

# 8

## Improving CNA Staffing Toolkit

## 8. Improving CNA Staffing Toolkit

Congratulations on forming your Collaborative for Quality Improvement in Long Term Care! We hope the toolkit was helpful in establishing your Collaborative and in learning about and working through the CMS Quality Assurance and Performance Improvement model (QAPI). As part of *Action Step 8. Identify Gaps & Opportunities*, your Collaborative will have created a list of opportunities for performance improvement and will have prioritized these opportunities as the beginning of *Action Step 9. Prioritize and Charter Projects (PIPs)*. This section will walk through Action Steps 9-12 for a project focused on improving CNA staffing in nursing facilities. Recommendations are based on the experience of the 2015-2016 Regional Healthcare Quality Improvement Collaboratives, specifically Central Indiana Nursing Home Improvement Collaborative (CINHIC), Community Care Connections (CCC), North Central Indiana Quality Improvement Collaborative (NCIQIC), and Quality Improvement Collaborative of Northeast Indiana (QICNE).

### Action Step 9. Prioritize & Charter Projects (PIPs)

Once you have prioritized improving CNA staffing as an opportunity to be addressed by your Collaborative, a Collaborative Project Charter will need to be created. The project charter will serve as the guiding document for the Collaborative project. Individual facilities may adjust the Collaborative Charter slightly – updating the scope, project team, and materials – to reflect their individual facility and will use this as the contract between leadership and the project team. The project charter is created at the beginning of the project to clarify what is expected of the team. For a full discussion of developing a project charter, see the previous section *Utilizing QAPI as a Collaborative, Action Step 9. Prioritize and Charter Projects (PIPs)*. The discussion below will focus on creating a charter for a project to improve CNA staffing.

#### PROBLEM STATEMENT

The problem statement is the reason for action; why this project was chosen and why it should be addressed now.

Sample problem statements for improving CNA staffing:

- **The Collaborative determined that the average CNA turnover rate is 74%, which is remarkably high and undoubtedly impacts the quality of care. High turnover contributes to low facility star rating, high facility costs, staff and resident dissatisfaction, and ultimately diminished quality of care provided to residents.**
- **Turnover rates of CNAs are high (54%), leading to high costs, staff and resident dissatisfaction, and poor health outcomes.**
- **Staff satisfaction and teamwork among the Collaborative facilities are low which is contributing to high turnover and vacancies that further impact staff satisfaction, facility star ratings, and quality of care provided to residents.**

#### BACKGROUND

This is the background leading up to the need for this specific project. The background for a CNA turnover project could include surveys taken among staff members or residents at multiple levels.

Sample background for a project to improve CNA staffing:

- **Turnover among CNAs in long term care is high across the country. Our Collaborative has identified that CNA turnover is not only costly to the facility, but it also directly affects staff by requiring overtime work. Surveys were completed by CNAs in February 2016 which indicated dissatisfaction with teamwork, management, and the feedback and appreciation they are receiving. The collaborative also has identified that turnover affects the nursing home quality measures and overall health outcomes, ultimately affecting the residents.**

CNA terminations accounted for 74% of the Collaborative's turnover, according to baseline data collected from the participating facilities. The largest amount of turnover is occurring within the first 6 months of employment, but especially within the first 90 days after hire. CNAs had one of the lowest satisfaction rankings, more than likely due to turnover, therefore creating lack of morale.

There are several reasons turnover has become an overbearing burden, one being the rise in acuity and shortened hospital stay, making nurse-to-patient ratios problematic<sup>7</sup>. Due to these issues, CNAs often experience burnout and fatigue, which can also lead to dangerous and unnecessary medical errors. It is the hope that by addressing these issues, the Collaborative can improve care provided to residents but to also improve CNA job satisfaction and retention. By improving retention, we anticipate drastic improvement in the quality of care provided, as well as facility costs related to turnover and termination.

## AIM STATEMENT

The aim statement answers the question "What is the Collaborative trying to accomplish?" This should be stated as a SMART goal (specific, measureable, achievable, reasonable, and timely) and often includes the baseline metric. "We want to improve (metric) from (initial state) to (target state) by (target date)."

Sample aim statements for improving CNA staffing and turnover rates are seen below:

- **The Collaborative aims to collectively reduce the turnover rate among newly hired CNAs who started between April 1 and May 31, 2016 by 20% (from 74% to 54%) and improve the overall satisfaction ranking among all CNAs (new hires and existing) by a minimum of 10%.**
- **Involve all staff within the nursing facility to reduce CNA turnover by 5% from our initial rate of 6.13%, by the end of June 2016 starting in April 2016.**

## PROJECT SCOPE

The project scope outlines the specifics of the project as related to goals; what is included/excluded. This may be different for each facility as they may target different units/floors/populations within their building. For CNA staffing projects, facilities may define their scope by length of employment or types of staff.

Sample project scope statements for improving CNA staffing:

- **This project will run from April 1 – May 31, 2016 and will include CNAs in the Collaborative facilities. The turnover rate will specifically look at the newly hired CNAs and the satisfaction ranking will**

7. Nurse Staffing. (n.d.). Retrieved August 24, 2016, from <http://www.nursingworld.org/nursestaffing>

account for newly hired and existing CNAs.

- This project will run from April 1, 2016 through June 30, 2016 and will involve all staff within the nursing facilities.
- This project will run from April 1 – June 30, 2016 and includes focusing on CNA staff after they have completed clinicals.

## PROJECT METRICS

Project metrics tell how you will measure project efforts to show what was achieved. This includes baseline data (initial state). Other metrics to consider are secondary metrics (welcomed side effects), consequential metrics (unwelcomed side effects) and financial (any costs incurred or saved due to the project) metrics. The secondary and consequential metrics may be different across members as they may relate to the specific intervention. Previously, Collaboratives tracked and reported metrics as an average of all participating members. This allowed for group cohesion, a shared goal, and cleaner reporting of project outcomes. It also may blur outcomes as stronger performing members may “pick up the slack” for poorer performing members. Each Collaborative should decide if they will look at these metrics averaged across all members or by individual member facility. It is important, however, that a standard metric or calculation is identified so that data collection from each facility is identical when trying to average across the Collaborative. Below are some sample metrics used by some of the Collaboratives focused on improving CNA staffing:

- **Primary Metric** – This is the main indicator to be measured. It defines the project goal and measures baseline and improvement at end of project.

**Metric:** Turnover rate of CNAs

**Calculation:** # of CNAs terminated during stated time period / average # of CNAs during the time period

**Baseline:** Turnover rate of CNAs during the same time period as the project in an earlier year

**Data Source:** HR Employment records and turnover calculations

**Additional Considerations:** CNA staffing has seasonal variations (spring and summer turnover tend to be higher than fall and winter) thus data from the same time period during an earlier year will give a more accurate assessment of progress. Additionally, a multi-month average provides a more stable baseline than a single month. Various staffing levels, not just CNAs, can be evaluated.

- **Secondary Metric** – This metric captures, validates, and tracks welcome side effects of the project. This may differ among participating facilities due to different interventions.

**Metric:** Overall facility turnover rates and the CMS Quality Star Rating for Staffing

**Calculation:** Total number of terminations among staff / average number of staff during the period

**Baseline:** Turnover rate of all staff during the same time period as the project in an earlier year

**Data Source:** HR Employment records and turnover calculations

- **Additional Secondary Metric** – This metric captures, validates, and tracks welcome side effects of the project. This may differ among participating facilities due to different interventions.

**Metric:** Increase staff satisfaction rates and an increase in ABAQUIS (Survey Quality Management System)

**Calculation:** Calculated from individual Collaborative Staff Satisfaction Surveys and the ABAQUIS resident and family satisfaction scores

**Baseline:** Staff satisfaction and ABAQUIS rates prior to the intervention period

**Data Source:** CNA and staff satisfaction surveys, exit interview tracking form, wage surveys

- **Consequential Metric** – This metric captures, validates, and tracks unwelcome side effects of the project. This may differ among participating facilities due to different interventions.

**Metric:** Veteran staff satisfaction (when implementing interventions with new staff)

**Calculation:** Calculate veteran staff satisfaction rate from survey

**Baseline:** Veteran staff satisfaction results prior to the intervention period

**Data Source:** Staff satisfaction surveys

- **Financial Metric** – This metric links project progress to financial outcomes.

**Metric:** Average cost to replace a CNA

**Calculation:** Facilities should identify all direct and indirect costs of recruiting and onboarding new staff. See two *Cost Calculator* examples at the end of this section.

- One Collaborative in this PIP identified the average cost to replace a CNA, from all facility data, to be \$3,016.50. This is used to calculate costs incurred for replacement hires and, potentially, costs avoided through reduced turnover.

**Secondary Metric(s):** Reduction in staff overtime and the reduction in labor hours for HR Director and Floor Staff Trainers are secondary metrics that may also have a financial impact on facilities.

## PROJECT TIMELINE

The project timeline will detail start and end points of the project and milestones along the way. Collaboratives found that three to six months to plan and initiate a staffing focused PIP and three months after initial implementation were insufficient. Staffing turnover improvements, and satisfaction rate improvement, is a topic that needs to be looked at over a longer period of time. Collaboratives suggested gathering baseline data, implementing interventions, and recalculating and surveying the staff rates over a six to 12-month period. This allows potential interventions and process changes to take effect.

## PROJECT TEAM AND ROLES

The project team outlines who will be involved in the project and what will be their role on the team. This clarifies responsibility and accountability, and ensures all necessary people are included. For a PIP on improving CNA staffing, it is recommended that the project team include the facility's HR Director and designated Quality Manager or QAPI individual. These individuals will be important for collecting data, assisting with administering the survey to all staff at facilities, and helping to improve processes that will impact the work culture within a facility. Including representatives from the cohort of staff that is the focus of the project (i.e., CNAs) is critical to root cause analysis and staff buy-in for interventions.

## MATERIAL RESOURCES REQUIRED

Any materials such as equipment, software, or supplies that will be needed for the project should be included in this section. This will likely be intervention dependent. This may include:

- Available wage/salary data for facility and peer institutions to compare rates
- Staffing tracking log (see end of section)
- CNA-specific staffing survey (pre and post interventions) (see end of section)
- Overall staff satisfaction survey (pre and post interventions) (see end of section)
- CNA turnover cost calculator (see end of section)
- Items to encourage participation in surveys and to boost morale, such as gift cards, newsletters, and recognition certificates.

## BARRIERS

This includes barriers that may impede progress on the project and how to overcome them. Discussing barriers and ways to address them as a group allows members to support and collaborate with each other, increasing the likelihood of avoiding challenges and achieving success for the project.

Collaboratives encountered the following barriers in their improving CNA staffing PIP:

Barrier	Ways to Address the Barrier
<b>Obtaining accurate data from all members</b>	<ul style="list-style-type: none"> <li>• Provide a consistent tracking tool for all members from the start.</li> <li>• Remind members frequently about data submission deadlines.</li> <li>• Publicly thank members who have submitted data at each Collaborative meeting.</li> <li>• Set expectations and require that facilities turn in all data to be included as a project member.</li> </ul>
<b>CNA Clinical test is difficult, leading to higher turnover among the newly hired CNA staff.</b>	<ul style="list-style-type: none"> <li>• Create a mentorship program at facilities through practice tests and study sessions with experienced staff.</li> </ul>
<b>State Survey Impact</b>	<ul style="list-style-type: none"> <li>• Consider the impact the state survey will have on project timelines for interventions. This leads to less time for collecting data and implementing interventions.</li> </ul>
<b>Lack of opportunities to discuss staff challenges</b>	<ul style="list-style-type: none"> <li>• Consider creating a CNA Networking Group within the Collaborative to meet monthly and offer learning and sharing among CNA staff and supervisors.</li> <li>• Offer additional educational and networking opportunities (lunch-n-learns) to bring staff together.</li> <li>• Promote an “all-teach, all-learn” environment. Include CNAs in leadership meetings to see how their role impacts the larger facility and can help generate questions.</li> </ul>
<b>Resistance from experienced individuals who ‘know’ QAPI</b>	<ul style="list-style-type: none"> <li>• Linking each QAPI step to actions taken in the Collaborative will help remind veteran staff members who may know QAPI, but may not have implemented a QAPI PIP.</li> </ul>

## Action Step 10. Plan, Conduct, & Document PIPs

A **project intervention** is a strategy to improve the problem or challenge that is the subject of the PIP. Each facility should review gap analysis results to determine the best type of intervention for the stated problem. Facilities across the Collaborative can test different interventions, but should track results related to each intervention. Collaboratives should seek out evidence-based practices whenever possible. When identifying potential interventions, remember to identify assets and resources and evaluate the strength and sustainability of the intervention. For more discussion on *Action Step 10*, see the previous section *Utilizing QAPI as a Collaborative*.



### RESOURCE: Data Intervention Activity Worksheet

As introduced previously, the Collaborative can use the *Data-Intervention Worksheet* (Appendix A12) to facilitate the selection of an intervention(s) for the chosen PIP topic. *The Facilitation Guide* (Appendix A13) provides detailed instructions on use of the worksheet to identify interventions.

Interventions utilized in previous Collaborative PIPs are detailed in the following chart:

Region	Intervention	Intervention Metrics and/or Description
CINHIC	Increase Pay	Look at comparative rates and discuss options to increase pay.
CINHIC	Employee Appreciation Activities	Organize and conduct cookouts, invite food trucks, participate in Alzheimer's Longest Day, etc.
CINHIC	Break Room Modifications	Addition of games and new refrigerator to break room.
CINHIC	Mentorship Program	Partner new-hires with existing staff and roles
CCC	CNA and Administration Engagement	Facility administration will engage new hire CNAs in 4 meetings during their first 4 weeks in the facility using the staffing tracking log.
CCC	Monitor Staffing Rates	Facility administrators will continue tracking their staffing and turnover rates, along with star rating for staffing, and submit monthly. Track CNAs hired after April 1 to monitor separate turnover rate within first 90 days.
CCC	Staff Satisfaction Survey	All CNAs will complete a staff satisfaction survey to determine their level of satisfaction and gauge improvement to the group at all levels.
NCIQIC	Orientation Activities	Increase activities surrounding new orientation, such as Executive Director hand write welcome letters to new staff and mail to home address; extend orientation length; add department shadowing to increase understanding of patient care.

Region	Intervention	Intervention Metrics and/or Description
NCIQIC	Exit Interviews	Human Resources to follow-up with employees who left the facility voluntarily or non-voluntarily.
NCIQIC	Employee Referral Program	Provide \$50 at 90-day retention to employee who referred and \$50 at 180-day retention.
NCIQIC	Employee Appreciation	Create and establish new programs for employees such as, a meal program (establish a meal committee to look at food cart options); conduct monthly employee appreciation events; initiate an employee culture committee; change policies to offer leftover food to employees before throwing out.
NCIQIC	Team Huddles	Every shift, roll out a team huddle to discuss communication, changes, mission statement, affirmation, and patient care.
QINCE	Exit Interview	Create a tracking form to be used when staff leave to collect data on the reasons for leaving.
QICNE	Attendance & Shift Bonus	Staff with no absences or tardies in a one-month period will receive bonus money; or will have attendance points reduced. Provide bonuses for picking up shifts last minute.
QICNE	Improved Communication	Involve CNAs in care plan and living well meetings; establish a form to solicit feedback for all shifts (suggestion box); monthly staff newsletter; and educate on crucial conversations and team huddles.
QICNE	Employee Recognition	Hold raffles at monthly in-services recognizing people who did something amazing; send personal cards; post monthly birthdays; establish a staff bulletin board; create a recognition board or employee recognition committee for staff; collect employee favorite snack/drink information; provide annual voucher for free scrubs on anniversary.
QICNE	Orientation	Have department heads speak for 10 minutes on orientation day; include wound nurse and therapy in orientation; new hire staff and CNAs to join committees; update and expand orientation.
QICNE	Staffing	Department heads take on-call during week to cover call offs for nurses and CNAs (prevents mandatory stay over); implement stress management strategies for staff; place a member of management on the floor for immediate intervention with problems and concerns.  30-, 60-, 90-day evaluations of new hires. Consider hiring more PRN and part-time CNAs to cut down overtime during high census and PTO time.

Data display and visualization can help facilities understand the success they have achieved and any missed opportunities. Below are examples of summarized data from the improving CNA staffing project provided by some of the participating Collaboratives in this PIP. Please note, that if a facility is a member of the Advancing Excellence in America's Nursing Homes, the program website includes an interactive tool to input data on staff stability and track the data without creating your own tracking documents. Visit [www.nhquality-campaign.org](http://www.nhquality-campaign.org) for more information.

### **Action Step 11. Identify the Root Cause of Problems (RCA)**

Once a problem has been identified, a variety of tools can be used to identify the root cause(s) that should be addressed with an intervention(s). CMS provides a *Guide to Root Cause Analysis* (see *Appendix B* for full website) within the QAPI program.

Collaboratives will want to approach root cause analysis from both the Collaborative and individual facility level. Root cause analysis is based on data to ensure the intervention addresses the core issue and may vary among Collaborative members, depending on the issue. Several Collaboratives had success in implementing the same intervention across all members to address a common root cause. In Collaboratives where members chose their intervention individually, small groups were formed by grouping common root causes/interventions. This allowed members to discuss common barriers and ways to overcome the barriers with each other in either situation. For more discussion on *Action Step 11*, see the previous section *Utilizing QAPI as a Collaborative*.

**IMPORTANT NOTE:** The most frequently encountered barrier to a Collaborative's success was overcoming biases and preconceived ideas about the root cause of a problem. It is critical that a true focused and data-based root cause analysis be completed by each facility for each PIP. Although Collaborative members may discuss the "how-to" of root cause analysis and brainstorm possible root causes of a particular challenge, the actual root cause must be validated by PIP data.

#### **BEWARE: LISTEN TO YOUR DATA!**

We observed that Collaboratives often prematurely identified ASSUMED root causes for problems prior to a detailed analysis of the data. Once data analysis was conducted, other root causes frequently emerged and the assumptions were shown to be incorrect.

## Action Step 12. Take Systemic Action

Systemic change lives beyond the timeline of the PIP. Once the planned timeline is complete, the facility should consider how successful interventions should be continued, reinforced, and expanded, if applicable. If the initial intervention(s) were implemented in a specific unit or floor, successful interventions should be expanded to additional areas of the facility or of the corporate enterprise. The facility should also consider which interventions were not successful. If initial interventions did not produce desired results, Collaboratives and facilities should reassess the root cause, strength of the intervention chosen and if the intervention was implemented as planned. Facilities should continue to monitor ongoing practice and continually identify new ways to improve outcomes and quality of care. This process of planning, intervening, measuring, and implementing fully is known as the **Plan | Do | Study | Act** model. Collaboratives may want to continue data reporting and monitoring after the time of focus on any given PIP to ensure the process change is stable and any decreases in quality are quickly identified and addressed.



# Additional Resources

## STAFFING TRACKING LOG

NURSING STAFFING			
	Total Hours for Last 14 day pay cycle	# Employed on 1st Day of Month	# Terminated by Last Day of Month
Registered Nurse			
Licensed Practical Nurse			
Certified Nursing Assistant			
<b>TOTAL</b>			
CENSUS			
Average Resident Census for Month			
TERMINATIONS			
Reason	Number of Staff		
Involuntary			
Voluntary			
No Call/No Show			
Voluntary Termination Reasons	Number of Staff		
Benefits			
Compensation			
Staff Relations			
Personal Reasons			
Other			
Length of Employment for Terminated Employees	Number of Staff		
0 - 90 days			
91 days - 6 months			
6 months - 1 year			
>1 year			

CNAs Hired April 1-May 30		
<i>These staff members should also be included above in the staffing and terminations counts where applicable. This will be a running list over the next 2 months.</i>		
Employee ID	Meetings Attended	Termination
	1	YES or NO
	2	*If YES:
	3	Date:
	4	Voluntary or Involuntary
Employee ID	Meetings Attended	Termination
	1	YES or NO
	2	*If YES:
	3	Date:
	4	Voluntary or Involuntary
Employee ID	Meetings Attended	Termination
	1	YES or NO
	2	*If YES:
	3	Date:
	4	Voluntary or Involuntary
Employee ID	Meetings Attended	Termination
	1	YES or NO
	2	*If YES:
	3	Date:
	4	Voluntary or Involuntary
Employee ID	Meetings Attended	Termination
	1	YES or NO
	2	*If YES:
	3	Date:
	4	Voluntary or Involuntary
Employee ID	Meetings Attended	Termination
	1	YES or NO
	2	*If YES:
	3	Date:
	4	Voluntary or Involuntary
Employee ID	Meetings Attended	Termination
	1	YES or NO
	2	*If YES:
	3	Date:
	4	Voluntary or Involuntary
Employee ID	Meetings Attended	Termination
	1	YES or NO
	2	*If YES:
	3	Date:
	4	Voluntary or Involuntary
Employee ID	Meetings Attended	Termination
	1	YES or NO
	2	*If YES:
	3	Date:
	4	Voluntary or Involuntary
Employee ID	Meetings Attended	Termination
	1	YES or NO
	2	*If YES:
	3	Date:
	4	Voluntary or Involuntary

## ADMINISTRATIVE SURVEY FOR STAFFING STABILITY

Administrative Survey for Staffing Stability					
Facility Name:		Date:			
Name of administrator completing the survey:					
Place an X in the box that best describes your response to the statement. Then, place a check in the gray box if you feel this is something your facility would want to focus on improving.		Always	Usually	Sometimes	Never
<b>Staff Stability</b>					
1	We carry out our attendance policy in a way that is fair and flexible to our staff needs.				
2	Staff reports to work as scheduled and we have very few absences.				
3	Our facility takes time to hire the right person for the position.				
4	New employees receive a good welcome, support, and as much orientation as needed.				
<b>Leadership</b>					
5	Everyone on the management team answers call lights.				
6	Management team provides assistance to staff when needed for any identified needs.				
7	Administrator conducts daily rounds to support and encourage staff.				
8	DON meets with nurses to discuss workforce and workflow issues.				
9	Charge nurses provide positive leadership to the care team.				
<b>Staff Relations</b>					
10	Nursing staff (nurses and aides) communicate well with each other.				
11	Nursing staff communicate well with other disciplines.				
12	Staff are consistently assigned to the same residents/units.				
13	QAPI activities are unit based with high involvement from the staff closest to the residents.				
14	Staff treat each other with respect.				
15	Staff pitch in when other team members need help completing assignments even though it may not be their responsibility.				
<b>Facility Specific Programs</b>					
<b>Question</b>		<b>Response</b>			
16	Does your facility offer any sign-on bonuses? If yes, for what positions?	<input type="checkbox"/> Yes <input type="checkbox"/> No Positions: _____			
17	For nursing assistants, what is the typical length of orientation?	_____			
18	For RN's/LPN's what is the typical length of orientation?	_____			
19	Does your facility have a mentor program? If yes, what makes an individual qualified for being a mentor?	<input type="checkbox"/> Yes <input type="checkbox"/> No Mentor qualifications: _____			
20	Does your facility offer evaluation at periodic interval throughout staff orientation (30,60,90 day, 6 month)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
21	Do you conduct peer interviews (group of staff that would be working directly with the individual) when selecting a new hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
22	Does your facility offer job shadowing prior to hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Adapted from Marion County Nursing Home Leadership Collaborative Program Evaluation Results

# STAFF SATISFACTION SURVEY

## Staff Satisfaction Survey

As part of our work with the Community Care Connections collaborative to improve the quality of care in our facility, we are working on a project to increase staffing stability. We need your help to identify ways to improve job satisfaction within our facility and make this a great place to work. Please take a moment to complete this confidential survey to assist us in this effort. Your responses will remain anonymous-please do not write your name anywhere on this survey.

Place an X in the box that best describes your response to the statement.  
For the last statement, provide an answer in the box to the right.

		Stongly Agree	Agree	Disagree	Strongly Disagree
<b>Work Environment</b>					
1	For the type of job, my workload is reasonable.				
2	I have enough equipment and supplies to do my work well.				
3	Compared to other facilities, I am paid well.				
4	My performance evaluations are done fairly.				
5	There is communication between shifts.				
6	Co-workers work well together.				
7	I like the type of work that I do.				
8	I feel respected by my co-workers.				
<b>Supervision</b>					
9	I get recognition for good work.				
10	My supervisor cares for me as a person.				
11	I am treated by respect from management.				
12	Managers care about the staff.				
<b>Training</b>					
13	New staff receive good orientation.				
14	Staff receive good ongoing training for their job type.				
15	I received training to deal with challenging residents.				
16	I received training to deal with challenging families.				
<b>Caregiving</b>					
17	The staff cares about the residents.				
18	This facility gives good care.				
19	I feel like I make a difference for the residents I care for.				
<b>General</b>					
20	Overall, I am proud to work in this facility.				
21	I would recommend this facility as a good place to receive care.				
22	I would recommend this facility as a good place to work.				
23	I feel connected to my co-workers.				
24	I feel connected to the residents in this facility.				
25	I would be happier in my facility if: _____ (specify in box to the right)				

My job at the facility is: (check one)

- Support Staff
- Certified Nursing Assistant
- Licensed Practical Nurse
- Registered Nurse
- Management/Administrator



**Community  
Care  
Connections**

**Thank you for taking the time to complete this survey. We value your opinion and contribution.**

Adapted from Marion County Nursing Home Leadership Collaborative Program Evaluation Results and from "Customer Satisfaction in Long Term Care: A Assessing Quality" V Tellis-Nayak, Ph.D, American Health Care Association Leadership Toolkit 2.

## STAFF SATISFACTION SURVEY RESULTS

	Initial CNA Collaborative Total	CNAs Hired Before 4/1/2016	Percentage of Change from Initial Survey
<b>Work Environment</b>	<b>2.85</b>	<b>3.03</b>	<b>4.50%</b>
1 For the type of job, my workload is reasonable.	2.62	2.83	5.31%
2 I have enough equipment and supplies to do my work well.	2.91	3.05	3.60%
3 Compared to other facilities, I am paid well.	2.64	2.86	5.43%
4 My performance evaluations are done fairly.	3.09	3.18	2.28%
5 There is communication between shifts.	2.37	2.78	10.33%
6 Co-workers work well together.	2.74	2.87	3.32%
7 I like the type of work that I do.	3.44	3.71	6.85%
8 I feel respected by my co-workers.	2.98	2.97	-0.15%
<b>Supervision</b>	<b>2.99</b>	<b>3.12</b>	<b>3.25%</b>
9 I get recognition for good work.	2.95	3.01	1.46%
10 My supervisor cares for me as a person.	3.12	3.17	1.35%
11 I am treated by respect from management.	3.01	3.21	5.11%
12 Managers care about the staff.	2.87	3.09	5.52%
<b>Training</b>	<b>2.97</b>	<b>3.00</b>	<b>0.75%</b>
13 New staff receive good orientation.	2.99	2.86	-3.29%
14 Staff receive good ongoing training for their job type.	3.00	3.12	2.89%

## CNA SURVEY

Your workplace is participating in a collaborative to improve quality of care in your nursing facility. Over the next six months, we will be working on staff retention and turnover, and we need your help! This survey asks different questions about your job. When you answer each question, please mark how satisfied you are with each aspect.

You do not need to put your name on this survey. All survey responses will be kept confidential and will only be viewed by Aging & In-Home Services. Your responses will be used to help shape our improvement project to make your workplace better, so please be honest!

Thank you!

## EXIT INTERVIEW STAFF TRACKING

Employee Name	Start Date	End Date	Job Title	Reason for Leaving	Notes
Example A	2/2/14	2/2/15	C.N.A	Relocated	
Example B	3/3/15	4/5/15	LPN	Career Advancement	
Example C	6/6/15	4/1/16	RN	Drug/Alcohol	
Example D	4/4/15	5/1/15	QMA	Accepted job at competitor NF	

## CNA TURNOVER COST CALCULATOR (EXAMPLE 1)

### Determining Collaborative Cost of CNA Turnover

FACILITY \_\_\_\_\_

Cost of Advertising: \$ \_\_\_\_\_

*Consider the cost of placing an ad in the newspaper, on the radio, or other means used to advertise the CNA openings for your facility.*

Time spent interviewing and checking references: \_\_\_\_\_

*Think of the average number of time spent interviewing all applicants for a position and the average time spent checking references to fill one position.*

Average hourly rate for employee who conducts interviews and checks references: \$ \_\_\_\_\_

*Who conducts the interviews and checks references? What is their hourly rate? If it is more than one person, use the average hourly rate of those individuals.*

Cost of employee physical: \$ \_\_\_\_\_

Cost of TB test: \$ \_\_\_\_\_

Cost of Hep B vaccine: \$ \_\_\_\_\_

Cost of drug screen: \$ \_\_\_\_\_

Cost of hiring/referral bonus: \$ \_\_\_\_\_

*If your facility does not offer bonuses for new CNAs or referral bonuses, enter N/A.*

Cost of background check: \$ \_\_\_\_\_

Average hourly rate for CNA: \$ \_\_\_\_\_

Average number of days to fill vacant position: \_\_\_\_\_

*Consider your last few CNA vacancies. How long did it take to fill those positions? Use the average.*

Number of hours of classroom orientation: \_\_\_\_\_

Average number of CNAs in each orientation class: \_\_\_\_\_

Average number of hours spent in floor orientation: \_\_\_\_\_

*Keep in mind, the collaborative average for CNA orientation was 7 days, with most facilities reporting 3-5 days.*

## CNA TURNOVER COST CALCULATOR (EXAMPLE 2)

### Calculation of Annual CNA Turnover Replacement Cost

Facility Name: \_\_\_\_\_

Completed by: \_\_\_\_\_

To calculate the Annual CNA Turnover Replacement Cost, first determine the direct costs. Items with asterisks are costs that will be added on the last page of this tool; items with no asterisks are data or calculations that feed into the cost:

#### STEP 1: Determine Direct Cost Replacement Costs

**CNA new-hire hourly rate:**

**\*Advertising cost:** \_\_\_\_\_

Calculation: Enter the cost of placing an ad in the local newspaper for three days, including Sunday

**\*Cost to interview and screen applicants:** \_\_\_\_\_

**\*Cost to call and check references:** \_\_\_\_\_

Calculation: Multiply the hourly rate for the interviewer and the person checking references by the time taken for these activities

**\*Cost of employee physical:** \_\_\_\_\_

**\*Cost of TB test:** \_\_\_\_\_

**\*Cost of Hepatitis B vaccination:** \_\_\_\_\_

**\*Cost of drug screen:** \_\_\_\_\_

**\*Cost of hiring bonus or employee referral bonus:** \_\_\_\_\_

**\*Cost of criminal background check:** \_\_\_\_\_