



Step 5

Implement

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What gives my plan the best chance of success?

Your plan is more likely to be successful when you're making small, high priority changes to work organisation or work practices, and when you've carefully and systematically [designed](#) your plan for change and its evaluation.

Implementation is also more likely to be successful when your plan has care worker involvement, senior management sponsorship, a shared vision, leadership, [regular engagement](#) with stakeholders and has celebrated the small wins along the way.

Implementation is successful when you've achieved your job quality change goal. The process of change is integral to this success.

How do I keep my plan moving?

It is important to keep checking in with workers, other staff and stakeholders who are directly affected by your small scale change. Engaging with them during the change process will help you to identify areas for further improvement as well as highlight any unexpected information or outcomes that you need to consider or take action to fix. You can also use this mid-change feedback to acknowledge and communicate to all stakeholders what is going well in the change process. This can help to refresh, inspire and motivate those involved in your small scale change plan and keep it moving.

What happens if there is resistance to change?

If there is resistance to change, consider these strategies:³⁷

Listen and understand

- Appreciate their starting point.
- Elaborate interests – know as much as possible about the vested interests of individuals/groups in maintaining *status quo*.

Roll with resistance

- Don't argue against it.
- Be curious and accepting.

Encourage the unpacking of resistance

- What makes it so hard?
- What would help?

Build meaning and conviction in the change

- Work with key influencers.
- Encourage, remind and reinforce.

From a 'big picture' perspective, the opportunities for review can also help you to consider what small scale change may be possible to sustain or scale up and how you could achieve this.

Additional information and resources

There is a large body of evidence and resources on change management in workplaces. These resources are particularly relevant for the aged care sector.

[Kotter's 8-Step Process for Leading Change](#)

This outlines processes for change specifically oriented to the contemporary challenge of increasing complexity and rapid change faced by organisations.

[The Aged Care Leadership Development Centre](#)

The Aged Care Leadership Development Centre is designed for all leaders involved in the provision of support, care and services to older people in our communities. It includes the Australian Aged Care Leadership Capability Framework.

[Dedicated Staff Assignment](#)

The Dedicated Staff Assignment model aims to create consistent and committed relationships between residents, employees and family by assigning staff to the same, small group of residents every time they come to work. It received a 2015 Better Practice Award from the Australian Government.

Bibliography

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Case study: Collaborative person-centred care

The challenge

To build team cohesion and incorporate care worker knowledge in a collaborative person-centred approach to client care.

The response

A team of care workers and clinical staff to undertake a wellbeing mapping exercise with residents and/or family members to share information about the client and shape care responses.

[care workers] feel very empowered because that divide of them and us...disappears, because we are all one team contributing to the wellbeing of the resident

It gives you a tool to draw on and to really respond and engage with that person.



How was it planned?

One residential care site was chosen for the intervention, and the program was designed with the site manager, the organisation's wellbeing and dementia support coordinator and the Quality Jobs Quality Care project researchers.

A planning worksheet was used to outline the key aspects of the new approach to care, expected benefits for job and care quality and the evaluation plan.



Who was consulted and how?

Interviews and a focus group were conducted with care workers, managers and clinical staff who were likely to be involved with the trial. Care workers were enthusiastic about the new approach, identifying many potential benefits including increased knowledge of residents and the ability to further engage with them and tailor their care through a fuller understanding of their history and wellbeing needs.

I think the quality of care would improve by us carers having more of a broad insight...separating the behaviour from the person, and we're becoming more compassionate as carers because we understand why.



What was done?

Care workers, clinical staff and a wellbeing mapping facilitator met as a team with the client (where appropriate) and/or family members in a one hour session, using a specialised framework with the client at the centre of the discussion. A support plan and various communication tools were developed from the session and made available to all staff through various channels.

How was it done?

Seven wellbeing mapping sessions were held over a six month period. Care workers nominated residents for mapping sessions based on current care challenges or where little was known about the client. Each nominated client was then invited to attend (where appropriate) and encouraged to invite their family members. Care workers who worked most often with the nominated client and clinical staff were invited to attend the sessions. The facilitator helped the team create a wellbeing map from a discussion on the person's history, strengths, abilities and preferences. This map then informed a wellbeing profile 'This is me' for staff; a 'Did you know' staff memo; and a support plan.



Did it work?

Interviews with staff and organisational data gathered through questionnaires and tools showed that wellbeing mapping had a positive impact on job and care quality. Care workers felt more valued in their role and could give greater, individualised support to residents.

...feeling part of a team, feeling valued...

...useful information that can support the care of the resident...

Care workers reported that their involvement in a mapping session gave them 'permission' to ask for information from the client and/or family that they otherwise might not have felt was appropriate in day-to-day interactions. The information provided in the mapping sessions had led to more understanding of, and different responses to, the residents' behaviours and needs.

It makes such a difference to your shift, [understanding] 'That's why they do that'.

...If we had known what we know now, it would have made it so much easier...

Both of these factors enhanced the rewards the care workers said they received from the care relationship. This was the case even for care workers who were not involved in the wellbeing mapping sessions – they found that having access to the tools created from the sessions was highly valuable for their work.

Clinical staff reported they had increased respect for the role of care workers and their relationship with residents. The site manager identified improvements in team cohesiveness and more open communication. The wellbeing mapping sessions also built a relationship with residents' families and increased mutual understanding of the client's care.

...they see you want to make a difference [to the resident]...and how much you know already...



What we learnt

Care workers suggested that wellbeing mapping would have the greatest impact if sessions were scheduled within one to three months of a new residents' admission. They thought that understanding the residents' history would help the team create more individualised care responses and provide immense reassurance to families as well as help them build connections with staff.

The mapping sessions gather a deep level of information and the team raised the potential of these sessions becoming the basis of, or substituting for, the standardised care planning process as staff recognised that residents and families responded better to the informal process.