Actions Taken to Retain Staff: What Three Facilities Are Doing

By Christine Kilgore

A sking staff for their opinions of their work and workplace, says skilled nursing facility administrator Gail Cushing, is “always nerve-wracking because you’re afraid of what you’re going to hear.”

But “what we’ve learned is, you can’t be afraid of asking. You have to ask the staff [what they think] and then work with the staff to come up with solutions,” she said. “Every day we listen ... and if something [that we change] doesn’t work, then we ask for more feedback and try something else.”

Ms. Cushing manages the Applewood Rehabilitation Center in Winchester, NH, one of three facilities contacted by Caring to speak about their efforts to retain staff. The facilities were winners in 2020 of the Gold Quality Award issued through the American Health Care Association/National Center for Assisted Living’s National Quality Award Program. Staff satisfaction is one of the criteria in which award winners must show superior performance.

It was solicited staff input that led to the development of Applewood’s six-year-old “Hey Team Leader” communication program, which Ms. Cushing believes is key to the facility’s staff engagement, satisfaction, and retention. (Applewood, part of Genesis HealthCare, had a staff retention rate in 2021 of 82%.)

Staff from all departments jot down ideas, requests, or concerns onto cards placed throughout the building and deposit their written cards into a centrally located box. Cards are reviewed at the end of senior leader meetings each morning, and the content is included in monthly “staff excellence” meetings, the latter of which cover key performance areas like recruitment activities and staff turnover, and are open to all employees.

The program allows the facility’s licensed nursing assistants (LNAs) “to have an active voice for the things they need to make their days more efficient, and to advocate for the needs of their residents,” Ms. Cushing said. “Having a voice and being heard and feeling valued is very important.”

LNAs feel comfortable making recommendations to the senior clinical team on resident care assignments and modifications to resident care schedules, like bathing times, she noted. “Until we really get to know somebody, we have to make a lot of modifications, and that’s one area where the LNAs really utilize the Hey Team Leader program ... to help mold and develop person-centered care.”

“What we’ve learned is, you can’t be afraid of asking. You have to ask the staff [what they think] and then work with the staff to come up with solutions. Every day we listen ... and if something doesn’t work, then we ask for more feedback and try something else.”

-Gail Cushing

Fostering Training and Higher Education

At the Burgess Square Healthcare & Rehab Centre in Westmont, IL, listening to staff and valuing their opinions has long been an important part of teamwork, a positive culture, and good patient and resident care. But the pandemic and its fallout — accelerated retirements, burnout, and loss of staff to better paying jobs elsewhere — have necessitated a deep dive for staff input.

An anonymous survey distributed in the spring asked staff, “What’s good? What’s not good ... not working day to day? How do you like to be appreciated? What’s keeping you at Burgess? What would cause you to leave?”

Nathan Tiwald, assistant administrator, said, “We’ve done quarterly surveys in the past, but they weren’t as targeted as to some of these retention questions. With so much having changed in society and work-from-home [trends] ... we want to make sure we’re changing with the times and meeting the needs of staff.”

He and the leadership team also want to ensure that, given their finite resources, “they’re using resources correctly in order to show the teams we appreciate them, in order to support their educational goals, and in order to support their families.”

Educational support is a priority mentioned by each of the facility leaders who spoke with Caring. Burgess Square began an educational assistance program this year, “which is a big step for us because we’re an independent single building,” Mr. Tiwald said.

Fostering Training and Higher Education

At the Burgess Square Healthcare & Rehab Centre in Westmont, IL, listening to staff and valuing their opinions has long been an important part of teamwork, a positive culture, and good patient and resident care. But the pandemic and its fallout — accelerated retirements, burnout, and loss of staff to better paying jobs elsewhere — have necessitated a deep dive for staff input.

An anonymous survey distributed in the spring asked staff, “What’s good? What’s not good ... not working day to day? How do you like to be appreciated? What’s keeping you at Burgess? What would cause you to leave?”

Nathan Tiwald, assistant administrator, said, “We’ve done quarterly surveys in the past, but they weren’t as targeted as to some of these retention questions. With so much having changed in society and work-from-home [trends] ... we want to make sure we’re changing with the times and meeting the needs of staff.”

He and the leadership team also want to ensure that, given their finite resources, “they’re using resources correctly in order to show the teams we appreciate them, in order to support their educational goals, and in order to support their families.”

Educational support is a priority mentioned by each of the facility leaders who spoke with Caring. Burgess Square began an educational assistance program this year, “which is a big step for us because we’re an independent single building,” Mr. Tiwald said.

“The new financial assistance program builds on partnerships between Burgess Square and local nurse education programs, in which Burgess Square staff have served as preceptors, he noted. (The facility resumed hosting students in spring 2021, after a year’s hiatus.)

At Applewood, Ms. Cushing said, leaders help LNAs who are interested in higher education make connections with local training programs and apply to the New Hampshire Health Care Association for scholarships. They also work with their LNAs who are pursuing higher education to achieve maximal flexibility in scheduling.

Meanwhile, a Genesis “Earn and Learn” nurse aide training program hires individuals who want to become nurse aides to work in a paid, non-patient-care role, such as in the dietary department, and covers the cost of their training.

And at Applewood, Ms. Cushing said, all non-nursing department heads are encouraged to have an LNA license, which facilitates a “teamwork mentality,” broader staff interaction with patients and residents, and likely helps boost retention. The maintenance director, she noted, is “currently working on his LNA ... he will be able to take a walk with a resident who’s coming to the dining room.”

Finding Meaningful Ways to Appreciate and Recognize Staff

Between 2016 and 2020, Heritage of Bel-Air in Norfolk, NE, saw an overall jump in employee job satisfaction from 29% to 85%.

Katie Frederick, the administrator at the time and now the director of operations for the parent company Vetter Health Services in Elkhorn, NE, attributes the jump to an array of programs and approaches — from tuition assistance and flexible scheduling for those pursuing higher education, to other benefits such as a mileage reimbursement program and ongoing open communication with staff. This year, she notes, Vetter “increased wages significantly.”

But in discussing staff retention, she and Tracy Zamora, the new administrator of Bel-Air, emphasize that “recognition and appreciation is a huge piece.” For instance, a thank-you note program, in which team leaders thank team members and team members write to each other, has been enthusiastically embraced over the years, they said.

Continued to next page
The CNA Crisis: Turning Ideas Into Action

By Joanne Kaldy

Although better wages are one solution to the certified nursing assistant (CNA) shortage in post-acute and long-term care facilities, there are many other reasons CNAs are leaving their jobs. Lori Porter, CEO and cofounder of the National Association of Health Care Assistants (NAHCA), said, “It was never all about pay. It’s about respect, benefits, appreciation, and opportunities.”

Pandemic Impact

CNAs have always had challenging jobs, Porter said. “At the pandemic progressed, the role of CNAs became one of the most dangerous jobs in the country. They often lacked access to personal protective equipment [PPE], and they had to reuse masks and wear garbage bags as gowns.” She added that this physical toll to reuse masks and wear garbage bags as protective equipment [PPE], and they had needs to involve ongoing efforts that are a one-and-done effort, she stressed; rather, it needs to involve ongoing efforts that are embedded in the organization’s culture.

“Give CNAs something to do that lets them know you respect them,” suggested Celeste Wooten, a long-time CNA and NAHCA board member. For instance, she suggested using CNAs as “concierges” to guide and advise agency staff. NAHCA board member and CNA Karren Ganschiniert, observed, “Many CNAs have more than one certification. I have seven. People like me are giving you amazing opportunities to advance them and use their knowledge and expertise to improve resident care.”

Medical Directors and CNAs: Healing Together

At a Healing Together webinar, members of AMDA – The Society for Post-Acute and Long-Term Care Medicine and CNAs came together to discuss the staffing shortages and potential solutions. During the program, Ms. Porter said, “CNAs have been called heroes during the pandemic, but it’s more than a word. Heroism is ingrained in how they act, work, think, and feel every day. They do not have jobs; they have relationships.” At the same time, Swati Gaur, MD, MBA, CMD, the Society’s 2022 Medical Director of the Year, said, “Essentially every member of the team is important. I’ve rounded with CNAs, and it was incredibly powerful for me.” She added, “I want CNAs to come and alert me if they are seeing something that concerns them.” These insights can prevent hospitalizations and even save lives.

The Society’s Behavioral and Mental Health Advisory Council has identified several action items for medical directors from the Healing Together program:

• Ensuring CNAs are included in care planning meetings.
• Including CNAs when making rounds.
• Greeting CNAs at the facility.
• Providing educational opportunities for CNAs.
• Reviewing resident cases with CNAs and listening to their observations about residents.
• Involving the medical director in onboarding.
• Creating a career ladder for CNAs.

The Council also identified several opportunities for Society members and CNAs to work together, such as jointly authoring articles, best practices documents, and poster presentations.

Better Not More

Just bringing in more CNAs is not the solution, Ms. Porter stressed. “Desperation hiring has brought in more inexperienced people without a passion for the work. In the meantime, we’ve lost some great talent with decades of experience.” She added, “If we are allowing career CNAs who have been at this for decades to leave for $2 to $3 an hour [more], shame on us. If we’re allowing them to leave because they feel they don’t have value, shame on us. We can’t afford to lose team members who often risk safety and make personal sacrifices because they love their residents and care about their comfort and happiness.”

Senior contributing writer Joanne Kaldy is a freelance writer in New Orleans, LA, and a communications consultant for the Society and other organizations.