

**MEETING THE LEADERSHIP
CHALLENGE IN LONG-TERM CARE**

What You Do Matters

All Hands on Deck

What is it?

“All hands on deck” is a leadership practice in which managers help out hands-on care-giving staff during the busiest times of day.

Why do it?

Management can help alleviate stress for staff and for residents during extremely labor intensive and stressful peak times. Doing so models teamwork, meets residents’ needs, and gives the management team a “finger on the pulse” to see how people and systems are working. Helping out during high stress times has a number of benefits:

- Residents’ care needs are better met
- Staff stress is relieved
- Managers get first hand knowledge of the work-load and workplace dynamics
- Managers role-model teamwork
- Builds different and better relationships with staff
- Breaks the cycle of staff instability

When managers pitch-in during high stress times, their actions demonstrate that they care about staff and residents, because they are providing provide tangible help that makes the day go better for residents and staff.

Staff stress is a primary cause of staff instability. For organizations experiencing staff instability, these benefits can help break a negative cycle of staff turnover and absenteeism. However this is an extreme intervention, and not a long-term substitute for having enough staff; it is a bridge from instability to stability.

It is important not to mask the problem of understaffing but instead to use this approach as a bridge to better staffing. It serves as a bridge by reducing the unscheduled absences that come from staff stress, building teamwork so that staff work better together, and by providing the management with a first-hand feel for how the work flows and where more staff is needed.

In organizations with stable staffing, All Hands on Deck builds a culture in which everyone helps each other out. Every day teamwork helps people and organizations perform at their best.

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How to do it: Steps for Successful Implementation

1. **This is a management intervention.** Managers go first. As staff see management roll up their sleeves and help out during these stressful times, others will follow their lead. However, if managers merely direct non-nursing staff to help rather than committing to provide personal assistance, the directive will generate resentment rather than good will. This is a way of building better relationships, having your finger on the pulse of workflow, and role modeling teamwork.
2. **Find out from staff when and what help is needed.** Meet with staff on each unit and shift to ask when they need what type of assistance. Usually meal times are high stress times. Other labor intensive times may be the time around shift change when extra help is needed so that the out-going staff can give report to the incoming staff. Or help may be needed for transportation to an event in the home or an appointment.
3. **Schedule from the top.** Have someone on the management team develop the schedule and communicate it to all units and all management team members.
4. **Be reliable and consistent. Set a schedule and keep to it.** Once a promise is made to help, it is essential to keep the promise. Treat time scheduled for helping on the unit as protected time that cannot be interfered with. Make sure to get a substitute from the management team if you are not able to meet your obligation.
5. **Report in to the charge nurse to be assigned duties during your assigned time to help.** While you may have agreed upon tasks, when you come on the unit, you need to find out what is actually needed right then and there. Checking in with the charge nurse ensures that you can be immediately helpful. It also respects the dynamics on the unit and shores up the chain of leadership.
6. **Help seven days a week.** Weekend staff need the help as well. While it's harder to arrange to help on weekends, doing so will have an enormous positive impact.
7. **Monitor at management team meetings.** At daily stand-up check in on what managers are doing and finding. All hands on deck gives managers a "finger on the pulse" of care-giving and workplace dynamics. Identify strong performers, solid leaders, and people who need more guidance and development. Talk through ways to use the time on the unit to bring out the best in staff. Note areas of stress and brainstorm interventions that can improve workflow, or areas to target for hiring more staff as you are able.

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What types of assistance to provide:

- **Help at meals.** Many residents need a lot of assistance, and eat at a slow pace. Others need to be cued, and talked to so that their meal is enjoyable and digestible. There are many meal related tasks that managers can do that can free up CNAs to provide this intensive assistance. Pass trays. Open milk cartons. Pour drinks. Transport people to the dining room. Get substitute meals from the kitchen. Be a companion to a resident who is eating. Answer call bells while staff assist with meals.

- **Answer call bells.** The majority of call-bells involve requests for non-nursing assistance. However, should you need to ask for a CNA's help, offer to pick-up something that she was doing or ask how you can be of assistance to her.

- **Make fall prevention, comfort rounds, and other check-ins.** Go room to room and ask residents if there is anything they need assistance with. Make sure water pitchers, tv remotes, call-bells and other items are within residents' reach. Do they need a straw, or their water pitcher refilled, or a snack? Does a resident want their face washed at the end of a meal? Non-trained staff need to be very careful about ensuring water pitchers are full, straws available, and snacks given. Residents can be diabetic, unable to have water and a straw due to swallowing problems. Managers need to take their guidance from nursing staff to provide a helping hand.

- **Be a “runner.”** Ask unit-staff, “How can I save you some steps?” Offer to make the trip to the kitchen for any food substitutes or refills needed. Does the linen need to be restocked?

- **Help wherever and whenever is needed.** Perhaps a surge of help is needed to transport residents when a lot of people are attending a group activity or special event. Help out when a new resident arrives, when staff are attending an in-service, or when staff is short a co-worker. Discuss these situations in the morning management stand-up and plan together how to provide the support hands-on staff will need. Create a culture where anyone on staff can issue a call for “all hands on deck” and can trust that others will make themselves available to help out.

Who does it?

Include all department heads and anyone else who regularly attends your management meetings, such as nursing management, head of the business office, admissions, food services, housekeeping, maintenance, activities, and rehabilitation services.

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How long is the time period for assistance?

Carve out increments of 15 – 30 minutes, and make a schedule so that every manager knows where they are needed when. You may need some people to help out twice a day in order to have enough people spread out over the busy times on all shifts and all units.

Providing help for a special event or responding in the moment to a call for “all hands on deck” won’t take very long. When everyone pitches in, the need is quickly addressed.

What Should a Facility Policy Include:

All activity should be within the scope of each person’s training and under the supervision of the nurse or other department in charge.

1. Check with the nurse or CNA before giving any food or drink to make sure the resident can have it
2. Only lift or transfer someone if you are trained in how to do so
3. Follow infection control protocols
4. Understand any triggers for someone's behaviors
5. Respect residents’ privacy and customary routines

Make it Part of Your Culture:

While All Hands on Deck can be a stop-gap measure when times are tough, it can also become a way of life, so that staff know they can count on help whenever it is needed.