

# Considerations: Relationships

## Background:

- The Relationship core is in domain #2- Staff Empowerment. The goal of this domain is “direct care staff must be empowered to support residents in the decisions they make.”
- The goal is to keep decisions as close to the elders as possible because direct caregivers know the elders on a more personal level. They are together day and night. Empowered direct caregivers have the latitude and authority to support resident decisions on the spot without being required to run basic decisions through organization leaders.
- Direct care staff understand they are expected to support resident decisions and they know they will be supported by leaders in the organizations when they do so. They have access to information necessary to support resident decisions and have the necessary training and flexibility to respond to resident needs.
- Direct care staff are valued and involved in decisions affecting their work.

## **The overall goal of this core: Residents enjoy meaningful relationships with a small group of consistently assigned caregivers.**

When working through this core, keep in mind that the idea behind this core is to better support resident choice. Be consistently assigning caregivers to the same small group of elders every day, an environment is created that fosters meaningful relationships between the caregivers and the elders. As they get to know one another, caregivers learn what is important to each elder and are then in a better position to support the preferences and daily routines of the elders they know and love.

# Considerations: Relationships

## Supporting Practice #1— “Get small” required outcomes

**Defined physical locations-** To reduce the number of elders each caregiver works with start by dividing the home into smaller work areas. Some homes call these work areas pods, units, halls, households, neighborhoods, or families. While this “division” does not require the construction of walls or other physical barriers to define the area, it should be clearly defined on paper so all team members understand where the small work areas are and who lives in them.

- Chances are the caregivers in your home have already “informally” identified some work areas or natural divisions of the workload. *For example: Nurse Aides can often be heard having conversations like this: “Today I’ll take the North side of the hall. Tomorrow you can take it.” Or “I have the residents in the front hall, you take the residents in the back hall”.*
- Homes will likely find it helpful to involve direct caregivers when making these decisions because they have firsthand information about the daily work flow in the home. Strive to identify and formalize these smaller work areas. Once identified these work areas do not change from day to day.

**No more than 30 residents live in each work area-** Note: **If 30 or less elders** live in your home there is no need to divide your home into smaller work areas to meet the program criteria. You currently meet this required outcome. **If more than 30 elders live in your home**, the team needs to work together to identify smaller work areas.

- “Getting Small” will take variables into consideration such as the number of elders in your home and the staffing levels you have available and the physical layout of your home. Think about the proximity of the elder bedrooms to one another and to living spaces in each work area as well as access to supplies and work spaces. “Getting Small” will look different in every home.
- *Consider this: One home with 60 residents may decide to divide into 2 work areas of 30 residents while another decides to split into 3 work areas of 20 elders. Depending on the layout of the building another may decide it makes more sense in their building to have one work area of 15 elders, another of 22 elders and a third of 23 elders. Depending on the physical layout of the home, available nursing coverage etc. homes must decide what will work best for them.*
- While these work areas are then formalized and do not change, it is understood that homes do not always have the same staffing levels during nighttime hours. Teams should keep assignments as consistent as possible during night time hours but evaluation of nighttime hours is less stringent.

**Necessary supplies and equipment are available in each work area-** Once clear work areas have been identified, the team should work together to assure caregivers have what they need in each work area to do their job. Some relocation of supplies and equipment may be necessary if one work area is too far away from supplies.

# Considerations: Relationships

## Supporting Practice #2— “Consistent staffing” - The following two outcomes **MUST** be met

**A staff schedule is developed for each work area (required)**- Once work areas have been defined a work schedule should be developed for *each* work area. Homes are encouraged to create new schedule templates for each work area rather than trying to make current schedule templates fit your new situation.

- *Consider this: Once work areas are defined it will be necessary to look at each area and decide what staffing levels and schedule rotations will be necessary to meet the needs of the elders living in that work area. These staffing levels and rotations often begin to look much different than before the home was divided into small areas. Sometimes trying to “adapt” a traditional work schedule is more difficult than creating a new template that fits the new situation. Try to look at each small work area through a different lens. What will it take to meet the needs of the people living in this area? Look closely at your total staffing budget and determine where the staffing dollars and hours best fit. The schedule templates in each work area may also look different based on the elders who live in each area and their personal routines.*
- When creating new schedule templates it is also important to think beyond CNAs. Social service designees, activity staff, housekeeper and food service roles to name a few, can all be blended and distributed among the work areas as consistent staff.

**Staff are assigned to a team in a defined work area (required)**- Team members should be assigned to the same work area each day they come to work. A few exceptions will apply, but overall team members will work with the same elder's every day they work.

- Depending on the situation exceptions could include: A nurse who covers more than one work area or a person who holds two part-time positions in two different work areas.

## Supporting Practice #2— “Consistent staffing” - In addition to the two required outcomes previously listed, homes must also meet at least 2 of the following 4 outcomes

**No “scheduled” rotation**- This means team members are not scheduled to rotate from one work area to another. They work in the same work area each time they come to work.

- Homes have occasionally presented staffing plans that involve team members working in one area for a couple weeks then moving to another area to “prevent burnout”. This plan does not meet the required criteria for consistent staffing.
- Occasionally it will be necessary for a person to help in another work area due to illness or times of great staff turnover. This should be the exception rather than the rule. Consideration should be given to the process used to cover unplanned open shifts on the schedule.
- Many homes have created good consistent staffing plans but are unable to realize true consistent staffing because of the process they use to cover unplanned open shifts. Think about the steps you take when someone calls in. Put priority on covering these open shifts with team members from the same work area before looking to another work area. This is evaluated by calculating the total number of staff on the schedule (excluding overnight and PRN) and then determining how many of them work in more than one work area. The home must have 75% of their staff work in the same work area and only 25% working in more than one area to meet the criteria.
- *Consider these things: Are team members in one work area expected to trade days and cover for one another? Could someone from a different shift in the same work area cover before asking for help outside of the work area? Does the work area have any PRN team members available?*

# Considerations: Relationships

**Supporting Practice #2 (cont...)— “Consistent staffing” - In addition to the two required outcomes previously listed, homes must also meet at least 2 of the following 4 outcomes**

**No “scheduled” agency staff-** The use of agency staff undermines consistent staffing models and should be avoided. If a home uses any agency staffing they will not be able to count this as one of the two required outcomes to be met in this area.

**PRN staff are assigned to specific work areas-** Consistently assigned PRN staff will help support your consistent staffing model. It is recommended that each work area develop their own PRN team to help when needed.

**Versatile workers-** Versatile workers are team members who are expected to perform duties outside their “traditional” role on a regular basis. Some refer to this as “blended roles.”

- In traditional models of care it is common for nurses to provide nursing care, dining teams to handle the food requests, housekeepers to do the cleaning, and activity staff to facilitate most of the activities.
- When versatile workers are used, everyone is responsible for supporting elders in their daily routine **to the extent allowed by their license or certification**. Homes that are actively using versatile workers provide additional training and make information available to team members that allows them to safely help with tasks outside of the traditional roles described above.
- *For example: A home may train all team members in the area of safe food handling so they can help prepare and serve meals or snacks as requested by elders. They would put systems in place to assure necessary nutritional information about each elder is easily accessible to team members outside of the kitchen staff. Homes might provide training to all team members on cleaning techniques so all team members can help maintain the living areas of elders without waiting on a housekeeper. All team members might be considered responsible to support elders in the things that bring them pleasure such as spontaneous and planned activities.*
- The Versatile worker concept goes beyond a person who can work in more than one position. *For example, a CNA who may fill in for a housekeeper occasionally or the dining aide who becomes a CNA and covers CNA shifts from time to time.*
- With versatile workers the positions *themselves* are blended and any person working is expected to serve in multiple functions on any given day. Versatile workers are expected to support elders in any way they can, working outside their traditional work “silos” regularly to meet the needs of the elders. *In a home using versatile workers, a caregiver could be expected to assist an elder with personal care, fix a snack or serve their meal, clean their bedroom and enjoy a game of Scrabble in the same day.*