

# Consistent Assignment (CA)

## More Questions and Answers

October 10, 2016



### Important Companion Resources

- [Webinar clip](#): Implementing Consistent Assignment, Stephanie Sauer ADON at NHC Healthcare  
This excellent discussion covers the practical strategies used in her journey to achieve consistent assignment: 24 minutes. Stephanie's presentation begins at 13:12 minutes into the webinar and runs through 37:15 minutes. A 4 minute refresher on the performance improvement cycle is provided at 9:45 minutes.
- [Pioneer Tip Sheet](#)
- Common Qs&As tab within the [Consistent Assignment Tracking Tool](#)

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**Q1. Who should we include as “Caregivers” on our Consistent Assignment Tracking Tool?**

There are many ways to define ‘caregivers’ in long term care. While acknowledging that consistency among all staff who provide care or interact with residents is important, the NNHQI Campaign Consistent Assignment Tracking Tool / Goal is designed to track direct caregivers.

Specifically, you should include as caregivers all staff who provide direct, CNA-type care to residents. These are the people with the most intimate contact who generally form close relationships with residents and spend the most time with them. These are also the staff most likely to notice early changes in condition – changes that are most likely to be noticed by a caregiver who knows what is typical for the resident, and missed or misinterpreted by those who do not.

For the purpose of tracking direct caregivers with the Consistent Assignment Tracking Tool, licensed staff are not included as caregivers unless they are working in the capacity of a CNA. For example, if a nurse is in a resident’s room administering medications or performing other skilled tasks, and stops to take the resident to the bathroom, that nurse is **not** counted. However, if a nurse (or other staff) is working as a CNA because the home is short staffed or because in your community nurses (or other staff) routinely provide direct care to residents, that person **would** be included in the caregiver count.

**Q2. Do you have to count the shower team and all floats as caregivers on each individual resident?**

For each resident, any individual providing direct care must be counted. This is especially important for those assisting with very personal tasks such as bathing and eating (please see the Q&A tab within the [Tracking Tool](#) for additional discussion). Floats count as caregivers if they are providing care to the resident in question. Staffing strategies such as using dedicated bathing/shower teams and floats increase the number of caregivers your residents need to relate to. It may be worth considering the advantages and disadvantages of these strategies, from the resident's perspective.

The use of floats generally reflects short staffing, turnover or absenteeism, which are underlying reasons why some homes are not doing well with consistent assignment. These underlying issues need to be addressed (see also [Getting to Consistent Assignment Q1](#) below) or assignments will never be consistent. It's a problem to be addressed, not a good reason for high numbers of direct caregivers.

**Q3. If someone is a float over the whole building, do we count them as having all residents?**

Importantly, you want to think from the perspective of each resident and the caregivers they have to relate to during the four-week period for long stay and 2-week periods for short stay residents). Think in terms of minimizing the number of different faces and names from the resident's view. This question also suggests an example strategy for increasing consistency: If you have 2 floats for the building on the same shift, consider assigning one float to half of the building and one to the other half. Keep them as floats for the same group of residents day after day. This will potentially reduce the number of caregivers residents have contact with by one.

Getting to Consistent Assignment

**Q1. How and why was the maximum of 12 caregivers chosen? Is it too restrictive?**

The number 12 came from calculating the number of caregivers required to care for a given resident assuming that the staff does not turnover, does not rotate, has minimal absenteeism, use of floats and use of agency staff (see also [Q2, below](#)). There are homes currently achieving this. We acknowledge that this is a best case scenario, or at least very close to that.

We know that short staffing, turnover, absenteeism and other situations are obstacles to achieving consistent assignment. The work with this goal is to consider ways to address those underlying issues.

Specifically, once you have some baseline data, move to the [Examine Process](#) and [Create Improvement](#) areas of the Consistent Assignment goal area. Why are staff leaving? Why are staff absent? Both of these have been shown to be very sensitive to job/work satisfaction and particularly to the skill of supervisors and the way direct care staff feel about how they are treated. These are actually more influential than workload in tendency to turnover and absenteeism. The goal is to reduce the number of different caregivers each resident has each month. The [tracker](#) will tell you if you are going in the right direction.

**Q2. With three shifts per day, the maximum of 12 could be reached in just a few days.**

With a perfect schedule and eight-hour shifts, you'll have three caregivers for five days and three more for two days (or 4+3 days). That is six caregivers in a week, and that would also be your base schedule for the month. If you have a consistent set of four caregivers that either float or cover for time off, you're still at 10. But you're absolutely right that getting to this point is a challenge. Please review the [Pioneer Network Tip Sheet](#) and the [webinar \(link above\)](#).

**Q3. Is the goal of 12 caregivers per resident based on 12-hour shifts (2 shifts per day)?**

The goal was calculated for homes using eight-hour shifts. It represents close to the best case scenario, assuming consistency in assignments, very minimal turnover and absenteeism. Homes using 12 hours shifts would be able to improve on this and could achieve even fewer than 12 caregivers per resident. For a great discussion and examples of how to get consistent assignment with 8-hour shifts, please see the [Pioneer Network Tip Sheet](#) and the [webinar \(link above\)](#).

**Q4. Achieving consistent assignment seems impossible with staff rotations.**

Remember that you are counting the number of caregivers each resident has over a time period; it is not the count of the number of caregivers in your community. Our work on this task is to figure out how to get to CA. Your question is ideally worded for the next step, as you point to a possible opportunity: "staff rotations." Please see the [Pioneer Network Tip Sheet](#) for some perspective on rotations. Rotations are one of the things that CA philosophy is trying to minimize. From the perspective of the residents, this is not consistent.

**Q5. We work in eight-hour shifts and on our 2nd and 3rd shifts the CNAs work in pairs. When we factor that in with the Licensed Nurses, that gives us 16 caregivers per week. Suggestions?**

Certainly by keeping the pairs consistent and having a 'primary' caregiver with the second one as back up will help keep the numbers as low as possible. Also, if two are assigned to the floor at a time, it may be that not all caregivers actually provide care to all residents. So you could be counting staff (both in a pair) who actually don't provide direct care to a resident during the shift. This is one of the possible discrepancies between scheduled and actual caregivers. It's the actual that is important, not the scheduled. Also, remember, that the licensed staff members are only counted if they provide direct care (see [Who to Count](#), above).

**Q6. Does the number of residents play a part in attempting to reach the goal of 12 caregivers? We are a larger facility; the goal of 12 is difficult.**

The number of residents in your community does not change the goal to reduce the number of caregivers each resident has. A couple of key strategies in this situation may be to (1) think in terms of staffing areas of your community independently -- you'll want consistent staffing within each area. Start with one area and grow your project over time. If you are interested in this approach, the Campaign's Consolidation Tool is a quick way to aggregate results to enter on the website, [see below](#). (2) In some respects you may have an advantage, because you could cultivate a pool of floats that will be consistent for your community as a whole and for groups of residents. Please see the [Tip Sheet](#) for additional detail.

[Using the Tracking Tool](#)

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**Q1. What is the best way to complete the Tracking Tool? What recommendations do you give?**

Help for using this tool is available in the [Instructions](#). Homes should download a copy of the workbook each month and save it to their computer. We recommend completing the workbook at the end of the first week of the month, and then updating it weekly throughout the month, with a final update after the last day of the month. At that time, you are ready to enter the monthly outcomes on the website and check your trends.

**Q2. & Q3. What is the password for the workbook once you download it?**

**I can't enter names on the Long Stay / Short Stay tabs**

Parts of the workbook that should not be edited have been locked. This protects the formula and functions that make the workbook 'work.' If you try to type in an area and get a message that you need to unprotect, this means that editing that area was not intended. Remember that names of residents are entered on the tab named Residents, and names of caregivers on the tab named Caregivers. You will not be able to add or change names on the Long Stay or Short Stay tabs.

**Q4. Do we enter daily assignments?**

Your grid for long stay residents (the tab named Long Stay) should reflect every person who provides personal care to each long stay resident during the course of the month (and likewise with the Short Stay tab). Ultimately, this grid will show each caregiver a resident has had on any shift on any day. However, each caregiver a resident has only needs to be checked once. Example: If Mrs. Smith has Maria 15 times during the month, Maria will have one check on Mrs. Smith's row of caregivers. If Mrs. Smith has Nikki 1 time during the month, Nikki will also have one check on Mrs. Smith's row of caregivers.

IMPORTANT: We recommend NOT waiting till the end of the month to complete the workbook. It is less burdensome to update its weekly. Additionally, if you update the workbook weekly, you will be able to review the numbers of caregivers for each resident and make adjustments if you see that some residents are starting to have many different caregivers. This is an important strategy to increasing the number of residents you have with 12 or fewer caregivers!

**Q5. What is a month – 28 days or the full month?**

Tracking for the full calendar month provides continuity and consistency to the process. Within the workbook, when you enter your start date, a 28-day end date will be calculated for you. This is provided for homes that might start tracking mid-month or on any day other than the 1<sup>st</sup> of the month. In general, we recommend recording assignments for the full calendar month.

**Q6. We are a large facility and we staff over 200 certified nursing assistants (CNAs) and nurses. We also have over 180 Residents. The tool can only hold 150 of each. How can that be fixed?**

For both practical and performance improvement purposes, you will want to track CA for areas within your home separately. Tracking areas (for example, neighborhood, wing or floor) separately not only distributes the data entry, but allows you to monitor the progress of each area separately before aggregating. To use this approach, download a separate workbook for each area within your home. At the end of the month, when each workbook is complete, download the [Consistent Assignment CONSOLIDATION Tool](#). Instructions for using this tool are included in the workbook itself; it's just a few clicks.