Report Number. related to this action
2	Perform a stakeholder analysis	List down all stakeholders that could have or be impacted by a change in wound care practices Classify the stakeholders utilising a stakeholder analysis chart	Residential Accreditation Standards 1.1, 2.1, 2.11 Home Care Standards 1.4, 1.5	J Smith Computer	Jan 15	Stakeholder Analysis complete. Identified high influence/ high support stakeholders	2

Please note: This example does not follow the numbered sequence of the previous two examples. The Aged Care Clinical Mentor would continue to populate enough action plan sheets to fulfil all the objectives/activities required to implement best practice and that could mean addressing ten objectives. These sheets are just to give an Aged Care Clinical Mentor an example only on how you would go about filling out an Action Plan.

Resources

Aged Care Clinical Mentor Action Plan - Examples

Objective 3 What do you wish to achieve?

Priority	Activities	Actions	Residential/ Home Care Standard	Resources Required	Time Frame	Evaluation	Activity Report Number
Number each activity according to the priority for implementation	Briefly state what you will do to achieve the objective?	Tasks to do to implement the Activity?	Which Standard(s) does this relate to?	Who will perform this action? What other resources are required?	When do you plan on performing the action?	How will you measure that the action was effective or happened?	Please record an Activity Report Number. related to this action
5	Educate mentees on wound care best practice utilising a concise case study during a hand over, with a total session time of no more than 15 minutes.	Develop a concise case study together with a pre-post knowledge test based on a resident with poor wound care outcomes and how best practice would enhance the wound healing. Identify staff handover times and Seek approval to attend handovers. Deliver the concise case study mentoring session.	Residential Accreditation Standards 1.1, 2.1, 2.11 Home Care Standards 1.5, 1.7, 1.8, 2.2	J Smith Computer Printer Paper Best Practice Guide copies A relevant case study Attendance sheet Pre-post test copies	Feb 15	Pre-post knowledge test Attendance Sheets	5

Aged Care Clinical Mentor Activity Report

Aged Care Clinical Mentor Activity Report   No. _____

Clinical Priority Area:_____   Aged Care Clinical Mentor: _____

Clinical Issue:_____

Residential/Home Care Standards: _____

Activity Commencement Date: ____/____/____   Activity End Date: ____/____/____

Activity	Goal	Mentees	Evaluation	Outcome	Outcome Evaluation Plan
What did you do to achieve the goal? Please add in the person responsible for the task	What do you wish to achieve?	How many people were involved in the activity in total?	How did you assess the effect of the action and what were the outcomes?	How do you propose this action will effect quality of care/life	Can you evaluate this outcome and if so, how will you do this and when?
		No. RNs = No. ENs = No. PCAs = Others = Further Information:			

Activity Overview:

Please describe in detail what you did to perform this activity considering the planning, implementation and evaluation of it?

What were the current policies and procedures that relate to this activity?

Are there any follow up actions required to sustain change as a result of this activity? If so, please detail below.

Have you identified any further clinical issues as a result of conducting this activity?

Please attach all literature, learning materials, evaluation sheets and other related information to this activity report and hand to the Quality Manager on completion.

Aged Care Clinical Mentor Activity Report - Example

Aged Care Clinical Mentor Activity Report   No. ____1_____

Clinical Priority Area:_____Wound Care___ Aged Care Clinical Mentor: _____Jo Smith____

Clinical Issue:_____Wound practices require improvement _____

Residential/Home Care Standards: ___ Home Care Standard 1 & 2.
Expected Outcome 1.4, 1.5, 1.6, 1.7, 1.8, 2.2, 2.3, 2.4_____

Activity Commencement Date: 11/08/2013   Activity End Date: 11/09/2013

Activity What did you do to achieve the goal? Please add in the person responsible for the task	Goal What do you wish to achieve?	Mentees How many people were involved in the activity in total?	Evaluation How did you assess the effect of the action and what were the outcomes?	Outcome How do you propose this action will effect quality of care/life	Outcome Evaluation Plan Can you evaluate this outcome and if so, how will you do this and when?
Perform a literature search of all available best practice guidelines relevant to wound care. The action is copied directly from the Action recorded in the 'Action Plan'.	To increase the evidence based knowledge of the clinical mentor. A gap analysis of current wound care practices can then be performed and best practice implemented where required.	No. RNs = No. ENs = No. PCAs = Others = Further Information: The clinical mentor performed this activity.	A record was kept of the guidelines identified and the critique of each (copy of guideline attached).	The information identified on Best Wound care practice will inform the wound care practices at this site.	A clinical audit will be conducted to identify gaps in wound care practices.

Activity Overview:

Please describe in detail what you did to perform this activity considering the planning, implementation and evaluation of it?

```
A grey literature search was planned and performed using the search criteria:
•   Wound Care Best Practice
•   Wound Care Evidence Based Practice
Through conducting this search a current best practice guideline was identified
through the Australian Pain Society and is titled 'The PMG Kit for Aged Care.
An implementation kit to accompany. The Australian Pain Society's Pain in
Residential Aged Care Facilities: Management Strategies.
To ensure that this was reflective of current best evidence a search on wound
care practices was conducted in Cochrane Library with one systematic review of
the literature identified. All evidence findings rated as strong were compared
against the recommendations for clinical practices within the PMG Kit for Aged
Care with no change in practice noted.
Copies of both the PMG Kit and the Cochrane Review are attached to this report.
Further actions are planned to perform a full audit of wound care activities
within the service, identify the gaps in practice as compared to the recommended
best practices within the PMG Kit.
```

What were the current policies and procedures that relate to this activity?

```
Continuous Improvement Policy  – CI15
Copyright Policy  - C001
Document Development and Management Policy – C016
```

Are there any follow up actions required to sustain change as a result of this activity? If so, please detail below.

```
Mapping of current practices against the recommended best practices is required.
This will identify the gaps in practice and inform ongoing activity planning to
implement best practices within the site.
```

Have you identified any further clinical issues as a result of conducting this activity?

```
Yes, through exploring this literature I have identified best practice guidelines
on manual handling, continence management and pain that require further enquiry.
```

Please attach all literature, learning materials, evaluation sheets and other related information to this activity report and hand to the Quality Manager on completion.

Aged Care Clinical Mentor Outcome Report

Aged Care Clinical Mentor:_____

Date of Report: ____/____/_____

Clinical Priority Area: _____

Residential/Home Care Standard:

Date Overall Project Commenced: ____/____/_____

Overall Project Completion Date: ____/____/_____

Working Group Members

Name	Role

Project Background (please describe why this project was required ie. What were the gaps in clinical practice identified and how were these practices different to best clinical practice?):

Clinical Mentor Objectives:

Best practices identified and implemented:

Clinical Practice Changes (Please list the major clinical practice changes that were achieved):

Actions not undertaken (please list the activities on the Action Report that were not done and a description of why):

Learning (Please list any suggested ideas that could assist in implementing further practice changes within your organisation):

Aged Care Clinical Mentor Outcome Report

Strategies for sustainability (please describe a plan to address ongoing sustainability of the clinical change/s):

```



```

Cont**inuous Improvement Opportunity** (Please list any clinical priority areas you identified through the course of this project that may benefit from continuous improvement initiatives):

```



```

Project Sign Off:

ACCM Signature: _____

Name (please print): _____

Manager's Signature: _____

Name (please print): _____

Project Sign Off Date: ____/____/_____

Checklist (ACCM to Tick):

☐ *Action Plan attached*

☐ *Activity Reports forwarded to Quality Manager*

☐ *Evidence was submitted with Activity Reports.*

Aged Care Clinical Mentor Outcome Report - Example

Aged Care Clinical Mentor:__Jo Smith_____

Date of Report: __01/06/2015

Clinical Priority Area: __Wound Care_____

Residential/Home Care Standard:

Residential Standards 1 & 2, Expected Outcomes 1.1, 1.3, 2.1, 2.2, 2.3, 2.4, 2.11

Home Care Standards 1 & 2, Expected Outcomes 1.1,1.4, 1.5, 1.6, 1.7, 1.8, 2.2, 2.3, 2.4

Date Overall Project Commenced: __01/04/2014__

Overall Project Completion Date: __30/04/2015__

Working Group Members

Name	Role
Lindsay	Service Manager
Gus	Wound Care Advisor
Brownwyn	Clinical Nurse
Steven	Quality Manager
Sue	Community Client Advocate
Jerry	Resident Advocate

Project Background (please describe why this project was required ie. What were the gaps in clinical practice identified and how were these practices different to best clinical practice?):

Wound care management was identified as an area that required improvement as internal clinical audits had shown increased wound healing times. A review of the use and type of dressings showed decrease use and a change of product brand.

Management of the facility requested that this area of practice be focused on by the Aged Care Clinical Mentor in April, 2014, with a project timeline given of 1 year to address the clinical practice gaps and improve wound care outcomes. A key driver of this project was to ensure that the service provider met its responsibility to its residents and clients by providing best clinical practices as this reflects the vision of the service.

Main clinical issues:

After further investigation by the Clinical Mentor, Skin tears were identified as an area of wound care that were slow to heal and were not being managed well. An internal audit also reflected gaps in the documentation of skin tears that was thought to be related to limited knowledge within the unregistered workforce.

Clinical Mentor Objectives:

• To improve the healing time of skin tears
• To improve the reporting of skin tears
• To improve the knowledge of wound care in unregistered care staff.

Best practices identified and implemented:

• Queensland University of Technology (2010) *Promoting Healthy Skin: Champions for Skin Integrity.* Queensland, Institute of health and Biomedical Innovation.
• Australian Wound Management Association (2010) *Standards for Wound Management.*
• Carville K. et al. (2007) STAR: A consensus for skin tear classification. *Primary Intention* 15: 18-28.

Clinical Practice Changes (Please list the major clinical practice changes that were achieved):

> - All staff, both registered and unregistered, are classifying skin tears according to the STAR classification system.
> - Best skin tear management practices are embedded into clinical practice, as per recommendations within the Queensland University of Technology (2010) Promoting Healthy Skin: Champions for Skin Integrity. Queensland, Institute of health and Biomedical Innovation
> - Skin tear healing times have reduced as per the attached clinical audit report
> - Review of wound care products undertaken. Products utilized within this service now reflect products recommended within best practice guidelines.

Actions not undertaken (please list the activities on the Action Report that were not done and a description of why):

> - Clinical Mentor did not attend a wound care conference in 2014 as planned for dissemination of the service providers best clinical practices however an appropriate conference has been identified and an abstract been submitted.

Learning (Please list any suggested ideas that could assist in implementing further practice changes within your organisation):

> The value of having a protected role to implement and embed best clinical practices is a major learning of this project.
>
> Strategies to address mentee resistance to change such as offering free pocket guides and a pathway of study to become a 'Skin Tear Champion' were very effective in gaining support and embedding new clinical practices.

Strategies for sustainability (please describe a plan to address ongoing sustainability of the clinical change/s):

> Six monthly clinical audits have been scheduled.
>
> All wound care procedural guidelines have been updated to reflect the change in practice.
>
> A process of reporting clinical areas of concern from the clinical auditors to the Aged Care Clinical Mentor and Management has been developed.
>
> Achievements of all staff in improving skin tear healing times and therefore the quality of care of our residents and clients has been advertised in the local newsletter, displayed on key noticeboards and the intranet.
>
> The local education plan for the facility has been updated with 6/24 refresher education sessions.

Cont**inuous Improvement Opportunity** (Please list any clinical priority areas you identified through the course of this project that may benefit from continuous improvement initiatives):

```
The cause of the majority of skin tears within the service
was during resident and client transfer.  A thorough review
of the processes related to manual handling, in particular
client transfer, is recommended.

Although many residents and clients are ordered nutritional
supplements to aid in their healing, a full review of their
use is recommended.
```

Project Sign Off:

ACCM Signature: ____*Jo Smith*_____

Name (please print):   ____Jo Smith_____

Manager's Signature: ____*Lindsay Smith*_____

Name (please print):   ____Lindsay Smith_____

Project Sign Off Date: ____14/06/2015___

Checklist (ACCM to Tick):

| X | *Action Plan attached* |

| X | *Activity Reports forwarded to Quality Manager* |

| X | *Evidence was submitted with Activity Reports.* |

Mentoring Agreement
for use in One to One Clinical Mentoring Programs

Mentee Details:

Name: _____   Designation: _____

Email: _____   Phone No.: _____

Mentor Details:

Name: _____   Designation: _____

Email: _____   Phone No: _____

Mentoring Program Details:

Agreed Program
Time (in months): _____   Frequency of Meetings: _____

Preferred Days/Times/Venue/meeting type:

_____

What are the Communication Preferences during this mentoring program?

_____

What are the Mentee's clinical practice desired outcomes?

Short Term _____

Long Term _____

What is the specific assistance the Mentee requires as requested by Management:

_____

Please note any area the Mentee has requested as requiring assistance from the mentor:

_____
_____
_____

Please note any identified constraints that could impact on the mentoring program:

_____
_____
_____

Signature (Manager): _____   Date: _____

Signature (Mentor): _____   Date: _____

Signature (Mentee): _____   Date: _____

Stakeholder Analysis

	Influence High	Influence Low
Support High	**High Influence High Support**	**Low Influence Low Support**
Support Low	**High Influence Low Support**	**Low Influence Low Support**

Resources

Stakeholder Analysis - Examples

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Stakeholder Analysis - Example

	Influence High	Influence Low
Support High	Enter in stakeholders who will positively affect the dissemination and adoption of best practice for the clinical priority that has been identified. These stakeholders require a great deal of attention and information to maintain their support of the mentoring approach to change management. **High Influence** **High Support**	Enter in stakeholders who can positively affect dissemination and adoption of best practice for the clinical priority if given support. These stakeholders need attention to maintain their support and prevent development of a neutral attitude towards the mentoring approach to change management. **Low Influence** **Low Support**
Support Low	**High Influence** **Low Support** Enter in stakeholders who could negatively affect dissemination and adoption. These stakeholders need a great amount of attention and support to obtain and maintain a neutral attitude and to gain their support for change.	**Low Influence** **Low Support** Enter in stakeholders who are least able to influence dissemination and adoption. These stakeholders could have a negative impact so should be monitored. They need ongoing attention to develop a neutral attitude and to gain their support for change.

(Source: Registered Nurses Association of Ontario (2002). Toolkit: Implementation of Clinical Practice Guidelines. Toronto, Canada: Registered Nurses Association of Ontario.)

Glossary

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Glossary

Action Plan	A tool used to plan the mentoring activities of aged care staff to embed best practice.
Action Research	A research methodology whereby stakeholders in a project are co-researchers and co-subjects identifying problems in practice; planning, implementing, monitoring and modifying actions; and evaluating outcomes.
Activity Report	A report that can be used as continuous improvement evidence and outlines the activities listed in an Action Plan in greater detail.
Aged Care Clinical Mentor	A leader who facilitates improved quality of care for older people using best practice by providing and encouraging professional development in colleagues through communication, education and peer support.
Aged Care Clinical Mentor Model of Change	A six step model to implement a sustainable clinical mentor workforce role with a goal to implement best practice guidelines into aged care practices.
Attribute	A characteristic of someone or something.
Best Practice	Best practice in aged care infers that nurses, allied health and direct care staff providing care and services to residents and clients use care and service concepts, interventions and techniques that are grounded in research and known to provide good quality care outcomes for older people.
Business Case	A document that presents an identified business need (including the costs and benefits).
Embedded practice	To change policies, procedures and education programs to reflect a new clinical practice.
Mentee	A person receiving mentoring.

Glossary

Mentor	A person, either in the workplace or in a person's private life, who encourages another person to personally or professionally develop in an area that holds importance to them.
Mentoring	Involves a mentor who is highly skilled in a specific area that a mentee (person receiving mentorship) requires guidance in, with the mentor encouraging, supporting and advising the mentee.
Model of Change	The Aged Care Clinical Mentor Model of Change.
Naysayer	A person who is highly opposed, judgemental, and cynical to the planned clinical changes.
Organisational Memory	Accumulated information on the services knowledge, data and information.
Primary Stakeholder	A person who is directly associated with the aged care service.
Secondary Stakeholder	A person who is not essential to the aged care service but who holds an interest in its viability.
Site Champion	A person who supports the Aged Care Clinical Mentor to implement clinical change to best practice.
Working Group	A group of stakeholders who work to support and advise the Aged Care Clinical Mentor with a common goal to implement best practice.

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