

**W-04 & 05**

# **Building the Case for Culture Change**

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# Turnover and Vacancies

Nationwide:

- Turnover
  - RNs = 50%
  - LPNs = 50%
  - CNAs = 70%
- 96,000 Vacant FTEs
  - 52,000 CNAs
  - 25,100 LPNs
  - 13,900 RNs

AHCA, 2002

# SNF Statistics

- 16,100 SNFs
  - 15,000 free-standing
  - 75% for-profit
  - Top 10 chains dropped 20% of their beds
- 1.68 million beds
- Average occupancy 85.6%
- Serve 3.5 million per year
- Total U.S. spending \$99 billion in 2001

CMS Healthcare Industry Market Update 2002  
AHCA 2004

# SNF Statistics

continued

- Net profit margin for-profits 2.2%
- Net profit margin of non-profits 0.3%
- Average Medicaid rate \$115/day
  - \$9.78 less than avg. daily costs
- Labor accounts for 60%
- % of total census / % of revenue
  - Private pay 20% / 30%
  - Medicare 10% / 25%
  - Medicaid 70% / 45%

CMS Healthcare Industry Market Update 2002

# Why Culture Change?

## Connecting the Dots

- Intrinsic motivation
- Satisfaction
- Stability
- Quality of Life
- Quality of Care
- Financial

# Institutional Model

- Low morale
- Great responsibility
- Little autonomy
- Emotional demands
- Inadequate orientation
- Lack of flexibility
- Environment
- Stress!
- Lack of supplies
- Lack of systems
- RN/CNA conflicts
- Inadequate leadership

# Myths High Turnover

Frontline workers:

- Do not have a good work ethic
- Are not reliable
- Have little support at home
- Have a lower commitment
- Will leave for 10 cents more per hour
- If we could pay them more they would stay

Jervis, 2002

# State Wage Pass-Through Legislation

Has it make a difference?

- 21 states passed legislation
- Analysis of 10 states
  - 3 states reported no impact
  - 3 could not determine
  - 4 reported marginal positive impact
- Data does not support efficacy
- Simply a first step

PHI, Workforce Strategies No. 1, 2003

# Cost and Quality

Marilyn Rantz research findings:

- Retention translates into increased efficiency
- Retention leads to better quality outcomes
- Better quality outcomes lead to lower costs
- On average - \$13.50 less PPD
- Annual savings (90 residents per day) = \$440,000

Rantz, M., "Does Good Quality Care in Nursing Homes Cost More or Less Than Poor Quality Care?" Nursing Outlook, April 2003

# Cost of Turnover Nationwide

- \$2,500 per employee
- \$2.5 billion nationwide
- Direct costs
  - Advertisement costs
  - Staff time to interview, check references, etc.
  - Drug screen, pre-employment physical
  - Classroom orientation
  - Unit orientation
  - Cost of coverage of the vacant position
- Indirect costs
  - Vacant shifts, lower quality, slower service, lost new admissions, workers compensation, lost revenue, stress leading to errors

Seavey, D., “The Cost of Frontline Turnover in LTC.” 2004

# Injury Perils of LTC Staff

- Lost-time injuries are twice the US average
- More likely to be injured on the job than:
  - Construction workers
  - Policemen
  - Firefighters
  - Coal miners
  - Manufacturing plant employees
- Primarily due to short staffing
- Significant cost

Wunderlich, 1996

# Assaults by Residents on CNAs

- 59% assaulted at least once per week
- 16% assaulted daily
- 51% have been injured
- Confident in recognizing agitation
- Lack of knowledge and skill to prevent

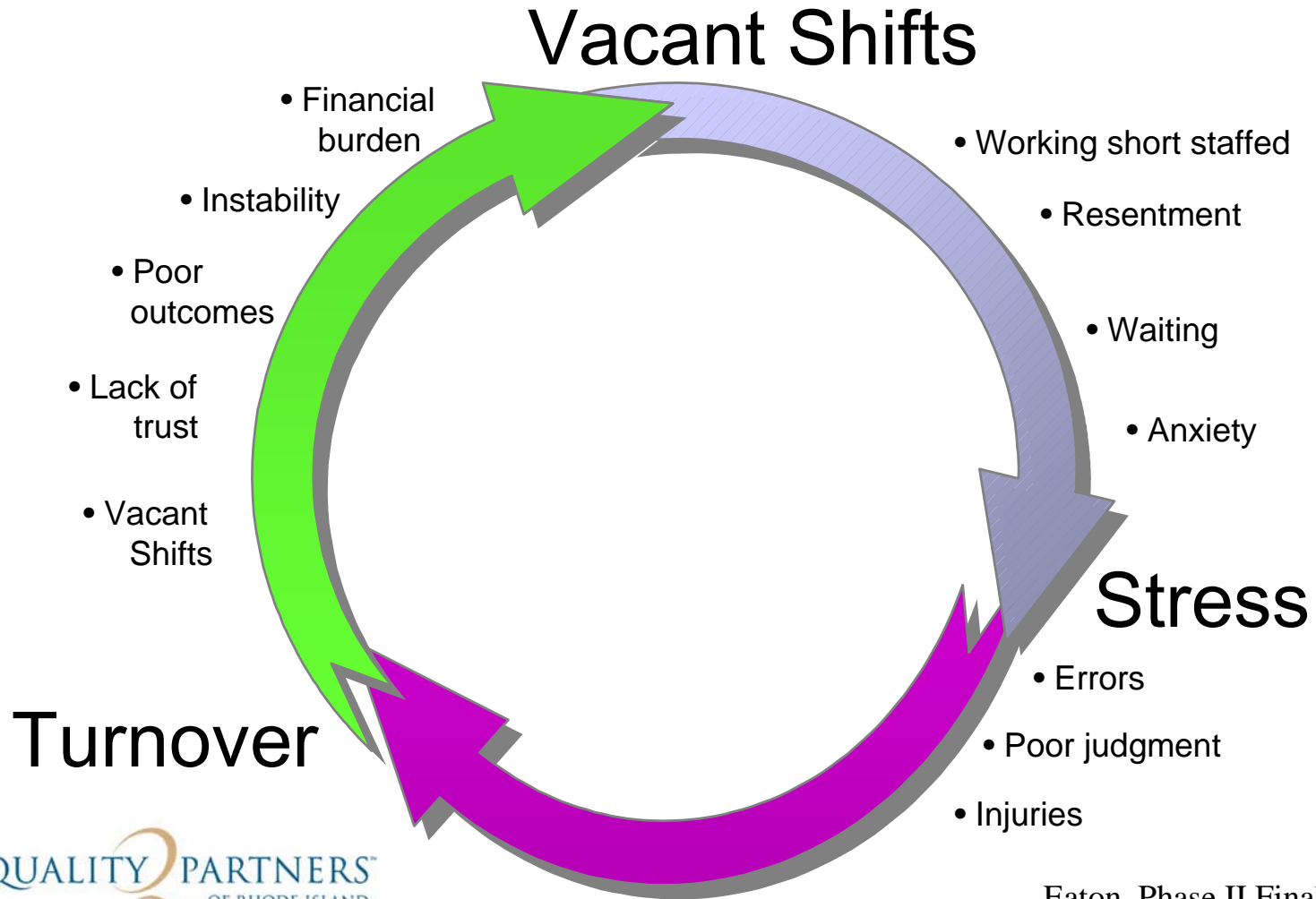
Gates, D. et al, JAMDA, 2004

# “What a Difference Management Makes”

- Paired 4 high vs. 4 low turnover facilities
- Similarities
- 159 on-site interviews
- Vicious cycle

Eaton, Phase II Final Report, 2001

# A Vicious Cycle



# The Impact of Vacant Shifts

C.N.A.'s report what gets neglected:

- Range of motion
- Hydration
- Feeding
- Bathing

Hawes, 2002

# High Turnover = Poor Outcomes

Interrupts continuity:

- Incontinence
- Facility acquired pressures sores
- Urinary Tract infections
- Falls and fractures

Dresser et. al. 1999; Harrington et. al. 1999

# Staff Stability

Tacit knowledge:

- Lifting and turning safely
- Who has grandchildren
- Who wears glasses for what
- Individual preferences

Eaton, S., “Beyond Unloving Care.” 2000

# Abuse and Neglect

## Causes:

- Inadequate training
- Short staffing
- Stress
- Burnout
- Frequent thoughts of quitting

Pillemer and Moore, "Abuse of Patients in Nursing Homes." 1989

# Litigation

- Only 8% go to trial
  - 50% lead to payment of plaintiff
- 92% settled out of court
  - 88% payment to plaintiff
  - Average payment = \$406,000
- Initiated in reaction to:
  - Death
  - Pressure ulcers
  - Weight loss
  - Emotional distress

Stevenson and Studdert 2003

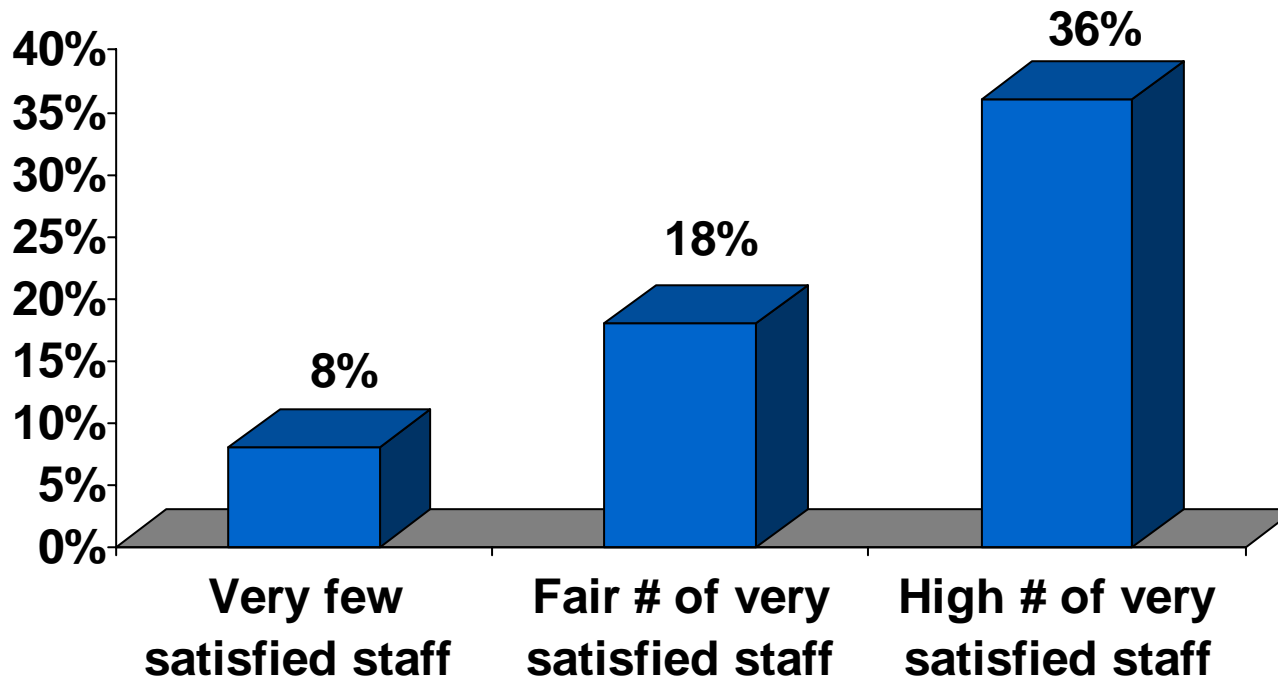
# Revenue Growth

- Marketing
- Public relations
- Occupancy rates
- Improved quality mix
  - Sub-acute

Tellis-Nayak, V., 2003

# Very Satisfied Staff

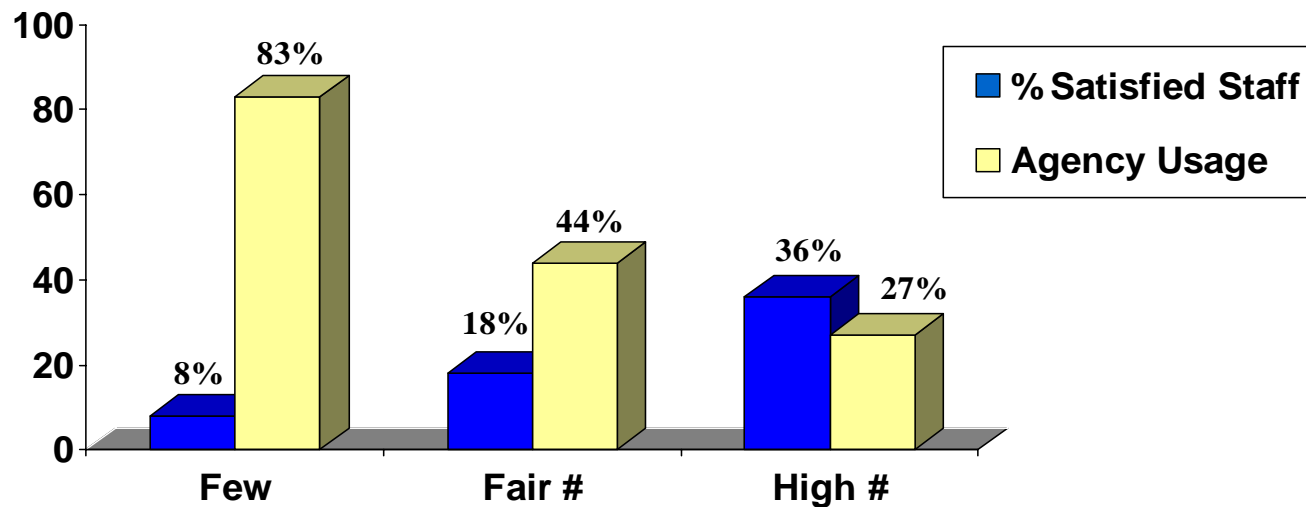
## In Three Groups of Facilities



Tellis-Nayak, V., "Customer Satisfaction in Long Term Care: A Guide to Assessing Quality" AHCA, 2003

# Agency Staff Usage and Staff Satisfaction

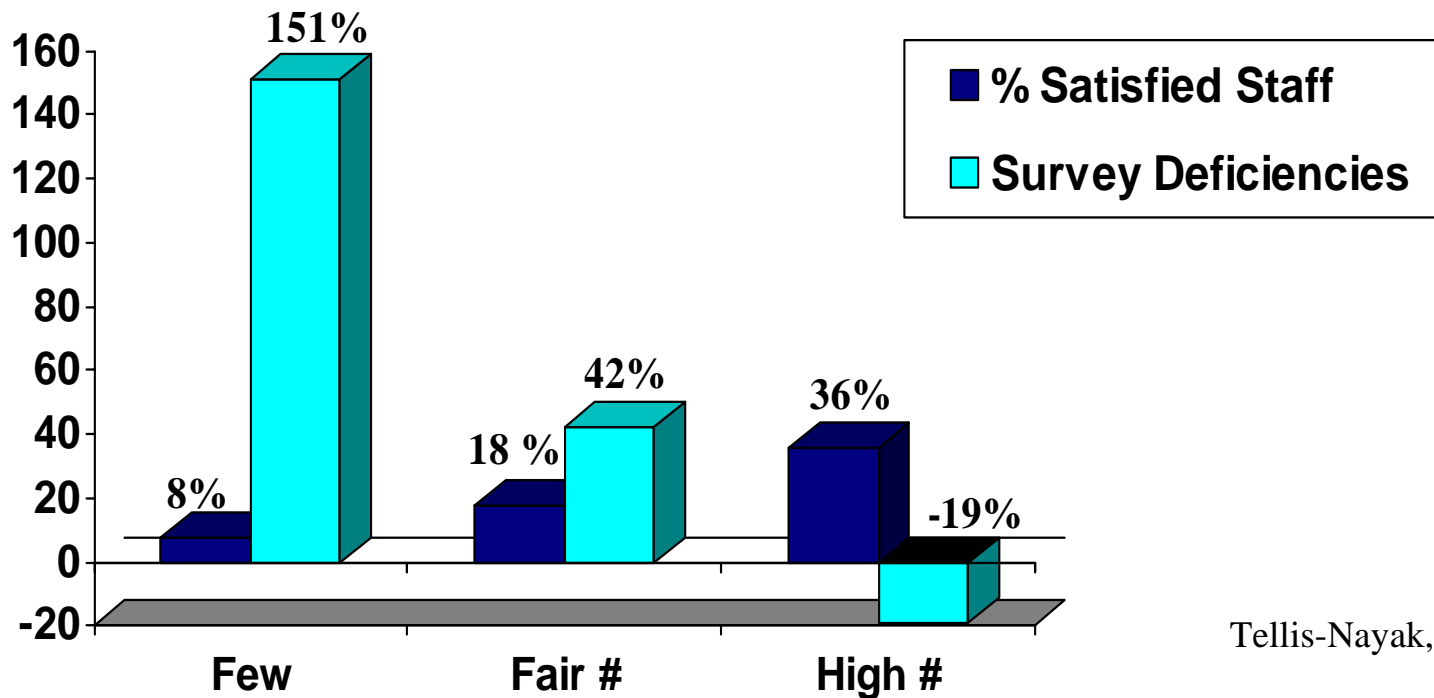
## In Three Groups of Facilities



Tellis-Nayak, V., 2003

# Survey Deficiencies Compared to State Average and Staff Satisfaction

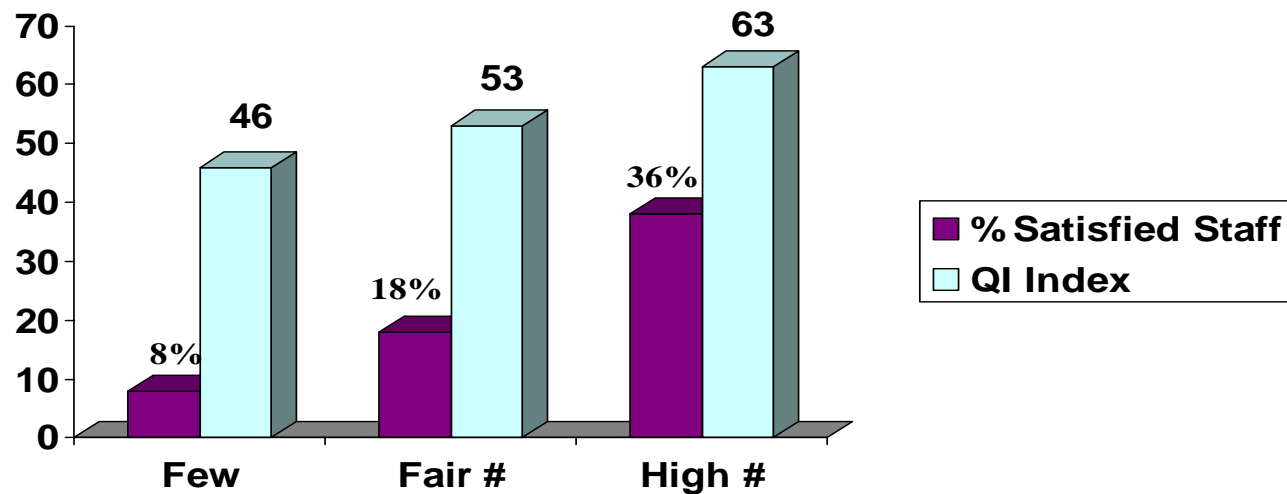
## In Three Groups of Facilities



Tellis-Nayak, V., 2003

# QI Index and Staff Satisfaction

## In Three Groups of Facilities



Tellis-Nayak, V., 2003

# Staff Satisfaction = Family Satisfaction

- 12 states publicly report family satisfaction
- Staff satisfaction key predictor of family satisfaction
- Satisfied employees report:
  - Better supervision
  - Better training
  - Better work environments
- Satisfied families report:
  - Quality of life
  - Quality of care
  - Quality of service

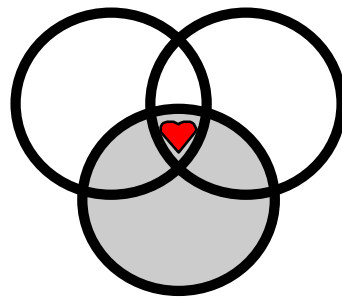
Grant, L., “Organizational Predictors of Family Satisfaction in Nursing Homes.” *Seniors Housing & Care Journal*. 2004.

# Retention Issues

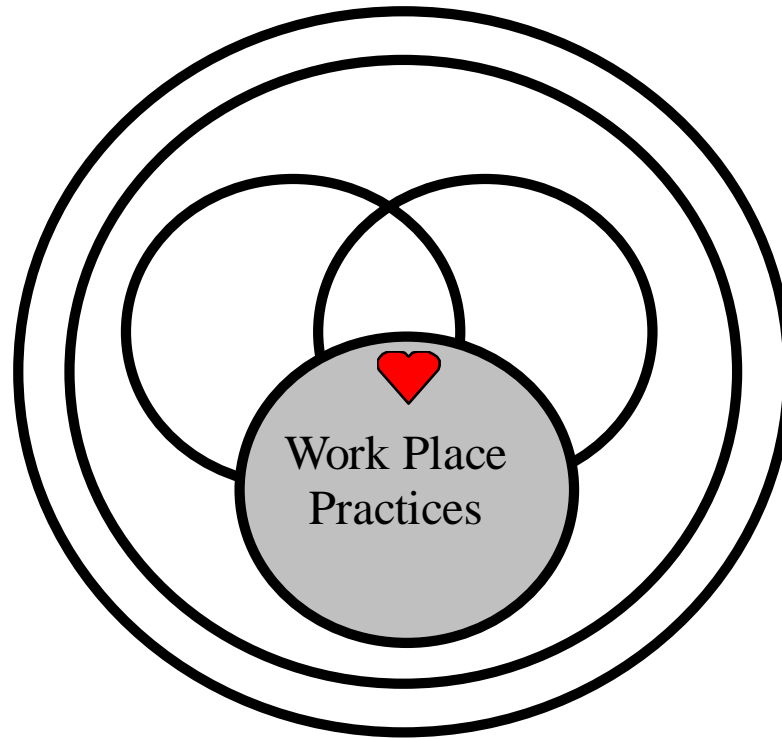
- Only 60% of facilities measure turnover
- Less than 50% use satisfaction surveys
- Largest obstacle to quality care - vacancies
- C.N.A. focus groups - relationships
  - Listen, recognize, respect, trust

IFAS, CAHSA, “Addressing Shortages  
in the Direct Care Workforce” 2003

# The Critical Domain of Workplace Practice



# Transformative Work Place Practice



# Average Hours PPD

- Total hours per patient per day = 3.32
  - Only 3 states under 3.00 HPPD
  - Only 1 state above 4.00 HPPD
- Increase of .21 HPPD since 1999
  - RN hours have decreased by .05 HPPD
  - LPN hours have increased by .05 HPPD
  - C.N.A. hours up by .21 HPPD

AHCA, 2004

# Who are the C.N.A.'s

- Deliver 80% of hands-on care
- 90% are women
- 50% are non-white
- Single mothers aged 25-54
- 50% are near or below the poverty line

GAO, 2001

PHI, "Who are Direct Care Workers?" 2004

# Key Reasons C.N.A.'s Select Nursing Home Work

- The opportunity to help others
- Makes me feel meaningful
- It is useful to society
- Offers a lot of contact with people

Pillemer, K. "Solving the Frontline Crisis in LTC." 1996

# Stand Up and Tell Them

## *Views from the Frontline in Long-Term Care*

Produced by Better Jobs Better Care, a national program supported by The Robert Wood Johnson Foundation and the Atlantic Philanthropies, with direction and assistance provided by the Institute for the Future of Aging Services, American Association of Homes and Services for the Aging.

# C.N.A.'s Four Major Causes of Stress

Lack of:

- Staff
- Time
- Good supervision
- Education

Pillemer, K. "Solving the Frontline Crisis in LTC." 1996

# High Rate of Burnout

- 70% feel burned out some of the time
- 60% feel they sometimes treat the residents impersonally
- 40% feel that they have become hardened emotionally

Pillemer, K. "Solving the Frontline Crisis in LTC." 1996

# Top Reasons for Leaving

- Too many patients
- Pay was too low
- Not valued by the organization
- Dissatisfaction with supervisor
- Lack of opportunity to advance
- Could not provide quality care

Mickus, M., Luz, C., Hogan, A., “Voices from The Front.” 2004

# CMS Special Study on Workforce Retention

Quality of work life measures:

- Staff satisfaction/experience
- Attendance
- Shifts worked short
- Turnover rates
  - By shift
  - By unit
  - By discipline
  - By LOS
- Resident and family satisfaction

# CMS Special Study on Workforce Retention

What does it feel like when understaffed?

- “Stressful; no lunch break, your back hurts.”
- “Hectic – finger nails do not get clipped, men don’t get shaved, people are left with empty cups.”
- “Hell.”

What does it feel like when you have enough staff?

- “Relief – feel you accomplished something.”
- “Can do little things for the residents like give them a hug.”
- “Can give them a back rub, talk to them, you can take the time to be more human.”

# Institute of Medicine

- Quality of care depends on the frontline
- Staffing levels are necessary
- Other key factors:
  - Education
  - Supervision
  - Job satisfaction
  - Turnover
  - Leadership
  - Organizational culture

Wunderlich G. S., “Improving the Quality of Long Term Care,” IOM, 2000

# National Commission on Nursing Workforce

- National Initiatives
- State and Local Initiatives
  - Collaborate
  - Create partnerships
  - Develop workforce initiatives
- Facility and Provider Initiatives

“Act Now for Your Tomorrow.” 2005

# National Commission on Nursing Workforce

## Facility and Provider Initiatives:

- Create worker-oriented workplaces
- Implement organizational change
- Develop supervisory training programs
- Organize peer mentor programs
- Encourage self managed work teams
- Promote career ladder opportunities
- Support professional and personal growth
- Increase salary and benefits
- Foster relationships

# “What a Difference Management Makes”

Low turnover vs. high turnover:

- Leadership visibility
- Cared for caregivers
- High performance human resource practices
- Primary assignments
- Rarely worked short

Eaton, Phase II Final Report, 2001

# Communication

- Listening
- Consistent and regular communication
  - Across shifts is planned
  - Between leaders and staff
- Visibility – word and action
- Written – minutes, memos, notes
- Respect

Eaton, Phase II Final Report, 2001

# Recognition

- Caregivers thirst for recognition
- Catch them in the act of compassion
- Recognize teams for quality improvement
- Recognize new employees
- Create positive feedback loops

Eaton, Phase II Final Report, 2001

# Empowerment

Foundation is trust

- High involvement
- Knowledge
- Skills and resources
- Positive feedback
- Opportunity to improve systems

Eaton, Phase II Final Report, 2001

# Retention is All About Relationships

- Between co-workers
- Across departments
- Between supervisors
- Frontline and supervisors
- Staff and residents
- Between residents
- Staff and resident's family members

Eaton, Phase II Final Report, 2001

# Primary assignments

Improve:

- Teamwork
- Relationships
- Attendance
- Screening and assessment
- Quality of life
- Clinical outcomes

Allows for person-directed care

# Primary Assignments – The Evidence

- Residents – more control and choice, less agitation
  - Staff – ability to provide high quality care
- Cox, C.L. 1991
- Residents – better clinical outcomes
  - Staff – able to provide better care and more aware of resident needs
  - Lower turnover and lower absenteeism
- Patchner, M.A. 1993
- Residents – reduction in pressure ulcers, increases in functional ability
  - Staff – felt more accountable
  - Turnover dropped by 29%
- Campbell, S. 1985
- Preference of staff, residents and families
  - Families – greater sense of comfort
  - Staff – higher satisfaction
- Goldman, B. D. 1998

# Eaton's Findings on Scheduling

- Most common reason for termination
- Different practices in low vs. high
- Flexible
  - Allow for different start times
  - Consider personal lives
- Rigid
  - In response to problems
  - “Personal life is not my problem.”

Eaton, Phase II Final Report, 2001

# The “Stop Doing” List

- Rotating staff
- Incentives to waive benefits
- Sick pay – use it or lose it
- No sick pay until second day of absence
- Filling vacant shifts with new staff

# Gallup Organization

Keys to improve retention:

- Recognition and praise
- Care about them as people
- Encourage personal development
- Value their opinions
- Encourage friendships
- Let them know they make a difference

LTC Regulatory Risk & Liability Advisor, Vol. 9/ No. 6. 2001

# Basic Human Needs

- To Live
- To Love
- To Learn
- To Leave a Legacy

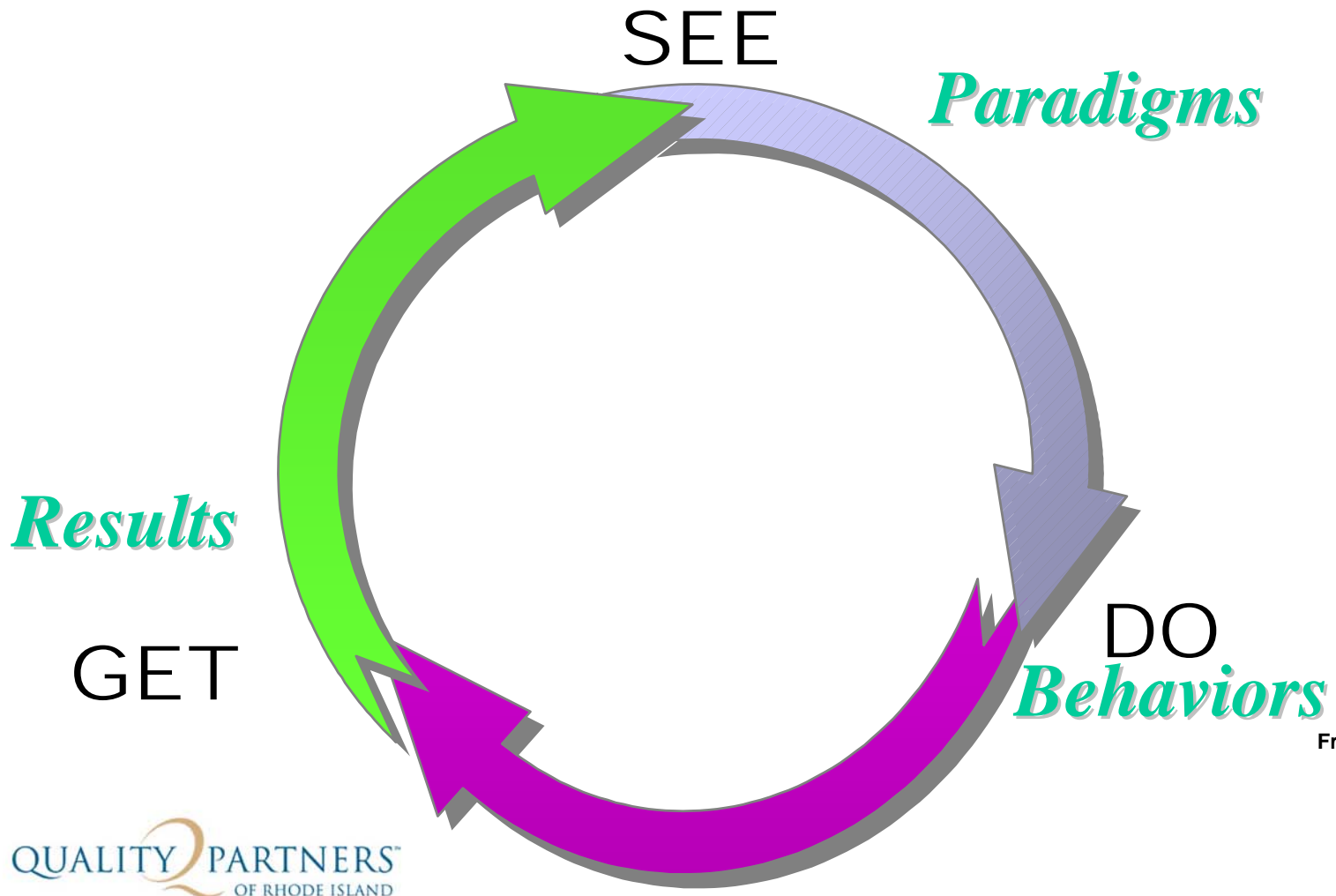
Covey, "Principle-Centered Leadership," 1992

# Culture Change = Stability

- Eden
- LEAP
- Meadowlark Hills
- Mt. St. Vincent
  - Less absenteeism
  - Lower turnover rates

Eaton, 2000; Stone, 2001

# Basic Change Model



Franklin Covey, Inc.

“For every thousand hacking at the leaves of evil there is only one striking at the root.”

Henry David Thoreau