



09.25.08

## Increasing Staff Retention - Achieving Staff Stability



# WELCOME / INTRODUCTION

CAROL BENNER

# Advancing Excellence Campaign

- > Advancing Excellence is helping nursing homes make a difference in the lives of residents and staff.
- > Advancing Excellence provides free, practical and evidence-based resources to support quality improvement efforts in America's nursing homes.
- > Advancing Excellence is committed to providing support to those on the frontlines of nursing home care.
- > Advancing Excellence promotes open communication and transparency among families, residents, and nursing home staff.

# Advancing Excellence Goals

- > Reduce Pressure Ulcers
- > Reduce Use of Restraints
- > Improving Pain Management – Short stay population
- > Improving Pain Management – Long stay population
- > Set STAR Targets
- > Conduct Resident Satisfaction Surveys
- > Improve Staff Retention
- > Increase Use of Consistent Assignment

# To Sign Up...

- > Go to [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)
- > Upper right hand corner select “Join the Campaign”
- > You will need your M/M provider #
- > Choose three goals:
  - 1 clinical
  - 1 organizational
  - One other goal, either clinical or organizational

# Why Sign Up?

- > Be a part of the national effort
- > Evidence shows that participants in the Campaign are improving at a faster rate than non-participants in the Campaign...
- > And when they set targets, the participants improve even faster!

# **PROCESS FRAMEWORK OVERVIEW**

**STEVE LEVENSON, M.D.**

# Increasing Staff Retention: Implementation Steps

- > Step 1: Identify As Area For Improvement
- > Step 2: Identify Authoritative Information
- > Step 3: Identify Current Approaches
- > Step 4: Note Specific Areas for Improvement
- > Step 5: Identify Causes of Staff Turnover
- > Step 6: Identify Pertinent Interventions
- > Step 7: Implement Pertinent interventions
- > Step 8: Monitor Results and Adjust Interventions

# Step 1: Identify As Area For Improvement

- > Identify reducing staff turnover as an area for potential improvement
- > Based on nursing home quality improvement data, quality measures, staff surveys, review of actual occurrences and cases, comparison to benchmarks, etc.
- > Challenge throughout the U.S.
  - All settings, levels of care, disciplines, and professions

# Widespread Challenges Related to Staffing and Turnover

- > Finding willing, able, interested people
- > Complex job, high expectations
- > Limited time and resources for training
- > Inconsistent processes and practices as staff move across settings
- > Social and economic issues of the work force
  - Family responsibilities, part-time employment, multiple jobs, etc.

# Widespread Challenges

- > Basic skills to fulfill work responsibilities
  - Problem solve effectively
  - Listen carefully, observe, describe, report, and document observations and findings
  - Empathize with frail, ill, impaired individuals
  - Can follow detailed instructions and directions
  - Knows limits of knowledge and skills
  - Can communicate effectively with others
  - Able to empathize with others

# Step 2: Identify Authoritative Information

- > Identify authoritative information available about reducing staff turnover
  - > Seek reliable and evidence-based information from literature and relevant professional associations and organizations
  - > Clarifies general terms like “empowerment”
  - > Implementation is critical
    - Much judgment and skill to apply advice to real-life situations
- Comparable to many clinical skills

# What is Authoritative?

- > In general, reliable information
  - Recognizes diverse causes
  - Guides facility-specific cause assessment
  - Offers cause-specific and generic approaches
  - Avoids grandiose claims and simplistic schemes
  - Acknowledges broad spectrum of work force
  - Acknowledges basic management principles
  - Recognizes need for diverse approaches tailored to individual situation
    - Promote positive performance, accountability

# Diverse Causes of Turnover: Real-Life Examples

- > Systemic factors including
  - Clarity of job expectations
  - Whether management is supportive
  - Rational management and work environment
    - Randy Hodson: *Dignity at Work*
  - Having resources, equipment, and supplies to accomplish the job
  - Believing that the work is meaningful
  - Whether pay is commensurate with workload, skill, and responsibility

## Step 3: Identify Current Approaches

- > Identify current approaches to reducing staff turnover
  - What is basis for those approaches? Who decides?
- > Are approaches consistent with steps identified in Staff Turnover Process Framework?
  - For overview, see Staff Turnover Process Review Tool and related Staff Turnover Flow Diagram
  - For example, define issues and identify root causes; generic and cause-specific interventions

# Step 4: Identify Areas for Improvement

- > Use information from Steps 2 and 3 above
- > Compare current processes and interventions to reducing staff turnover to recommendations
- > Are desirable approaches being followed consistently?
  - For example, how resource needs are addressed, how people are held accountable
- > Identify areas for improving efforts (process and practice) to reduce staff turnover

## Step 4: Identify Areas for Improvement

- > Have issues related to staff turnover been identified previously? Were they followed up?
- > Is anyone reviewing and comparing current approaches to desirable ones?
  - Any kind of surveys or questionnaires?
  - Are staff consulted about issues and involved in trying to improve work situation?
  - Is there report and review through quality assurance committee?

# Step 5: Cause Identification

- > Identify causes related to reducing turnover
  - Including root causes of undesirable variations in performance and practice
  - Fournies F. Why Employees Don't Do What They're Supposed to Do (etc.), 1999.
- > Identify underlying causes (including root causes) of turnover and related factors
- > Identify reasons given by those who do not adequately follow desirable approaches
  - What is rationale for doing it that way?

# Causes of Turnover: Real-Life Examples

- > Intimidation of staff by maintenance director
- > Administrator favoring and protecting staff who were not doing their job
- > Dysfunctional performers who make problems for others trying to do their jobs
  - Poor performers allowed to persist when they respond to attempts made to hold them accountable by threatening to leave
- > Staff try to do a complex job without adequate knowledge, resources, training, or support

# Causes of Turnover: Real-Life Examples

- > Staff lacking support to deal with expectations of residents and families
- > Management not understanding scope and complexity of employee tasks, thereby not realistic about job descriptions and support
- > Facility culture of resistance to redirection
- > Indiscriminate firing, based on survey results
- > Inconsistent, personality-dependent processes and systems, changing frequently

# Causes of Turnover: Real-Life Examples

- > Inadequately performing supervisors
- > Uneven evenhandedly, resulting in excessive burden on a few
- > Environment of snitching, gossip, cliquishness, and favoritism; administrator won't suppress
- > Administrator or manager won't acknowledge staff concerns or complaints
- > Facility lacks effective quality assurance approach to analyze and address root causes of staff turnover issues

# Step 6: Management (i.e., Interventions)

- > Base on information and data collected about the organization and the processes and results
- > Reinforce optimal practice and performance
  - Continually promote “doing the right thing in the right way”
- > Follow steps of the Staff Turnover Process Framework, throughout the facility
- > Identify and use tools and resources to help implement the steps and address related issues

# Step 7: Implement Pertinent Interventions

- > Implement pertinent generic and cause-specific interventions
- > Address diverse underlying causes (including root causes) of the challenges and obstacles to the nursing home's efforts to reduce staff turnover

# Examples

- > Generic: give staff more input into decisions, provide pertinent feedback for performance
- > Cause specific: improve accountability, redistribute workload, provide additional support for addressing resident/family expectations, address staff/physician interactions
- > Refer to Staff Turnover Resources for resources and tools that can help to address this goal

# Step 8: Monitoring

- > Collect and analyze additional data about staff turnover and various causes
- > Reevaluate performance, practices and results
- > Recheck for progress towards getting “the right thing done consistently in the right way”

# Step 8: Monitoring

- > Use Staff Turnover Process Review Tool to identify whether all key steps are being followed
- > Use Staff Turnover Process Framework and related references and resources from Steps 2-4 above, and repeat Steps 2-7 (Recognition / Assessment, Cause Identification, and Management) until processes and practices are optimal

# Step 8: Monitoring

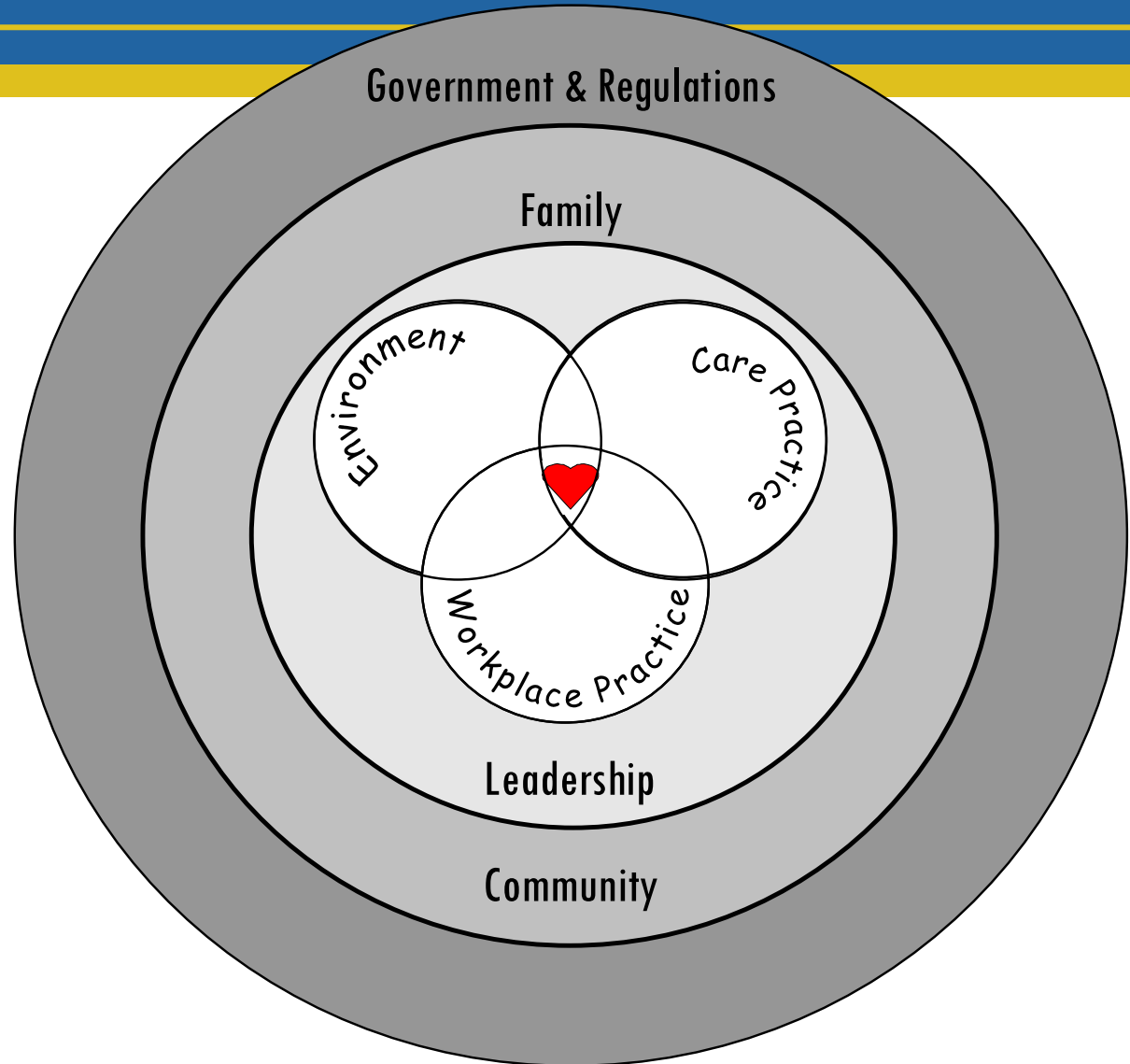
- > Evaluate whether changes in process and practice have helped attain desired results
- > Adjust approaches as necessary
- > Tools for this goal on the Campaign web site
  - [http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist#goal7](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist#goal7)

# OVERVIEW / INTRODUCTIONS

**BARBARA FRANK**

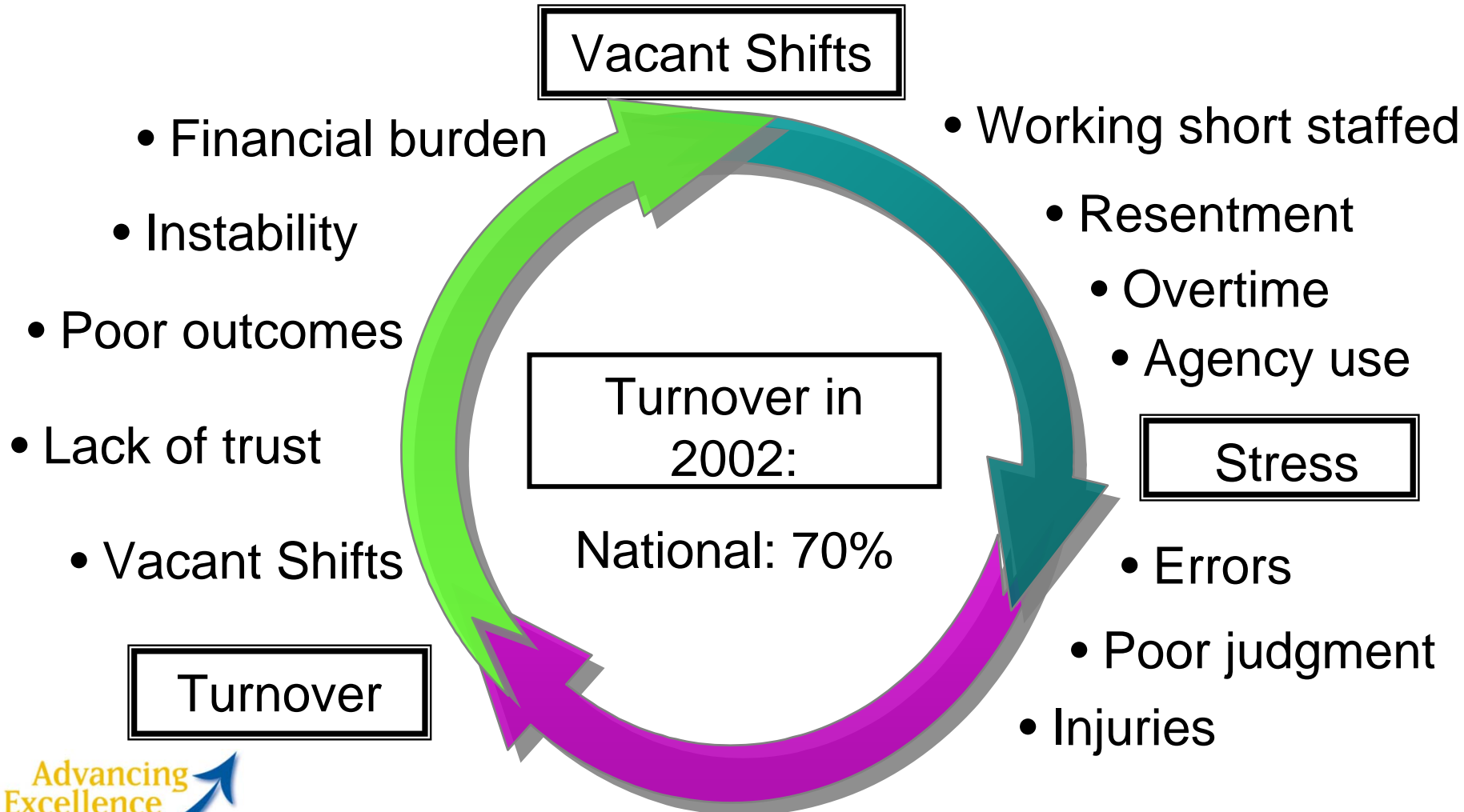
# Holistic Approach to Transformational Change HATCh ☺

CMS Pilot:  
254 nursing  
homes  
identified staff  
stability as an  
area for  
improvement



# Authoritative Information

## A Vicious Cycle of Turnover, Vacant Shifts, and Stress



# Authoritative Information -- Current Approaches

## ***What a difference management makes!***

Five Management Practices Associated with Low-Turnover, High Attendance and High Performance:

High quality leadership at all levels of the organization

Valuing staff day-to-day in policy and practice, word and deed

High performance, high commitment HR policies

Work systems aligned with and serving organizational goals

Sufficiency of staff and resources to care humanely

High  
Involvement  
Process

Management  
Practices

Drill down  
tool – Spend  
Smart

Better Jobs  
Better Care  
Case Study

Use Training  
Strategically

Tool-kit will assist with Process Improvement Steps 4 – 8:  
Note specific areas, identify causes, identify pertinent interventions, implement pertinent interventions, monitor results and adjust interventions

# Tool kit - Root Cause Analysis Information Gathering – Ask Staff

**Staff Surveys**

**Focus Groups, Community Meetings**

**Managing by Walking Around**

# Root Cause Analysis

## • Information Gathering

### Drill down

- Fiscal Data
- Staffing Data

Staff Composition  
Length of Service

Retention rates &  
Cost of turnover  
Attendance Rates  
& Cost of  
absences

Fiscal Incentives

# Tool kit -- Management Practices

Recruitment, Hiring, Welcome

Attendance, Scheduling, Assignment

A Positive Chain of Leadership

# Tool kit -- Spending Practices

Put resources into longevity and reliability

Reward referrals, teamwork, and support

Don't be penny wise and pound foolish

# Staff Stability Tool-kit

Using Training Strategically: Grow Your Staff = Grow Your Organization

Get more from your own training efforts

Use education for organization's goals

Funding sources and tips for writing grants

Finding the right training provider

# COMING UP...

**Barbara Frank:** Birchwood Terrace - Using Your Money Strategically and Developing A Positive Chain of Leadership

**David Farrell:** Practical Management Strategies for What Matters Most to Staff: Caring, Listening, and Reducing Stress

**Doug Motter:** Supervisory Training: Developing a Coaching Approach to Management and Supervision

**Marguerite McLaughlin:** Investing in Your Staff: Training Resources and Strategies

# **BIRCHWOOD TERRACE**

**BARBARA FRANK**

# Birchwood Terrace Health Care, Burlington, VT

## Better Jobs Better Care

- > Daily Instability:
  - Vicious cycle: Turnover, absenteeism, care load too heavy, high stress, harsh environment; contention
- > Leadership:
  - Administrator in crisis mode (washing windows)
  - Front-line supervisors stretched thin, worn-out
- > Feeling unappreciated and disengaged
  - Small raises, empty brag board, uncomfortable break room, pizza but not enough supplies

*“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.”*

# Operating in Crisis Mode, Using Industry Norms, Perpetuated the 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

# Staff Survey Findings

*When employees are absent, there is a strong effort to get replacements*

|                  | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|------------------|----------------|-------|----------------------------|----------|-------------------|
| Department heads | 29%            | 57%   | 14%                        | 0%       | 0%                |
| Licensed Nurses  | 14%            | 36%   | 14%                        | 29%      | 7%                |
| Hourly Staff     | 17%            | 17%   | 17%                        | 17%      | 33%               |

# Staff Survey Findings

*I would recommend this to a friend as a good place to work*

|                  | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|------------------|----------------|-------|----------------------------|----------|-------------------|
| Department heads | 43%            | 43%   | 14%                        | 0%       | 0%                |
| Licensed Nurses  | 20%            | 13%   | 20%                        | 27%      | 20%               |
| Hourly Staff     | 33%            | 17%   | 0%                         | 17%      | 33%               |

# June 2005: Drilldown Snapshot of Current Situation

| Position Total | FT | PT | PD | Baylor |
|----------------|----|----|----|--------|
| RN - 30        | 8  | 4  | 14 | 4      |
| LPN - 27       | 15 | 0  | 5  | 7      |
| CNA - 77       | 37 | 8  | 7  | 25     |

# Terminations by Length of Service

| Position | 1 day<br>– 1 mo | 1 – 3<br>mo | 3 - 6<br>mo | 6 mo<br>– 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%     |

# Instability vs. Stability

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

# Staff Stabilization Plan:

## Spend Smarter to make our money work for us

- > Used Drilldown to make case to corporate
- > Goals:
  - Increase percent of staff working **full-time**
    - **Raises to staff working guaranteed hours**
    - **Convert staff back to full-time**
  - Improve percent of **new hires** who stay
    - **Better screening and hiring**
    - **Better welcome**
  - Improve **attendance**
    - **Track attendance**
    - **Assist, adjust, and hold accountable**
    - **Eliminate last-minute assignment bonuses; reward good attendance**

# Converted \$ from last minute bonuses to raises for staff with guaranteed hours

| For Full-time Staff | Old Wage Range     | New Wage Range     | Raise Amount       |
|---------------------|--------------------|--------------------|--------------------|
| CNA                 | \$9.25 to \$10.50  | \$11.50 to 12.75   | + \$2.25           |
| LPN                 | \$15.00 to \$16.70 | \$18.00 to \$20.50 | + \$3.00 to \$3.80 |
| RN                  | \$18.00 to \$20.50 | \$23.50 to \$26.00 | + \$5.50           |

# Sustained Results

## Turnover Reduced

|      |      |
|------|------|
| 2005 | 2008 |
| 90%  | 28%  |

## Attendance Improved

\$13,000 in perfect attendance bonuses; no more no call-no show

## Increase in full-time staff

| Date      | # of FT nursing staff |
|-----------|-----------------------|
| June 2005 | 60                    |
| Dec 2005  | 80                    |
| Dec 2006  | 96                    |

# Fiscal and management practices

- > Need management practices that support fiscal practices
  - they go hand in hand
- > As conditions stabilized, administrator and Director of Nursing invested in people development among dept heads, mid-level supervisors, and line staff

*Cautionary Note: Don't divert money you're investing in stability or the problems will resurface*

# **CASE STUDY: DATA COLLECTION AND MANAGEMENT PRACTICES**

**DAVID FARRELL**

# Drivers of Workforce Satisfaction

- > Management cares about employees
- > Management listens to employees
- > Help with job stress
- > Fair evaluations
- > Staff respect for residents
- > Workplace is safe
- > Supervisor cares about you as a person

My InnerView, Inc. 2008

# Leadership Practices

To demonstrate that management cares about the staff:

- > Implement evidence-based clinical “best practices”
- > Share clinical outcome data with staff
- > Staff participate in identifying the “root-cause”
- > Charts are audited to collect data - QI
- > Commitment to person-directed care
- > Quality is noticed - recognition

# Recognition

Caregivers thirst for recognition

- > Ruffled off gifts every month
- > Neighborhoods for quality improvement
- > New employees – Rookie of Month
- > Quiet, steady performers

The power of “thank you” cards

# Leadership Practices

To demonstrate that management cares about the staff:

- > Staff schedules are honored
- > Investments in staff satisfaction and safety
- > Celebrate joyful events
- > Staff are allowed to grieve
- > Positive relationships are a priority
  - Facilitate relationship-building

# People Paradigm

## Focus on Relationships

### DEMING:

- > Quality, the result, is a function of quality, the process
- > Essential ingredients of the process:
  - Leadership and people
- > Cannot improve interdependent systems and processes until you progressively improve interdependent, interpersonal relationships

# Visibility

Demonstrate that management cares

- > Engage the heart of staff
- > Rounds – nothing is more important
  - Meet and greet
  - Inspect
  - Praise
  - Build self-esteem
  - Build stability and trust

# Leadership Practices

To demonstrate management listens to employees:

- > Seek out individuals to “weigh-in” on decisions
- > Conduct consistent, frequent rounds
- > Create opportunities for individuals to lead
- > Learning circles
- > Community meetings, neighborhood meetings
- > CNA’s attend care conference meetings
- > Measure and act on satisfaction survey results

# Leadership Practices

To demonstrate management is minimizing job stress:

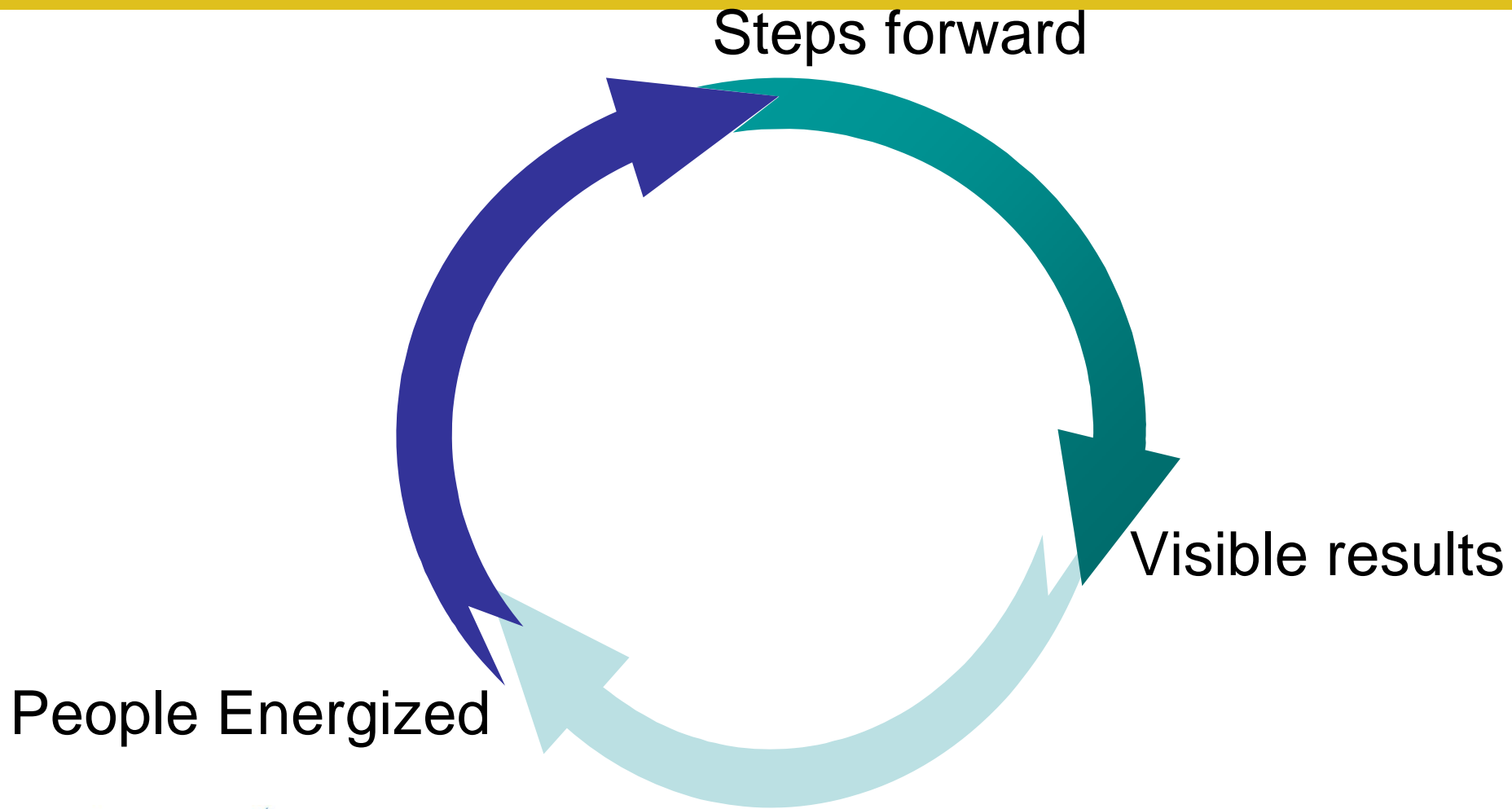
- > Provide training - how to deal with difficult people
- > Decrease overhead paging
- > Ample supplies at hand
- > Report between shift
- > Staffing configurations
- > Reduce shifts worked understaffed

# Changes – Care, Listen, Prevent Stress

## OVER 130 DOCUMENTED CHANGES

- > Some were small
  - New chairs for the nurses
  - Softer toilet paper
- > Some were big
  - Peer Mentor program
  - Flu shots

# 130 Changes: The Flywheel Effect



# Formula for Individualized Care

**High satisfaction + Retention +  
Consistent Assignment + High % of  
FT staff = Growth of Tacit Knowledge:**

- > Lifting and turning safely
- > Names of grandchildren
- > Anticipating needs
- > Reciprocity

Eaton, S., "Beyond Unloving Care." 2000

# Valuing and Respecting Caregivers

## CARING PRODUCES RESULTS:

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

# **CASE STUDY: USING COACHING AND SUPERVISORY SKILLS**

**HOMESTEAD VILLAGE –  
DOUGLAS MOTTER, CAROL CARTER, TAWANA  
WINDER-NOCK**

# Training Impact on Staff Stability

## History and Chronology of Training

- > General recognition that supervisors needed more and better management/leadership training.
- > Local WFIB offered “Coaching Supervision” in 2006.
- > Homestead sent 35 supervisors to training -100% over a six month period.
- > Homestead sent 2 staff to the first “Train the Trainer.” Two additional staff have become trainers.
- > Coaching Supervision training is offered to all new supervisors in-house as soon as possible after hire.
- > Coaching Supervision = Coaching the team to solve their own problems, utilizing active listening, probing questions, and raising expectations for all staff.

# Training Impact on Staff Stability

## History and Chronology continued:

- > Recognized need for similar training for front-line staff.
- > PHI developed a companion “3P” training for all staff.
- > 3P=Probe for understanding, Pull-back and Personal style.
- > Front line staff are systematically receiving 3P training.
- > Coaching Supervision and 3P training are standard tools in use to improve quality of service, teamwork and morale.

# Training Impact on Staff Stability

## Results of Training on Staff Stability

- > Not a magic bullet – training is another tool in the tool chest – a big power tool!
- > Some supervisors rejected it as soft.
- > Some supervisors heard only the understanding without accountability.
- > Became aware of just how many different concepts of supervision exist!
- > Provides a platform for how we solve problems and work together.

# Training Impact on Staff Stability

## Results of Training on Staff Stability

- > Provides a common language that every staff person understands (“pull-back,” “personal style”)
- > Staff now recognize failure to use these techniques...not using the tools!
- > This training has become our foundation for culture change and person centered care.
  - Made to order meals (no more trays on carts ever)
  - Household teams (working together to provide care)
  - Blurring department barriers and working with other departments proactively.

# Training Impact on Staff Stability

## Results of Training on Staff Stability

- > Have we achieved more stability?
  - Mixed results due to the instability of culture change
- > Has it improved morale? Yes
- > Has it helped to implement deep culture change? Yes
- > Is it the only answer? No but it is an important one.

# WORKPLACE SUPPORT

MARGUERITE MCLAUGHLIN

# The Rhode Island Way

# Background

- > Opportunity: LTC Sector is a primary source of entry-level employment
  - National healthcare workforce crises
- > Barriers: New and incumbent workers face significant obstacles:
  - low wages, juggling multiple jobs, lack of ‘time’ to pursue higher education to earn higher wages, lack of significant career advancement ladder, often unfriendly, stressful work environments, and skills & language gaps

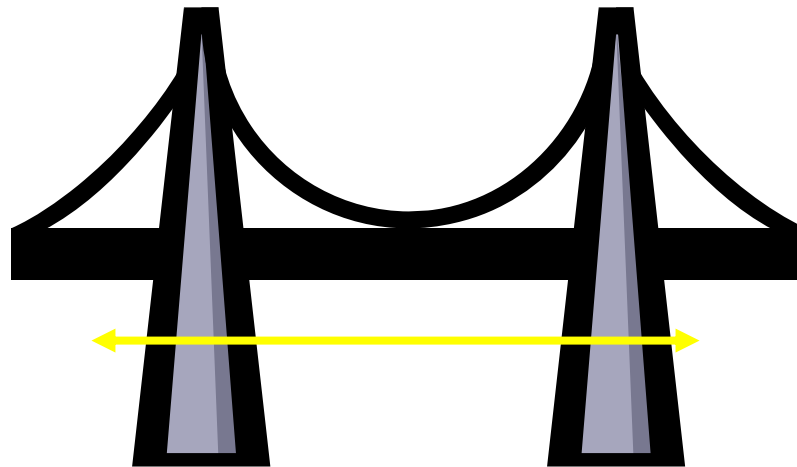
# We Aim To:

- > Create better job opportunities that will impact on better quality of care for RI's elders
  - Stabilize the workforce
  - Improve the workplace culture
  - Maximize use of public workforce development resources by LTC employers

Transfer LTC employment from lacking opportunity for advancement to a gateway of opportunity!

QIO (QPRI) bridges & translates needs

|                    |
|--------------------|
| Trade Associations |
| NH Providers       |
| Stakeholders       |



|                                   |
|-----------------------------------|
| Governor's Workforce Board        |
| RI Department of Education        |
| RI Department of Labor & Training |

# By Combining Forces We . . .

- > Connect resources:
  - money, information, opportunities
- > Prevent silos & waste!
- > Serve each other and our respective needs

# A Three-Part Solution!

1. State wide support
  - Creation of the Industry Partnership
2. Workers:
  - Direct education & career support
3. Nursing homes:
  - Support

# 1. State Wide Support

- > Creation of the Industry Partnership Group
  - Governor's Workforce Board
  - Department of Labor & Training
  - RI Department of Education
  - Quality Partners of Rhode Island
  - Literacy Organizations- Genesis, Community College
  - RI Nursing Home Community/Stakeholders

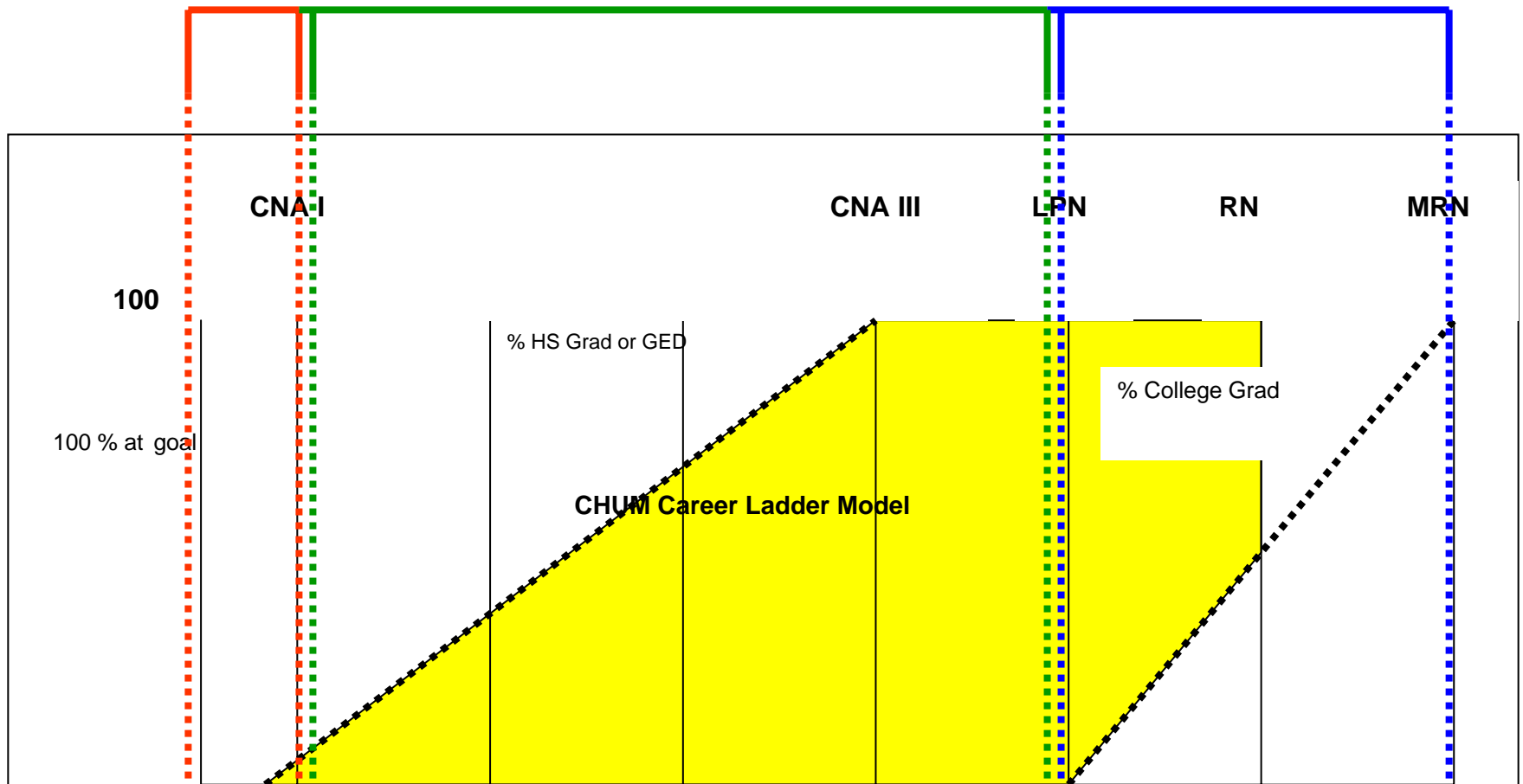
# 1. State Wide Support (con't)

- A. Responded to the Skill's Gap Study
- B. Advisory Group
- C. Explored & created educational opportunities
- D. Website:  
<http://longtermcarecareersinri.org/>

## 2. Workers-Education & Training

- A. CHUM-Career Help for the Upwardly Mobile
- B. Created worker specific GED/ESoL & EDP classes within nursing homes
- C. “Success Coordinator”- position that coaches workers, provides advancement information, encourages longevity, supports literacy teachers
- D. Creation of literacy products for healthcare

# Career Ladder Model



## 3. Nursing Homes:Support

- A. Training & Workshops:  
providing information on staff  
stability
- B. Sharing information from  
GWFB & DLT supports
- C. Ongoing web support

# Other Great Partners

- > Stepping Up-doing many of the same projects within the hospitals
- > Welcome Back-works with those who have credentials in foreign countries

# **MODERATED Q & A**

**BARBARA FRANK**

**PLEASE STAY ON THE  
PHONE FOR A BRIEF  
EVALUATION!**

***THANK YOU!***