TMF
Health Quality Institute ⟩

Nursing Home Quality Initiative Coalition

The Nursing Home Quality Initiative Coalition (NHQIC) is a group of nursing home-related organizations in Texas focused on improving quality of care for all residents of nursing homes.

Members of the NHQIC include Texas Health Care Association, Texas Association of Homes & Services for the Aging, Texas Department of Aging & Disability Services including Regulatory Services, Quality Monitors and Ombudsman Services, State Representative Patrick Rose of District 45, AARP/Texas, Texas Medical Directors Association, TMF Health Quality Institute and membership from the provider community.

The Texas NHQIC is proud to act as a Local Area Network of Excellence (LANE) in support of the **"Advancing Excellence in America's Nursing Homes" quality campaign** and to sponsor the following resources to assist you in quality improvement:

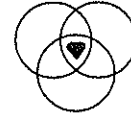- **Nursing Home Continuing Education Calendar**

For those facilities in the Dallas-Fort Worth area, **a pilot coalition of DFW area organizations** has been formed.

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ORGANIZATION

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MANAGEMENT

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Change Ideas for On-the-Job Support for New Workers

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Typical issues & evidence of discordance:	• Unresolved friction between newly hired CNAs and the residents they care for, their coworkers, or their supervisors. • New CNAs who fail provide less than quality care due to difficulties in handling the pressure of the fast-paced environment and adjusting to residents' individual needs. • A large percentage of CNAs quitting during their first three to six months on the job. • Newly hired CNAs frequently coming to work late or calling out.
Barriers:	• Nurse supervisors frequently do not see CNA supervision as part of their job description. Busy handling heavy workloads of their own and dealing with the fallout from problematic CNA behaviors such as lateness and call-outs, they tend to devote little time to supervising CNAs except to intervene in a crisis. • Nurse supervisors generally lack training or support in how to manage staff. The feedback they provide to the CNAs is often solely punitive, and the opportunity to help CNAs overcome challenges that may be keeping them from being reliable employees is lost. • Experienced staff often ignores or undermine new staff rather than offering them support.
Goal:	• To give new workers the support and training they need to become confident when doing the job. • To help new workers become attached to the organization and to the people they are caring for and working with. • To offer assistance to workers who need help in overcoming barriers to maintaining employment.
Infrastructure helpful to support the change:	• A peer mentor program with trainings and job descriptions for peer mentors that allows them time to interact with and support mentees. • Frequent in-service meetings for new employees with a focus on interpersonal communication, relationship-building and problem-solving skills • Formal training for everyone charged with supervisory duties. • Organization-wide adoption of a supportive supervisory approach • A redesign of the jobs of supervisory staff to allow time for effective supervision, which includes relationship-building and positive reinforcement as well as correction • An employee assistance program to help eligible workers access needed social and supportive services
Measurement possibilities:	• Keep track of turnover and retention rates to see if retention has improved, especially during the first six months of employment. • Poll residents cared for by new CNAs after their first three months on the
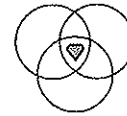
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job to see if the quality of care they receive and their relationships with CNAs improve under the new probationary procedures.

- o Review evaluations by peer mentors and supervisors periodically to determine whether new CNAs appear to be learning what they need to know and getting the support they need.
- Track use of employee assistance program and its effectiveness in resolving employment barriers for workers.

PDSA Cycles:

PLAN: Determine what supports are needed for new workers, mentors, and supervisors and put them in place, redesigning workloads as necessary to allow time for new duties.

DO: Make sure new hires are in frequent contact with well-trained mentors and supervisors with clearly defined and complementary roles. Hold regular training sessions for new workers to help them develop their skills and to give them a chance to talk about challenges encountered on the job. Help those who need assistance in accessing supports and services from government or community agencies.

STUDY: Through formal and informal polling, explore whether new hires feel more attached to your organization and more confident on the job after three months in the new system than they did in after the same amount of time in the old one.

ACT: Adjust your program as necessary based on feedback from CNAs, residents, supervisors, and mentors.

Questions to consider:

- What should be the role of a supervisor? Of a peer mentor?
- What services for low-income workers can we provide or tap into in the local community to help workers overcome potential barriers to continued employment?
- What skills do new CNAs need to learn or have reinforced during their few weeks on the job?

Change Ideas:

- Hold biweekly or monthly in-service training sessions to help new employees learn or solidify skills. If possible, build in opportunities for attendees to discuss situations they are encountering on the job
- Pair each new employee with a peer mentor who can answer questions, help resolve troublesome situations, and serve as a sounding board. Ensure that mentors check in with mentees regularly during their first three months on the job
- Have supervisors check in with new employees at least once a week during their first 30 days on the job to monitor their progress and provide guidance or support as needed
- Appoint a staff case manager or arrange with a local human services agency to provide as-needed counseling to help new hires obtain emergency loans, affordable transportation and childcare, food stamps, and other assistance needed to overcome obstacles to maintaining
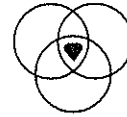
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employment.

- Help CNAs manage their limited finances by a) promoting the availability of the Earned Income Tax Credit (EITC) and letting staff know where they can find free tax-preparation assistance in order to qualify, b) providing no-interest emergency loans to be repaid through weekly paycheck deductions, and c) providing financial literacy classes at no cost to teach such things as the benefits and drawbacks of using credit cards and the difference between types of financial accounts, such as checking, savings, certificate-of deposit, and 401(k). Nonprofit facilities may also be able to offer employees individual development accounts, a means of saving in which the individual deposits money in a bank account for the purpose of buying a home, paying educational or training expenses, starting a small business, or saving for retirement. The employer matches each dollar deposited by a set amount, usually between $1 and $3.

Resources:
See Change Ideas for Orientation for peer mentoring recommendations

Creating a Culture of Retention: A coaching approach to paraprofessional supervision. Paraprofessional Healthcare Institute. September 2001. Available free of charge at http://www.directcareclearinghouse.org/download/Coaching.pdf A curriculum for teaching coaching supervision is also available through http://www.directcareclearinghouse.org

For information on Individual Development Accounts, see http://idanetwork.cfed.org/ or http://www.idanetwork.org/

The Federal Deposit Insurance Corporation offers a free educational tool, *Money Smart* that helps people understand basic banking. To order a hard copy or a CD-ROM, go to the FDIC website at http://www.fdic.gov/consumers/consumer/moneysmart/order.html or call (877) 275-3342. The curriculum is also available online in English and Spanish at http://www.fdic.gov/consumers/consumer/moneysmart/mscbi/mscbi.html

The IRS-operated VITA Program offers free tax assistance for individuals earning $36,000 or below who cannot prepare tax returns on their own. To locate the nearest VITA site, call (800) 829-1040.

For information on the Earned Income Tax Credit, visit http://www.irs.gov/eitc
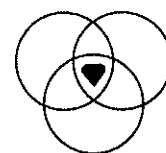
Finding and Keeping Direct-Care Staff. The Catholic Health Association of the United States and the Paraprofessional Healthcare Institute, 2003. Available free of charge at http://www.directcareclearinghouse.org/download/FindKeepBook.pdf

Care practice
Work Place Practice
Environment
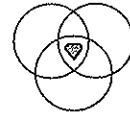
Change Ideas for On-the-Job Support for New Workers

Change Ideas for Consistent Assignment

Typical issues and evidence of discordance:

When employees are not given a consistent assignment they do not build relationships with their co-workers or with residents. Rotating staff means that each time there is a rotation or change in assignment the staff person has to take the time to figure out what the needs are of each new resident they are caring for and how to work with their co-workers for the day. This constant changing is hard for both residents and staff. Most of the care being done is very intimate personal care and residents find it hard to have strangers caring for their intimate needs, and to have to explain their needs time after time to new caregivers. When staff is unfamiliar with each other it is harder for them to have good teamwork together.

Definition:

Consistent assignment (sometimes called primary or permanent assignment) refers to the same caregivers (RN's, LPN's, CNA's) consistently caring for the same residents almost (80% of their shifts) every time they are on duty. The opposite of consistent assignment is the practice of rotating staff from one group of residents to the next after a certain period of time (weekly, monthly or quarterly). Facilities who have adopted consistent assignment never rotate their staff.

Barriers:

Many times frequent changes in shift and assignment are the result of short staffing. When there is not enough staff, the organization responds by plugging holes in the schedule with an available CNA. In other situations the policy of the nursing home is not to let people get attached to each other in the mistaken belief that if a close relationship develops and the resident dies the staff member will be inconsolable. Certain nursing homes don't think friends should work together. Still others prefer that everyone is trained on every unit and available everywhere. Others do not want staff to be "stuck" with "hard-to-care-for" residents. Ironically, inconsistent assignment exacerbates instability in staffing and conversely, consistent assignment fosters stability. Call outs and turnover are reduced when meaningful relationships develop in which workers know they are being counted on and respond by making sure that the care that is needed is given.

Goal:

- To strengthen and honor care-giving relationships
- To stabilize staffing and establish strong relationships between residents and staff and among co-workers to provide continuity, consistency, and familiarity in care giving.

Measurement possibilities:

How to calculate/measure if a facility is truly utilizing consistent assignment.

1. Collect one week per month, over the past 3 months, of staff assignment sheets (filled out by the nurse on the unit at the beginning of each shift) for each unit in the facility for both day shift and PM shift.
2. Choose 4 full-time (5 shifts per week) CNA's to track, 2 from day shift and 2 from PM shift from one unit.
3. The goal is to measure how often these CNA's took care of the same residents. In order to determine which residents/rooms to track with each CNA, look at the first 3 days of assignment sheets and determine the group of residents/rooms each care giver has been assigned to. For example, if one of the CNA's was assigned to a group for two of the
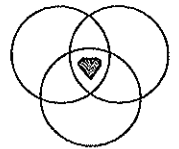
Change Ideas for Consistent Assignment

three days you were looking at, this would be the group that you would assume the caregiver is consistently assigned to. This will be the group of residents to track with the CNA

4. Now, look at all 21 days worth of assignments and calculate how often each CNA was assigned to the same rooms that you established was their primary assignment.
5. Because there are seven days in a week but the CNA's only work five, caring for the same group of residents five out of seven days equals 100%. Four out of seven days equals 80%, etc.
6. Add up all four of the CNA's numbers over the three weeks you examined to get the total percentage of time the same CNA's care for the same residents.

Example: For one unit

CNA's	Week 1	Week 2	Week 3	Total
Mary	3/5	5/5	4/5	12/15
Jay	5/5	4/5	5/5	14/15
Sam	4/5	4/5	5/5	13/15
Maria	3/5	5/5	2/5	10/15
Total=				49/60

82% of the time the full-time CNA's care for the same residents on this unit.
Note: This assumes that the leadership team is not rotating the CNA's quarterly.

PDSA Cycles: PLAN: Engage a team of staff, residents, and family to create an in-house "pool" to assist with any call outs.
DO: Provide monetary incentive
STUDY: Keep a log of facility call-outs for a set amount of time. Determine what is working and what is not working.
ACT: Continue utilizing the in-house "pool" and take additional steps to provide incentive.

Questions to consider:
- How does familiarity and routine help increase comfort and competence?
- How important are relationships to residents? To caregivers? To co-workers? To quality care?
- How does teamwork help improve care?
- Would you like different people toileting and bathing you each day?
- Would you like having a different team each day?
- What do residents experience when they have frequent changes in their caregivers?
- What do staff experience when their assignment is routinely changed? How does that affect their relationship to their work?

Change Ideas:
- Make a mutual commitment to consistent assignment – for staff that commit to a certain set schedule, commit back that they can count on that schedule.
- Find out from staff what their preferred schedule and assignments would be.
- Create teams that work regularly together.
- Ask teams to work with each other to provide back-ups and substitutes for when they
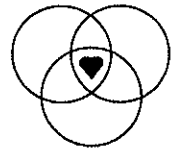
Change Ideas for Consistent Assignment

need to change their schedule or call in on a scheduled shift.
- Find out who on staff enjoys floating or prefers various assignments rather than destabilizing the whole staff by making everyone float.
- Have inter-shift communications among all staff from each work area, in which personal information about how each resident did for the day is shared, so as to ensure a smooth hand-off.
- Figure out when the busiest times are in accordance with the residents' patterns, and adjust schedules to have the help that's needed during those times.
- Have regular housekeeping and food-service staff working with each care area.
- When new staff is brought on, assign them to one work area so that they are familiar with a group of residents and co-workers and acclimate to the work with them.

Process to change from rotating assignment to consistent assignment:

1. Call two meetings, one with all of the CNA's from the day shift and one with all of the CNA's from the night shift.
2. Begin the meeting by explaining that nursing homes that have switched to consistent assignment have proven to the improve quality of care and life of the residents and the quality of work life for the staff. Suggest that we pilot test consistent assignment and see how it works.
3. Place each residents name on a post it note and place all of the post it notes on the wall.
4. Next, ask the group to rank each of the residents by degree of difficulty with number 1 being relatively easy to care, number 3 in the middle and number 5 being very difficult to care for (time consuming, emotionally draining, etc...). Let the CNA's discuss each resident and come to an agreement. Write the number on the resident's post it note.
5. Then, allow the CNA's to select their assignments. Assignments are fair when the numbers assigned to each resident add up to the other totals of the other CNA assignments. Therefore, if one assignment has six residents and another has eight residents but the degree of difficulty numbers total 27 then the assignments are fair. Relationships with residents are important and also should be part of the decision making process. The sequence of rooms is less important.
6. Meet every three months to reexamine that the assignments, based upon degree of difficulty, are still fair.

Associated principles

- Relationships are the cornerstone of culture change.
- Residents who are cared for by the same staff members come to see the people who care for them as "family."
- Staff that care for the same residents form a relationship and get great satisfaction from their work.
- When staff care for the same people daily they become familiar with their needs and desires in an entirely different way—and their work is easier because they are not spending extra time getting to know what the resident wants—they know from their own experience with the resident.
- When staff and residents know each other well, heir relationship makes it possible for care and services to be directed by the resident's routines, preferences, and needs.
- Relationships form over time – we do not form relationships with people we infrequently see. To encourage and support relationships, consistent assignment of both
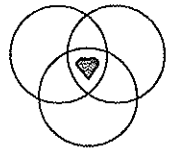
Change Ideas for Consistent Assignment

primary staff and ancillary staff is recommended.

- When staff routinely work together, they can problem-solve and find creative ways to re-organize daily living in their care area.
- Consistent assignment forms the building block for neighborhood-based living.

Resources:

1. Centers for Medicare & Medicaid Services (CMS). 5.0. What a difference management makes! Nursing staff turnover variation within a single labor market [Online]. From: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes. Phase II Final Report, Dec 2001. Available: http://www.cms.hhs.gov/medicaid/reports/rp1201-5.pdf, 15 Sep 2004.

2. Weech-Maldonado R, Meret-Hanke L, Neff MC, Mor V. Nurse staffing patterns and quality of care in nursing homes. Health Care Manage Rev. 2004 Apr-Jun; 29 (2): 107-16.

3. *"What a difference management makes!"* by Susan Eaton, Chapter 5, Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes (Phase II Final Report, December 2001). U.S. Department of Health and Human Services Report to Congress.

4. "PEAK: Pioneering Change to Promote Excellent Alternatives in Kansas Nursing Homes" by Lyn Norris-Baker, Gayle Doll, Linda Gray, Joan Kahl, and other members of the PEAK Education Initiative. http://www.ksu.edu/peak/booklet.htm

5. Burgio L.D., et al. Quality Of Care in the Nursing Home: Effects of Staff Assignment and Work Shift. *The Gerontologist* 2004 44(3): 368-377.

6. Campbell S., Primary Nursing: It Works in Long-Term Care. *Gerontological Nursing* 1985, issue 8, 12-16.

7. Cox, C., Kaesner, L., Montgomery, A., Marion, L. Quality of Life Nursing Care: An Experimental Trial in Long-Term Care. *Journal of Gerontological Nursing* 1991, issue 17, 6-11.

8. Patchner, M. Permanent Assignment: A Better Recipe for the Staffing of Aides. *Successful Nurse Aide Management in Nursing Homes* 1989, 66-75.

9. Grant, L. Organizational Predictors of Family Satisfaction in Nursing Facilities. *Seniors Housing and Care Journal* 2004, volume 12, 3-13.
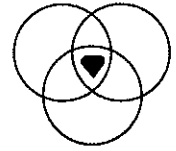
Change Ideas for Orientation

Typical issues & evidence of discordance:

- New CNAs picking up undesirable work habits from their peers rather than following facility protocol
- CNAs using care methods or espousing philosophies that were learned at an old job and that don't jibe with expectations at the new one
- CNAs being given responsibility for patient care before they feel ready to handle it
- Low morale among newly hired CNAs
- High turnover rates during the first six months of employment

Barriers:

- Employers with vacant CNA positions to fill often hesitate to lengthen orientation beyond two or three days
- Fulfilling detailed regulatory requirements and filling out the associated paperwork often occupies all the time allotted to orientation
- Employers believe the job is easy, so new CNAs don't need added supports and on-the-job training to solidify skills
- Employers don't see value of peer-to-peer education

Goal:

- To teach new CNAs about the organization's culture and values
- To ensure that new CNAs understand the facility's mission and values as well as its policies, procedures, and protocols
- To initiate and nurture relationships between new workers and the residents, supervisors, and peers they will be working with
- To reinforce new care giving skills among CNAs who have just completed training.

Infrastructure helpful to support the change:

- Extend orientation to last at least a week. Don't require new CNAs to carry a full patient care load during that time.
- Institute a peer mentor or buddy program

Measurement possibilities:

- Survey or informally interview newly hired CNAs soon after their first week to learn how confident they feel in doing their jobs, how well they understand the organization's mission and values, and how well they are relating to residents, coworkers, and supervisors. Talk to their peer mentors and supervisors to see if their observations back up what the CNAs say.
- Measure turnover during first three months to see if new orientation program reduces loss of new CNAs.

PDSA Cycles:

PLAN: Determine what is and is not working about your current orientation program, with input from some of your most successful and some of your newest CNAs.

DO: Design a new orientation program that lasts at least a week. Emphasize organizational values and communication with residents and other workers as well as policies and procedures. Include frequent check-ins by peer mentors and supervisors. Consider having new aides shadow peer mentors before taking on their own caseload.

STUDY: Check in with newly hired CNAs and their peer mentors and supervisors
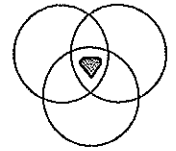
Change Ideas for Orientation

to see how they're adjusting to the organization and the job.

ACT: Based on the feedback from CNAs, mentors and supervisors, make changes to the orientation program as necessary

Questions to consider:
- Do we make our new nursing assistants feel welcome?
- Do we ask CNAs to handle a full workload before they feel ready?
- How do new CNAs learn about our organizational mission and values?
- Do our new CNAs have someone they feel comfortable approaching when they have a question or need advice or support?
- If a new CNA did something that didn't jibe with our facility's protocols or philosophy, would someone notice and correct the behavior before it became a habit?

Change Ideas:
- Teach newly hired nursing assistants about your organization's culture and values — things like the value placed on teamwork, what is meant by resident-centered care and how that plays out in the workplace, and how staff treat each other, residents, and residents' family members.
- Encourage supervisors to check in frequently with new workers during this period and offer support and advice, laying the groundwork for a positive and trusting relationship.
- Assign each new CNA a peer mentor.
- Have new hires shadow experienced workers and assist them with some of the easier tasks for a few days before giving them their own workloads.
- Establish clear expectations for what CNAs are expected to achieve during their first three months on the job if they are to move from probationary to permanent employment. Create checklists so supervisors or peer mentors can check off each goal as it is accomplished. Have each worker review his or her checklist with his or her supervisor at the end of the first three months.

Resources:

For descriptions of successful peer mentoring programs, go to http://www.directcareclearinghouse.org/practices/index.jsp and select "peer-mentoring"

A curriculum for teaching a peer mentor program will be available from the Paraprofessional Healthcare Institute as of fall or winter 2005. To order a copy, go to http://www.directcareclearinghouse.org or e-mail info@directcareclearinghouse.org

WFR Homework Assignment #1

Exit Interviews

Exit Interviews are done for many reasons. We are suggesting a post exit interview for employees who have left your employment in the past three months and exit interviews for those who leave within two weeks of their leaving employment. We suggest this as means for you to get a better handle on understanding your turnover and your retention. You may develop through this exercise, your own "cycle of turnover".

When conducting the interview, to get honest answers and reduce the possibility of distortion we suggest that some steps be taken to insure that the information you gather is valuable.

1. A trusted questioner: Having someone from the corporate office conduct the interview takes away the personal feelings that may be involved. Ex-employees may be hesitant to speak to someone that they may view as playing a role in why they left.

2. Build rapport during the interview: The interview should be done in a manner that opens up discussion. Tell the ex-employee that you are calling in hopes of making things better for people still working there and future employees, and you can only do this if you really understand their experience. This is an opportunity for the ex-employee to speak. The interviewer should be prepared to listen.

3. Keep it anonymous: Assure the person that the reason for their leaving will be kept confidential. It should be stressed that reason for the call is find out why they left employment and what can be done to improve the workplace.

4. Structure the process: You want to hear what they have to say, but you do not want it to drag on needlessly. People will have only limited time, so if you tell them in advance that it will not take too much of their time you will be putting in place a structure that encourages brevity. Twenty to thirty minutes is a useful amount of time to gather information unless there is a place where you feel a need to probe, in which case an interview could take longer.

5. Ask permission: Show respect for the person's time by asking first if they would be willing to talk to you, and if this is good time for them. If it is not a good time, ask them when would be good for them.

6. Ask Thoughtful Questions: Consider asking the following: "How would you describe the work environment? Does management respond to employee concerns in a thoughtful manner? Why have you decided to leave the company?" Also ask about general likes and dislikes – the more information you gather the better. We have put together some suggested questions for your consideration.

These exit and post exit interviews should be done only with employees that voluntarily resigned. Exclude those who were fired.

SOME QUESTIONS TO CONSIDER ASKING:

- What was your main reason for leaving?
- Were there other reasons for your leaving?
- Is there anything that could have been done early on to prevent you from leaving?
- Do you have any suggestions about how we could manage this situation/these issues better in future?
- How do you feel about (your company)?
- What was good/enjoyable/satisfying for you in your time with us?
- What has been frustrating/difficult/upsetting to you in your time with us?
- Do you feel that the training you had prepared you adequately for working here?
- What training and development did you find most helpful and enjoyable?
- Did you feel that you had an adequate orientation?
- Were your co-workers helpful/supportive?
- What can you say about communications within the home/your department?
- What improvements do you think can be made to resident service and relations?
- How would you describe the culture or 'feel' of the nursing home?
- How did your experience at our home compare with your experiences at other homes?
- What could you say about communications and relations between shifts and departments, and how these could be improved?
- Did the reality of the work differ from your expectations when you first joined us? How could your orientation been improved?
- What would you say about how you were motivated?
- What suggestion would you make to improve working conditions?
- What would you say about equipment and machinery that needs replacing or upgrading, or which isn't fully/properly used for any reason?
- What can you say about the way you were supervised?
- What, if any, are examples of policy, rules, instructions, that you found hard to live with that you can highlight?

- How could the nursing home reduce stress among employees where stress is an issue?
- What things did the nursing home or management do to make your job more difficult/frustrating?
- What was good about your experience working with us?
- What can we do to retain people?
- If we make changes, where would you suggest we start?
- Are you still working as a CNA?
- If a friend asked you, would you recommend that they take a job here?

Homework #1 Worksheet #1

Learning About Your Cycle of Turnover Through Exit Interviews

Instructions: Complete 1 worksheet for each employee who has voluntarily resigned.

Name of nursing home: _____

Name of employee: _____

Date left employment: _____ Length of employment: _____

Date of exit/post exit interview: _____

Describe the essence of the interview, using the ex-employees "own words" as much as possible:

Homework

Analyzing & Mapping Turnover

Instructions:

1.Compile and analyze information from worksheets into groupings based on reasons employees left.

2. Put the reasons into a chronological sequence. This is your own cycle of turnover.

3. Draw it.

4.Compare yours with your WFR team members.

5. Together draw a composite that incorporates information from each team member.