

**IPRO Learning and Action Network  
Learning Session One**

**Learning Session Two  
May 5 – 7, 2013**

**A QAPI Approach to  
Reducing Stress and Stabilizing Staffing**

Faculty:  
Cathie Brady & Barbara Frank  
[www.BandFConsultingInc.com](http://www.BandFConsultingInc.com)

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**Introduce yourselves  
to your tablemates**

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**LS 1 Content**

Operationalizing and Maximizing QAPI  
People Development  
Promoting Good Sleep

Please share with your tablemates  
**any work you are doing  
in these areas**

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**Two Goals for today**

- Explore the relevance of staff stability and ways to increase our own staff stability
- Use QAPI methods (as a good tool, and as practice)

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**QAPI Review**

A new way of doing business

- All inclusive
- Looks at root causes
- Proactive
- Uses measurement
- Sets not only target goals but minimum thresholds

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**Why Stability?**

Is it really important?

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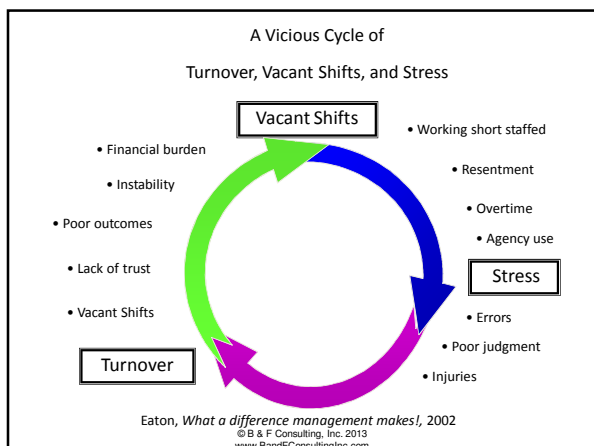
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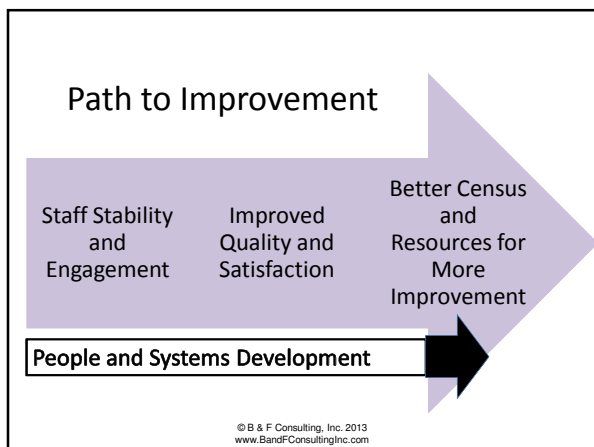
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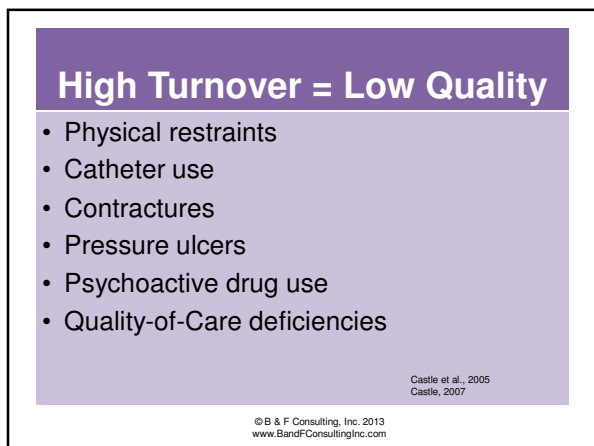
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### The Impact of Vacant Shifts

**CNAs REPORT WHAT GETS NEGLECTED:**

- Range of motion
- Hydration
- Feeding
- Bathing

Hawes, 2002

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### Turnover + Absenteeism = Instability

**Interrupts continuity:**

- Incontinence
- Facility acquired pressures sores
- Urinary tract infections
- Falls and fractures

Dresser et. al. 1999; Harrington et. al. 1999

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### WFR Collaborative Findings

What does it feel like when understaffed?

- “Stressful; no lunch break, your back hurts.”
- “Unsafe for patients and self.”
- “Hectic – finger nails do not get clipped, men don’t get shaved, people are left with empty cups.”
- “Hell.”

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**WFR Findings** *Continued*

What leads your co-workers to call-off?

- “Just tired mentally. Overwhelmed and can’t overcome it.”
- “Burnout if you worked 7 am to 11 pm.”
- “Stress – someone is always asking you to stay late.”

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**WFR Findings** *Continued*

What does it feel like when you have enough staff?

- “Relief – feel you accomplished something.”
- “Can do little things for the residents like give them a hug.”
- “Can give them a back rub, talk to them, **you can take the time to be more human.**”

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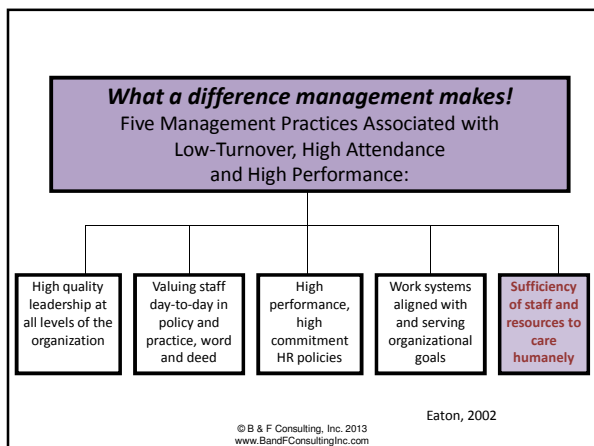
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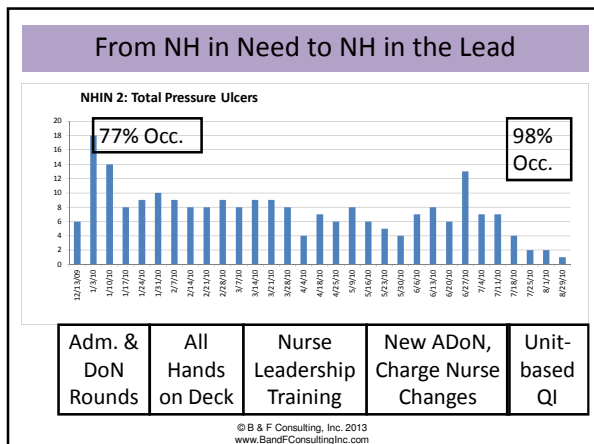
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**Staff Stability PIP**  
**Performance Improvement Project**

- Collect the data
- Root cause analysis of data
- Decide on interventions
- Set goals and minimums
- Charter a Performance Improvement Project

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**Case Study**  
**“We have a problem with turnover”**

- Daily Instability:
  - Vicious cycle: Turnover, absenteeism, stress
- Leadership:
  - Administrator in crisis mode (washing windows)
  - Front-line supervisors stretched thin, worn-out

*“We were so busy plugging holes, that we weren’t stepping back to look at what was happening and what we could do about it.”*

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**Know what you are dealing with!**

The first step is to collect the data.

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**What are sources of data and information?**

- Satisfaction surveys
- Focus groups
- Human resource data
  - Absences
  - Turnover
  - Staff composition
- Financial data
  - Incentives
  - Costs of turnover and absenteeism

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**Analyze the Data**

What is this telling us about the root cause of the problem?

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**Satisfaction Survey:  
Management cares about me as a person**

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Department heads	43%	57%	0%	0%	0%
Licensed Nurses	7%	13%	27%	13%	40%
Hourly Staff	17%	50%	0%	0%	33%

Analyze the Data:  
What is this telling us and what questions does this raise about the root causes of staff instability?

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Satisfaction Survey					
Teamwork in my department is good					
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Department heads	57%	43%	0%	0%	0%
Licensed Nurses	13%	13%	27%	20%	27%
Hourly Staff	33%	33%	0%	0%	33%

Analyze the Data:  
What is this telling us and what questions does this raise about the root causes of staff instability?

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- Focus Groups Drill Down - Root Cause Analysis**
- Staff stressed and fearful
    - care load too heavy
    - high stress
    - harsh environment; contention
    - unaddressed bullying – fear
  - Staff felt unappreciated and unfairness
    - We work the extra shift and don't get the pay we were promised
    - New CNAs are getting the same pay I get; after years of work here I only get a small raise
    - Uncomfortable break room
    - They give us pizza but we don't have enough supplies
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- Focus Group Drill Down – Root Cause Analysis**  
*Operating in Crisis Mode Perpetuated Crisis*
- For call-ins:
    - Bonuses for taking last minute assignments
    - Lots of agency
    - Deals for doubles
  - For turnover/hiring:
    - Hiring bonuses
    - Inexperienced new hires paid almost same as long time staff
    - Piecemeal hiring to fill holes
    - Hiring “any warm body”
    - No time for orientation, right out on the floor, and then right out the door
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**Analyze the Data**

What is this telling us  
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about the root causes of staff instability?

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**Drill Down Further**  
**Data collection & systematic analysis**

- Human resource data
  - Absences
  - Turnover
  - Staff composition
- Financial data
  - Incentives
  - Costs of turnover and absenteeism

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**Composition of staff by work status:**

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

**What impact does this have  
on staff stability and care continuity?**

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**Incentives**

Bonus for last-minute assignment but no reward for being reliable

Bonus	Extra Per Hr.	Annual
Last minute assignment	RN, LPN --\$10 CNA -- \$5	\$360,000
Perfect attendance	\$0	\$0

**What impact does this have on staff stability and care continuity?**

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**Terminations by Length of Service**

**WHY?**

Position	1 day – 1 mo	1 – 3 mo	3 - 6 mo	6 mo – 1 yr	1–2 yr	> 2 yr
RN	18%	18%	18%	27%	18%	0%
LPN	7%	13%	33%	27%	20%	0%
CNA	23%	30%	23%	16%	3%	5%
Other	8%	27%	39%	12%	14%	0%

**What impact does this have on staff stability and care continuity?**

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**Incentives**

Bonus	Amt Offered	Quarter - Annual
Sign-on bonus <b>Paid after 6 mos.</b>	RN -- \$2000 LPN -- \$500 CNA -- \$250	\$12,500 - \$50,000
Referral bonus Paid after 6 mos.	RN, LPN --\$1000 CNA -- \$500	\$6,000
<b>Longevity</b>	<b>\$0</b>	\$0
<b>Raises</b>	Average 2%	<b>\$90,710</b>

**What impact does this have on staff stability and care continuity?**

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### Turnover Costs

- Includes higher hourly wage; sign-on bonus; filling vacant shift through agency or OT; recruitment; screening; training; orientation

Position	Per Person	Annual Cost
RN	\$4,899	\$53,889
LPN	\$4,193	\$62,895
CNA	\$3,207	\$205,248
Other	\$2,692	\$131,908
<b>Total 2004</b>		<b>\$453,940</b>

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### Instability vs. Stability

Last minute bonus \$360,000	Perfect attendance \$ 0
Baylors \$268,994	Raises @ 2% \$90,710
Sign-on bonuses \$50,000	Referral bonuses \$6,000
Turnover costs \$453,940	Longevity bonus \$0
<b>Total: \$1,132,934</b>	<b>Total: \$96,710</b>

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### Analyze the Data

What is this telling us about the root causes of the problem?

What impact does this have on staff stability and care continuity?

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**Performance Improvement Project  
on Staff Stability**

Knowing what you are dealing with  
is the first step in addressing it

The data sets you up for a QAPI response

**What would be your priorities for action?**

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**Priorities**

What are the most *immediate* needs?

Among them, which are the *easiest* to do  
that will have a *tangible, positive effect* for staff?

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**Priorities**

What are the most immediate needs?

Among them, which are the easiest to get done  
that will feel meaningful to people to have done it?

**WHAT WILL YOU DO?**

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**Priorities**

What are the most immediate needs?

Among them, which are the easiest to get done that will feel meaningful to people to have done it?

**WHAT WILL YOU MEASURE?**

How will you know what you are doing is having a positive impact on staff stability and care continuity?

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**PROCESS MEASURES**  
*We will do this:*

**OUTCOME MEASURES**  
*We will get this as a result of what we do:*

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**Charter your PIP:**  
**SCOPE**  
Which people and which areas of focus  
*Ex. CNAs attendance on day shift*

**EXPECTATIONS**  
What you aim to accomplish:

1. Current outcomes and practices
2. Best outcomes and practices
3. Goal and minimum threshold

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**Who needs to be involved,  
in what ways?**

**How can this be a chance to develop people?**

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**What resources/equipment  
do you need to take this on?**

**For example:**  
*What information?*  
*What communication to whom?*  
*Are there any supplies and  
equipment?*

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**Goal Setting Worksheet**

**Describe the problem to be solved**

**S – Specific**  
**M – Measurable**  
**A – Attainable**  
**R – Relevant**  
**T – Timebound**

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Take a Break



15 Minutes

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### Scott's Plan for Staff Stabilization

- Three Goals:
  - Increase the percent of full-time employees
  - Improve percent of newly hired staff who stay
  - Improve attendance and percent of fully-staffed shifts

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### Goal # 1: Increase percent of full-time staff

Intervention:

- Raises to FT and PT employees using money from last minute bonuses
- Converted per diem employees back to guaranteed hours
- Made a more positive work environment so people wanted to work full-time

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As a result:	
Date	# of FT staff
June 2005	60
Dec 2005	80
Dec 2006	96

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**Goal # 2: Improve percent of new employees who stay**

Intervention:

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

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**From Turnover to Stability**

2005	2008
90%	28%

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### Goal # 3: Improve attendance, percentage of shifts fully-staffed

Intervention:

- **Track** attendance by person, unit, shift, dept.
- **Analyze** absences for patterns.
- **Communicate** at dept. head meetings, put record in paychecks, and discuss absences with employees.
- **Recognize and reward** units and individuals with good attendance.
- **Support** employees: adjust schedules, link to employee assistance services.

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### Improving Attendance

2005	2006
Average 4 no-call, no show per day	0 no-call, no show

Monthly perfect-attendance bonus, collected at end of year (paid out \$13,000 in 2006)

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### From Absenteeism to Attendance: Rethinking Our Approach

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**Addressing Absenteeism**

Why do staff call off?

What motivates staff to come to work?

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**The "To Do" List**

- Measure it
- Fairness, Flexibility, Support and Accountability
- It starts with a good scheduler
- Employee Assistance
- Rewards and recognition – individual and team
- Proactive replacement plan

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**Measure It - Collect Data**

- Single point person
- Review individual records monthly
- Analyze it for individual's and facility trends
  - By day of the week
  - By unit, shift
- Feedback – one of three letters in paychecks
  - Thanks for good attendance
  - Come see us if you need help
  - We need to talk to you about your poor attendance

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**Perfect Attendance Bonus**

- Time Period
- Amount
- Pay-out options:
  - Lump sum
  - Increase the hourly rate for next pay period
  - Non-monetary (gas cards, grocery cards)
  - Raffle
- Team rewards

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**Proactive Replacement Plan**

Short term:

- Call employee who called off
  - Show concern
  - Replace for next shift?
- Replacement priority list
  - Confirmed to come in
  - Name, phone number
  - Best time to call

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**If Working Short Staffed**

- All hands on deck
  - **Managers assist on the floor**
  - Housekeepers pass trays and make beds
  - Dietary staff pass trays, pick up trays, pass water pitchers
  - D.O.N. and Nurse managers complete some treatments

***Your assistance today prevents tomorrow's absence***

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**Table Discussion**

**Share best practices  
in promoting attendance**

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**All Hands on Deck - Why**

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

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**All Hands on Deck - What**

- Help at meals
- Answer call bells
- Fall prevention, comfort rounds, and other check-ins
- Be a "runner"
- Greeter/Anchor for new residents in the first 30 minutes after they arrive
- Other?

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**All Hands on Deck - How**

- Leaders go first
- Ask unit staff what is needed and when
- Make a management plan
- Be consistent and reliable
- Point person on unit to report in to
- Monitor/ trouble shoot at management mtg

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Share best practices in  
All Hands on Deck  
at your tables

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Hiring Right  
for Staff Stability

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Not just a large pool of candidates—  
but the right pool of candidates

Target advertising  
Targeted Refer a friend

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Recruitment:  
Getting the Right Pool of Candidates

- What are your selling points as a place to work?
- Refer a friend bonus – who are your best staff, who are their friends?
- What are good sources of candidates – where do you recruit?
- What's your reputation in the community as an employer?

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Refer-a-friend Bonus

- Word of mouth is best advertisement
- Actively promote refer-a-friend bonus  
~Personally approach your best employees
- Pay as soon as you hire – it's up to you then, to have them stay

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**Recruitment**

Where do (really good) CNA's come from?

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**Who do you want to attract and where are they?**

What are the benefits of working in a nursing home?

**What are the benefits of working at YOUR nursing home?**

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**Screen before you hire, not after**

Take the time to hire someone who will be value added to your team

Make hiring process a good screen – have a multi-layer process

***“Measure twice – Cut once”***

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### Recruitment Process Problems

- Applicant is not greeted
- Receptionist is not aware of her role
- No one knows open positions
- Interviews are not conducted for walk-ins
  - “Come back Tuesday at 11:00”
  
- Overall first impression to the applicant is disorganization

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### Focus on Character Traits

- Maturity – self reflection
- Compassionate
- Sensitivity to others needs
- Self esteem
- Ability to communicate, learn
- Friendliness - Five smile rule

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### Welcoming Applicants

- Make a good first impression
  
- Receptionist/person at front door is key –  
Make sure she has postings, applications, info on benefits, and she’s tuned in to welcoming
  
- Make it a priority to meet new applicants
  
- Screen, tour, interview right when they come in

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**Give them a tour**

- Facility tour observations
  - Walk quickly and see how they keep up
  - Go up and down stairs if you have them
  - Place them next to residents who will engage them – see how they respond
  - Monitor interactions with people – afterwards, ask staff what they know about person

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**Include others in interview**

- Teach interview and hiring skills
- Include: co-workers, supervisor, resident and/or family
- Give training on how to interview and legal prep on what's acceptable
- This starts the process of a warm welcome – builds confidence in the new employee and starts the relationship

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**Interview Tips**

- High standards
- Ask to see their last performance evaluation
- Where have they been trained? (Does it make a difference?)
- Do they have experience?
- Do they have realistic expectations about the job?
- Ask the right questions
  - Open ended
  - Behavior based; scenario based
  - Character based

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### Interview Questions

- Who is the nicest person you know, and why?
- What are you most proud of?
- Tell me about your prior experiences in caregiving?
- Tell me about a time that you've had a conflict with a co-worker. What did you do?
- Tell me the names of three elders you had a close relationship with in your past job?

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“What do you like to do in your free time?”

*“Well...I'm not much of a people person. I tend to stay at home and keep to myself.”*

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### Loomis House Involves Residents

- What do you do when you are stressed?
- What made you decide to become a CNA?
- If a 96 year old resident was going toward the door to leave and told you that she was waiting for her mother to pick her up, how would you respond?
- If you were going in to care for a resident who was agitated, how would you handle it?

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**Table Sharing**

What questions have given you the best results when you are interviewing?

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**Providing a Good Welcome**

**Increasing the Percentage of Newly Hired Staff Who Stay**

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**What's it like to be new?**

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**What's it like to be new?**

**New to:**

- Type of job/skills and responsibilities
- Workplace
- Co-workers
- Residents

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**What do you need most when you are new on a job?**

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**A Warm Welcome from Management and Co-workers Helps New Staff Stay**

- Leadership
  - Administrator personally tune in to new person
  - Check in at morning stand-up
  - Follow-up by HR and staff education director every day the first week, regularly over first month (It takes 3 months to feel comfortable, 6 months to feel competent)
- Supervisor responsibility for welcome
  - Use shift huddle to intro, support and orient (to residents, co-workers, routines)
  - Frequent check-ins
- Co-workers Warm Welcome
  - Pictures of staff, bio, balloons, pizza party
  - Invite to go with to lunch and on breaks

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**Friendships at Work**

- People stay in places where they have friends
- Make sure they have people to have lunch with
- Check in on them frequently
  - First day and first week thank them with specific feedback
- Ask their supervisors how they are doing

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**Team Rewards**  
when new employees succeed

**Celebrate with food  
at 1, 3, 6 month marks**

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**Orientation for Retention**

- Stable assignments
- Protect orientation time – 3 days to 3 months
- Pace the learning for new nurses and new CNAs
  - **Consider weekly classes with staged learning**
- Ask if they need more time
  - Extend the orientation until they're solid
  - You can teach skills to reliable people
  - Use Adult Learning experience based teaching

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### Mentor for Retention – Do it Right

- Take it seriously as a job with a job description, selection, evaluation, and support
- Make sure you have the right people as mentors
  - Have application process
  - Interviews and recommendations
- Training:
  - How to teach to other people's strengths
  - How to handle conflict and give feedback
  - Mentor support group and refresher courses

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### Ingredients for Successful Mentorship

Treat it as a real job/responsibility

- Give pay for this extra work
- Manageable workload

Clear lines of responsibility

- Clarity on how to handle deficits in new staff developmentally and whose accountable for what

Support the Process

- Coordinate mentor/mentee schedule/assignments
- Have a formal way to start mentor relationship
- Regular check-ins, follow-up and back-up
- Real close-out

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### Longer term Retention

- Young staff need **structure and guidance** – develop them – take them under your wing
- Timely teaching of skills – “teachable moments”
  - Work-based learning
- Opportunities for Growth and Engagement
- Rookie of the month – recognize progress

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**Reward Longevity**

Longevity rewards – make it worth staying and a loss to leave

- PTO
- Cumulative bonuses
- Recognition on anniversaries
- Opportunities for classes, advancement

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**Share at your tables:  
best practices in  
Welcoming New Employees**

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**Strategies to Increase  
Percent of New Hires that Stay**

<b>Recruitment:</b> <ul style="list-style-type: none"><li>• Selling points</li><li>• Refer a friend</li></ul>	<b>Hiring:</b> <ul style="list-style-type: none"><li>• Measure twice cut once</li><li>• Hire for character</li><li>• Include supervisor, staff, residents</li><li>• See them with residents</li></ul>	<b>Welcoming:</b> <ul style="list-style-type: none"><li>• First day engagement</li><li>• Stability</li><li>• Team support</li><li>• As long as needed</li><li>• Supported and supportive mentors</li></ul>
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**Return to your co-workers to**

**Develop a Performance Improvement Project to Improve Staff Stability in Your Organization**

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**Table discussion**

**Do a Mini-PIP**

*What* will you work on?

*Who* will you involve?  
– Who can you *develop* by involving them?

What are *data sources* to look at to see where you are now, what you need to work on, and how you are doing?

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**Your PIP Will**

**PLAN:**

- Analyze data
- Determine a course of action
- Set process and outcome goals and minimums

**DO:** Pilot test action

**STUDY:** Measure results

- Analyze data
- Determine a course of action
- Set process and outcome goals and minimums

**ACT:** Change, expand, spread

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