

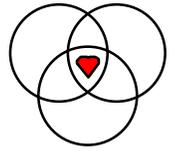
Change Ideas for Consistent Assignment

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.

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.

How to calculate if your facility is truly using 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) 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.



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Consistent
assignment
calculation
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 time 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.

Process to change
from rotating
assignment to
consistent
assignment:

- C.N.A. shift meetings
- Care giving challenge scale – 1 to 5
- Listen for variation of the individual rating
- CNAs select their assignment
- Sum total from the scale - not the number of elders.
- Re-visit frequently

Details:

1. Call two meetings, one with all of the CNAs from the day shift and one with all of the CNAs from the night shift.
2. Begin the meeting by explaining that nursing homes that have switched to consistent assignment 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. Ask the group to rank care for each resident on a 'challenge scale' with number 1 being relatively easy, number 3 in the middle and number 5 being very challenging (e.g., time consuming, emotionally draining). Let the CNAs discuss each resident and come to an agreement. Write the number on the residents post it note. *Listen for variation of individual ratings – some caregivers may rate a resident lower on the 'care challenge scale' than others because they have a special rapport with that resident.*
5. Sum total from the scale - not the number of elders. Ask 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 are still fair, based upon degree of difficulty.

Evidence for consistent assignment:

- Residents and their family members value the quality of the relationships they have with the frontline caregivers more than the quality of the medical care and food.
- Reduces staff turnover and absenteeism.
- Improves staff satisfaction - CNAs feel more valued for their skill and knowledge and report higher job satisfaction than those working in rotating assignment homes.
- Nurse assistants planning to stay in their jobs report “their own personal feelings for their patients” were most important to them.
- Enhances quality of work and care - CNAs defined ‘good caregiving’ as based on the establishment and maintenance of good relationships with residents
- Residents living in permanent assignment nursing homes received significantly higher ratings of personal appearance and hygiene than residents in rotating assignment homes.
- Better clinical assessments and outcomes

Related Principles:

- Patient-specific knowledge is crucially important in ensuring quality of life, safety and adequate care.
- 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 re-organize daily living in their care area.
- Consistent assignment forms the building block for neighborhood-based living.

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