

PERSON-CENTERED CARE & RESOURCES

CONSISTENT STAFFING IMPLEMENTATION: A "HOW TO" GUIDE

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IMPLEMENTATION:

A "HOW TO" GUIDE

Consistent staffing has many benefits. Caregivers are better able to support residents by getting to know a small group of residents really well. It also has benefits for infection control by reducing the number of residents each staff member interacts with on a day-to-day basis. Most of us can stand behind the idea and value of consistent staffing, but have a harder time making it happen. After years of working with homes to implement consistent staffing, we now have a "how to" guide to help your team turn this important operational approach into reality.



#1: CREATING WORK AREAS

The first decision to make is how you are going to divide your larger resident population and environment into smaller living and work areas. For example, if you serve 75 residents, you will need to decide how to divide those residents into groups of less than 30 residents based on their physical location. How do you go about making this decision? Here are some proven strategies.

INVOLVE STAKEHOLDERS

Keep in mind your staff are already working in this environment and serving residents. It is highly likely that your staff teams already have ideas that could make this work. Often times, direct caregivers and other team members have already developed informal work division based on groups of residents. For example, the daytime staff may split up, two aides primarily work with Hall 1 residents, and two aides primarily work with Hall 2 residents. These are the natural work patterns you want to identify. Working with patterns that already exist and gathering direct input from those staff members who will carry out the change generates buy-in and leads to greater operational success.

Some ways to gather input from staff are to schedule learning circles and discussions with direct care staff. It is helpful to have multiple meetings at different times of day to gather input from a wide variety of shifts and people. Another strategy is to meet with staff members one-on-one asking open-ended questions getting their input.

INVOLVE STAKEHOLDERS (CONT...)

A leader will want to start the discussions; however, the leader should follow the learning circle guidelines and not interrupt or insert new ideas or topics until everyone has been heard. The facilitator of the circle should prepare for the learning circles by having some opening statements and questions. The goal for the circle is to listen to the voices of those that work closest with the residents and use their input and suggestions to make decisions about work area formation.

LEARNING CIRCLE EXAMPLE:

LEADER'S OPENING STATEMENTS



It is important for us to start staffing consistently. The goal is to make our work areas (what area we cover) smaller with less than 30 residents. As we have our discussion today, I encourage you to take specific people out of the picture. Do not think about specific staff members and who will work where or how residents will be impacted. We will discuss these important things later. I suspect there are already ways that you divide your work amongst each other. I want to start the discussion with a question about that. What are some of those informal work divisions here? i.e. Do you have a tendency to determine who works Hall 1 or Hall 2? A second discussion question/topic could be- tell us about your thoughts on what would be the best way to divide in groups of residents less than 30 here.



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WHAT IS THE BEST NUMBER OF RESIDENTS PER WORK AREA?

As you are determining a good number for each work area, part of this will be determined by the physical environment; however, also consider what is financially feasible to staff. For instance, if you get too small it is very expensive to staff the area. We have learned that somewhere between 15 and 25 residents is a very feasible number of residents to serve and be cost effective.

EXAMPLE #1:

WORK AREA 1 =
22 ELDERS

WORK AREA 2 =
22 ELDERS



CONSISTENT STAFFING:

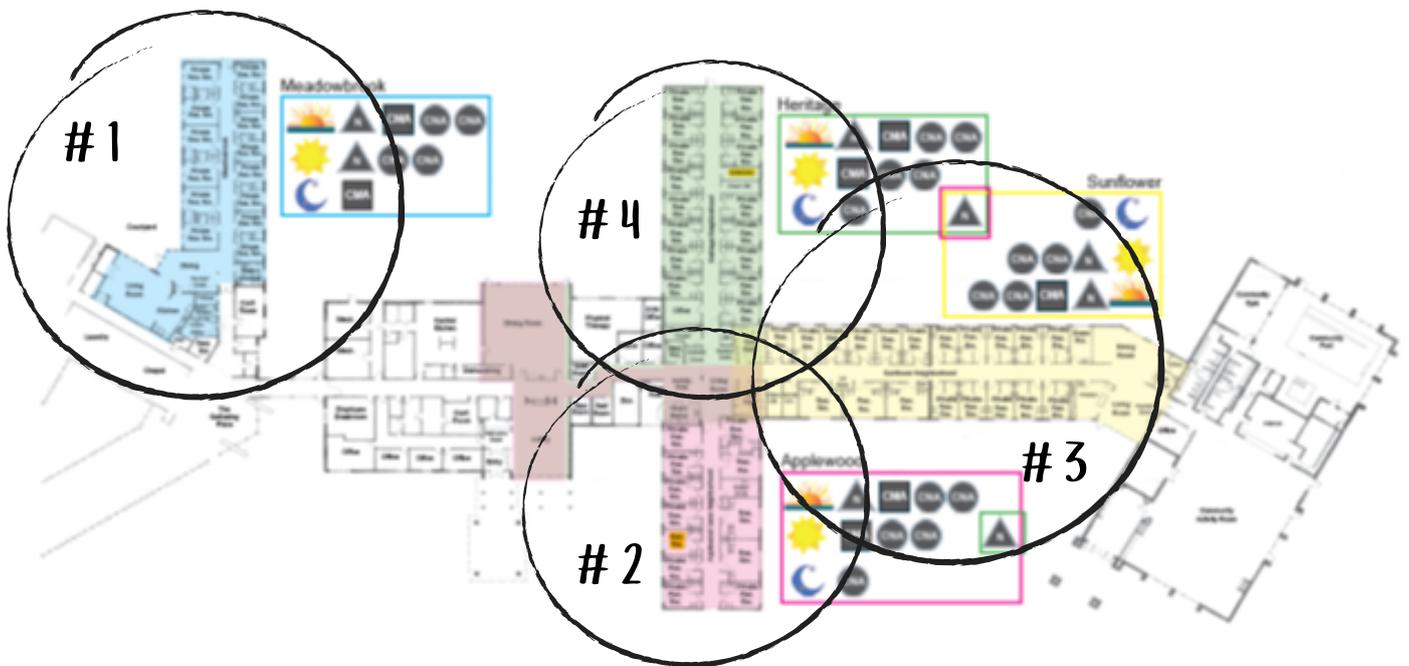
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WHAT IS THE BEST NUMBER OF RESIDENTS PER WORK AREA?



EXAMPLE #2:



WORK AREA 1= 14 ELDERS (DEMENTIA SPECIALTY)

WORK AREA 2= 22 ELDERS

WORK AREA 3= 22 ELDERS

WORK AREA 4= 16 ELDERS

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WORK AREAS: PHOTOS



STAFF WORK AREA AND LIVING SPACE WHERE THE FORMER LARGE NURSE'S STATION WAS LOCATED



RESIDENT ROOM CONVERTED TO A RESIDENT LIVING AREA

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WORK AREAS: PHOTOS



CLOSET CONVERTED TO A
STAFF WORK SPACE.



SNACK/DINING AREA IN A FORMER LARGE LIVING AREA

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WORK AREAS: PHOTOS



RESIDENT ROOM CHANGED TO A SMALLER DINING AREA FOR RESIDENTS IN ONE WORK AREA



STAFF WORK AREA IN A RESIDENT LIVING/ACTIVITY SPACE FOR ONE OF THE WORK AREAS

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WORK AREAS: PHOTOS



STAFF WORK AREA BUILT
INTO A HALLWAY NOOK



SMALL STORAGE AREA IN A
WORK AREA

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WORK AREAS: PHOTOS



FORMER LARGE LIVING AREA CONVERTED INTO A DINING, LIVING, AND STAFF WORK AREA.



SMALLER LIVING AND HANG OUT AREA IN ONE OF THE WORK AREAS.

#2: DETERMINE STAFFING NEEDS FOR EACH WORK AREA

Now that you have your work areas defined, you need to determine how to staff them. At this point of the process, you need to part with thinking about specific team members, scheduling conflicts and requests, personalities, real life staff schedules, and residents. This is not the time to figure out how to accommodate Mary's needs for Tuesdays and Thursdays off for school, as an example. Our goal at this stage is to identify what it will take to staff the work areas you have defined.

FORM A WORK GROUP

The next step is going to be to determine what type and how many staff are needed each day and all hours of each day. For each work area you just created, the goal now is to identify the number and type of staff needed to support each work area. Gather a work group and include a direct caregiver or two on this team. Once your work team is together, set the stage. Tell them the goal (to identify what kind of staffing will be needed for each work area). Remind them that at this point of discussion, it is still important to not get locked into "how we do things now" or existing scheduling patterns (that will come before things are finalized).

Encourage your working groups to "get out of the box a bit. As you staff these new work areas, people are likely going to need to work differently. Versatile workers may be a way to achieve consistent staffing that you haven't thought about. Versatile workers are team members who are expected to perform duties outside their traditional role on a regular basis. When moving into smaller work areas, changing expectations so that each staff member is equipped to meet as many residents' needs as possible enables the staffing to be more financially feasible. Consider the versatile worker a tool in your toolbox to staff the work areas within budget.

DETERMINE STAFFING NEEDS FOR EACH WORK AREA (CONT...)

When you are thinking of working differently, the more fluid and flexible your staff can be the more you can achieve for your residents. The goal is to train people with as many skills as you can up to their license level. We have all been taught to believe that a nurse should not run a vacuum because it is not fiscally responsible to have your higher paid staff doing this type of work. However, the idea is that we are paying people to do what the resident needs whatever it is. Throwing out this mindset and encouraging work outside of silos can help improve resident and staff satisfaction, which will help your business.

A SCENARIO

If you currently have 2 nurses, 4 aides, a bath aide, a restorative aid, a housekeeper, activity director, social services, MDS nurse-- How could those positions be used differently?

-  *Are there qualified individuals who are currently in offices who could be effective in the work areas?*
-  *Could the bath aide and restorative hours be converted to general aid hours and baths and restorative be a part of the general aid role in a specific work area?*
-  *Could the MDS nurse hours be rolled into the nursing hours and the work area nurse be responsible for fewer MDS's and also do direct care nursing?*
-  *Are there efficient ways to share nursing hours between adjacent work areas while direct caregivers stay dedicated to a group of residents in one work area?*

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QUESTIONS FOR THE WORK GROUP

What are the heavy care times?

When are times of day that take more help?

When are times that a majority of people like to get up? Eat? Take baths? Go to bed?

What is your current staffing pattern? FTE allotment (involve administration)

Do some areas have residents with higher care than others (rehab, dementia care, etc.?)

Note: Involve not just nursing staff. Pull in housekeeping, social services, activities, office nurses, etc. These role may need to change to realize your overall goal of consistent staffing.

EXAMPLE FOR ONE WORK AREA

10p	11p	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p					
Nurse (shared)								Nurse (shared)								Nurse												
CNA								CNA								CNA												
								CNA								CNA												
								CNA								CNA												
								Homemaker																				
								Social Services/Activities																				
1 1/3								4	4	6	6	6	6	6	6	6	6	5	5	5	5	4	4	4	4	4	4	

Remember to think of each work area as its own freestanding nursing home. What would it take to take care of the people in it? Keep in mind, 75% of people/positions need to ONLY work in one work area. Only 25% of people/positions can work across work areas (work in more than one work area).

DETERMINE STAFFING NEEDS FOR EACH WORK AREA (CONT...)

“

I'm able to get to know the residents in a whole new way. I used to do mostly paperwork and now I do paperwork, but I also get to be with residents and live life with them.

”

-Work Area Nurse

For each newly defined work area, start with a blank schedule. How many people need to be there each day? How many nurses on each shift? Aides? 7 days a week, how many people need to be there on each shift? (Keep in mind that the PEAK criteria does not expect the same approach to consistent staffing overnight from 10 pm-6 am)

At this stage, it is important to know your budget and FTE allowance. Administration will need to be involved in this part to really get the nuts and bolts in what is budgeted. What do you have to work with? Your office staff, your dietary, your nursing, SS, LE. What is the total budget? What can be put into the work area budget? What will be shared with the whole organization? Remember the 75% and 25% (above) rule and who is included in that calculation? (See Consistent staffing measurement spreadsheet).



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EXAMPLE SCHEDULE TEMPLATE

Position	SU	M	T	W	TH	F	S	SU	M	T	W	TH	F	S	Total
Daytime															
SS/ACT	X	8-5	8-5	8-5	8-5	8-5	X	X	8-5	8-5	8-5	8-5	8-5	X	80
Nurse	X	D	D	D	D	D	X	X	D	D	D	D	D	X	80
Nurse	6/6	X	X	X	X	X	6/6	6/6	X	X	X	X	X	6/6	48
CNA	D	D	D	X	D	D	X	X	D	D	D	D	X	D	80
CNA/RA	D	D	X	D	D	D	X	X	D	D	D	X	D	D	80
CNA	X	D	D	D	D	D	X	X	D	D	D	D	D	X	80
CNA	X	D	D	D	X	X	D	D	X	X	D	D	D	X	64
CNA	X	X	X	X	X	X	D	D	X	X	X	X	X	X	16
CNA	D	X	X	X	X	X	D	D	X	X	X	X	X	D	32
HMK	X	D	D	D	D	X	D	D	D	D	D	X	D	X	80
HMK	D	X	X	X	X	D	X	X	X	X	X	D	X	D	32
Evening															
Nurse	X	E	E	E	E	E	X	X	E	E	E	E	E	X	80
Nurse	6/6	X	X	X	X	X	6/6	6/6	X	X	X	X	X	6/6	48
CNA	E	E	E	X	E	E	X	X	E	E	E	E	X	E	80
CNA	E	E	E	E	X	X	E	E	X	X	E	E	E	X	64
CNA	X	X	X	X	X	X	E	E	X	X	X	X	X	X	16
CNA	X	X	X	X	X	X	E	E	X	X	X	X	X	X	16
CNA	E	X	E	E	E	E	X	X	E	E	X	E	E	E	80

D= 6 am/ 2 pm

E= 2 pm/ 10 pm

HIGHLIGHT = Care planning time



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Remember to check F838: Make updates or changes to your facility assessment as needed through the implementation process.

#3 TIME TO "GET REAL"

Now you have your ideal scheduling needs identified, it is time to blend in the individual personalities, skills, and schedules. In plain language, now you have to make a real schedule that divides staff members into work area teams, considers people's availability, sorts through personal conflicts, considers resident relationships and deals with current job expectations changing. This is the part where we figure out these real life logistics!

Take the staffing needs you identified in Step 2 and create positions that real people would want to work. Avoid creating positions that you know will be difficult to hire for or ask someone to work. Some approaches to consider as you think about creating positions and scheduling templates:

Will everyone come in at the same time on each shift and leave at the same time?

Will there be some staggering of shifts?

Will people work every other weekend?

Will they work two weekends on and one off?

What will make these positions desirable?





TIME TO "GET REAL" (CONT...)

BUDGET

As you work with the FTE's you are budgeted and determine ways of rethinking positions, are there still gaps? Is there a need to negotiate more FTE's? Be very realistic here and only request what you absolutely need. Do not make decisions based on keeping people in their silos (e.g. "Nancy won't leave her position as an MDS nurse for the whole building, so we have to keep her in her position"). Work to bring people along and work through these issues as you get further into the process.

A note of experience: Once work teams are formed in specified work areas, teams tend to become more accountable and fill open holes. For instance, when someone calls in, the positions get covered, people may call in less because they have stronger relationships with their team and coworkers.

The actual expenses may go up initially if the base budget was never realized (i.e. call-ins never filled, positions not able to be filled during turnover, etc.). In the long-run, however, evidence demonstrates that "getting small" and "consistent staffing strategies" result in better retention of staff, improve resident satisfaction and improved census. And, with the improved work environment, you will be able to recruit more staff.

TRANSITIONING TO WORK AREAS

Now, you move to considering your real world situation and staff members. There will be a natural learning curve that will occur and there are likely to be compromises and challenges that have to be worked through. When deciding who will work in what work area, here are some ways you could approach it:

Staff surveys: Each staff take a survey. Ask if there are any people that they don't want to work with, staff members you really want to work with? Any residents they would really like to care for? If you have identified leaders for each work area, is there a leader that the staff person would like to work for? Do they want to work with residents who have dementia or not?



TRANSITIONING TO WORK AREAS

Get the leaders together: If you have leaders for the work areas, they should be heavily involved. Discuss the information that you have. Do you have some clear matches to positions on the template? Are there gaps? This is where you might do individual negotiations. Where is there conflict with the preferences from the survey and the position template? Are there situations where you need to talk and compromise? Will seniority be used to make those tougher decisions? Bring people in one at a time and get their perspective. Ask them more questions about their preferences. If you see an opening that you really think they would fit well in, talk with them about it. (There is power in a top supervisor approaching a person and identifying skills they see that would make them really fitting for a position.)

Make a test run: Start plugging people into the template and begin determining when to launch into the new model. Some homes set a specific date and have a little launch party.

Be prepared to work out the kinks in those first couple weeks. Check in with people intentionally. Keep asking; What is working? What isn't? Be willing to make adjustments.

