

Self-Help Guide for Assessing and Improving Nursing Home Quality Issues Related to Optimizing Your Work Force

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OVERVIEW

We have prepared this self-help guide to assist nursing facilities in dealing with the challenges they face with staffing. The basis for this guidebook is a series of case studies conducted for the Centers for Medicare & Medicaid Services under contract number # 500-95-0062/TO#3 and assembled in the report "Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes".

The objective of this guidebook is twofold: 1) to provide tools to assess nursing staff issues that influence quality of care; and 2) to suggest strategies to improve quality of care by optimizing work performance of nursing staff. This guide is designed to be used in conjunction with, but not replicate, the quality measure and quality indicator reports that nursing homes receive.

Our strategy for improving quality through optimizing nurse staffing involves three distinct steps: 1) identification of concerns that impair quality; 2) evaluation of existing management practices and organizational systems; and 3) implementation of practices that have been found to enhance staffing-related quality of care concerns. The chapters in this guidebook correspond to these three steps.

Chapter 1 provides a quick reference and discussion list to identify staffing issues that potentially result in quality problems identified by specific quality measures (QMs) found on the standardized quality reports. The discussion list is organized as a questionnaire; each question is formulated to identify a concern or “flag” potentially related to the staffing situation in the facility. A "yes" response to any question on this questionnaire indicates the presence of a concern necessitating further evaluation. The "yes" responses are linked to an evaluation tool, which is presented in Chapter 2.

In addition to identifying potential concerns, the flags can be used as benchmarks - standards which a facility can strive to meet. These standards are not absolute and cannot be achieved by all facilities and under all circumstances. However, the standards reflected in the flags can be used to measure progress; each step closer to the standard can be considered an improvement. Facilities may chose to prioritize flagged areas and may chose to evaluate those that are most salient to their facility.

Chapter 2 consists of an in-depth assessment of seven organizational systems: A. Facility-wide Management; B. Recruiting and Retention; C. Scheduling and Attendance; D. Staffing Levels; E. Unit Management; F. Quality Improvement; and G. Staff Development and Training. Each of the systems is relevant to the management of nursing staff and the delivery of care, and each is linked to concerns identified in Chapter 1. Certain sections of Chapter 2 are flagged for review based directly on standardized quality reports. Other sections, such as the sections on Quality of Life and Quality of Care are always reviewed regardless of the results indicated in the standardized reports.

Chapter 2 is organized in sections evaluating one particular system at a time. Each section is subdivided according to topics, each investigating one aspect of the system. The evaluation follows the format of a questionnaire, containing questions relevant to the topic in each section. Each question is followed by a number of statements that are either true or false. A “false” response indicates that a facility has room for improvement.

Chapter 3 contains strategies for improvement that have been found beneficial in nursing facilities. The suggested improvements relate to particular aspects in the system and each section in this chapter (A-

G) corresponds to a similar section in Chapter 2. Review the sections in Chapter 3 corresponding to each aspect where concerns were identified in the system evaluation in Chapter 2. Select solutions that appear of value for optimizing the staffing situation in your facility and adapt these for implementation. The suggested strategies were obtained from nursing facilities that have overcome staffing-related quality problems, however all strategies are not appropriate for all facilities.

The guidebook is organized in such a way that each chapter and each section can be used separately. For easy use, each chapter and each section is preceded by a preview of what is to follow, so that a quick glance may suffice to determine whether a particular section is of interest for your facility at a particular time. For a full review, follow the chapters sequentially and complete each step as outlined in the instructions. However, it is possible to complete sections of each chapter as desired according to the specific circumstances found in your nursing facility.

The authors envision this self-help guide to be a live document, subject to continued development and responsive to the changing needs in the field. We are asking all users to register online at the staffing guide website, www.uchsc.edu/hcpr/staffguide.htm to receive updates and responses to frequently asked questions. Also, please use the website to provide feedback including comments, suggestions and questions.

Chapter 1: What's it about, and how can it help my facility?

The process of identifying and overcoming staffing-related quality problems in nursing facilities can feel overwhelming to administrators and others faced with this daunting task. Since so many different staffing-related factors can contribute to quality problems, it's often difficult to know where to begin. Chapter 1 can help you tackle the first obstacle standing between you and improved staffing-related quality in your facility.

Think of Chapter 1 as a "Workbook" that is designed to help you explore the various staffing-related factors that influence nursing facility quality. After completing this workbook, you will have a better sense of your facility's strengths and weaknesses when it comes to staffing.

Completing the workbook...

The Chapter 1 workbook is structured in a "yes" or "no" questionnaire format, with questions listed in the left-hand column; each of these questions is followed by a space for you to indicate your "yes" or "no" response. A "no" response to a question indicates an area of strength for your facility; while a "yes" response indicates a potential weakness that requires further investigation. Due to various circumstances, we recognize that all facilities may have difficulty achieving all the standards in this questionnaire, so it is important to view this as a screen to guide further investigation.

To further investigate your facility's potential weaknesses ("yes" responses), go to the "Potentially Related Staffing Issues" column to the immediate right of the question. This column refers you to various Sections and Topics within Chapter 2 where you can find a more specific evaluation in that particular area.

CHAPTER 1

IDENTIFICATION OF QUALITY ISSUES RELATED TO STAFFING

Identification List: Quality Concerns and Staffing Issues

INSTRUCTIONS: *Complete the following questionnaire in full. To obtain the information requested, employ direct observation, interview staff members, or review facility records, whichever is most appropriate. Respond to each question in the “Flag” column by indicating “yes” or “no” with a checkmark (✓) in the “Response” column. Criteria are based on an average size facility (about 100 beds). A “yes” response indicates a potential concern that requires additional investigation; for these items, proceed to the Chapter 2 sections and topics listed in the “Potentially Related Staffing Issues” column. Following your investigation, solutions to the staffing issues can be found in Chapter 3 in the corresponding sections. If chapter 1 is being used to measure progress, for any “yes” response record the number of negative occurrences. (You can use the “no” column for this purpose.) The flag then serves as a benchmark against which to measure your progress.*

Flag	Response		Potentially Related Staffing Issues
	Yes	No	If yes, proceed to
Hiring and Turnover			
Did three* or more professionally licensed nursing staff (RN, LPN) terminate their positions in the last three months? <i>Note: involves voluntary and involuntary termination</i>			Section 2A Topic 1-Leadership, Topic 2-Attitude, and Topic 3-Work Environment; Section 2B Topic 5-Staff Satisfaction and Staff Morale;
Did eight* or more certified nursing staff (CMAs, CNAs) terminate their positions in the last three months? <i>Note: involves voluntary and involuntary termination</i>			Section 2C Topic 1-Scheduling and Attendance, and Topic 4-Replacement Policies
Did 50% or more of nursing staff terminations occur in the first three months following hiring?			Section 2B Topic 1-Recruiting Policies, Topic 2-Hiring Process, and Topic 3-Orientation
Did 50% or more of nursing staff terminations occur after at least three months of employment?			Section 2B Topic 4-Career Incentives
Attendance	Yes	No	If yes, proceed to
Did the facility receive three or more nursing staff “call-ins” (unanticipated absences) during the last seven days?			Section 2C Topic 1-Scheduling Practices, Topic 2-Attendance, Topic 3-Attendance Policies, and Topic 4 -Replacement Policies;
Did the facility receive two or more nursing staff “call-ins” during the most recent weekend?			Section 2D Topic 1-Staffing Ratios, and Topic 4 -Support Staff
Did the facility receive one or more “call-ins” in the last 14 days from nursing staff working extra hours/double shifts/Baylors in that same period?			
Did one or more nursing staff appear late for their scheduled shift in the most recent 24-hour period?			Section 2E Topic 2 -Supervision, question b and d

* Based on 100-bed facility, about a 50% turnover rate. These numbers should be adjusted based on the size of your facility (to calculate rates see the Turnover Calculation Tool in the appendix, page A1).

Identification List: Quality Concerns and Staffing Issues

Flag	Response		Potentially Related Staffing Issue
	Yes	No	If yes, proceed to
Scheduling			
Did any of the units work “short staffed” (less than the ideally scheduled staff) during any shift in the last seven days?			Section 2A Topic 2-Leadership Section 2C Topic 1-Scheduling Practices, and Topic 4-Replacement Policies
Did the facility employ > 15% of agency nursing staff during any one pay period in the last three months?			
Does your facility allow any hourly nursing staff members to perform two or more doubles on consecutive days?			
Did more than 50% of the nursing staff work Baylor shifts on the most recent weekend? (Baylor = two 16-hours shifts scheduled on consecutive days during the weekend)			Section 2C Topic 4 -Replacement Policies Section 2E Topics 1-Work Organization, question a-b Topic 2-Supervision, questions b-d
Quality of Life	Yes	No	If yes, proceed to
Do you observe a urine odor on any of the units at any one time? If yes, indicate unit(s): _____			Section 2D Topic 1-Staffing Ratios, Topic 4-Support Staff, and Topic 5-Peak Hours; Section 2E Topic 1-Work Organization, questions a-b Topic 2-Supervision, questions a-b; Section 2F Topic 1-Quality of Life/Quality of Care, questions c-e; Section 2G Topic 2-Interpersonal Communication, Topic 3-Training
Do you observe residents unclean and/or ungroomed at any one time? If yes, indicate unit(s): _____			
Do you observe residents soiled or wet at any one time? If yes, indicate unit(s): _____			
Do you observe wheelchair or bed bound residents in the same position for extended periods (two or more hours) at any one time? If yes, indicate unit(s): _____			
Do you observe many (at least three) residents on any one unit who are bored, uninterested, not engaged in meaningful activities? If yes, indicate unit(s): _____			
Do you observe that meals/snacks/liquids are removed without being touched?			
Staff Resident Interaction	Yes	No	
Do you observe inappropriate staff to resident interaction (see below) at any time on any unit?			Section 2D Topic 1-Staffing Ratios, Topic 2 -Staff Allocation, Topic 3 -Staff Allocation to Special Care Units, and Topic 4-Support Staff; Section 2E Topic 1-Work Organization, questions a-b Topic 2-Supervision, questions a-b; Section 2F Topic 1-Quality of Life/Quality of Care, questions c-d-e, Topic 2 -Quality Improvement Teams; Section 2G Topic 1- Clinical Expertise, Topic 2 - Interpersonal Communication Topic 3 -Training, Topic 4 -Staff Development
• staff ignores resident need			
• staff refuses to respond to resident need			
• staff is verbally abusive towards resident			
• staff threatens, yells, raises voice towards resident			
• staff is physically abusive towards resident			
Do you observe at any time that inappropriate and/or inadequate staff to resident interaction remains uncorrected?			

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Identification List: Quality Concerns and Staffing Issues

Flag	Response		Potentially Related Staffing Issue
Call Lights, Monitors, Alarms	Yes	No	If yes, proceed to
Is the response time to call lights > 1 minute in general? (<i>Observe for at least 15 minutes on three different units</i>)			Section 2D Topic 1-Staffing Ratios, Topic 4-Support Staff, Topic 5 -Peak Hours; Section 2E Topic 1-Work Organization, question a Topic 2-Supervision; Section 2F Topic 1-Quality of Life/Quality of Care, questions c-d-e
Is the response time to call lights > 1 minute during peak hours including morning routines, resident/staff mealtimes? (<i>Observe for at least 15 minutes on three different units</i>)			
Are multiple call lights/alarms/monitors going off at any one time? (<i>Observe for at least 15 minutes on three different units</i>)			
Break Time and Overtime	Yes	No	If yes, proceed to
Do you observe nursing staff frequently on the phone for personal calls during their shift?			Section 2E Topic 1-Work Organization, question a-b, Topic 2-Supervision
Ask three direct care staff members whether s/he omitted to take their personal break/clocked out late at any one time in the last seven days? (<i>Indicate “yes” if at least one staff member did so</i>)			Section 2D Topic 1-Staffing Ratios, Topic 4-Support Staff, Topic 5 - Peak Hours; Section 2E Topic 1-Work Organization, question a Topic 2-Supervision; Section 2F Topic 1-Quality of Life/Quality of Care, questions c-d-e
Communication	Yes	No	If yes, proceed to
Is formal reporting on resident care and status omitted during shift change? (<i>Observe during shift change</i>)			Section 2E Topic 1-Work Organization, questions a-d Topic 2-Supervision, questions a-b
Is some unit nursing staff excluded from nursing report at shift change? (<i>Observe during shift change</i>)			
Incidents and Complaints	Yes	No	If yes, proceed to
In the last month, did the facility record three or more incidents resulting in resident and/or staff injuries such as skin tears, lacerations, bruises etc?			Section 2D Topic 1-Staffing Ratios, Topic 3-Staff Allocation to Special Care Units, Topic 4 -Support Staff, and Topic 5 -Peak Hours; Section 2E Topic 1-Work Organization, Topic 2 -Supervision; Section 2F Topic 1- Quality of Life/Quality of Care, Topic 2 -Quality Improvement Teams; Section 2G Topic 1- Clinical Skills, Topic 2 -Interpersonal Communication, Topic 3 -Training, and Topic 4 -Staff Development
In the last month, did the facility receive one or more resident/ family or Ombudsman complaints related to staffing issues such as: poor staff interactions with residents; staff not responding to resident need etc.?			

Identification List: Quality Concerns and Staffing Issues

Flag	Response		Potentially Related Staffing Issue
Prevalence/Incidence Rates	Yes	No	If yes, proceed to
Does your facility have quality concerns related to any of the quality measures (QMs) including: <u>"chronic" care</u> ; late-loss ADL decline, prevalence infection, prevalence weight loss, inadequate pain management, stage 1-4 pressure ulcer, use of physical restraint <u>"post-acute" care</u> ; prevalence of delirium, inadequate pain management, improvement in walking			Section 2D Topic 1-Staffing Ratios; Section 2E Topic 2 - Supervision; Section 2F Topic 1- Quality of Life/Quality of Care; Topic 2 -Quality Improvement Teams; Section 2G Topic 1- Clinical Skills, Topic 3 -Training, and Topic 4 - Staff Development

Chapter 2: What's it about, and how can it help my facility?

Chapter 2 can help you identify and evaluate specific areas of concern related to staffing and quality in your facility. As a member of facility management, you may be well aware that your facility has difficulties related to staffing that affect the quality of care your facility provides to its residents. But often, finding out the “specifics” of those difficulties (the root of the problem) can be a challenge. Chapter 2 provides a tool for doing just that - identifying the specific areas related to staffing that may be causing quality concerns for your facility. Once you gain a thorough understanding of your facility’s problem areas - using the explicit examples provided - you can begin to take the steps necessary to overcome the staffing problems you’re experiencing. (To read more about suggested strategies for overcoming staffing-related quality problems, see Chapter 3.)

Organizational Systems, Topics, etc...

Chapter 2 contains in-depth reviews of seven different “organizational systems.” What is an organizational system? Think of these seven systems as broad categories of factors that can influence nursing home quality related to staffing. Each one of the seven organizational systems is further broken down into several more specific factors or “Topics” that influence certain aspects nursing home quality related to staffing.

For example, Section A discusses “Facility-wide Management” as an organizational system. Within the Facility-wide Management organizational system, there are three different Topics; these include: Topic 1 - Leadership; Topic 2 - Attitude; and Topic 3 - Work Environment.

Each Topic contains several “True” or “False” statements that can help you identify whether the Topic might be an area of concern for your facility. A “False” response to one of these questions indicates that your facility has room for improvement within the Topic being discussed.

CHAPTER 2

EVALUATION OF SYSTEMS AND MANAGEMENT PRACTICES

INSTRUCTIONS: *For any “yes” responses identified in the Quality Concerns and Staffing Issues Identification List in Chapter 1, proceed to the corresponding Chapter 2 sections.*

Sections A through G below are each comprised of topic headers, which are shaded in gray (for example, “leadership” or “attitude”) followed by a bulleted series of specific statements. All bulleted statements are specific recommended practices related to each topic.

When completing each topic, begin with the bulleted list by indicating any “true” or “false” responses with a checkmark (✓) in the shaded column. A “false” response to one or more of the bulleted statements within a topic indicates that your facility has room for improvement. To address each issue, first implement the specific recommended practice related to that response, then proceed to the corresponding topic in Chapter 3 to review additional suggested strategies for improvement.

Each bulleted statement in this chapter must be completed using information collected from the data sources indicated in the right-hand column for that statement.

SECTION 2A. FACILITY-WIDE MANAGEMENT

Do any of the following describe your facility?

- No written mission statement
- Management positions are frequently vacant
- Scheduling practices are inflexible and rigid
- Management rarely interacts with direct care staff or residents
- Staff and material resources are tight

If the above issues sound familiar, take some time to look through the following section on Facility-wide Management . . .

Section 2A. Facility-wide Management

Strong leadership combined with an attitude of caring for residents and staff alike in addition to a positive work environment are associated with better care and lower turnover rate. Topics 1-3 below evaluate these aspects. Proceed to [section 3A](#) to review additional improvement strategies.

Topic 1. Leadership			
a. Does the management provide strong and positive leadership?			
YES None of the below statements is false.			
NO One or more of the below statements is/are false. Number of false statements: ___ out of 7.			
	T	F	Data Source
<ul style="list-style-type: none"> ➤ A clear and positive vision is expressed in a written mission statement or in written goals for the organization. ➤ The mission statement or goals emphasize the value of residents and employees. ➤ Daily management decisions and actions are concrete manifestations of the positive mission statement. ➤ Management expects that staff meets the values expressed in the mission statement. ➤ Administrator, DON and SDC were the same individuals in the previous 12 months. ➤ At least one management staff member has an educational background in business or health care administration. ➤ The administrator has work experience in health care. 			Interview management Management interview; review statement Interview direct care staff Interview management and direct care staff. Review personnel records Review personnel records
Topic 2. Attitude			
a. Does the management staff exhibit an attitude of consideration and care for residents and employees alike?			
YES None of the below statements is false.			
NO One or more of the below statements is/are false. Number of false statements: ___ out of 6.			
	T	F	Data Source
<ul style="list-style-type: none"> ➤ Their statements express a high regard for residents and employees. ➤ Their statements show recognition for the special value of long-term care. ➤ Management staff expresses their enjoyment of working with the elderly. ➤ Scheduling practices allow room for personal and family issues of the employees. ➤ Attendance policies are considerate of unexpected family and/or personal emergencies. ➤ Management actively considers employee input. 			Interview management Interview management Interview management Interview direct care staff Review attendance policies Interview direct care staff

Topic 3. Work Environment

a. Do day-to-day management actions create a positive work environment?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 8.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Management staff spends daily time on the units interacting with residents and direct care staff. ➤ Management staff interacts with residents and staff in a friendly and positive manner. ➤ Channels of communication are well established and in general readily used. ➤ Management provides adequate staffing and material resources to make it possible for staff to meet high expectations. ➤ Management focuses on education and training rather than on disciplining and punishing. ➤ Management terminates employees who remain unwilling/unable to meet professional and/or mission statement standards. ➤ Management enforces policies and protocols equitably. ➤ Staff recognition programs receive regular attention. 			Observation; interview with direct care staff Observation; interview with direct care staff Interview with direct care staff Interview with direct care staff Interview with direct care staff Interview management and direct care staff Interview management and direct care staff Interview with direct care staff

b. Is the daily work of direct care nursing staff organized in such a way as to be motivational and effective?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 4.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ 90% of the direct care staff is assigned to a unit of their preference and according to their skills. ➤ Specific direct care staff are appointed to "float" to other units in case of changing staffing needs. ➤ "Floating" positions are assigned to staff who have expressed their willingness or preference to "float". ➤ A direct care staff member, other than appointed "floating" staff, is assigned to another unit < 3 times a month. 			Interview with direct care staff Interview with direct care staff Interview with direct care staff Review staffing schedules, interview direct care staff

SECTION 2B. RECRUITING AND RETENTION

Do any of the following describe your facility?

- CNA training is not available in-house or through tuition reimbursement
- Employee benefit package does not include a health care plan
- Peer-mentors are not assigned to new employees
- New employees frequently earn the same wages as experienced staff
- Employee satisfaction is not evaluated

If the above issues sound familiar, take some time to look through the following section on Recruiting and Retention . . .

Section 2B. Recruiting and Retention

The ability to attract qualified employees is a key factor in providing good resident care; the retention of employees increases the potential to have high quality employees. Effective hiring practices and extensive orientation of new employees increases the likelihood of a low turnover rate especially in the first few months of employment. Positive leadership and management practices that emphasize career development and educational opportunities increase the likelihood that long-term employees are interested in remaining with the facility. Topics 1-5 below evaluate factors contributing to hiring and retention of employees. Proceed to [section 3B](#) to review additional improvement strategies.

Topic 1. Recruiting Practices

a. Does the facility offer a human resource package that is attractive for future employees?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 6.

	T	F	Data Source
➤ The facility offers in-house CNA training or pays tuition for CNA training at a nearby college or an adult education program.			Management interview
➤ The facility offers competitive wages for the geographic area, especially for CNAs.			Review pay scale
➤ The facility offers a benefit package that includes at minimum a medical and dental plan.			Review benefit package
➤ A majority (>50%) of nursing employees participate in the insurance plans offered in the facility benefit package.			Review for RN/LPN and CNAs
➤ The facility offers a retirement package.			Review package
➤ The facility offers employee-relevant fringe benefits related to childcare, transportation and personal /family issues.			Review benefit package; interview direct care staff

Topic 2. Hiring Process

- a. Do the facility's hiring practices encourage the selection of employees who have a chance to stay with the facility beyond the first few weeks/months?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 8.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Nursing leadership is involved in interviewing new nursing staff recruits. ➤ Peer staff of prospective employees is involved in interviewing in order to present a realistic job-preview. ➤ The job interview aims to identify the prospective employee's personal enjoyment for working with the elderly. ➤ A background check is completed for each prospective candidate. ➤ Professional and educational qualifications of prospective nursing staff are verified. ➤ English language proficiency of potential new direct-care nursing staff is assessed. ➤ The facility selects only experienced (at least six months recent LTC experience) nursing staff for the night shift. ➤ The facility hires only those candidates who have verified qualifications for the position. 			Interview management staff and direct care staff. Interview direct care staff Interview management staff Interview management staff Interview management staff Interview management staff Interview management staff Interview management staff

Topic 3. Orientation

- a. Does the facility aim to facilitate the transition between training and work practice for *newly certified* or *newly graduated* staff?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 2

	T	F	Data Source
<ul style="list-style-type: none"> ➤ The facility provides in-house clinical training to newly certified nursing assistants during their first few months on the job. ➤ Newly licensed/certified nursing staff are assigned to a peer mentor or a peer group until they feel comfortable in their position. 			Review orientation practices; verify implementation Interview direct care staff

Topic 3. Orientation (continued)

b. Does the facility provide adequate orientation for all new hires?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 6.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Each new hire is assigned to a peer-mentor for a minimum of one month to promote and encourage good working relationships and working practices. ➤ The job orientation includes for each position a customized checklist. ➤ The orientation checklist is sequenced to provide information in a logical order. ➤ New employees are required to demonstrate that they have understood and are capable of carrying out the information provided on the orientation checklist. ➤ The facility allows all new hires a reasonable orientation period (length dependent on position) to become familiar with their assignment. ➤ The orientation period is concluded with an evaluation of the new workers readiness for their assignments and responsibilities. 			<p>Interview Management and direct care staff</p> <p>Review orientation check list</p> <p>Review orientation check list</p> <p>Review orientation check list</p> <p>Interview direct care staff</p> <p>Review orientation practices and verify</p>

Topic 4. Career Incentives

a. Does the facility provide sufficient career incentives to retain staff long-term?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 4.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Clear wage differences, based on performance appraisals, distinguishes between newly hired and more experienced staff. ➤ Regular, consistent and equitable pay increases are provided. ➤ Career advancement opportunities such as career ladders or career paths are available to direct care-nursing staff. ➤ Training opportunities, such as tuition payment and flexible scheduling, are provided to long-term nursing staff to advance their nursing careers. 			<p>Review wage scales</p> <p>Review wage scales</p> <p>Review career ladders; career paths</p> <p>Review career ladders; career paths</p>

Topic 5. Staff Satisfaction and Staff Morale

a. Does the facility manage its nursing staff in such a way that staff wants to stay with the facility?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 10.

	T	F	Data Source
➤ Routine or "ideal" staffing levels are specified per unit and for each shift.			Interview staffing coordinator
➤ Routine staffing levels allow staff to complete all their responsibilities and assignments (= adequate staffing).			Interview direct care staff
➤ Adequate staffing is maintained 90% of the time on each unit/all shifts (1 shift/per unit short staffed/per 7days).			Interview direct care staff
➤ Staff contributions are acknowledged and extra efforts are recognized.			Interview direct care staff
➤ Work performance is evaluated regularly (at minimum three months following hiring and annually thereafter).			Interview direct care staff
➤ Enforcement of policies is consistent.			Interview direct care staff
➤ Scheduling is done equitably and with consideration.			Interview direct care staff
➤ Staff coaching is immediate and ongoing.			Observation, Interview with direct care staff
➤ Staff are assigned responsibilities for which they are prepared.			Interview direct care staff
➤ Staff feed back is acknowledged and considered.			Interview direct care staff

b. Does management assess staff attitude and morale on an ongoing basis?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 3.

	T	F	Data Source
➤ Exit interviews are conducted with all exiting staff.			Review exit interviews
➤ Employee satisfaction is evaluated at least yearly.			Review most recent questionnaire
➤ Management has an open door policy.			Interview nursing staff

SECTION 2C. SCHEDULING AND ATTENDANCE

Do any of the following describe your facility?

- **Special scheduling requests are rarely accommodated**
- **Absences are not tracked per unit**
- **Direct care nursing staff frequently work double shifts**
- **Orientation checklists are not required for new employees**
- **Agency staff do not receive detailed resident information**
- **The call-in policy does not allow for unanticipated absences**

If the above issues sound familiar, take some time to look through the following section on Scheduling and Attendance . . .

Section 2C. Scheduling and Attendance

Scheduling practices are strongly correlated with employee satisfaction, attendance, and turnover. Scheduling practices that are experienced by nursing staff as negative or inconsiderate will increase attendance problems and turnover rates. Attendance issues must be addressed, but situations of short staffing will occur at times even in the best facilities. Replacement or substituting staff, even if this means making use of agency staff, is important to maintain high staff morale and keep turnover rates low. Topics 1-4 below evaluate these issues. Proceed to [section 3C](#) to review additional improvement strategies.

Topic 1. Scheduling Practices

a. Do the facility's scheduling practices allow staff to attend to their personal lives?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 5.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Schedules follow a regular pattern (weekly, monthly). ➤ Schedules are posted at least one month in advance. ➤ Scheduling requests are mostly (4 out of 5 times) accommodated. ➤ Staff is allowed to find their own replacement for unanticipated absences. ➤ Requests for time off are honored (4 out of 5 times). 			Interview direct care staff, staffing coordinator

b. Do the facility's scheduling practices contribute to a positive work environment?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 4.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Weekend shifts are distributed equally among all direct care nursing staff. ➤ Holidays are granted according to a fair rotation system. ➤ Schedules are at no time used to discipline staff. ➤ Staff receives at least 24-hours notice when a change in the regular schedule needs to be made. 			Interview direct care staff, staffing coordinator

Topic 2. Attendance

a. Does the facility keep track of nursing staff attendance?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 2.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Each unit keeps track of number of absentee nursing staff per shift. ➤ Absentee rates are calculated for each unit daily. 			Interview Unit Managers, review tracking forms

Topic 3. Attendance Policies

a. Does the facility's call-in policy contribute to a positive work climate?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 4.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ The call-in policy allows for some unanticipated absences. ➤ The call-in policy is clearly communicated to all nursing staff (e.g. all staff signs written policy form). ➤ The call-in policy is enforced consistently. ➤ Overtime payment structure prohibits abuse of unscheduled absences. 			Review call-in policy, interview direct care staff Review overtime payment policies

Topic 4. Replacement Policies

a. Do the facility's replacement practices contribute to maintain quality care and promote staff satisfaction?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 6.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ The facility has a written plan, familiar to all staff, to deal with infrequent and brief short-staffing situations. ➤ Substitute nursing staff is provided when short-staffing or call-ins occur. ➤ Direct care nursing staff is not pressured to pick up extra shifts. ➤ A direct care nursing staff member never or seldom (< 2 times per 14 days) works a double shift. ➤ Redistribution of nursing staff is infrequent (1 shift per staff member per month, unless assigned as "float"). ➤ Nursing staff are seldom (1 time or less per month) pulled from essential nursing services such as restorative or rehab nursing. 			Review replacement policies and interview with direct care nursing staff

Topic 4. Replacement Policies (continued)

b. Is agency staff able to provide quality care?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 6.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Facility policy specifies when agency staff may be used. ➤ Agency staff is recruited from registries selected for their quality standards. ➤ Procedures are in place to ensure adequate orientation for all new agency staff. ➤ Agency staff receive a detailed written assignment. ➤ Agency staff receive written resident information. ➤ Written resident information is detailed and up-to date. 			Review policies, interview management staff and direct care staff

c. Does the facility treat direct care nursing staff with consideration regarding working extra hours?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 6.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Direct care nursing staff are not pressured into picking up extra shifts/performing doubles. ➤ Working extra hours, double shifts, or Bayers is an option, not an obligation. ➤ Staff working extra hours, double shifts, or Bayers receive compensation for their contributions. ➤ The work performance of direct care nursing staff working doubles/Bayers is closely monitored. ➤ Alternative replacement solutions are found when work performance of staff working extra hours declines. ➤ Alternative replacement solutions are found when staff working extra hours/Baylor shifts start calling in. 			Interview direct care staff Review salary structure Review work performance evaluations Interview direct care staff Interview direct care staff

SECTION 2D. STAFFING LEVELS

Do any of the following describe your facility?

- Routine staffing levels are not maintained
- Staff frequently clocks out late
- Nursing staff is frequently pulled to other units
- The house/facility supervisor has a clinical assignment
- Mealtimes are chaotic
- Residents frequently do not receive their food at the appropriate serving temperature

If the above issues sound familiar, take some time to look through the following section on Staffing Levels . . .

Section 2D. Staffing Levels

Staffing levels pertain to actual nurse staffing ratio of direct care workers on each unit and for each shift; the distribution of staff during peak hours such as meal and bathing times; the availability of support staff such as activity workers, rehab and management staff; and, the allocation of staff to units and shifts (“the right staff to the right place”). Staffing levels are strongly correlated with quality of care and nursing staff turnover. Insufficient staffing levels forces staff to work harder, miss scheduled breaks and/or omit assigned tasks. Resident care suffers and staff can quickly become demoralized. Topics 1-5 below assess these factors. Proceed to [section 3D](#) to review additional improvement strategies.

Topic 1. Staffing Ratios

a. Is sufficient direct care nursing staff available on each unit to provide adequate care to the residents?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 6.

	T	F	Data Source
➤ Routine or "ideal" staffing levels for RN/LPN and CNA are specified per unit and per shift.			Interview staffing coordinator
➤ Routine staffing levels allow staff to complete all their responsibilities and assignments (= adequate staffing).			Interview direct care staff
➤ Adequate staffing is maintained 90% of the time on each unit/ all shifts (= 1 shift/per unit short staffed per 7days).			Interview direct care staff
➤ In the last seven days, RN/LPN staffing was maintained at routine levels on all units.			Review actual staffing data, interview direct care staff
➤ In the last seven days, CNA staffing was maintained at routine levels on all units.			Review actual staffing data, interview direct care staff
➤ In the last 7 days, <i>all</i> call-ins were substituted with replacement nursing staff.			Review actual staffing data, interview direct

b. Does the direct care nursing staff have sufficient time to accomplish all tasks in the allotted period?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 3.

	T	F	Data Source
➤ Each direct care nursing staff member working on this unit during this shift was able to take regular breaks during each worked shift in the last seven days.			Interview direct care staff
➤ Each direct care nursing staff member working on this unit during this shift was able to clock out on time for each worked shift in the last seven days.			Interview direct care staff
➤ Salaried nursing staff working today on this unit was able to complete their responsibilities within the allotted number/regular hours.			Interview direct care staff

Topic 2. Staff Allocation

a. Is work in the facility organized to be efficient and motivational while accommodating fluctuating needs?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 5.

	T	F	Data Source
➤ The facility has an explicit, written strategy to adjust staffing levels to changing resident needs.			Review used method
➤ Most direct care staff (at least 80%) have permanent unit assignments of their own preference.			Interview direct care staff
➤ Staff members are in most cases (80% or more) assigned to a unit of their own preference.			Interview direct care staff
➤ “Overflow” staff are employed to cover for unanticipated absentees.			Review scheduling practices
➤ Nursing staff are not removed from other nursing services (restorative, rehab) to cover for absentees.			Interview direct care staff

Topic 3. Staff Allocation to Special Care Units

a. Are the special care units, such as the Medicare/sub-acute and Alzheimer/dementia units, adequately staffed to meet the needs of their special resident populations?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 6.

	T	F	Data Source
➤ The facility employs/contracts a Geriatric Nurse Practitioner (GNP) when a sub-acute unit is in operation.			Staff interview
➤ An RN is scheduled at all times on each sub-acute care unit.			Review unit schedules
➤ All direct care nursing staff on the sub-acute/ Medicare unit(s) are adequately qualified, i.e., trained/experienced to care for high acuity geriatric residents.			Interview staff
➤ A licensed nurse, RN or LPN, is present on the Alzheimer/ dementia unit daily exclusively for assessment and monitoring of residents' medical needs.			Staff interview, review unit schedules
➤ The direct care nursing staff on the Alzheimer/ dementia unit(s) are adequately trained in the progression of Alzheimer disease and management of behaviors.			Staff interview
➤ At minimum one staff member, trained to provide activities, is assigned exclusively for this task to the Alzheimer/dementia unit during residents' waking hours.			Interview direct care staff

Topic 4. Support Staff

a. Does the facility provide sufficient support staff to alleviate the workload of the nursing staff?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 6.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ An RN nurse manager or house supervisor is present at all hours during evening and weekend shifts. ➤ The RN nurse manager or house supervisor is exclusively assigned to perform management and supervision. ➤ A bath aide is present on each unit to complete all assigned baths. ➤ Activity staff is present on the Alzheimer/dementia unit during morning/evening and weekend shifts. ➤ Non-nursing staff is present during day and evening hours to answer telephone calls. ➤ Non-nursing staff are cross-trained to provide assistance (transfers/hydration/feeding/activity) during peak hours. 			<p>Interview direct care staff</p> <p>Interview manager and or direct care staff</p> <p>Interview direct care staff</p> <p>Interview direct care staff</p> <p>Interview direct care staff</p> <p>Management and direct care interviews</p>

Topic 5. Peak Hours

a. Is direct care staff able to meet the needs of residents in the dining room during mealtime?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 10.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ An RN supervisor is present in the dining room during mealtime. ➤ The RN dining room supervisor is exclusively assigned to monitor/assist staff and residents during mealtime. ➤ The RN supervisor is observed providing assistance during mealtimes when necessary. ➤ Single task workers perform specific duties such as transport of residents, delivery of trays, liquids etc. ➤ Trays are immediately served upon arrival to all residents. ➤ Residents receive their food at the appropriate serving temperature. ➤ All residents requiring cueing and encouragement receive staff attention during mealtime. ➤ Staff members are able to sit during feeding with the residents who require physical assistance with eating. ➤ Staff remains friendly and unhurried during mealtimes. ➤ Staff members have the time to complete all their responsibilities during mealtime. 			<p>Observe three mealtimes in dining room in every dining room</p> <p>Staff interview</p>

Topic 5. Peak Hours (continued)

b. Is direct care staff able to meet the needs of residents who remain in their room during mealtime?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 3.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ One staff member is assigned to cover phones and call lights on each unit during mealtime. ➤ Nursing staff members are assigned to cover the unit proportionate to the number and needs of the residents who have remained in their rooms. ➤ Call lights are acknowledged by staff in < 1 minute, follow-up to resident need is < 5 minutes. 			<p>Observe units during mealtime</p> <p>Observe units during mealtime</p>

c. Are staff able to meet the needs of all residents during bathing time and morning routines?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 5.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Call lights are acknowledged by staff in < 1 minute, follow-up to resident need is < 5 minutes. ➤ The staff member completing a bath is exclusively assigned to this task. ➤ One staff member remains on the unit while other staff are completing morning routines. ➤ Staff are able to complete all morning routines including oral hygiene, dressing and grooming for all their assigned residents. ➤ Staff are able to complete the morning routines in a friendly and unhurried fashion. 			<p>Observe units during morning routines</p> <p>Interview direct care staff</p> <p>Observe units during morning routines</p> <p>Observe units during morning routines, interview direct care staff</p>

SECTION 2E. UNIT MANAGEMENT

Do any of the following describe your facility?

- **Completion of work cannot be easily verified**
- **Nursing assistants are not involved in care planning**
- **Unit team meetings are not held regularly**
- **An RN supervisor is not always present in the facility when the unit manager is not available**
- **Some supervisory staff have not received training in management/leadership techniques**

If the above issues sound familiar, take some time to look through the following section on Unit Management . . .

Section 2E. Unit Management

Unit management involves the organization of work and coordination of unit staff in such a way that quality care is provided and morale remains high. Topics 1 and 2 below evaluate these factors. Proceed to [section 3E](#) to review additional improvement strategies.

Topic 1. Work Organization

a. Is work on each unit organized efficiently?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 7.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Expectations for resident care/professional conduct are explicit. ➤ All direct care unit staff has clear work assignments. ➤ All tasks (routine/non-routine) are assigned to specific persons/shifts. ➤ A team approach is encouraged to complete all tasks in a timely manner. ➤ Nursing staff is provided with the tools and resources to complete their work assignments. ➤ Completion of work can be easily verified. ➤ Staff are able to accommodate resident preferences. 			Observation, staff interviews Review task plans, schedules, observe Observation, staff interviews Records, resident interview

b. Is work organized to meet professional standards of care?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 6.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Toileting schedules are completed every two hours. ➤ Repositioning schedules are completed every two hours. ➤ Schedules for monthly weighing of residents are present. ➤ Hydration/snack breaks are scheduled between meals. ➤ Schedules for bathing and personal care are indicated. ➤ Several activities are scheduled daily. 			Direct observation, review guideline, staff interviews

Topic 1. Work Organization (continued)

c. Does the nursing staff on each unit have clear instructions regarding individual resident care?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 6.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ All staff is involved in resident report at shift change ➤ Shift change updates are relevant to recipient's professional position (e.g., RN, LPN, CNA). ➤ All direct care nursing staff know to whom to report observed changes in resident status. ➤ Licensed professional staff are trained to follow up on observations regarding changes in resident status. ➤ Resident care plans are accessible, easy to read and used for daily care provision. ➤ Nursing assistants are involved in care planning. 			Direct observation during report time, interview direct care staff Interview licensed direct care staff Interview direct care staff, locate care plans. Interview direct care staff

d. Is work on the unit(s) organized in such a way as to motivate staff?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 6.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Regular unit team meetings are held. ➤ Team meetings involve <i>all</i> unit nursing staff. ➤ Communication is respectful and considerate. ➤ Teamwork is encouraged to coordinate resident care. ➤ Mentoring of direct care nursing staff is ongoing. ➤ Work assignments correspond to staff ability. 			Interview unit staff Interview unit staff Direct observation Interview unit staff Direct observation; Interview unit staff

Topic 2. Supervision

a. Is adequate supervisory staff available on each unit at all times?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 8.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Each unit has a unit manager/clinical coordinator. ➤ The unit manager organizes staff to coordinate care. ➤ The unit manager completes assigned responsibilities within the allotted time (overtime <2x/month). ➤ The unit manager is trained in management techniques. ➤ The unit manager's clinical experience meets the needs of the unit residents and staff. ➤ A RN supervisor is present in the facility when the unit manager is not available (evening, nights, weekends). ➤ The RN supervisor's responsibility is limited to providing supervision to direct care nursing staff. ➤ The RN supervisor is trained in management techniques. 			Review schedules Interview unit manager Interview unit manager Interview unit manager Interview direct care staff, unit manager Interview direct care staff Observation, interview supervisor Interview supervisor

b. Does the supervising nurse (unit manager, charge nurse, house supervisor) exhibit leadership skills?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 8.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Actively responds to staff and resident needs. ➤ Organizes work efficiently. ➤ Monitors that individual resident care is completed according to care plan instructions. ➤ Monitors that general nursing care meets accepted professional standards of care. ➤ Coaches staff and provides assistance when needed ➤ Acknowledges good work performance. ➤ Interacts respectfully with residents and staff. ➤ Enforces protocols and disciplines if necessary. 			Direct observations and interviews with direct care staff

Topic 2. Supervision (continued)

c. Is the supervising nurse (unit manager, charge nurse, house supervisor) able to provide guidance to the unit staff?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 4.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ The supervising nurse is familiar with the unit and its staff. ➤ The supervising nurse is familiar with the residents' care. ➤ The supervisors' responsibilities allow for monitoring of care delivery (no interfering responsibilities such as a clinical assignment). ➤ The supervisor is able to directly observe the unit staff. 			Observation and interview with direct care staff

d. Is the unit supervisory staff (unit managers, charge nurses) adequately prepared to provide leadership?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 5.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Supervisory staff receives training in leading, mentoring and coaching staff. ➤ Supervisory staff receives training in evaluating work performance of staff. ➤ Supervisory staff is provided with clear guidelines regarding corrective actions and disciplining of staff. ➤ One-on-one mentoring is provided to supervisory staff in need of assistance to improve leadership skills. ➤ Supervising staff expresses confidence in their ability to lead and manage unit staff. 			Review training logs and interview supervisory staff Interview supervisory and management staff Interview supervisory staff

Do any of the following describe your facility?

- The facility does not utilize the most recent evidence-based clinical practice guidelines
- The unit manager does not monitor completion of work
- Quality improvement (QI) teams do not solicit input from all involved staff to develop a plan for improvement
- Written plans for improvement do not state clear objectives and measurable goals

If the above issues sound familiar, take some time to look through the following section on Quality Improvement . . .

Section 2F. Quality Improvement

Quality care and quality of life are to a large degree influenced by the direct care provided at the bedside. However, poor care is not only a failure of direct care nursing staff, it is as much a failure of management decisions and practices. Topics 1 and 2 below evaluate the management systems related to care delivery. Proceed to [section 3F](#) to review additional improvement strategies.

Topic 1. Quality of Life/Quality of Care

a. Does the facility utilize the most recent evidence-based clinical practice guidelines for each of the following care areas?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 9.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Rehospitalization ➤ Prevention and treatment of pressure ulcers ➤ Prevention and treatment of weight loss ➤ Infection control ➤ Pain management ➤ Prevention and identification of delirium ➤ Use of restraints ➤ Prevention of falls ➤ Use of anti psychotic medication 			Review all relevant clinical protocols, interview direct care staff as to awareness and use of these protocols

b. Are these evidence-based clinical practice guidelines translated and integrated into practice guidelines that are implemented on each unit/during each shift?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 12.

	T	F	Data Source
Unit 1 Day Evening Night Unit 2 Day Evening Night Unit 3 Day Evening Night Unit 4 Day Evening Night			Observe three different shifts on however many units are in operation in your facility Alternatively, conduct these focused observations on targeted units with specific staffing or quality concerns Note: compute number of false statement according to number of units/shifts observed

Topic 1. Quality of Life/Quality of Care (continued)

c. Does each unit have sufficient resources available on all shifts to complete the clinical practice guidelines as instructed and provide all residents with the required care?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 4.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Supplies such as fresh linens, underpads, gloves, adult attends, bathing supplies, skin lotions. ➤ Assistive devices such as Hoyer lift, pressure-relieving devices, air mattresses. ➤ Dietary supplements such as high caloric or diabetic snacks and fluids. ➤ Specialized staff such as physical, occupational therapy, restorative nursing. 			Interview direct care staff, review available stock and access to stock on all shifts Interview staff

d. Does staff have clear written instructions regarding implementation of clinical practice guidelines?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 6.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Instructions specify which tasks need to be completed. ➤ Instructions specify who completes an indicated task. ➤ Instructions specify when an indicated task needs to be performed. ➤ Instructions specify how an indicated task needs to be completed. ➤ Instructions specify what resources are required to complete an indicated task. ➤ Direct care staff is familiar with and understand the instructions required for the care they provide or are able to locate and utilize instructions. 			Review assignments and directives on each unit Observe and interview direct care staff

e. Is there evidence on each unit of reminders and routines to complete tasks as instructed?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 6.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Set schedule or resident list with timetable for toileting. ➤ Visual aids to reposition residents timely and on the correct side. ➤ Set schedules for weighing of residents. ➤ Set times several times a day to hydrate residents. ➤ Scheduled times for snacking/nutritional supplements. ➤ Daily resident lists for bathing. 			Review on each unit the provided tools

Topic 1. Quality of Life/Quality of Care (continued)

f. Does the unit manager/charge nurse ensure that the practice guidelines are completed as instructed?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 6.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ The unit manager/charge nurse supervisory responsibilities are clearly outlined in a written job description. ➤ The unit manager/charge nurse actively monitors completion of work. ➤ The unit manager/charge nurse provides assistance when needed. ➤ The unit manager/charge nurse organizes work efficiently. ➤ The unit manager/charge nurse reminds staff of tasks if needed. ➤ The unit manager/charge nurse coaches staff if necessary. 			Observe supervisory staff during work on all shifts, interview direct care staff in addition

Topic 2. Quality Improvement Teams

a. Does the facility actively seek to improve quality of care?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 7.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ The facility employs one or more multi-disciplinary quality improvement (QI) teams. ➤ The quality improvement teams consist of all disciplines involved in the care (include at minimum DON, nurses, CNAs). ➤ The QI teams meet regularly; at least once a month. ➤ The QI teams utilize standardized quality reports (MDS-based QMs) and other appropriate data (surveys, complaint reports) to identify areas of potential concern. ➤ The QI team members are trained to interpret the data provided on the standardized quality reports. ➤ The facility employs additional relevant assessment tools such Resident/Family Satisfaction Questionnaires. ➤ There is evidence that the QI team has addressed and improved areas of concern (2 plans in last 12 months). 			Interview QI team(s) Review available tools, ensure annual completion Review recent improvement plans

Topic 2. Quality Improvement Teams (continued)

b. Is a successful strategy applied to improve quality of care?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 3.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Each QI team selects only one or two areas for improvement at any one time. ➤ Each QI team solicits input from all involved staff members in order to develop a plan for improvement. ➤ A written plan is presented for implementation. 			Interview QI team(s) Observe QI team meeting Review recent plan

c. Did the two most recent written plans for improvement contain the elements to achieve successful implementation?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 8.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ The plan states clear objectives and measurable goals. ➤ The plan outlines all involved steps to achieve stated goals. ➤ The plan presents a clear timetable and an expected sequence of involved steps. ➤ The plan accommodates training for all involved staff. ➤ The plan anticipates the provision of adequate resources. ➤ The plan includes strategies to monitor implementation. ➤ The plan includes strategies to accommodate changes. ➤ A protocol for follow-up is established to measure the extent of the improvements. 			Review two most recent plans Review in-service schedules

d. Is each implemented quality improvement plan evaluated for its effectiveness?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 2.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Baseline and follow-up assessment are obtained. ➤ Enforcement of successful measures. 			Review most recent QI plan Interview management staff

SECTION 2G. STAFF DEVELOPMENT AND TRAINING

Do any of the following describe your facility?

- Some licensed professional nursing staff have not received geriatric assessment training
- Non-native English speakers do not receive a language proficiency test
- Profession specific in-service training sessions are not provided on a regular basis
- Training on caring for cognitively impaired residents, pain management and leadership skills is not offered on an ongoing basis

If the above issues sound familiar, take some time to look through the following section on Staff Development and Training...

Section 2G. Staff Development and Training

Nursing skill, knowledge and expertise are important factors in the provision of adequate resident care. Staff development and in-service training are essential in maintaining and improving skills and expertise of all staff. Topics 1-5 below evaluate the issues related to staff development. Proceed to [section 3G](#) to review additional improvement strategies.

Topic 1. Clinical Skills

a. Does the facility ensure that nursing staff has sufficient assessment skills to adequately respond to emerging medical needs of residents?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 4.

	T	F	Data Source
➤ Licensed professional nursing staff on the sub-acute unit is qualified to serve high acuity population.			Interview management staff
➤ All licensed professional nursing staff received geriatric assessment training.			Interview staff development coordinator
➤ Certified nursing staff receives training in early detection of emerging medical problems.			Interview staff development coordinator
➤ Work performance evaluation of all staff includes a clinical skill competency assessment.			Interview management staff

Topic 2. Interpersonal Communication

a. Does the facility ensure that nursing staff has sufficient interpersonal communication skills?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 3.

	T	F	Data Source
➤ Supervisory staff receives training in mentoring, coaching, evaluation and disciplining of staff.			Interview direct care staff
➤ All staff receives behavior intervention training.			
➤ Non-native English speakers receive language training.			

Topic 3. Work Performance

a. Does the facility ensure that all nursing staff can meet high standards?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 5.

	T	F	Data Source
➤ Work performance is evaluated annually at minimum.			Review recent work performance evaluations, interview staff
➤ New hires are evaluated three months following hire.			
➤ Supervisory staff familiar with the work of the evaluated staff perform/have input in performance evaluations.			
➤ Specific suggestions are made if improvement is needed.			
➤ Follow-up evaluation for low performance is conducted.			

Topic 4. Training

a. Does the facility ensure that nursing staff will receive adequate training?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 4.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ The facility has assigned one individual to provide staff training; a Staff Development Coordinator (SDC) or some one in a similar position. ➤ The SDC received education and/or is experienced in adult and culturally diverse education methods. ➤ The SDC has sufficient time to train all nursing staff adequately for their assigned responsibilities. ➤ The SDC has adequate resources to train all nursing staff adequately for their assigned responsibilities. 			Interview Staff Development Coordinator

b. Does the facility provide adequate training for its nursing staff?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 5.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ The state and/or federally mandated monthly in-service training are always provided. ➤ CNAs receive one additional in-service specifically tailored to their professional needs every other month. ➤ Licensed nursing staff receive one additional in-service on profession-specific topics every other month. ➤ Geriatric assessment training classes are offered to the entire licensed professional nursing staff. ➤ Additional management and leadership training is offered to all direct care supervisory staff. 			Review in-service schedules for the last 12 months, review presented topics, interview direct care staff Interview licensed staff Interview supervisory staff

c. Are in-service training sessions tailored to the expressed or observed staff development needs?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: ___ out of 4.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Training on caring for cognitively impaired residents is offered on an ongoing basis. ➤ In-services on behavioral management and intervention techniques are offered on an ongoing basis. ➤ One-on-one training sessions are offered to individual nursing staff to address skills requiring improvement. ➤ Training on recognizing/managing pain is offered to all direct care nursing staff. 			Review in-service schedules for the last 12 months, review presented topics, interview direct care staff

Topic 4. Training (continued)

d. Does the facility ensure that all staff receives the information imparted during the in-service training sessions?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 3.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ In-service training is mandatory for all targeted staff. ➤ Each in-service is offered more than once and at different times. ➤ Materials, such as handouts, videos are available to all nursing staff targeted for the in-service training. 			Review in-service training schedules, in-service attendance list

e. Does the facility ensure that the imparted knowledge is understood and processed by attending staff?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 4.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Each in-service training is followed by a proficiency test appropriate to measure retention of information (written test, role-playing, return demonstrations). ➤ Completion of a written in-service training test is mandatory for all targeted nursing staff. ➤ Incentives are provided for successfully completed in-service training tests. ➤ Follow-up training is offered when in-service tests are completed unsuccessfully. 			Review competency tests, interview direct care staff

Topic 5. Staff Development

a. Does the facility offer its nursing staff opportunities that encourage additional learning and/or experience?

YES None of the below statements is false.

NO One or more of the below statements is/are false. Number of false statements: __ out of 3.

	T	F	Data Source
<ul style="list-style-type: none"> ➤ Contributes to tuition payment for continuing education in nursing. ➤ Arranges attendance to professional conferences or seminars relevant to geriatric nursing. ➤ Accommodates work schedules around class times. 			Review policies, review utilization rates, interview direct care staff Interview management and involved staff Interview involved staff

Chapter 3: What's it about, and how can it help my facility?

By identifying your facility's problem areas related to staffing (whether on your own or by using the tool presented in Chapter 2) you've already won half the battle. Understanding the source of these problems is the most important - and often the most difficult - step in overcoming them. Armed with this knowledge about your facility's staffing-related quality problems, you're now ready for the next step - taking action against them. Unsure of where to begin? Chapter 3 can help.

Strategies for Improvement...

Utilizing the insights and experiences of nursing facilities that have successfully conquered staffing-related quality problems, Chapter 3 presents a set of quality improvement strategies and better care practices for overcoming staffing problems in nursing facilities.

Chapter 3 follows the same general framework as Chapter 2. That is, the improvement strategies presented in Chapter 3 correspond to the Organizational Systems and Topics discussed in Chapter 2. This common framework will allow you to easily find strategies and solutions for dealing with the quality concerns you identified in Chapter 2. (For example, "Recruiting Practices" can be found in Section B, Topic 1 of both Chapters 2 and 3.)

The strategies and better care practices described in Chapter 3 are by no means all-inclusive for all facilities. Rather, they're intended to serve as a general guide and useful starting point to help you overcome your facility's quality problems related to staffing. Just as each nursing facility is unique, so are the solutions to its staffing problems; what works for one facility may not always work well for another. So in order to gain the most from this chapter, adopt those solutions and practices that work best for your facility and its unique staffing circumstances.

CHAPTER 3

IMPROVEMENT STRATEGIES AND BETTER CARE PRACTICES

***INSTRUCTIONS:** Review suggestions within each section and topic below that correspond to one or more “false” responses from Chapter 2; only those sections that correspond to one or more “false” responses are required. Begin with a review of those sections that contain highest number of “false” responses from Chapter 2. Select solutions that will accommodate the particular circumstances in your facility.*

Did you know that...

- Better quality of care is often provided in facilities where the management team expresses a high regard for both residents and staff
- The DON is often the most pivotal position in the management team
- Residents and direct care nursing staff are important sources for early detection of problems and are valuable resources for solutions
- A strong management team formulates its expectations in clear guidelines and protocols

Read on . . . for further insights and quality improvement strategies related to Facility-wide Management.

Section 3A. Facility-wide Management

The effect of facility-wide management on the job performance of direct care workers, and thus on the quality of care provided in a nursing facility, cannot be underestimated. Strong leadership at the facility management level, especially from the DON, is often associated with good staff morale and good quality of care.

Topics 1 and 2. Leadership and Attitude

Good leadership consists of two essential elements: 1) a strong team presenting clear and consistent guidelines that it is willing to enforce and 2) an attitude that is based on a philosophy of caring and consideration for residents and employees. A good management team incorporates both the qualities of strength and compassion.

A well-run facility starts with a strong and positive management team able to provide clear guidance and direction to residents and staff. In order to provide quality care to residents, the facility's management team must have a clear sense of purpose, a resident- and staff-oriented management style, and an emphasis on coaching and development of staff.

Better quality of care is often provided in facilities where the management team strongly values nursing in long-term care, and expresses a high regard for both residents and staff. The facility's mission statement, goals, objectives, and daily management actions reflect this positive attitude.

Characteristics of Successful Leadership and Management Team

- Cohesive top management team
- Clarity of purpose and direction
- Resident- and staff -oriented management style
- Emphasis on mentoring and development of all staff

Topic 3. Work Environment

To be effective, the management team must be able to create a positive work environment in which employees are willing to provide the high quality of care that is expected of them. Acknowledgement and recognition of staff contributions is an important element in creating this positive work environment. Also important is an understanding of what life is like for the direct care employees, effectuated in practices and protocols that demonstrate consideration and respect.

A strong management team formulates its expectations in clear guidelines and protocols, provides sufficient structure and resources to make implementation possible, is willing to enforce effective strategies, and is open to review strategies proven to be ineffective.

The DON is often the most pivotal position in the management team, instrumental in providing clinical and managerial guidance to the nursing staff. The DON's most valued contributions are in management of nursing care and staff development, and strong involvement should focus on these responsibilities. It is not effective to have the DON involved in time-consuming activities that are not related to nursing care or education. In addition, job responsibilities should not place an excessive demand on personal time, and responsibilities should be assigned to persons most capable and qualified to perform the tasks.

A well-run facility has a management team able to detect concerns and/or problems in the early stages and the ability to correct these problems in a timely fashion. Direct care nursing staff and residents are important sources for early detection of problems and are valuable resources for solutions. It is therefore imperative that the management team is willing to listen to residents and staff and to consider their suggestions.

Effective Leadership and Management Strategies

- Set high standards of care
- Define and communicate expectations
- Provide clear instructions regarding the standards of care
- Provide adequate resources to meet standards and expectations
- Provide clear job descriptions for all staff
- Define equitable protocols for nursing management issues
- Establish standard protocols for routine clinical problems
- Utilize available data to make informed decisions
- Have management present in the facility at all times
- Institute regular staff performance evaluations
- Enforce directives and policies consistently
- Recognize employee contributions and provide appropriate incentives
- Provide guidelines and instruct staff on communication within and between disciplines

Did you know that...

- To be successful, recruiting strategies have to be creative and tailored to the specific needs of prospective employees
- A shift differential must be generous enough to make working a less desirable shift worthwhile; those less than one dollar per hour are often not effective
- Turnover occurring mainly in the first few months after hiring indicates inadequate orientation practices or an ineffective hiring process
- A major morale booster for nursing staff is assistance by management on the units when staffing ratios are unexpectedly low

Read on . . . for further insights and quality improvement strategies related to Recruiting and Retention.

Section 3B. Recruiting and Retention

The ability to attract quality employees is a key factor in providing good care, and the retention of employees increases the potential to employ high quality workers. Effective hiring practices and extensive orientation of new employees increase the likelihood of a low turnover rate, especially in the first few months of employment. Positive leadership and management practices increase the likelihood that long-term employees are interested in remaining with the facility.

Topic 1. Recruiting Practices

Effective strategies for recruiting qualified employees depend to some extent on specific local and economic circumstances. It is important that members of management are informed about the challenges, real or perceived, that potential employees face in order to work at their facility. A simple questionnaire to current employees requesting input as to the barriers that prospective employees might perceive in becoming part of the care team can easily provide this information.

Generic recruiting strategies include the provision of competitive wages, a benefit package, generous shift differentials and, career and/or educational opportunities. However, to be successful in a competitive market, the recruiting strategies often have to be more creative and tailored to the specific needs of the prospective employees. One way to explore the specific needs of employees in your area is to find out from staff. A Recruitment/Retention Questionnaire is provided in the appendix (pages A2 and A3). Once the specific challenges of staff are known, incentives can be tailored to accommodate employees' needs.

Many nursing facilities offer CNA training classes to attract new nursing assistants. Payment or reimbursement of tuition by the facility is essential for effective recruitment. When CNA training is offered on-site, offering classes during a time that accommodates the lives of most prospective employees, such as weekends and evenings, appears to be an effective recruiting tool.

Another successful practice in recruiting nursing staff is to target specific shifts with special monetary incentives. Since nursing staff tends to prefer certain work shifts, many facilities have difficulty recruiting staff for shifts that are less popular. Evening and night shifts are often mentioned as the shifts most difficult to staff. Offering shift differentials for these less desirable shifts is an effective strategy to attract staff to these shifts. However, a shift differential must be generous enough to make it worthwhile. In a case study research completed in 18 nursing facilities, this monetary incentive proved effective only when the shift differentials were at least above one dollar per hour.

A benefit package, including a health care plan, is an important recruitment tool. However, the facility must consider the affordability of the benefits for the prospective employees. The out-of-pocket expenses for the employee – rather than the employer's contribution – determine whether a prospective employee can afford the benefit at all. If your facility currently offers a benefit package, review the percentage of employees, especially CNAs, who make use of the health care benefits. A low percentage may indicate that the benefits offered are not affordable for the employees.

Successful Recruiting Practices

- Competitive wages
- Generous shift differentials
- Targeted shift differentials
- Medical and retirement package
- Affordable day care on the premises
- CNA training offered by facility
- Training during off workday hours

Topic 2. Hiring Process

Several strategies are effective in retaining employees. A first step in determining which practices might be most effective is identifying the time when most turnovers occur. Turnover occurring mainly in the first few months after hiring indicates an ineffective hiring process or inadequate orientation practices. The selection process should routinely include the screening of a prospective employee through a background and reference check. In addition, the DON should be included in interviewing all prospective nursing candidates. However, these are only minimal steps in a successful selection process.

Candidates, especially those with no long-term care experience, often have no idea what a position entails and what will be expected of them. This is especially true for entry-level positions such as CNA, but certainly not limited to these positions. New nurse graduates might not have a clear picture of what their responsibilities will include, nor may experienced nurses coming from another specialty or health care setting. It is imperative that candidates receive true and detailed information on what will be expected of them. A helpful strategy is to have an employee in a similar or peer position paint a clear picture for the candidate once he or she has passed the first screening and is considered for a position.

Related to this issue is the selection of employees for the night shift. The situation on the night shift varies per nursing facility, but frequently night shift employees' work under special circumstances. They must be able to work relatively independently. It is recommended that night shift nursing staff is experienced professionals with, at a minimum, previous long-term care experience, preferably in a similar position.

Individuals who express from the outset a genuine enjoyment of working with the elderly are most likely to remain committed to high quality care. Therefore, it is important to assess in all potential prospective employees their appreciation of the elderly.

Successful Hiring Practices

- Background and reference check
- Involvement of management and peer staff in interviewing process
- Realistic work portrayal, preferably by peer
- Selection of experienced workers for night shift positions
- Selection of employees who genuinely enjoy to work with the elderly

Topic 3. Orientation

When newly hired nursing staff members terminate their positions voluntarily within the first few weeks on the job, a poor selection process might be to blame; however, if this is not the case, poor orientation practices could be the reason. If new employees are not properly instructed and oriented to their new responsibilities, many might leave soon after being hired simply because the job appears too overwhelming. With a little help and extra attention, some new employees might have stayed.

Many facilities provide a new employee with a basic orientation to the facility, an introduction to the major policies, and assistance with completing required paperwork. In some facilities, orientation ends here – a sure recipe for failure.

Newly graduated and newly certified candidates will be inexperienced and might feel uncomfortable when transitioning into a real work situation. It is helpful to provide additional support and assistance with the clinical practice during this transition phase. Support might be provided in the form of a clinical instructor, or a preceptor system where the new candidate is matched with an experienced employee in a peer position. Close monitoring of newly graduated or newly certified employees is in order until they feel comfortable with their responsibilities and until they have provided evidence of competency.

New employees with previous work experience in long-term care will most likely require less assistance, but it is important that they are also given the opportunity to become familiar with their responsibilities, their immediate work environment, and the facility. Assignment to one staff member in a peer position for at least a month is very helpful.

A successful orientation can be achieved in a number of ways. In general, though, new employee orientation should include some time with an experienced peer, a clear description of the specific job responsibilities and how to accomplish them, and a way for the new employee to signal that he or she is comfortable in the new position. In addition, the facility should ensure the new employee's competency in some way.

A successful strategy to ensure competency is to provide new employees with an orientation checklist set up in a logical learning sequence that they are required to complete and have signed off by a supervising entity. A portion of the checklist will be appropriate for completion by all new nursing employees but a portion needs to be tailored to the job specific responsibilities of the new employee.

Effective orientation might be a time commitment on the part of the facility initially, but should pay off in the end through longer retention of employees.

Successful Orientation Practices

- Clinical assistance to new grads and newly certified CNAs
- Clear and detailed description of specific responsibilities
- Sufficient time to become familiar with new surroundings
- Introduction to house policies and procedures
- Peer, or peer group mentoring
- Orientation check list
- Competency test

Topic 4. Career Incentives

Once new employees have been successfully integrated into their new positions, the challenge for the nursing home is to retain them. Long time employees must be given reasons for remaining with the facility. Educational incentives and adequate career advancement opportunities are important reasons for staying with a facility.

Career ladders distinguish newcomers from more experienced employees. They acknowledge different levels of expertise, thereby recognizing the value of the long-term employee. Promotions should occur based on performance of the employee. Wage differences must further differentiate between more and less experienced employees. Base raises can be tied to performance appraisals, thus validating good or exceptional work.

Educational opportunities can include contributions to tuition fees for further nurse training and attendance to professional seminars, conferences, or workshops. Payment of tuition can be tied to the longevity of a worker in the facility, and attendance to conferences or seminars may be tied to longevity on a particular special care unit. In doing so, the facility develops the expertise of its workforce, while increasing job satisfaction, employee morale, and retention.

Successful Career Incentives

- Performance-based promotion opportunities
- Wage increases based on longevity and experience
- Educational opportunities such as paid tuition for nursing education and attendance to seminars

Topic 5. Staff Satisfaction and Staff Morale

Maintaining adequate staffing levels on all units and during all shifts is one of the most important factors in keeping staff morale high and the nursing staff satisfied with their work environment. Nothing is more demoralizing for nursing staff than to work hard, forego scheduled breaks, and still not be able to complete all their work in a timely fashion. Staffing levels are discussed in section 3D, page 57.

It is important to listen to feedback from staff regarding the staffing situation; if many direct care workers indicate that the workload is too heavy, it is imperative to investigate rather than lose staff prematurely. Telltale signs are the omission of time-consuming care routines, cutting corners, skipping breaks, and clocking out late. Insufficient staffing on a routine basis will not only demoralize the staff, it will certainly reduce the quality of care provided to the residents.

It is imperative that sufficient nursing staff is hired and that absentee workers are replaced. Failure to do so will guarantee a high turnover of nursing staff. A major morale booster for nursing staff is the assistance by management staff on the units when staffing ratios are unexpectedly low. However, this is not a tenable situation on a regular basis.

Another factor important to nursing staff is the way scheduling is handled (section 3C, topic 1, page 53). Suffice it to say that fair and equitable scheduling practices, in addition to some control over their schedules and unit assignments, are important factors in keeping nursing staff satisfied. Flexible scheduling, team-oriented scheduling, and fair distribution of holidays and time off are helpful in retaining staff.

Wages, although related to retention of employees, are not an essential factor in retaining licensed nursing staff. It is unlikely that low wages are the reason for voluntary termination in a facility that is otherwise perceived as meeting the nurses' standards. However, some research indicates that for CNAs, high wages are associated with a significantly lower rate of turnover.

Benefits, especially health care benefits, are an important factor in retaining staff. It is important to recognize that it is the cost to the employee, rather than the facility's contribution, that is the essential element in deciding the value of a benefit plan to the employee. Retention is associated with an affordable benefit plan rather than with a benefit plan per se.

Fringe benefits such as paid transportation; affordable childcare, and educational and promotional opportunities can be effective retention strategies if chosen in accordance with the particular challenges faced by most employees in the facility.

The importance of a resident and employee- oriented management style was discussed in an earlier section (section 3A, topic 1+2, page 44). Employee satisfaction is closely related to staff's concerns being addressed in addition to staff feeling recognized for their contributions. An employee council can fulfill this objective and relieve the management staff. The council can address nursing staff concerns, provide suggestions for improvement, channel complaints to the appropriate sources, and organize special activities for staff.

Even though all the above-mentioned factors are known to contribute to staff satisfaction, an annual staff survey is one of the most important tools to assess specific factors in your facility.

Successful Strategies to Maintain Staff Morale

- Consistent adequate staffing levels
- Unit assignments on basis of personal preference
- Fair and equitable scheduling, team-oriented scheduling
- Competitive wages
- Affordable health care benefits
- Appropriate fringe benefits such as free parking/transportation, childcare
- Employee Council and annual Staff Satisfaction Survey

Did you know that...

- Flexible scheduling is an effective strategy in managing unanticipated absences
- Attendance policies should accommodate a certain number of absences to allow for unexpected events in an employee's life
- Mandating nursing staff to work extra hours often creates staff discontent; voluntary overtime, if used judiciously, is a more effective strategy

Read on . . . for further insights and quality improvement strategies related to Scheduling and Attendance.

Section 3C. Scheduling and Attendance

Scheduling and attendance are closely associated; poor scheduling practices almost invariably lead to attendance problems, most likely in the form of unanticipated absences. A high rate of absences will surely create scheduling problems, which may in turn exacerbate the unanticipated absences. A high frequency of unanticipated nursing staff absences are associated with increased nursing staff turnover.

Topic 1. Scheduling Practices

Successful scheduling practices are based on the recognition that employees have personal lives that require attention. A reliable schedule posted well in advance allows staff to plan anticipated personal business around their work schedule. When absentee rates are low, unanticipated absences, which invariably will occur, can be more easily accommodated. Flexible scheduling encourages staff to find their own replacements among peers when needed, and is an effective strategy in managing unanticipated absences. This strategy should come at no extra cost to the facility.

In addition to a reliable work schedule, it is important that requests for time off are honored as much as possible and those holidays are dispensed with fairness. Schedule employees who prefer to work the holidays and dispense holiday time off equitably among remaining nursing staff according to a written holiday schedule policy. Fairness in scheduling is important to maintain high staff morale; if staff perceives favoritism in scheduling practices, morale will invariably decline.

Scheduling is a time-consuming task, and organizing this task centrally is not the most cost-effective or employee-oriented strategy. One approach that can be successful is team-based scheduling, where the regular staff on a unit organize their own schedules according to facility need and employee preferences. However, if a more central approach is required, it is cost-effective to assign a scheduling coordinator rather than have the DON or someone else in a management position deal with scheduling responsibilities.

Successful Scheduling Practices

- Assign staffing coordinator
- Utilize team-based scheduling where possible
- Institute reliable schedules
- Post schedules well in advance
- Allow flexible scheduling
- Honor time-off requests as much as possible
- Dispense holidays equitably
- Avoid appearance of favoritism

Topics 2 and 3. Attendance and Attendance Policies

It is important to keep the rate of absenteeism in a facility at a minimum, especially the number of unexpected and unanticipated last-minute absences referred to as “call-ins.” Call-ins, if not replaced, leave the remaining available staff with a heavier workload; potentially creating employee discontent and the risk that some resident care may be omitted. Unanticipated absences are less likely to occur when all units are adequately staffed on a consistent basis, employee-oriented scheduling practices are in effect, and reasonable workweek hours are maintained for all nursing staff employees. However, even though unanticipated absences may be reduced to acceptable levels, some will continue to occur. This section deals with strategies to reduce absentee rates, in addition to strategies that minimize the negative effects of unanticipated absences.

Tracking of absentee rates per unit and per shift is an effective tool to create employee accountability for attendance issues. Even though absentee rates for nursing staff in long-term care are generally high, it is effective to set standards and strive for an attainable goal per nursing facility. Assign responsibility for tracking of absences per shift to each unit separately. This allows the nursing staff to monitor attendance-related problems and encourages them to find appropriate solutions.

A high rate of absenteeism in a facility may signal different underlying management issues. These include rigid scheduling and favoritism (which were previously discussed) and the absence of clear and reasonable attendance policies and/or insufficient enforcement. Attendance policies should accommodate a certain number of absences within a specified time frame in order to allow for unexpected events in an employee’s life. Emergencies could be excused with written notification. Clear attendance policies clarify the repercussions that an employee will face when absences exceed the limits set forth in the policy. Policies should be frequently communicated to all staff and enforcement should be consistent. An example of a point-based attendance policy is provided in the appendix (page A4).

In some facilities, call-ins may remain an issue, even with good scheduling practices and clear attendance policies. In those cases, other reasons such as insufficient pay for undesirable shifts and/or employee discontent may be the root of the problem. As indicated, not all shifts are equally desirable. Evening shifts and weekends are least desirable and in most facilities, these shifts are frequently subject to “call-ins.” Generous shift differentials for these targeted shifts are often effective in reducing attendance problems (section 3B, topic 1, page 47).

As a last resort, a nursing facility can schedule additional staff on shifts that receive a disproportionate number of call-ins. It is more effective to reduce the additional workload on remaining staff than to risk staff discontent and turnover.

Successful Attendance Strategies

- Employee oriented scheduling practices (section 3B, topic 1, page 47)
- Track attendance per unit and per shift
- Set attainable attendance goals for the facility and per unit
- Involve direct care staff to monitor attendance and suggest solutions
- Offer generous monetary incentives for targeted shifts
- Have clear attendance policies
- Maintain reasonable working hours for all staff
- Overstaff targeted shifts

Topic 4. Replacement Policies

Working short-staffed on a consistent basis is strongly associated with an increase in turnover. Replacement of absentee workers with substitute nursing staff to counter the negative effects of short staffing is therefore a recommended strategy. There are two main reasons for working short frequently: hiring needs for nursing staff and repeated call-ins. Review related sections in this chapter if improvement is required for either of these factors.

Strategies for replacement of absentee nursing staff include: redistribution of available in-house nursing staff, requesting/mandating nursing staff to work extra or overtime, creative staffing solutions such as Bayers, in-house pools, and use of agency staff. Replacement strategies are not all equally effective.

Redistribution of available nursing staff will leave some areas short-staffed, with the potential negative effects for quality of care and/or staff morale. The negative effects of “pulling nursing staff” increases with frequency of occurrence. One successful strategy is to schedule management staff to help on the floor, a sure way to improve staff morale. Another option is to substitute scheduled bath aids to compensate for absentee workers in an equivalent position. Both strategies should only occur occasionally.

Requesting nursing staff to work extra hours and/or overtime is another option to counter short staffing situations. Mandating extra hours and/or overtime will surely create staff discontent. Voluntary overtime, if used judiciously, is a more effective strategy. Voluntary overtime must be employed occasionally. Professional “begging” or “bugging” nursing staff to work extra hours should be avoided at all cost to prevent staff discontent and potentially increased turnover. A sign-in sheet with available shifts posted in such away that staff can indeed sign up without feeling pressured is the better option to avoid staff discontent. Judicious use of staff working overtime pertains to the number of extra hours worked, especially the number of hours worked in a 24-hour time span such as double shifts and Bayers. Long workdays increase the likelihood of a decline in work performance, potentially resulting in poor care. The risk for decline in job performance, errors and staff “burn-out” increases multifold when longer workdays are performed frequently. Limiting the number of extra hours per workday in addition to limiting the number of “doubles” that may be performed in a pay period is one strategy to contain these risks.

Substitute staffing with agency staff is a good strategy if short staffing is expected to occur long-term. Even though a facility might prefer to avoid the use of agency staff, the potential negative effects of long-term short staffing on staff morale and turnover might outweigh the potential negative effects of working with agency staff. The potential negatives with agency staff, such as their unfamiliarity with the residents and the facility policies, can be circumvented with some effort. Employ the same agency nursing staff on a repeat basis if they proved satisfactory and assign agency staff to a familiar unit if possible. Provide a brief orientation to relevant facility policies, a clear and detailed job assignment, and extensive resident reports.

An effective strategy to ensure that agency staff are qualified is for the facility to review the hiring practices of an agency and only work with those agencies that perform background checks, check references, and require a competency test to evaluate expertise. In addition, it is a good practice to request the same agency staff on a repeat basis if they perform well. To reduce wear on the facility staff and to increase the likelihood that the agency worker performs well, it is necessary to provide a new agency worker with a succinct orientation to the facility, a clear and written job assignment in addition to extensive information, preferably written, about the care and preferences of the residents to which they are assigned. Reports to agency workers should be extensive and should cover changes in resident status when a hiatus in employment has occurred. Some facilities successfully pair a new agency worker with a more experienced employee initially.

Effective strategies for agency staff

- Work only with selected agencies
- Repeat hire of satisfactory agency staff
- Orientation to facility and unit of work
- Written job assignment, including specific responsibilities
- Extended written resident information
- Extensive report regarding status of residents in assignment
- Special attention to changes in resident status when a work hiatus has occurred
- Evaluation of work performance

Effective Strategies to Manage Doubles, Extra Shifts and Bayers

- Voluntary sign-up sheet
- Policy covering maximum allowable number of doubles in pay period
- Policy limiting the number of allowable work hours per day
- Monitoring of employee work performance

Did you know that...

- In addition to adequate nursing staff levels, it is important that direct care nursing staff assignments do not include conflicting or competing responsibilities
- Staffing levels are strongly associated with turnover rates
- Permanent assignments of nursing staff to particular units allows for improved job satisfaction
- In assigning direct care nursing staff to a unit for a particular shift, it is important to consider the availability of support staff during those times

Read on . . . for further insights and quality improvement strategies related to Staffing Levels.

Section 3D. Staffing Levels

Resident care is delivered by the available nursing staff on a unit. Therefore, quality concerns related to staffing issues should be addressed on the unit level. Staffing levels discussed in this section refer to the nursing staff levels per unit and per shift; the availability of support staff to assist unit staff; the distribution of staff during peak hours; and the allocation of staff to special care units such as the Alzheimer/dementia units and the Medicare/sub-acute units. Staffing levels are strongly associated with quality of care and nursing staff turnover. Below a certain minimum staffing level resident care always suffers; above this minimum level, the quality of care varies according to management practices discussed in this section.

Topic 1. Staffing Ratios

Nursing facilities that perform best in terms of quality of care have adequate direct care nursing staff available on a consistent basis. Adequate staffing cannot be captured in purely staffing ratios because the effectiveness of staff depends on many other factors, including the acuity level of residents, the skill level of direct care staff, the leadership ability of supervisory staff, and the availability of support staff (activity, restorative nursing, management staff, etc.). However, numbers of staff are important. Increasing staff hours per resident day are associated with higher quality of care in many areas.

Staffing ratios must be calculated per unit and per shift and must be adjusted for acuity level of residents and skill levels of staff. A higher ratio of skilled staff is most likely indicated on the Medicare units when residents have a higher acuity level, and a lower ratio of nursing staff may be considered for the night shift when many residents may require less care while asleep. These ratios pertain exclusively to floor staff performing daily resident care at the bedside and do not include available management or supervisory and/or support staff.

In addition to an adequate nursing staff ratio on all units at all times, it is important that direct care nursing staff assignments do not include conflicting and/or competing responsibilities. It is, for instance, impossible for a floor nurse to provide supervision to other direct care nursing staff during medication passes, since both tasks require full attention. It is equally questionable to assign managerial and/or supervisory responsibilities to a direct care unit nurse in addition to a clinical assignment. One or the other tasks will suffer, simply because both responsibilities cannot be completed simultaneously. It is important to evaluate specific work assignments for competing responsibilities when certain tasks are repeatedly compromised, as evidenced by incomplete tasks, errors that occur, and/or complaints by residents/staff.

Staffing ratios, besides being important in the provision of adequate quality care, are strongly associated with turnover rates. Insufficient direct care nursing staff corrupts the ability of staff to perform up to standard, leaving staff demoralized and, in the long run, unwilling to remain with a facility. Maintaining adequate staffing levels on a consistent basis is therefore an important management tool in the retention of nursing staff. The presence of adequate direct care nursing staff on all units and all shifts on a consistent basis can be accomplished in different ways, including the use of agency staff, staff working extra hours, etc. – each with its own disadvantages. It is more desirable for a facility to maintain a baseline of limited nursing staff hiring needs.

Successful Staffing Ratio Strategies

- Consistent adequate staffing ratios per unit
- Adjust staffing ratios for night shift
- Adjust staffing ratios according to acuity levels
- Evaluate work assignments for workload and competing responsibilities
- Reduce baseline hiring needs for direct care nursing staff

Topics 2 and 3. Staff Allocation and Allocation to Special Care Units

Quality of care is greatly enhanced when nursing staff is assigned to a unit in accordance with their skills, competency levels and personal preferences. Permanent assignments to a particular unit increase the likelihood that nursing staff is familiar with each resident's care and personal preferences. In addition, nursing staff often express that the most important and satisfying aspect of their jobs is their personal relationship with the residents. Permanent assignments allow for improved job satisfaction.

Several factors influence the quality of care and the staffing morale on the special care units. Although it is always important to assign the right staff member to the right place, it is imperative when it concerns the Alzheimer/dementia and the Medicare/sub-acute units. The resident population on each of these types of units requires nursing staff with specialized skills and expertise in order to provide quality care.

Quality of care to residents on the Alzheimer/dementia units is often enhanced when staff on these units is particularly suited to the task of caring for cognitively impaired residents. Some nursing facilities recruit their permanent nursing staff to these units from staff that has expressed an interest. Successful placements on the Alzheimer/dementia units include in some facilities a trial period on those units, completed with a special additional training before a permanent assignment is given.

Quality of care on an Alzheimer/dementia unit improves equally when the nursing staff receives special training in the progression of dementia in addition to training in behavioral intervention and activity techniques. Support staff assigned to provide activities to the residents on this special care unit should receive a similar training. The presence of one staff person specifically assigned to provide activities – be it an activity or nursing staff member – is an effective tool to respond to the special needs of the resident population. Activity staff should be available during some evening and most weekend hours.

In order to detect emerging medical needs of residents on the Alzheimer/dementia unit in a timely fashion, it is helpful to have licensed nursing staff (RN or LPN) monitor the residents on such a unit for some time each day, even if a social model of care may be adopted for the particular unit in general.

Re-allocation of available nursing staff from the Alzheimer/dementia unit to other units in the facility in order to increase staffing levels is frequently not the most effective strategy to counter balance short staffing situations. The care to residents on either unit may be compromised.

Quality of care on Medicare/sub-acute care units requires qualified and trained nursing staff. The presence of an RN at all times is critical. All nursing staff on these units should be experienced and trained in the care of high acuity geriatric residents. In addition, the regular presence or easy availability of an MD or nurse practitioner is important.

Effective Staffing Strategies for Alzheimer/Dementia Unit

- Permanent unit assignments
- Assign nursing staff familiar to residents
- Recruit specialized staff or staff who have expressed special interest
- Provide specialized training to all unit staff
- Assign specialized activity staff or adjust nursing staff ratios to include activity staff
- Assign one supervising nurse to the unit in addition to any other supervising entity
- Presence of licensed nurse on unit daily for a minimum of one shift

Topic 4. Support Staff

In addition to nursing staff ratios, the presence and availability of support staff, such as single task workers and management staff, is important in considering the ability of staff to provide quality care to the residents.

Single task workers consist of staff whose responsibilities focus on a limited number of tasks, which help to relieve nursing staff of these responsibilities. Single task workers can perform a variety of duties, including transporting residents to and from the dining room, light housekeeping, personal hygiene care, transferring and bathing. Depending on the duties, the single task worker may be a volunteer trained in specific skills or a licensed nursing staff member. Tasks that do not require nursing skills may be completed by a trained volunteer, such as is the case for light housekeeping and/or clerical duties, filling water pitchers, and answering phones. In other cases, the task requires nursing skills but can be performed by unlicensed nursing assistants, such as transport of residents to and from activities and assisting with activities. Tasks that require nursing skills but are very involved and would take a staff member away from responding to other residents' needs, such as bathing of residents, can be assigned to one person in order to maintain adequate staff presence on the units at all times. Single task workers allow a facility flexibility in distribution and allocation of nursing staff.

Other support staffs include ward clerks or unit secretaries, activity staff, dietary assistants, maintenance, and housekeeping. In addition, the presence of management staff relieves nursing staff by handling staffing situations, unexpected emergencies, dealing with families, and providing additional supervision.

The presence of support staff positively affects resident care by relieving the nursing staff of certain responsibilities. In assigning direct care nursing staff to a unit for a particular shift, it is important to consider the presence and availability of support staff during those times. Support staff is often not available during evening and weekend hours, while at the same time direct care nursing staff is reduced during these same hours. In addition, it is worthwhile to evaluate the total staffing situation, including presence of support staff, in evaluating quality of care – as

evidenced by number of incidents, family or resident complaints, declining quality indicators and/or survey deficiencies.

Effective Employment of Support Staff

- Activity staff present on a consistent basis on the Alzheimer/dementia units
- One staff member specifically assigned to conduct activities on units with a high number of residents with cognitive impairments
- Presence of a unit secretary, a ward clerk on units with very involved resident care
- Presence of bath aides who are responsible for all resident baths. Consider concentrating all resident baths at times when baths aides are available
- Presence of bed-techs (single task workers) who are responsible for making beds, transferring residents to and from the dining room, stocking of linen carts, assisting with tray passes, filling and distributing water pitches, performing light housekeeping duties
- Presence of at minimum one management staff member (which may be a house supervisor) in facility at all times, including weekends and evenings, to deal with family complaints, nursing and/or nursing staff issues
- Adjust additional tasks and responsibilities when nursing staff is at minimum levels. Some facilities for instance do not allow admissions during the weekend if no management staff can be available

Topic 5. Peak Hours

Nursing staff ratios that are adequate during most of the shift may be insufficient during peak hours, such as mealtimes, when many residents require additional assistance and care during a brief time span. Two factors are important to consider in managing the increased demand on nursing staff during peak hours: the distribution of staff throughout the facility and the assignment of responsibilities during these times. The aim should be to provide resident care while avoiding undue stress to both residents and staff. Effective strategies depend on the particular circumstances during peak times.

A first consideration is the location of residents during mealtimes. Does the resident location during mealtimes require transportation to and from the dining areas? Is sufficient staff available to provide transport while still responding to all resident needs in multiple locations during these times? Secondly, how many residents remain in their rooms to eat versus those who choose to eat in the dining area? In addition, are the residents who remain in their rooms independent with eating, or do they have higher dependency needs and require assistance and/or monitoring with eating? Potential solutions include: multiple mealtime settings; use of trained non-nursing staff and management staff in dining areas; use of single-task workers for transfer of residents; CNA assigned to unit to respond to phone calls and call-lights; redistribution of nursing staff to dining areas instead of units.

Adding to the nursing staff's stress during mealtime is the fact that in many facilities, the supervisory nurses are involved in administering medication – a task that requires focused attention and is incompatible with providing adequate monitoring of and assistance to other nursing staff. Inadequate monitoring of staff and residents by supervisory nursing staff may result in residents not receiving adequate service, encouragement and/or assistance. It is an

effective strategy to assign at least one nurse to the dining area who has no other task than to monitor and provide assistance to the available staff.

The identification of the particular issues that cause concern during mealtime is imperative in order to provide effective solutions. Pinpointing the problems might require direct observations of mealtimes on several occasions and during several shifts. Increased response time to call lights on the units while residents are in the dining room might indicate a problem with the distribution of staff. Residents not touching their food or not receiving adequate assistance might indicate insufficient staff presence. Residents receiving incorrect diets/liquids or residents who are positioned incorrectly at the tables may signal inadequate nurse supervision. An effective strategy must be tailored.

Successful Strategies for Mealtime Peak Hours

- Free up all single task workers during mealtimes to assist with transport of residents and distributing trays
- Single task workers for transport may include trained volunteers, unlicensed nursing assistants, clerical and/or administrative staff
- Distribute nursing staff proportionately to units and dining area during mealtime hours
- Provide multiple mealtime sittings
- Assign aid(s) to answer call lights and phones on units
- Cross-train administrative and/or clerical staff to assist during mealtimes
- Assign one supervising nurse to dining area
- Supervising nurse has one task only; monitoring the dining room
- Ask family members to assist a family member with mealtimes
- Train individuals who assist family in proper feeding techniques if necessary
- Instruct all nursing staff in proper feeding techniques
- Use all restorative staff for feeding assistance during mealtime hours

Did you know that...

- Successful leadership on the units is to a large degree determined by effective leadership practices at the management level
- Unit managers, charge nurses, and supervisory nursing staff are generally not trained in management techniques and may show varying capacities to lead their staff
- Management workshops or seminars for unit managers can be an effective strategy to improve the leadership skills of nursing staff
- Supervision is made easier when visual and/or auditory tools are in place to remind staff of specific tasks

Read on . . . for further insights and quality improvement strategies related to Unit Management.

Section 3E. Unit Management

Topics 1 and 2. Work Organization and Supervision

Most of the resident care is provided by direct care nursing staff on the units at the bedside; and thus, in order to maintain high standards of care, good leadership and supervision on the units is essential. It is on the unit level that adherence to proper care procedures; accurate implementation of care plans, and appropriate staff-resident interaction can be maintained. Successful leadership on the units is to a large degree determined by effective leadership practices at the management level.

Guidance of direct care unit staff is generally provided by unit managers and licensed nurses who are active on the floor. Good communication between all unit staff regarding clinical and managerial issues is a necessity for effective leadership. Good communication consists of extensive resident reports at each change of shift, regular unit staff meetings addressing care issues and work organization, clear guidelines formulating the expectations for care, protocols for care implementation, and specific work assignments. Communication and meetings including all nursing staff involved in regular resident care on the unit are most effective in optimizing quality of care and staffing morale.

Unit managers, charge nurses and supervisory nursing staff are generally not trained in management techniques and may show varying capacities to lead their direct care staff. Modeling of successful leadership techniques by management staff, especially the DON, sets a good example. Special training such as management workshops or seminars for unit managers and in-service training, in addition to coaching and mentoring of direct care supervisory staff, can be effective strategies to improve the management skills of nursing staff.

The need for active supervision of direct care nursing staff may be reduced when nursing staffs have permanent assignments, expectations are clearly formulated, standards of care are explicit, and practice guidelines, materials, and staffing resources are readily available. Supervision and follow-up are made easier when visual and/or auditory tools are in place to remind staff of the specific tasks.

Strong leadership is ongoing but does not necessarily require a lot of time. However, if strong supervision and coaching of unit staff is required for one reason or another, the supervisory staff cannot be required to engage in activities competing for undivided attention. An extensive clinical assignment may compromise a unit nurse's ability to provide adequate supervision.

Successful Unit Supervision

- Presence of qualified nurse supervisor
- Fair workload
- Well-defined work assignments for all staff
- Established routines
- Use of evidence-based clinical protocols
- Provision of adequate resources to implement protocols
- Consistent enforcement of existing clinical and management protocols
- Continuous evaluation, recognition and improvement of job performance
- Training of supervisory staff in management skills

Did you know that...

- MDS-based QM reports, incident/occurrence reports, family and Ombudsman complaints, survey reports and unit observations can all be used to create a quality performance profile of your facility
- When incident/prevalence rates are high for a specific QM it can be useful to conduct targeted observations on selected units and during selected shifts
- Occurrence/incident reports may reveal quality concerns that do not appear in the MDS-based QM-reports because they occur outside the observation period indicated for an MDS assessment

Read on . . . for further insights and strategies related to Quality Improvement.

Section 3F. Quality Improvement

Quality of care and quality of life are largely determined at the bedside through care practices of direct care nursing staff. However, quality or poor care cannot be contributed solely to the direct care nursing staff; success or failure is as much the result of managerial, leadership practices and organizational structures.

Topic 1. Quality of Life/Quality of Care

A review of the facility's quality performance profile may reveal potential concerns with the care delivery. A quality performance profile includes: a standardized MDS-based Quality Measure (QM) report; incident/occurrence reports; family or Ombudsman complaints; most recent survey results including Statement of Deficiencies (SoD); and targeted facility and unit observations.

A high incidence/prevalence rate for specific QMs may simply mean that the facility has a resident population at higher risk for negative resident outcomes. However, any high incidence/prevalence rate warrants further review to evaluate whether care delivery issues are a contributing factor. Individual resident record review in addition to targeted observations of care practices relevant to the negative outcome are indicated when incident/prevalence rates are high. Moreover, a zero or low incidence/prevalence rate for specific QMs may suggest that the facility has no care delivery concerns or related staffing issues. This may not be true. Substandard care may not result in a negative QM outcome, since the substandard care may be provided on an incidental, but nonetheless regular basis. Targeted unit observations should be conducted on a regular basis to identify these care delivery concerns (section 2F, topic 1, questions b-f, pages 33-35).

Incident/occurrence reports are an additional means to evaluate care delivery. Incident reports identify certain occurrences that may not appear in the MDS-based QM reports because they occur outside the observation period indicated for an MDS-assessment. Incident reports reveal relevant information regarding frequency of certain occurrences, location, date and description of each occurrence, and names of the involved individuals. This information is valuable in the identification of and potential solutions for specific care delivery concerns.

Complaints, as incident/occurrence reports, are more specific in providing details as to the exact events. In addition, complaints reveal something about resident/family satisfaction. Frequent complaints are an indication of dissatisfaction and require attention and follow-up. It is a good practice to conduct a customer satisfaction survey at least annually and correct identified concerns.

Substandard care may be provided only part of the time or only on specific units and by specific staff members. Several factors may contribute to the provision of substandard care during specific times, but staffing levels during evening and weekend hours feature prominently. It is therefore important to observe care delivery at a variety of shifts and units in the same way as discussed under targeted unit observations (section 2F, topic 1, questions b-f, pages 33-35).

In addition, the origin and/or the specifics of care delivery problems can often not be established without direct observation. Care delivery concerns may be related to a variety of issues,

including staffing levels, supervision and/or training issues. To assess the extent of care delivery issues and its potential causes, the following tools can be employed: facility observation, general unit observation, resident-specific observations, and staff and/or resident interview.

Once one or more quality concern(s) are identified, further investigation is required in order to assess and identify staffing related causes. A variety of staffing related causes, including inadequate staff knowledge, inadequate supervision, and/or low staff ratios might be contributing to any care delivery concern.

Effective Tools for Quality of Care/Life Review

- MDS-based QM report
- Incident reports, family and Ombudsman complaints
- State surveys report
- Observations/Interviews
- Annual Customer Satisfaction Survey

Topic 2. Quality Improvement Teams

Once the staffing related causes for poor quality are identified, steps can be taken to improve. At this point, a facility may decide to develop and implement a plan of improvement by using their own staff and expertise such as through a Quality Improvement Team. This guidebook provides one way to investigate and evaluate staffing related quality issues (Chapter 2). A summary tool to prioritize the concerns is provided in the appendix (Rating Tool pages A5-A8). Solutions offered in Chapter 3 of this guidebook can be used to develop an improvement plan. Alternatively, a facility may decide to obtain professional consultancy services.

Did you know that...

- It is helpful to have standard protocols available for routine medical problems in addition to clinical practice guidelines
- Licensed nursing staff can often benefit from geriatric “head-to-toe” assessment in-services
- Clinical instruction at the bedside is an especially effective tool to teach nurses clinical assessment skills
- It is imperative that direct care nursing staff have an adequate command of the English language

Read on . . . for further insights and quality improvement strategies related to Staff Development and Training.

Section 3G. Staff Development and Training

Staff development and training refer to the maintenance and improvement of nursing staff's skills, expertise and knowledge – all-important factors in the provision of quality resident care contributing to a positive or negative health outcome for the resident.

Topics 1 and 3. Clinical Skills and Training

Nurses rely in many instances on the observation skills of the nursing assistants for early identification of problems or changes in residents' status. A timely follow-up assessment by licensed nurses and notification of the appropriate disciplines are essential factors in establishing early interventions. Clear guidelines for communication among nursing professionals and between disciplines are important.

Direct care nursing staffs are not always successful in accurately interpreting or recognizing early symptoms. Nursing assistants may not have been clearly instructed as to the seriousness of certain symptoms and licensed nursing staffs in many facilities do not always possess adequate assessment skills. It is helpful to have standard protocols available for routine medical problems in addition to clinical practice guidelines to compensate for some inadequacy in clinical skills. A related area is the assessment and management of pain and emphasis on this topic is recommended.

Licensed professional staffs in many nursing facilities express the need to improve their clinical assessment skills. Special attention should be given to this aspect of the nurses' training in each nursing facility, especially with the admission of high acuity patients in many nursing facilities. Licensed nursing staff can often benefit greatly from geriatric “head-to-toe” assessment in-services provided either by the facility or an outside training source specialized in geriatric nursing assessments.

Clinical instruction at the bedside is an especially effective tool to teach nurses clinical assessment skills. In addition, this practice will also benefit newly certified and newly graduated nursing staff that is making the transition from an educational environment to a clinical practice setting.

Another area where staff expertise and knowledge are especially important is in the interaction with cognitively impaired residents. Good interaction skills reduce resistance to care and agitation on the part of the residents. Training sessions or in-services in behavior modification and management techniques should be required for all staff, including non-nursing support staff who are involved with the care of cognitively impaired residents.

Successful Clinical Practice Strategies

- Provision of standard protocols for routine clinical problems
- Separate in-services for different professional audience
- Training in research based clinical practice guidelines and nurse assessment skills
- Provide clinical instruction on the units
- Provide in-services and educational programs relevant to resident population and case-mix

Topics 2 and 3. Interpersonal Communication and Training

In order to provide adequate care, non-clinical skills are required of nursing staff. Training of several critical skills is missing from many nursing facilities' curriculums. Licensed nurses are often placed in management and supervisory positions; however, nursing staff in these positions have often received no training or minimal training in management techniques. Nursing facilities could benefit from offering their licensed staff training in management topics and techniques.

Some facilities recruit a large proportion of their nursing staff from non-English speaking populations. It is imperative that the direct care nursing staff has an adequate command of the English language, especially if the facility's resident population is mainly English speaking. Language classes can be offered or tuition can be provided to improve language skills of non-English speaking direct care workers to a required competency level.

Effective Training Strategies

- Provide management training for licensed nursing staff in supervisory and management positions
- Offer language classes to direct care nursing staff who do not meet certain competency standards in the English language

Topics 3 and 4. Training and Staff Development

Emphasis on the continuing educational needs of a facility's staff creates an environment where nursing staff aspires to improve. It is important to assign someone exclusively to the position of staff development and training. This individual is a nurse – preferably someone with training or experience in adult education and, if appropriate in cultural diversity – who works closely with the DON in the facility.

A minimal number of twelve annual in-services on specified topics are already mandated in all nursing facilities. These are, however, minimal requirements and nursing staff need additional training on topics relevant to the facility's resident case mix and tailored to the needs of the respective nursing disciplines.

Nursing staff requires different skills and expertise to deal with the same clinical issues. It is helpful to adapt in-services and training sessions on similar clinical topics to the requirements of the specific nursing professionals. It is an effective strategy to provide different nursing professionals with separate training or in-services on similar clinical topics addressed from each particular professional perspective.

Mini in-services and/or one-on-one training sessions are effective strategies to respond to particular facility needs and/or to correct particular problems as soon as they are noticed.

Topics should be covered in clear non-technical terms; materials should be available for the targeted nursing staff; and opportunities should be given to all staff to attend the in-service trainings. Training should be mandatory in order to reach all staff with the same information.

To encourage staff attendance, it is effective to schedule more than one training session at different times, including evening and or weekend hours.

Attendance does not mean that staff has incorporated the required knowledge, and it is important that retention of the information is tested in some way. Proficiency tests must be mandatory and appropriate to the subject. Tests may include written tests, role-playing and/or return demonstrations. Some facilities provide videotapes and other reference materials to their staff to brush up on their knowledge or skills. Other facilities are experimenting with self-study modules that include competency tests to impart the necessary knowledge to all their nursing staff.

Written policies as to when training sessions will occur, what topics will be covered, who will provide the training, and how it will be evaluated are helpful practices to clearly communicate the management's position on staff training.

Successful Training Practices

- In-services and educational programs relevant to resident population and case mix
- Adjust instruction on similar clinical topics to different professional requirements
- Alternative hours for in-services and clinical training on evening and night shifts
- Alternative options for completing training or in-service hours
- Mandatory in-services and tracking of attendance
- Competency evaluation
- Mini in-services to correct any problems noted and to respond to particular facility needs

APPENDIX

Turnover Calculation

INSTRUCTIONS: Indicate beginning and ending date of the most recent quarter. Calculate for each nursing category, RN, LPN/LVN, CMAs (medication aides), the turnover rates as shown in the example below.

Beginning Date of Quarter: ____/____/____

Ending Date of Quarter: ____/____/____

Facility Nursing Staff Turnover Calculation					
		RN	LPN/LVN	CMAs	Non Certified
Line 1	Number of nursing staff employees in each category who were terminated during the quarter (e.g., 10)				
Line 2	Total number of nursing staff in each category employed on the last day of the indicated quarter (e.g., 100)				
Line 3	Quarterly Turnover Ratio - Divide Line 1 by Line 2 (e.g., 10/100 = .1)				
Line 4	Annual Turnover Ratio - Multiply Line 3 by 4 (e.g., .1 x 4 = .4)				
Line 5	Annual Turnover Rate - Multiply Line 4 by 100 (e.g., .4 x 100 = 40)	%	%	%	%

Recruitment/Retention Questionnaire

Example

INSTRUCTIONS: Ask multiple staff members to complete this questionnaire. To complete this questionnaire: review the options provided with each question and place a check mark in the box if an answer applies. Provide details if your answer includes 'other'. Return questionnaire to designated management staff.

1. What transportation challenges may prevent staff from applying for employment?

- lack of or limited transit services
- distance from population centers
- lack of highway or thoroughfare access
- excessive traffic congestion
- temporary construction or detours
- dangerous roads or weather constraints; e.g. lack of plowing
- other: _____

2. What psychological barriers may prevent staff from applying for employment?

- location of facility in perceived high crime area
- lack of adequate parking, break rooms, meals
- awareness of high-profile care problems, survey deficiencies or lawsuits
- old physical plant, e.g. lack of elevators, asbestos, lead paint, narrow corridors
- frequent changes in ownership or management
- financial problems, e.g., fear of not paying workers
- other: _____

3. What wage or benefit issues may prevent staff from applying for employment?

- failure to pay prevailing hourly wages
- less than semi-monthly payroll frequency
- lack of shift, experience, expertise wage differentials
- lack of clear promotion opportunities, e.g., senior CNA, restorative aide
- lack of or > 30-day waiting period for benefits, e.g., health, disability, life insurance
- lack of or < 50% employer contribution to basic benefit costs
- other: _____

4. What administrative leadership or management style issues may prevent staff from remaining employed with the facility?

- authoritarian, 'command and control' management style
- lack of scheduling flexibility to accommodate employees' needs
- frequent use of mandatory overtime, double shifts
- frequent use of mandatory agency
- frequent episode of 'working short'
- managers yelling, berating, scolding for staff mistakes
- other: _____

5. What current staff behaviors may prevent staff from remaining employed with the facility?

- lack of genuine acceptance of new employees
- lack of formal orientation/mentoring program for new employees
- racial, ethnic, language, gender, cultural tensions
- lack of shared work ethic, practices
- lack of teamwork between units, shifts, staff type
- other: _____

- 6. What kind of health/safety issues may prevent staff from remaining employed with the facility?**
- lack of mechanical lift systems to prevent employee injury
 - lack of employee infection prevention programs, e.g., immunization, physical examination
 - lack of supplies, e.g., gloves, masks, linens, towels
 - perception of lack of management concern for employee safety
 - lack of adequate lighting in parking lots, employee escorts, building security
 - lack of training in behavior management techniques to prevent staff injuries
 - other: _____
- 7. What type of resident characteristics may prevent staff from remaining employed with the facility?**
- residents are mostly heavy-care, requiring a lot of lifting
 - residents do not have family members who visit regularly
 - residents have significant cognitive impairments, are unresponsive to staff
 - residents are atypical, non-geriatric or have substance abuse issues
 - residents are combative, have dangerous behaviors
 - residents are transferred, discharged quickly
 - other: _____
- 8. What personal/family issues may prevent staff from remaining employed with the facility?**
- lack of adequate, reliable child care, after school programs, truancy prevention
 - lack of supportive family members, e.g., single parents, no extended families
 - abusive family members, e.g., spouse, parent, child who harms employee
 - lack of housing stability, rent defaults, evictions
 - disqualification from or inability to collect benefits, e.g., Medicaid, head Start, housing subsidies, child support, disability payments
 - unstable utility arrangements, e.g., gas, electric, telephone
 - other: _____

Point-Based Attendance Policy

Example

1. **Attendance is recorded for each employee**
 - ◆ consecutive, 12-months period
 - ◆ each absence or tardiness is on record for one year
 - ◆ a point expires on its anniversary
2. **Absences with permission for which no points are accrued**
 - ◆ approved leave of absence per facility policy
 - ◆ approved days off per facility policy
 - ◆ absence due to work-related injury
3. **Absences for which points are accrued**
 - ◆ a missed shift of scheduled work
 - ◆ missing more than 50% of a shift including scheduled overtime
 - ◆ leaving work area at any time during shift without authorization
4. **Point accumulation**
 - ◆ Absence/sick occurrence = 1 point
 - ◆ Tardiness = 0.5
 - ◆ Failure to punch in/out = 0.5
5. **Points per year – disciplinary action**
 - ◆ 5.5 points – written counseling
 - ◆ 7.5-8 points – final written counseling
 - ◆ 8.5 points or more – termination

RATING TOOL

INSTRUCTIONS: *Use this Rating Tool to prioritize concerns in your facility. Review the findings in Chapter 2 and calculate the total number of "false" responses for all topics in each section. Record this number in the appropriate box on this Rating Tool. Calculate the total number of "false" responses per section. Identify sections or topics with a high rate of "false" responses. Record in the "Improvement Options" column the improvement strategies suggested in Chapter 3. Select one or two topic areas for improvement.*

Section 2A. Facility-wide Management

Topic 1. Leadership	T	F	Improvement Options
a. Management provides strong and positive leadership.	7		
Topic 2. Attitude			
a. Management staff exhibits an attitude of consideration and care for employees and residents alike.	6		
Topic 3. Work Environment			
a. Day-to-day management actions create a positive work environment.	8		
b. Daily work of direct care nursing staff is organized to be motivational and effective.	4		
TOTAL	24		

Section 2B. Recruiting and Retention

Topic 1. Recruiting Practices	T	F	Improvement Options
a. The facility offers a human resource package attractive to future employees.	6		
Topic 2. Hiring Process			
a. The facility's hiring practices encourage selection of employees who have a chance to stay with the facility beyond the first few weeks/months.	8		
Topic 3. Orientation			
a. The facility facilitates the transition between training and work practice for <i>newly certified</i> or <i>newly graduated</i> staff.	2		
b. The facility provides adequate orientation for all new hires.	6		
Topic 4. Career Incentives			
a. The facility provides sufficient career incentives to retain long-term staff.	4		
Topic 5. Staff Satisfaction and Staff Morale			
a. The facility manages its nursing staff in such a way that staff wants to stay with the facility.	10		
b. Management assesses staff attitude and morale on an on-going basis.	3		
TOTAL	39		

Section 2C. Scheduling and Attendance

Topic 1. Scheduling Practices	T	F	Improvement Options
a. Scheduling practices allow staff to attend to their personal lives.	5		
b. Scheduling practices contribute to a positive work environment.	4		
Topic 2. Attendance			
a. The facility keeps track of nursing staff work attendance.	2		
Topic 3. Attendance Policies			
a. The call-in policy contributes to a positive work climate.	4		
Topic 4. Replacement Policies			
a. Replacement practices contribute to maintain quality care and promote staff satisfaction.	6		
b. Agency staff is selected to provide quality care.	6		
c. The facility treats direct care nursing staff with consideration regarding working extra hours.	6		
TOTAL	33		

Section 2D. Staffing Levels

Topic 1. Staffing Ratios	T	F	Improvement Options
a. Sufficient direct care nursing staff is available on each unit to provide adequate care to the residents.	6		
b. Direct care nursing staff has sufficient time to accomplish all tasks in the allotted period.	3		
Topic 2. Staff Allocation			
a. Work in the facility is organized to be efficient/motivational while accommodating fluctuating needs.	5		
Topic 3. Staff Allocation to Special Care Units			
a. The special care units (Medicare/Alzheimer) are adequately staffed to meet the needs of the special resident populations.	6		
Topic 4. Support Staff			
a. The facility provides sufficient support staff to alleviate the workload of the nursing staff.	6		
Topic 5. Peak Hours			
a. Direct care staff is able to meet the needs of residents in the dining room during mealtime.	10		
b. Direct care staff is able to meet the needs of residents who remain in their room during mealtime.	3		
c. Staff is able to meet the needs of all residents during bathing time and morning routines.	5		
TOTAL	44		

Section 2E. Unit Management

Topic 1. Work Organization	T	F	Improvement Options
a. Work on each unit is organized efficiently.	7		
b. Work is organized to meet professional standards of care.	6		
c. The nursing staff on each unit has clear instructions regarding individual resident care.	6		
d. Work on the unit(s) is organized in such a way as to motivate staff.	6		
Topic 2. Supervision			
a. Adequate supervisory staff is available on each unit at all times.	8		
b. The supervising nurse exhibits leadership skills.	8		
c. The supervising nurse is in the position to provide guidance to the unit staff.	4		
d. The unit supervisory staff (unit managers, charge nurses) is adequately prepared to provide leadership.	5		
TOTAL	50		

Section 2F. Quality Improvement

Topic 1. Quality of Life/Quality of Care	T	F	Improvement Options
a. The facility utilizes the most recent evidence-based clinical practice guidelines for all indicated care areas.	9		
b. All evidence-based clinical practice guidelines implemented as instructed on each unit/during each shift. —————>	—		
<i>Note: calculate according to number of units and shifts observed</i>			
c. Each unit has sufficient resources to complete the clinical practice guidelines as instructed.	4		
d. Staff has clear written instructions regarding implementation of clinical practice guidelines.	6		
e. Each unit has reminders and routines to complete tasks as instructed.	6		
f. Each unit manager/charge nurse ensures that the practice guidelines are completed as instructed.	6		
Topic 2. Quality Improvement Teams			
a. The facility actively seeks to improve quality of care.	7		
b. A successful strategy is applied to improve quality of care.	3		
c. The two most recent written plans for improvement contain the elements to achieve successful implementation.	8		
d. Each implemented quality improvement plan is evaluated for its effectiveness.	2		
Add F1b —————>			
TOTAL			

Section 2G. Staff Development and Training

Topic 1. Clinical Skills	T	F	Improvement Options
a. The facility ensures that nursing staff has sufficient assessment skills to adequately respond to emerging medical needs of residents.	4		
Topic 2. Interpersonal Communication Skills			
a. The facility ensures that nursing staff has sufficient non-clinical expertise.	3		
Topic 3. Work Performance			
a. The facility ensures that all nursing staff can meet high standards.	5		
Topic 4. Training			
a. The facility ensures that nursing staff receives adequate training.	4		
b. The facility provides adequate training for its nursing staff.	5		
c. In- service training sessions are tailored to the expressed or observed staff development needs.	4		
d. The facility ensures that all staff receives the information imparted during the in-service training sessions.	3		
e. The facility ensures that the imparted knowledge is understood and processed by attending staff.	4		
Topic 4. Staff Development			
a. The facility offers its nursing staff opportunities that encourage additional learning and/or experience.	3		
TOTAL	35		