

Operationalizing Consistent Assignment

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Faculty:

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Agenda for Today:

The Why of Consistent Assignment

The How of Consistent Assignment:

What's Needed for Consistent Assignment to Work

From Consistent to Dedicated Assignments

Making the Most of Dedicated Assignments

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The Why of Consistent Assignments

The Why of Consistent Assignments



What was it like
to be helped to
drink?

Receiving Intimate Care is Emotionally Difficult

*How Care is Provided
Really Matters*

The Why of Consistent Assignments



What difference
would it make to
have the same
caregiver?

The Importance of Consistent Assignments

*Interviews with
Residents, CNAs and Families
at*

www.bandfconsultinginc.com

*Free Resources
Consistent Assignment*

Consistent Assignment Benefits

- Residents feel safe
- Families feel in partnership with caregiver
- Better Clinical results – catch problems early and know how to intervene
- Accountability and Trust among care team
- Dedicated CNAs contribute to care planning and QI
- More accurate documentation (for care, survey, and reimbursement)

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Relationships Determine Outcomes

Deming said:

- Quality, the **result**, is a function of quality, the **process**
- Cannot continuously improve interdependent systems and **processes** until you progressively improve interdependent, interpersonal **relationships**

Covey, 1991

Theory of relational coordination:

- Relationships with the resident are shaped by the relationships among all those who are caring for the resident
- It is the *community* of relationships that shapes the resident experience

Jody Hoffer Gittel
Brandeis University

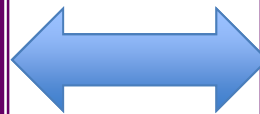
Dimensions of Relational Coordination

Interdisciplinary ~ Interdepartmental

Across Shifts and Days

Communication

- Frequent
- Timely
- Accurate
- Problem-solving



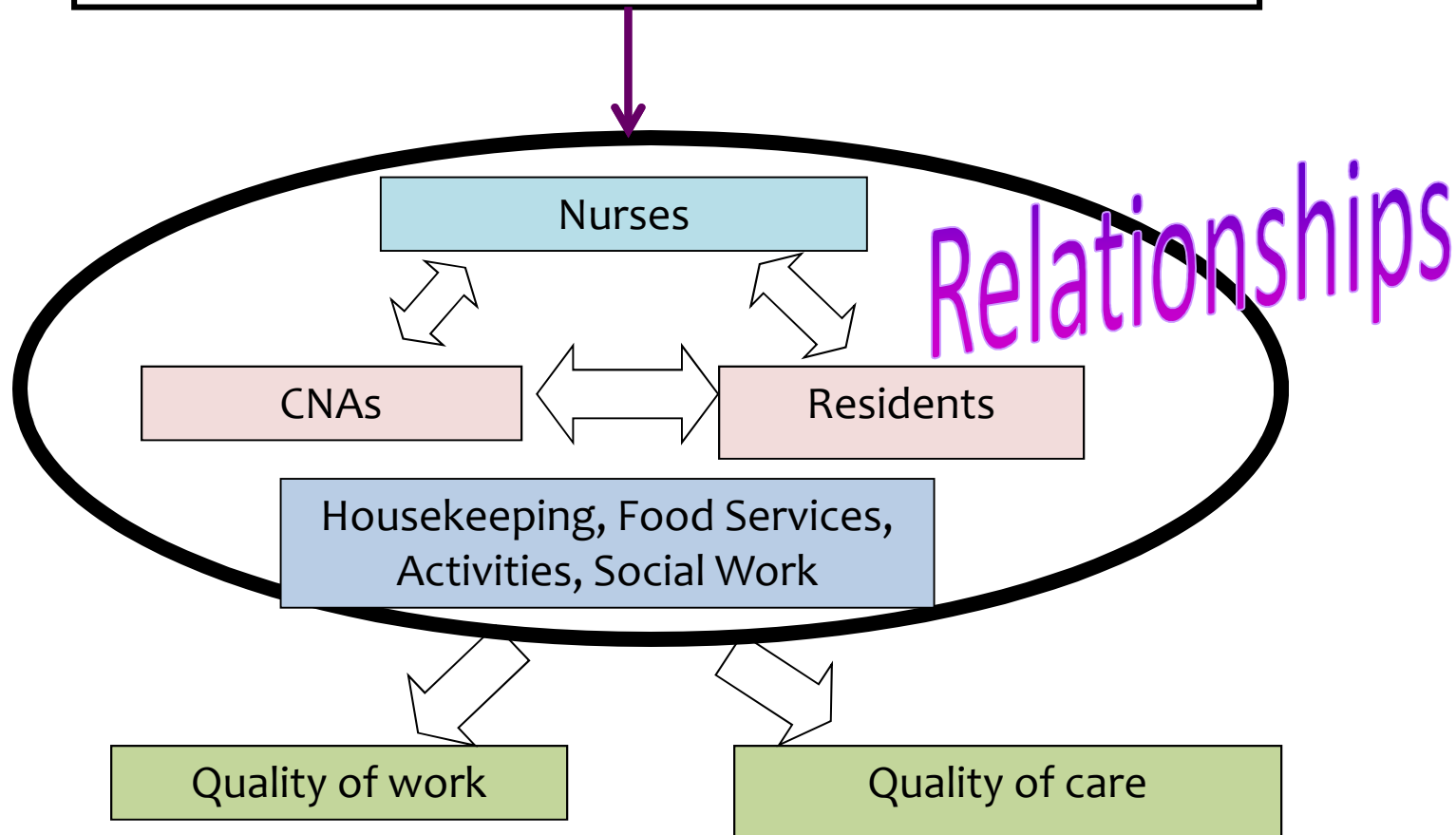
Relationship

- Shared Goals
- Shared Knowledge
- Mutual Respect

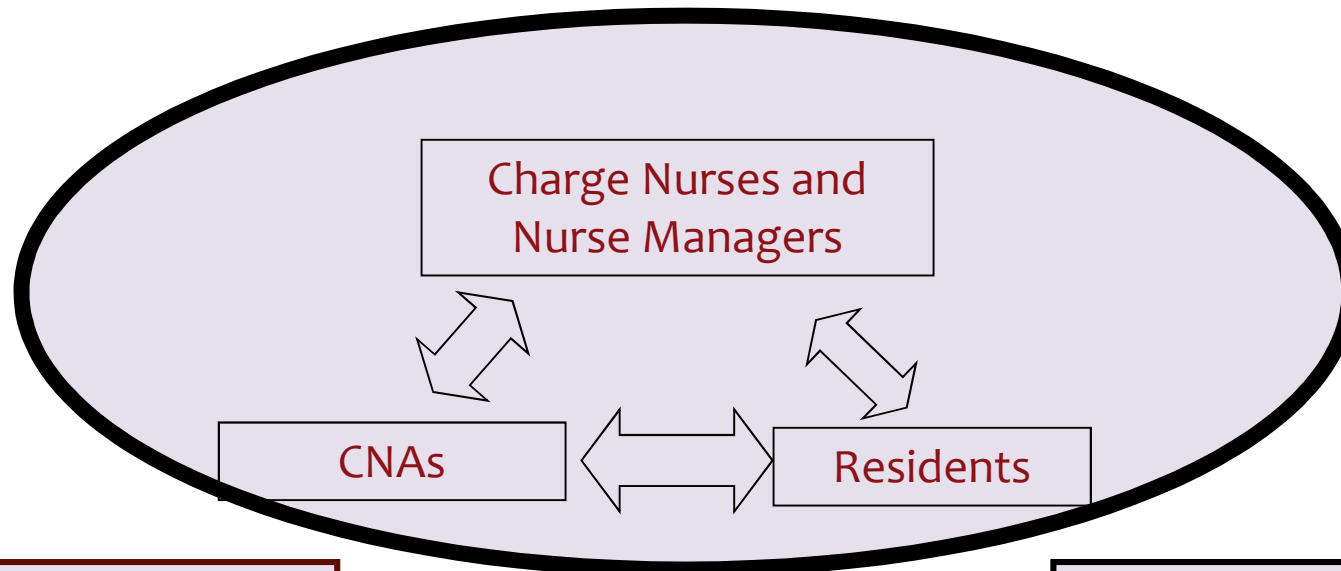
Jody Hoffer Gittel
Brandeis University

Relationships Closest to the Resident Matter Most

Interdisciplinary and
Interdepartmental Collaboration
within and across units and shifts



Relational Coordination for Staff-Resident Assignments



LOW:

Staff rotate to different residents after some interval of time

HIGH:

Staff work with the same residents throughout the residents' stay



Communication and Relationship Factors

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Evidence Supporting Consistent Assignment

Bowers BJ. “Turnover Reinterpreted: CNAs Talk About Why They Leave.” Journal of Gerontological Nursing 29.3 (March 2003): 36-44.

- Change staffing and personnel policies to better demonstrate respect and appreciation
 - reducing turnover
 - enhancing quality of work and care
- Rotating staff made CNAs feel less valued for their skill and knowledge
- CNAs defined ‘good caregiving’ as based on the establishment and maintenance of good relationships with residents
- CNAs felt any disruption to these relationships was detrimental to the quality of the care provided and the quality of residents’ lives
- Even with verbal recognition of a job well done, CNAs felt the management’ s staffing decisions were contradictory to the acknowledgement.

David Farrell 2005

Evidence Supporting Consistent Assignment

Bowers BJ, Fibich B, Jacobson N. “Care-as-service, care-as-relating, care-as-comfort: understanding nursing home residents' definitions of quality.” The Gerontologist 41.4 (August 2001): 539-45.

- Focus of study - explore how nursing home residents define quality:
- Divided into three groups:
 - care-as-service, care-as-relating, and care-as-comfort.
 - Of the study population, 16 identified **relating** as most important
 - Care-as-relating residents identified aides' willingness to share information about their personal lives...as an example of high-quality care
 - These residents “saw **reciprocity** as evidence of good relationships and thus of good quality care.”
 - 6 care-as-comfort residents also mentioned the importance of having good relationships with staff

Evidence Supporting Consistent Assignment

Bowers BJ, Esmond S, Jacobson N. “The Relationship Between Staffing and Quality in Long-Term Care Facilities, Exploring the Views of Nurse Aides.” Journal of Nursing Care Quality 14.4 (July 2000): 55-64.

- Examined how adequate staffing levels and ensuring quality of care are linked
- Used participant observation and in-depth interviewing of nurse CNAs
 - The relationship between the nurse aide and the resident was deemed the central determinant of quality of care by CNAs
 - High-quality care is care that is given “affectionately” or “individually”
 - Familiarity and relationships are necessary for quality of care
 - Adequate and consistent staffing help foster relationships

Evidence Supporting Consistent Assignment

Burgio LD, Fisher SE, Fairchild JK, Scilley K, Hardin M.

“Quality of Care in the Nursing Home: Effects of Staff Assignment and Work Shift.” The Gerontologist 44.3 (2004): 368-377.

- Compared 2 nursing homes with permanent assignments to 2 nursing homes with rotating assignments
 - Residents living in permanent assignment nursing homes received significantly higher ratings of personal appearance and hygiene than residents in rotating assignment homes
 - Nurse aides working in permanent assignment homes reported higher job satisfaction than those working in rotating assignment homes

Evidence Supporting Consistent Assignment

Campbell S. “Primary nursing: It works in long-term care.”
Journal of Gerontological Nursing 8 (1985): 12-16.

- Evaluate effectiveness of primary nursing assignment:
 - Care Outcomes
 - One year after implementation - 75% reduction in the incidence of decubitus ulcers
 - 18% decrease in patient death rate
 - 11% increase in patient discharge to lower levels of care
 - Two years after - 36% increase in the number of ambulatory patients
 - Nursing Staff Outcomes
 - One year after implementation - turnover rate declined by 29%
 - After implementation nurses reported:
 - feeling more accountable by 26%

Evidence Supporting Consistent Assignment

Caudill M. “Turnover Among Nursing Assistants: Why They Leave and Why They Stay.” The Journal of Long-Term Care Administration 29 (1991–1992): 31.

Focused on the responses from a questionnaire given to nurse assistants:

- Effects on tenure:
 - Longer tenure ensures that staff becomes more familiar with the residents
 - Bonding occurs
 - Responsibility for the residents is enhanced
 - Quality of care improves.”
- Staff input: Of those nursing assistants who said they had input into the planning of care for their patients, 84% planned to stay in their jobs
- Relationships: When asked ‘What is most important to you?’
 - The nurse assistants planning to stay in their jobs reported “their own personal feelings for their patients” were most important to them.
- Changing assignments: Changing patient assignments daily was correlated with those nursing assistants who were planning to leave

David Farrell 2005

Evidence Supporting Consistent Assignment

Cox CL, Kaeser L, Montgomery AC, Marion LH. “Quality of life nursing care: An experimental trial in long-term care.”
Journal of Gerontological Nursing 17 (1991): 6-11.

- Quality of Life Nursing Care (QLNC) model:
 - Four components:
 - permanent assignment
 - focus on the resident’s choice and control
 - provide case-managed nursing care
 - permanent resident-centered scheduling
 - From pre- to post-test - residents on the experimental units reported significant increases in control, choice, and well-being
 - Experimental unit staff perceived:
 - quality of care to be higher
 - expressed a more positive attitude toward resident choice

Evidence Supporting Consistent Assignment

Goldman BD. “Nontraditional staffing models in long-term care.” Journal of Gerontological Nursing 24 (1998): 29-34.

- Advantages with implementing primary nursing care:
 - Residents feel more comfortable and secure
 - Resident care is improved, staff take responsibility for the care provided
 - Increase in job satisfaction
 - Staff can anticipate residents’ needs
 - Staff is accountable for their residents, taking pride in resident improvements and successes
 - Summary:
 - “A supportive, homelike environment exists when residents and staff build strong relationships and when residents’ needs can be responded to in a timely, consistent manner.”

David Farrell 2005

Evidence Supporting Consistent Assignment

Mueller C. “A Framework for Nurse Staffing in Long-Term Care Facilities.” Geriatric Nursing 21.5 (September-October 2000): 262-7.

- Framework for Nurse Staffing in Long-Term Care Facilities:
 - Provides ways to evaluate staffing needs and to develop staffing approaches that are specific to their facility
 - Each resident’ s needs vary emotionally and physically
 - Technical assistance and time required of staff will also vary
 - Accurately and consistently identifying each resident’ s multidimensional and comprehensive needs is integral

Evidence Supporting Consistent Assignment

Patchner MA. “Permanent assignment: A better recipe for the staffing of aides.” Successful nurse aide management in nursing homes Phoenix, AZ; Oryx Press, 1989: 66-75.

- Goal: Decreasing the turnover rate to reduce costs of orientation, education, and hiring new employees
- Changes in staffing assignment, job satisfaction, motivation, and performance
 - Benefits:
 - An increase in productivity of nurse aides
 - Good method of measuring productivity
 - Good method of orienting nurse aides

Evidence Supporting Consistent Assignment

Mary Lescoe-Long and Michael Long:

“Identifying Behavior Change Intervention Points to Improve Staff Retention in Nursing Homes.”

Family Member Perspective –

- Personal empathy – know my mom as a person
- Knowing only comes about consistency
- Facilitates getting to know and trust caregivers
- Helps to know who to go to with questions
- Gives family members peace of mind

Evidence Supporting Consistent Assignment

Eaton S. “Beyond Unloving Care - Linking Human Resource Management and Patient Care Quality in Nursing Homes.”
International Journal of Human Resource Management 3
(June 11, 2000): 591-616.

- Lower Quality homes:
 - Staff feel overwhelmed by demands
 - Manage as if cost efficiency is main goal
 - “The relationship of turnover to patient care is clear and well documented: higher turnover interrupts continuity of care and is associated with lower patient-care outcomes.” (*Harrington 1996*)
- Higher Quality homes:
 - “In higher-quality homes, the amount of social engagement between residents and staff, and among residents, is far higher.” (*Mor et al., 1995*)
 - Have adequate staffing, nurse aides assist each other, teamwork approach on the unit
 - “Patient-specific knowledge is crucially important in ensuring quality of life, safety and adequate care.”

David Farrell 2005

Retention is All About Relationships

Valued in low turnover facilities

- Between co-workers
- Across departments
- Between supervisors
- Frontline and supervisors
- Staff and residents
- Between residents
- Staff and resident's family members

What a difference management makes!

Eaton, S. 2001

David Farrell 2005

STOP and WATCH

Works best when
staff know residents well,
through consistent assignments

“Caring” for Clinical Outcomes

Tacit knowledge:

- Lifting and turning safely
- Who has grandchildren
- Who wears glasses for what
- Individual preferences

Eaton, S., “Beyond
Unloving Care.” 2000

David Farrell 2005

Consumer Perspective on Quality Care: The Residents' Point of View

Question:

What's most important for quality care?

Answer:

Kind, caring staff, who know me as a person, and help me continue to be myself

NCCNHR 1995

OBRA '87

Requires each nursing home to
provide care and services to:

***attain or maintain
the highest practicable
physical, mental, and psychosocial
well-being of each resident***

Highest Practicable =
No “avoidable” decline

Unavoidable =
natural progression of a
resident’s disease or condition

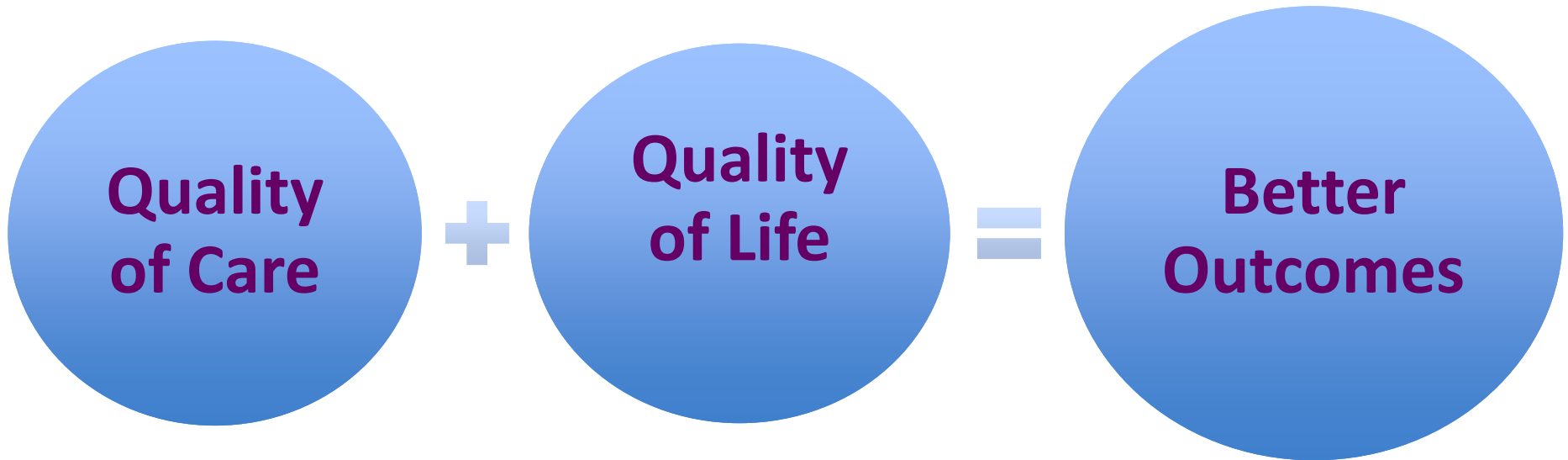
Highest Practicable =
No “avoidable” decline

Avoidable = Iatrogenic = *We caused it*

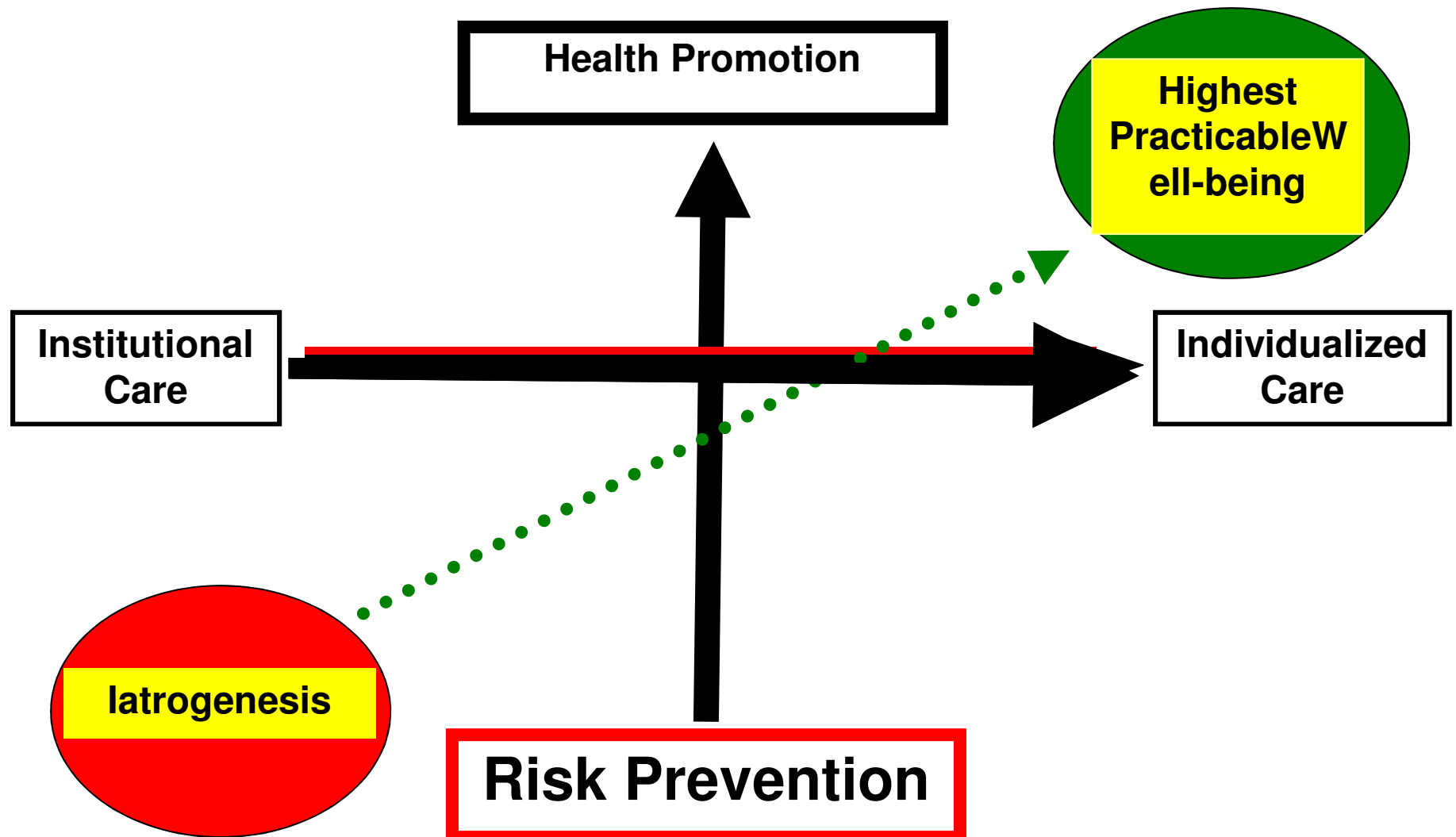
“Genic” – Beginning/Cause

“Iatro” – We

Quality of Care Medical Goal / Intervention	Quality of Life Considerations / Methods	Quality of Care and Quality of Life Outcomes
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FROM IATROGENESIS TO WELL-BEING

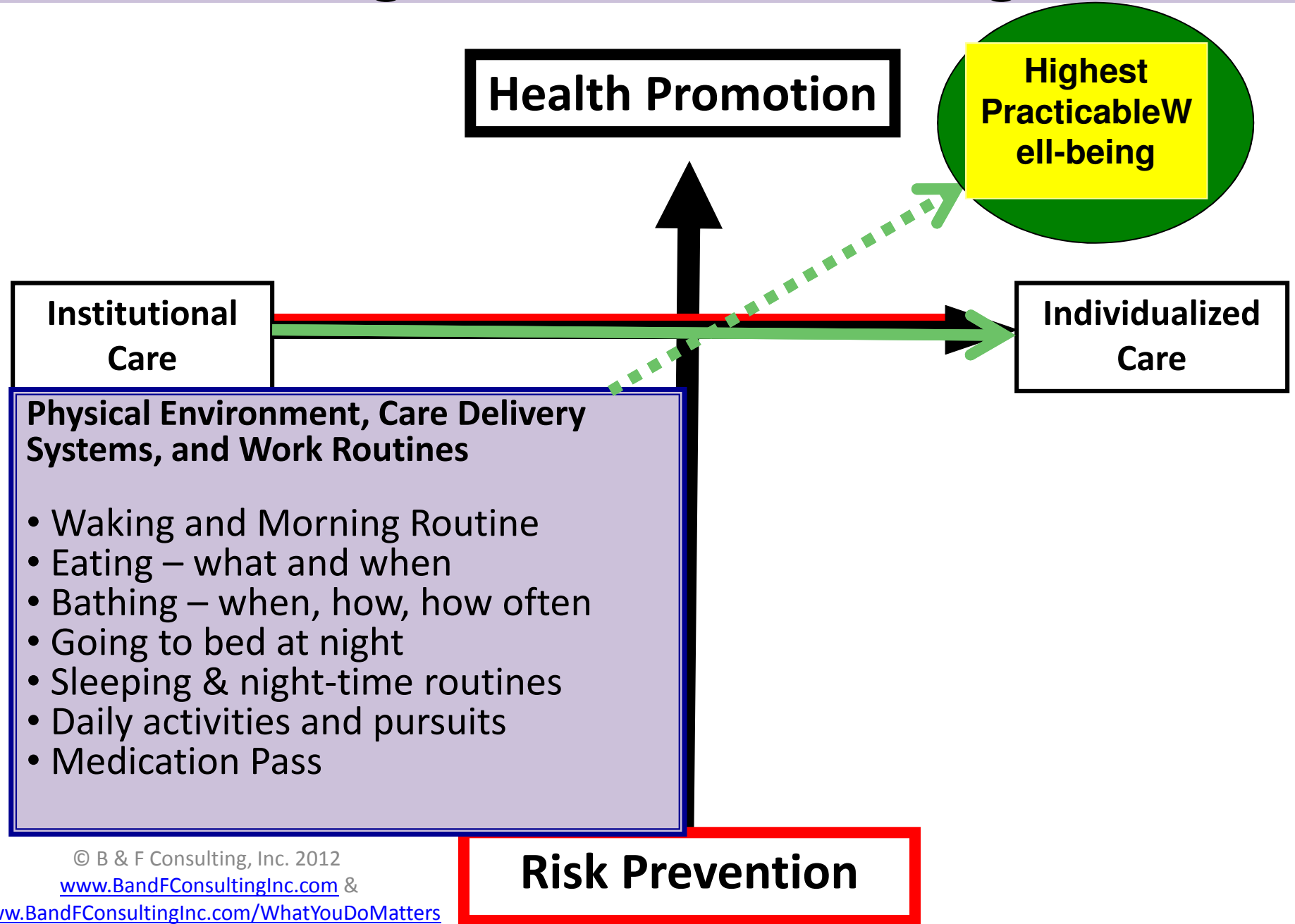


To Reduce Anti-Psychotic Medications:

1. Understand that Behavior is Communication
2. Understand what is being communicated
3. Know how to address the needs being expressed

Consistent Assignment is key

From Iatrogenesis to Well-being



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MDS Section F

Customary Routines

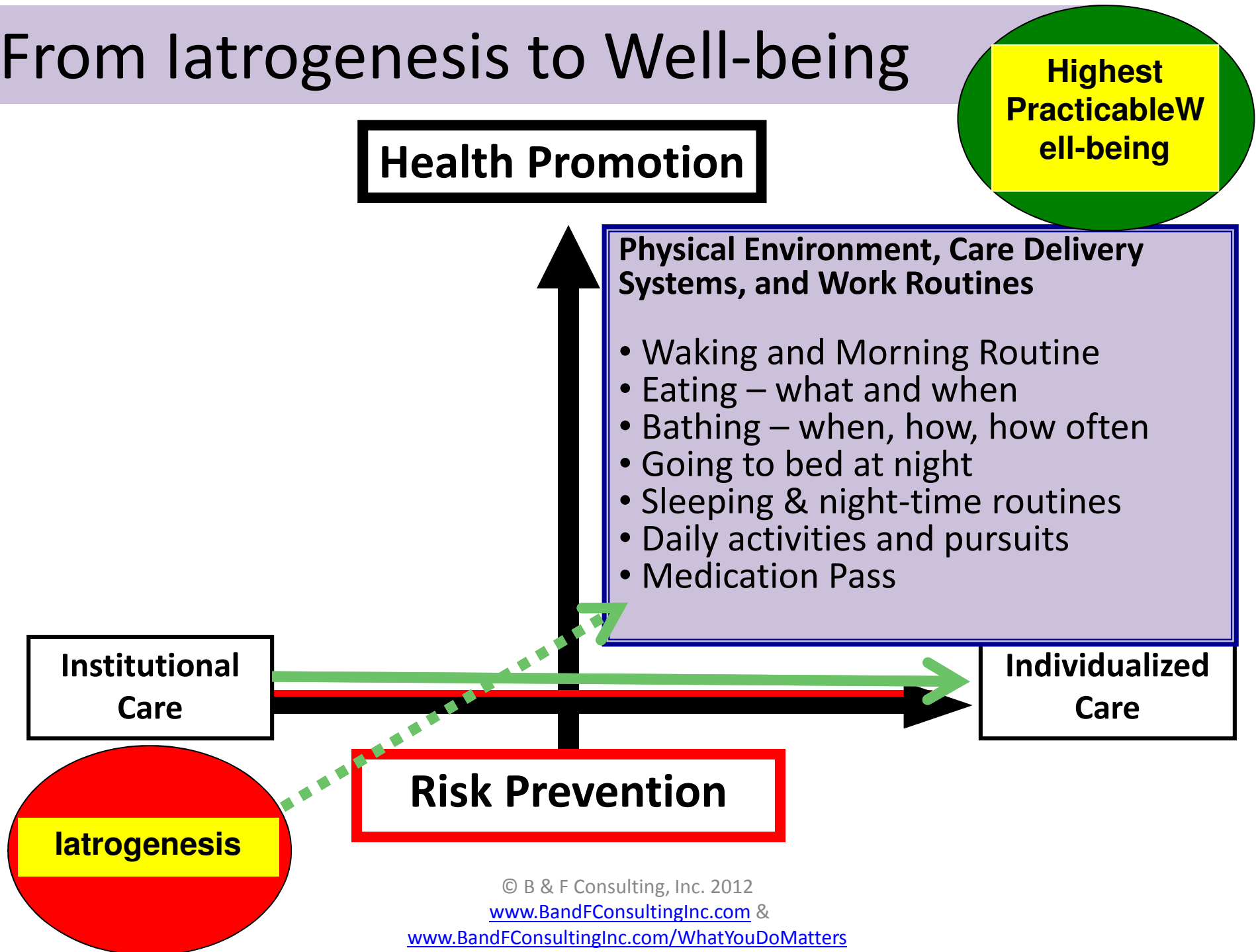
How important is it to you to:

- A. Choose what clothes to wear
- B. Take care of your personal belongings
- C. Choose between a tub bath, shower, or other
- D. Have snacks between meals
- E. Choose your own bedtime
- F. Do your favorite activities
- G. Go outside to get fresh air

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From Iatrogenesis to Well-being



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Surveyor Resident and Staff Interviews

*Choices over schedules to include:
waking, eating, bathing, and going
to bed at night, as well as health
care schedules*

Whether 11 years or 11 weeks

Facility must:

- Actively seek information
- Be “pro-active” in assisting residents to fulfill their choices
- Make residents’ choices known to caregivers

Dedicated CNAs ask five simple questions within an hour of a new person's arrival:

1. How would you like to be addressed?
2. What time do you want to shower?
3. What time do you want to go to bed?
4. What time would you like to wake up?
5. What would make you comfortable?

As a result:

1. Fewer family complaints
2. Fewer rehospitalizations
3. Fewer missed therapy sessions
4. Better resident satisfaction from Day One

30% of rehospitalizations of nursing home residents occur for residents who have been in the nursing home for less than 7 days!

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Only works because:

1. CNAs are consistently assigned and now know each resident's routines
2. Staff huddle to hear about new resident's routines and needs
3. Nurse supervisors and the management team turn to CNAs to learn what's needed to support each new resident and follow-through accordingly

The How of Consistent Assignments:

What's Needed for Consistent
Assignment to Work

FROM Vicious Cycle of Instability TO Positive Cycle of Steady Improvement

TIPPING POINT

Reduce Stress

- Rounds to check in on people, not up on people
- All Hands on Deck
- Ensure needed equipment and supplies
- Community Meetings

Stabilize Staffing

- Identify and support your best employees
- Improve attendance and schedule
- Hire for character and give new employees a good welcome

Positive Chain of Leadership

- Nurses as Leaders
- People development
- Help people improve/hold people accountable

Relational Coordination and Critical Thinking

- Consistent assignment
- Shift Huddles and Inter-shift communication
- CNAs active in care planning
- QI among staff closest to the resident

Quality Improvement through Individualized Care

- From Institutional to Individualized Care Delivery Systems for waking, sleeping, eating, bathing, and daily activity
- Individualized approach to Mobility promotion, and reduction in psycho-active medications and rehospitalizations

The Cumulative Effect of Many Changes Addressing the Many Interrelated Root Causes

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Staff Stability and Engagement

**Nurse Leadership
for Teamwork and
Collaborative Problem-solving**

**Webinar on Staff Stability
January 10, 2013
With Healthcentric Advisors**

How-to Basics for Dedicated Assignment

- A Good Process
 - Fair distribution of work
 - Matches work for residents and staff
- Charge nurse support
 - Adjust as needed
 - Support for residents staff find challenging
- Include nurses, housekeeping, activities, SW

Process for Weighting and Balancing Assignments

Rate each resident on scale of 1 – 3 in each dimension – physical and non-physical factors

Resident	Physical	Non-physical	Total

Consistent Assignment: Implementation Issues

Burn-out: Hard to care for residents/families

Handling Absences without Doubling the
Disruption

Transitioning when a CNA leaves

Making the math work

The How of Consistent Assignments:

From
Consistent to Dedicated
Assignments

An Option for Scheduling

4 on 2 off schedule

With an Even # of CNA assignments,
3 CNAs serve 2 resident assignments

	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S
Maria	1	1	1	1	0	0	1	1	1	1	0	0	1	1
Jen	2	2	0	0	2	2	2	2	0	0	2	2	2	2
Ellie	0	0	2	2	1	1	0	0	2	2	1	1	0	0

David Farrell

An Option for Hiring and Scheduling for Dedicated Assignments

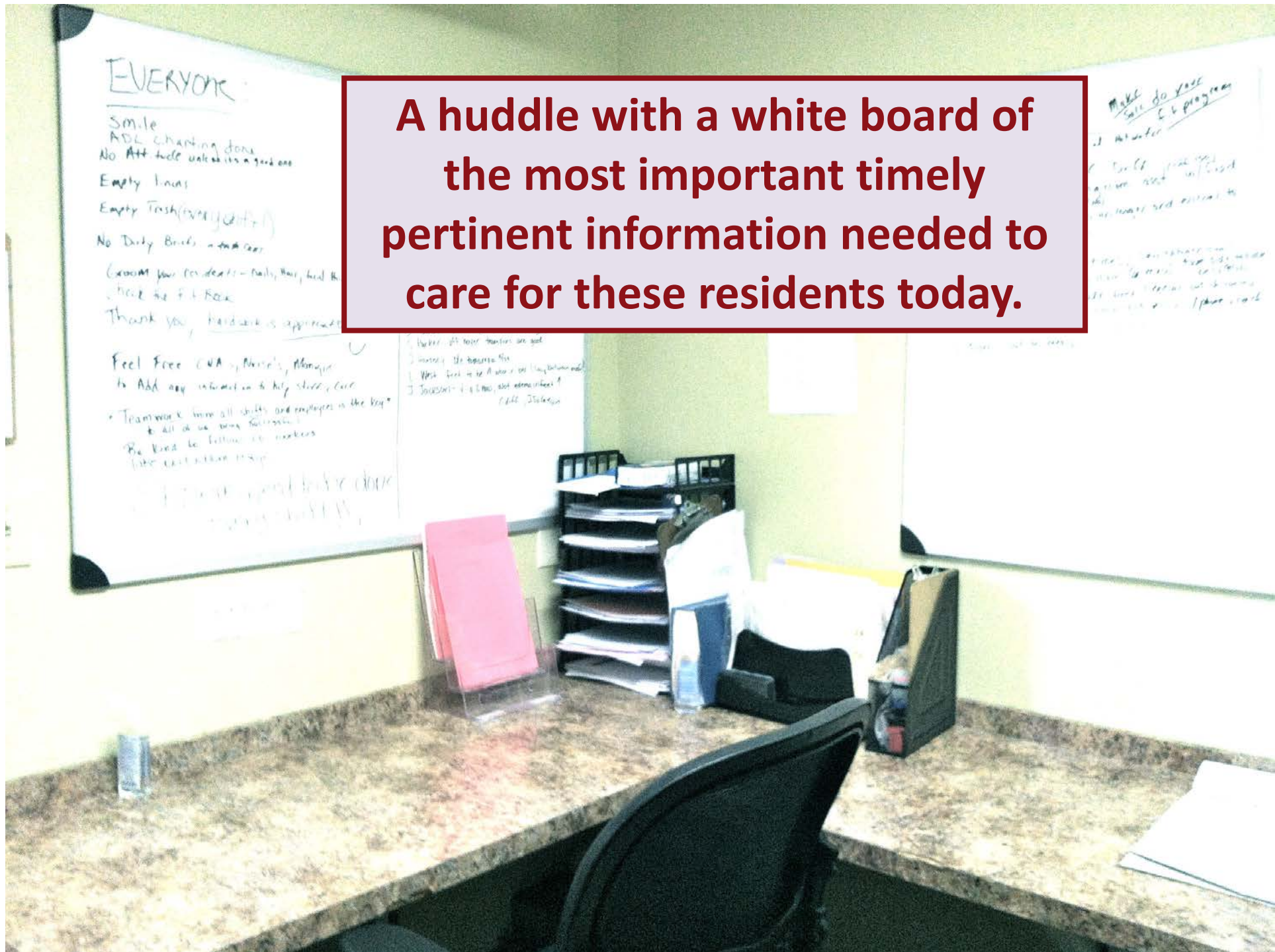
- Each 8 hour shift x 7 days = 56 hours
- 56 hours of CNAs = 32 hours + 24 hours
- Hire into 32 hr or 24 hr positions by assignment, alternating weekends
- CNAs can switch days
- CNAs can pick up extra shifts on their neighborhood/household/unit

Resident Assignments	32 hrs Days	24 hrs Days	32 hrs PMs	24 hrs PMs	32 hrs. nights	24 hrs. nights
Group One	CNA 1	CNA 2	CNA 3	CNA 4	CNA 5	CNA 6
Group Two	CNA 7	CNA 8	CNA 9	CNA 10	CNA 11	CNA 12
Group Three	CNA 13	CNA 14	CNA 15	CNA 16	CNA 17	CNA 18

Connie McDonald

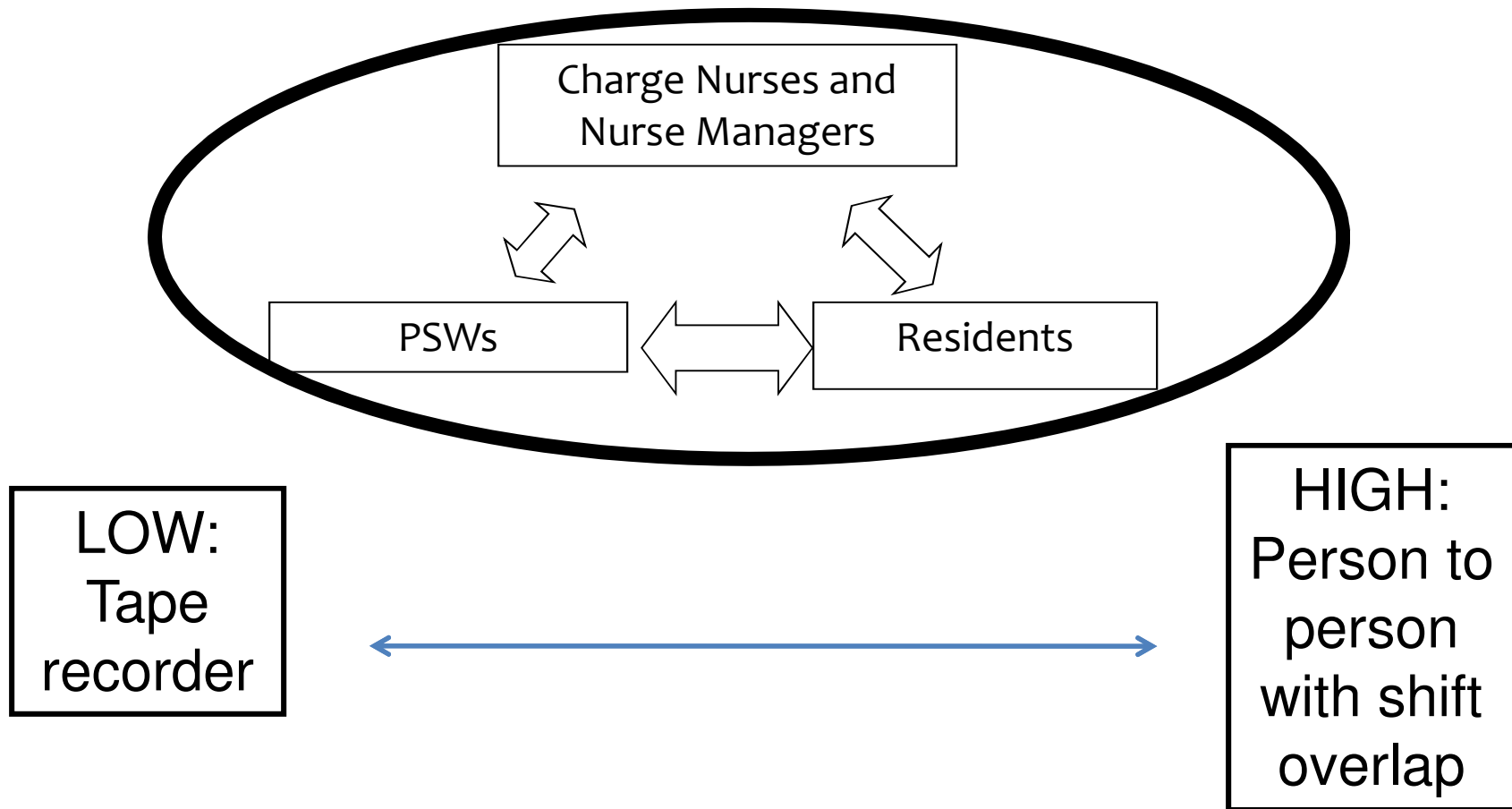
The How of Consistent Assignments:

Making the Most of Dedicated Assignments



A huddle with a white board of the most important timely pertinent information needed to care for these residents today.

Relational Coordination for Shift Hand-off



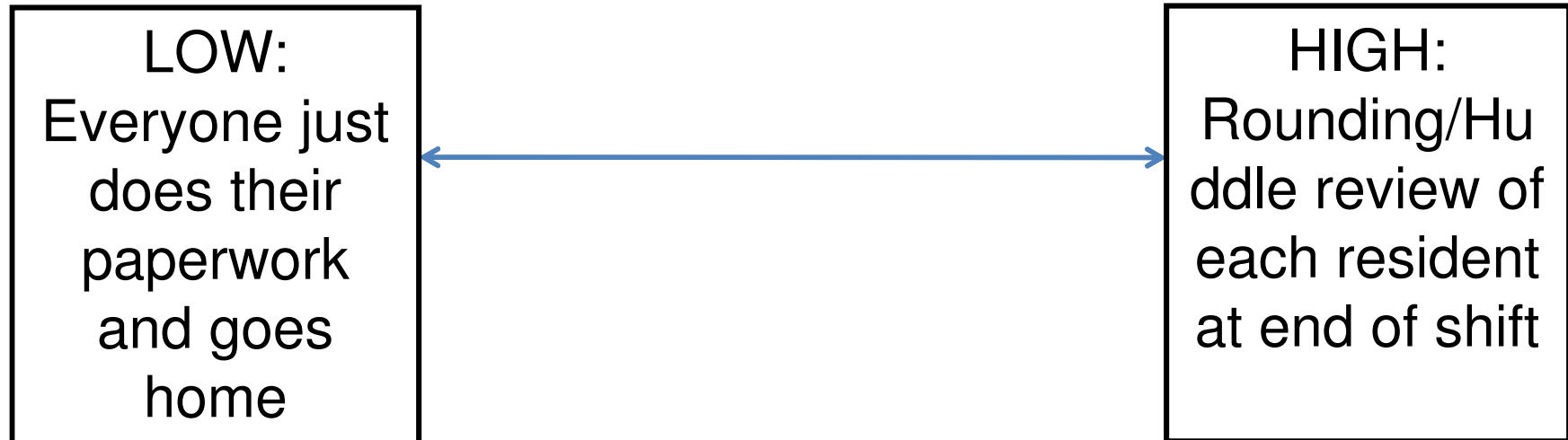
Communication and Relationship Factors

Relational Coordination for Start of Shift



Communication and Relationship Factors

Relational Coordination for End of Shift



Communication and Relationship Factors

Shift Huddle - Here's How We Do it at Glenridge Living Communities

- CNAs
 - Identify risks & resident's status
 - Give overview of the previous shift report and pertinent events of this shift, including quality of life events
- Nurses
 - Identify any acute medical changes & the follow up plan
 - Address any changes or additions to the plan of care

Other Disciplines

- Social Worker: Adds pertinent psychosocial needs and *Life Story* information. Also shares what the resident interview revealed and family requests or concerns.
- Activities: Identifies "*Quality of Life Preferences*" for this resident, how they are adjusting socially and what is planned for them.

Team Communication

- Dietitian/Diet Tech: Addresses what is on the POC for nutritional support and solicits feedback.
- Therapy: Shares the goals and gives tips on how the nursing team can assist the resident meet those goals.
- DON & Administrator:
 - Provide support when staff expresses a need that would help them improve their care.
 - Give positive feedback on what has been presented so that the staff know it is valued

Shift Report- Examples

- CNA: “I am reporting on Frank. He is a fall risk and is at risk for skin breakdown. He was restless after breakfast, so I took him for a walk. His balance was pretty good; no falls. He napped in the recliner for an hour and then he ate 90% at lunch. His skin was without red areas when we brought him to the bathroom after lunch. Please take him to see the visiting animals at 4:00.”
- Nurse: “Frank has had a med reduction so let me know if you notice increased agitation.”

Shift Report- Examples

CNA: “I am reporting on Mrs. Jones. She is in the *Spotlight* this week. She is at risk for weight loss, ate 90% of breakfast and 40% of lunch today. She is drinking well. She is also at risk for skin breakdown; her heel hover boots and elbow protectors are on. She was last repositioned at 2:30 so is due right after report.

She also has a history of depression, but seems to be her normal self. Her family was in to visit at lunch and she enjoyed the music activity. She requests a shower this evening.”

Nurse: “Please let me know when you help get her undressed for the shower as I need to do a complete skin assessment. Let’s check her weight at that time as well.”

Diet Tech: “We provide fortified cereal and a high protein snack for Mrs. Jones to support her need for nutrition. Let me know if she starts refusing them. Also, have you noticed if she has favorites that we can offer more often?”

Social Worker: “Mrs. Jones’ daughter tells me this time of year has always been difficult for Mrs. Jones as she lost a child in the summer, so we should be looking for signs of sadness. Please let me know if you notice her wanting to stay in her room more often.”

Activities: “Mrs. Jones is very social lately; has been enjoying Bible study and the music entertainment. I’ ve noticed that she is more willing to interact with others.”

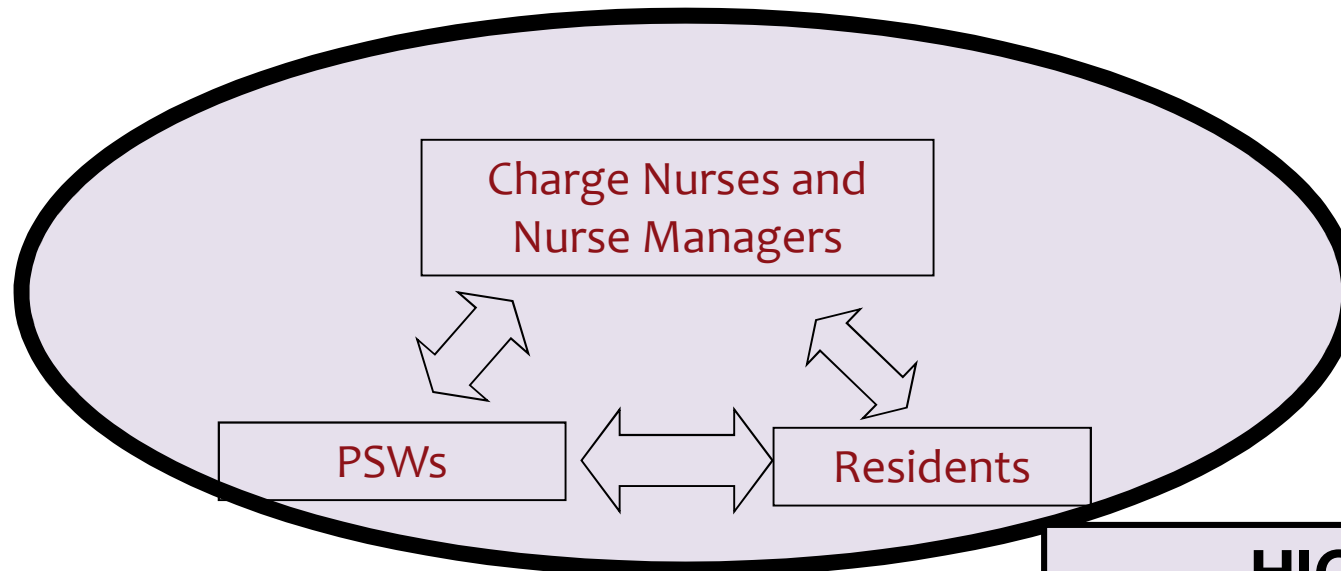
Shift Report- Examples

- CNA: “I am reporting on Sally. She’s not her normal self today, is quite lethargic. She was up until 4am this morning, which is unusual. She ate a sandwich, tea and ice cream during the night. She slept through breakfast, ate a bowl of cereal and a donut and coffee around 10:30, and then refused lunch. She drank about 4 oz. of an Ensure at 2pm. Please offer her a drink and snack after report.”

“She is at risk for falls and is more unsteady today: I had to provide extensive assist with transfers. Normally I have to only provide supervision or limited assist.”

- Nurse: “Sally has been started on an antibiotic for a UTI; please check her vital signs this evening. Let me know if she eats less than 50% at supper and offer extra fluids this evening.”
- Activities: “Sally enjoys listening to Frank Sinatra and I have a new CD for her in her room. Perhaps this will help her sleep tonight”.

Relational Coordination for Quality Assurance Performance Improvement



LOW:

A few senior staff review data in the conference room

HIGH:

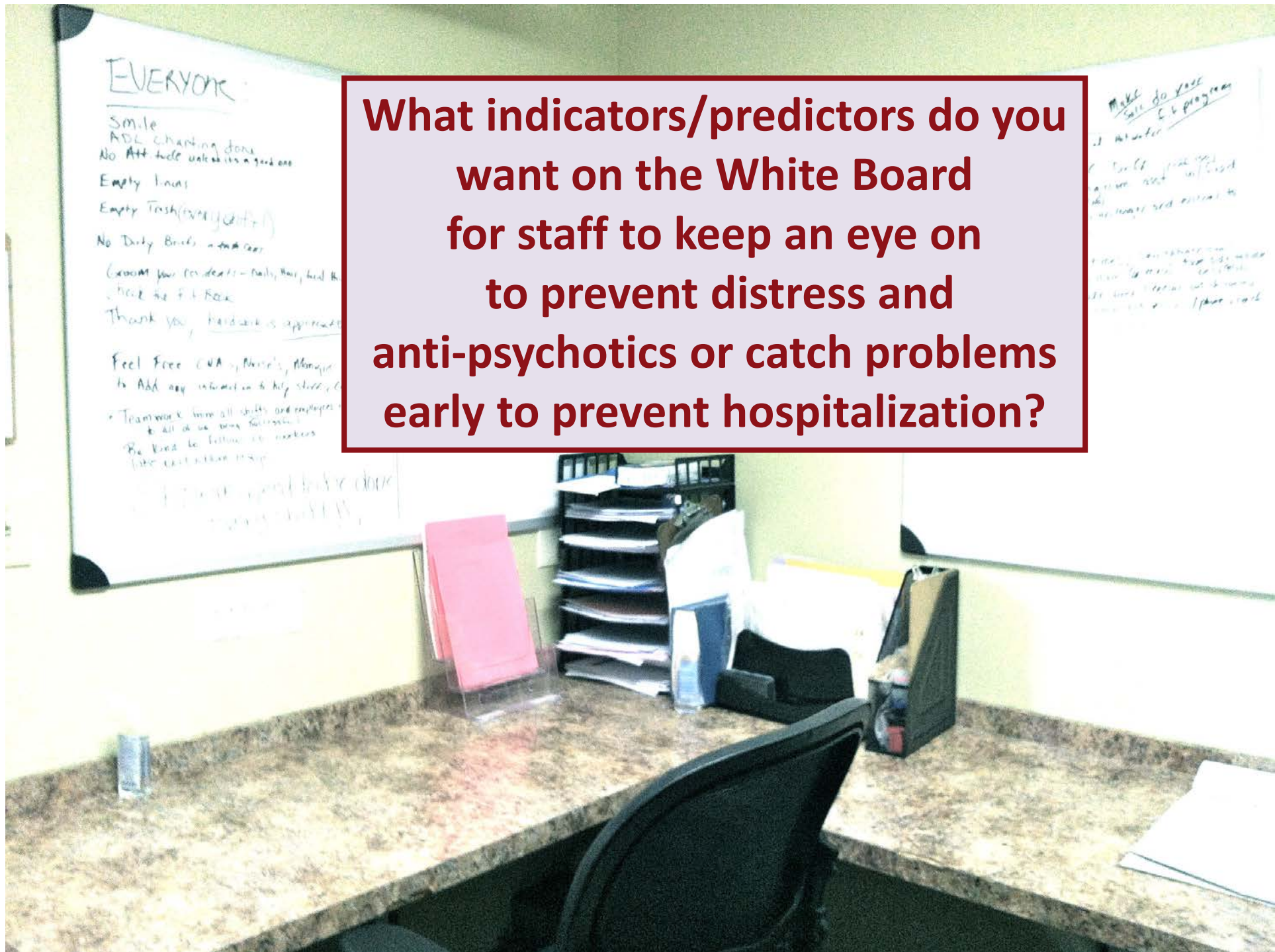
Hands-on staff know their data and use just-in-time problem solving with help as needed



QAPI Huddle – Closest to the Resident

- Bring the white board
- Write down all the ideas
- Prompt people
- “No blame”
- Set rules
- Enhance problem solving competence
- Stay with it

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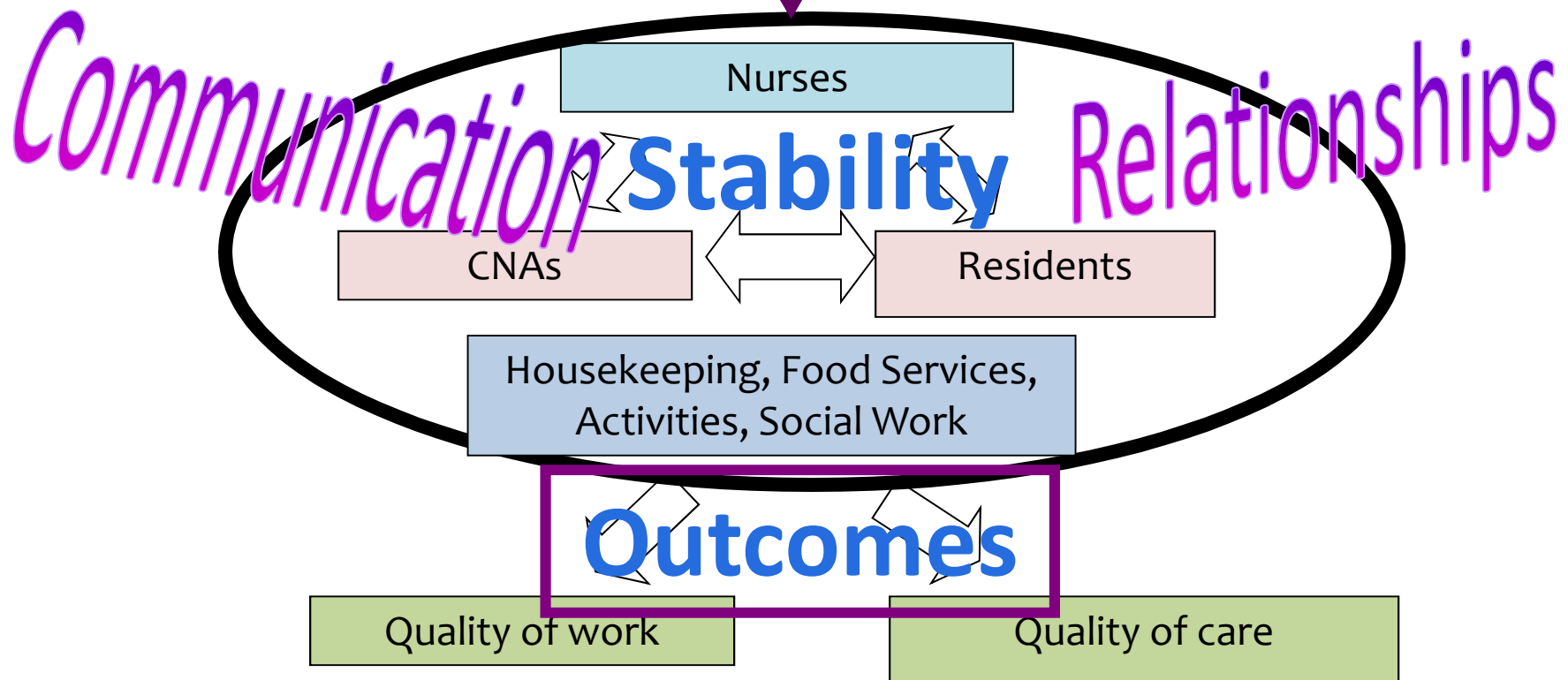


Dedicated CNAs Involvement in Care Planning

- Hold care conference where CNAs can get to it
- Let CNAs know residents are in ARD window
- In huddle let CNA's know about care planning conference
- Have CNAs routinely share at shift huddles
- Guide CNAs on what to share
- Use non-technical language
- When CNAs raise issues, discuss and explain
- Follow-up

Relationships Closest to the Resident Matter Most

Interdisciplinary and
Interdepartmental Collaboration
within and across units and shifts



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