



# Consistent Assignment: The Prerequisite for Individualized Care

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# Turnover and Vacancies

## Nationwide

- **Turnover**
  - ▶ RNs = 50%
  - ▶ LPNs = 50%
  - ▶ CNAs = 70%
- **96,000 Vacant FTEs**
  - ▶ 52,000 CNAs
  - ▶ 25,100 LPNs
  - ▶ 13,900 RNs

## California

- **Turnover**
  - ▶ RNs = 46%
  - ▶ LPNs = 48%
  - ▶ CNAs = 54%
- **Vacant FTEs**
  - ▶ 3,516 CNAs
  - ▶ 1,744 LPNs
  - ▶ 1,418 RNs

AHCA, 2002

# Cost of Nursing Home Staff Turnover

- Average \$2,500 replacement costs per employee
- Nursing homes are spending \$2.5 billion annually
- Direct costs
  - ▶ Advertisement costs
  - ▶ Staff time to interview, check references, etc.
  - ▶ Drug screen, pre-employment physical
  - ▶ Classroom orientation
  - ▶ Cost of coverage of the vacant position

# SNF Nursing Hours PPD

- Total hours per patient per day = 3.4
  - ▶ California = 3.7 HPPD
- Increase of .28 HPPD since 1999
  - ▶ RN hours have decreased by .06 HPPD
  - ▶ LPN hours have increased by .08 HPPD
  - ▶ C.N.A. hours up by .26 HPPD

AHCA, 2007

# Institute of Medicine

- Quality of care depends on the performance of the caregiver
- Staffing levels are necessary
- Other key factors:
  - ▶ Education
  - ▶ Supervision
  - ▶ Job satisfaction
  - ▶ Turnover
  - ▶ Leadership
  - ▶ Organizational culture

# Principles

## NATURAL LAWS OR FUNDAMENTAL TRUTHS:

- Universal, timeless
- Produce predictable outcomes
- External to ourselves
- Operate with or without our understanding

# The Impact of Leaders

## Healthcare organizations

- Fragile ecosystems
- Leader's actions influence:
  - ▶ Culture
    - Relationships
  - ▶ Retention
  - ▶ Clinical outcomes
  - ▶ Quality of life

# Myths High Turnover

## FRONTLINE WORKERS:

- Do not have a good work ethic
- Are not reliable
- Have little support at home
- Have a lower commitment
- Will leave for 10 cents more per hour
- If we could pay them more, they would stay

Jervis, 2002

# Top Reasons for Leaving

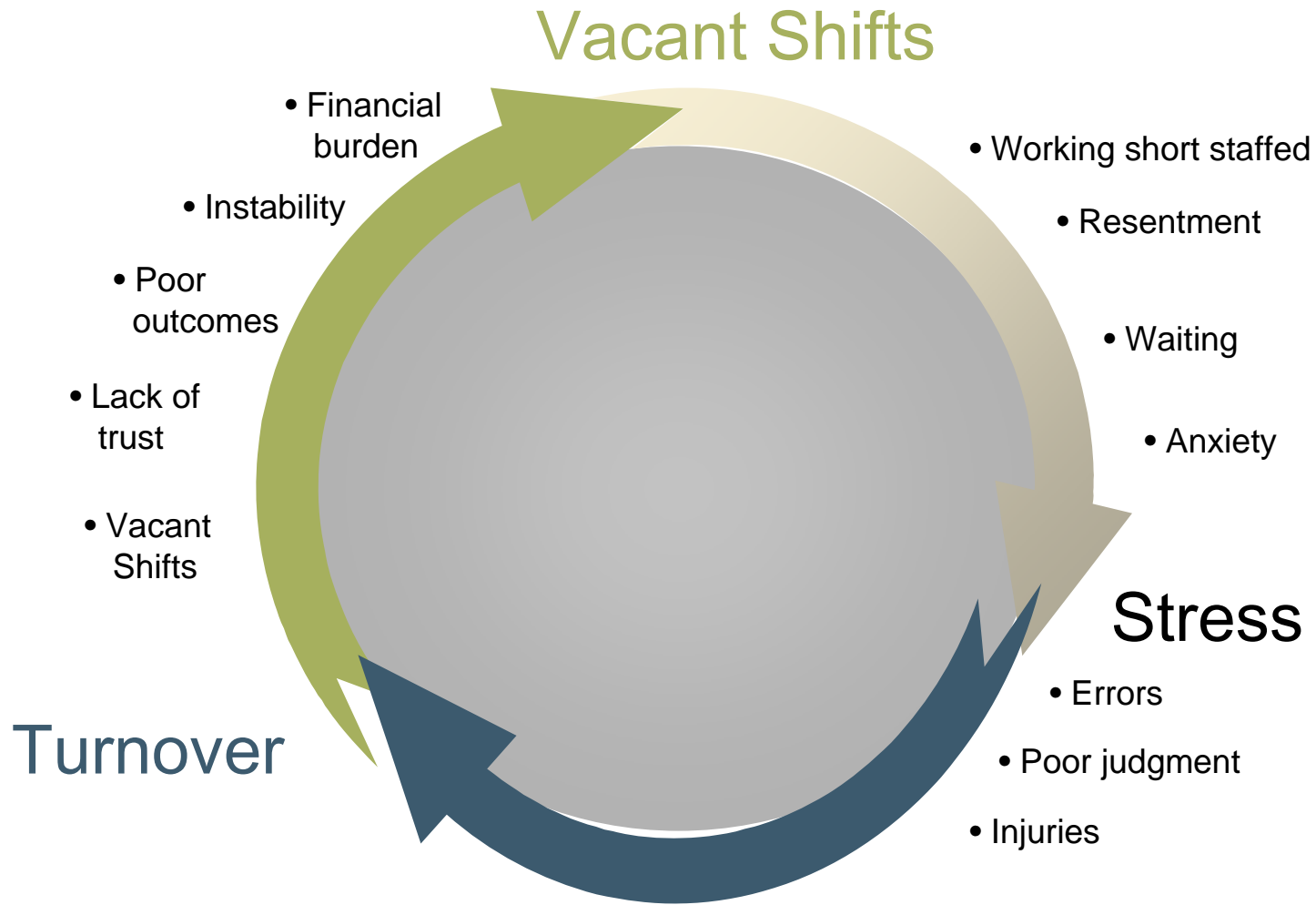
- Too many patients
- Pay was too low
- Not valued by the organization
- Dissatisfaction with supervisor
- Lack of opportunity to advance
- Could not provide quality care

Mickus, M., Luz, C., Hogan, A., "Voices from The Front." 2004

# “What a Difference Management Makes”

- Paired 4 high v. 4 low turnover facilities
- Similarities
- 159 on-site interviews
- Areas that distinguished low v. high
  - ▶ Leadership visibility
  - ▶ Cared for caregivers
  - ▶ Orientation, career ladders, scheduling
  - ▶ Primary assignments
  - ▶ Rarely worked short

# A Vicious Cycle



# The Impact of Vacant Shifts

## **CNAs REPORT WHAT GETS NEGLECTED:**

- Range of motion
- Hydration
- Feeding
- Bathing

# Instability = Poor Outcomes

## INTERRUPTS CONTINUITY:

- Incontinence
- Facility acquired pressures sores
- Urinary tract infections
- Falls and fractures

# 2006 National Survey of NH Staff Satisfaction

- Completed by 106,858 employees in 1,933 SNFs
- Overall satisfaction =
  - ▶ 16% excellent
  - ▶ 39% fair/poor
- Scores decrease as tenure increases
- Priorities
  - ▶ “Help reduce the stress, listen, care about and appreciate me, and please make sure I have the supplies I need.”

# Staff Satisfaction = Family Satisfaction

- Satisfied employees report:
  - ▶ Better supervision
  - ▶ Better training
  - ▶ Better work environments
- Satisfied families report:
  - ▶ Quality of life
  - ▶ Quality of care
  - ▶ Quality of service

Grant, L., "Organizational Predictors of Family Satisfaction in Nursing Homes." *Seniors Housing & Care Journal*. 2004.

Studies have repeatedly confirmed that residents and their family members value the quality of the relationships they have with the frontline caregivers higher than the quality of the medical care and the quality of the food.

# People Paradigm

## Focus on Relationships

### DEMING:

- Quality, the result, is a function of quality, the process
- Essential ingredients of the process:
  - ▶ Leadership and people
- Cannot improve interdependent systems and processes until you progressively improve interdependent, interpersonal relationships

# Retention is All About Relationships

## **Low turnover facility leaders take measures to nurture relationships:**

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

# Eaton's Findings on Scheduling

## Most Common Reason for Termination

- Flexible in low turnover facilities
  - ▶ Allow for different start times
  - ▶ Consider personal lives
- Rigid in high turnover facilities
  - ▶ In response to problems
  - ▶ “Personal life is not my problem.”

# Who are the CNAs?

- Total 1.4 million
- Deliver 80% of hands-on care
- 90% are women
- 50% are non-white
- Single mothers aged 25-54
- 50% are near or below the poverty line
  - ▶ 2007 Federal Poverty Rate = \$20,650
- 30% - 35% receive food stamps

# The “Stop Doing” List

- Incentives to waive benefits
- Turning away FT applicants
- Sending staff home early
- Scheduling mistakes
- Rigid scheduling practices
- Discipline before intervention
- Rotating staff assignment

# Scheduling Success

- Allow staff to trade days
- Honor requests for time off
- Increase FT and decrease PRN and PT
- Avoid every other weekend off
- Consistent assignments and primary days
- Indicate assignment on the master schedule

# Staffing Models

Consistent Assignment =

Consistently assigning the same caregivers to the same nursing home residents every day

Rotating Assignment =

Rotating caregivers from one group of residents to the next after a period of time

# Why do nursing homes rotate staff assignment?

# Support for Consistent Assignment

- Results from 12 research studies:
  - ▶ Enhanced relationships
  - ▶ Improved staff attendance
  - ▶ Improved staff, resident, family satisfaction
  - ▶ Lower staff turnover
  - ▶ Improved accuracy, timeliness:
    - screening and assessments
  - ▶ Improved clinical outcomes
  - ▶ Improved quality of life

***Allow for individualized care***

# Work Organization and Care Practices

Susan Eaton

- Individualized care practices
- CNA involvement in care planning
- Inter-shift communication
- Teamwork
- Honoring attachments to residents
- Consistent assignment

Eaton, S. 2001

# Consistent Assignment – The Evidence

- Residents – reduction in pressure ulcers, increases in functional ability
- Staff – felt more accountable
- Turnover dropped by 29% Campbell, S. 1985

- Staff residents and families prefer
- Families – greater sense of comfort
- Staff – higher satisfaction Goldman, B. D. 1998

- Residents – more control and choice, less agitation
- Staff – reported ability to provide high quality care

Cox, C.L. 1991

- Residents – better clinical outcomes
- Staff – providing better care and more aware of resident needs
- Lower turnover and lower absenteeism

Patchner, M.A. 1993

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”

# Same SNF – Different Units

## Consistent Assignment:

### *Top Five Stressors*

- Preventing Falls
- Stubborn Residents
- Terminal Residents
- Depressed Residents
- Death as Emotional Stress

## Rotating Assignment:

### *Top Five Stressors*

- Low Wage
- Abusive Residents
- Heavy Workload
- Disagreements w/ Coworkers
- Lack of Staff

Gruss, V. et al., 2004

# Evidence Against Rotating Assignment

**Experts estimate 80% of SNFs nationwide rotate staff from one group of residents after a duration of time.**

## HIGH RATE OF BURNOUT

- 70% feel burned out some of the time
- 60% feel they sometimes treat the residents impersonally
- 40% feel that they have become hardened emotionally

# Burnout

“The true cause of burnout is the deadening effect of closing one’s emotions to people who are in obvious need of a human connection. Human life is sustained by affection.”

Dr. Bill Thomas

# Evidence Against: Injury Perils of Long-Term Care Staff

- Lost-time injuries are twice the U.S. average.
- More likely to be injured on the job than:
  - ▶ Construction workers
  - ▶ Policemen
  - ▶ Firefighters
  - ▶ Coal miners
  - ▶ Manufacturing plant employees
- Primarily due to short staffing
- Significant cost to providers

# Who Preaches the Benefits?

Those who support consistent assignment:

- Eden
- LEAP
- ActionPact
- Pioneer Network
- CMS
- National Commission on Nursing Workforce for LTC
- Quality Improvement Organizations (QIOs)
- Culture change coalitions
- Advancing Excellence Campaign

# Formula for Individualized Care

**High satisfaction + Retention + Consistent Assignment = Growth of Tacit Knowledge:**

- Lifting and turning safely
- Names of grandchildren
- Who wears glasses
- Individual preferences
- Anticipating needs
- Reciprocity

Eaton, S., "Beyond Unloving Care." 2000

# Quality of Caring

Consistent assignment = Tacit knowledge

“These acts of ‘caring’ may be considered by some to be *tiny* in their fruition but they are *huge* in their absence.”

# What Matters Most to Employees

- Management cares about employees
- Management listens to employees
- Help with stress and burnout
- Workplace is safe
- Supervisor cares about you as a person
- Adequate supplies/equipment

MyInnerView, Inc. 2007

“For every thousand hacking at the leaves of evil there is only one striking at the root.”

Henry David Thoreau

# Contact Information

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