According to figures supplied to me by my nursing home, their turnover rate in 2015 was a staggering 41%.

When I asked the Director of Nursing what her goal was for reducing turnover in 2017, she looked at me like a deer in the head lights.

She gave the impression she had no idea what I was talking about.

I wasn’t surprised.

It begs to ask what they talk about in staff and Quality Assurance meetings.

Because of direct care workforce turnover and callouts, managers are forced to pull nursing staff from one unit to another creating a mediocre resident experience to all those affected. Rather than isolating those unit managers with the highest turnover and using the existing management’s expertise to mentor those that need help and direction, they continue to move staff around diminishing the quality of care to each affected resident.
The obvious fallacy is that there is no one with experience, expertise or desire to deal with turnover.

My nursing home has had nine years to fix the problem.

Staff turnover is not unique to my nursing home but exists industry wide.

My nursing home is quick to tell you, and proudly so, that their turnover rate (41% in 2015) is below the national average (44.4% in 2013).

The condition has been so pervasive that even the aging state and federal inspectors can only identify the problem through numbers supplied by the nursing home.

Surveyors are ill-equipped to offer solutions. It is also not their job. They are, in fact, nursing home "monitors." They just tell you that you have an employee turnover problem.

Does anyone believe that those numbers are an accurate reflection of reality? Of a commitment to quality care? Especially when it's a state agency inspecting another state agency?

I don't think so.

I believe that there is an unwritten code that says that one state agency doesn't disparage another state agency. Particularly one with the word "Veterans" in the title.

There is no correlation between the numbers on paper and the quality of the care provided. It's disingenuous to think otherwise.

Recently I engaged an RN in a robust discussion about employee turnover and the switching of nursing assistants to other units to fill short staffing and call outs.

She adamantly stated that the quality of care had not diminished on her unit as a result of management pulling CNAs from her domain.

"Each substitute was certified and qualified. They were all certified."

She had lost sight of the personal assets a permanent CNA or LPN brings to the profession.

A CNA brings the unseen skill set of knowing each residents' preferences. Not just one, but all twenty residents in the dining room.
The unit manager’s priorities are no longer focused on resident’s comfort and dignity, but instead, satisfying the administrative timeline for paperwork, reports, and meetings.

The following day at the breakfast table I witnessed an LPN that no one had seen before, uncover an open, bleeding wound next to me. She began treating the wound in front of all of us. It wasn’t until I commented that the whole scenario was unprofessional that she moved the patient from the table to the hall rather than his room.

Throughout the lunch and dinner meals, I saw LPNs pass medication to residents at the tables while they were eating.

Saturday of the same week no one got me up at seven for breakfast. Breakfast is at eight, and I was awakened at eight-thirty. They were shorthanded, and I was assigned a new CNA from an agency.

The same Saturday and unfamiliar LPN on the evening shift offered me only nine of the twelve pills I’m supposed to get.

Just an example of the inexperience, absence of training, and a lack of understanding of what quality service and care are in the nursing profession. It has been replaced by administrative requirements and away from the resident’s dignified experience.

Statistics and numbers collected from paper reports in no way reflect the hidden assets and skill set that a direct care professional brings to the long-term employer.

There is no substitute for the knowledge, familiarity, understanding, and positive encouragement that the regular CNA brings into the life of the resident.

The exchange of feelings is mutual.

Regular CNAs become family. They are the friendly face residents look forward to seeing each morning. Part of my inner circle. My confidant.

CNAs look forward to coming to work and seeing their residents—their progress and they worry if there is a decline.

The direct care workforce generously share their family with those of us whose families have abandoned us. Residents know the CNA’s and LPN’s family through shared pictures from smart phones and look forward to updates: their newborn, their pets, their ups, and downs.
In return, CNAs receive from the residents support when needed, encouragement, and praise when deserved.

The direct care professionals are the lifeline residents depend on—to the end.

They are the first to ask about the test result.

They are the ones that cheer for our recovery, praise our successes; they are the welcoming, reassuring smile when we return from the hospital.

The direct care professional brings incredible strength. They commit so much of themselves knowing all too well it will only be temporary and will end in loss and a feeling of emptiness.

They are the first person we call when our burdens become too heavy.

They provide us with the last hug we’ll ever get. The last hand we’ll ever hold. The last hint of affection we’ll ever feel.

They are the ones that weep secretly—silently—so that they don’t appear weak when we die.

To break that bond is hurtful, counterproductive, and produces negative outcomes at all levels.

It’s devastating!

Another reminder that the aged are but a useless commodity without feelings.

The administration’s view is that the residents will get over it.

Some may not have enough time left, but the feelings of the residents are of little concern.

Longevity in a nursing home is the greatest uncertainty looming over all of us.

CNAs are just another familiar face that soon becomes but a faded memory when removed from our lives.

Our last bit of warmth, and the acceptance that our contribution in life is appreciated.

C’est la vie.
Nine years the turnover has persisted at my nursing home. Pleas from the residents and the employees have fallen on deaf ears, and concerns have gone unresolved.

The administration continues to cling to the last vestiges of a failing, uncaring, philosophy.

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