

Take It To Heart:

CNAs' Solutions to the Staffing Crisis



*Bethany Knight, CNA
with Lisa Cantrell, RNC and Lori Porter, NHA*

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By America's Certified Nursing Assistants

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Iconography



Heart with bold italicized copy—an essential awareness of a heart-healthy home.



Caution Light—Warning! Trouble Ahead. Change required!



NAGNA Key to Quality. Highlights a valued service of NAGNA membership.

Foreword

For any industry to survive, innovation must be a constant ingredient in the mix of management's solutions to problems.

Most businesses change with the demands of the market, pricing new services according to what the market will bear. Innovation is encouraged and prized by the free market. Consider how many variations of a hamburger McDonald's has served in the past 30 years!

Change within the nursing home world is largely driven by government mandates, not by the marketplace. Consequently, innovation created by the provider is neither encouraged nor common. Because Medicaid/Medicare recipients comprise the majority of the nursing home population, government, rather than the residents, is effectively the customer.

Though the actual consumer, the resident, may well want a new service in the nursing home, the provider cannot simply add the service and bill accordingly. Providers are only paid what government has approved, so new ideas cannot be implemented automatically, no matter how excellent they may be. This system creates a stagnant, constrained environment where new ideas are often treated as problems.

Living and working in this setting breeds frustration and a sense of powerlessness. Unlike in other businesses, more revenue is not necessarily generated when a nursing home distinguishes itself from other providers by providing superior care. Doing business within these narrow boundaries makes many of America's nursing homes unhealthy workplaces.

NOTE: Readers who work in highly progressive homes may feel defensive reading the last sentence and others in this book. We acknowledge

you for always improving, and remind you this book is aimed at homes which have not been improving and are consequently in real trouble. Troubled homes demand tough talk.

Breaking out of this suffocating structure requires a major shift in how society views and trusts the staff of long-term care institutions. This shift must start with an internal transformation of nursing homes, ending the nursing assistant's overwhelming sense of powerlessness. The plantation mentality, where the overseer has all the power, must end. Yes, this is a class issue and a gender issue. Nursing homes are basically staffed and inhabited by poor women.

Providers have been given no leeway by the government. Providers, in turn, give no leeway to their facilities' direct care workers. The facilities' residents are equally trapped and powerless. Frustration is compounded, and whatever shred of innovation exists is extinguished.

To gain public trust, providers must first trust their own employees, by granting them the real authority and genuine respect that has been withheld. Nursing assistants have long had the awesome responsibility of caring for the nation's elders. Now authority must be surrendered to them as well.

Unlike other calls for nursing home owners and operators to make significant change, this book is not a technical piece nor a research project. Frankly, if technical arguments worked and research persuaded, the changes we propose would have occurred already. There are enough studies, graphs, and charts on managing and staffing a successful nursing home to build a small house, stacking one report on top of the other.

We maintain that until decision makers are reached at the heart level, change will not occur. Our message is neither

sanitized nor objective. It is an emotional and truthful call to action.

Congratulations on buying *Take it to Heart: CNAs' Solutions to the Staffing Crisis*. Your journey toward becoming a heart-healthy facility has begun. Freeing your staff to be fully guided by the needs and wishes of residents is a great adventure.

Bethany Knight, February 2000,
Glover, Vermont

Introduction

In our travels across this country, we have seen plenty of unhealthy nursing homes—places where it is no fun to live or work, and where compliance with government regulations is the one and only goal.

Because these businesses are open 24 hours a day, management and staff may adopt a casual, almost sloppy, approach to the day. When new hires come for an interview, it is common for the interview to last less than five minutes, and be interrupted at least three times. What other business would conduct such an unprofessional interview? This approach honors none of the parties involved—not the interviewer, interviewee, or potential colleagues or consumers.

Few other industries focus so exclusively on the question, “What is wrong?” Doing things wrong in a nursing home comes at a high price for many parties. Surveyors seek out what is wrong because they cannot afford to miss it—their jobs are on the line.

Corporate management also looks for what is wrong. To prepare for such inspections administrators have to be looking for the same thing too. The Directors of Nursing Services follow suit to protect their positions. Charge nurses chime in to make certain nothing is wrong. Focusing on what is wrong, rather than on countless, extraordinary acts of kindness, leaves long-term care staff feeling unrecognized and disrespected.

Nursing homes of the 21st century must learn to celebrate their heroic work and be proud. Caring for the country’s greatest citizens is a high honor. Most importantly, facilities must rise above the idea that their worth is based on the outcome of the annual survey.

By utilizing this book and the recommended support services providers can put an end to this disrespectful, unhealthy way of doing business and ignite a blaze of vibrant, heart-healthy caregiving. Turnover will never be stopped entirely, nor should it be. Modest change and rotation of personnel makes for a heart-healthy environment.

You can create the nursing home where staff won't routinely leave, however, by focusing on CNAs. A multitude of studies have shown that when the CNA hemorrhage is stopped, the remainder of the facility's turnover begins to mend. That is no surprise, as nurses and directors of nursing flag CNA turnover as one of the major reasons they quit!

Begin to transform the culture of your nursing home today so staff will declare, "This home is good enough for my mom." Let's light the torch!

Lisa Cantrell, NAGNA Director of Education, and
Lori Porter, NAGNA Executive Director
February 2000, Joplin, Missouri

About NAGNA

Founded in 1995 in Joplin, Missouri, the National Association for Geriatric Nursing Assistants (NAGNA), is America's largest professional organization for nursing assistants. Co-founders Lori Porter and Lisa Cantrell began their health care careers as CNAs.

NAGNA is dedicated to enhancing the professional role of nursing assistants through education, recognition and advocacy. Members are offered state-of-the-art opportunities for personal and professional growth. Every June NAGNA's national awards banquet honors the best and brightest stars of the national CNA constellation.

Working in 26 states, NAGNA members are 20,000 plus professionals dedicated to providing quality resident care. Visit NAGNA's website at www.nagna.org.

1 Your Facility:

The Heart of the Community



The nursing home—a place where people die, but only after they've been abused, exploited and neglected. Stay out of the nursing home, receive home care and live forever. Right? Wrong!

Most Americans die at home, or in a hospital. The third most popular deathbed is in a nursing home. Why is it then that we so fear our communities' nursing homes?

Twenty-five years ago the Catholic Bishops of the United States issued a statement on society and the aged which still holds true today:

America today faces a great paradox; it is an aging nation which worships culture, values and appearance of youth. Instead of viewing old age as an achievement and a natural stage of life with its own merits, wisdom and beauty, American society all too often ignores, rejects and isolates the elderly.¹

Leadership to transform this national paradox must come from experts in elder care, the professionals working in the country's 17,000 nursing homes. ♥ *Given our nation's deep-seated avoidance of all things old, no one else is going to teach the culture to embrace growing old and caring for the old but long-term care professionals.*

How urgently do Americans need to be taught aging is not a

sign of failure, but a sign of success? Note the ever-growing age-battling industry, with its age-defying makeup and collagen injections.

The industrialized world is graying, and is terrified it can't get up. People 65 and over accounted for four percent of the U.S. population in 1900, but in 2015 they could be at least 20 percent, and two-thirds will be women. By 2035 some 70 million Americans will be 65 or older, twice the current population of Canada.

A new vision of aging is essential, one which ranks living a long, healthy and joyous life above remaining forever young or amassing a fortune in material wealth.

“In rejecting the elderly we do more than perpetuate injustice; when we reject any stage of human life, we are, in effect, rejecting a part of ourselves and our connections with the human community. Perhaps we react to the elderly as we do because they are an unwanted reminder of our own mortality.”²

With two of every five Americans over age 65 receiving nursing home care, there are plenty of families, friends and neighbors a facility can both educate and comfort. Reaching out to this natural network, long-term care providers can begin to heal America's great fear of aging and, more importantly, commence its celebration.

The Heart of A Healthy Community Isn't Hidden

Where else in your city is such intense and intimate caring found? Your Love Boat cruises 365 days a year, 24 hours a day. Its cargo is the largest, ongoing gathering of caring people in your community.

Schoolboy killers and disgruntled employees are storming other big buildings and institutions in our cities. Post offices, federal buildings, restaurants, and even schools are no longer safe and welcoming public places. Hospitals are fast becoming outpatient clinics and same-day surgery sites. Citizens wishing to meet their community's caregivers, or volunteer in a loving setting, need only cross the threshold of the nearest nursing home.

Unfortunately, the stigma associated with caring for devalued elders has kept nursing home staff from proudly declaring their workplace is, indeed, the heart of their community. You take care of precious elders, you value life!

How should management and staff describe the strengths and services of the nursing home? ♥ *Rather than simply boasting about a good survey with few deficiencies, staff should share stories of successes of increasing a resident's independence or improving well-being.*


People can no longer afford to have airwaves jammed with news of human beings hurting other human beings. To remain hopeful and raise well-adjusted children Americans must hear and see human beings helping other human beings.

♥ *For everyone's sake, you can no longer afford to keep the heart of your community hidden.*

Become A Community Center

To attract and keep high quality staff, nursing homes must become genuine community centers where women and men work proudly. Are your employees embarrassed or ashamed to tell people where they work, or are they proud of the facility, a community center with great breadth and depth?

Nationwide, government officials are scrambling to create

meaningful worksites for welfare recipients making the transition to self-supporting citizens. In 1996 NAGNA approached the Missouri Division of Family Services, proposing a partnership that would generate careers in long-term care facilities for welfare recipients. Out of these initial discussions came Welcare, a specialized CNA training program for welfare mothers and fathers.  It consisted of a six-week, 200-hour course taught by NAGNA educators every eight weeks for two years. Close to 200 Missourians graduated from the Welcare program and successfully gained nursing home employment.

Training was funded by nursing homes eagerly awaiting the newly-trained CNAs. This educational investment was rebated to the facility by the state, through a Department of Social Services wage supplement payment. Trainees continued to receive state welfare benefits until they were hired. State-funded health insurance and day care coverage typically did not end until the new nursing assistant had worked for one year.

♥ *Good community relations also double as excellent marketing tools, attracting new staff and residents.* Think about inviting residents of the surrounding community to serve on a facility advisory board that meets quarterly. Organize a supper club, and invite community leaders from various fields to enjoy a good meal and lively program. Offer free educational programs and/or entertainment to the public at large.

CNAs at a Wathena, Kansas facility hold a Community Easter Egg Hunt. CNAs at an Anderson, Missouri facility host a Christmas party for area children in need, which they finance with the proceeds of earlier bake sales. Hundreds of homes across the country sponsor Memory Walks, supporting the Alzheimer's Association. A Rancho Mirage

nursing center organizes a free-of-charge Drive-By Shooting, where residents of the city receive a flu shot simply by sticking an arm out of the car window in the facility parking lot. At another station in the lot, refreshments are served.

What are the unmet needs in your community? Do children need after-school care? Are high school students looking for meaningful community service sites? Do college students need a part-time job? Would the instructor of CNA courses at the Job Corps Center appreciate the assistance of guest instructors? What about the health care career courses offered at the local high school or vocational center? Why not recruit a few of your finest nursing assistants to lead a discussion on their profession with these students?

Unmet community needs of the new millennium include surviving as a single parent, homelessness and affordable housing, obesity, addiction, quality childcare, schoolboy killers, overflowing prisons, fear of age and death, and dealing with disagreements peaceably. Which one can you and your resources help meet? ♥ *Can your facility reinvent or expand its definition of care or the population served?*

If you think all of your community's needs are met, ask a disabled young man living with his parents, a single mom, or a widower who lives alone. Ask.

At Hunter Acres in Sikeston, Missouri, the NAGNA CNA Leadership Team extended an invitation to the local Head Start Program to come and tour the facility and visit the residents. The preschoolers partnered with residents, and participated in activities.

In the early 1990s, Medicalodge of Neosho, Missouri created a partnership with the Ozark Bible Institute, providing about

10 students with paid CNA positions, usually between 4 and 8 p.m., one of the most labor-intensive times of day. The 120 Medicalodge residents were not the only beneficiaries of this arrangement. After the facility trained and certified the students, these young people earned vitally needed income for college, and many were hired on a full-time basis during the summer months.

How did the partnership materialize? Management surveyed staff to learn about existing partnerships. Who was a member of what church, club, and softball league? How could the nursing home capitalize on these established friendships their employees had cultivated? Discovering the Director of Nursing Services was involved with the Institute's parent church, Medicalodge proposed to college officials the mutually rewarding arrangement. ♥ *Management capitalized on an established friendship, and created a program where all parties gained and grew.*

A nurse practitioner under contract at a Maryland nursing center also teaches courses in nursing part-time at a nearby university. Utilizing this link, the facility has become an internship site for nursing students.

♥ *So, who works for you, and whom do they know?* When the year 2000 arrived, it brought with it a stream of nursing facility bankruptcies. Some of the most high-profile leaders in long-term care declared they were broke and closed many of their homes.

In this light, we ask readers, what other businesses and individuals in your community at large will suffer if you are forced to close your doors? Surely your employees (and, if applicable, stockholders) would not be the sole victims of the

facility's failure. Think about banks and lenders, fuel and utility companies, insurance companies, food service purveyors, and resident care supplies vendors.

♥ *Before a facility is dangerously close to the edge of bankruptcy, vendors should be cultivated to help prevent such a dreaded event.*

Call any or all of the above-mentioned businesses and ask, "What can you do to help our facility improve its standing as a quality care provider?" Can you sponsor a countywide annual awards program that honors caregivers? Solicit nominations from home care, hospitals, day care, nursing homes and other human service organizations. Host a dinner and recognize the fine caregivers among us.

Or how about sponsoring a series of educational programs for staff? Bring in speakers, serve nice refreshments or perhaps take a short retreat outside the facility. Could you underwrite this effort?

If your budget won't permit such support this quarter, could you at least add a positive statement or story about our nursing facility on the bills and invoices you sent out the next three months? We would appreciate you including something such as "(Company Name) salutes the hard-working, dedicated caregivers of (Facility Name). As the Center's provider of (Service), we have observed the quality care and loving environment staff create for the frail and respected elders in their care. Please join us in expressing our appreciation and admiration of these long-term care professionals. If you have the time, we encourage you to call (Activities Director) to volunteer at (Facility Name). If you can help someone take a walk, write a letter or just sit and visit, your presence will be welcome."

While such initiatives may seem unusual and even a bit assertive, these times demand unusual, assertive action to protect your valued community resource. Before you turn the page, promise yourself you will take on such an exercise.

Beyond Compliance: Government as Ally

We've all talked about how different our world would be if we were treated like the hospitals, and given advance notice of our annual surveys.

We've wished surveys were times to work with consultants on improving our performance, and that the exit interviews highlighted our good and commendable acts, with less attention paid to our shortcomings.

Working as an ombudsman in the 1980s, I remember how upset administrators would be if I didn't pop my head into their office when I first entered the facility. My training had stressed this courtesy was unnecessary and even ill advised. I was a confidential advocate for residents, and should not be developing a relationship with nursing home staff.

Yet, as the daughter of a minister and a teacher, I had grown up hearing my parents ask who had just come through the church or school front door. Who was in the building? In the end, I opted to be polite and say, "Hello, I'm here" to the administrator or DNS.

On one particular assignment, I had been asked by a small, privately-owned facility to determine if the financial guardian of a resident, his grandson, was actually stealing grandpa's property. My investigation led to criminal charges, as not only was the bank account emptied, and each monthly social security check taken, but also furniture was being sold.

That week, I received the first flowers ever delivered to me at work. For women, such a moment is unlike any other. We feel like Mary Tyler Moore—we know we’ve made it. The lovely arrangement was sent by the small facility, as a thank you for wrestling the greedy young grandson to the ground.

“Bethany, I would like to see you in my office,” the page rang out. “I got flowers today!” I beamed, walking into my boss’s office. “I know. That’s what I want to talk about. Who are they from?” I explained the circumstances that led to this special thank you.


“Well, Bethany,” I was told, “they are the enemy. And if you are getting flowers from the enemy, you are not doing the job I hired you for.”


Sadly, this good guy/bad guy attitude is as common as staff turnover. For all involved it is sad, ♥ *as no one who professes a desire to care for others should expend any time or energy making enemies.*

As Director of the Vermont Health Care Association, I organized a meeting of state surveyors, long-term care ombudsman and facility directors of nursing. We met at an off-season ski resort, and the mandatory dress was blue jeans. What a fun and productive day we had! Supposed enemies became friends, in part because of their matching uniforms.

Many universities, nonprofit foundations, and even the Health Care Finance Administration (HCFA) periodically conduct research projects on long-term care issues. We have been surprised to see how few providers participate in such studies, as they offer professionals a meaningful opportunity to influence policy and practices.

Regardless of your facility's history or tendencies, pledge today to see government regulators and inspectors as your free consultants, as someone else who cares about your home. Those of us who are stepparents understand this mindset—how lucky that someone else loves our child. It is time to get along.

We salute those facilities that have organized gatherings for CNAs and surveyors to meet and talk about their mutual concern: resident care. NAGNA publishes a very successful Federal Regulations Book for CNAs. This publication fully acquaints nursing assistants with the survey process, which is essentially their report card. 

We have heard more than once about the employee the administration hid in the basement during the survey.  *Staff the administration believes will make a poor impression on surveyors should be dealt with before the survey.*

A Brick in the Health Care Foundation

From the consumer's standpoint, a nursing home is just one of several health care resources they may utilize during their lifetime. Consumers imagine their community's health care providers talk to each other and work cooperatively, since they share the same consumers. Yet experience has shown us most communities are a long way from operating seamless health care continuums. Many hospital admissions coordinators and nursing home discharge planners are still strangers.

Dr. Leland Kaiser, a progressive thinker, says this about the breakdown in networking:

If your brain was connected the same way your community is connected, you could not get up off your chair. A simple rule for the future is

“connectivity equals consciousness.” Connect your brain cells correctly and you are conscious. Connect organizational members and the organization becomes conscious. Connect community members and the community becomes conscious of itself, its needs, and its current inventory of resources to meet those identified needs.³

Working cooperatively means hospital and nursing home social workers have lunch together, and dietary managers from the nursing home and senior citizen center swap recipes. If a nursing facility has trouble communicating with a particular physician or clinic, the entire staff of that clinic should be invited to a CNA-hosted open house.

Individuals only ignore the phone messages of strangers, not those of their friends. ♥ *Heart-healthy homes create first-name-basis relationships between the doctor's support staff and the facility's professional caregivers.*

¹ Catholic Bishops of the United States, “Society and the Aged: Toward Reconciliation,” (U. S. Catholic Conference, Washington, D.C., May 5, 1976), 1.

² Ibid.

³ Dr. Leland B. Kaiser, “Health Care in the 21st Century,” (from Internet speech, June 1998).