

## Change Ideas for Consistent Assignment

### **Typical issues and evidence of discordance:**

When employees are not given a consistent assignment they do not build relationships with their co-workers or with residents. Rotating staff means that each time there is a rotation or change in assignment the staff person has to take the time to figure out what the needs are of each new resident they are caring for and how to work with their co-workers for the day. This constant changing is hard for both residents and staff. Most of the care being done is very intimate personal care and residents find it hard to have strangers caring for their intimate needs, and to have to explain their needs time after time to new caregivers. When staff is unfamiliar with each other it is harder for them to have good teamwork together.

### **Definition:**

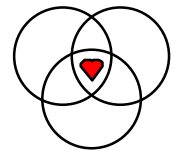
Consistent assignment (sometimes called primary or permanent assignment) refers to the same caregivers (RN's, LPN's, C.N.A.'s) consistently caring for the same residents almost (80% of their shifts) every time they are on duty. The opposite of consistent assignment is the practice of rotating staff from one group of residents to the next after a certain period of time (weekly, monthly or quarterly). Facilities who have adopted consistent assignment never rotate their staff.

### **Barriers:**

Many times frequent changes in shift and assignment are the result of short staffing. When there is not enough staff, the organization responds by plugging holes in the schedule with an available CNA. In other situations the policy of the nursing home is not to let people get attached to each other in the mistaken belief that if a close relationship develops and the resident dies the staff member will be inconsolable. Certain nursing homes don't think friends should work together. Still others prefer that everyone is trained on every unit and available everywhere. Others do not want staff to be "stuck" with "hard-to-care-for" residents. Ironically, inconsistent assignment exacerbates instability in staffing and conversely, consistent assignment fosters stability. Call outs and turnover are reduced when meaningful relationships develop in which workers know they are being counted on and respond by making sure that the care that is needed is given.

### **Goal:**

- To strengthen and honor care-giving relationships
- To stabilize staffing and establish strong relationships between residents and staff and among co-workers to provide continuity, consistency, and familiarity in care giving.



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### Measurement possibilities:

How to calculate/measure if a facility is truly utilizing consistent assignment.

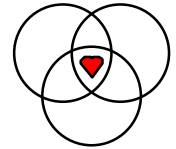
- 1.) Collect one week per month, over the past 3 months, of staff assignment sheets (filled out by the nurse on the unit at the beginning of each shift) for each unit in the facility for both day shift and PM shift.
- 2.) Choose 4 full-time (5 shifts per week) C.N.A.'s to track, 2 from day shift and 2 from PM shift from one unit.
- 3.) The goal is to measure how often these C.N.A.'s took care of the same residents. In order to determine which residents/rooms to track with each C.N.A., look at the first 3 days of assignment sheets and determine the group of residents/rooms each care giver has been assigned to. For example, if one of the C.N.A.'s was assigned to a group for two of the three days you were looking at, this would be the group that you would assume the caregiver is consistently assigned to. This will be the group of residents to track with the C.N.A.
- 4.) Now, look at all 21 days worth of assignments and calculate how often each C.N.A. was assigned to the same rooms that you established was their primary assignment.
- 5.) Because there are seven days in a week but the C.N.A.'s only work five, caring for the same group of residents five out of seven days equals 100%. Four out of seven days equals 80%, etc...
- 6.) Add up all four of the C.N.A.'s numbers over the three weeks you examined to get the total percentage of time the same C.N.A.'s care for the same residents.

Example: For one unit

C.N.A.'s	Week 1	Week 2	Week 3	Total
Mary	3/5	5/5	4/5	12/15
Jay	5/5	4/5	5/5	14/15
Sam	4/5	4/5	5/5	13/15
Maria	3/5	5/5	2/5	10/15

Total = 49/60  
82% of the time the full-time C.N.A.'s care for the same residents on this unit.

Note: This assumes that the leadership team is not rotating the C.N.A.'s quarterly.



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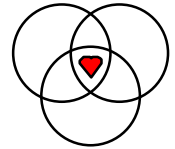
**PDSA Cycles:** PLAN: Engage a team of staff, residents, and family to create an in-house “pool” to assist with any call outs.  
DO: Provide monetary incentive  
STUDY: Keep a log of facility call-outs for a set amount of time. Determine what is working and what is not working.  
ACT: Continue utilizing the in-house “pool” and take additional steps to provide incentive.

### Questions to consider:

- How does familiarity and routine help increase comfort and competence?
- How important are relationships to residents? To caregivers? To co-workers? To quality care?
- How does teamwork help improve care?
- Would you like different people toileting and bathing you each day?
- Would you like having a different team each day?
- What do residents experience when they have frequent changes in their caregivers?
- What do staff experience when their assignment is routinely changed? How does that affect their relationship to their work?

### Change Ideas:

- Make a mutual commitment to consistent assignment – for staff that commit to a certain set schedule, commit back that they can count on that schedule.
- Find out from staff what their preferred schedule and assignments would be.
- Create teams that work regularly together.
- Ask teams to work with each other to provide back-ups and substitutes for when they need to change their schedule or call in on a scheduled shift.
- Find out who on staff enjoys floating or prefers various assignments rather than destabilizing the whole staff by making everyone float.
- Have inter-shift communications among all staff from each work area, in which personal information about how each resident did for the day is shared, so as to ensure a smooth hand-off.
- Figure out when the busiest times are in accordance with the residents’ patterns, and adjust schedules to have the help that’s needed during those times.
- Have regular housekeeping and food-service staff working with each care area.
- When new staff is brought on, assign them to one work area so that they are familiar with a group of residents and co-workers and acclimate to the work with them.



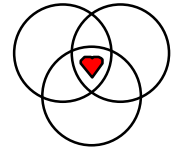
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### **Process to change from rotating assignment to consistent assignment:**

- 1.) Call two meetings, one with all of the C.N.A.'s from the day shift and one with all of the C.N.A.'s from PMs.
- 2.) Begin the meeting by explaining that nursing homes that have switched to consistent assignment have proven to improve the quality of care and life of the residents and the quality of work life for the staff. Suggest that we pilot test consistent assignment and see how it works.
- 3.) Place each resident's name on a post-it note and place all of the post-it notes on the wall.
- 4.) Next, ask the group to rank each of the residents by degree of difficulty with number 1 being relatively easy to care, number 3 in the middle and number 5 being very difficult to care for (time consuming, emotionally draining, etc...). Let the C.N.A.'s discuss each resident and come to an agreement. Write the number on the resident's post-it note.
- 5.) Then, allow the C.N.A.'s to select their assignments. Assignments are fair when the numbers assigned to each resident add up to the other totals of the other C.N.A. assignments. Therefore, if one assignment has six residents and another has eight residents but the degree of difficulty numbers total 27 then the assignments are fair. Relationships with residents are important and also should be part of the decision-making process. The sequence of rooms is less important.
- 6.) Meet every three months to reexamine that the assignments, based upon degree of difficulty, are still fair.

### **Associated principles**

- Relationships are the cornerstone of culture change.
- Residents who are cared for by the same staff members come to see the people who care for them as "family."
- Staff that care for the same residents form a relationship and get great satisfaction from their work.
- When staff care for the same people daily they become familiar with their needs and desires in an entirely different way—and their work is easier because they are not spending extra time getting to know what the resident wants—they know from their own experience with the resident.
- When staff and residents know each other well, their relationship makes it possible for care and services to be directed by the resident's routines, preferences, and needs.
- Relationships form over time – we do not form relationships with people we infrequently see. To encourage and support relationships, consistent assignment of both primary staff and ancillary staff is recommended.
- When staff routinely work together, they can problem-solve and find



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- creative ways to re-organize daily living in their care area.
- Consistent assignment forms the building block for neighborhood-based living.

### Resources and Evidence to Support:

1. Centers for Medicare & Medicaid Services (CMS). 5.0. What a difference management makes! Nursing staff turnover variation within a single labor market [Online]. From: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes. Phase II Final Report, Dec 2001. Available: <http://www.cms.hhs.gov/medicaid/reports/rp1201-5.pdf>, 15 Sep 2004.
2. Weech-Maldonado R, Meret-Hanke L, Neff MC, Mor V. Nurse staffing patterns and quality of care in nursing homes. *Health Care Manage Rev.* 2004 Apr-Jun; 29 (2): 107-16.
3. “*What a difference management makes!*” by Susan Eaton, Chapter 5, Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes (Phase II Final Report, December 2001). U.S. Department of Health and Human Services Report to Congress.
4. “PEAK: Pioneering Change to Promote Excellent Alternatives in Kansas Nursing Homes” by Lyn Norris-Baker, Gayle Doll, Linda Gray, Joan Kahl, and other members of the PEAK Education Initiative. <http://www.ksu.edu/peak/booklet.htm>
5. Burgio L.D., et al. Quality Of Care in the Nursing Home: Effects of Staff Assignment and Work Shift. *The Gerontologist* 2004 44(3): 368-377.
6. Campbell S., Primary Nursing: It Works in Long-Term Care. *Gerontological Nursing* 1985, issue 8, 12-16.
7. Cox, C., Kaesner, L., Montgomery, A., Marion, L. Quality of Life Nursing Care: An Experimental Trial in Long-Term Care. *Journal of Gerontological Nursing* 1991, issue 17, 6-11.
8. Patchner, M. Permanent Assignment: A Better Recipe for the Staffing of Aides. *Successful Nurse Aide Management in Nursing Homes* 1989, 66-75.
9. Grant, L. Organizational Predictors of Family Satisfaction in Nursing Facilities. *Seniors Housing and Care Journal* 2004, volume 12, 3-13.