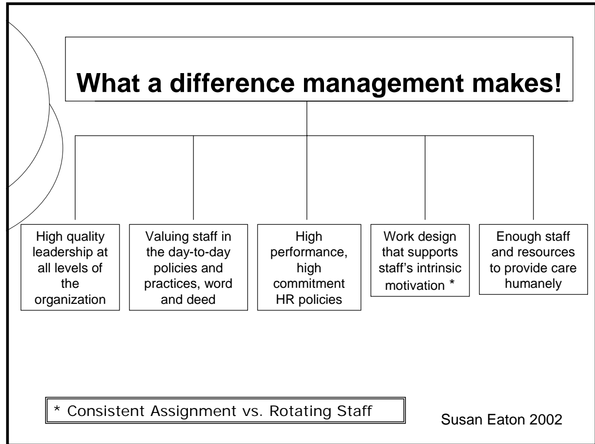
*What a **difference** management makes!*

Workforce Stability: Foundation for Systems Improvement

One Nursing Home's Journey
May 2005 – May 2006

Barbara Frank
B&F Consulting



Background

- Administrator and DoN respected members of LTC community
  - Adm. recently returned after several years
  - DoN there 30 years; started as CNA
- 186 employees; approx. 150 residents
- 3 units: sub-acute, dementia, long-term
- Owned by major national for-profit corp.
- Located in metropolitan area

Help Wanted

- Presenting Problem: High Turnover
- Information Gathering:
  - Staff focus groups, Aug. 2004
  - Employee opinion survey, Dec. 2004
- Intervention: May 2005 – Dec. 2005
  - Stage 1: Root cause analysis (drilldown)
  - Stage 2: Staff Stabilization
  - Stage 3: Management Development: Workforce and Workflow
  - Stage 4: A Systems Improvement Approach to Individualized Care
- Meta-cognition: Lessons Learned May 2006

Findings from Focus Groups

- Daily Instability:
  - Vicious cycle: Turnover, absenteeism, care load too heavy, high stress, harsh environment
- Leadership:
  - Administrator in crisis mode (washing windows, passing trays)
  - DoN hadn't been trained in management
  - Front-line supervisors stretched thin, worn-out
- Heavily Routinized Care:
  - "Pick up the pace"
- Feeling unappreciated and disengaged
  - Small raises, late evaluations and delayed raises, ceilings on raises
  - Empty brag board, uncomfortable break room, pizza but not enough supplies, contention between supervisors and CNAs

Leadership on the Floor

How 2 charge nurses start their day

"I gather my staff in the morning and I tell them 'we have to work together. We're like sticks. If we work apart, each of us can be broken. If we stick together, we can't be broken. We've got to stick together to get the work done. And let's have fun doing it.' Then I just pitch in and we get through the day."

"I am overwhelmed by what I have to do when we're working short. If I start doing the CNA's job, I'll never get all my meds passed and my charting done. It's just too much. I'm not going to do the personal care. I just keep my focus on my work and get as much done as I can."

HR Systems Operating in Crisis Mode, Actually Perpetuating the Crisis

- To address the norm of instability:
  - Hiring bonuses
  - Inexperienced new hires paid almost same as long time staff
  - Bonuses for taking last minute assignments; many FT staff switched to per diem to choose their schedule, and get the bonuses for extra
  - Piecemeal hiring of per diems to fill holes
  - Many Baylors (work two 12's, paid for 30)
  - Hiring "any warm body."
  - No time for orientation, right out on the floor, and then right out the door

Employee Survey Findings

- Leadership had different perceptions than the rest of the staff about the depth and nature of the problems
- Nurses responses indicated their morale lowest in the building
- Not a welcoming place for new staff
- Staff concerned about communication, support, working short, lack of supplies
- Lots of concern about low pay rates
- Issues about favoritism

May 2005 – Stage 1
Root-cause analysis, Drilling Down

- Designed customized drilldown
  - Snapshot of current picture – composition of current staff, nature and extent of turnover and absences
  - Analyze current incentives to see if they were contributing to outcomes

Take out the work sheet labeled Snapshot of a Current Situation – seven pages long.

Look on page one.

Look at the left hand column: RNs, LPNs, CNAs.

Look at the number and percentage that are FT, part-time, per-diem and Baylor.

June 2005: Drilldown
Snapshot of Current Situation

- Composition of staff by work status:
  - too many part-time, per diem, and Baylor
  - too few full-time nurses in charge

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

Financial incentives – 5 pages

Look on pages 1-2 at six areas of incentives:

- Bonus for last minute assignment
- Differentials
- Baylor
- Per diem
- Perfect attendance
- Holiday bonus

Incentives: Pages 1 - 2

- Best deal is Baylor;
- Next best PT/ per diem with bonus for last-minute assignment
- No reward for being reliable

Bonus	Extra Per Hr.	Annual
Baylor (work two 12's, paid for 30 hours)	RN -- $7 LPN -- $5 CNA -- $3	$268,944
Last minute assignment	RN, LPN --$10 CNA -- $5	$360,000
Perfect attendance	$0	$0

Composition of staff by Length of Service (in Snapshot of a Current Situation -- Pages 2 - 3)

- Many nurses in charge are new (60% of RNs and 52% of LPNs have been here less than a year)
- Greater stability among CNAs than nurses
- A few long-time staff are hanging on
- Non-nursing departments have more longevity than nursing

Position	< 6 mo.	6 mo –1 yr	1 – 2 yr	> 2 yr
RN	10%	50%	20%	20%
LPN	11%	41%	33%	15%
CNA	12%	14%	68%	6%
All Other	15%	27%	35%	23%

Incentives – (pages 3 – 4)

- Sign-on bonus pay-out at 6 mos; high rate of turnover at 6 mos.
- Referral bonus rarely used; in staff satisfaction survey, most said they wouldn't refer a friend
- No longevity bonus; Average Annual Raise 2%; no mentors paid

Bonus	Amount Offered	Quarter Pd - Annual Est.
Sign-on bonus Paid after 6 months	RN -- $2000 LPN -- $500 CNA -- $250	$12,500 - $50,000
Referral bonus Paid after 6 months	RN, LPN --$1000 CNA -- $500	$6,000 - $24,000
Longevity	$0	$0
Raises	Average 2%	$90,710

Terminations by Length of Service In Snapshot of current situation, (Pages 4 - 5)

- Losing new hires within first month, 3 mos, 6 mos. (sign-on bonus, poor hiring, poor welcome)
- A lot of instability in nursing positions
- Unstable supervision may be contributing to CNA turnover

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%

Turnover Costs: Snapshot of a Current Situation (Pages 6 – 7)

- Includes higher hourly wage; sign-on bonus; filling vacant shift through agency or overtime; recruitment; screening; training; and 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**

Investing in instability or stability?

Last minute bonus $360,000	Perfect attendance $ 0
Baylors $268,994	Longevity bonus $0
Sign-on bonuses $50,000	Raises @ 2% $90,710
Turnover costs $453,940	

Stage 2: Staff Stabilization Plan:

- Break the Cycle: Convert funds from turnover to retention, from absence to presence, from crisis to long-term goal of stable staffing
- Goals:
  - Get control of the schedule. Rebalance composition of staff to more full-time positions
  - Improve percentage of new hires who stay
  - Improve attendance and percent of fully-staffed shifts

Goal: Change composition of staff to full-time

How did he do it:

- Raises to FT and PT employees
- Convert staff to FT (one-on-one conversations)
- No new Baylor and per diem hires
- Phase-out Baylors and per diems

Goal: Improve percent of new hires who stay

What he did:

- Administrator/DoN mentor dept. heads in interview and hiring skills
- Provide a supportive environment to help new staff stay
- Dept. heads, supervisors support new hires; track progress and needs first weeks, mos.
- CNA trainer follow-up after class goes on floor

Goal: 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 by adjusting schedules, linking to employee assistance services.

Sept. 2005 Progress in Stabilizing Staff

- New Wage Package in Place
  - Raises given to full-time staff
  - Several staff converted to FT
- Staffing stabilized
  - Evening and night shifts fully staffed
  - Significant reduction in call-outs on evenings and nights
- Better retention of new hires
  - New CNA class about to start on the floor
  - Department heads providing support to coach new hires

Sept. – Nov. 2005
Stage 3: Management Development

- Nursing Management Meeting on ***Workforce and Workflow*** Issues on Day Shift
- How is it going? Where are trouble-spots?
  - New hires not handling their care load
  - Working short
  - Not able to get residents up in time in the morning
  - "I cry when I see the food cart is here."

Collaborative Problem-Solving

- Nurses problem-solve day shift issues:
  - Assign new hires to slower-paced long-term unit
  - Support new staff as they acclimate
  - Unit will call kitchen when they are ready for meal cart. Serve other units first.
  - DoN will work with nurse supervisor to re-assign current staff to her unit as soon as possible. In the meantime, others will help her shoulder her workload.

Leadership Development Training for managers and supervisors

- Agenda
  - Building Relationships
  - Myths and Facts about Leadership (Kouzes and Posner)
  - Eaton: *What a difference management makes!*
  - Theory X and Theory Y as conceptual frame for management approaches
  - Exploring Power, understanding your impact
- Homework
  - Read Encourage the Heart chapters from Kouzes and Posner
  - Complete Eaton self-assessment
  - Have conversations with 3 people who work for you about what brought them into care-giving, their frustrations and their rewards, and someone who made them shine

Leadership Development Training for managers and supervisors

- Agenda
  - Work redesign – Your systems are creating your outcomes
  - Valuing staff
  - Encouragement
  - Leadership in practice – how you communicate and motivate and the impact you have
  - HR – welcoming new staff
- Homework
  - Notice good leadership practices and their impact
  - Reward 3 instances of good leadership among supervisors
  - Send thank you cards to your staff
  - Target 3 areas for personal leadership growth, using the Leadership Practices Inventory or the Encouragement Index

Dec. 2005 – Progress

- Evenings and nights fully staffed, high retention, high attendance
- Staffing improved on day shift, but still a little short
- New hires settling in well
- Kitchen now waits for call from unit before sending tray
- Nurses eager for help as supervisors – how to handle tough situations. We discussed having high expectations and supporting people in achieving those expectations

Dec. 2005 - Stage 4 A Systems Improvement Approach to Individualized Care

Presenting problem:
- Nurses want training on how to get staff to work better together

Specific area of concern:
- Work is chaotic in the morning, hard to get everything done
- Recognized the systems of morning and night care were creating outcomes of chaos and stress

Making Mornings Better

- A Good Night's Sleep
  - Why are we turning every 2 hours at night when we don't during the day?
  - Why are we waking every 2 hours for incontinence care; what about long lasting incontinence briefs?
- Med pass as a workflow issue
  - Consolidation of meds
  - Dosage
  - Too many meds for some people
  - Timing related to work flow
- Bathing without a Battle

Quality Improvement: Pilot Test, Measure, Spread

- Action steps: Everyone took assignments
  - Review Bathing without a Battle video
  - Team process on the units; work with staff to identify residents to turn every three or more hours. Pilot test, measure, evaluate, spread.
  - Sample longer-lasting incontinence products
  - Explore consolidating tasks and medication
- "Our committee will be called the Solutions Committee since that is exactly what we are going to do!"

May 2006 -- Metacognition What changes have you seen?

- Created a New Norm -- Daily Stability:
  - Broke the cycle: 33% increase in percent of full-time staff; High retention and attendance, fully staffed so care is manageable and environment is positive and supportive
- Leadership:
  - Administrator working with department heads to grow their leadership skills; "I expect more from them and I'm working with them to meet my expectations."
  - DoN learned that "leadership is all about relationships. Anyone can be a leader. You have to understand your impact and bring out the best in the staff." She urges her nurses to pursue further education.
- Nurses meet weekly to problem-solve
- Staff stability allows consistent assignments, teamwork

A word about consistent assignment:

- Improves staff retention and attendance
- Improves care outcomes
- Improves resident, family, and staff satisfaction
- Improves nurse supervisor satisfaction
- Improves teamwork, initiative,
- and a sense of responsibility
- Allows for staff to individualize care and participate in care-planning and unit level decision-making

What’s different in the building?

- “With more staff, don’t hear ‘not my hall’”
- Nurse managers “model teamwork instead of conflict”
- “We have trust among the team; we can say ‘time-out, let’s look at this’”
- The schedule runs smoothly now; no favoritism and we now have consistent attendance
- Moving to block assignments

How is it playing out differently for staff?

- Staff Feel Appreciated and Engaged
  - With new rate of pay, they were able to bring back several staff who’d left
  - Thank you’s, birthdays, chocolate at anniversaries; $20 gift certificate for groceries
  - Brag board full of pictures and thank you’s
  - A committee is fixing up the break room
  - One aide who used to top the “crab-o-meter” has been in a good mood since she got a thank you card mailed to her home
- Hiring for full-time positions; take their time now to hire right
- Most recent class of CNAs matched one-on-one with evening staff for paired mentoring and welcome
- Team problem-solving on the units, now we can take on individualized care

“It’s so much fun coming to work. We laugh here all the time.”

- Director of Nursing