HATCh Holistic Approach to Transformational Change

Consistent Assignment

Definition: Consistent assignment (sometimes called primary or permanent assignment) refers to the same caregivers (RNs, LPNs, CNAs) 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.

A few strong arguments for adopting consistent assignment include:

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

Typical issues: When employees are not given a consistent assignment they are not as likely to build relationships with their co-workers or with residents that create a deep sense of satisfaction and "knowing". 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.

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.

Regulatory Support: There is no regulatory requirement mandating the practice of consistent assignment. However, this practice can contribute to successfully meeting regulations found under the ***Quality of Life*** and ***Quality of Care*** requirements of the federal regulations in OBRA '87.

The interpretive guidelines for ***F240 Quality of Life*** states, "The intention of the quality of life requirements specify the facility's responsibilities toward creating and sustaining an environment that humanizes and individualizes each resident." Additionally, regulatory language found under ***F241 Dignity, F242 Self-Determination and Participation, and F246 Accommodation of Needs*** all include the nursing home's responsibility to create and maintain an environment that supports each resident's individuality.

The practice of consistent assignment provides staff and residents the opportunity to build strong relationships that result in staff knowing and supporting each resident as an individual. It helps create an environment that promotes staff to learn about and support a resident's likes, preferences, and interests, which is directly supported by the intent of the quality of life requirements.

Strong caregiver-resident relationships can also lead to positive quality of care outcomes. Meeting the intent of the ***Quality of Care*** requirements found in OBRA '87 is heavily dependent on the direct caregiver implementing the resident's care plan ***(F282 Services provided by qualified person in accordance with each resident's written plan of care.)*** If staff has the opportunity to work with residents on a consistent basis, then staff will be more familiar with care plan goals and treatment objectives. This can result in consistent implementation of care plan approaches. It also provides opportunities for staff to promptly identify when care plans need revision due to a resident's refusal, preferences related to treatment, or a decline in the resident's condition ***(F280 A comprehensive care plan must be – (iii) Periodically reviewed and revised by a team of qualified persons after each assessment.)***

The better that staff know each individual resident that they work with, the more likely the intent of the Quality of Life and Quality of Care requirements will be met.

Goals:

- 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.

Making the Change: There are many ways to undergo the change process. A good start is to think about who can help and to plan in a systematic way the necessary steps. Ensuring that its not a top-down edict but a shared commitment on the part of the community based on need creates a climate ripe for change. A helpful tool can be the Model for Improvement that uses the PDSA Cycle (Plan-Do Study-Act). This is a way to systematically go through a change process in a thoughtful way.

With your committees and groups ask:

1. What are we trying to accomplish? (*Better relationships; less turnover of staff; greater satisfaction among families and residents?)* Naming and articulating what it is that you are trying to accomplish will help you months from now (when you are in the thick of things!) to remember the original intention of the change.

2. How will we know a change is an improvement? This is the question that begs a measurement response.

3. What changes can we make that will result in an improvement? Go study your subject-find out what others have done, take a road trip, phone a friend, go to a Pioneer conference, talk with experts-ask others to do the same.

Sometime, after having this conversation a committee will be energized and ready to try everything. After all, they are all great ideas that will benefit residents and staff in the long run. It's also a homegrown solution to a problem or challenge faced by the organization. Though tempting, it is important not to try all of these ideas at once. Try one idea, roll it out on a small sample or pilot, test it, measure it. If it's not working tweak it. This process is called a PDSA cycle. It looks like this.

Plan: Each PDSA cycle has an objective and a measure. In this phase, create it.

DO: Activate the plan & collect data using the method the team decided upon to measure your success. As much as possible do this on a small scale. Don't try the change on the whole home; try it on a few people or a wing, unit or neighborhood. Small is better. You can keep tweaking and adding to your sample as you see success.

Many teams go as far as Plan-Do. Some teams become very involved in the doing but sometimes find themselves in the midst of many failures without knowing what went wrong or why. The process invites the team to study their activity to ensure they are heading in the right direction. Even finding that one is heading in the wrong direction can offer valuable feedback to a committed team. The next step then, is the study phase.

Study: Test the hypothesis out. Stay open to the possibilities. There are many things you might find happen that you didn't expect. Be sure to note these unexpected gains.

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Act: Once you have completed the process identified above you have a more complete understanding of the challenge or problem. Now armed with very specific information and data you have three options:

- Adapt the change
- Adopt the change
- Abort the change

This entire process can be done in a very public way by using storyboards to journey the process. Remembering to celebrate the success of the process is an important feature of the story helping staff, families and resident alike to witness the ongoing efforts made to improve the home.

Measuring Success: Here is a simple way to calculate/measure consistent assignment efforts.

1. Collect one week per month of staff assignment sheets (filled out by the nurse on the unit at the beginning of each shift). Gather this information for each unit in the facility for both day shift and PM shift from the past 3 months.

2. Choose 4 full-time (5 shifts per week) CNAs to track, 2 from day shift and 2 from PM shift from one unit.

3. The goal is to measure how often these CNAs took care of the same residents. In order to determine which residents/rooms to track with each CNA, 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 CNAs 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 CNA.

4. Now, look at all 21 days worth of assignments and calculate how often each CNA was assigned to the same rooms that you established was their primary assignment.

5. Because there are seven days in a week but the CNAs 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 CNAs numbers over the three weeks you examined to get the total percentage of time the same CNAs care for the same residents.

Example: For one unit

CNAs	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 times the full-time CNAs care for the same residents on this unit.

Note: This assumes that the leadership team is not rotating the CNAs quarterly.

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.

Process to change from rotating assignment to consistent assignment:

1. Bring together CNAs from each shift. This might require having a number of separate meetings. Be sure everyone is included.

2. Begin the meeting by explaining that nursing homes that have switched to consistent assignment have proven to the improve 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 residents 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 CNAs discuss each resident and come to an agreement. Write the number on the resident's post it note.

5. Then, allow the CNAs to select their assignments. Assignments are fair when the numbers assigned to each resident add up to the other totals of the other CNA 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.

Resources:

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