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Regional Nursing Home Collaborative

in partnership with Health Care Excel

Getting Off to a Good Start

March 9, 2011

Faculty:

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B & F Consulting

Share Shamelessly:

Any action taken since Jan. 26th mtg:

What you did
How you did it
Results
Challenges
Lessons

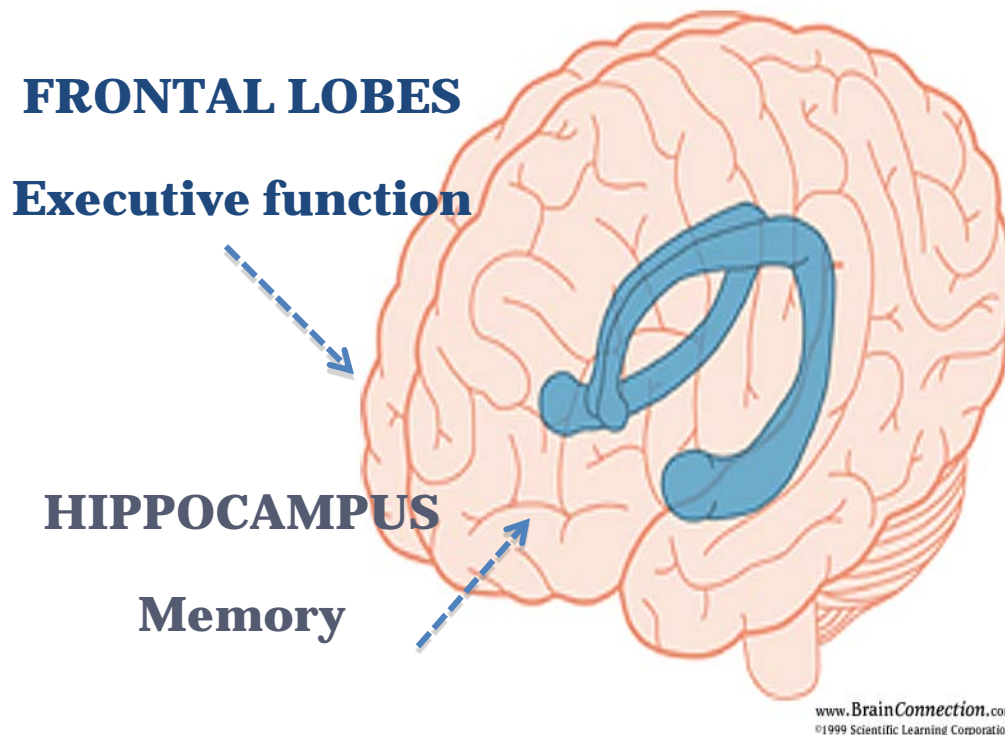
Organizational/Workplace practice

- Daily staff stability (no unscheduled absences)
- Charge nurses who are positive leaders
- Start of shift stand-up meeting with Nurses and CNAs
- Staff to staff review of each resident at shift hand-off
- As-needed huddles by staff to problem solve
- Consistent Assignment of CNA's and/or nurses
- Consistent Assignment of activities, dietary, and/or housekeeping CNAs active in care plan meetings and process
- CNA flow sheets and charge nurse charting aligned with MDS 3.0 and QIS
- Unit-based quality improvement
- Interdepartmental collaboration to individualize care

The First 24 Hours: Getting Residents Off to a Good Start in their Stay

DISCUSS:

If you needed to go into a nursing home, what would you need in the first hours to feel *welcomed, safe, and okay* – as okay as possible?



What you do and how you do it effects the release of:

- Cortisol
- Neurotransmitters
 - Endorphins
 - Serotonin

These chemicals can sharpen or flood thinking, memory, and executive function

Making a Warm Welcome

- What does outside entrance area look like?
- What does entryway look and sound like?
- Who welcomes at the door? Who escorts to room and how – by stretcher? Sitting Up?
- How is staff made available to focus on the welcome?
- Who welcomes at the room? What may be needed immediately for care and comfort? (Bathroom, shower, meal, rest, unpack, pictures and belongings put around)
- Avoid embarrassing moments

Case Scenario

As you leave the building on Friday you have a brief concern that the new resident you had expected earlier in the day has not yet arrived. But several other things take your attention and you drop that stitch.

On your arrival Monday morning
you are met by an angry family
member.

She tells you that her mother had been admitted from the hospital early Friday evening and that the weekend was a disaster.

There was no meal for her when the trays were delivered Friday night, and by the time the kitchen sent something up, the family had gotten take out at a local restaurant.

She was not bathed all
weekend.

She'd told the nurse she would do her mother's personal laundry and when she came in to get it, it had already been sent down and now she had some items missing.

Meals were late all weekend. She felt a need to come in for each meal to make sure her mother had something to eat.

She brought her concerns to the nurses. Each time she visited, she had to start all over again.

She asks,
***“Don’t you talk to each other
here?”***

You learn from your staff that this resident was never put on anyone's assignment for the entire weekend.

You're horrified.
How could this have happened?
And why is this the first you're
hearing about it?

You tell her you will get the situation straightened out immediately and that you want to make sure it never happens again.

Good to Great by Jim Collins

- Autopsies without blame
- Red flag mechanisms

Let's dissect what happened

Was her first mistake leaving before the person arrived?

Your systems can't depend on your being there – they have to work whether you're there or not.

So let's take a look at the systems that need to work

Relationships Determine Outcomes

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

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

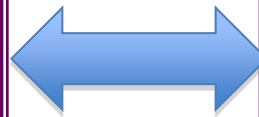
Jody Hoffer Gittel
Brandeis University

Dimensions of Relational Coordination

Interdisciplinary ~ Interdepartmental
Across Shifts and Days

Communication

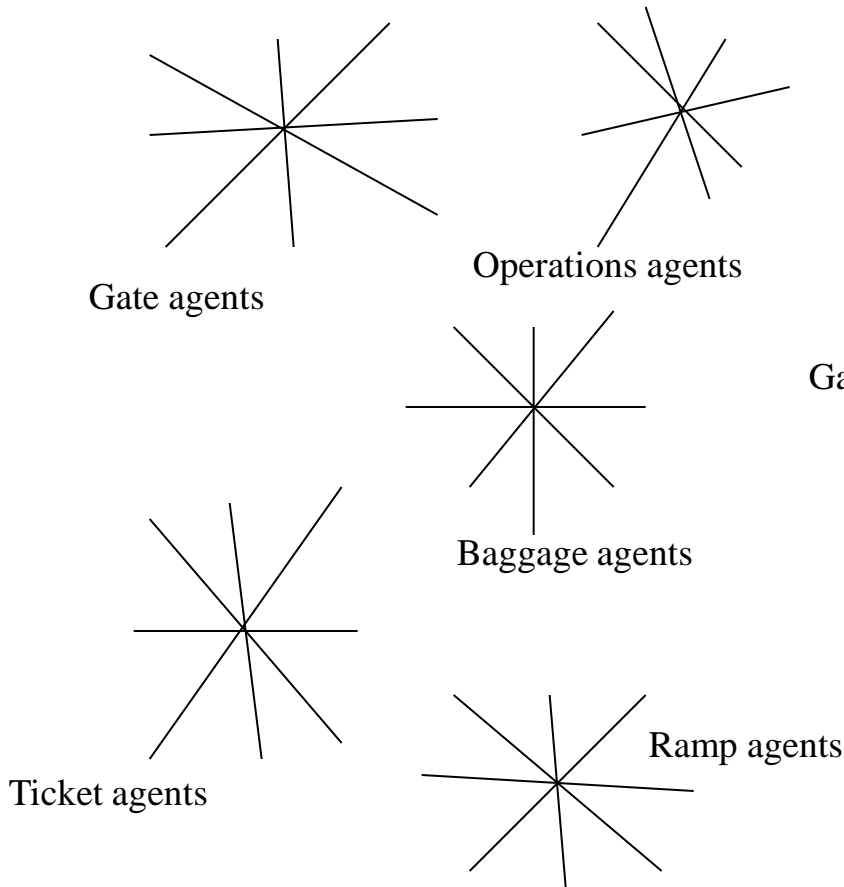
- Frequent
- Timely
- Accurate
- Problem-solving



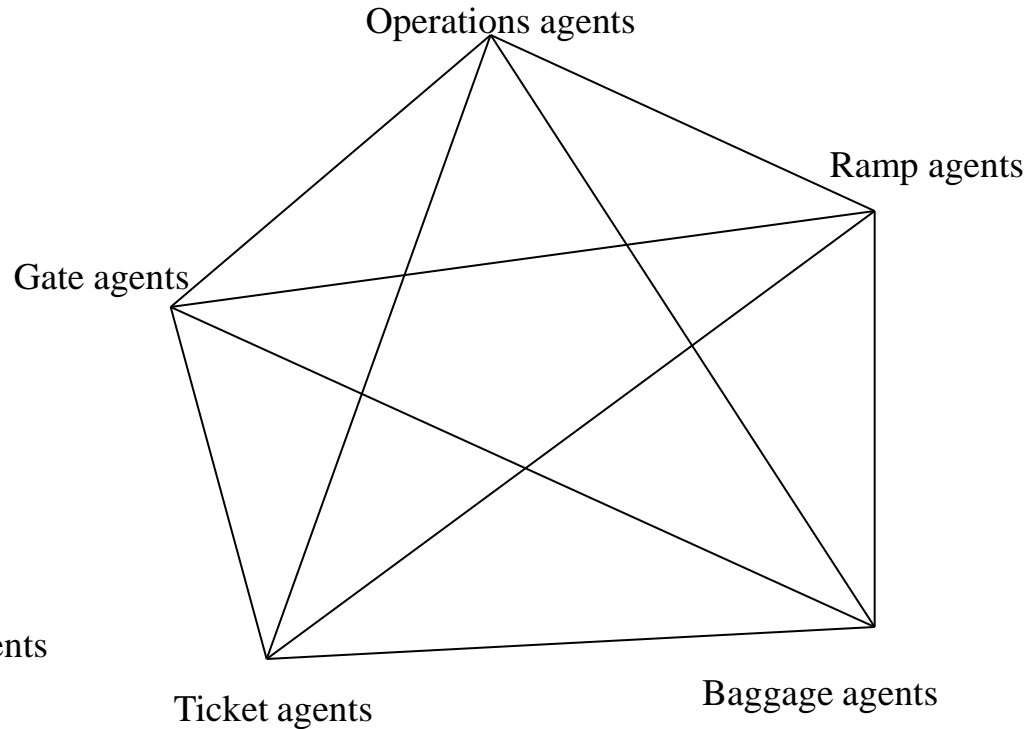
Relationship

- Shared Goals
- Shared Knowledge
- Mutual Respect

Flight Departure Process

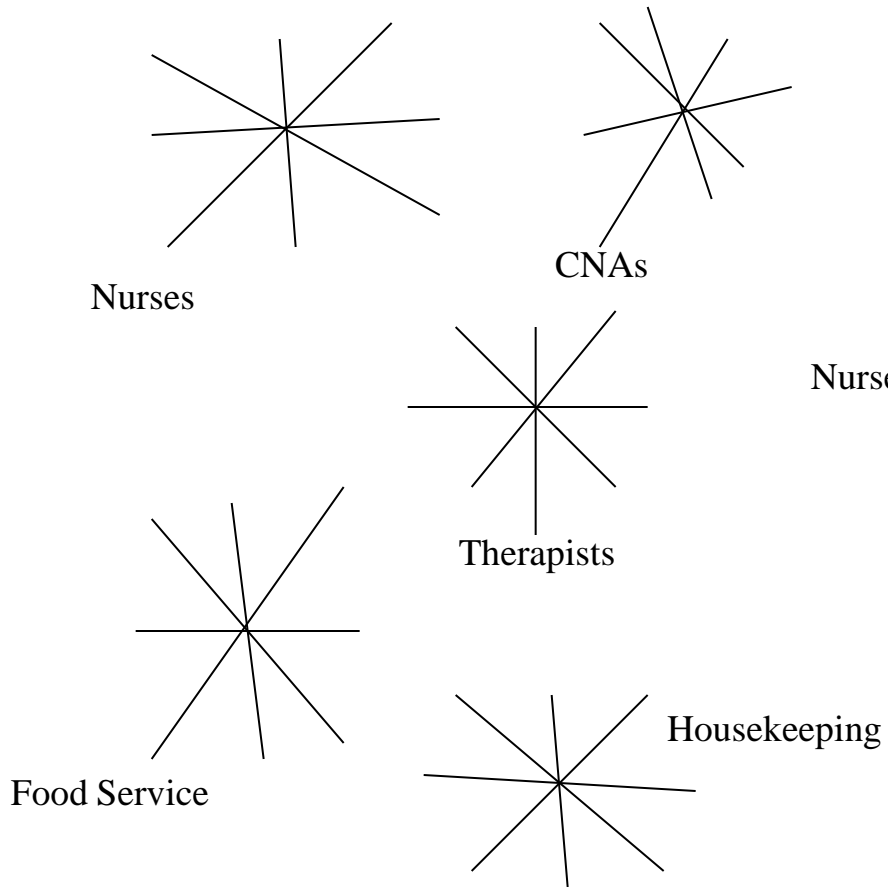


Within functions

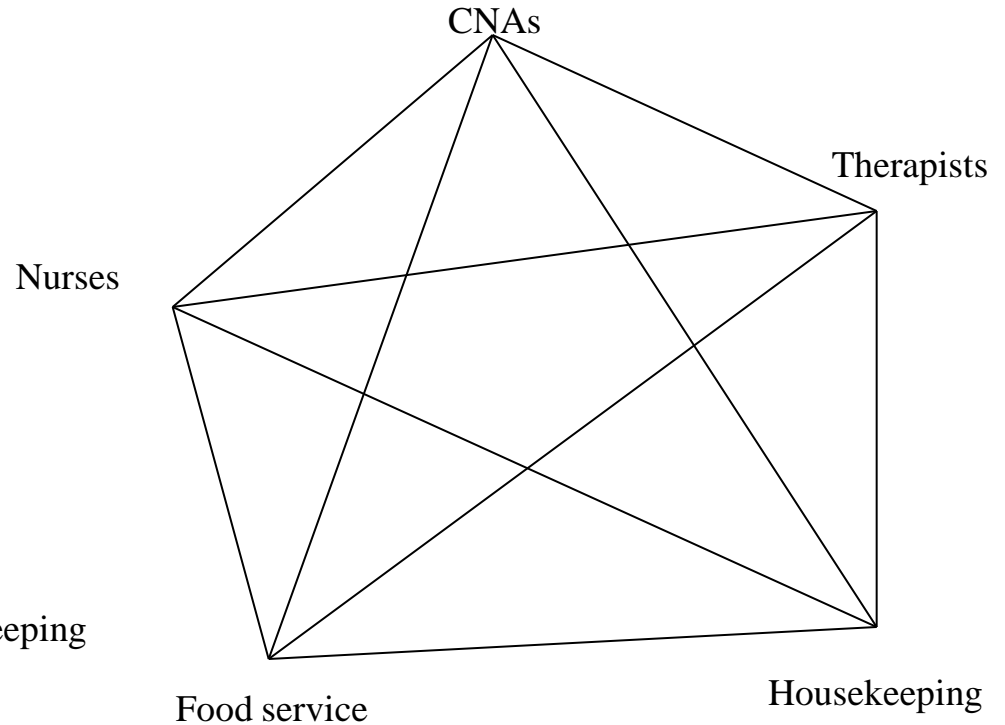


Across functions

In Nursing Homes



Within functions

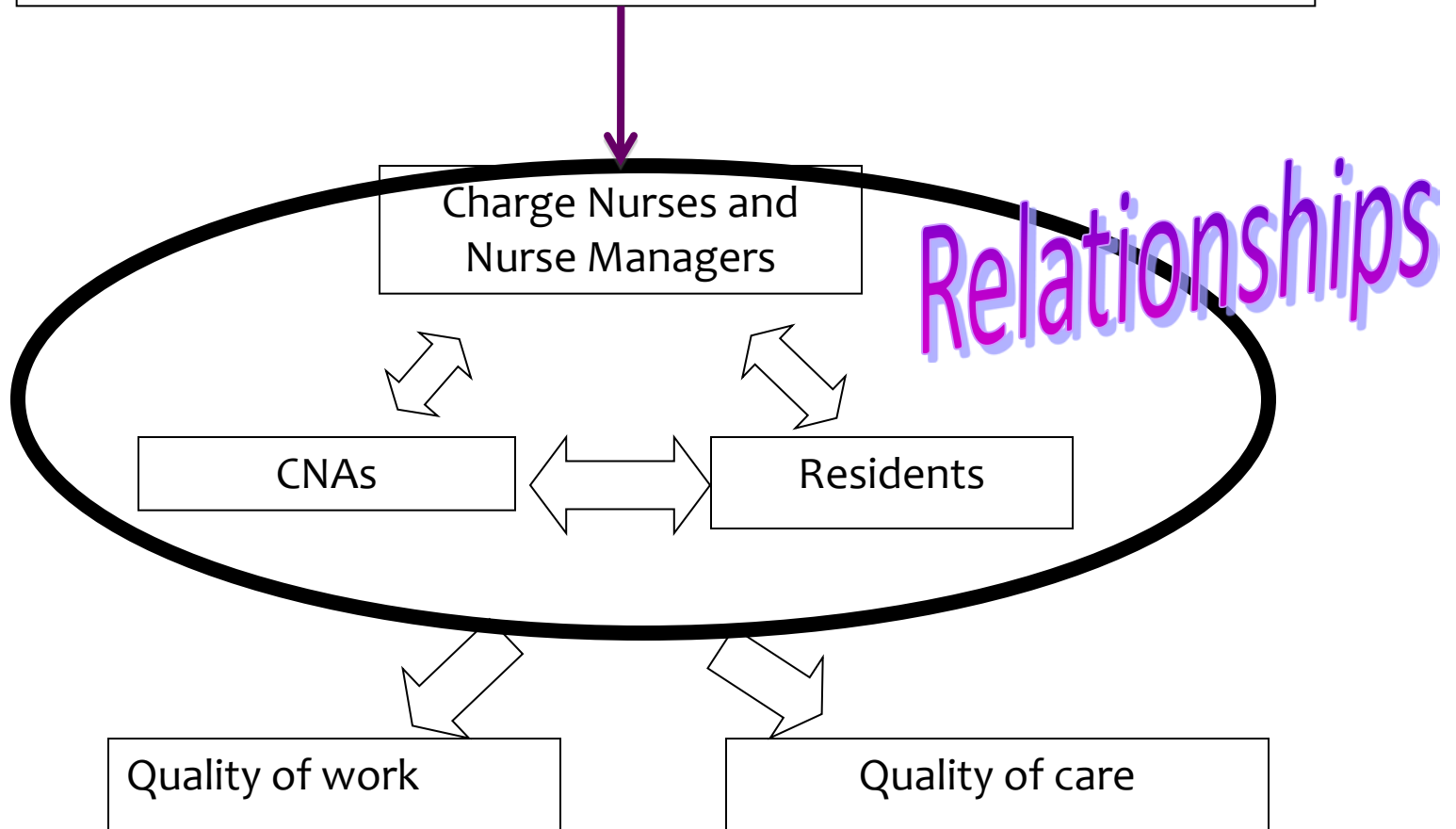


Across functions

Relationships Closest to the Resident Matter Most

Within and Across Shifts and Days

Interdisciplinary and Interdepartmental



What systems ensure good communication and good “relational coordination” for a good welcome?

Relational Coordination Applied to Shift Hand-off

LOW:
Tape
recorder



HIGH:
Person to
person
with shift
overlap

Communication and Relationship Factors

Relational Coordination Between Nursing and Food Services



Communication and Relationship Factors

WHAT ARE YOUR SYSTEMS FOR FIRST 24 HOURS?

- With hospital or other place of receiving
 - Med orders
- On the Unit:
 - Change of shift report
- Communication Systems Across depts
 - Food Services
 - Laundry
- Leadership during off hours

MDS and QIS

- Customary Routines/Rhythm of Life
 - Get prior to admission
 - Inform staff
 - Include in care card
 - Discuss at shift hand-off
 - Interdisciplinary strategy
- Same with ADLs

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

“Just-in-time” Communication

Who needs what info by when?

- Consistent caregiver on each shift
- Coordination by SW and CNA/Nurses
- Start-of-shift huddle
- Shift-to-shift hand-offs
- Hand-offs to Weekend Staff

How of Change

- Personalize – Why is it important?
- How's it working, now?
- What can we do differently?
- What do we need to do it differently?
- How will we know we're succeeding?
- Brainstorming and check-ins

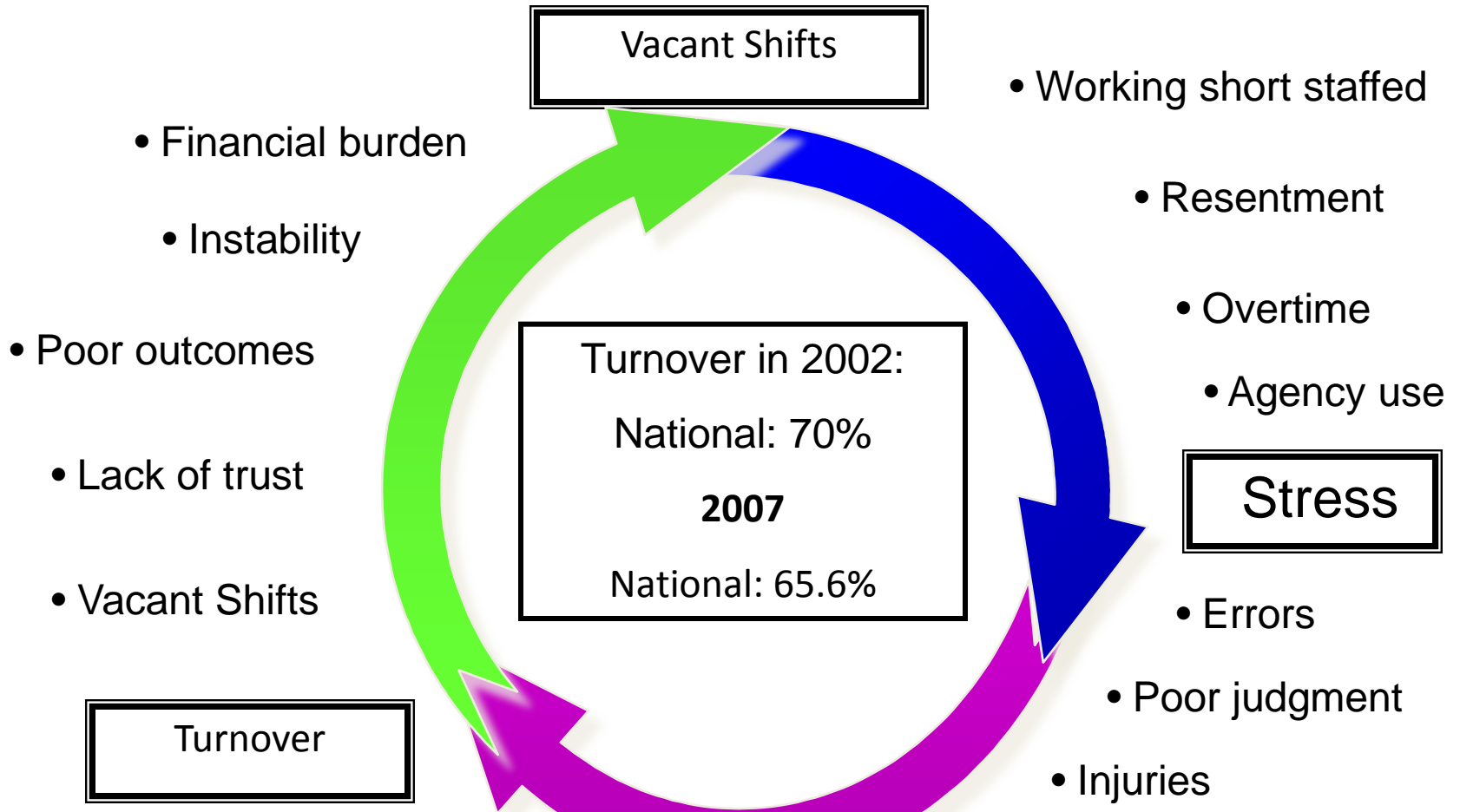
A Stable Work Environment

Promoting Good Attendance

Taking Time to Hire Right

A Warm Welcome for New Staff

A Vicious Cycle of Turnover, Vacant Shifts, and Stress



Eaton, *What a difference management makes!*, 2002

What a difference management makes!

Five Management Practices Associated with
Low-Turnover, High Attendance
and High Performance:

High quality
leadership at
all levels of
the
organization

Valuing staff
day-to-day in
policy and
practice, word
and deed

High
performance,
high
commitment
HR policies

Work systems
aligned with
and serving
organizational
goals

Sufficiency
of staff and
resources
to care
humanely

Eaton, 2002

Findings from Focus Groups

- Daily Instability:
 - Vicious cycle: Turnover, absenteeism, care load too heavy, high stress, harsh environment; contention
- Leadership:
 - Administrator in crisis mode (washing windows)
 - Front-line supervisors stretched thin, worn-out
- Feeling unappreciated and disengaged
 - Small raises, empty brag board, uncomfortable break room, pizza but not enough supplies

“We were so busy plugging holes, that we weren’t stepping back to look at what was happening and what we could do about it.”

Operating in Crisis Mode Perpetuated the Crisis

- For call-ins:
 - Bonuses for taking last minute assignments
 - Lots of agency
 - Deals for doubles
- For turnover/hiring:
 - Hiring bonuses
 - Inexperienced new hires paid almost same as long time staff
 - Piecemeal hiring to fill holes
 - Hiring “any warm body”
 - No time for orientation, right out on the floor, and then right out the door

Composition of staff by work status:

Position	FT	PT	Per diem	Baylor
RN	27%	13%	47%	13%
LPN	55.5%	0%	18.5%	26%
CNA	48%	10%	9%	32%

**What impact does this have
on staff stability and care continuity?**

Incentives

- Bonus for last-minute assignment but no reward for being reliable

Bonus	Extra Per Hr.	Annual
Last minute assignment	RN, LPN --\$10 CNA -- \$5	\$360,000
Perfect attendance	\$0	\$0

Terminations by Length of Service

Position	1 day – 1 mo	1 – 3 mo	3 - 6 mo	6 mo – 1 yr	1–2 yr	> 2 yr
RN	18%	18%	18%	27%	18%	0%
LPN	7%	13%	33%	27%	20%	0%
CNA	23%	30%	23%	16%	3%	5%
Other	8%	27%	39%	12%	14%	0%

Incentives

Bonus	Amt Offered	Quarter - Annual
Sign-on bonus Paid after 6 mos.	RN -- \$2000 LPN -- \$500 CNA -- \$250	\$12,500 - \$50,000
Referral bonus Paid after 6 mos.	RN, LPN --\$1000 CNA -- \$500	\$6,000
Longevity	\$0	\$0
Raises	Average 2%	\$90,710

Turnover Costs

- Includes higher hourly wage; sign-on bonus; filling vacant shift through agency or OT; recruitment; screening; training; orientation

Position	Per Person	Annual Cost
RN	\$4,899	\$53,889
LPN	\$4,193	\$62,895
CNA	\$3,207	\$205,248
Other	\$2,692	\$131,908
Total 2004		\$453,940

Instability vs. Stability

Last minute bonus \$360,000	Perfect attendance \$ 0
Baylors \$268,994	Raises @ 2% \$90,710
Sign-on bonuses \$50,000	Referral bonuses \$6,000
Turnover costs \$453,940	Longevity bonus \$0
Total: \$1,132,934	Total: \$96,710

From Turnover to Stability

2005	2008
90%	28%

Goal # 3: Improve attendance, percentage of shifts fully-staffed

What he did:

- Track attendance by person, unit, shift, dept.
- Analyze absences for patterns.
- Communicate at dept. head meetings, put record in paychecks, and discuss absences with employees.
- Recognize and reward units and individuals with good attendance.
- Support employees: adjust schedules, link to employee assistance services.

Perfect Attendance Bonus

- Time Period
- Amount
- Pay-out options:
 - Lump sum
 - Increase the hourly rate for next pay period
 - Non-monetary (gas cards, grocery cards)
 - Raffle
- Team rewards

Other issues

- Create stable schedules
- Look at how you handle requests for time off
- Use Employee Assistance Program

Staff Stability Tool-kit

www.nhqualitycampaign.org

Resources

Goal One – Staff Turnover

www.riqualitypartners.org

HATCh

Workforce

Hiring Right for Staff Stability

Never Stop Recruiting, Interviewing

“In a good to great transformation, people are not your most important asset. The right people are.”

Jim Collins

Take the time to hire winners

- Get the right pool of candidates
 - Target advertising
 - Targeted Refer a friend
- Improve the screening process

“Measure twice – Cut once”

Refer-a-Friend Programs

- Have it be prominent and selective
- Word of mouth – your employees are your best advertisers
- Best performers
 - Ask one-on-one
 - We want someone just like you
 - Seek their advice on where to advertise
- Pay bonus upon hire

Tips for Advertising

- Separate ads for each position
- Personal testimony
- Refer to point person on the unit who'll do the screen?
- Selling points for long term care, and your workplace

Screen before hire, not after

- Focus on character traits
 - Maturity – self reflection
 - Compassionate
 - Sensitivity to others needs
 - Self esteem
 - Ability to communicate, learn
- Include others in interview
- Five smile rule – friendly people

“What do you like to do in your free time?”

“Well...I’m not much of a people person. I tend to stay at home and keep to myself.”

Welcoming Applicants

- Make a good first impression
- Receptionist is key – make sure she has postings, applications, info on benefits, and she's tuned in to welcoming
- Make it a priority to meet new applicants
- Give them a tour –
 - see how they are with residents
 - see what staff think
- Interview and screen when they come in

Management Team Support

- Administrator/DoN mentor dept. heads in interview and hiring **skills**
 - practice interviewing together
 - Look at applications of people who didn't work out to catch red flags
- Dept. heads, supervisors **support new employees** by checking in and keeping track of progress and needs first days, weeks

Orient for Retention – first few weeks

- Protect learning time – 3 days to 2 weeks
 - Extend the orientation til they're solid
 - Stable assignments with supervision
- Welcome system – on the floor:
 - Pair up during class or interview with mentor
 - Pizza party on floor to welcome
 - Picture of new person on their wing
- Administrator personally tune in to new person
- Team Rewards when new employees stay

Ingredients for Successful Mentor Program

- Treat it as a real job/responsibility
 - Training re: how to teach
 - Time and pay for this extra work
 - Protect mentor time and assignment
 - Manageable workload
- Provide supports
 - Have a formal way to start mentor relationship
 - Frequent and formal check-ins
 - Follow-up and back-up
 - Real close-out



Staff Stability
and
Engagement

Improved
Quality and
Satisfaction

Better
Census and
Revenue

Taking it Home

Goals and Action Steps

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