Influence Strategy – Stakeholder Profiles

BSO OTN Optimization Project
Stakeholder Profiles

Purpose: These profiles are meant to describe what matters to various project stakeholder groups. A clear understanding of their perspectives gives a firm grounding for creating influence strategies that are customized for each group.

Stakeholder groups:

Influencers / BSO resource groups

- Enhanced Psychogeriatric Resource Consultants (EPRCs) and other BSO mobile team members
- Specialty teams (incl. Discharge Liaison Team and Regional Psychogeriatric Program)
- Local Alzheimer Societies
- BSO Project Team

Customers / Direct service providers

- LTC home staff and management
- LTC home medical directors

Stakeholder group	Potential Pay-Offs – why increased OTN use for BSO would benefit **this stakeholder group**
Influencers / BSO resource groups	
EPRCs and other BSO mobile team members	• Less time traveling to LTCHs; more efficient use of time; less driving in bad weather; increased safety, potential to increase quality of work life • Reduced pressure on travel budget • Can read people on the other end of a videoconference better than a teleconference • Allows assessments, follow ups and education to take place (at least in part) during outbreaks and bad weather or when caseloads are heavy • Reduced time pressure when short-staffed • Allows team and LTCHs to consult with clinical specialists • Allows for regular support (e.g. through weekly rounds) • Team can call in an "outside expert" when they're spinning their wheels with a case at a LTCH • Another way to maintain relationships • Increased productivity (performance measures) • Potential method for staying connected with Alzheimer Society, CCAC • Team education and capacity building • Able to participate in Geriatric Cooperatives and VTNs • Able to access more education and share success stories
Specialty teams (incl. Discharge Liaison Team and Regional Psychogeriatric Program)	• Less time traveling to LTCHs; more efficient use of time; less driving in bad weather; increased safety, potential to increase quality of work life • Reduced pressure on travel budget • Can read people on the other end of a videoconference better than a teleconference • Allows assessments, follow ups and education to take place (at least in part) during outbreaks and bad weather or when caseloads are heavy • Reduced time pressure when short-staffed • Allows for regular support (e.g. through weekly rounds) • Another way to maintain relationships • Increased productivity (performance measures) • Allows them to meet as many people as possible (feel responsibility to respond to huge system pressures) • Potential method for generating research and

Stakeholder group	Potential Pay-Offs – why increased OTN use for BSO would benefit **this stakeholder group**
	evaluation projects as well as identifying gaps in education
Local Alzheimer Societies	• Less time traveling to LTCHs; more efficient use of time; less driving in bad weather; increased safety, potential to increase quality of work life • Reduced pressure on travel budget • Can read people on the other end of a videoconference better than a teleconference • Allows assessments, follow ups and education to take place (at least in part) during outbreaks and bad weather or when caseloads are heavy • Potential method for staying connected with BSO Mobile Team, CCAC • Could reach more people (lunch and learns, webcasting) • Provide the region access to expert guest speakers • Provide programming on a regional basis when no critical mass of clients at local level (e.g. fronto-temporal dementia) • Team education and capacity building • Increased training opportunities (through OTN calendar) • Stay connected to other Alzheimer Societies • Able to participate in Geriatric Cooperatives and VTNs • Able to access more education and share success stories
BSO Project Team	• Able to participate in Geriatric Cooperatives and VTNs • Reduced pressure on travel budget • Can read people on the other end of a videoconference better than a teleconference • Another way to maintain relationships • Increased productivity (performance measures) • Potential method for staying connected with BSO Mobile Teams, Alzheimer Societies, and provincial colleagues • A method for them to find out what is happening

Stakeholder group	Potential Pay-Offs – why increased OTN use for BSO would benefit **this stakeholder group**
Direct service providers	
LTC home staff	• Increase their confidence and skills and reduce the stress in caring for residents • Feeling supported • Gives them quick access when a new resident is admitted or when there is some sort of crisis or behaviour • Can focus more on resident care rather than having to prepare people for transport • Have access to support even during outbreaks and bad weather • Have access to education • Peer support through VTN
LTC home management	• Potential method for enhancing work safety and satisfaction with work • Help manage budgets (e.g. reduce travel to meetings) • Gives them a peer support network • Low cost method for meeting staff education obligations / requirements • If staff is better trained, less time dealing with complaints
LTC home medical directors	• Reducing travel time • More available to deal with crisis situations • Could connect with care conferences and specialist assessments • Could use for own education • Able to see more clients in a given period of time

Potential Pay-Offs – why increased OTN use for BSO would benefit **resident care**
• Can get quicker access to support from BSO team or other clinical specialists • Decreased wait times • Can help LTCH staff with practical clinical problem solving, leading to better outcomes • Can be a way of including residents and families in discussions (may need to bring some LTCHs around to this way of thinking, coach them during pre-meetings about how to effectively include residents and families in the

discussion)
- PCVC can allow greater flexibility for families to participate (they don't have to find the time to come into an OTN site)
- Can help with discharge planning and other transitions (staff at receiving agency can see the resident / patient)

Where barriers potentially reside	Barriers to increased OTN use for BSO
BSO mobile teams and Alzheimer Societies	• BSO team may be reluctant to make OTN the default (e.g. may feel heavy-handed or may prefer face-to-face or phone) • BSO teams vary in their level of comfort and skills using OTN with LTCHs (technical aspects and scheduling) • Confusing and/or cumbersome scheduling process • Lack of awareness of all the different ways OTN could be used • Need skills to facilitate videoconferences • In the process of developing relationships. Prefer to do that face-to-face • Lack of access to room or OTN equipment • Teams have different levels of support from their managers • They believe others will not be receptive to OTN (may or may not be based on experience) • May not see their role as building the OTN capacity of LTCHs • "Culture in the county of getting together" • Complexity of the training; also time commitment • Lack awareness of training resources • Experienced tech difficulties in the past • Don't have protocols for clinical events • No set processes around education
Specialty teams	• Using videoconferencing was not part of their professional training or care practices • Limited number of role models • Limited evidence • OTN equipment is heavily booked at their home sites (hospitals), making scheduling a challenge • May get frustrated if people on the other end aren't tech savvy or aren't running things according to protocol • Amount of support for running successful events not

	necessarily recognized • May not fully understand billing for OTN
BSO Project Team	• Not trained (esp. if they're meant to be super-users) • OTN equipment is heavily booked at their home sites (hospitals), making scheduling a challenge
LTCHs	• LTCHs may not be comfortable using the OTN equipment or scheduling OTN events, but may express it as reluctance on the part of residents or families • LTCH staff may not always complete the OTN training • Although LTCHs have the OTN equipment, they don't always have someone in charge of it who's available when needed • BSO imbedded staff are sometimes pulled away for other responsibilities • Sometimes clinical uses of OTN are blocked out by admin uses • OTN-enabled rooms may be inaccessible or inappropriate • Unclear processes or lack of staff to support scheduling • Behavioural supports not always integrated into the philosophy of care • BSO and/or OTN are seen as add-ons to busy days • Roles are siloed ("the OTN or BSO person isn't here today") • Lack of time for education and participating in multi-site initiatives • Not as valued as in-person learning • "OTN people" have a special status; they're the only ones who are permitted to use OTN • Staff have been told not to touch the equipment • Competing priorities – managers may not know how to sponsor the use of OTN • Staff don't have email addresses or access to computers at work
Not specific to a site or stakeholder group	• Until now, there hasn't been a well-supported OTN Optimization strategy • Training needs across the board (expectation of self-directed learning and scheduling may be unrealistic) • Perception that OTN Help Desk Support is not always available when people need it • People find several OTN processes challenging and time-consuming relative to other options / technologies

	(e.g. lack of spontaneity) • Audio and video lag time • Expense to LTCHs that don't have OTN now who would have to pay for it themselves • Lack of awareness of proper video etiquette • Inappropriate set up (e.g. framing of participants on your end of the videoconference) • OTN resources on line, but often there are no computers in rooms where equipment is located

Influence strategies

Here's an example of how to apply change management strategies from Switch to one key stakeholder group.

EPRCs and other BSO mobile team members need strategies to influence the following groups:

⇒ LTCH staff and management
⇒ LTCH medical directors

Group to be influenced	Change strategies (from *Switch*)
LTCH staff and management	Find the bright spots • Who are the high-performing LTCHs and what's the "secret" to their success? • Share their stories with other LTCHs Script the critical moves • Simplify the use of OTN by providing job aids developed through this project • Have a member of the BSO mobile team present on both ends of the OTN call when LTCH staff are just starting to use OTN. Team member at the LTCH can provide coaching, reassurance, troubleshooting and develop OTN skills of LTCH staff. Point to the destination • Emphasize payoffs for staff, management and resident care (as described elsewhere in this document) Find the feeling

Group to be influenced	Change strategies (from *Switch*)
	• Use OTN Fairs, education bursts, and teachable moments to remove the fear factor of using OTN. Shrink the change • Start simple. Give people success experiences using OTN. Keep meetings / events simple to begin with. Grow your people • Build the skills of BSO imbedded long-term care home staff. Use OTN Fairs and education events targeted at other staff in their home as an opportunity to clarify their role to others. Tweak the environment • Provide pointers on how to set up space and equipment at long-term homes, given what these homes are working with (equipment, location of OTN drops).