Implementing Consistent Assignment

Part Three:
Maximizing and Sustaining Consistent Assignment

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Implementing Consistent Assignment
Three Part Webinar Series

Part One:

- Why It's Essential

- Overcoming Common Barriers

- Getting Started with Consistent Assignment

Part Two:

- Engaging Staff in Implementing Consistent Assignment

- Engaging Systems in Support of Consistent Assignment

Part Three:

- **Maximizing and Sustaining Consistent Assignment**

Implement Consistent Assignments in Ten Steps

- **Step One: Assemble a Team**

- **Step Two: Measure Current Consistency**

- **Step Three: Prepare the Ground through Staff Training**

- **Step Four: Assign Staff to One Work Area**

- **Step Five: From Staff-Centered to Resident-Centered Schedule.**

- **Step Six: Adjust Staff Composition to Maximize Full-time Staff.**

- **Step Seven: Plan To Cover Unscheduled Absences without Moving Consistently Assigned Staff**

- **Step Eight: Meet with Staff to Rate Residents.**

- **Step Nine: Make Draft of Assignments.**

- **Step Ten: Monitor and Maximize to Sustain**
  - **Use What Staff Know.**

Step Ten

Planning for the long-term by supporting and maximizing consistent assignment

- **Monitor and support.** Revisit assignments to maintain fairness, hire into assignments, and monitor absences and coverage.

- **Use what staff know.** Individualize care. Have shift huddles for teamwork. Include CNAs in Care plan meetings. Have management stand-ups and QI rounds with staff.

Monitor and Support

Oversee Implementation with Regular Check-ins.

• **Meet Monthly.** Review progress and troubleshoot issues.

• **Put in place a system to continually monitor staff's experience.** Check in on how well it is going on each shift and neighborhood. **Plan who will check in.**

• **Maintain Fairness:** Review the master schedule and staff's feedback and work with the staff to make adjustments as needed so that the schedule remains fair and balanced.

• **Continue to Review Data:** Continually collect data on consistency of assignments and not moving consistently assigned CNAs to cover for unscheduled absences. **Decide who will take this responsibility.**

Monitor and Support

- **Hire Into Assignments:** Your hiring from this point forward will be for a resident assignment. Review how well newly hired staff are working in their assigned areas. Orient newly hired staff on the unit/neighborhood where they will be working. Assign part-time and per diem staff to one unit/neighborhood as consistent back-ups. **Plan how to implement hiring into assignments.**

Monitor and Support

- **Monitor Absences and Coverage:** With consistent assignments, scheduling is easier. Call outs likely decrease as the bond between staff and residents deepens. But call outs will happen. Monitor how well your plan is working for coverage without moving consistently assigned staff and adjust as needed. **Decide who will take this responsibility.**

To sustain consistent assignment, *use what staff know*

Practices to Maximize Consistent Assignment

Soldiers Story

From The Leadership Challenge
by Kouzes and Posner

The Power of Information
to drive performance when
it's given to those performing

The first group of soldiers were told the exact distance they would march
– 20 kilometers –
and were regularly informed of their progress along the way.

Group two soldiers were told only, "This is the long march you heard about."

No one knew exactly how far they would march, nor were they informed of their progress along the way.

Group three soldiers
were told they would march
15 kilometers.

After marching 14 kilometers,
they were told they had 6 more
to go.

The fourth group of soldiers were told they would march 25 kilometers.

After marching 14, they were told they had only 6 more to go.

So how did they do?

Which group did the best, and suffered the least?

No surprise –

Group one performed the best.

Knowing how far they were going and getting regular reports were the keys to achieving the highest ratings.

Group two performed the worst.

Not knowing
how far they had to march and then
getting no information along the
way
yielded poor results.

Group three came in second.

When this group learned
that they had farther to go
they just pulled harder.

To some this was surprising.

Group four finished third. Apparently, it's more of a letdown to think you have farther to go and then learn you have less, than to learn you have more.

It appears to take the spring out of your step.

Blood tests for stress indicators were taken throughout the march and again twenty-four hours later.

The results corresponded with the finish times.

Information is powerful when shared

When you have pertinent information, you perform better.

Data on your destination and your progress gives people a roadmap, a sense of direction, and feedback about where they are in their journey.

Relationships Determine Outcomes: People Paradigm

Your systems create your 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**

Your systems for supporting good working relationships create your outcomes

Deming, and Covey 1991

Theory of relational coordination:

- Residents' relationships with staff are shaped by staff's relationships with each other.

- It is the *community* of staff's relationships that shapes the resident experience

Jody Hoffer Gittell
Brandeis University

Dimensions of Relational Coordination
Interdisciplinary ~ Interdepartmental
Across Shifts and Days

Communication

- **Frequent**
- **Timely**
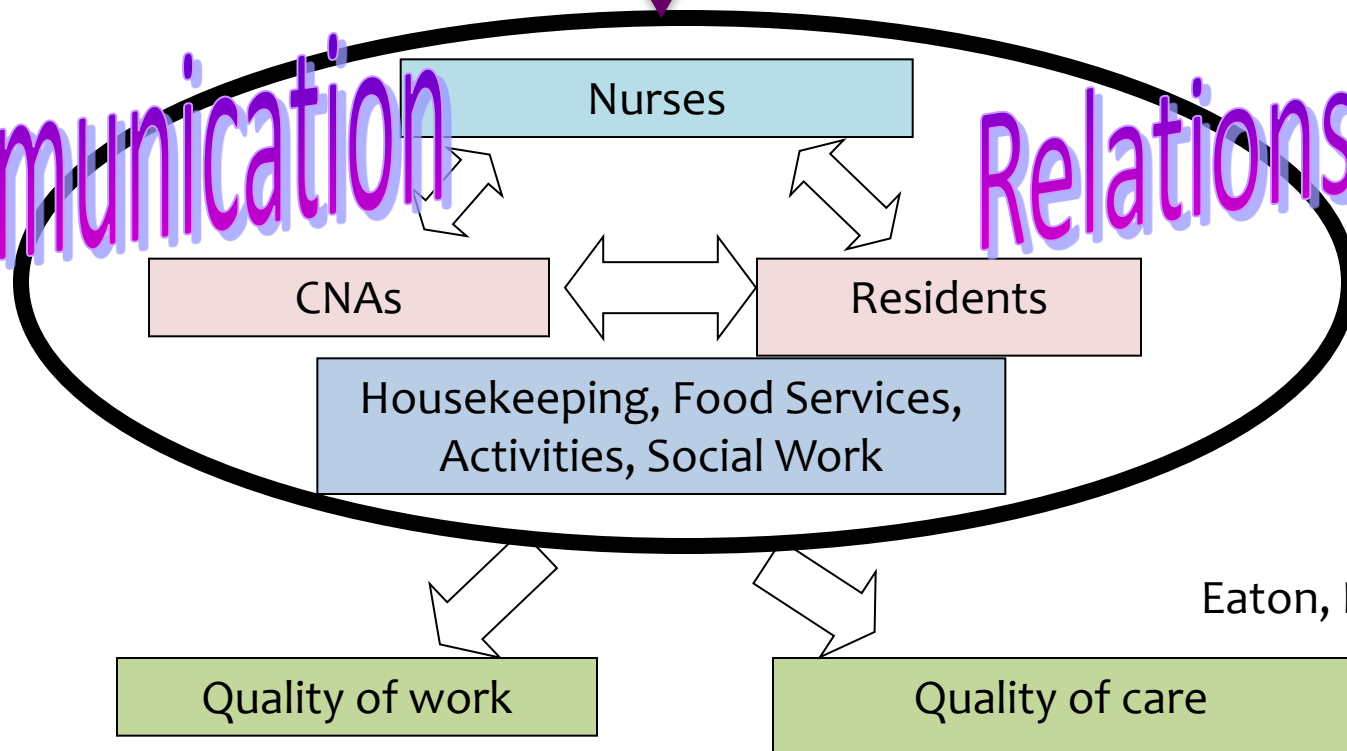- **Accurate**
- **Problem-solving**

Relationship

- **Shared Goals**
- **Shared Knowledge**
- **Mutual Respect**

Relationships Closest to the Resident Matter Most

Interdisciplinary and
Interdepartmental Collaboration
within and across units and shifts

Communication

Relationships

Nurses

CNAs

Residents

Housekeeping, Food Services,
Activities, Social Work

Eaton, Bishop, Gittell

Quality of work

Quality of care

## *Infrastructure* to Maximize Consistent Assignment by Tapping Into What Staff Know

Communication and Problem-solving With

Staff Closest to the Resident

- **Regular management presence**
  - **Morning Meetings/Leadership Rounds**
  - **QI Rounds**
- **Shift huddles**
- **CNA involvement in care planning**

Engineer Engagement

Proactive rather than Reactive
From 24 Hour Report to Watch List
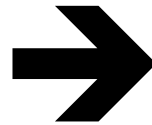
Inclusive rather than Top Down
From Conference Room to Rounding

Management Stand-up with Staff

Management team meets with CNAs and nurses on unit:

- Takes the morning stand-up or daily clinical 24-hour report to CNAs and nurses, to share and discuss information and determine together action to be taken.
  - **Stand-up** works best early enough in the day to be able to act on items identified.
  - **Stand-down** in the afternoon closes the loop on action items.

- Takes 10-15 minutes in each area of the home.
- It can occur daily or weekly, on a regular schedule.

Use for Just-in-Time Teaching

Management Stand-up with Staff

This gives the management team immediate information and the ability to determine and implement immediate responses.

QI Rounds

- QI Rounds focus on residents at risk in specific clinical areas. In rounds, the clinical team meets with CNAs and nurses to discuss for each resident they are concerned about, determine underlying causes and potential approaches, and come up with an action plan and follow-up.

QI Rounds Huddle Questions

- What are possible causes?

- What causes can you do something about?

- What's the easiest to change that has a big impact?

- ***What help do you need?***

- How will you know it worked?

- Who do you need to involve?

Shift Huddle

- **Shift Huddles** are a scheduled gathering of the nurses and CNAs working together to share information about each resident and coordinate action.

- It can occur near the start and end of each shift, mid-shift, or during paid overlap time among off-going and on-coming staff.

Shift Huddle How-to

- What you cover:
  - By exception, any red flags - risks and opportunities, appointments, test results.

- How long:
  - 10 - 15 min.
  - Keep it moving and constructive, relevant and brief

- How to do it:
  - CNAs provide relevant information about their residents;
  - Nurses provide medical information and context, what to watch for; teachable moments
  - Problem-solve together and make a game plan
  - Close the loop

Options to Get a Shift Huddle Going

• Focus on new residents - heads up before they come; check in the next day

• At risk residents on your watch list

• As needed, on the spot, safety huddle

➢ **Each time your team meets with unit/neighborhood staff, you are huddling. Now get the team started on huddling daily. Decide what to do and who will do it.**

Shift Huddle - at Glenridge Living Communities:

Develop the Process

- 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."

- <u>Nurse</u>: "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."

- <u>Activities</u>: "Sally enjoys listening to Frank Sinatra and I have a new CD for her in her room. Perhaps this will help her sleep tonight".

Involving CNAs in Care Planning

Assess your Care Plan Meetings

- Are they a check-off?

- Do you have real problem-solving?

- Are people on time, prepared, productive?

- Are meetings person-centered?

- Where is the meeting held – is it easy for resident and CNA to get to? (Move meeting to neighborhood; consider holding it in resident's room)

Make sure they are well-functioning meetings before you include CNAs.

How to Involve CNAs in Care Planning

Prepare CNAs to Contribute:

•When CNAs routinely share at shift huddles, this helps them know how to share in care plan meeting

•Have a training to introduce CNAs to meeting format

•Let CNAs know what to share – ADLs, meals, mood, activities, share with families what residents' need

Plan for their participation:

•Hold care conference where CNAs can get to it

•In huddle let CNA's know which residents are in ARD window and which are scheduled that day for care plan meeting

July 15, 2015 regs require CNA involvement in care plan meetings!

FREE TOOLKIT:

Tipsheets, Video clips and Starter exercises at

www.PioneerNetwork.net

Look under <u>Provider resources</u> at Engaging Staff in Individualizing Care

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AN INFRASTRUCTURE FOR QUALITY

Pioneer Network is pleased to announce that the Implementation Handbook for Engaging Staff in Individualizing Care, developed by B&F Consulting through our National Learning Collaborative funded by The Retirement Research Foundation will be available soon at pioneernetwork.net.

This Handbook will support implementation of a communication infrastructure essential for effective care delivery to ensure positive resident and staff experiences, and good organizational performance. Forty-nine nursing homes, five state culture change coalitions and four corporations worked together with the Pioneer Network and B&F Consulting to share how-to's from their successful pilot of these foundational organizational practices.

Engaging Staff in Individualizing Care

An Implementation Handbook

Pioneer Network | B&F CONSULTING

Funded by
THE RETIREMENT RESEARCH FOUNDATION

Individualizing Care

- With consistent assignment, staff know residents' choices. They need help from the rest of the team to honor them.

- *Once staff really know the residents they are caring for, you put them in an untenable position if they know something doesn't work for the resident but they are forced to carry out the rules anyway.*

Individualizing Care

- CNAs need a way to share their resident's needs

- This information is essential to deliver person-centered care. Honoring resident preferences is even more explicit in the July 15, 2015 regulations. When surveyors interview residents, they ask whether their preferences are honored.

- The more the organization uses CNAs' knowledge to shape care, the more CNAs' will feel their value to the organization, and the better the care will be.

Individualizing Care From Day One

- During first evening and day, have CNAs learn about and share resident's routines

- CNA share information through shift huddle and new resident huddle. Pipeline to other departments to:
  - adjust to resident's waking and sleeping times, with adjustments to meals, medications, and therapy

Individualizing Care

E0800. Rejection of Care - Presence & Frequency

Enter Code	**Did the resident reject evaluation or care** (e.g., bloodwork, taking medications, ADL assistance) **that is necessary to achieve the resident's goals for health and well-being?** Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals.
	   0. **Behavior not exhibited**
	   1. **Behavior of this type occurred 1 to 3 days**
	   2. **Behavior of this type occurred 4 to 6 days,** but less than daily
	   3. **Behavior of this type occurred daily**

Individualizing Care

Discuss how you are going to work on accommodating residents' preferences, and making the daily scheduling adjustments. How does it work now? What are easy small ways to start? Who will be responsible**?**

FROM Vicious Cycle of Instability   TO Positive Cycle of Steady Improvement

Relational Coordination and A Positive Chain of Leadership

TIPPING POINT

Reduce Stress
- Rounds to check in on people, not up on people
- All Hands on Deck
- Community Meetings

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

Develop a Positive Chain of Leadership
- People development
- Develop Nurses as Leaders
- Help people improve/hold people accountable

Promote 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

Achieve Quality Improvement through Individualized Care
- Transform from Institutional to Individualized Care Delivery Systems to support customary routines such as waking, sleeping, eating, bathing, and daily activity, to promote mobility and reduce psycho-active meds and hospitalizations

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

Contact Information

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Questions?

**If you have any questions regarding this presentation, please email them to
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