Consistent assignment is something we have all heard about. Some of us may have already put it into practice months or even years ago as part of the national Advancing Excellence in America’s Nursing Home Campaign. This year was Southern Oaks Health Care Center’s first experience with the implementation of consistent assignments. Initially it was simple, but in order to be successful long-term, we knew we needed a thoughtful and well planned approach. No need to reinvent the wheel as there are a ton of resources out there. The one advantage is obvious – relationship building between staff, residents and families can now grow stronger.

When I first suggested consistent assignments to our Director of Nursing, Tina Bourland, I was thrilled to see her become as excited about it as I was. We immediately began to plan. Access to resources and information was vital. As an FHCA member, we found information readily available through the Association’s Culture Change web page (found under Quality Improvement tab/Tools & Resources section at www.fhca.org). Another resource was the Advancing Excellence in America’s Nursing Home Campaign website at www.nhqualitycampaign.org, which offered specific tools and step-by-step implementation information.

Assessing the resident and staffing needs had to be carefully considered. Before taking any steps toward drafting actual schedules, we had to consider the two distinct units that existed within our facility. One unit is a 60-bed secured dementia unit, and the other is a 60-bed short term/long term unit. Resident turnover would be high on the short term unit. It would be important to ensure that any of the staff assigned there would be prepared for the constantly changing needs of new residents who may require lots of attention and have changing routines. The dementia unit would require a slightly different staffing template. Special consideration had to be given to the dependency of some of the residents in the later stages of dementia, as well as behaviors and active wandering.

Common questions that came up from staff were: How do we get to choose our preferred assignments; who will get first choice? What if we feel burned out and need a change? How do we know that one assignment is not harder than the next? What do we do if we have a demanding resident who is hard to care for or requests a reassignment?

Typical manager questions fell more in line with: Isn’t it better that all staff know the residents? How will you assess burn out? What if a family member or resident requests a specific CNA or nurse and then doesn’t get her assigned to them? How will we handle that?

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Another factor we had to consider was that the staff who would be affected by consistent assignments were members of a union. That made support from the union crucial. When I pitched the plan to the union rep, I was pleased to hear the response, “Fantastic, what a great idea. We are in full support of it.”

As my Director of Nursing planned a variety of template assignments for both units, I began the process of introducing our plan to the Resident Council. I reviewed in detail some of the benefits that they would receive in having staff that could anticipate their routines and needs on a more active level. The residents were excited and full of questions. Communication to the families in person and via letters was completed well in advance of our actual start date. I found that most of our regular families who visited responded positively to the plan. The fact sheets for consumers from Advancing Excellence Campaign’s website were very helpful and were included with our letters to families. We also decided to include them in our admission packet for new arrivals. Marketing this staffing advantage to our short-term residents was also valuable and caught the attention of our local hospital case managers.

Communicating the plan to the staff was critical. It would be important to stress the advantages of the plan and make it clear that we were in full support of each of them as situations arose with residents and family members. We communicated early to give the idea time to really sink in and be absorbed. Staff discussed it among themselves and as questions and concerns arose, they were addressed with sensitivity and openness. Once staff were able to view the assignments available and choose their top three preferences, assignments were then made by seniority. When the final schedule was released, there were few complaints.

We are still in the early stages of consistent assignment and our assessment of its successes will be ongoing. I can report, however, that within the first few weeks, resident and staff feedback to the managers has been positive. Frequent comments from residents are, “I really like my CNA; you made a good choice. My CNA really understands me and my routine.” And from our staff, “I find it easier to anticipate the needs and routines of my residents. I plan my day better now.” Family members on our dementia unit have also communicated a great sense of relief in knowing that they can now count on the same person to care for their loved one most of the time. “I know they will really get to know them like I do.”

Wendy Stoutjesdijk is administrator at Southern Oaks Health Care Center, a 120-bed skilled nursing facility in St. Cloud. She is a member of the FHCA Quality Foundation’s Culture Change Council and can be reached at admin@southernoakshcc.com.