CONTINUING EDUCATION & DISCLOSURES

- To complete the course, the learner must:
  - Attend this 60-minute webinar or watch entire recording
  - Complete post-knowledge check & evaluation
- Nursing
  - This program is approved for 1.25 hours of continuing education for nursing. Quality Insights is an accredited provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.
- Nursing Home Administrator
  - This CE program has been approved for 1.0 total participant hours by NAB/NCERS.

Quality Insights and presenters have identified no conflicts of interest.

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LEARNING OUTCOMES

After this course, the learner will:

- List three ways staffing stability can improve infection control and quality improvement outcomes

- Identify at least two methods for empowering Certified Nursing Assistants (CNAs)

- Describe at least two lessons learned from the Staffing Solutions course series

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Staffing Solutions Recognition

- Phoenix Center for Rehabilitation and Nursing; Phoenixville, PA

- Fulton County Medical Center; McConnellsburg, PA

- Roane General Hospital; Spencer, WV

- Lock Haven Rehabilitation & Senior Living; Lock Haven, PA

- Pennknoll Village; Everett, PA

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STAFFING SOLUTIONS: KEY LEADERSHIP LESSONS

Tool	Lessons & Key Takeaways
CMS Guide to Nursing Home Employee Satisfaction	Helps your nursing home improve across five topic areas of employee satisfaction.
Designing Change to Improve Organizational Culture	Offers a step-by-step roadmap for initiating, managing, and sustaining change.
Engaging Nursing Home Staff: Essential Communication Strategies for Leaders	Apply evidence-based principles to engage and retain new and current staff.

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STAFFING SOLUTIONS: KEY STAFF RESOURCES

Staff Toolkit	RN and Nursing Credit	Lessons & Key Takeaways
It's Time to ACT: Action Changes Things	0.25 hours	Targets skills and resources needed to communicate effectively, improve workplace relationships, and make a meaningful difference in the lives of the residents
Mastering Effective Communication: A Toolkit for Nursing Home Staff	1.50 hours	

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Meet Your Speakers

Quality Insights

Jean Storm, DO, CMD
Quality Insights
Medical Director

Jim Triana
Nursing Home Administrator
Complete Care at Oak Ridge

Pathways to Staffing Stability
Opportunities to Improve Care

Meet Jim

Theory and Practice

"In theory there is no difference between theory and practice - in practice there is."

Yogi Berra

- There are a lot of theories about how to improve all aspects of long term care.
- Theories are useless unless they can be applied and actually make a difference for the better.

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Staffing Stability

- Defined as the percentage of employees that remain in a company for a long-term career

- Can be measured in 2 ways:
  1. Retention: Percentage of staff who remain for a defined period of time (typically 1 year)
  2. Turnover: Percentage of staff who leave during a defined period of time

- Why is it important to retain staff and decrease turnover?

Berridge C, Tyler DA, Miller SC. Staff Empowerment Practices and CNA Retention: Findings From a Nationally Representative Nursing Home Culture Change Survey. J Appl Gerontol. 2018 Apr;37(4):419-434. doi: 10.1177/0733464816665204. Epub 2016 Aug 25. PMID: 27566304; PMCID: PMC5326608.

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Why is Staffing Stability Important?

- Higher levels of CNA and licensed nurse turnover has been associated with more deficiencies in quality of care and resident behavior during survey.[1]

- Consistent staffing stability has been linked to higher performance in quality measures.[2]

- When staff were asked, they indicated that teamwork and a safe working environment improved quality care the most.[3]

1.Lerner NB, Johantgen M, Trinkoff AM, Storr CL, Han K. Are nursing home survey deficiencies higher in facilities with greater staff turnover. J Am Med Dir Assoc. 2014 Feb;15(2):102-7. doi: 10.1016/j.jamda.2013.09.003. Epub 2013 Oct 15. PMID: 24139163. 2. Mukamel DB, Saliba D, Ladd H, Konetzka RT. Association of Staffing Instability With Quality of Nursing Home Care. *JAMA Netw Open.* 2023;6(1):e2250389. doi:10.1001/jamanetworkopen.2022.50389 3. Zúñiga F, Ausserhofer D, Hamers JP, Engberg S, Simon M, Schwendimann R. Are Staffing, Work Environment, Work Stressors, and Rationing of Care Related to Care Workers' Perception of Quality of Care? A Cross-Sectional Study. J Am Med Dir Assoc. 2015 Oct 1;16(10):860-6. doi: 10.1016/j.jamda.2015.04.012. Epub 2015 May 28. PMID: 26027721.

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Common Sense Reasons

- Residents become comfortable with staff and feel safe (feeling safe and comfortable = better quality of life)

- Staff get to know residents so they know when something is wrong earlier

- Staff get comfortable working together to improve communication

- Team development

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What Do Staff Want to Experience in a Work Environment?

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Teamwork

- Individuals working in nursing homes want to protect residents and provide the best care possible.

- Staff want to help provide the best outcomes for the residents under their care.

- Staff want to work as a team to accomplish the goal of providing the best care for the residents under their care.

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Ideal Work Environment to Retain Staff

- Supervisory behaviors:
  - ➤ Provides clear instruction
  - ➤ Provides positive feedback for a job well done

- Organizational climate
  - ➤ Staff involved in challenging work
  - ➤ Staff included in resident care decisions

- Sufficient time to carry out activities

- Perception of feeling valued

Probst JC, Baek JD, Laditka SB. The relationship between workplace environment and job satisfaction among nursing assistants: findings from a national survey. J Am Med Dir Assoc. 2010 May;11(4):246-52. doi: 10.1016/j.jamda.2009.08.008. Epub 2010 Mar 6. PMID: 20439043.

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Creating Change to Build a Satisfying Work Environment

1. Inspire staff *engagement*
2. Create staff *empowerment* opportunities
3. Discover ways to have staff derive *meaning and joy* in their work
   - Making a difference
   - Feeling valued
   - Ikigai or Meraki

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The Framework

Engagement

"Employee engagement is the art and science of engaging people in authentic and recognized connections to strategy, roles, performance, organization, community, relationship, customers, development, energy, and happiness to leverage, sustain, and transform work into results."

- David Zinger

Empowerment

"People want guidance, not rhetoric. They need to know what the plan of action is and how it will be implemented. They want to be given responsibility to help solve the problem and the authority to act on it."

- Howard Schultz

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The Framework

Joy

"Pleasure in the job puts perfection in the work."

- Aristotle

Meaning

"Everyone has his own specific vocation or mission in life... Therein he cannot be replaced, nor can his life be repeated. Thus, everyone's task is as unique as is his specific opportunity to implement it."

- Viktor Frankl

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Engagement

"Leadership Styles of Nursing Home Administrators and Their Association With Staff Turnover"
Christopher Donoghue, PhD, and
Nicholas G. Castle, PhD
The Gerontologist

Engagement

- Four types of leadership styles in NHAs:
  1. **Consensus manager:** Seeks input from employees and allows input in influence decisions
  2. **Consultive autocrat:** Seeks input, but makes decisions independently
  3. **Autocrat:** No input, independent decisions
  4. **Shareholder manager:** No input, no feedback
- The consensus manager type was associated with the lowest level of turnover

Staff Empowerment

- Approximately 1,500 NHAs were asked to complete a survey regarding staff empowerment practices.

- The staff empowerment scores were compared to staff retention rates.

- A higher score on the staff empowerment index score was significantly associated with higher nursing assistant retention.

- "Practices that promote shared and open decision making such as having formal processes that allow NAs to contribute ideas on improving resident care and sharing facility-wide management decision-making power with staff may also promote staffing stability."

Berridge C, Lima J, Schwartz M, Bishop C, Miller SC. Leadership, Staff Empowerment, and the Retention of Nursing Assistants: Findings From a Survey of U.S. Nursing Homes. J Am Med Dir Assoc. 2020 Sep;21(9):1254-1259.e2. doi: 10.1016/j.jamda.2020.01.109. Epub 2020 Mar 16. PMID: 32192871; PMCID: PMC7483198.

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Empowerment Survey

"Is staff, other than activity and management staff, involved in planning social events?"

Never (7.99%)
Sometimes (44.80%)
Often (31.18%)
Always (16.04%)

"Do nursing assistants take part in quality improvement teams?"

Never (5.74%)
Sometimes (41.12%)
Often (32.31%)
Always (20.83%)

"Are changes in residents' care made as a result of nursing assistants' input?"

Never (0.51%)
Sometimes (22.26%)
Often (59.43%)
Always (17.80%)

Berridge C, Lima J, Schwartz M, Bishop C, Miller SC. Leadership, Staff Empowerment, and the Retention of Nursing Assistants: Findings From a Survey of U.S. Nursing Homes. J Am Med Dir Assoc. 2020 Sep;21(9):1254-1259.e2. doi: 10.1016/j.jamda.2020.01.109. Epub 2020 Mar 16. PMID: 32192871; PMCID: PMC7483198.

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Joy and Meaning

- A survey was conducted of 1,779 nursing assistants from 72 nursing homes in 5 states.

- Nursing assistants who indicated they are able to play a part in quality of care and positively impact their residents' lives had lower rates of turnover.

- Overall job satisfaction was associated with low scores on the following:
  - Thinking about leaving
  - Thinking about a job search
  - Searching for a job
  - Turnover

Castle NG, Engberg J, Anderson R, Men A. Job satisfaction of nurse aides in nursing homes: intent to leave and turnover. Gerontologist. 2007 Apr;47(2):193-204. doi: 10.1093/geront/47.2.193. PMID: 17440124.

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love
will always
win

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Opportunities to Implement the Framework

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Early Sepsis Recognition

- Almost 25% of Medicare beneficiaries who are admitted to a long-term care facility after a hospitalization are readmitted to the hospital within 30 days.[1]

- One of the most common causes of hospital readmissions is infection.[2]

- Early recognition of infection can potentially prevent sepsis (and hospitalization).

1.Mor V, Intrator O, Feng Z, Grabowski DC. The revolving door of rehospitalization from skilled nursing facilities. *Health Aff (Millwood)*. 2010;29(1):57-64. doi:10.1377/hlthaff.2009.0629

2. Riester MR, Bosco E, Silva JBB, Bardenheier BH, Goyal P, O'Neil ET, van Aalst R, Chit A, Gravenstein S, Zullo AR. Causes and timing of 30-day rehospitalization from skilled nursing facilities after a hospital admission for pneumonia or sepsis. PLoS One. 2022 Jan 20;17(1):e0260664. doi: 10.1371/journal.pone.0260664. PMID: 35051181; PMCID: PMC8775208.

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Can We Prevent Sepsis in the Nursing Home?

"Because symptoms and signs are nonspecific in older patients, especially those with multiple comorbidities and/or cognitive impairment, virtually any acute change in condition could represent possible sepsis due to an infection."

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Prevention

Very few studies, but there is this one ...

"Can Sepsis Be Detected in the Nursing Home Prior to the Need for Hospital Transfer?"

Philip D. Sloan, MD, MPH, et. al

Journal of the American Medical Directors Association

Sloane PD, Ward K, Weber DJ, Kistler CE, Brown B, Davis K, Zimmerman S. Can Sepsis Be Detected in the Nursing Home Prior to the Need for Hospital Transfer? J Am Med Dir Assoc. 2018 Jun;19(6):492-496.e1. doi: 10.1016/j.jamda.2018.02.001. Epub 2018 Mar 26. PMID: 29599052.

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Learning Points

- Educate staff to recognize and respond early.
  - ➢ Opportunity to empower staff to impact outcomes
  - ➢ CNA leadership and engagement opportunity (sepsis detection team)
  - ➢ Possibility of both points positively influencing staffing stability
- The sepsis tool that was shown to be the most sensitive was the 100-100-100 tool as well as oral temperature > 99.0 F.
- It is essential to obtain and document vitals signs as well as changes in cognitive status .

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Infection Prevention

- Enhanced barrier precautions (EBP) is a process developed by the CDC to prevent transmission and infection with MDROs in residents colonized with MDROs and in residents with indwelling medical devices and/or wounds.[1]

- A study of over 200 nursing home residents demonstrated a reduction of MDRO prevalence by 23% when EBPs were used.[2]

- The approach involved a team approach. The CNA, nurse, physician, and infection preventionist worked as a team to implement the precautions.

1.https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html
2.Mody L, Krein SL, Saint S, et al. A Targeted Infection Prevention Intervention in Nursing Home Residents With Indwelling Devices: A Randomized Clinical Trial. *JAMA Intern Med.* 2015;175(5):714–723. doi:10.1001/jamainternmed.2015.132

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Innovative Activities Programs

Most important principles of a highly successful activities program:

1. Residents are never left alone in the activities area, but are always engaged with staff in casual conversation, exercise, or other meaningful activities.

2. Activities are (almost) continuous.

3. Program must involve staff from all disciplines, especially CNAs.

Volicer L, Simard J, Pupa JH, Medrek R, Riordan ME. Effects of continuous activity programming on behavioral symptoms of dementia. J Am Med Dir Assoc. 2006 Sep;7(7):426-31. doi: 10.1016/j.jamda.2006.02.003. Epub 2006 May 11. PMID: 16979086.

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"The Club"

- Continuous activity program implemented on a dementia unit with 28 residents.

- "All staff, including licensed staff, nursing assistants, social work, activities, housekeeping, and rehabilitation received … [an] education includ[ing] team-building exercises that explored what makes staff members feel good about their jobs, provided staff empowerment, and discussed quality of life for their residents with suggestions on how to make it happen for their residents."

Volicer L, Simard J, Pupa JH, Medrek R, Riordan ME. Effects of continuous activity programming on behavioral symptoms of dementia. J Am Med Dir Assoc. 2006 Sep;7(7):426-31. doi: 10.1016/j.jamda.2006.02.003. Epub 2006 May 11. PMID: 16979086.

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"The Club"

- Continuous programming which starts with breakfast.
- Formal activities (exercise, reading current events) are alternated with non-formal activities (having residents help move chairs and tables).
- One "special event" each day such as craft or music event.
- Staff have the opportunity to independently lead a group once they receive training and co-lead a group with an occupational therapist.

Results

Variable	# of Residents Before	# of Residents After
Psychoactive medications	20	8
Neuroleptics	19	6
Antidepressants	4	0
Benzodiazepines	2	1
Mood stabilizers	4	1
Weight Loss	9	1
Weight Gain	1	11
Social Isolation	15	5

Activity hours were doubled without an increase in staffing!

Volicer L, Simard J, Pupa JH, Medrek R, Riordan ME. Effects of continuous activity programming on behavioral symptoms of dementia. J Am Med Dir Assoc. 2006 Sep;7(7):426-31. doi: 10.1016/j.jamda.2006.02.003. Epub 2006 May 11. PMID: 16979086.

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Simple Implementation

- Gather a group of staff interested in activities and form an activities steering committee to meet regularly with the activities director.

- Create a basic daily schedule for continuous activities.

- Request input from all staff (CNAs, housekeeping, maintenance, nursing, etc) for engaging, meaningful activities.

- Encourage family and MPOA involvement.

- Launch a pilot and track results.

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Take Home Points

- Staffing stability is one of the most important factors that positively impacts quality of care.

- Nursing home staff want to provide exemplary quality of care to residents.

- NHAs who seek input from staff and utilize this input to make decisions experience less turnover in their facilities.

- There are many opportunities to engage and empower staff in the nursing home environment which can improve care while stabilizing staffing.

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Course Content and Data Upload: Complete by June 28, 2024

Kickoff Webinar	Course 1: Hiring	Course 2: Retaining	Course 3: Engaging	Closing Webinar
January 2024	February 2024	March 2024	April 2024	TODAY

- Complete all 3 courses and earn:
  - 3.5 hours continuing education credit for NHAs or nurses

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Data Submission

Submit Data by June 28th:

- ✓ CMS Staff Satisfaction Survey: Data Tool
- ✓ Self-Reported Termination Rate during Probationary Period Form
- ✓ PPE for Transmission Based Precautions Checklist
- ✓ Resident Safety Events Related to Falls
- ✓ Joy in Work Assessment

Quality Insights will create a staffing report exclusively for your facility!

Staffing Solutions for Nursing Homes
Discover How to Create a Workplace Culture Staff Won't Want to Leave

DATA SUBMISSION FAQ

What data do I need to submit and when should I do it?
The chart below references what data to upload to the secure MyQI portal and when.

Data	Definition	Submission Frequency
CMS Staff Satisfaction Survey	The Centers for Medicare & Medicaid Services (CMS) Staff Satisfaction Survey can help your nursing home recruit, motivate, and retain staff that are critical to better resident health and quality of life. This free, anonymous survey takes about 15 minutes to complete and offers employees an opportunity to share their perceptions about the nursing home workplace.	1. Complete initial survey within 30 days after Course 1 is completed. 2. Repeat every 90 days on an ongoing basis.
Self-Reported Termination Rate during Probationary Period	Termination rates for both self and facility termination during probationary period. This information can help you 1) identify and monitor qualified staff hiring proficiency and 2) evaluate the overall nursing home organizational culture (if there is a high number of self-terminations).	1. Submit within 90 days after Course 1 is completed. 2. Repeat every 90 days on an ongoing basis.
Personal Protective Equipment (PPE) for Transmission Based Precautions Checklist	Emerging literature cites a probable link between infection control rates and staffing levels.[1][2] Determine how your current staffing levels may be impacting infection control at your facility by completing the PPE Checklist available on the MyQI website.	1. Complete with 5-10 staff and submit within 2 weeks after Course 1 is completed. 2. Continue by submitting completed checklists every week for a minimum of six weeks.
Resident Safety Events Related to ADLs*	The absence of stable staffing can negatively impact resident outcome measures. Measure how staffing levels are impacting your residents by monitoring activities of daily living (ADL) data. • Data from MDS Section G may be captured through October 2023. • After October 2023: • Medicare: Capture from Section GG • Medicaid Case Mix: Capture from Section GG and/or the four late loss ADLs included in Section S.	1. Capture and submit within two weeks of Course 1 completion. 2. Repeat and submit weekly for a minimum of six weeks.

* Data is being collected beyond the completion of the course series timeframe for comparison and evaluation purposes.
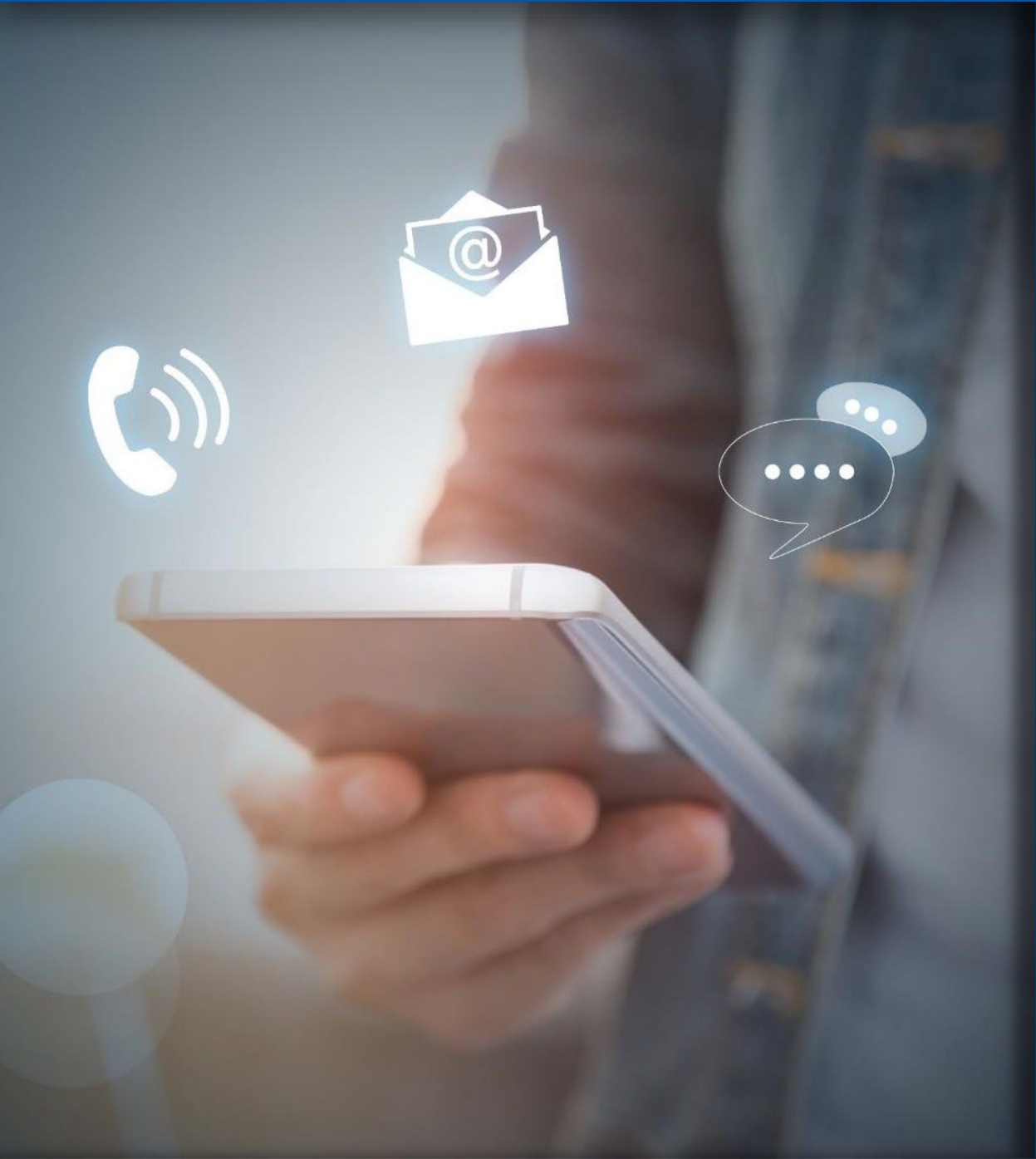
[1] JAMA Network (2020): Association of Nursing Home Ratings on Health Inspections, Quality of Care, and Nurse Staffing with COVID-19 Cases.
https://jamanetwork.com/journals/jama/fullarticle/2769437
[2] Center for MCR Advocacy (2021): "Geography is not destiny: Protecting nursing home residents from the next pandemic."
https://medicareadvocacy.org/wp-content/uploads/2021/02/CMA-NH-Report-Geography-is-Not-Destiny.pdf

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Evaluation and Post-Knowledge Check

- **Evaluation & Post-Knowledge Check for "Staffing Solutions Lessons Learned: Equipping and Empowering Staff for Success"** https://www.surveymonkey.com/r/6T8HTDC

QR Code

To take the evaluation on your smartphone or tablet, activate your camera and scan the QR Code above.

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