

Case For Consistent Assignment In the Nursing Home Setting, The

Farrell, David

Nursing homes in Rhode Island and throughout the nation are increasingly assigning nurses and nursing assistants to care regularly for the same residents, a process called "consistent assignment." As a physician, you may have noticed an improvement in the level of detail and accuracy of information on your nursing home patients. If you are not aware of this scheduling process, ask the nursing home whether your patients receive care from the same nurses and nursing assistants on a consistent basis. If not, you may want to bring this article to the nursing administrator's attention. A group of 254 nursing homes recently completed a one-year pilot study led by Quality Partners of Rhode Island called Improving Nursing Home Culture (INHC). Many of the participants achieved significant improvement in quality and retention, identifying consistent assignment as an essential part of their success. The results of this pilot study confirm the findings of many in-depth research studies on the importance of consistent assignment.

In August of 2005, the national network of Quality Improvement Organizations (QIOs) began the continuation of the Nursing Home Quality Initiative (NHQI). QIOs have been at the forefront of the movement to promote wider adoption of proven, evidence-based quality improvement approaches in nursing homes since the launch of NHQI by the Centers for Medicare & Medicare Services (CMS) in 2002. Today, NHQI is widely recognized as a turning point for nursing home quality.

While nursing homes working with QIOs over the past three years have made progress on quality of care measures such as the reduction of pressure ulcers, nursing home staff turnover and high staff vacancy rates are significant problems. The American Health Care Association estimates that there are over 100,000 vacant full-time nursing positions (RNs, LPNs, CNAs) and an average turnover rate of more than 70% in our nation's nursing homes. Turnover leads to staff instability and vacant shifts, which result in rushed, de-personalized care.¹ Providers with severe staffing problems are unable to focus on quality improvement, until they can stabilize their staffing.

To address this concern, Quality Partners and the Colorado Foundation for Medical Care recently coordinated the INHC pilot study to explore strategies for improving the nursing home culture. Nursing homes worked with their local QIO to shift from institutionally driven care to person-directed care, and found that they needed to establish consistent assignments to establish meaningful relationships.

Consistent assignment (sometimes called primary or permanent assignment) is defined as the same caregivers (RNs, LPNs, CNAs) caring for the same residents (85% of their shifts) every

time they are on duty. Experts estimate that 90% of nursing homes have policies that require staff to rotate their assignments. However, a thorough review of the literature strongly supports the practice of consistent assignment over rotating assignment."¹³

Based on these results, QIOs are now adopting this holistic approach with more than 2,500 volunteer nursing homes.

"Every system is perfectly designed to achieve the results it gets" is a key tenet of quality improvement. To alter outcomes, we need to examine the root causes of our current outcomes, and look at the systems that produce them. Quality Partners of Rhode Island began to address one root-cause of low staff morale and high rate of turnover by changing a longstanding workplace system, the practice of rotating staff assignment. Long-term nursing has inherent rewards for people attracted to the care of others. Yet management systems, such as rotating assignment, can interfere with, rather than support, the caring connection that draws people to this work. Consistent staff assignment builds on the intrinsic motivation of the staff-the opportunity to form and sustain close relationships with the residents. The system of rotating staff assignment severs relationships from forming, and inhibits the ability of staff to recognize nascent problems.

Relationships are at the heart of good work environments-relationships with co-workers, across departments, with supervisors, with the organization, and, most importantly in the case of long-term care, with residents and their families. The National Citizens Coalition for Nursing Home Reform has confirmed that residents and their families value the quality of the relationships they have with the frontline caregivers more highly than the quality of the medical care and the quality of the food. People work in long-term care and stay in the field because they care about their work, the people they care for, and the people they work with. They want to make a difference in people's lives.

There are many reasons why leaders in the long-term care industry believe that rotating staff assignment is effective. The most common benefits center around fairness, preventing staff burnout and the need for staff to be somewhat familiar with all of the residents. In other facilities, leaders discourage strong relationships between staff and residents to help shield staff members from experiencing grief when residents die. These reasons for rotating staff assignments are not supported by research. In fact, rotating assignment actually exacerbates low staff morale leading to staff burnout, call-outs, quitting and overall instability.¹

Many research articles support the practice of consistent assignment over rotating assignment.¹⁻¹³ Bowers interviewed CNAs, who felt that relationships with residents undergirded "good care giving."² Burgio compared two nursing homes with permanent assignments to two with rotating assignments. Residents in the former received higher ratings for personal appearance and hygiene; aides in the former reported higher job satisfaction.³ Campbell found that one year after implementation of consistent staffing, the turnover rate was reduced by 29%.⁴ Goldman found that primary nursing care assignment left residents feeling more comfortable, and staff more satisfied.⁵

No research-based articles take the opposite stance.

The following reasons support the adoption of consistent assignment:

- * There are strong links between the quality of nursing home employee's work life, resident's quality of life and clinical outcomes of care.
- * Frontline staff and residents flourish when facility policies support a consistent caring relationship.
- * Relationships are the cornerstone of individualized, person-directed care.
- * Residents who are cared for by the same staff members come to see the people who care for them as "family."
- * Staff who care for the same residents form a relationship and get satisfaction from the bonds with the residents.
- * Staff who care for the same people daily become familiar with their needs and desires in an entirely different way-and their work is easier because they need not spend extra time getting to know what the resident prefers.
- * Relationships form over time-we do not form relationships with people we infrequently see.
- * When staff routinely work together, they can problemsolve to re-organize daily living in their care area.
- * When staff care for the same residents every day they are less likely to "call out." As one CNA recently said, "I don't call out now, because my residents would miss me."

In summary, consistent assignment is the prerequisite for person-directed care. The system of consistent assignment, backed by research-based evidence, is a first step toward a more stable workforce, improved clinical care and enhanced quality of life for the residents. The system of rotating staff assignment is obsolete.

See the change idea sheet on Consistent Assignment at http://www.rqualitypartners.org/nursing_homes/wfr_train_3.php

REFERENCES

1. Seavey D. The Cost of Frontline Turnover in Long-Term Care. Washington, DC: Better Jobs Better Care, Institute for the Future of Aging Services. (October 2004) <http://www.directcareclearinghouse.org/download/TOCostReport.pdf>
2. Bowers BJ. Turnover reinterpreted. J Gerontological Nurs 2003;29: 36-44.

3. Burgio LD, Fisher SE, et al. Quality of care in the nursing home. *The Gerontologist* 2004;4: 368-77.
4. Campbell S. Primary nursing. *J Gerontologic Nurs* 1985;8:12-6.
5. Goldman BD. Nontraditional staffing models in long-term care. *J Gerontological Nurs* 1998;24: 29-34.
6. Bowers BJ, Fibich B, Jacobson N. Care-as-service, care-as-relating, care-ascomfort. *The Gerontologist* 2001;41: 539-45.
7. Bowers BJ, Esmond S, Jacobson N. The Relationship Between Staffing and Quality in Long-Term Care Facilities. *J Nurs Care Quality* 2000; 14: 55-64.
8. Caudill M. Turnover among nursing assistants. *J Long-Term Care Administration* 1991;29: 31.
9. Cox CL, Kaeser L, et al. Quality of life nursing care. *J Gerontological Nurs* 1991;17: 6-11.
10. Eaton S. What a difference management makes, Chapter 5, Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes (Phase II Final Report, December 2001). US Department of Health and Human Services Report to Congress.
11. Eaton S. Beyond Unloving Care. *Internat J Human Resource Management* 2000;3:591-616.
12. Mueller C. A framework for nurse staffing in long-term care facilities. *Geriatric Nurs* 2000; 21:262-7.
13. Patchner MA. Permanent assignment. *Successful Nurse Aide Management in Nursing Homes*. Phoenix, AZ; Oryx Press, 1989: 66-75.

David Farrell, MSW, Barbara Frank, MPA, Cathie Brady, MA, Marguerite McLaughlin, MA, Ann Gray

David Farrell, MSW, is Project Manager, Quality Partners of RI.

Marguerite McLaughlin, MA, is Project Manager, Quality Partners of PJ.

Cathie Brady, MA, is a consultant with B and F Consulting.

Barbara Frank, MPA, is a consultant with B and F Consulting.

Ann Gray is a MPH candidate at Brown University and a Research Assistant with Quality Partners of RI.

CORRESPONDENCE:

David Farrell, MSW

Quality Partners of Rhode Island

235 Promenade Street, Suite 500

Providence, RI 02908

e-mail: dfarrell2@riqio.sdps.org

Copyright Rhode Island Medical Society May 2006

Provided by ProQuest Information and Learning Company. All rights Reserved