



What a Difference Management Makes:

Building a High Retention Culture

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May 25, 2006



1



Objectives

- Understand the impact that nursing assistant turnover has on the quality of life of the people who live and work in your nursing home
- Track and utilize nursing assistant turnover rates in your nursing home
- Identify ways to calculate nursing assistant turnover costs
- Describe key components of building and maintaining a high-retention culture in your nursing home



2

Technical Assistance Group

- 54 Nursing Homes
- Average Nursing Assistant turnover rate = 45%
- Range of Nursing Assistant turnover rates = 0 to 106%



3

“Caring” vs. Clinical Outcomes

Tacit knowledge:

- Lifting and turning safely
- Who has grandchildren
- Who wears glasses for what
- Individual preferences

Eaton, S., “Beyond Unloving Care.” 2000



4

The Impact of Vacant Shifts

CNAs report what gets neglected:

- Range of motion
- Hydration
- Feeding
- Bathing

Hawes, 2002



5

High Turnover = Poor Outcomes

Interrupts continuity:

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

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



6

Four Major Causes of Stress for CNAs

Lack of:

- Staff
- Time
- Good supervision
- Education

Pillemer, K. "Solving the Frontline Crisis in LTC." 1996



7

Certified Nursing Assistants

High Rate of Burnout:

- 70% feel burned out some of the time
- 60% feel they treat the residents impersonally
- 40% feel that they have become hardened emotionally

Pillemer, K. "Solving the Frontline
Crisis in LTC." 1996



8

What does it feel like when understaffed?

- "Stressful, no lunch break, your back hurts."
- "Hectic, finger nails do not get clipped, men don't get shaved, people are left with empty cups."
- "Hell."


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."

What is it like to be new?


- "Terrifying. People did not seem happy to see me."
- "I was moved around a lot, which made it hard to get to know the residents."
- "I did not receive training on proper transferring techniques until three weeks after I started."
- "It was great. The people were nice and I learned a lot."

2005 CMS Special Study on Workforce Retention



Studies have repeatedly confirmed that residents and their family members **value** the quality of the relationships they have with frontline caregivers higher than the quality of the medical care and the food.

NCCNHR, PHI



10

Tool to Track Nursing Assistant Turnover

Handout: "Calculation of CNA Turnover Rates, Year 2 – 2006"

- Record monthly:
 - » Total number of CNAs employed on the first day of each month
 - » Total number of CNA terminations within each month
- Complete worksheet to calculate your annual turnover rate and percentage.

****Please submit to Stratis Health by January 10, 2007***



11

Tool to Calculate Annual Nursing Assistant Turnover Replacement Costs

Handout: "Calculation of Annual CNA Turnover Replacement Costs"

- Determine direct costs
 - » Replacement costs
 - » Staff vacancy costs
 - » Training and orientation costs
- Calculate total replacement and turnover costs
- Calculate annual CNA turnover cost

(The industry average to replace one nursing assistant is \$2,500.)



12

Historical Perspective

Causes of turnover in LTC:

- Research 1970s, 1980s and 1990s
 - Causes of turnover are located within the workers
 - Character traits, personal and social attributes
- Led to efforts to develop a screening tool
 - Screen for tendency to leave
 - Example of widespread assumption:
 - » Problem is located in worker not the organization
- Significant evolution occurred in other industries
 - Organizational culture influence on performance
 - Somehow, LTC continued to focus on the worker
- Exception was Susan Eaton

Bowers, B. 2001

13

Beyond “Unloving Care”

- Three types of nursing homes
 - low service quality
 - high service quality
 - regenerative community
- Culture change
 - Meets the needs of the frontline caregivers
- Concluded:
 - CNAs are central to good care
 - » overly standardized, like a production line
 - » low pay and low respect

Eaton, S., 2000



14

“What a Difference Management Makes”

High Quality Leadership:

- Establishes a strong vision or mission
- Sets high standards and develops trust
- Listens to others, communicates well
- Values contributions
- Builds on staff members intrinsic motivation

Eaton, S., 2001



15

Accountability and Standards

Low turnover:

- Balance accountability and empowerment
- Did not try to be liked by everyone
- Hold people accountable
- Do not give up on them

“Human beings make mistakes. We have to be more proactive and address issues early. Punitive practices do not work. They will not change people, and they will drive people out of the industry.”

Eaton, S., 2001



16

Respect vs. Contempt for Caregivers

High turnover SNFs – negative attitudes

- Distrust
- Treated as interchangeable
- Act individualistically

“When I see a CNA with a resume, that’s a dead giveaway. They are a wannabe. In their mind they are more than a CNA. And that person will cause trouble on the floors.”

Administrator in a high turnover SNF

Eaton, S., 2001



17

Respect vs. Contempt for Caregivers

(continued)

Low turnover – positive attitudes

- Value and respect
- Understanding of what their lives were like
- Results in stronger, positive relationships
- Less turnover



18

Valuing and Respecting Caregivers

Caring produces results:

- High trust
- Empathy
- Understanding
- Respect for caregivers
- Support staff

Eaton, S., 2001



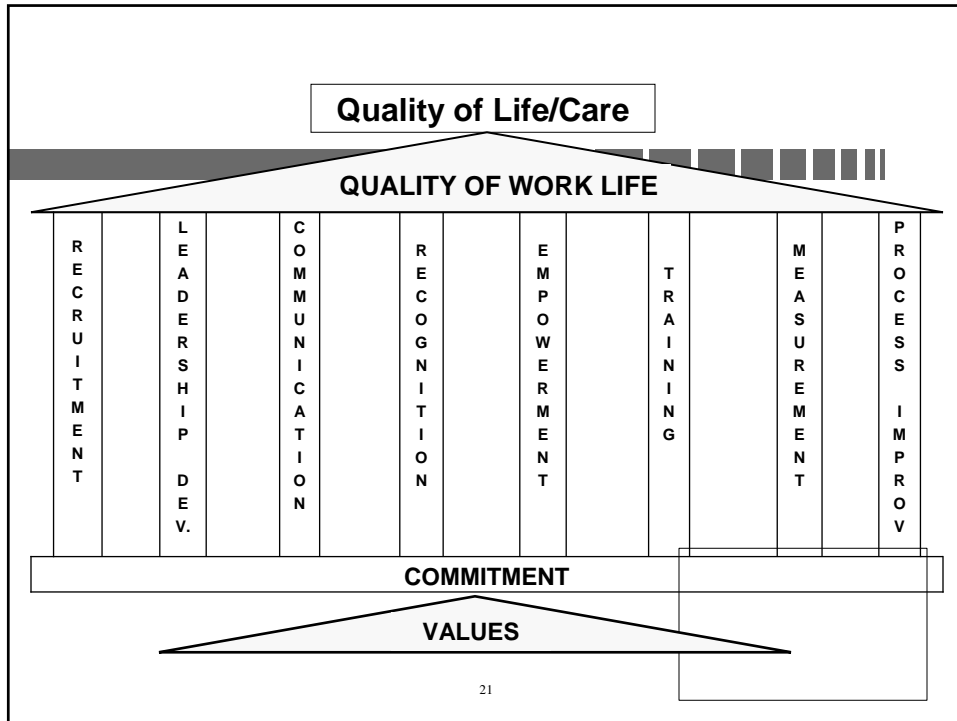
19

The Impact of Leaders

- Nursing homes – a short history
- Research-based evidence
- Administrator and DON influence
- Leader's actions
 - Culture
 - Retention
 - Quality outcomes



20



Pillar # 1 - Recruitment

- Community Outreach
- Employee Referral
 - Be proactive
 - Pay bonus ASAP
- Recruitment brochures



Looking in the Right Places

- Effective job postings
- ESL classes
- Department of Labor WIB career centers
- C.N.A. training classes
- Human service agencies
- Health clinics
- Community colleges
- GED classes
- Laundromats
- Unemployment offices

PHI, 2003

23



Recruitment Process Problems

- Applicant is not greeted
- Receptionist is not aware of their role
- No one knows open positions
- Interviews are not conducted for walk-ins



24

Interview Tips

- High standards
- Involve front-line
- Ask the right questions
 - Open ended
 - Behavior based
- Facility tour observations



25

Careful Selection

Screen for personal characteristics:

- Maturity
- Compassion
- Sensitivity
- Critical thinking
- Ability to communicate and learn
- Friendly, smiles



26

Red Flags

- Does not interact with residents during tour
- Is not courteous to staff
- Does not smile
- Long commute
- Bad-mouths former employer
- Reveals confidential information
- Yours is their “second” job



27

Pillar #2 - Leadership Development

- Self
- Department Heads, Charge Nurses, CNAs
- Coaching and counseling
- Performance appraisals
- Conflict management



28

Leadership Development (Continued)

- Provide effective praise
- Have retention strategies
- Interpret data
- Use critical thinking



29

Pillar #3 - Communication

The big picture – mission, vision, values

- Provide staff with direction, purpose
- Express high expectations
- Key values:
 - Excellence
 - Service
 - Respect
 - Teamwork
 - Caring and compassion



30

Visibility

- Demonstrate your commitment to excellence
- Engage the heart of staff
- Rounds – nothing is more important
 - Meet and greet
 - Inspect
 - Praise
 - Build self-esteem
 - Build stability and trust



31

Management by Walking Around

What employees want:

- A good relationship
- Approachability
- Willingness to chip in
- Efficient systems
- Appreciation
- Supplies

Studer, Q., "Hardwiring Excellence." 2003



32

Five Key Questions To Ask Staff

- Relationship building: “How are your beautiful kids doing?”
- Focus on the positive: “What is working well today?”
- Positive feedback loop: “Is there anybody who has gone above and beyond the call of duty today?”
- QI - systems focus: “Is there anything we can do better?”
- Needs: “Do you have the tools and equipment to do your job?”

Studer, Q., “Hardwiring Excellence.” 2003



33

Resident and Family Member Rounds

- Ask staff if there is something you should know:
 - Heads up
 - Needs and concerns
- Harvesting wins: “Is there anyone on staff that has done a really nice job for you?”
- Needs: “Is there anything I can do for you right now? I have time.”

Studer, Q., “Hardwiring Excellence.” 2003



34

Becoming Visible

- Smile
- Make eye contact
- Use the other person's name
- Be calm and positive
- Listen
- Offer condolences
- Inquire about employees personally
- Hand them a granola bar



35

Communication Strategies

- Monthly department meetings
- All-staff meetings
- Quarterly town hall meetings
- Mini-inservices
- Learning circles
- Communication boards
- Lunch with Administration
- Lunch in break room
- Newsletters
- Quality updates
- Post quality data



36

Pillar #4 - Recognition

- Caregivers thirst for recognition
- Catch them in the act of compassion
- Recognize teams for quality improvement
- Recognize new employees
- Create positive feedback loops
- The power of thank-you cards



37

Thank You Cards

- Cards are powerful
 - Send them to staff members' homes
 - Birthday cards
 - Anniversary cards
 - Excellent attendance
 - “I appreciate you”
 - “I am glad you work for us. On behalf of the residents, their families and your co-workers – Thank you.”



38

How to Praise Effectively

■ Praise should be:

- Timely
- Specific
- Sincere
- Proportional
- Positive

Blanchard, "One Minute Manager."



39

Pillar #5 - Empowerment

■ Empower employees by giving them:

- Knowledge of what is expected
- Skills and resources
- Feedback on how they are doing
- Feedback on how the facility is performing
- Opportunity to improve work processes
- Opportunity to provide feedback (surveys)
- Primary assignments



40

Encouraging the Leader Within

- Model the way
- Inspire a shared vision
- Challenge the process
- Encourage the heart
- Enable others to act

Kouzes & Posner, 2004



41

Career Ladders

Competency Based Model:

- CNA Level 1
- CNA Level 2 – Advanced
- CNA Level 3 – Geriatric
- CNA Level 3 – Restorative
- CNA Level 3 – Dementia
- CNA Level 4 – Mentor



42

Pillar #6 - Train or Hope

■ Key Elements – What Works:

- Interactive/hands-on
- A safe environment
- Multi-faceted approaches
- Individualized, small and large groups
- English and Spanish versions
- Reminders and refreshers
- Resource binders
- Videos, pocket cards, posters, pay check stuffers



43

Important Topics

- Orientation
- Assessment
- Dementia care
- Hospice
- Customer service
 - Internal and external



44

Building Skills

- Critical thinking
- Extending sympathy
- Conflict resolution
- Handling complaints
- Easing the stress of long waits
- Easing anxiety through conversation
- Empathic listening



45

Pillar #7 - Measurement

Quality of work life measures:

- Staff satisfaction
- Attendance
- Shifts worked short
- Turnover rates
 - By shift
 - By unit
 - By discipline
 - By LOS
 - By employment status



46

What to do with the data

- Understand it
- Simplify it
- Trend it
- Convert it to positive
- Promote improvement
- Post it



47

Limitations of Satisfaction Surveys

- Response rates
- Five point Likert scale
 - “Do not agree and do not disagree”
- Too many questions
- Tip of the iceberg
- Selection bias



48

Process of Sharing the Data

- Post the results
- Department roll-out meetings
 - Be open
 - Express thanks
 - Communicate a commitment to improve
- Multidisciplinary committee:
 - Share top five in one area
 - Ask individuals to add to list
 - Vote on top three issues



49

Next Steps:

- Create the action plan
- Post the plan
- Implement the plan
- Collect more data
- Leaders change practices



50

Pillar #8 - Process Improvement

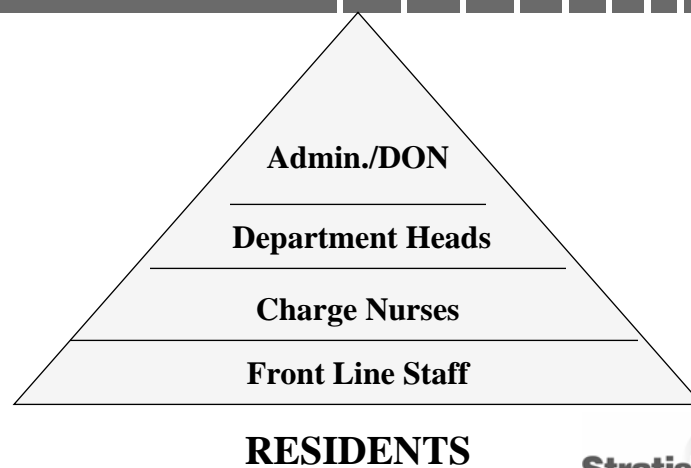
A shift in thinking:

- Deming's 85% Rule
- Poor quality comes from poor work processes
- Workers want to do a good job
- Essential ingredients are leadership and people



51

Traditional Organizational Structure



52

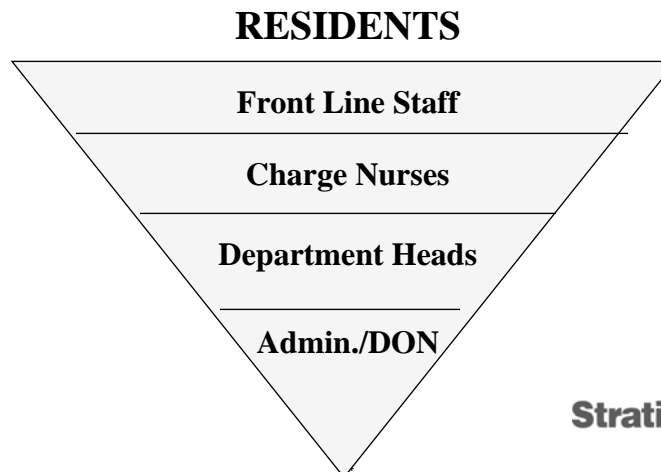
Traditional Quality Assurance Program

- Goal – meet regulations
- Focus - catch “bad apple”
- Improve - individual’s performance
- Who is involved – Admin. and DON
- When – monthly or quarterly



53

Organizational Structure for Quality Improvement



Continuous Quality Improvement

- Goal – exceed expectations, prevent negative outcomes
- Focus – processes within facility systems
- Improve – outcomes
- Who is involved – entire organization
- When – ongoing, continuous



55

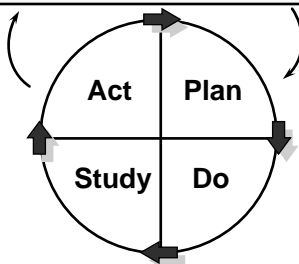
PDSA

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



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56

For additional Quality Improvement Information

- Go to: www.stratishealth.org
- Or e-mail us at: info@stratishealth.org to request the “Cross Setting Library, volume 1” CD-Rom



57

Measurement Is Key

- Collecting data
- Baseline
- Evaluate impact of changes
- Balancing measures
- Correlation to other measures
- Creating new measures



58

Retention is All About Relationships

Valued in low turnover facilities

- Between co-workers
- Across departments
- Between supervisors
- Frontline and supervisors
- Staff and residents
- Between residents
- Staff and resident's family members

Eaton, S. 2001



59

Eaton: Low Turnover Leadership's Paradigm

Employees in low turnover SNFs vs. employees in high turnover SNFs:

“...these individuals were not fundamentally different kinds of people with different work ethics. They were, however, acting in a different organizational and human setting, being treated differently and being trusted and valued at a much higher level.”

Eaton, S., 2001



60



■ Sharing successful strategies . . .

– Jane Ouke, RN, C

» Director of Education and Quality

» St. Michael's Health and Rehabilitation
Center, Virginia MN

– Others?



■ Questions?





Next Month's Call

June 20, 2006

***Staff and Resident Satisfaction:
Using data to drive improvement***



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