

RHODE ISLAND DEPARTMENT OF HEALTH
&
QUALITY PARTNERS OF RHODE ISLAND

INDIVIDUALIZED CARE PILOT-2 PROJECT

PROJECT TEAM WORKBOOK
Consistent Assignment



If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.

Antoine de Saint-Exupery

WELCOME!

ABOUT THE PILOT

Individualized Care Pilot for Nursing Homes

The Rhode Island Department of Health Office of Facilities Regulation conducted an Individualized Care Pilot (ICP) as part of the standard federal and state survey at nursing homes between November 1, 2007 and April 30, 2008.

The Individualized Care Pilot was developed in collaboration with the Centers for Medicare and Medicaid Services (CMS) and the Commonwealth Fund to promote individualized, resident-centered quality of care and quality of life for nursing home residents by:

- Disseminating understanding and awareness among nursing home providers, survey agency staff, nursing home residents, and other stakeholders of how federal and state regulations support and mandate implementation of individualized, resident-centered care in order to achieve the highest practicable physical, mental, and psycho-social well-being for each nursing home resident;
- Supporting implementation of practices that meet regulatory requirements and accomplish individualized resident-centered care in three key areas:

Resident-Directed Choice;
Staff-Resident Relationships; and
Personalized Environment.

What ensued was an array of important discussions, products and events that built relationships and community among providers, the QIO and the Rhode Island Department of Health Office of Facilities Regulation. Because these groups were able to work together to identify issues, share important information, find solutions to long held myths and beliefs, common ground was discovered on which change leading to individualized care could be made.

As the Pilot gathered momentum, the Commonwealth Fund graciously accepted the offer to further support the work of the partners involved in the Pilot. This support would provide the chance for nursing homes to implement a change process. We now affectionately call this part of the Pilot the ICP-2!

There is much more information that can be learned about the Individualized Care Pilot. It can be found at: <http://www.health.ri.gov/hsr/facilities/icp.php>. There you can find the whole story.

CREATING CHANGE

This booklet, though simple in form, is an effort for you and the team to organize your project and be able to think through what it is that you are trying to accomplish and how you will go about getting it done. It includes templates and work pages for you to document your journey along with an array of educational tools

to help along the way. It's no magic bullet to creating the change you want but hopefully, it will help you to keep things moving along.

Section A: Project Planning Tools

Section B: Education & Training

Section C: Calendar of Events

INDIVIDUALIZED CARE PILOT-2 PROJECT

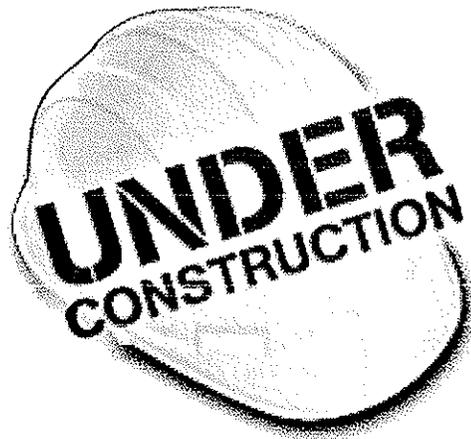
SECTION A

PROJECT PLANNING TOOLS
Consistent Assignment

PROJECT PLANNING

There are a few things you are going to need to accomplish this work. Here is a checklist of items.

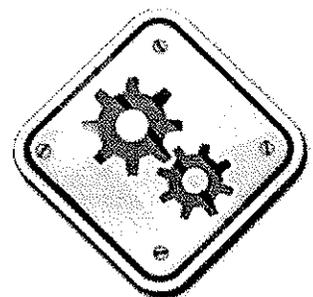
- A Good Team**- Look for a good mix of talents and skills. Don't forget a resident and a family member or two.
- A Project Planner Window Pane**
- Project Planner**
- A Measurement Strategy**
- Flow Meeting Planner**
- A Sense of Humor**



WE'RE HELPING TO CONSTRUCT A NEW FUTURE

Meet the Team

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



PROJECT PLANNER WINDOW PANE

This window Pane will help remind you about the key tasks that will support your success.

CREATING A TEAM

- Right mix of people
- “Spark Plugs”
- Families
- Residents

PROJECT PREP

- Reviewing the process
- Create the Goal
- Managing Time

IMPLEMENTATION PLAN

- Put the Plan into action
- Use the Calendar of Events to aid you

EDUCATION

- Collaboration
- Resources
 - Packets
 - ICP-2 Team

MEASUREMENT

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

VISIBILITY

- How will others know what is going on?
- Storyboards
- Table Tents
- Map of the journey

COLLABORATION

- ICP-2 Team QPRI & HEALTH
- Other Pilot participants
- Calls & gatherings

STAYING ON TARGET

- Flow meeting

SHARING WITH THE WIDER WORLD

- How will you share your story?
- What tools and products did you create to implement the process?

PROJECT PLAN

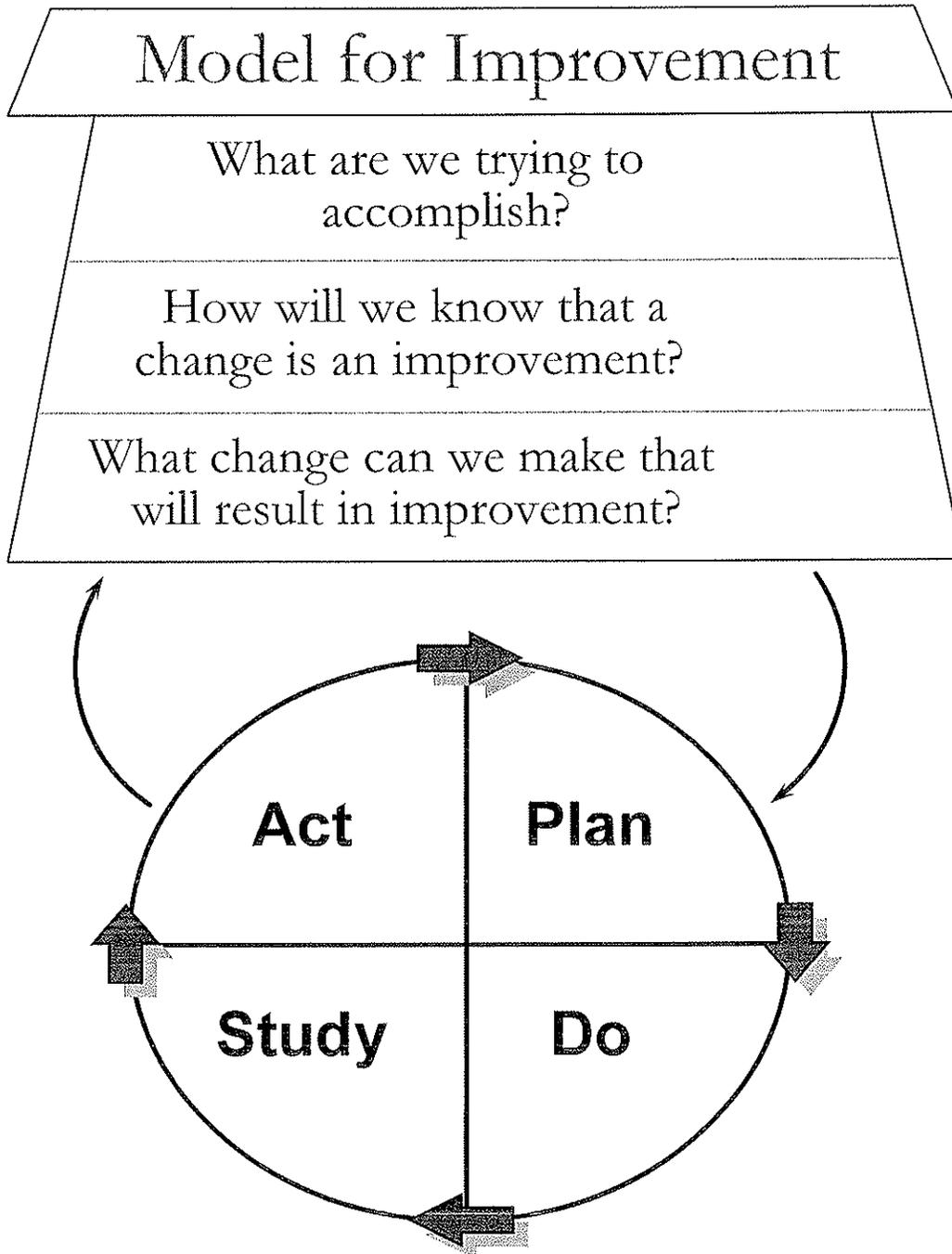
Write what you are thinking as you enter into this process.

1. What are we trying to **accomplish**?
2. **Why** is it important to make this change?
3. What are the **benefits** to those who live, visit and work here?
4. What **current practice** might have to change in order to accomplish this?
5. What **new approach** do you believe will improve or replace the practice described above?
6. What are four steps that you will take to carry out this project?
7. For what **specific results** are you aiming?

Have the team share their thoughts when you are all together. Discuss your answers. Listen carefully to what everyone has to say.

MEASUREMENT

This Model for Improvement can help you to consider a variety of ways to measure your work..



Flow Meeting:
Who:

_____/_____/2008
_____:____ AM/PM

1. What has been achieved thus far?

2. What has been working?

3. What have been some of the barriers/ obstacles we have faced?

4. What have we done so far or still need to do to overcome these obstacles?

5. What bridges or other connections to other resources do we need?

6. Are we keeping close to our time line?

Action items:

SECTION B

EDUCATION & TRAINING

Consistent Assignment



Consistent Assignment

Definition: Consistent assignment (sometimes called primary or permanent assignment) refers to the same caregivers (RNs, LPNs, CNAs) 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.

A few strong arguments for adopting consistent assignment include:

- 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, their 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 don’t often see. To encourage and support relationships, consistent assignment of both 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.

Typical issues: When employees are not given a consistent assignment, they are not as likely to build relationships with their co-workers or with residents that create a deep sense of satisfaction and “knowing.” 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 in-

timate 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.

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.

Regulatory Support: There is no regulatory requirement mandating the practice of consistent assignment. However, this practice can contribute to successfully meeting regulations found under the *Quality of Life* and *Quality of Care* requirements of the federal regulations in OBRA '87.

The interpretive guidelines for *F240 Quality of Life* states, "The intention of the quality of life requirements specify the facility's responsibilities toward creating and sustaining an environment that humanizes and individualizes each resident." Additionally, regulatory language found under *F241 Dignity*, *F242 Self-Determination and Participation*, and

F246 Accommodation of Needs all include the nursing home's responsibility to create and maintain an environment that supports each resident's individuality.

The practice of consistent assignment provides staff and residents the opportunity to build strong relationships that result in staff knowing and supporting each resident as an individual. It helps create an environment that promotes staff to learn about and support a resident's likes, preferences and interests, which is directly supported by the intent of the quality of life requirements.

Strong caregiver-resident relationships can also lead to positive quality of care outcomes. Meeting the intent of the *Quality of Care* requirements found in OBRA '87 is heavily dependent on the direct caregiver implementing the resident's care plan (*F282 Services provided by qualified person in accordance with each resident's written plan of care*). If staff has the opportunity to work with residents on a consistent basis, then staff will be more familiar with care plan goals and treatment objectives. This can result in consistent implementation of care plan approaches. It also provides opportunities for staff to promptly identify when care plans need revision due to a resident's refusal, preferences related to treatment, or a decline in the resident's condition (*F280 A comprehensive care plan must be - (ii) Periodically reviewed and revised by a team of qualified persons after each assessment.*).

The better that staff know each individual resident they work with, the more likely the intent of the *Quality of Life* and *Quality of Care* requirements will be met.

Goals:

- 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.

Making the Change: There are many ways to undergo the change process. A good start is to think about who can help and to plan in a systematic way the necessary steps, ensuring that it is not a top-down edict but a shared commitment on the part of the community based on need creates a climate ripe for change. A helpful tool can be the Model for Improvement that uses the PDSA Cycle (Plan-Do-Study-Act). This is a way to systematically go through a change process in a thoughtful way.

With your committees and groups ask:

1. What are we trying to accomplish? (Example: Better relationships; less turnover of staff; greater satisfaction among families and residents?) Naming and articulating what it is that you are trying to accomplish will help you months from now (when you are in the thick of things!) to remember the original intention of the change.
2. How will we know a change is an improvement? This is the question that begs a measurement response.
3. What changes can we make that will result in an improvement? Go study your subject-find out what others have done, take a road trip, phone a friend, go to a Pioneer conference, talk with experts-ask others to do the same.

Sometimes after having this conversation, a committee will be energized and ready to try everything. After all, they are all great ideas that will benefit residents and staff in the long run. It's also a homegrown solution to a problem or challenge faced by the organization. Though tempting, it is important not to try all of these ideas at once. Try one idea, roll it out on a small sample or pilot, test it, measure it. If it's not working tweak it. This process is called a PDSA cycle. It looks like this.

Plan: Each PDSA cycle has an objective and a measure. In this phase, create it.

Do: Activate the plan and collect data using the method the team decided upon to measure your success. As much as possible do this on a small scale. Don't try the change on the whole home; try it on a few people or a wing, unit or neighborhood. Small is better. You can keep tweaking and adding to your sample as you see success.

Many teams go as far as Plan-Do. Some teams become very involved in the doing but sometimes find themselves in the midst of many failures without knowing what went wrong or why. The process invites the team to study their activity to ensure they are heading in the right direction. Even finding that one is heading in the wrong direction can offer valuable feedback to a committed team. The next step then, is the study phase.

Study: Test the hypothesis out. Stay open to the possibilities. There are many things you might find happen that you didn't expect. Be sure to note these unexpected gains.

Sometime, after having this conversation a committee will be energized and ready to try everything. After all, they are all great ideas that will benefit residents and staff in the long run.

It's also a homegrown solution to a problem or challenge faced by the organization. Though tempting, it is important not to try all of these ideas at once. Try one idea, roll it out on a small sample or pilot, test it, measure it. If it's not working tweak it. This process is called a PDSA cycle. It looks like this.

Act: Once you have completed the process identified above, you will have a more complete understanding of the challenge or problem. Now armed with very specific information and data you have three options:

- Adapt the change
- Adopt the change
- Abort the change

This entire process can be done in a very public way by using storyboards to journey the process. Remembering to celebrate the success of the process is an important feature of the story helping staff, families and resident alike to witness the ongoing efforts made to improve the home.

Measuring Success: Here is a simple way to calculate/measure consistent assignment efforts.

1. Collect one week per month of staff assignment sheets (filled out by the nurse on the unit at the beginning of each shift). Gather this information for each unit in the facility for both day shift and PM shift from the past 3 months.
2. Choose 4 full-time (5 shifts per week) CNAs to track, 2 from day shift and 2 from PM shift from one unit.
3. The goal is to measure how often these CNAs 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 CNAs was assigned to a group for two of the three days you were looking at, this would be the group that you would assume the care-giver 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 CNAs 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 CNAs numbers over the three weeks you examined to get the total percentage of time the same CNAs care for the same residents.

Example: For one unit

CNAs	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 (49/60), the full-time CNAs care for the same residents on this unit.

Note: This assumes that the leadership team is not rotating the CNAs quarterly.

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 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 is needed during those times.
- Have regular housekeeping and food-service staff working with each care area.

When new staff are 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. Bring together CNAs from each shift. This might require having a number of separate meetings. Be sure everyone is included.
2. Begin the meeting by explaining that nursing homes that have switched to consistent assignment have proven to improve the 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 resident's 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 CNAs discuss each resident and come to an agreement. Write the number on the resident's post it note.
5. Then, allow the CNAs 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.

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.

Created and distributed by:



Quality Partners of Rhode Island designed this material under contract with the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. Contents do not necessarily represent CMS policy.

Updated: August 31, 2007

Contributors include:

Quality Partners of RI
RI Department of Health
B&F Consulting

SECTION C

CALENDAR OF EVENTS *Consistent Assignment*

*Take the planning tool shown on the next pages to plot the course of your project.
Don't forget to reference the small box in the bottom right corner to create reminders for each month.*

Month 1

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
1	2	3	4	5	6	7
8 Week 1	9	10	11 Kick-off! 	12	13	14
15 Week 2	16	17	18	19	20	21
22 Week 3	23	24	25	26	27	28
29 Week 4	30			Important Dates & Events: <ol style="list-style-type: none"> 1. Team Gatherings 2. Response & Reflection Time 3. Planning & Staying on target Time 4. Acknowledge the team 5. Make Visible the Work 6. Show the progress 		

Month 2

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
		1	2	3	4	5
6 Week 5	7	8	9	10	11	12
13 Week 6	14	15	16	17	18	19
20 Week 7	21	22	23	24	25	26
27 Week 8	28	29	30	31		

- Important Dates & Events:**
1. Team Gatherings
 2. Response & Reflection Time
 3. Planning & Staying on target Time
 4. Acknowledge the team
 5. Make Visible the Work
 6. Show the progress
 7. Other

Month 3

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
					1	2
3 Week 9	4	5	6	7	8	9
10 Week 10	11	12	13	14	15	16
17 Week 11	18	19	20	21	22	23
24 Week 12 Halfway Point! 1/2!	25	26	27 Where are you in the process?	28	29	30
31 Week 13						

- Important Dates & Events:**
1. Team Gatherings
 2. Response & Reflection Time
 3. Planning & Staying on target Time
 4. Acknowledge the team
 5. Make Visible the Work
 6. Show the progress
 7. Other

Month 4

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1	2	3	4	5	6
7 Week 14	8	9	10	11	12	13
14 Week 15	15	16	17	18	19	20
21 Week 16	22	23	24	25	26	27
28 Week 17	29	30				

- Important Dates & Events:**
1. Team Gatherings
 2. Response & Reflection Time
 3. Planning & Staying on target Time
 4. Acknowledge the team
 5. Make Visible the Work
 6. Show the progress
 7. Other

Month 5

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			1	2	3	4
5 Week 18	6	7	8	9	10	11
12 Week 19	13	14	15	16	17	18
19 Week 20	20	21	22	23	24	25
26 Week 21	27	28	29	30	31	

- Important Dates & Events:**
1. Team Gatherings
 2. Response & Reflection Time
 3. Planning & Staying on target Time
 4. Acknowledge the team
 5. Make Visible the Work
 6. Show the progress
 7. Other

Month 6

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
						1
2 Week 22	3	4	5	6	7	8
9 Week 23	10	11	12	13	14	15
16 Week 24	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

- Important Dates & Events:**
1. Team Gatherings
 2. Response & Reflection Time
 3. Planning & Staying on target Time
 4. Acknowledge the team
 5. Make Visible the Work
 6. Show the progress
 7. Other