# Survey of Long-Term Care Facilities: Feedback on the P.I.E.C.E.S. Initiative 2003

## Part of Initiative #1: Staff Education and Training Ontario's Strategy for Alzheimer Disease and Related Dementias

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## Background

In Spring 2003, a survey of all Long-Term Care (LTC) facilities in Ontario was undertaken. The purpose of the survey was:

i) to obtain feedback on those who participated in the P.I.E.C.E.S. learning initiative (referred to as In-house Psychogeriatric Resource Persons or PRPs) as well as the P.I.E.C.E.S. training and

ii) to obtain feedback on the role of the Psychogeriatric Resource Consultants or PRCs (funded through Initiative #8 of Ontario's Strategy for Alzheimer Disease and Related Dementias).

The following provides a summary of the feedback on the P.I.E.C.E.S. initiative. Data on the PRCs can be found in a separate report.

## Method

To assist in the development of the survey instrument, a subcommittee was struck. The subcommittee included Directors of Care and In-house PRPs from LTC facilities from different Ministry of Health and Long-Term Care (MOHLTC) regions across the province, as well as a PRC. The subcommittee provided input into the survey instrument in order to increase the likelihood that the tool would be applicable and easily understood by those completing the survey.

Lists of LTC facilities across the province obtained from the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS), the Ontario Long-Term Care Association (OLTCA), and the MOHLTC, were used to identify the facilities to be surveyed.

## Response Rate

Surveys were sent to a total of 555 LTC facilities. Of these, 439 (79.1%) completed the survey (see Table 1).

**Table 1: Response Rate**

| Number of LTC Facilities Surveyed | Number of LTC Facilities Responding | Response Rate |
|---|---|---|
| 555 | 439 | 79.1% |

In 67% of cases, the DOC/DON completed the survey. Administrators completed the survey in almost 8% of cases, and in 22% of cases another individual completed the survey (e.g., an RN, Nurse manager, Social Worker or In-house PRP) (see Table 2).

**Table 2: Role of Person who Completed the Survey**

| Role of Person who Completed the Survey | Percent (Number) of Cases (N=439) |
|---|---|
| Administrator | 7.7% (34) |
| Director of Care (DOC) / Nursing (DON) (or Assistant) | 67.0% (294) |
| DOC/DON & another person | 1.4% (6) |
| Other ** | 21.9% (96) |

* Percentages may not sum to 100% because of missing values.

** "Other" includes: RN, Nurse Manager, Social Worker, In-house PRP

## Status of the In-house PRPs

In the first part of the survey, respondents were asked a series of questions about the status of the In-house PRPs within their facilities. First, the respondents were asked to report the total number of In-house PRPs currently serving in this role within their facilities. Their responses are provided in Table 3.

**Table 3: Number of In-house PRPs Currently Serving in this Role**

| Number of In-house PRPs | Percent (Number) of Cases (N=439) |
|---|---|
| 0 | 15.0% (66) |
| 1 | 37.6% (165) |
| 2 | 26.4% (116) |
| 3 | 14.4% (63) |
| 4 | 3.6% (16) |
| 5 | 1.1% (5) |
| 6 | 0.9% (4) |
| 7 | 0.5% (2) |
| 12 | 0.2% (1) |
| Mean | 1.66 |
| Standard Deviation (SD) | 1.3 |

* Percentages may not sum to 100% because of missing values.

Sixty-six facilities (15%) reported having no one in their facility who was currently serving as an In-house PRP; approximately 85% of facilities reported having at least one active In-house PRP. The average number of individuals serving as In-house PRPs was 1.66, with responses ranging from 0 to 12.

It should be noted that the information provided in Table 3 does not differentiate between individuals whom a facility had initially sent for training (and were still working as an In-house PRP in the facility) and those who were currently serving as an In-house PRP but were trained while at another facility.

Respondents were then asked a set of questions for each time frame that the P.I.E.C.E.S. training was offered (i.e., 1998/1999, 2001, and 2002-03). The questions were: (i) whether anyone from their facility had participated in the training during that time period, (ii) if so, was that person currently serving as an In-house PRP (or part of an In-house Resource Team), and (iii) for those who were not serving in this role, why not. The results to these questions are provided in Table 4.

For the P.I.E.C.E.S. training offered in 1998/99, 73% of facilities reported having someone from their facility attend that training. Of these, just over half (53%) were still serving as an In-house PRP within the facility. An additional 5% were on some type of leave (e.g., maternity, sick, etc.). Approximately two-thirds of those who were not serving in this role (N=92) no longer worked at the facility. In another 12 cases, the respondent indicated that the role could not be accommodated in the facility (most often because of lack of funding or staff, or because the person who had been trained was now in a different role (e.g., DOC, Administrator)).

In terms of the training offered in 2001, almost 60% of respondents reported that someone from their facility had participated in the training. Of these, approximately 70% were still serving as an In-house PRP within the facility. Of those who were not (N=66), just over half (56%) were no longer working at that facility, almost 8% were on leave, and in almost 8% of cases the facility could not accommodate the In-house PRP's role (usually because of lack of funding or staff, or because of the type of position that the person was in (e.g., a part-time or casual staff member)).

For the P.I.E.C.E.S. training offered in 2002-03, just over half of the respondents (56%) reported having someone from their facility attend the training. Of these, 81% were currently serving as an In-house PRP; an additional 6.5% had just completed training and were planning to serve in this role. As well, there were 3 facilities that reported having 2 individuals trained where 1 was serving as an In-house PRP and the other was not. Among those who were not serving as an In-house PRP (N=22), 10 no longer worked at the facility, 3 were on leave, and in another 3 cases the facility was unable to accommodate the In-house PRP role.

**Table 4: Participation in the P.I.E.C.E.S. Learning Initiative & Serving as an In-house PRP**

| Year | Did any staff members in your facility attend the P.I.E.C.E.S. learning initiative? | | If YES, is the person currently serving as an In-house PRP or as part of an In-house Resource Team? | | If NO, why not? | |
|---|---|---|---|---|---|---|
| | | | | (N=320) | | (N= 136) |
| 1998/1999 | Yes | 72.9% (320) | Yes | 53.1% (170) | No longer works at facility | 67.6% (92) |
| | No | 14.4% (63) | No | 42.5% (136) | On leave (sick, maternity/paternity, etc.) | 5.1% (7) |
| | | | Yes & No * | 2.5% (8) | Facility unable to accommodate role – e.g., | 8.8% (12) |
| | | | | | - lack of funding/staff | |
| | | | | | - person now in a different role | |
| | | | | | Other – e.g., | 16.9% (23) |
| | | | | | - don't know; wasn't at facility | |
| | | | | | - person now in a different role | |
| | | | | | - lack of funding/staff | |
| | | | | | - did not complete training | |
| | | | | | - lack of skills/ ability/ confidence | |
| | | | | | - another person hired who was trained | |
| | | | | | - not aware of P.I.E.C.E.S. | |
| | | | | (N=258) | | (N= 66 ) |
| 2001 | Yes | 58.8% (258) | Yes | 70.5% (182) | No longer works at facility | 56.1% (37) |
| | No | 28.0% (123) | No | 25.6% (66) | On leave (sick, maternity/paternity, etc.) | 7.6% (5) |
| | | | Yes & No * | 1.6% (4) | Facility unable to accommodate role – e.g., | 7.6% (5) |
| | | | | | - lack of funding/staff | |
| | | | | | - type of position (e.g., PT, casual) | |
| | | | | | Other – e.g., | 21.2% (14) |
| | | | | | - person now in a different role | |
| | | | | | - lack of funding/staff | |
| | | | | | - did not complete training | |
| | | | | | - lack of skills/ ability/ confidence | |
| | | | | | - type of position (e.g., PT, casual) | |
| | | | | | - not interested in serving in role | |
| | | | | (N=246) | | (N= 22) |
| 2002-03 | Yes | 56.0% (246) | Yes | 80.9% (199) | No longer works at facility | 45.5% (10) |
| | No | 29.8% (131) | No | 8.9% (22) | On leave (sick, maternity/paternity, etc.) | 13.6% (3) |
| | | | Yes & No * | 1.2% (3) | Facility unable to accommodate role – e.g., | 13.6% (3) |
| | | | Just completed training | 6.5% (16) | - lack of funding/staff | |
| | | | | | - person now in a different role | |
| | | | | | Other – e.g., | 18.2% (4) |
| | | | | | - lack of funding/staff | |
| | | | | | - did not complete training | |
| | | | | | - just starting to develop role/team | |

* "Yes & No" refers to situations where 2 individuals were trained and 1 is still working in the facility, but the other is not.
** Percentages may not sum to 100% because of missing values.

## Role of the In-House PRP

LTC facilities that had at least one person serving as an In-house PRP (N=372), were asked a series of questions about the activities undertaken by the PRPs as part of this role. These results are presented below.

Respondents were first asked how often the In-house PRP/Team served as a resource to other staff within the facility by detecting or flagging cognitive/mental health needs and associated behavioural issues. Just over 40% said "in most cases", 34% said "in some cases", and 15% said "in all cases" (see Table 5). Three percent of respondents said that their In-house PRP "never" undertook such activities.

**Table 5: Serving as a Resource to Other Facility Staff**

| How often is the In-house PRP/Team involved in serving as a resource to other facility staff by detecting or flagging cognitive/mental health needs and associated behavioural issues? | Percent (Number) of Responses (N=372) |
|---|---|
| Never | 3.0% (11) |
| In some cases | 34.1% (127) |
| In most cases | 41.7% (155) |
| In all cases | 15.1% (56) |

* Percentages may not sum to 100% because of missing values.

Respondents were then asked to rate the performance of their In-house PRP/Team in terms of serving as a resource to others using a 5-point scale (where 1 = "poor" and 5 = "excellent"). The average rating was 3.36 or between "good" and "very good" (see Table 6).

**Table 6: Rating of the Performance of the In-house PRP/Team in Serving as a Resource to Other Staff**

| | Poor 1 | Fair 2 | Good 3 | Very Good 4 | Excellent 5 | Mean (SD) |
|---|---|---|---|---|---|---|
| How would you rate the performance of the In-house PRP/Team in terms of their ability to serve as a resource to other facility staff by detecting or flagging cognitive/mental health needs and associated behavioural issues? | 1.6% (6) | 15.3% (57) | 30.9% (115) | 34.4% (128) | 9.1% (34) | 3.36 (0.9) |

* Percentages may not sum to 100% because of missing values.

When asked if the In-house PRP/Team uses the P.I.E.C.E.S. templates to assess residents, 89% reported that these templates are used "as needed when issues arise", approximately 25% said that these templates are used "at admission with some residents", and 15% said they were used "at admission with all residents" (see Table 7).

**Table 7: When the In-house PRP/Team uses the P.I.E.C.E.S. Templates**

| If the In-house PRP/Team uses the P.I.E.C.E.S. templates to assess residents, when is this done? | Percent (Number) of Responses (N=372) |
|---|---|
| At admission with all residents | 14.8% (55) |
| At admission with some residents | 25.3% (94) |
| As needed when issues arise | 89.0% (331) |
| Other *** | 9.9% (37) |

* Percentages may not sum to 100% because of missing values.
** Note: Percentages sum to more than 100% because more than response could be given.
*** "Other" includes: when requested (by physician, PRC, care team); annually; when refer to Outreach Team; for follow-up assessments, etc.

In terms of using assessment tools, 87% of respondents reported that such tools are used "when problems arise and staff are unable to manage the situation", 41% said they were used "after an intervention to assess the impact of the intervention", almost 30% said they were used "at admission with some residents" and 27% said they were used "at admission with all residents" (see Table 8).

**Table 8: When the In-house PRP/Team uses Assessment Tools to Collect Data**

| When does the In-house PRP/Team use assessment tools to collect data (e.g., Folstein MMSE, Cornell Scale for Depression, Cohen-Mansfield Agitation Inventory, Dementia Observation System, Abilities Assessment, Confusion Assessment Method)? | Percent (Number) of Responses (N=372) |
|---|---|
| Never | 1.3% (5) |
| At admission with some residents | 29.3% (109) |
| At admission with all residents | 27.4% (102) |
| When problems arise and staff are unable to manage the situation | 86.6% (322) |
| After an intervention to assess the impact of the intervention | 41.1% (153) |
| Other *** | 11.0% (41) |

* Percentages may not sum to 100% because of missing values.
** Note: Percentages sum to more than 100% because more than response could be given.
*** "Other" includes: when requested (e.g., by physician, DOC); annually; for referrals to Outreach Team; etc.

The respondents were also asked how often the In-house PRP/Team was involved in planning care with internal and external resources. In terms of internal resources, 37% of respondents reported that they were used "in some cases", 31% said they were used "in most cases" and 15% said they were used "in all cases" (see Table 9). In terms of external resources, 38% of respondents reported that they were used "in some cases", 26% said they were used "in most cases" and almost 17% said they were used "in all cases".

**Table 9: Involvement with Internal and External Resources**

| How often is the In-house PRP/Team involved in planning care with other resources internal and external to the facility (e.g., serving as a key contact for external resources such as a geriatric psychiatry outreach team or regional geriatric program)? | Internal Resources ** Percent (Number) of Responses | External Resources *** Percent (Number) of Responses |
|---|---|---|
| Never | 5.1% (19) | 8.6% (32) |
| In some cases | 37.1% (138) | 38.2% (142) |
| In most cases | 31.2% (116) | 25.8% (96) |
| In all cases | 15.3% (57) | 16.7% (62) |

* Percentages may not sum to 100% because of missing values.
** Examples provided of internal resources include: physicians/medical director; DOCs/nurse managers; social workers; multidisciplinary team; activation staff; dietary staff; family members; other In-house PRPs; pastoral care; etc.
*** Examples provided of external resources include: geriatric psychiatry outreach teams; PRCs; geriatric assessment programs/regional geriatric programs; Alzheimer Society; etc.

When asked if (and how) their In-house PRP/Team was involved in coaching other staff to develop the competencies associated with the P.I.E.C.E.S. learning initiative, 65% of respondents said "yes, by taking advantage of teachable moments", 55% said "yes, through teaching by example", and 51% said "yes, by working one-on-one with staff or small groups of staff" (see Table 10).

**Table 10: Involvement in Coaching Other Staff**

| Is the In-house PRP/Team involved in coaching other staff to develop the identified competencies? | Percent (Number) of Responses (N=372) |
|---|---|
| No | 8.1% (30) |
| Yes, by working one-on-one with staff or with small groups of staff | 51.1% (190) |
| Yes, by taking advantage of teachable moments | 65.1% (242) |
| Yes, through teaching by example | 55.1% (205) |
| Yes, other *** | 13.2% (49) |

* Percentages may not sum to 100% because of missing values.
** Note: Percentages sum to more than 100% because more than response could be given.
*** "Other" includes: in-services; care conferences/rounds; with/through the PRC; etc.

The respondents were asked if the functions of the In-house PRP(s) had been incorporated into the individual's job description. Forty-six percent said "no", 33% said "yes" and 15% said "not yet, but this is planned to occur within the next 6 months" (see Table 11).

**Table11: Incorporation of Functions into Job Description**

| In your facility, have the functions of the In-house PRP(s) been incorporated into the individual's job description? | Percent (Number) of Responses (N=372) |
|---|---|
| No | 46.0% (171) |
| Yes | 33.1% (123) |
| Not yet, but this is planned to occur within the next 6 months | 15.1% (56) |

* Percentages may not sum to 100% because of missing values.

The respondents were then asked to rate the success of the *Putting the P.I.E.C.E.S. Together* learning initiative using a 7-point scale (where 1 = "not at all successful" and 7 = "extremely successful"). The average rating was 4.2 or "fairly successful" (see Table 12).

**Table 12: Success of the *Putting the P.I.E.C.E.S. Together* Learning Initiative**

| Not at All Successful (1) | Limited Success (2) | Somewhat Successful (3) | Fairly Successful (4) | Quite Successful (5) | Very Successful (6) | Extremely Successful (7) | Mean (SD) |
|---|---|---|---|---|---|---|---|
| 0.5% (2) | 12.9% (48) | 13.4% (50) | 24.5% (91) | 25.5% (95) | 11.6% (43) | 4.8% (18) | 4.21 (1.4) |

* Percentages may not sum to 100% because of missing values.

Respondents were then provided with a list of factors and asked which one(s) had been a main factor in facilitating the successful of P.I.E.C.E.S.. The most frequently identified factors were: management support (identified by 74% of respondents); learning being integrated into ongoing practice (identified by 58% of respondents); and on-the-job reinforcement of learning (identified by 52% of respondents) (see Table 13).

**Table 13: Factors in Facilitating the success of P.I.E.C.E.S.**

| In your facility, what have been the main factors in facilitating the success of P.I.E.C.E.S.? | Percent (Number) of Those Responding "Yes" (N=372) |
|---|---|
| Management support | 73.9% (275) |
| Learning is integrated into ongoing practice | 58.3% (217) |
| On-the-job reinforcement of learning | 52.2% (194) |
| Learner perception that training content is relevant | 47.6% (177) |
| In-house PRP's comfort with change | 46.0% (171) |
| Staff feel valued | 42.2% (157) |
| Time is available for the In-house PRP/Team to undertake this role | 39.0% (145) |
| Sufficient authority | 35.2% (131) |
| Sufficient resources to implement new learning | 32.8% (122) |
| Well designed/delivered training | 27.7% (103) |
| Peers do not resist changes | 26.1% (97) |
| Other *** | 8.1% (30) |

* Percentages may not sum to 100% because of missing values.
** Note: Percentages sum to more than 100% because more than response could be given.
*** "Other" includes: support of PRC/other external resources; support of Medical Director/physicians; meetings with other In-house PRPs; empowering staff to take initiative/use materials learned; and staff/resident satisfaction (with process/outcomes).

Similarly, respondents were provided with another list of factors and asked to identify which one(s) had been the main factor in limiting the success of P.I.E.C.E.S.. The most frequently identified factors were: work and time pressures (identified by almost 82% of respondents); lack of funding for the In-house PRP role (identified by almost 49% of respondents); and pressure from peers to resist change (identified by almost 32% of respondents) (see Table 14).

**Table 14: Factors Limiting the success of P.I.E.C.E.S.**

| In your facility, what have been the main factors limiting the success of P.I.E.C.E.S.? | Percent (Number) of Those Responding "Yes" (N=372) |
|---|---|
| Work and time pressures | 81.7% (304) |
| Lack of funding for In-house PRP role | 48.9% (182) |
| Pressure from peers to resist changes | 31.5% (117) |
| Lack of sufficient resources to implement new learning | 19.4% (72) |
| Insufficient authority | 8.9% (33) |
| Learning is not integrated into ongoing practice | 8.3% (31) |
| Lack of on-the-job reinforcement of learning | 8.1% (30) |
| Staff not feeling valued | 7.0% (26) |
| Learner perception that training content is irrelevant | 5.1% (19) |
| In-house PRP's discomfort with change | 4.6% (17) |
| Lack of management support | 3.5% (13) |
| Poorly designed/delivered training | 2.4% (9) |
| Other *** | 14.5% (54) |

* Percentages may not sum to 100% because of missing values.
** Note: Percentages sum to more than 100% because more than response could be given.
*** "Other" includes: time constraints on In-house PRPs/lack of qualified staff for coverage; need for more In-house PRPs; lack of skill and/or commitment of In-house PRPs; and In-house PRP just completed training.

## P.I.E.C.E.S. Networks

The final set of questions asked about the In-house PRP's involvement in a local P.I.E.C.E.S. networks. Approximately 58% of respondents reported that their In-house PRP/Team participated in a local P.I.E.C.E.S. network (see Table 15). Of those who reported that their In-house PRP/Team did not participate (N=132), 41% said that it was because there was no network in their area. Other reasons for not participating included: not being aware of meetings; lack of time to participate in meetings; and lack of staff to replace the PRPs who would like to attend the meetings.

Of those facilities reporting that their In-house PRP/Team participates in a local P.I.E.C.E.S. network, almost one-third reported that these individuals participated on a regular basis and almost 90% reported that participating in such a network was beneficial (see Table 15).

**Table 15: Participation in Local P.I.E.C.E.S. Network**

| Does your In-house PRP/Team members participate in a local P.I.E.C.E.S. network (i.e., meeting with P.I.E.C.E.S.- trained persons from other LTC facilities and agencies)? | Percent (Number) of Respondents (N=372) |
|---|---|
| No | 35.5% (132) |
| Yes | 58.1% (216) |
| **If NO, why not?** | (N=132) |
| - there is no network in our area | 40.9% (54) |
| - other; e.g.: | 46.2% (61) |
| - unaware of meetings/network | |
| - lack of time to participate | |
| - lack of staff to replace PRP | |
| - timing/convenience of meetings | |
| - lack of interest | |
| - new PRP/plan to attend | |
| **If YES, does your In-house PRP/Team participate on a regular basis?** | (N=216) |
| No | 22.2% (48) |
| Yes | 66.2% (143) |
| **Has participating in the P.I.E.C.E.S. network been beneficial?** | (N=216) |
| No | 1.9% (4) |
| Yes | 89.8% (194) |
| Somewhat | 0.5% (1) |

* Percentages may not sum to 100% because of missing values.

Finally, respondents were invited to make any other comments about the P.I.E.C.E.S. learning initiative. These comments are summarized in Table 16.

The first part of the table provides some examples of quotes made by the respondents that reflected the positive feedback on the P.I.E.C.E.S. learning initiative. This is followed by examples of quotes reflecting the positive impact that the initiative had on LTC facility residents. The third section provides information on some of the drawbacks or limitations of the P.I.E.C.E.S. training. The last section of the table provides a summary of "other" comments.

**Table 16: Other Comments about the P.I.E.C.E.S. Learning Initiative**

**Positive Feedback Overall (28) – e.g.:**

- Staff member benefited greatly from the learning experience. Our goal is to work toward incorporating her skills/knowledge into her role here
- The doctors here are becoming more aware of the process we go through and are becoming more acceptable to making changes to the resident's care
- We have a dedicated nurse clinician role and this individual is P.I.E.C.E.S. trained and is an integral and invaluable member of the team. This has been a great opportunity for staff within LTC facilities. It not only gives us tools and knowledge for working with our residents with mental health problems but also gives us a common "language" when working with outside resources and other facilities. I am looking forward to having family doctors become more familiar with P.I.E.C.E.S.
- Our staff has found this program to be very rewarding. Many other staff members are requesting to attend future programs

- Training is very good. Staff enjoy training and feel more competent in dealing with complex issues. Major problem is funding for staff to be able to actively participate in testing residents and teaching staff
- Excellent program. Has been incorporated into the routine of the dementia care unit.
- The learning initiative was great. Must keep PRP's current and invaluable. The PRP's get 2 days a month to do their assessments – one day a week would be more helpful. The need is there
- I enjoy my P.I.E.C.E.S. training I try to use the tools when I have the time. Unfortunately it is added to my full schedule (workload). What is great is that the doctors that visit the facility, try to support P.I.E.C.E.S. and ask what tools can be used for different points to cases.
- All registered staff from each LTC facility should have the opportunity to receive P.I.E.C.E.S. education. It is limited to a small group of learners from each facilities with yearly refresher session for some learners
- The facility is still moving forward in its use of P.I.E.C.E.S. training. Staff are becoming more familiar and comfortable with it, and with each success are more eager to learn about how it works

**Benefits of P.I.E.C.E.S. to Residents (10) – e.g.:**

- PRP's are empowered by management to act in their role. Resident care has improved as a result. We have diminished unusual behaviour in residents as caregivers learn to care for them/approach them in "new" ways
- Very valuable to staff-gives them added knowledge, confidence to deal with difficult situations. Improves quality of life for resident
- It has been noted internally and externally that our 21 bed secure unit and other residents in our 84 bed facility all have behaviours managed successfully and there are many fewer “crises”.
- This program is excellent and most beneficial to resident's quality of life and family support. The facilitators of the program are excellent and believe in what they teach. It's exciting and they make it that way
- The training was and is essential to meet the needs of our residents. Our front line staff are looking forward to related training. The staff that have had training send a sincere Thank you.
- The program has truly been as beneficial to our residents and staff. I can't say enough about the positives. However, time and funding remains a challenge to meet its full capacity
- I believe it is one of the best programs available. The initiative has to ensure facilities put some money/resources toward use/teaching. As more is known about caring for people with dementia the better the care becomes.
- The P.I.E.C.E.S. learning initiatives help you to see the residents as a whole. It helps you understand a behaviour that will lead to a successful intervention.
- Provides a consistent straight forward framework to help develop staff objectively when dealing with a difficult situation.

**Needs Identified:**

- need funding for extra hours of In-house PRPs / lack of funding to support In-house PRPs (18)
- time constraints / lack of staff are constraints (10)
- need more In-house PRPs per facility (8)
- HCAs/PSWs/other staff need more training as well (6)
- need more education/support for In-house PRPs (e.g., ongoing education, refreshers, support of PRCs) (4)
- the value of the In-house PRP depends on the person in the role (e.g., confidence, interest, etc.) (3)
- would like to meet with other PRPs (3)

**Other:**

- newly trained In-house PRP / plan to implement program soon (11)
- would like In-house PRPs to do training for other staff in facility (2)
- wish more physicians were informed (1)
- still some confusion re: roles in mental health (1)
- main benefit is for the person trained (1)
- trying to do the best we can (1)

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