



Strategies to Promote Staff Stability in Nursing Homes

Reported in QIN-QIO April 2016 C.2 Deliverables

Part 1: Strategies Implemented by QIN-QIOs

Promote implementation of best practices

- Share information, tools and resources to support best practices for improving staff stability:
 - NNHQCC Change Package, Chapter 2 Recruit and Retain Staff: https://www.nhqualitycampaign.org/files/NH_ChangePackage_V2.0_03-26-2015_Final.pdf
 - Advancing Excellence
 - Staff Stability: <https://www.nhqualitycampaign.org/goalDetail.aspx?g=ss>
 - Consistent Assignment: <https://www.nhqualitycampaign.org/goalDetail.aspx?g=ca>
 - TeamSTEPPS, a set of tools and strategies to improve teamwork and communication to enhance performance and safety <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/index.html>

Feature staff stability in sessions/meetings, newsletters, and facilitate peer coaching and sharing

- Provide best practice information to nursing homes on improving staff stability in newsletters, webinars, packets, during coaching calls, in-services, or on-line forums:
 - Include staff stability information and resources with monthly nursing home facility composite reports.
 - Encourage consistent assignment as a key factor in improving staff stability in meetings and calls.
 - Provide “Selfie Tips” to promote staff stability, consistent assignment, and knowing your resident: <http://mpqhf.com/QIO/wp-content/uploads/2016/04/HACs-Person-Centered-Care-Selfie-Tip-1.pdf>
 - Showcase success stories, tips, or peer coach recommendations in resources on topics such as:
 - Staff Retention Tips: http://mpqhf.com/QIO/wp-content/uploads/2016/03/Employee_Retention_Tips_508.pdf
 - Generation Z is coming to the Workforce....Are You Prepared to Attract, Train and Retain this Generation? <https://greatplainsqin.org/blog/event/generation-z-is-coming-to-the-workforce-are-you-prepared/> (this webinar was a “Great 8” QIN-QIO offering)
 - Utilize peer and beneficiary peer coaches during sharing calls to provide support and recommendations for addressing staffing stability issues.
- Share a Staff Stability Toolkit, such as: http://www.bandfconsultinginc.com/Site/Staff_Stability_Toolkit_files/staff%20stability%20toolkit.pdf
- Introduce elements of staff stability in Learning and Action Network (LAN) events:
 - Share successful consistent assignment and staff stability practices during face-to-face and virtual LAN activities.
 - Provide key concepts from the Change Package on team building and staff retention, illustrate how staff instability affects clinical aspects of care provision.
 - Share specific strategies to encourage nursing home leaders to respond promptly and positively to staff concerns, needs, and ideas for improvement.
 - Focus on improving leadership skills of charge nurses working closely with all levels of nursing staff.
 - Provide interactive opportunities during Learning Sessions where staff discuss and recognize qualities needed to be a leader in long-term care.
- Solicit information from peer coaches on how QIN-QIOs can best support nursing homes to retain staff.

- Create a Staff Stability Affinity group that meets monthly via conference call or webinars. Provide participants with tools and information that support retaining and growing nursing home staff. Assess and measure their progress.
- Work together with partners and stakeholders to leverage support for policies of benefit to healthcare. One QIN-QIO distributed a workforce survey to nursing homes, then distributed compiled survey results of staffing shortages to state legislators, resulting in the legislature funding a Rural Healthcare Facility Recruitment Program available to facilities and nursing homes in communities with fewer than 10,000 residents. The Rural Healthcare Program provides a \$10,000 incentive payment to nurses, therapists, and other healthcare professionals who agree to a three-year commitment to serve in a rural healthcare/ nursing homes center.
- Highlight effective programs by recognizing high-performing nursing homes, then disseminate innovative ideas to Collaborative participants.
- Partner with state training agencies (high schools, colleges, labor & industry and post high school educators) to align goals and work together to address staffing shortages.
- Engage in initiatives with trade associations or the Department of Labor & Industry to explore innovative ways to provide jobs by training dietary staff, cooks and chefs to help fill positions in Assisted Living and long-term care facilities.
- Encourage facilities to utilize high school students as volunteers as appropriate in nursing homes. Encourage students of all ages to visit and interact with elders residing in nursing homes.

Part 2: Strategies Implemented by Nursing Homes to Increase Staff Stability

Training & Professional Growth Opportunities

- Foster professional growth opportunities to include and engage direct care staff in more active roles.
 - Engage staff in the QAPI process, for example,
 - Include CNAs in the care planning team process,
 - Assign CNAs to lead performance improvement projects,
 - Include staff as participating team members in Performance Improvement Project teams; include staff from varied departments, (for example, dietary, housekeeping, nursing, environmental services, therapy, and administration departments). Staff included in QAPI initiatives are reported as having higher levels of engagement and feeling more valued.
 - Designate lead CNAs for each shift to answer questions/address concerns.
 - Offer employee-led meetings.
- Partner with local technical colleges to train CNAs. Reach out to local technical colleges and high schools to begin implementation, or ensure continuation of, a Youth Apprentice Program that assists high school students to become Certified Nursing Assistants.
- Pay for training hours and supplies for CNA classes.

Recognition

- Implement staff recognition programs to demonstrate staff are appreciated, valued and respected.
- Encourage leadership to visit with staff on all shifts (including evening/overnight) to recognize staff contributions and show their appreciation.
- Celebrate successes.
- Offer events for staff, such as a “Thank You Thursday” on a designated day (for example, the 2nd pay period of every month) where staff are paid one day early, a free lunch and door prizes in a festive atmosphere.
- Build staff morale by providing a ‘family atmosphere’ (for example, potlucks, fun days, decorating).

Hiring & Orienting New Staff

- Encourage teams of high performing employees to interview potential employees and assist in final selection of candidates.
- Expand orientation programs, and/or create a new employee orientation committee to ensure new hires are comfortable and confident before beginning in their new role. For example, provide a systematic orientation process in a classroom setting for new staff, followed by time on the floor accompanied by a CNA mentor. Use consistent assignment for on-boarding of new staff, and assign new staff to only one work area. Conduct post-hire satisfaction surveys or use employee training feedback tools to identify gaps in training and to improve the orientation process.
- Encourage “meet and greet” events for new employees.
- Institute strong mentor programs, and financially reward staff who volunteer to be mentors. Provide adult learning techniques information/resources to mentor staff.

Staffing & Scheduling

- Implement consistent assignments; staff report greater work satisfaction and are less likely to leave.
- Increase face-to-face communication from leadership to direct care staff by rounding with each employee every quarter, as well as daily leadership team rounding.
- Be sensitive to employee needs by offering flexible or block scheduling.
- Encourage department heads to answer call lights, assist with meals, and be a presence in the unit to help understand any direct care staff needs, in order to provide needed resources.
- Tie retention to department head raises.
- Notice any ‘slips’ in work attendance, or if there is a resignation, and request nursing home supervisory staff immediately meet with the staff member to explore what might be happening in the employees’ life, if/where the nursing home may provide assistance, and/or what are employee goals if leaving the nursing home (for example, higher position, better pay). Through this process nursing homes have been able to retain staff. Staff report feeling valued, and the nursing home reported gaining a deeper understanding of the individual as a ‘person’ versus ‘employee.’
- Encourage the Director of Nursing and other department leaders to take a personal interest in understanding the unique personalities of each staff member and maximizing their strengths.
- Focus on consistent attendance, noting absences and working with employees to adjust their schedules to help them succeed.

Communication

- Ensure nursing home-hospice communication is clear (regulatory requirements, resident information, care plan interventions) so services are not duplicated, resident goals are met, and staff are not frustrated with an unclear work flow.
- Engage in open communication between staff and leadership during weekly safety rounds to increase staff confidence that leadership is listening to their concerns.
- Offer staff opportunities to participate in and provide input for policies and procedures.
- Provide topic-specific education and resources to direct care staff on: the importance of teamwork; INTERACT tools such as STOP and WATCH; ways to improve communication during shifts and at shift change; recognizing and preventing burn-out.
- Provide time where staff can communicate concerns and ideas for improvement.

Incentives

- Provide refer-a-friend bonuses.
- Pay longevity bonuses.
- Offer incentives.
- Pay for CNA certification.

- Provide nursing school financial assistance if a staff member commits to employment with the nursing home for a specified period of time.

This material was prepared by Telligen, and has been adapted by GMCF for Alliant Quality, the Medicare Quality Innovation Network-Quality Improvement Organization for Georgia and North Carolina, under contracts with the Centers for Medicare & Medicaid Services (CMS) an agency of the U.S. Department of Health and Human Services. The contents presented does not necessarily reflect CMS policy. Publication No. 11SOW-GMCFQIN-C2-16-45

