



# Consistent Assignment Implementation Kit

A How-to for Implementing  
Consistent Assignment in Ten Steps

## Implement in as little as four weeks!

This **Implementation Kit** uses a **10-step process that is fast and sustainable**.

It uses **three meetings for fast-track implementation**. The Kit describes what to cover in each meeting and which action steps to do between meetings.

Adjust your pace to a longer period of time, as needed, by having more meetings or more time between meetings.

However, don't drag this out. Fast track your implementation for momentum and to maximize benefits.

The Implementation Kit includes this written guide and DVD:

### WRITTEN GUIDE

- The written guide describes each of the ten steps and each of the three meetings and action periods
- The written guide includes an appendix with:
  - Articles on consistent assignment.
  - Facilitator's guide to experiential exercise to be used by team and all staff to understand the why of consistent assignment.
  - A staff handout: *Consistent Assignment: Why Is It So Important?*
  - Tip sheets for huddles and for involving CNAs in care planning.

### DVD

- The DVD contains a four-part webinar series with accompanying PowerPoint slides.
  - The first three webinars correspond with this guide and take your team through three working meetings and the action steps in between.
  - The fourth webinar is for training your staff.
- The DVD also has three short videos on: (1) consistent assignment, (2) management stand-up, and (3) involving CNAs in care planning. These are resources for your team's and your staff's education.

The Kit includes tips for using the process of implementing consistent assignment as a

**Performance Improvement Project under QAPI. (See ✓ )**

# Consistent Assignment Implementation Kit:

A How-to for Implementing Consistent  
Assignment in Ten Steps

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CALIFORNIA CULTURE CHANGE COALITION

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### **These items are available on the DVD:**

Appendix 5: *Consistent Assignment – Provider magazine: 06-2006*

Appendix 6: *Consistent Assignment – Provider magazine caregiving: 07-2007*

Appendix 7: *Consistent Assignment – Provider.0611\_CoverStory*

Video One: *Consistent Resident Assignments for Better Quality of Life*

Video Two: Leadership Rounds

Video Three: Involving CNAs in Care Planning

## IMPLEMENTING CONSISTENT ASSIGNMENT: THE NEW BUSINESS IMPERATIVE

Consistent assignment in today's nursing homes is no longer just an option: it is imperative. Your nursing home's survival depends on your ability to perform at a new level of quality that you can only achieve with consistent assignment. Consistent assignment is necessary to:

- Meet revenue and quality demands from corporate owners and managed care companies
- Comply with CMS and state regulations
- Keep star ratings above 3 to participate in hip and knee bundling with partner hospitals
- Raise substandard Quality Measures

**Why?** Because with consistent assignment, your staff know residents so well that they can:

- Catch early warning signs and prevent adverse events such as avoidable hospitalizations or off-label use of antipsychotics
- Provide individualized, person-centered care to improve customer satisfaction and census

**Why?** Because with consistent assignment, your organization can:

- Stabilize and retain staff to prevent the high cost of turnover and capture the staff stability incentive payments in California's 2017 pay-for-performance system
- Engage staff in the continuous quality improvement required by QAPI and support CNAs to participate in the care plan process as required by new CMS regulations

### CAUTION

**DO NOT** attempt to implement consistent assignment unless you are convinced it is essential to your organization's performance and are prepared to use due diligence in implementing and supporting it fully as described in this Guide.

Most of the problems people encounter with consistent assignment occur because they implement it without the necessary organizational support.

If you have doubts about consistent assignment, or are not prepared to provide the full support it requires, you risk doing more harm than good, so we advise you not to attempt to implement it.

**This kit gives the *how-to* for nursing homes  
that have already decided to implement consistent assignment**

**Congratulations for making this choice!** Your organization is about to raise its performance to levels that will amaze you, your customers, staff, and partners. It will position your organization to meet the ***quality imperatives*** of the new health care environment.

**If you are still undecided, don't do it.**

If you tried consistent assignment in the past and it didn't work, it's probably because you didn't make the changes in management practices necessary for it to succeed. **Only try again** when you are prepared to make the total commitment required for success.

***Consistent assignment requires a complete and sustained commitment from leadership to succeed.***

It's not just a change in how CNAs and nurses are assigned; it's a change in the way you hire, schedule, handle absences, supervise, support your staff, and utilize their input. To sustain and maximize consistent assignment, implement it effectively and continuously support it.

***Sustainability is crucial.***

With consistent assignment, ***if you don't use it, you lose it.*** It can be easy to put consistency in place, but it is much harder to put in place the systems needed for it to become simply "the way we do things here."

**It's not just what you do, it's how you do it**

**You will get as much out of consistent assignment as you put into it.** When the knowledge staff gain by working with the same residents is used by the whole organization to adjust care to meet residents' needs, you will reap benefits in both residents' and staff's outcomes.

Use the process of implementing consistent assignment to set these benefits in motion. Engage staff in analyzing residents' needs to put together fair assignments. Then routinely meet with staff in quick stand-ups to hear how residents are doing. Ask staff about any changes in condition or resident needs. Activate the operational supports to deliver individualized high quality care.

## WHY CONSISTENT ASSIGNMENT

**Consistent assignment is essential to succeed in today's nursing home system.** California's Quality and Accountability Supplemental Payment Program and Medicare's value-based purchasing include incentives to prevent avoidable hospitalizations and other adverse events. California's program also includes incentives to maintain staff stability.

- **Catch early warning signs to prevent avoidable hospitalizations and other adverse events.** The care needed for today's residents is far more complex than ever before. Because of this complexity, it is important to catch the subtlest of signs that something is amiss. For the elderly, the symptoms that present as early warning signs are often so subtle that only staff who know the resident really well will see the difference. Loss of appetite or lethargy might not be picked up on by someone who does not know the resident's usual appetite or usual energy level. In elders, early warning signs of acute conditions look different than they do for younger people. While signs in younger people are more pronounced, an elder who is on the verge of pneumonia may show signs of trouble by not eating well or not having the same energy or strength as usual. Catching something really early allows the condition to be treated before it becomes full blown. These early catches and early treatment may prevent the need for a hospitalization and may stop an irreversible decline or even death.
- **Provide individualized, relationship-based care.** Residents and families say that what matters most to them is having trusting, consistent caregiving relationships. Short-term residents find the consistency crucial to their ability to recover and return home. Long-term residents develop loving, trusting relationships with staff who care for them every day. Residents with dementia experience less distress and more well-being when staff know their likes and dislikes and what brings comfort and joy. Knowing residents well allows staff to honor their customary routines and individualize their care accordingly.
- **Stabilize and retain staff.** Staff are attracted to caregiving work because of an intrinsic motivation to help others. When they work with the same residents, they develop deep bonds that fulfill this intrinsic motivation. Consistent assignment also affirms staff's value when their knowledge of residents is relied upon to plan care and improve quality. Relationships are a primary motivator for employees to stay. Consistent assignment is a system that engineers caring relationships into the daily work experience.
- **Implement QAPI effectively.** Having staff work with the same co-workers creates strong working relationships. When consistent assignment is accompanied by systems that facilitate communication and collaborative problem solving, homes have an infrastructure for everyday performance improvement. These systems include: daily shift huddles for CNAs and nurses to share information and plan their work together; management stand-ups and QI rounding to quickly convey information about residents' needs and conditions to the rest of the organization so that adjustments and interventions can be made immediately; and involving consistently assigned CNAs in the care plan process. Combining staff's day-to-day knowledge of residents with the clinical and operational expertise of the rest of the care team allows organizations to continuously improve performance.



## IMPLEMENTING CONSISTENT ASSIGNMENT IN TEN STEPS

**Step One:** *Assemble a team.* Meet weekly at regularly scheduled times during implementation and then meet monthly or quarterly to monitor, adjust, support, and maximize.

**First Meeting:** *Planning to Introduce the Change*

**Step Two:** *Prepare the ground.* Use an exercise so all staff experience care from the residents' point of view and can see why consistent assignment is essential for residents' sense of well-being. Explain that you will implement consistent assignment so everyone has input, assignments are fair, and staff's knowledge is used to ensure the best care for residents.

**Step Three:** *Assign staff to one work area.* Find out CNAs' and nurses' preferences and best fit. Assign staff permanently to one unit/neighborhood.

**Step Four:** *Measure current consistency.*

- Count for a sample of residents how many CNAs sign off on their care in a given month. Optimally there should be no more than 10-12 CNAs caring for one resident.
- Count for a sample of CNAs how often in a given month they are moved from their assignment to cover an unscheduled absence.

**Second Meeting:** *Planning the Schedules and Assignments*

**Step Five:** *Transform the schedule from staff-centered to resident-centered.* Instead of scheduling to give each staff person enough hours, create resident assignments and

schedule to these assignments. Schedule consistent back-ups.

**Step Six:** *Adjust staff composition to maximize full-time staff.* Aim for at least 75% of your CNAs and nurses to be full-time. Ask your best per diem and part-time staff to convert to full-time.

**Step Seven:** *Plan to cover unscheduled absences without moving consistently assigned staff.* Use "all hands on deck" to assist CNAs working short rather than disrupting a second set of residents by moving their consistent CNA.

**Step Eight:** *Meet with staff to rate residents.* Have staff determine fair assignments by weighing physical and non-physical demands and identifying good matches.

**Step Nine:** *Make draft assignments.* Use floor plans and staff's rating to make draft assignments. Have staff meetings to finalize and launch. Balance assignments daily or weekly in sub-acute units.

**Third Meeting:** *Planning for the Long-Term*

**Step Ten:** *Monitor and maximize to sustain.*

- Monitor and support. Revisit assignments to maintain fairness, hire into assignments, and monitor absences and coverage.
- Use what staff know. Individualize care. Have shift huddles for teamwork. Include CNAs in care plan meetings. Have management stand-ups and QI rounds with staff.

**NOTE: You may need more than three meetings to accomplish all these steps**

## FIRST MEETING (WEBINAR ONE): PLANNING TO INTRODUCE THE CHANGE

**Step Two:** Prepare the ground. Use an exercise so all staff experience care from the residents' point of view and can see why consistent assignment is essential for residents' sense of well-being. Explain that you will implement consistent assignment so everyone has input, assignments are fair, and staff's knowledge is used to ensure the best care for residents.

**Step Three:** Assign staff to one work area. Find out CNAs' and nurses' preferences and best fit. Assign staff permanently to one unit/neighborhood.

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- Count for a sample of CNAs how often in a given month they are moved from their assignment to cover an unscheduled absence.

### First Meeting Checklist

Action items to be completed prior to the meeting:

	Task	Done
1.	Form a Team	
2.	Each team member watch Video One and read hand-out in Appendix 1, <i>Consistent Assignment: Why Is It So Important?</i>	
3.	Preview Webinar One, Meeting One Instructions, and articles in Appendix 1, 5, 6, and 7 on Consistent Assignment	
4.	Make Meeting Agenda based on Webinar One and Meeting One	
5.	Bring roster of CNAs and nurses to the meeting	
6.	Review paired drinking exercise (Appendix 2) and have drinking supplies available for meeting	

Action items to be completed during the meeting:

	Task	Done
1.	Discuss articles and video	
2.	Do paired drinking exercise and discuss	
3.	Discuss piloting or going whole house	
4.	Plan <b>staff meetings</b> to do paired drinking exercise and discuss <i>why</i> consistent assignment. Decide who will do them.	
5.	Plan asking each CNA and nurse their <b>preference</b> for which unit to work in. Divide roster of staff among team members.	
6.	Plan measuring current consistency by counting number of CNAs assigned to care for a sample of residents and counting number of times staff are moved from assignment. Assign task.	

## STEP ONE: ASSEMBLE A TEAM

It takes a team to make consistent assignment work. Team members are the overseers of this process. **All team members will have assignments between meetings and assist as needed.**

This process will require at least three meetings of approximately 45 - 60 minutes each. The first three webinars are for these three meetings. Review each webinar before the corresponding meeting and determine if you want to use meeting time to view any part of it and/or have team members view it ahead of time.

**First, assemble your team.** Choose the right people to help you make this an approach that works. Your team should have people who can speak from their experience. Include a CNA, a charge nurse, a unit manager, and either or both the DoN and the administrator. Consider including your scheduler, director of staff development, and HR manager as well. This is a working team where every team member will contribute their time and ideas. The team should not be too big, but it should have enough members so that the workload is shared.

**Set the meeting for the same time each week.** When meetings have a set time that does not vary, they are more likely to happen. To make this process work, we encourage you to consider holding this meeting as a lunch-and-learn, or munch-and-learn. You'll want to time the meeting so that it doesn't conflict with residents' lunch time as this is a high labor time that often requires "all hands on deck." Providing lunch or other food for this workgroup is a nice touch.

- ✓ **QAPI tip:** QAPI requires leadership to provide the necessary resources, time, and staff training to support staff's participation in performance improvement projects. Make sure to provide coverage so CNAs and charge nurses can be released from their duties to participate without causing a burden to co-workers by their absence.

**When you ask people to be a part of this committee, share with them why you see this as important.** Share the growing recognition that you will not get to a point of true quality without consistent assignment. For instance, to prevent avoidable hospitalizations, there is a need to catch things early. You can only catch things early if you recognize subtle differences that indicate something brewing. Staff can only recognize those subtle differences when they work with the same residents every day.

► **Assignments before first meeting**

Ask team members to:

- Read one-page handout in Appendix One, *Consistent Assignment: Why Is It So Important*;
- View the Video One on the DVD, *Consistent Resident Assignments for Better Quality of Life*;
- **Optional:** Share the articles in the appendix with anyone who would like more information.

This team will become the cheerleaders in your building for making sure consistent assignment is in place and remains in place. Putting consistency in place is a process and one that you will need to manage attentively. During the implementation process, this team will meet weekly. It will need to continue to meet at least quarterly thereafter to monitor, adjust, support, and maximize consistent assignment.

## First Meeting (Webinar One)

This meeting has three parts:

1. Ground the committee in the **why** of consistent assignment and in its charge
2. Action items to be accomplished during meeting
3. Preparation for action items to be accomplished for next meeting

### Ground committee in **why** of consistent assignment and its charge

The first time the workgroup meets, it is important to set the tone. Make clear that people will be asked to think through the process and to contribute their ideas, but that **the course is set**. This group has been put together to guide implementation, not to discuss if it should happen.

They should also know that this team is a **workgroup**. There will be assignments that will need to be done between each meeting, and they will be expected to help out by taking on a piece of the work. If all work together, no one person is overburdened.

1. **Share why you want consistent assignment.** This team needs to understand and support this change. Explain the importance of having residents known so well that their subtlest of changes are noted and acted on. Consistent assignment allows care to be “relationship-based.”

While you will have discussed this during your first individual conversation inviting each of them to join the team, starting the team meeting with this discussion engages everyone on the team in thinking it through together. Starting with **why** this is important will help focus the team on its task.

Team members were asked to read the one-page handout in the appendix to this Guide (*Consistent Assignment: Why Is It So Important*) and to view Video One in the DVD (*Consistent Resident Assignments for Better Quality of Life*). They were invited to read the articles in the appendix documenting the research about the benefits for residents and staff. Discuss this material:

- ▶ Form pairs. Ask team members to talk with their pair about what stood out most for them in what they read and watched.

Bring the discussion to the whole group by asking each pair to share what they talked about.

2. **Everyone understands better through a personal experience.** Use the *Paired Drinking Exercise* described in the appendix to have your team assist each other drinking. Have a full discussion of how intimate care is easier for residents when it is done by the same person each day. Residents feel more comfortable when their CNA is someone with whom they are familiar. Relationships are the key. Even residents who are thought to be difficult to provide care for may become easier once they settle into the relationship with their consistently assigned caregiver. Talk about how to share this exercise with all staff. It is a powerful exercise and clearly illustrates the need and benefit of consistent assignment. It can be done by the staff developer and/or by other team members.

### Action items to be accomplished during the meeting

After you have established the importance of consistent assignment, turn to the action steps you will need to take to implement it (Steps 2-4) and be ready to parcel out the homework assignments presented after Step 4.

- ▶ Pilot or Whole House. Piloting is a way to put something in place as a staged process where everyone learns from those who go first. This is often a way to move forward in large buildings where it can be hard to stay on top of things otherwise. Usually, piloting is the better way to start because it allows you to learn from small mistakes and continuously improve your process on a small scale before you roll something out organization wide.

Implementing consistent assignment requires changes to the staff composition, assignments, and scheduling, which are easier to do for the whole building than piecemeal.

Evaluate your readiness to manage a whole house conversion to consistent assignment, including the support you will need to provide to each area work team. At your first team meeting, begin preliminary conversations about this. You will come back to make a decision at your second meeting, after you have collected more information.

- If you choose to pilot, choose the area with the best chance of success, an area with a charge nurse who is a solid leader and CNA's with a willingness to take on change.

### Preparation for action items to be accomplished before next meeting

## STEP TWO: PREPARE THE GROUND

Introduce consistent assignment to the rest of the staff.

It is important to let everyone know that this big change is coming and why. Make sure everyone hears the same information. In the absence of a coordinated effort to share information, staff will tend to hear and share bits and pieces of what they have heard and that may or may not be accurate.

**Webinar Four** is designed to assist you in providing this training to staff. You can show the webinar or you can use the webinar content as a guide to the content you present to the staff. There are two parts to the staff training:

1. **Why** of Consistent Assignment
  - a. **Explain Why.** Show the section of Webinar Four, share the handout *Consistent Assignment: Why Is It So Important*, and explain the benefits to residents and staff.
  - b. **Experience Why.** Use the paired drinking experiential exercise and discussion. Do this exercise with staff as part of introducing them to the decision to implement consistent assignment.

This exercise will undoubtedly raise questions and generate a buzz, so the team will need to discuss how to address staff responses as fully as possible. Some of the usual

concerns are that people want to be sure of a fair process and a fair workload. Staff are also concerned if they fear they will be assigned to someone who is very hard to care for. No one wants a “permanent assignment” that isn’t manageable. Fairness changes with changes in acuity, census, and staffing. Assure staff that you will work continually with them to make sure assignments remain fair and to help with residents they find challenging to care for. For residents who pose challenges, all disciplines and departments will need to support staff. Some residents may need a pairing of staff who can support each other. These supports will be addressed during the implementation process.

### Caution

**Keep your promise.** Putting consistent assignment in place is not a “one and done.” Commit to continual support and follow through.

## 2. *How* of Consistent Assignment

- a. **Work assignments by preference.** Let staff know that each CNA and nurse will be asked their preferences for work area and accommodated as much as possible.
- b. **Fair and balanced assignments.** Describe the process you will use for everyone to have input into determining fair assignments.
- c. **Minimizing absences and providing “all hands on deck.”** Explain that consistent assignment is so important to resident care that you will be covering unscheduled absences in a way that minimizes the disruption of other assignments. You will use “all hands on deck,” a process of having the management team and others help out during the busy times instead of pulling a CNA to cover. You will also be working with staff to reduce unscheduled absences because their residents and co-workers need them.
- d. **Maximizing what staff knows.** Describe how you will tap into staff’s knowledge of residents through huddles, management stand-ups, and QI rounds, and involve CNAs in care planning. You will use their knowledge to make adjustments to individualize care.

**Discuss this action step. Decide which team members will take on this assignment.**

## STEP THREE: ASSIGN STAFF TO ONE WORK AREA

In this step, gather the information you need to group staff into assigned units.

Instead of looking at the home as a whole building, view each area as being a separate home - with staff assigned only to that area. Once you make each area its own “home” within the larger home, it will be easier to make consistent assignments within each area.

Some homes have areas that are designated as short-term stay areas, memory loss areas, or areas set aside for long-term stays. In other buildings, every bed within the home is dually certified, and the resident populations are mixed. Still others specialize in one area, such as all dementia care, or all short term care. If you have different areas, it will serve you well in the long run to have your assignments line up so that staff are working with the population of their choice.

**Note:** If you have a homogenous population (such as all short-term stays or all dementia care), you'll still need to group staff into work areas, but ***skip the step of asking staff their preference. However, you will still need to determine the best grouping of staff so that teams function well together.***

#### **Gather information about staff's preferences.**

- ▶ Ask every CNA and nurse which area they would prefer to work in.
  - ▶ If staff are already assigned only to one area, make sure that they are working within the care area that appeals most to them.
  - ▶ If staff are not already grouped in one care area, you need to make such groupings as the first step to making consistent assignments.

**Begin with a roster of your nursing staff. Assign names on the roster to team members.** Have them ask CNAs and nurses if they are working with the population of their choice and, if not, then what is their preference. If yours is a large building, ask for staff's first and second choices.

Tell staff that as you are making consistent assignments, you will honor staff's preferences to the extent possible.

You will continue work on this step in the second meeting, when your team members share the information about staff's preferences and you finalize assignments of staff to units/neighborhoods.

## **STEP FOUR: MEASURE CURRENT CONSISTENCY**

**Collect data to find out how consistent you are currently.** Determine the current state of daily assignments, not on paper, but in reality. Many homes have tried to adopt consistent assignment in the past but let it erode over time. Sometimes managers are not fully aware of how much erosion has occurred. If this sounds familiar, then you will need first to do some pre-work.

You may already have fragments of consistency in place, either from earlier attempts that have eroded or because there are residents with special needs for whom a consistent caregiver schedule is already in place. Or, you may have a dedicated area for residents with dementia that uses consistent assignment. These pockets of practice can be informative as you move forward.

To understand how much consistency is currently in place, you will need to collect data. Gathering this information establishes your baseline and lets you set realistic goals. You can gather this information for a sample of residents or for all residents. (If you have decided to pilot and are sure about where you want to start, you can gather your data in that neighborhood.)



**QAPI tip:** QAPI is data-driven. Performance Improvement Projects use data by gathering baseline data, comparing your data with benchmarks, and setting goals. You may want to collect and compare other data that reflects benefits you expect to gain from consistent assignment, including improvements in quality measures.

Data collection includes both a resident-focused measure and a staff-focused measure.

**For the resident-focused measure,** look at the staffing schedule and count the number of CNAs assigned to care for each resident. Look at documentation and count the number of CNAs that have signed off on each resident’s care. Compare that with how many CNAs would be involved in a resident’s care if you were at 100% consistency. Consider all three shifts and weekends. A 100% consistency number will probably be somewhere between 9 – 12 CNAs providing care for each resident, depending on your way of scheduling. Advancing Excellence has a Consistent Assignment tracking tool (see appendix for more information) available at: <https://www.nhqualitycampaign.org/goalDetail.aspx?g=ca#tab2>

**For the CNA-focused measure,** count the number of times CNAs and nurses are moved from their scheduled assignment to cover another assignment due to another employee’s unscheduled absence. If you think you have consistent assignment, you may be dismayed if the number is large, but having an accurate picture will give you baseline that will help you set realistic goals for improvement. Given the importance of consistent assignment, your goal should be NOT TO MOVE staff from their assignment. Set that as your target.

**Discuss this action step. Decide which team members will take on this assignment.**

**Team assignments for action steps before next meeting**

**Make assignments for action steps to be completed before the next meeting.** Everyone should have assignments. Create a chart or assignment list and distribute it to all team members. This keeps everyone on task and makes the assigned tasks clear to everyone. Below is a sample task chart.

Task	Person(s) Assigned
Staff training: drinking exercise	
Find out staff work area preference	
Count number of CNAs and nurses giving care	
Count number of times CNAs and nurses are moved from scheduled assignment	



## SECOND MEETING (WEBINAR TWO): PLANNING THE SCHEDULES AND ASSIGNMENTS

**Step Three: Assign staff to one work area.** Now that you've found out staff's preferences, make assignments so staff can work permanently in one area.

**Step Five: Transform the schedule from staff-centered to resident-centered.** Instead of scheduling to give each staff person enough hours, create resident assignments and schedule to these assignments. Schedule consistent back-ups.

**Step Six: Adjust staff composition to maximize full-time staff.** Aim for at least 75% of your CNAs and nurses to be full-time. Ask your best per diem and part-time staff to convert to full-time.

**Step Seven: Plan to cover unscheduled absences without moving consistently assigned staff.** Use "all hands on deck" to assist CNAs working short rather than disrupting a second set of residents by moving their consistent CNA.

**Step Eight: Meet with staff to rate residents.** Have staff determine fair assignments by weighing physical and non-physical demands and identifying good matches.

**Step Nine: Make draft assignments.** Use floor plans and staff ratings to make draft assignments. Have staff meetings to finalize and launch. Balance assignments daily or weekly in sub-acute units.

## Second Meeting Checklist

Action items to be completed prior to the meeting:

	Task	Done
1.	Conduct staff meetings to do paired drinking exercise and discuss <i>why</i> consistent assignment. Use Webinar Four as a teaching resource.	
2.	Ask each CNA and nurse their preference for which unit to work in.	
3.	Count number of CNAs assigned to care for a sample of residents.	
4.	Count number of times staff are moved from assignment.	
5.	Preview Webinar Two and Second Meeting Instructions.	
6.	Make Meeting Agenda Using Second Meeting/Webinar Two.	
7.	Bring floor plan to discuss staff's assignment preferences.	
8.	Bring roster of staff to discuss staff's assignment preferences and to identify part-time staff to invite to become full-time.	

Action items to be completed during the meeting:

	Task	Done
1.	Review staff preferences and make final assignments.	
2.	Decide whether to go whole house or to pilot and, if so, where.	
3.	Determine how many resident assignments you have for each shift. Then create staffing slots for each of these assignments.	
4.	Determine if more full-time positions are needed and, if so, identify part-time staff to approach for full-time work. Assign tasks.	
5.	Make a plan to provide coverage during unscheduled absences without moving consistently assigned CNAs. Decide how to share with staff.	
6.	Decide who will track absences.	
7.	Plan for one-to-one and group meetings with staff to announce the staff assignments to neighborhoods. Decide who will do them.	
8.	Plan for meetings with staff in each neighborhood to rate residents and develop fair assignments. Decide who will do them.	
9.	Plan for daily meetings with staff during first week of implementation.	

## Second Meeting (Webinar Two)

This meeting has three parts:

1. Check in on assignments
2. Action items to be accomplished during meeting
3. Preparation for action items to be accomplished for next meeting

### Check in on assignments

Start your meeting with a check-in. Review each of the tasks and ask team members to report on their findings. Then proceed with the work to be accomplished at this meeting.

- **Step Two: Staff Training.** Discuss how the drinking exercise went and how staff responded. This is important information for the team to have. Discuss the issues raised and make sure you are prepared to respond. Questions will likely concern fairness of assignments. Resident populations change, and staff may leave. What looks fair today may end up being unfair six months from now. Maintaining fairness by reassessing the workload is one of several tasks the committee will need to address as an ongoing responsibility. The committee will also need to monitor how well all disciplines and departments are supporting staff with residents they find challenging to care for.
- **Step Three: Staff Preferences.** The information gathered should give you enough information to start the process of making assignments to units/neighborhoods. Check in to make sure everyone has gathered information from all staff and ask how it went. Once all individuals have been asked for preferences, you will be able to proceed with grouping staff into units/neighborhoods.
- **Step Four: Measure Current Consistency.** Share the data gathered on the number of CNAs assigned to care for each resident and the number of times CNAs were moved from their assignment. This is your baseline. What is your goal? With optimal consistency, residents will have no more than 10 – 12 different CNAs caring for them. With optimal plans for coverage when there are unscheduled absences, by reducing unscheduled absences, and by employing “all hands on deck,” CNAs should be the last people pulled from their assignment.

At this point, you will know how consistent you are and where each staff member prefers to work. These stated preferences should be honored as much as possible.

Action items to be accomplished during meeting
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### STEP THREE: ASSIGN STAFF TO ONE WORK AREA

**Accommodating staff preferences.** *As a team, with the staff roster and preference information you gathered, establish the staffing for each area.*

Your unique physical environment will determine how you approach this step. Some buildings are set up already as separate areas or neighborhoods. If your home is set up without any designated areas, then a floor plan showing resident rooms can be used for this next step. Using the floor plan, divide the home into areas that will be staffed by the same nurses and CNAs. As you create “mini” homes within your home, assigning staff into these smaller areas will make the transition to consistent assignment more manageable.

If you already have designated areas, or after you have the areas clearly defined, then you have a basic start. Next, think about the individuals on your staff. Consider their strengths, their stated desires, and what might be good matches among the staff.

**You are doing two things at this point** – *creating the basis for consistent care for residents and creating consistent work teams.* Consider both as you put this foundational piece in place. Remember that consistently assigned staff will always be working with the same other people. You are hardwiring teamwork. This is a chance to talk together about the types of skills and strengths needed for each area.

**Plan for meeting with staff** to explain the grouping into units/neighborhoods and announce the staff assignments to neighborhoods. There may be issues to resolve with some staff. Take time to work these issues out or establish a process for making adjustments over time so that people have or will eventually work in their preferred area.

- ▶ **Decide: Pilot or whole building?** Now that you have data about your current level of consistency, it will be time to decide whether to move forward whole house or to pilot first in one area.

Carefully weigh out the pros and cons of each approach. The changes you will be making to implement consistent assignment will affect all nursing staff. The biggest change involves scheduling. When you put together a schedule for the whole house, you are creating a simplified schedule. Your hiring from this point forward will be for an assignment, not just in general. Your next action steps may be easier to accomplish for the entire staff than for a pilot:

- Divide staff into the work areas decided upon in **Step Three**.
- Transform your schedule from staff-centered to resident-centered (**Step Five**).
- Adjust your staff composition to have at least 75% full-time employees (**Step Six**).
- Develop a plan for covering unscheduled absences without moving CNAs and nurses from their assignments (**Step Seven**).

Where you are starting from will make a difference. If you find that you have little consistency now and people work in different areas routinely, then you may want to pilot because the change will be so big. If you already have people generally working within a neighborhood/unit, then going whole house may be more appealing. Smaller homes that have more long-term residents may find it easier to go all at once, and homes that are larger or have a large short-term care area may opt to start out by piloting. This may be an easy discussion or it may be a long complex discussion. But it must be decided.

If you decide to pilot first in one area and learn from it, select the area that will go first and make a plan for when each of the other areas will be joining the process. Choose the area that you think will be the easiest, with the best chance of success. Remember that you are not piloting if you will have consistent assignment, but how you will implement it.

### STEP FIVE: TRANSFORM SCHEDULE FROM STAFF-CENTERED TO RESIDENT-CENTERED

Work your schedule so that consistency is engineered into your system. Instead of being “staff-centered” and giving each staff person their hours, be “resident-centered” by making resident assignments and then creating the schedule to staff consistently for those assignments.

For many homes, this switch in thinking is revolutionary. The schedule is then based on resident assignments, not staffing hours. To have true consistency, you also need to create consistent backups for vacations and call outs.

Once you have a resident-centered schedule, you can hire into that schedule. Instead of just hiring into general openings, you can hire for a specific neighborhood and assignment. (You may then want to include co-workers in the hiring and welcoming process!)

Consider your schedule to be a **basic math problem**.

- For each area of your home, determine how many resident assignments you have for each shift. Then create staffing slots for each of these assignments.

You may see that you have excess per diem and part-time positions. If you combine these hours, you may be able to create more full-time staff positions (see **Step Six**).

Below are two examples of resident-centered schedules. They put consistency in place with consistent backups. The first example is the basic 4-on-2-off schedule where three CNAs share two resident assignments. Note that this can be modified to allow for every third weekend off. The second option uses a mixture of full and part-time staff.

**An Option for Scheduling**  
**4 on 2 off schedule**  
 With an Even # of CNA assignments,  
**3 CNAs serve 2 resident assignments**

	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S
Maria	1	1	1	1	0	0	1	1	1	1	0	0	1	1
Jen	2	2	0	0	2	2	2	0	0	2	2	2	2	2
Ellie	0	0	2	2	1	1	0	0	2	2	1	1	0	0

An Option for Hiring and Scheduling for Dedicated Assignments						
	32 hrs	24 hrs	32 hrs	24 hrs	32 hrs.	24 hrs.
Resident Assignments	Days	Days	PMs	PMs	nights	nights
Group One	CNA 1	CNA 2	CNA 3	CNA 4	CNA 5	CNA 6
Group Two	CNA 7	CNA 8	CNA 9	CNA 10	CNA 11	CNA 12
Group Three	CNA 13	CNA 14	CNA 15	CNA 16	CNA 17	CNA 18

This may be too detailed for discussion with the whole team and, if so, a subgroup may need to meet to make recommendations or decisions. The team will need to decide on which resident-centered schedule to put in place in order to complete Step Eight, rating residents and establishing assignments.

You will need to have community and one-on-one meetings with staff to explain the new schedule. Plan for this during the next section of the meeting. Staff need to be informed of the changes, especially if the team determines that significant changes in the schedule are needed. This is a very serious step that may involve staff needing to make changes in child care arrangements and other aspects of their life outside of work. In order for staff to make arrangements, they need to be fully informed. The administrator will need to hold staff meetings to explain and talk through the changes. Some staff may need individual meetings to work their schedules out.

## **STEP SIX: ADJUST STAFF COMPOSITION TO MAXIMIZE FULL-TIME STAFF**

Use the staff roster to determine both what staff composition you have in place now and what you will need to make this work. If your staff is made up of many part time positions, consider creating some full-time positions by combining part-time hours. Remember that full-time staff put their full-time job first. It is in your home's best interest to be the full-time job of the majority of your staff. With more full-time positions, you have more continuity of care and less of a scheduling problem. Staff who work together routinely have better teamwork because of their familiarity with each other.

Work on this with a subcommittee authorized to discuss confidential employee information.

Ask your best part-time and per diem staff to convert to full-time. Administrator David Farrell suggests you evaluate your staff on three criteria:

- Reliability
- Interpersonal skills
- Clinical competence

Staff who excel in all three of these areas are your best employees. Having them working for you full-time will be a boost to your team. Have one-to-one conversations to encourage them to convert to full-time.

**It's optimal to have at least 75% of CNAs and nurses as full-time employees.** Aim for most of your remaining staff to give you guaranteed hours so you can create consistent back-ups for your full-time staff's assignments. Consider this as you make future hires, favoring full-time employees over people who don't want a full-time commitment.

- ✓ **QAPI tip:** QAPI asks for systematic analysis and systemic action. Systematically review your staff composition. It can slip over time. Instability can generate instability. Homes that have an urgent need to fill vacancies sometimes accept whatever work hours a potential employee wants, instead of setting work hours. You may need to take systemic action to stabilize staffing and regain your balance of full-time staff.

## STEP SEVEN: COVER UNSCHEDULED ABSENCES WITHOUT MOVING CONSISTENTLY ASSIGNED STAFF

This step requires a significant paradigm shift. It is common practice in nursing homes to move a CNA from their assignment to cover an unscheduled absence. Yet, because consistency of assignments is so essential to quality and performance, a CNA currently assigned to another assignment is the LAST person who should be moved to cover for someone else's absence. This is an issue that requires the management team to "walk the talk" and minimize the disruption of assignments. Moving a CNA doubles the disruption.

Remember that your plan needs to be in place before a call out happens – not when it happens. Some homes opt to have consistent back-ups for each area. Other homes split the assignment between the co-workers on that area and have other staff who are licensed to provide care, but whose job does not usually call for providing direct care (nurses, MDS staff scheduler, etc.), fill in during the high labor times of the day, such as AM care, meals and PM care. Your management team needs to go first in modeling "all hands on deck."

You will find that unscheduled absences decline when staff are consistently assigned and their knowledge about residents is valued. As they know they are valued and their presence matters, staff are more conscientious about attendance.

### For this step, work on two levels:

- **Provide coverage without moving any consistently assigned CNAs.** Design a process with the following elements:
  - **Huddle** with the staff to determine their needs for the day.
  - **Divide** up the assignment of the absent person among co-workers.
  - See if a **consistent backup** for the unit/neighborhood can come in even for a partial shift.
  - Have the management team provide "**all hands on deck**" at heavy labor times.
  - Have **nurse managers** pitch in at heavy labor times.
  - Ask other staff to **go the extra mile**.
  
- **Reduce unscheduled absences.**
  - **Track** absences, notify staff of their record, and act on good and poor attendance.
  - **Enforce** attendance policies.
  - **Provide support** and flexibility to staff whose personal lives create attendance challenges.
  - **Be proactive** in anticipating absences.
    - If someone calls off, call them to find out if they expect to be in on their next scheduled day.
    - If someone is asked to work a double or take a last minute assignment, find a replacement for their next scheduled shift so they can have a needed rest.
  - Have **consistent backups** for each unit/shift.
  - **Reward** individuals and teams for good attendance.

- Allow staff who share an assignment to **trade off to cover for each other**, within guidelines, such as
  - Person scheduled to work must notify supervisor and scheduler of who is taking their shift and what the traded schedule is.
  - No overtime without approval.

**Decide which team members will work on the plan for coverage and share it with the staff.**

**Decide who will track absences. Have data on absences for discussion at the next meeting.**

<b>Preparation for action items to be accomplished for next meeting</b>
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The next set of action steps brings the discussion back to the staff. They update staff and engage staff in making the assignments. This:

- Makes sure all staff hear the same information about what you have done, are planning to do and why, and have their questions answered directly from the source
- Makes sure assignments are fair. By making assignments, staff have trust in the them.
- Gives staff experience working together. Continuing to work together sustains and maximizes consistent assignment over time.

▶ **Meetings include one-to-one and neighborhood meetings to:**

- Announce the assignments of staff to areas of the building.
- Discuss the importance of having full-time staff and guaranteed hours to stabilize staffing and meet with staff you are asking to convert to full-time.
- Describe your efforts to reduce unscheduled absences. Share your plan for “*all hands on deck*” when absences occur and not disrupting other residents’ consistency of care.
- Work with staff in each neighborhood to rate residents and make assignments.
- Review the draft of the assignments to get their feedback before finalizing.
- Huddle daily with staff the first week that consistent assignment is in place.

See detailed instructions below.

**Discuss each of these steps with your team to talk about who will do each part, when, and how. Use the assignment chart at the end of this section.**

## **STEP EIGHT: MEET WITH STAFF TO RATE RESIDENTS**

**Meet on each neighborhood** to facilitate a process for the CNAs and nurses to analyze and rate each resident, and make up the assignments that are fair and balanced. If you decided to pilot in one neighborhood first, then do this process on each neighborhood as its turn comes for implementation.



Consistent assignment will only work well if the CNAs and nurses are involved in making the assignments. Staff know residents best. Use their knowledge and judgment to determine fair assignments. With this direct involvement, staff will trust in the fairness of the process.

Discuss who from your work team will help lead this process. The subgroup of people who leads this process needs to include people who are able to make decisions.

Open this meeting by stating that the purpose of the meeting is to engage staff in evaluating the workload to make assignments that are fair. Explain that everyone should carefully consider both the staff and the residents affected. There are residents that some staff already have closer relationships with, and there are residents that some staff find difficult to care for while others have an easier time with them.

Have staff evaluate what is required to care for each resident. Doing so as a group has the benefit of building the team's ability to analyze residents' needs and problem-solve how to meet their needs.

**Webinar Four** includes a section that explains the process for having staff evaluate the level of difficulty of caring for each resident.

Using the tool below, staff place a numerical value on how easy or difficult each resident is to provide care for. The tool considers both physical and non-physical factors. After staff arrive at a total score for each resident, then as a group, staff work to compile assignments. Personalities, interpersonal factors, room location, and customary routines should be also considered. Have staff discuss each resident and determine the best matches and a fair distribution of the workload.

**Rate each resident on scale of 1 – 3 on physical and non-physical factors**

Resident	Physical Factors	Non-Physical Factors	Total Score

Some staff may have more residents in number but the same workload, because they are all rated as easier to care for. Some residents may need to be cared for in pairs. Some staff may share a room, with one staff person for one of the residents, and the other staff for the other resident; they will naturally work as back-up to each other.

Be prepared to facilitate open discussion of any concerns and help the group sort these concerns out together. ***Remember that you are building their teamwork, critical thinking, and collaborative problem-solving skills.***



**QAPI tip:** QAPI calls for a high level of engagement from staff. It also guides homes to make adjustments throughout the course of performance improvement. This process engages staff in making assignments and revisiting assignments so they remain fair.

**Acknowledge to the group that what looks fair today will need to be revisited as you have changes in census, acuity, and staffing.** Let staff know that this is not a “one and done.” The team will revisit this process with staff regularly.

Tell them you will be relying on their awareness of changes in residents’ condition, not just for fairness in assignments, but for catching early warning signs and avoiding preventable declines. Their sharing the first signs of a change will help the whole care team respond quickly.

As you go forward, having staff continue this type of collaboration is part of what maximizes and sustains consistent assignment.

## STEP NINE: DRAFT OF ASSIGNMENTS

Putting together a mock schedule will give you an overview of your staffing. You need it to work out on paper before putting it in place. Meet with the staff again and show them the mock schedule. Use a floor map that shows resident rooms to see how you are arranging the assignments. However, you may never get to the PERFECT schedule on paper.

If the mock schedule has all slots filled, and good coverage, then this step is accomplished. The best schedules will be completed in the tweaks that come after the first few weeks of implementation. While one combination might have made sense on paper, as staff begin to provide care, they may see that they have too many early risers, or that they have too much ground to cover and need to condense their area. Continually review and adjust as census, acuity, and staffing changes.

- ▶ **Note:** In sub-acute unit, meet daily or weekly to balance assignments. Short-term residents will want to have consistent caregivers during their period of rehabilitation. Consider a process like the one restaurants use when they distribute new patrons among the wait-staff to ensure fair distribution, but keep an expectation that all staff help each other out.

At this point staff will know their assignment and should feel comfortable with the process. Most people will like the fairness of the assignments. If you have staff who have always had an “easy” assignment while others always had a “hard” assignment, you may hear from them now that they have an assignment that is harder. Be prepared to talk this through. During this first week, your team should be prepared to trouble shoot problems as they arise and to consistently monitor to make sure that goes smoothly.

**Set a date to put assignments in place, and DO IT!**

**Team assignments for action steps before next meeting**

Make assignments for action steps to be completed before the next meeting. As before, everyone should have assignments. Create a chart or assignment list and distribute it to all team members. Some tasks involve personnel matters that can only be handled by the administrator, DoN, scheduler, HR, or other supervisor. Below is a sample task chart:

Task	Person(s) Assigned
One-on-one meetings to share staff's new assignments.	
One-on-one meetings to ask your best part-time staff to consider becoming full-time.	
Develop plan for coverage without moving CNAs and share it with the staff.	
Track absences. Have data on absences for discussion at the next meeting.	
Discuss action to promote attendance with staff.	
Schedule neighborhood meetings to rate residents and determine fair assignments.	
Create a mock schedule. Meet with staff to finalize it.	
Meet with work area teams daily the first week that consistent assignment is being implemented. Make any needed adjustments.	

## THIRD MEETING (WEBINAR THREE): PLANNING FOR THE LONG TERM

### Step Ten: Monitor and maximize to sustain.

- **Monitor and support.** Revisit assignments to maintain fairness, hire into assignments, and monitor absences and coverage.
- **Use what staff know.** Individualize care. Have shift huddles for teamwork. Include CNAs in care plan meetings. Have management stand-ups and QI rounds with staff.

### Third Meeting Checklist

Action items to be completed prior to the meeting:

	Task	Done
1.	Approach part-time staff you'd like to work full-time work.	
2.	Share with staff your plan to provide coverage during unscheduled absences without moving consistently assigned CNAs	
3.	Conduct one-to-one and group meetings with staff to announce the staff assignments to neighborhoods.	
4.	Conduct meetings with staff in each neighborhood to rate residents and develop fair assignments.	
5.	Make a draft of assignments. Review with staff. Finalize assignments.	
6.	Meet daily with staff during first week of consistent assignment.	
7.	If you have piloted in one neighborhood, debrief with the pilot team about lessons learned for the next neighborhood.	
8.	Preview Webinar Three and Meeting Three Instructions. Watch Video Two on Leadership Rounds and Video Three on Involving CNAs in Care Planning. Review Appendix Three on Shift Huddles and Appendix Four on Care Planning.	
9.	Make Meeting Agenda Using Webinar Three/Meeting Three	

Action items to be completed during the meeting:

	Task	Done
1.	If you have piloted, plan next stage of roll-out – which neighborhood goes next or are you ready now to take it organization-wide?	
2.	Determine schedule of meetings and responsibilities between meetings.	
3.	Plan to track data on consistency of assignments and not moving consistently assigned staff to cover unscheduled absences. Identify a lead person on data collection.	
4.	Appoint a lead person to coordinate “all hands on deck” when there are unscheduled absences.	
5.	Track incidence of unscheduled absences and efforts to reduce absenteeism.	
6.	Plan meetings with staff to support and troubleshoot implementation.	
7.	Plan how to implement hiring into consistent assignments.	
8.	Plan how to implement a system for hearing daily from staff about operational changes needed to honor residents’ routines. Options include a management stand-up or rounding with staff, or shift huddles with communication back to the management team. Assign lead person.	
7.	Plan how to implement shift huddles. Assign lead person to implement.	
8.	Plan how to implement CNA involvement in care planning meetings. Assign lead person to implement.	
9.	Plan how to do QI rounding for clinical committees. Assign lead person to implement.	

## Third Meeting (Webinar Three)

This meeting has three parts:

1. Check in on assignments
2. Action items to be accomplished during meeting
3. Preparation for action items to be accomplished for next meeting

### Check in on assignments

Start your meeting with a **check-in**. Review each of the tasks and ask team members to report on their findings. Then proceed with the work to be accomplished at this meeting.

### Discuss how the following meetings and activities progressed:

- Announcement of the assignments of staff to areas of the building
- Converting staff to full-time.
- Announcement of your plan for “all hands on deck” when absences occur instead of disrupting other residents’ consistency of care.
- Work with staff in each neighborhood to rate residents and make assignments.
- Daily huddle with staff the first week that consistent assignment is put in place.

### If you opted to start by piloting in one area:

Piloting is a staged process where everyone learns from those who go first. If you decided to pilot:

- ▶ **Learn from the front-runner.** Ask the manager and staff of the pilot area to share how it went – any trouble spots, any ways to improve the process, and any insights.
- ▶ **Plan implementation for the rest of the organization.** Involve the unit manager, a CNA, and a nurse from the remaining units/neighborhoods as each of their areas takes on implementation.
- ▶ **Short-stay.** Quite often the last area to implement consistent assignment is the short-term stay. The process of dividing the assignments fairly is different with such frequent changes. A simple approach is to have staff consistently assigned to a set of rooms. Staff then team up as a primary back-up to each other and to even out the workload. This requires daily check-in huddles and strong nurse leadership.

### If you opted to put consistency in place throughout the home all at one time:

- ▶ **Learn as you go.** Debrief with teams about what’s working, any trouble spots, any ways to improve the process, and any insights. Discuss at team meetings and help everyone learn from each other’s experiences.
- ▶ **Plan steps to maximize.** One of the benefits to putting consistency in place throughout the building is that you have done all of the upfront work at once. However, putting true consistent assignment in place is not something that can be done and then forgotten about. You will need to have systems to monitor, maintain, and maximize it.

## Action items to be accomplished during meeting

### STEP TEN: MONITOR AND MAXIMIZE TO SUSTAIN

- ▶ **Monitor and support.** Revisit assignments to maintain fairness, hire into assignments, monitor absences and coverage.
- ▶ **Use what staff know.** Individualize care. Have shift huddles for teamwork. Include CNAs in care plan meetings. Have management stand-ups and QI rounds with staff.

#### Monitor and Support

- **Oversee implementation with regular check-ins.**
  - **Meet monthly.** Review progress and troubleshoot issues.
  - **Put in place a system to continually monitor staff's experience.** Check in on how well it is going on each shift and neighborhood. **Plan who will check in.**
  - **Maintain fairness.** Review the master schedule and staff feedback, and work with the staff to make adjustments as needed so that the schedule remains fair and balanced.
- **Hire Into assignments.** Your hiring from this point forward will be for a resident assignment. Review how well newly hired staff are working in their assigned areas. Orient newly hired staff on the unit/neighborhood where they will be working. Assign part-time and per diem staff to one unit/neighborhood as consistent back-ups. **Plan how to implement hiring into assignments.**
- **Monitor absences and coverage.** With consistent assignment, scheduling is easier. Call outs likely decrease as the bond between staff and residents deepens. But call outs will happen. Monitor how well your plan is working for coverage without moving consistently assigned staff and adjust as needed. **Decide who will take this responsibility.**
- **Continue to review data.** Continually collect data on consistency of assignments and not moving consistently assigned CNAs to cover for unscheduled absences. **Decide who will take this responsibility.**
  - ✓ **QAPI tip:** Monitor resident and staff outcomes to determine the impact of consistent assignment. For staff data, look at turnover and unscheduled absences. For resident data, monitor the number of caregivers documenting care to see how many different caregivers a resident has (consider using Advancing Excellence Tracking Tool). Monitor quality data to see if you have reductions in falls, less rejection of care, fewer avoidable hospitalizations, and other key areas that are affected by consistency of staffing.

## Use What Staff Know

**The best way to sustain consistent assignment is to use what staff know.** Having your staff care for the same residents every day will not last unless you have systems for using, on a daily basis, the knowledge of the residents that the staff will be getting.

- As staff come to know residents, they will learn residents' preferences and routines. CNAs and nurses need the support of the whole organization to change institutional routines that do not work for a resident.
- CNAs' and nurses' knowledge of residents helps clinically as they recognize early signs of brewing concerns and can contribute ideas for interventions.

**Have direct daily communication with staff to hear what they are seeing and plan action in response.**

## Individualize Care

With consistent assignment, you are in a good position to individualize care. Staff know residents' choices. They need help from the rest of the team to honor them.

*For instance, if the CNA now knows that a resident was never an early riser, but is gotten up earlier than she would like in order to take her medication and have breakfast, the CNA is now in a position of enforcing a schedule that she knows does not work for the resident. The resident may even "reject care" or have verbal or physical behavioral symptoms. Staff can tell you what works best for the resident. **Can you realign your schedule so that the resident takes her early morning medicine "upon arising" and breakfast is still available even later in the day?***

Once staff really know the residents they are caring for, you put them in an untenable position if they know something doesn't work for the resident but are forced to carry out the rules anyway.

*Another example is the shower. If a consistently assigned CNA knows that this is NOT a good time for the resident, and the resident has made this very clear, will the CNA be told to "just get it done" or will there be flexibility to meet the resident's individual needs?*

CNAs need a way to share their resident's need for a later breakfast with the nurse so the med pass can be adjusted, and with the food services department so the meal time can be adjusted. This information is essential for others on the care team to know so that everyone can make the necessary adjustments to deliver person-centered care. Honoring resident preferences is even more explicit in the July 15, 2015 regulations. When surveyors interview residents, they ask whether their preferences are honored.

The more the organization uses CNAs' knowledge to shape care, the more CNAs will feel their value to the organization and the better the care will be.



## Preparation for action items to be accomplished for next meeting

- ▶ Discuss how you are going to work on accommodating residents' preferences and making the daily scheduling adjustments. How does it work now? What are easy small ways to start? Who will be responsible?

The most effective communication systems promote frequent and timely communication among staff closest to the resident and with the rest of the organization. These systems are: **regular management presence, shift huddles, and involvement in care planning.**

- **Regular Management Presence**

Here are two practices that bring leadership and consistently assigned CNAs together:

- **Morning Meetings/Leadership Rounds (See Video Two)**

This brings your morning management standup out to the neighborhood/unit several times a week. It includes review of the 24-hour report, discussion of new residents coming in, special activities for the day, and residents on the watch list. CNAs and nurses can share any issues they need help with and any residents they are worried about. When all departments are included, solutions can be arranged on the spot.

This gives the management team immediate information and the ability to determine and implement immediate responses.

These meetings are also excellent opportunities for just-in-time teaching. For example, when a CNA shares an early warning sign, talk through what could be going on and what to do about it.

- ▶ Watch Video Two and discuss it. Decide what to do and who will do it.

- **QI Rounds**

QI Rounds focus on residents at risk in specific clinical areas. In rounds, the clinical team meets with CNAs and nurses to discuss each resident they are concerned about, determine underlying causes and potential approaches, and come up with an action plan and follow-up.

- ▶ Discuss this approach. Decide what to do and who will do it.

- **Shift Huddles** (see Appendix 3)

**Shift Huddles** are a scheduled gathering of the nurses and CNAs working together to share information about each resident and coordinate action. It can occur near the start and end of each shift, mid-shift, or during paid overlap time among off-going and on-coming staff. Shift huddles normally take about 15 minutes and occur at least daily on each shift. The huddle generates information that, when shared across shifts and departments, provides timely

information to the rest of the organization. CNA's information about residents' abilities, needs, and routines can be used to update the care plan.

- ▶ Each time your team meets with unit/neighborhood staff, you are huddling. Now get the team started on huddling daily. Decide what to do and who will do it.
- **Involve CNA's in care planning.** (See Video Three and Appendix Four)

Once CNAs know residents and their needs on this level, they should be involved in care plan meetings. They can be a part of the whole meeting or they can join part of the meeting, usually sitting next to the resident or the family members attending.

Involving consistently assigned CNAs in the care planning process creates more productive meetings because of their first-hand knowledge of the resident and their reassuring presence to residents and families who attend. CNAs have the detailed, subtle information that is gleaned from caring for the resident every day. If a resident is experiencing a change, the CNA will likely be the first to notice.

**If CNAs have not been a part of care planning in your home, you will need to make a plan to activate their involvement.**

- ▶ Make a plan to implement each of these communication mechanisms. Discuss how you are going to do each one and who will be responsible.

## Team assignments for action steps before next meeting

**Make assignments for action steps to be completed before the next meeting.** Everyone should have assignments. Create a chart or assignment list and distribute it to all team members. This keeps everyone on task and makes the assigned tasks clear to everyone. Below is a sample task chart.

Task	Person(s) Assigned
If you have piloted, implement in the next unit.	
Meet with staff to hear how implementation is going.	
Count number of CNAs and nurses giving care.	
Count number of times CNAs and nurses are moved from scheduled assignment.	
Collect data on absences.	
Hire into assignments.	
Institute management stand-up or rounds with staff.	
Do clinical rounds.	
Get shift huddles going.	
Improve care planning process and include CNAs.	

## BRINGING IT ALL TOGETHER

By using these practices, you are using the information that CNAs have about residents. By having these systems tap into this knowledge, you are letting staff know how valued they are. Rounds, shift huddles, and care planning meeting involvement sharpen and hone critical thinking, communication, and collaborative problem solving, as well as contribute to a sense of ownership related to resident outcomes.

Through effective huddles, CNAs learn what to look for and what it means. This critical thinking helps them be good contributors to the care plan meetings. When there is a constant communication loop between the staff giving care and the meetings about care, meetings are more productive. Meeting participants have timely, specific information to work with. Staff giving care have the clinical information they need to respond to moment-by-moment issues as they come up.

Using staff's knowledge of residents maximizes the benefits of consistent assignment and maximizes staff's value to your organization. When staff are valued and their knowledge is the lynchpin of your organization's care delivery, you have the stability at the bedside needed for high performance.

## APPENDIX 1. STAFF HANDOUT: CONSISTENT ASSIGNMENT: WHY IT IS SO IMPORTANT

### (Step Two: Prepare the Ground ~ Webinars One and Four)

Consistent assignment allows residents to be cared for by the same staff every day. This helps residents and staff have a better daily experience. It is essential for good care and staff stability.

- **Consistency builds trust and caring in caregiving**

Residents develop loving, trusting relationships with staff who care for them every day. It can be uncomfortable to have someone else provide very personal care. When the person helping you is someone you trust and care about, and who cares about you, it is easier to receive that highly personal care because the care is part of a caring relationship.

- **Familiarity improves the experience for people with dementia**

While dementia slowly robs people of memory and awareness, familiarity soothes them. They may not remember someone's name but their familiar voice is calming. The staff person who knows what makes someone with dementia comfortable can help take the stress out of a situation.

- **Early detection prevents avoidable adverse events**

In elders, subtle signs like lack of energy or less than usual strength or appetite can mean serious problems are brewing. When staff work with the same residents every day, they notice these subtle signs. Intervening in early stages of pneumonia or congestive heart failure can often prevent the person having to go to the hospital.

- **Staff can anticipate and individualize care**

Staff know residents' likes and dislikes and their daily routines, so they can anticipate how the day will go and organize their time to accordingly. Knowing just how residents like things done reduces residents' distress and makes staff's job less stressful.

- **Working together engineers teamwork**

Staff develop trust and support each other better when they work together every day. They can pitch in with residents who need additional help and can back each other up at difficult times. Nurses trust what CNAs know about their residents and know when they are needed to pitch in.

- **Staff stability – staff who know they are valued stay**

People are drawn to caregiving work by an intrinsic motivation to care for others. They stay at jobs where they are valued. With consistent assignment, staff know they are important to their residents, their co-workers, and their bosses, and can feel the satisfaction of making a difference.

## APPENDIX 2. FACILITATOR INSTRUCTIONS FOR EXPERIENTIAL “PAIRED DRINKING” EXERCISE

(Step Two: Prepare the Ground ~ Webinars One and Four)

### Paired Drinking: *Personalizing the Experience*

**WHAT:** This short exercise gives participants a direct experience of receiving care by having people, in pairs, help each other drink a glass of water.

**WHY:** The exercise gives staff a personal understanding of what it feels like to receive care. As staff reflect on their own experience, they better understand what residents feel. They see how residents feel more comfortable with care when they have caregivers who know them well.

### **HOW:**

Time: 10 – 15 minutes, including discussion time

### **Materials:**

Straws, pitchers of water, and cups for each participant distributed prior to exercise

### **Process:**

- In a go-round, ask people to count off 1, 2 so that everyone is either a 1 or a 2.
- The “1’s” are now nursing home residents who have no use of their arms or hands, and the “2’s” are now CNAs.
- Every “1” – nursing home resident needs a CNA. CNAs decide which resident they will take care of. If there is an odd number, one CNA will have 2 residents.
- Tell those acting as CNAs that they are now to help their resident have a drink of water. Point out the pitchers of water, cups, and straws. Have each CNA pour a glass and help their resident drink. Ask residents to drink at least 5 sips.
- Reverse roles so that everyone has the experience of being helped to drink.

Have open discussion about the experience. **ASK:**

- *What did it feel like to be helped to drink?*
- *What is the difference for a resident in having the same caregivers day in and day out versus having new caregivers?*

Share the information on the handout, Appendix 1, *Consistent Assignment: Why Is It So Important.*

Talk about the steps to implement consistent assignment.

## APPENDIX 3. TIP SHEET ON SHIFT HUDDLES

(Step Ten: Monitor and Maximize to Sustain ~ Webinar Three)

### **WHAT:**

**Shift huddle** is an everyday scheduled gathering of the nurses and CNAs working together in a unit or neighborhood, to share information about each resident and coordinate action.

### **WHY:**

Huddles provide a structured way for all staff to share information and work together to provide the best care to residents. They are especially useful as a way to catch early signs of health declines or new issues and to build plans for monitoring or acting.

### **HOW:**

**When:** Shift huddles can occur near the start and end of each shift, mid-shift, or during paid overlap time for off-going and on-coming staff.

**How:** Shift huddles can be done in a stand-up and/or as walking rounds.

**How long:** They are quick – 10 to 15 minutes.

**Everyone Shares:** CNAs share anything unusual about their residents, and nurses fill in relevant clinical information.

**Run a good huddle:** The key to good huddles is good facilitation by the huddle leader. Keep the discussion on point. Make sure to hear from everyone with something to contribute. Ensure that action steps are set in motion.

**Teach critical thinking:** These are not rote reports. They are opportunities for thinking things through and problem-solving together to ensure the best care for each resident.

**Use “just-in-time” teaching:** Explain the medical concerns and what to look for in monitoring situations.

**Use what staff share:** Act on information staff share in huddles and follow-up with staff so they know just how valuable their information is.

**Connect the dots:** Share information with the rest of the organization so that the clinical management team knows about it quickly and can act on it.

**Provide coverage:** Having someone not involved in the huddle available to respond to urgent needs from residents allows staff to focus on the huddle discussion.

## APPENDIX 4. TIP SHEET ON INVOLVING CNAs IN THE CARE PLANNING PROCESS

(Step Ten: Monitor and Maximize to Sustain ~ Webinar Three)

### **WHAT:**

Consistently assigned CNAs attend and contribute to care plan meetings for their residents.

### **WHY:**

CNAs know residents well and have up-to-date information about their functional status, mood, customary routines, and needs. Families and residents are reassured by the presence of their consistently assigned CNAs and the information they provide. Proposed regulations published by CMS on July 15, 2015, require CNA participation in care planning.

### **HOW:**

First, make sure the care plan meeting functions well, in a way you would want to invite CNAs to join, where everyone who attends is prompt, prepared, professional, and productive.

Then, prepare CNAs and the care team for how to maximize CNAs' involvement.

Have a system for notifying CNAs about upcoming meetings. Help them cover for each other.

Hold meetings closest to the resident, at a time most convenient to residents, CNAs and families.

### **1. Examine the Current Process**

Examine your care planning process. You may find opportunities for improvement.

How does it function now?

- Does the meeting start on time?
- Do care team members come prepared?
- Are meetings productive?
- Does the interdisciplinary team develop individualized approaches for each person?
- How often are residents and families involved? What would they like from these meetings?
- Do participants feel the meetings are valuable?

Invite your CNAs to join once you are sure your process is solid.

## 2. Prepare the CNAs for Participation

- **Explain why.** CNAs have valuable information and insight about the residents they care for every day. By contributing to the care plan process they can share what they know and help shape the plans going forward.
- **Provide training.** Offer training for CNAs. Explain the purpose of assessment and care planning and logistical information such as how long it will take, and where it will be held. Conduct a ***mock care plan meeting*** to familiarize CNAs with the process.
- **Guide CNAs on what to share.** Explain what information the CNAs should come prepared to talk about, including ADLs, eating, activities, and mood. Tell CNAs the types of questions families usually have. Tell them to be prepared to talk about anything that has changed for the resident and about ways the CNAs are individualizing care.
- **Follow-up.** Provide feedback with specific examples of how CNAs' contributions made a difference and include them in the follow-up loop after the meeting.
- **Run a good meeting.** Use a consistent format. Help people stay on point. Identify key issues that need to be addressed. Don't take up lots of time on side issues. For those side issues, use a "parking lot"—a way to document them for later consideration.
- **Start with CNA update:** As CNAs become more comfortable contributing, ask CNAs to start the meeting with up to date information on the resident's day-to-day experience and any issues that need attention from the care team or the resident's family.

## 3. Create a System for Meeting Notices

Build in ways to notify CNAs when meetings will occur. This can be done in several ways:

- At shift huddle, share the names of residents who will be having their meeting that day as well as the time. Have a short discussion to plan how CNAs can cover for each other during that time.
- Post the weekly list in the break room so that CNAs can plan their week. (One home also posts the key information needed at the care plan meeting right next to the weekly list.)
- Note on the CNAs' assignment sheets when one of their residents comes into their **Assessment Reference Date (ARD)** period. (One home made the sheets a different color to call attention to the ARD period.)

Encourage the CNAs who will be attending the meeting to obtain information from evening and night shift CNAs who also consistently care for the same resident, if possible.

## 4. Link Quarterly Care Planning to Huddles

In daily huddles, have CNAs share how their residents are doing. Share by exception, meaning only what is not usual. Focus on ADLs, eating, activities, and mood. Have nurses fill in any clinical



considerations. Make adjustments in care as needed. Capture these in the care plan. Being part of this process every day prepares CNAs for care planning meetings.

## 5. Remove Obstacles

Make it the expectation that CNAs attend the care plan meeting. Encourage staff to have a quick huddle to arrange to cover for each other as they attend care plan meetings.

If the staff is working with an unscheduled absence on the day of a care plan meeting, a nurse manager not involved in the care plan meeting can provide coverage so the CNA can still attend.

Carefully consider the time you have your meetings. Are the meetings scheduled at a time that would make it difficult for CNAs to attend? Does the current timing work for family members? You may find that the evening schedule is easier for some family members. Train evening shift staff on how to participate in the care conference so you can provide the same personal involvement at meetings in the afternoon/evening.

Encourage evening staff to check in with the other shifts in preparation for the meeting.

## 6. Find the Right Location

Hold the meeting in a place that is easy for the resident, their family and the CNA to get to. **Consider moving it to the resident's room** or a location right on the neighborhood that is accessible to the resident, family, and CNA.

## 7. Align Daily Documentation with MDS Codes

Match the coding on the CNAs' assignment sheet and documentation records with MDS sections on functional status and mood. This will support more consistency between documentation and coding and help CNAs be conversant with the MDS categories. Ensure that the assignment sheet has up-to-date information from CNAs about each resident's functional status and customary routines and from the clinical team about any clinical areas of risk to be watched for.

## 8. Highlight CNAs Involvement to Families

Involved family members will want to know that their consistently assigned CNA will be involved in the care conference. In your formal invitation to families to attend care conference, describe the meeting and list who will be there by name and position, including the CNA. Cement this by asking the CNA to accompany the resident to the meeting and have the CNA sit next to the resident or their family member. Encourage residents and families to come with their questions and ideas, and facilitate the process so that CNAs speak directly with them about any issues relevant to daily routines, ADL care and support. Encourage CNAs to come with a list of the resident's needs from the family such as new clothes or personal items.

### USE WHAT CONSISTENTLY ASSIGNED STAFF KNOW:

Connect the dots between the care plan process and daily care. Involving CNAs will make the care plan meeting far more productive and improve the daily care that flows from it.





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