

**PERSON-CENTERED STAFF ENGAGEMENT PROJECT  
1<sup>ST</sup> SEMI-ANNUAL REPORT  
OCTOBER 31, 2017**

The Office of the State Long-Term Care Ombudsman is pleased to submit to the Ohio Department of Medicaid the first semi-annual project status report on the use of Resident Protection Funds. As proposed, the Office has launched an ambitious project, bringing person-centered staffing solutions and leadership development to Ohio nursing facilities.

The Person-Centered Staff Engagement Project launched in spring of 2017. With the critical participation of regional project ombudsman, the project has already seen proactive activity on the part of participating nursing homes. To date, 124 facilities have signed participation agreements and are actively engaging in the project: attending the launch conference and quarterly regional roundtables; creating project specific action plans and developing the staff stability “bundle” of practices to fully realize the intent of the project. We thank them for their trust in this project to achieve their organizational goals. Data collection for baseline status has been collected and shared with homes to guide action planning.

#### ***PARTNERSHIPS***

The Office has engaged B&F Consulting, LLC to conduct the statewide conference sessions, ombudsman training events and perform regular and as-needed technical support to the Office and regional project ombudsmen.

Scripps Gerontology Center at Miami University will conduct data analysis of the project impacts under contract with the Office.

As sub-grantees, twelve regional ombudsman programs have assigned a full-time project ombudsman to the efforts. Project ombudsmen will serve as quality improvement liaisons to the participating homes and will not perform case-handling on behalf of the Office while in this position.

#### ***ACTIVITIES***

The project ombudsmen have recruited 124 nursing facilities (goal was 100) to participate in the Nursing Home Quality Improvement Project.

246 N. High St. / 1st Fl.  
Columbus, OH 43215-2406 U.S.A.  
[www.aging.ohio.gov](http://www.aging.ohio.gov)

Main: (800) 282-1206 (TTY dial 711)  
Fax: (614) 644-5201  
Email: [OhioOmbudsman@age.ohio.gov](mailto:OhioOmbudsman@age.ohio.gov)

REGION	TOTAL	COUNTIES REPRESENTED
1	10	Clermont, Clinton, Hamilton, Warren
2	10	Clark, Darke, Greene, Montgomery
3	13	Allen, Auglaize, Hancock, Hardin, Mercer, Putnam
4	11	Defiance, Erie, Fulton, Lucas, Williams, Wood
5	10	Ashland, Crawford, Knox, Richland, Seneca, Wyandot
6	10	Delaware, Franklin, Licking, Madison, Pickaway
7	10	Adams, Brown, Gallia, Highland, Pike, Ross, Scioto
8	9	Athens, Morgan, Perry, Washington
9	10	Belmont, Coshocton, Guernsey, Holmes, Jefferson, Muskingum, Tuscarawas
10a	11	Cuyahoga, Medina
10b	10	Portage, Stark, Summit, Wayne
11	10	Ashtabula, Columbiana, Mahoning, Trumbull
<b>Grand Total:</b>	<b>124</b>	

- With the assistance of Regional Project Ombudsman, each home has conducted an initial self-assessment through a Person-Centered Care Index (PCCI) tool and a Communication Infrastructure Survey (CIS) to provide baseline data and guide further efforts;
- Scripps Gerontology has collected the PCCI and CIS data and reported back data to share with the homes for benchmarking the SEP baseline
- The first semi-annual statewide launch session was held June 1, 2017 at Nationwide Event and Conference Center and was attended by almost 250 individuals representing the participating facilities, regional project ombudsmen and program directors, the MyCare Ohio Plans, the Office of the State Long-Term Care Ombudsman and Director of the Ohio Department of Aging. A make-up session was held for nursing homes unable to attend the launch session.
- During the launch session, each participating home developed at least one action plan for Quality Assurance Performance Improvement (QAPI). An impressive sampling of the action plans follows this report.
- Each regional program ombudsman has held at least one quarterly roundtable attended by participating facilities. Agendas included follow-up and discussion of lessons learned at the launch event.
- The Office has held three educational webinars for project ombudsmen on the use of the National Nursing Home Quality Improvement Campaign's Consistent Assignment and Staff Stability toolkits and the Preferences for Everyday Living Instrument (PELI) currently used as part of the Ohio Department of Medicaid's quality reimbursement formula.
- Project ombudsmen attended the national Pioneer Network Conference and reported back on staff engagement topics to their participating facilities.
- Project ombudsmen have begun resident council effectiveness review to inform next year's efforts into engaging councils in staff stability.

- The Office has reserved seats for each participating facility to send two representatives to the Person-Centered Care Coalition annual conference on November 9, 2017.

## **Sample action plans**

### ***ON-BOARDING NEW STAFF***

- Process mapping hiring process, and new admit process
- Talk with most recent hires to get feedback about onboarding
- Have management team make personal contact with new hires to see how they are doing, offer support
- Follow up with new hires weekly/monthly
- Interview new hires
- Review welcome/orientation process
- Review Hiring Process (sit in on orientation)
- Stay interviews, target candidates, warm welcome/orientation and streamline hiring process.
- Figure out current interview process, review staff turnover for past quarter and stay interviews.
- LNHA, DON and dept. will attend onboarding, new staff interview following onboarding and interview floor staff who attend onboarding.
- Developing an orientation process that involves department heads/admin staff
- Completing wage analysis/shift differential
- Review hiring process and ensure employee satisfaction from the get go; hire quality employees that are a good fit for the community.
- Use better, in-depth questioning, include tours with interviews (leave them with a resident and watch interactions), incorporate time management, and speak with floor staff that see candidate touring for input.
- Looking into med-tech program
- Research and try to recruit residents for an interview team
- improve orientation process
- Begin STNA classes
- Resident involvement in interviews.

### ***STAFF RETENTION***

- Revisit Mentor program
- Create a buddy system
- Stay interviews
- Mentor Program
- Change huddle times
- Retention employee committee group
- Interview long-term staff
- Holding monthly staff council meetings
- Implementing stay interviews

- Developing the mentor program with incentives for mentor/mentee, monthly staff recognition for attendance, birthdays, etc.
- Focus on rewarding good behaviors and recognition of reliable employees; improve on the mentor program.
- Staff interviews
- Interview upon resignation.
- Do exit interviews
- Review Hire/Termination Dates
- Develop QAPI for turnover
- Focus on Staff Retention
- Conduct staff interviews of staff that have been at facility for more than a year and find out why
- Interview residents about staffing
- Track turnover data
- Increase staff morale, implement a mentor program, grow staff recognition efforts, create an environment where all staff feel they are a part of the team and they are heard
- Interview process for mentorship program
- Implement a suggestion box
- Ensure monthly staff meetings.

#### ***ATTENDANCE***

- White board attendance
- Review attendance issues and figure out why and how nurses and STNAs report off, or, are consistently tardy.
- Staff sign attendance form
- White board tracking of call offs
- White board for attendance rewards

#### ***COMMUNICATION INFRASTRUCTURE***

- Huddles
- Rounding daily with staff
- Create and implement QMs and share information from shift to shift and ensure information is shared with weekend staff.
- Seek to share QM with floor staff, along with Casper reports
- Gather and disseminate resident information (social histories) to staff faster and more efficiently
- Improve on verbal communication/huddle for engaging STNAs
- Develop huddles for staff
- Include ADON in leading huddles
- Adjust aide schedules to include huddles and care plan meetings/scheduling.
- Obtain PELI information on admission; include Admissions nurse, social worker, nursing staff, AD, STNAs, and especially housekeeping
- Improve communication between nurses & other staff
- Regular shift huddles being implemented
- Disseminate PELI/Social Histories to STNAs

### ***QAPI AND PERSON-CENTERED CARE***

- Implementing “neighborhood” design with smaller resident and staff “family”, designating unit managers
- Aides involved in QI
- STNA and nurse to care plan meetings
- Strengthening the care partnership between STNA’s and other staff
- Consistent assignments
- Consistent Assignment
- Evaluate current plan for consistent assignment
- Increase STNA/Nurse Participation in care meetings

## **Noteworthy Efforts**

### ***RECRUITMENT AND RETENTION***

- Facility adopted a flexible staff schedule, and saw an immediate reduction in turnover. Six new staff members were hired and trained as aides, and all six are still employed there after three months (second quarter). Great improvement over 1<sup>st</sup> quarter. Data from the 1<sup>st</sup> quarter of 2017 showed three aides leaving within the first month of employment.
- One facility changed practice regarding review of PRN staff. Previous policy was to terminate after 90 days of not taking any shifts, new policy is 30 days. It temporarily increases turnover rate, but believe in the long-run will decrease. Reason for the change was that some were picking up a couple of shifts just to prove they have a job, then not working anymore. Long-term staff resent this, and it isn’t helpful to NH. New policy should weed out those planning to do minimal work, when they see policy is to terminate at 30 days.
- Facility has changed the way they advertise for job openings, and has placed the emphasis on the culture of the facility rather than the nuts and bolts of the job description.
- Reviewed orientation for new employees with all department heads, and are making changes from old format of spending an entire day on a computer to get oriented
- Another facility is reinstating their own nurse aide training program, they feel that staff recruitment was not as much of a challenge when they previously had the program. This facility also is strengthening their mentoring program.
- Improving the Hiring practice from Application, new hire orientation process, Onboarding, and Stay Interviews.
- Review and Revise the retention policy to include a mentoring program, attendance policy and Employee Appreciation process.
- Stay interviews have been conducted
- One home was looking for staff for second shift. We discussed how to target those new empty nesters who want to work a few hours a week. Instead of a general online application they advertised on AM radio. This resulted in hiring a Third shift nurse supervisor with extensive supervisory history and filling STNA positions
- New HR person is to develop for management to communicate regularly with new staff for retention purposes. Mentoring program being resurrected and current staff are being promoted to mentoring positions. All about me books at nurses’ stations for front line staff use. ADON is assisting in interviews to prevent “bad hires.”

- New scheduler hired to focus on consistent assignments and reaching out to new staff regularly for retention. Administration is huddling daily M-F with all shifts for report and follow up of issues.
- Home made changes to ads for recruitment. Is evaluating the hiring process. Has made changes to the orientation process. Is focusing on welcome and staff engagement and retention.
- Ads for recruitment changed to target specific worker type and shift. They attended the Kent State job fair and are sending out postcards to recruit additional STNAs. In response to IPCC survey results, administration has arranged a new documentation program, Point Click Care. This is to go live in October and will enable STNAs to have access to resident's preferences and histories.
- Administrator is tracking retention. Admission huddles are being held by administration on the floor prior to the arrival of a new admission. Nurses and STNAs have expressed seeing value in this process and are really engaged in it. STNAs are attending care planning meetings and administrator is tracking their attendance. Pay rate for new STNAs with experience is being evaluated.
- Changes made in onboarding/orientation process to incorporate time with department heads. DON meeting with new staff regularly every 3-4 days after orientation. Has resident's choice books at nurse's station but is planning for each resident to have a life history book. This will provide additional history and communication topics for staff to resident conversations. Staff are attending Teepa Snow Dementia training.
- Process mapping and revisions to the orientation process to make it more organized and engaging. Administration is focusing on staff retention and rewards programs put in place.
- Home working on stay interview questions and process. They are also devising a process for admission huddle and information sharing prior to a new resident admission.
- One Home has implemented a mentoring of new employees. Once the staff member is hired they are given a mentor, not in their department, with whom the new staff member can go to with any problems, concerns, etc. so it can be addressed.
- Three homes have started using the 5 smiley faces during the interview process.
- One home has implemented Employee Thank You Thursday, where lunch is purchased or made by the Administrator and provided to the staff.
- One Home is holding a QAPI to look at and revise their retention policy. They have also begun using stay interviews beginning with new hired nurses.
- One home has an employee appreciation committee but found that no one would show up. They are now looking at other ways to improve employee appreciation.
- Two homes realized that nurses are not trained in supervision and are providing supervision training to their nurses.
- Several facilities have increased their staff recognition tremendously by doing monthly theme parties, starting employee of the month, acknowledging and celebrating birthdays, giving out t-shirts and cups to staff, offering special parking spots, doing monthly drawings for perfect attendance, etc. We discussed in our round table meetings different ways to show appreciation to staff and those ideas have been implemented and staff are delighted to be acknowledged more for their hard work.
- Corporation acknowledged that they needed to complete a wage analysis and explore shift differential and that was completed. They approved for a staff wage increase and have also agreed to a shift differential for night shift, which was the shift most difficult to fill.
- Recruitment of employees through use of stay interviews and possibly attaching the face of a tenured staff to an ad with a quote of why they stay in employment.

- LNHA reported the current DON had resigned from her position and the former DON who had high performance has been recruited to fill the position.
- Staff recognition Programs
- Home put a picture of all new staff prior to their starting day on a bulletin board with a personal introduction so residents, families and other staff.
- Several facilities have had 2-3 staff council meetings already where staff bring concerns and they are acknowledged by administration and solutions are developed by the staff. The staff are pleased to be a part of this process and have their ideas and solutions heard.
- Ads for recruitment changed to target specific worker type and shift. As high number of nurses leaving prior to 1 month, the administrator attended a nursing orientation to map the process and make suggestions for improvement and engagement. HR is to put the new process in place. Meeting held with HR and administration re stay interview questions and processes. This is being evaluated for a plan. HR hosted a job fair on site and has been going to nursing schools to recruit CNAs.
- Homes were able to get their pay rates increased for starting aides, as well as provide more shift differentials to attract better candidates.
- One home was able to integrate their action plan, and have found that it was very helpful in hiring quality aides. In one situation, they left a rather quiet and nervous seeming aide with one of their more difficult residents who likes to give new aides 'a run for their money' and the two were able to find common ground and bond quickly during the interview processes. This positive experience helped the aide decide to accept the position, and she has been doing very well with residents and other staff. Additionally, this typically 'difficult' resident has been looking forward to meeting new staff, and the inclusion of meeting her in the interview process has positively influenced her attitude towards everybody as she feels more important.
- LNHA received consent from the owner to implement an attendance based raise for all STNA's to help improve the facility's recruitment, retention, and overall morale. This was only implemented in August, but LNHA has noticed some positive changes as it applies to attendance of individuals who often came in tardy.
- Changing recruitment ads to be more inviting to targeted potential employees (such as changing ad to include words such as team, family, opportunities for growth
- LNHA and DON were able to address that there were some unit nurses that were driving new aides out, and that it was making the working environment for well-established aides more stressful. They have both been taking time out to meet with these nurses to provide them more guidance on how to be a better leader, and they have seen some improvement in nurse and aide relationships, which they feel may also be improving the number of call offs and no call/no shows that would not return after a day of training.
- Developing staff focus groups to determine what changes staff believe management can change
- LNHA said that she has had more positive experiences in the recruitment and retention processes. After attending the launch and working with SEP Ombudsman, LNHA established a type of 'recognition' program that offered more education to stand out aides. Home recently opened a special unit, and as part of an incentive to be moved to that unit (as an aide), and receive higher compensation due to the care being provided, aides who get to work on time and have shown a real team effort and done well with residents were given the opportunity to attend training. LNHA said there were two stand outs, and that the company will be paying for their training, which will happen off campus, and that those aides are very excited. Additionally, they have been getting more in-house referrals for aides.

### ***COMMUNICATION INFRASTRUCTURE***

- Facility did process map of how information is received and distributed when a new resident is admitted, and has changed what information is gathered and when, and now includes both aides and nurses on initial assessment.
- Formalization of the Intake of new resident process
- Improving Huddle Time so communication can be given to all departments including Housekeeping.
- In order to have better collaboration with the care planning process a facility has started walking interdisciplinary team rounds, which they have discussed calling “care plan huddles”. They have these huddles two weeks prior to the care conferences to gain input from staff for the upcoming care conferences with the residents and their families. The administrator gave an example of staff noticing a resident not attending activities as much as previously. This was brought up in the huddle and they were able to discuss reasons for the decline. Staff initiated interventions that worked and then reported this information at the care conference.
- A facility has implemented routine huddles on every shift and end each huddle on a positive note. They feel this is improving communication and building a stronger team. The next step of their action plan is communicating social histories and obtaining personal preferences earlier in the admission process.
- Determining how to learn the histories of the residents and disseminate the information to the nurses and aides.
- Shift Huddles are becoming implemented in most participating NF’s
- One home is ensuring, through huddles, that the Resident Watch List (those residents that the nurse may have a concern about) is being shared with the STNA’s
- Identify issues within the infrastructure and implementing an “All about me program for front line staff’s easy access of social history information. Administrator evaluated information avail in click-point to ensure bathing preference are included.
- DON and LNHA were aware that they had issues disseminating the social histories of the residents to the aides. It would be collected by MDS, the AD, SW and stuck into the resident’s charts, but it would not make it out on the floor. To further address this issue, they are working hard to update the charts and to make the information more available. DON has created a new form that includes, in large print, ‘quick facts’ for the aides to know about the residents to assist in starting conversations/improving relationships. These will go inside the closet doors of each resident with a space for the aides to initial that they did, in fact, review the information. Additionally, home would like to start incorporating nursing staff and aides to help in obtaining the social histories to foster better relationships with new residents from the moment they arrive at the facility.
- LNHA walking floor more and asking what they can do to help staff be more successful

### ***QAPI AND PERSON-CENTERED CARE***

- STNA’s attending care plan meetings
- Determining if Residents have enough to do during the day
- Quality Reports Measures and QAPI reports to all staff.
- Removal of alarms.
- Consistent assignments amongst STNA’s
- Having STNA’s participate in care conferences

- This facility also plans to use the consistent assignment tool from the National Nursing Home Quality Campaign website to make sure they are meeting the target of 12 caregivers per month.
- One home trying to improve the QAPI process made a bulletin board that is right outside the staff's lounge area. At first, they put information about what QAPI is and why/how it is done. Next, they put what project the team was working on. There is room left for the staff to put their thoughts on the board anonymously. These comments are then taken back to the QAPI team for consideration.
- One home has worked on and removed all but two alarms as of our last meeting. The staff are not happy about the removal but they are learning to check on the residents more.
- DON developed a schedule, asked for staff volunteers and developed a consistent assignment for one hallway as a trial. When reviewing parts of the Engaging staff in Individual Care Handbook both the LNHA and the DON agreed they would adopt the all hands-on-deck system for covering calls offs so two parts of the building doesn't experience a disruption in patient care by changing staff assignment to cover the vacant shift.
- Aides were very excited about being more involved in the care planning processes, and in order to include them, LNHA recognized that all staff need to be able to show up for their shifts so that they are not short.
- Developing QAPI based solely on retention and recruitment
- Offering staff services available to them such as budgeting and parenting classes. A facility has implemented a shepherd program, which pairs a staff member with a resident and their family. The staff member communicates with the resident and their family in regard to the resident needs and makes sure needs are being met. An example the administrator gave was that if a staff member noticed the blinds in a room were broken, the staff member would inform maintenance the need for repair and let the family know that this was an issue and it has been addressed. They also are beginning to have the shepherds work with the families to complete the workbooks "I Was Thinking", by Diana Waugh. This workbook is designed to help families and staff communicate better with the residents, by obtaining information about past favorite foods, smells, etc.
- Several homes want me to meet with Resident Councils to discuss the program and discuss the survey question "Do you feel the residents have enough to do during the day" to determine if the residents feel the same or if it is a staff perception.
- The administration worked with the resident council to determine resident issues
- One home is using the local school to obtain volunteers to assist the STNA's to spend time with the residents.

## **SPENDING**

**See attached Disbursement Activity Report**

### **Contact**

Erin Pettegrew

Ombudsman Projects Coordinator

Office of the State Long-Term Care Ombudsman

Epettegrew @ age.ohio.gov  
1-800-282-1206