

**WHAT YOU DO MATTERS:**  
**APPLYING LESSONS LEARNED**  
**FROM THE PANDEMIC TO**  
**STAFF STABILITY AND RESIDENT SAFETY**  
SESSION 2 | JUNE 2, 2022  
A THREE-PART SERIES

**PRESENTERS:**

**DAVID FARRELL**

**CATHIE BRADY & BARBARA FRANK OF**  
**B&F CONSULTING**

# IMPORTANT – CEU INFORMATION



**TODAY'S WEBINAR HAS BEEN APPROVED FOR CEU HOUR(S)**

## **IN ORDER FOR MO LNHAS TO GET CREDIT:**

- **It is REQUIRED that you complete a brief survey/evaluation**  
Link to the survey - [www.surveymonkey.com/r/QIPMOStaffingWorkshop2](http://www.surveymonkey.com/r/QIPMOStaffingWorkshop2).  
You'll also receive an email from [musonqipmo@missouri.edu](mailto:musonqipmo@missouri.edu) with the link to a SurveyMonkey survey.
- **It is REQUIRED that you answer the question asking for your LNHA number.**

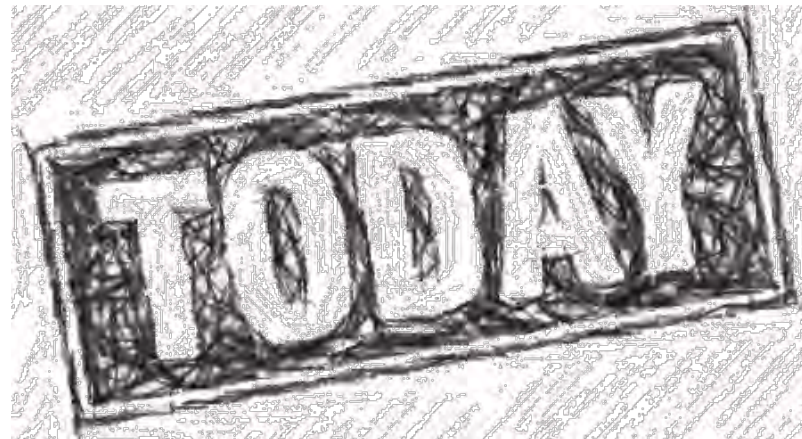
*\*The amount of your credit will be adjusted based on time spent on the webinar.*



# TODAY

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- Reinforce key points from Session I
- Focus on staff stability
- What you do matters: Leadership practices are the primary driver of staff stability



# POSITIVE DEVIANCE

**LOOKING AT WHAT WORKS**

# THE MISSOURI EXEMPLARS

- Interviewed the leaders of the 10 SNFs and ALFs
- These homes faced the same pandemic challenges as everyone else yet had better COVID related and staffing outcomes
- Decisions and practices, as well as about their leadership, communication systems, staff stability, and corporate support
- We focused on what they did that might be replicated

# LOCATING EXEMPLARS THROUGHOUT THE STATE

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- 7 question survey of leadership turnover, reliance on agency staffing, numbers of COVID cases, vaccination percentages of residents and staff, innovations for staffing and infection control
- February 2022—Advertised and circulated survey to all NH and ALF administrators in state
- 99 completed surveys, quantitative questions scored for leadership turnover (1-10); use of agency staff (1-5), COVID rate (1-5), and vaccination rate (1-5) – total possible score 25
- Facilities rank-ordered from best performing into two groups NHs and ALFs
- Qualitative questions about innovations summarized
- Three discussion rounds with team to review results, including facility size, location within the state, urban or rural, and innovations answers from the surveys
- Final sample—7 NHs and 3 ALFs with average survey total score of 20
- Size and location—NHs 64-146 beds 5 rural, 1 urban, 1 metro; ALFs 21-44 beds, 1 rural, 2 urban.

# *THE EXEMPLARS*

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## **ACROSS A BROAD BASE OF METRICS, THESE FACILITIES IN MISSOURI STOOD OUT... WHY?**

- Did they have advantages or resources that other facilities didn't?
- Was it the physical structure and layout of their facility?
- Did it have to do with the acuity or age of the residents?
- Were they just lucky?



# THANK YOU TO OUR FRIENDS!

*We wish to acknowledge those homes that participated in this study and showed exemplary performance with staffing during the pandemic years of 2020-2021.*

- E.W. Thompson Health & Rehabilitation Center - Kristen West, Amanda Harris, Sara Miesner*
- Heritage Nursing Center - Skilled Nursing By Americare - Michelle Tolbert, Lisa Tucker*
- Independence Care Center of Perry County - Dana Korando, Casey Ellis*
- Luther Manor Retirement & Nursing Center - Tim Brooks, Heather Lohmeyer*
- NHC Healthcare, St Charles - Seth Peimann, Denise Benson, Daphne Bollinger*
- Parkview Health Care Facility - Tim Francka*
- Shelbina Villa - Kim Thompson, Ashley Arnett, Muriah Schuman*
- Spring Ridge - Assisted Living By Americare - Christina Bloomer*
- Springfield Rehab & Health Care Center - Troy Lacey*
- Villages of St. Peters Memory Care - Debra Tappe, Carolyn Reagan*





Leadership:  
what they did  
*mattered* to  
keep people  
safe and to  
maintain staff  
stability



**SESSION 2**  
**JUNE 2, 2022**

# COVID AND THE LABOR LANDSCAPE

# LONG-TERM CARE FACILITY CHARACTERISTICS ASSOCIATED WITH COVID-19 OUTCOMES

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March 2022 - *Journal of the American Geriatrics Society*

Study Results:

**Larger bed size and location** in an area with high COVID-19 prevalence were the strongest and most consistent predictors of COVID-19 cases and deaths

- Outcomes varied by facility racial composition, differences that were partially explained by facility size and community COVID-19 prevalence
- **More staff members** were associated with a higher probability of any outbreak
- In facilities with known cases, **higher staffing was associated with fewer deaths**
- Nursing Home Compare 5-star ratings, ownership, and prior infection control citations, **did not have** consistent associations with COVID-19 outcomes

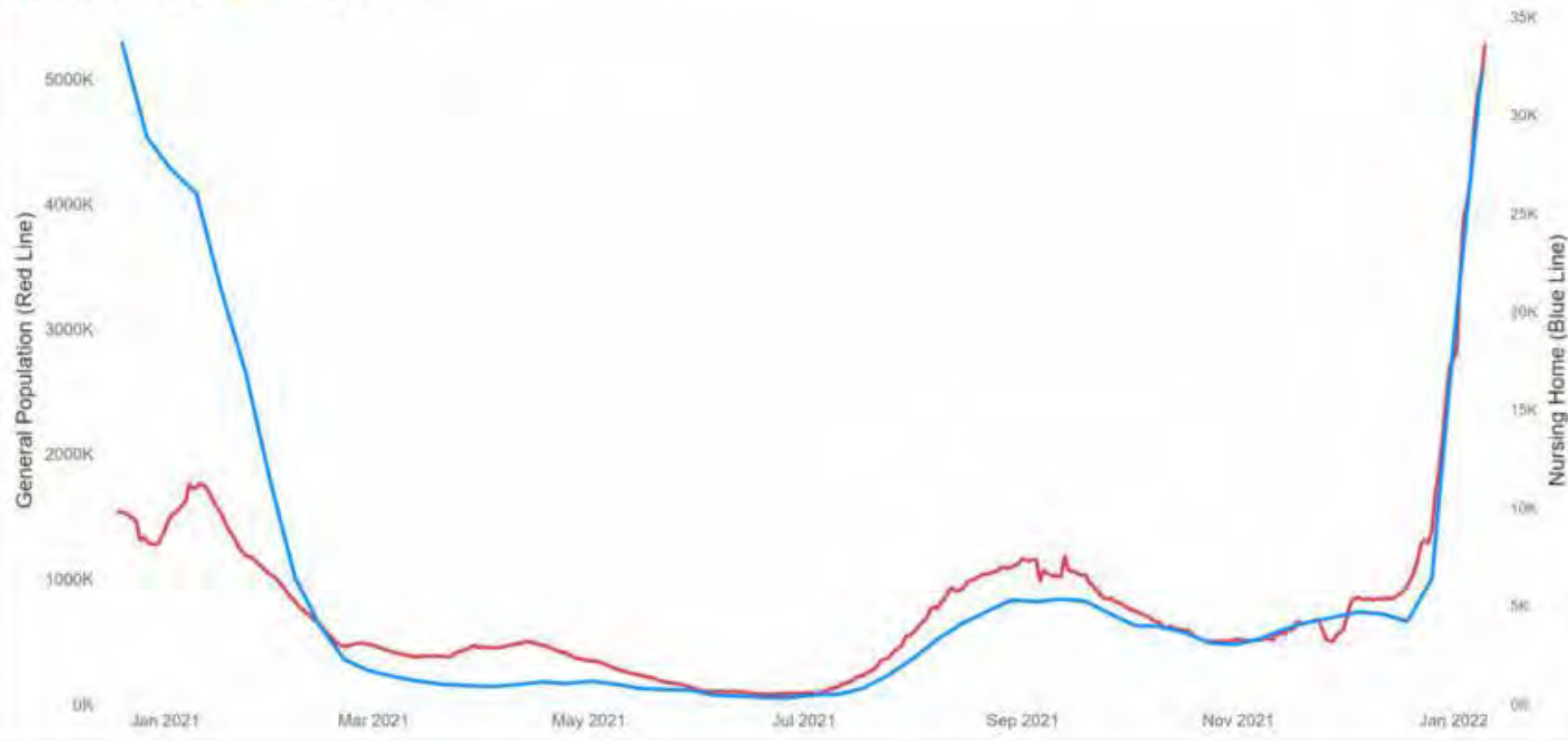
# COMMUNITY SPREAD IS A KEY INDICATOR OF NURSING HOME OUTBREAKS

## COVID-19 New Cases: General Population & Nursing Homes

Timeframe  
 Before Vaccines  
 After LTC Vaccine Clinics Began (12/18/20)

New Case Trends: General Population & Nursing Homes Residents (7-day)

● Incidence\_7day\_sum ● Incidence\_SNF\_Nation





## JUST THE FACTS: WHAT CAUSED COVID-19 OUTBREAK IN NURSING HOMES

Location of a nursing home, asymptomatic spread and availability of testing – not quality ratings, infection citations or staffing – were determining factors in COVID-19 outbreaks according to independent analyses by leading academic and health care experts. A [new study](#) from Harvard University, with support from the National Institute on Aging and National Institutes of Health, examined COVID-19 outbreaks in New York, Detroit and Cleveland, and found that the intensity of COVID-19 outbreaks in nursing homes mirrored the rate of spread among the general population. These findings are consistent with research conducted by the American Health Care Association and National Center for Assisted Living (AHCA/NCAL), which examined recent data from the Centers for Medicare and Medicaid Services (CMS) on COVID-19 outbreaks in nursing homes.



### KEY FINDINGS

**DAVID GRABOWSKI, PHD**  
*Professor Of Health Care Policy*

**VINCENT MOR, PHD**  
*Professor, Health Services And Policy*

**R. TAMARA KONETZKA, PHD**  
*Professor Of Health Services Research*

<p><b>LOCATION OF FACILITY DETERMINED OUTBREAKS</b></p>	<p>"According to preliminary research presented, larger facilities located in urban areas with large populations, particularly in counties with a higher prevalence of COVID-19 cases, were more likely to have reported cases." <sup>1</sup></p>	<p>Mor: "If you're in an environment where there are a lot of people in the community who have COVID, the patients in the building are more likely to have COVID." <sup>1</sup></p>	<p>"Outbreaks of COVID-19 in nursing homes are often a signal of the communities into which the virus is spreading." <sup>4</sup></p>
<p><b>ASYMPTOMATIC SPREAD AND AVAILABILITY OF TESTING WAS A KEY FACTOR</b></p>	<p>Grabowski: "It is spreading via asymptomatic and pre-symptomatic cases... We're not going to get a handle on COVID-19 until we get a systematic testing and surveillance system." <sup>1</sup></p>	<p>"COVID-19's ability to hide in plain sight will continue to crush expectations of halting its spread unless more and quicker testing at nursing homes sweeps the country, said a top U.S. researcher (Mor)." <sup>3</sup></p>	<p>"Given asymptomatic spread and inadequate testing, staff often do not know which residents are infected. With policymakers and the public initially focused on the spread of infection within hospital settings, nursing homes often lost that competition." <sup>4</sup></p>
<p><b>QUALITY RATING OF FACILITY AND PREVIOUS CITATIONS WERE NOT A FACTOR IN OUTBREAKS</b></p>	<p>"COVID-19 cases in nursing homes are related to facility location and size and not traditional quality metrics such as star rating and prior infection control citations." <sup>2</sup></p>	<p>"He (Mor) added that counter to some assertions, regression analyses show that infection rates are unrelated to quality rankings..." <sup>3</sup></p>	<p>"We found no meaningful relationship between nursing home quality and the probability of at least one COVID-19 case or death... Indeed, the first death reported was from a nursing home in Washington State that had a 5-star rating." <sup>4</sup></p> <p>Senator Susan Collins: "Testing should be conducted at all nursing homes, as Dr. Konetzka's research finds no correlation between CMS' quality ratings of nursing homes and the probability of at least one COVID-19 case. One of the worst outbreaks in Maine was at a nursing home that had five stars, the highest rating." <sup>5</sup></p>
<p><b>NO SIGNIFICANT DIFFERENCE BETWEEN FOR- OR NOT-FOR-PROFITS IN THE CHANCE OF AN OUTBREAK</b></p>	<p>"Characteristics that were not associated with a facility having a COVID case included... whether it was for-profit, part of a chain... These factors had no correlation with whether the facility had cases of COVID-19." <sup>1</sup></p>	<p>N/A</p>	<p>"We found no significant differences in the probability of COVID-19 cases by profit status, with for-profit nursing homes and not-for-profit nursing homes being equally likely to have cases." <sup>4</sup></p>

<sup>1</sup> [Provider Magazine](#), 5/11/20

<sup>2</sup> [Characteristics Of U.S. Nursing Homes With COVID -19 Cases](#), 6/2/20

<sup>3</sup> [Provider Magazine](#), 5/11/20

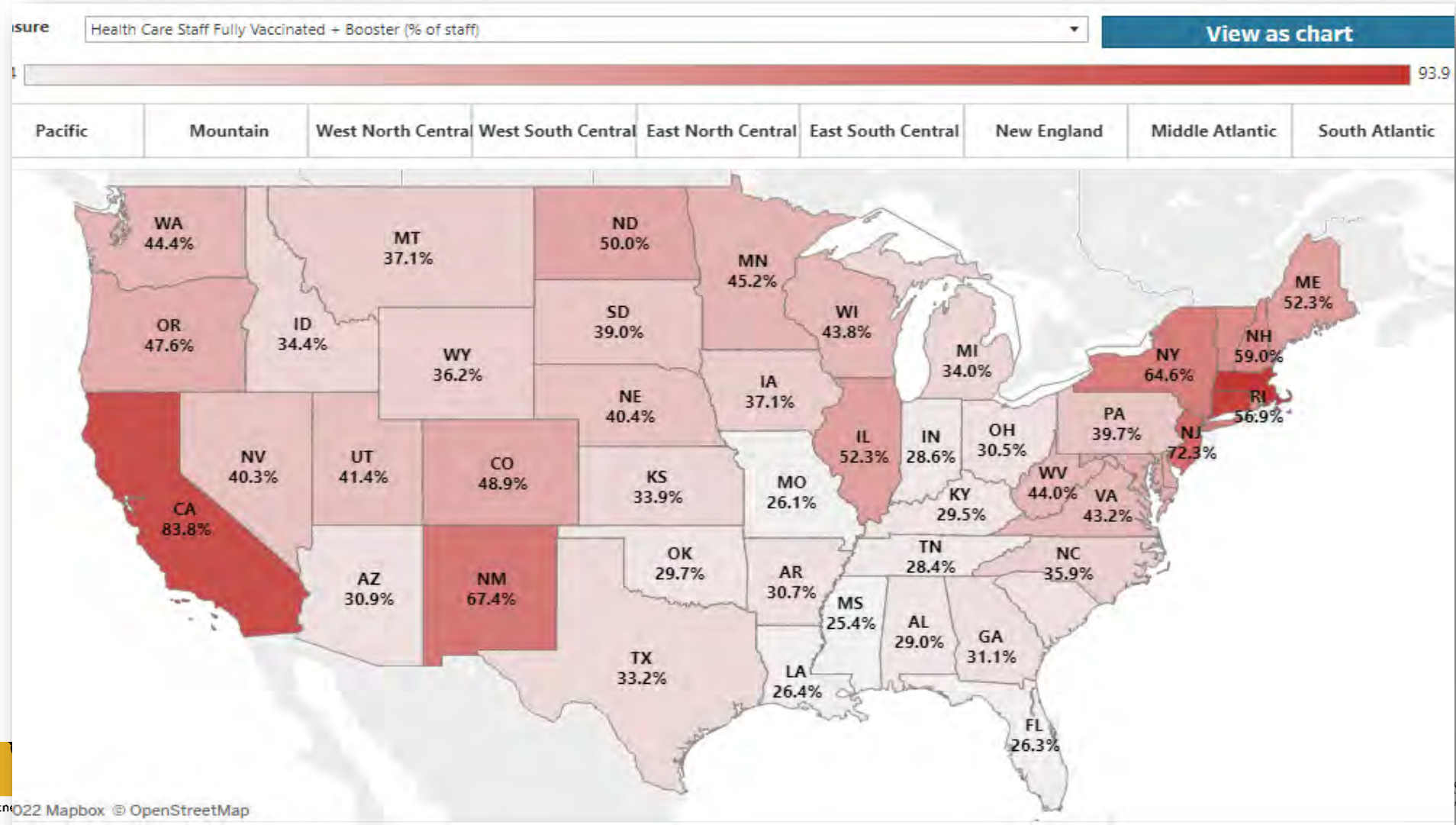
<sup>3</sup> [McKnight's Long Term Care News](#), 5/11/20

<sup>4</sup> [Testimony To United States Senate Special Committee On Aging](#), 5/21/20

<sup>5</sup> [Op-ed, Senator Susan Collins, The Portland Press Herald](#), 6/15/20



# PERCENTAGE OF SNF STAFF VACCINATED + BOOSTED



# TIPS FOR INCREASING VACCINE AND BOOSTER DOSES FOR RESIDENTS

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- Hospitals offer vaccine or booster to residents discharging
- Become a vaccine provider
- Designate frontline staff champions
- Set resident vaccine/booster coverage goals and publicized them
- Give residents inexpensive rewards
- Use a total of 9 or more strategies



# COHORTING AND SLOW PCR TEST TURNAROUND - TIMES DON'T MIX

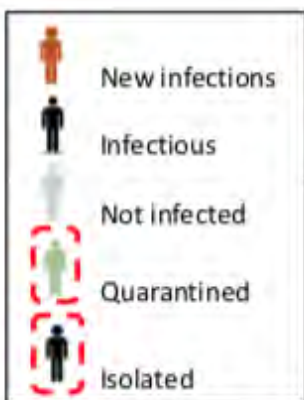
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## BEST PRACTICES

- Don't rely on PCR testing
- Have a well-stocked supply of POC Antigen test kits
- Never move any resident anywhere without a POC Antigen test just prior to the room move

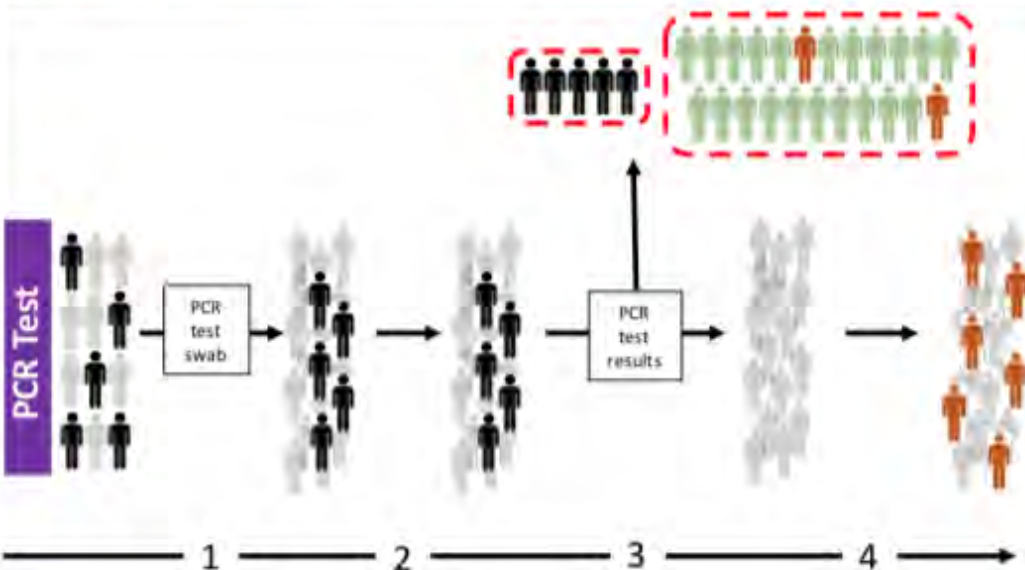
# SPEED MATTERS MUCH MORE THAN SENSITIVITY

For public health and return to workplace



## PCR Testing

100% Sensitivity  
48-hour turnaround



Days 1 2 3 4

## Antigen Testing

80% sensitivity  
15-minute turnaround  
30-minute confirmation



## OUTCOME

New Infections  
With 100% sensitive

PCR Test



Quarantined  
With 100% sensitive

PCR Test



New Infections  
With 80% sensitive\*

Rapid Ag Test



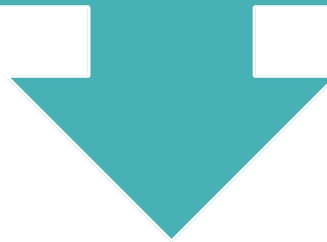
Quarantined  
With 80% sensitive\*

Rapid Ag Test



\* Most antigen tests exceed 80% and approach 95% for high viral loads

**Effective treatment** for residents with mild to moderate COVID-19 **is available** and **should be offered to all residents** if they meet the criteria for treatment based on EUAs



We are **not in a state of scarcity**, all residents at high risk for disease progression with a COVID-19 positive test (PCR or antigen) who are within the 5-day treatment window should be offered treatment

**COVID  
TREATMENTS  
ARE  
AVAILABLE**

# TEST TO TREAT *IN LESS THAN 5 DAYS*

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- Rapid testing with immediate results is critical
- Treatment is most beneficial to patients if given **early**
- EUA requires administration of treatment as soon as possible and within **5 days of symptom onset**
- Logistical challenges must be quickly overcome



# Know Your Treatment and Prevention Options for COVID-19

There are more treatment options available now for COVID-19. While most people do not need treatment, treatments can prevent hospitalization and death for persons who are high risk. **Talk to your healthcare provider** if you are at risk of serious illness and interested in preventive therapy OR if you are at high risk and test positive for COVID-19.

Treatments are not a substitute for vaccination. Vaccination remains the safest, most effective way to protect you from COVID-19. Treatments must be started early, so don't delay testing. Here is information on the available COVID-19 treatments.

	Evusheld	Paxlovid	Molnupiravir	Bebtelovimab	Remdesivir
Who is eligible?	<ul style="list-style-type: none"> <li>Ages 12+</li> <li>Persons <b>without</b> COVID-19 infection OR recent exposure; <b>AND who</b>:</li> <li>Are immunocompromised,</li> <li>Have received treatment that lowers the immune system, <b>OR</b></li> <li>Can't get vaccinated due to severe allergic reaction.</li> </ul>	<ul style="list-style-type: none"> <li>Ages 12+</li> <li>Persons with COVID-19 who are at high risk of serious illness</li> </ul>	<ul style="list-style-type: none"> <li>Ages 18+</li> <li>Persons with COVID-19 who are at high risk of serious illness</li> </ul>	<ul style="list-style-type: none"> <li>Ages 12+</li> <li>Persons with COVID-19 who are at high risk of serious illness</li> </ul>	<ul style="list-style-type: none"> <li>Adults and children over 3.5 kg (8lbs.)</li> <li>Persons with COVID-19 who are <b>not hospitalized</b> but are at high risk of serious illness</li> </ul>
When must it be started?	<b>Before</b> infection to help prevent COVID-19	Within <b>5 days</b> from start of symptoms	Within <b>5 days</b> from start of symptoms	Within <b>7 days</b> from start of symptoms	Within <b>7 days</b> from start of symptoms
How is it given?	<b>Injection</b>	<b>Pills</b> taken orally for 5 days	<b>Pills</b> taken orally for 5 days	One-time <b>Intravenous Infusion (IV)</b>	Once daily <b>Intravenous Infusion (IV) for 3 days</b>
Where can it be given?	<b>Healthcare Facility/ Infusion Center</b>	<b>Home</b>	<b>Home</b>	<b>Healthcare Facility/ Infusion Center</b>	<b>Healthcare Facility/ Infusion Center</b>

For more information, visit: <https://www.fda.gov/consumers/consumer-updates/know-your-treatment-options-covid-19>



# FIND COVID MEDICATION

Find local pharmacies that have COVID antivirals in stock –

<https://healthdata.gov/stories/s/COVID-19-Public-Therapeutic-Locator/chu2-wqes>

Test-to-Treat locator – <https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com>

**ASPR** Office of the Assistant Secretary for Preparedness & Response

English Español 简体中文

Need help finding a place to get medication? Call 1-800-232-0233 (TTY 888-720-7489)

### Get medication for COVID-19

COVID-19 medications are now available through your doctor, local pharmacies, and health clinics. If you have COVID-19 symptoms, do not wait to get treated. You must take oral COVID-19 medication within 5 days of your first COVID-19 symptoms. Use the tool below to find a location that is right for you.

#### Find COVID-19 Medication

Alameda County, CA, USA

0 10 mi 250

Results: 40

- Locations with testing, medical visits, and medication (Test-to-Treat) 1
  - CVR Store #09251** (3.53 mi)  
3999 Santa Rita Road, Pleasanton, CA 94588  
[Book an appointment at CVR Store #09251](#)
- Locations to fill a prescription 39

#### How to get medication

- Locations to get testing, medical visits, and medication (Test-to-Treat)  
Some pharmacy clinics and health centers can prescribe and give you medication at the same location. [Learn more about the Test-to-Treat program.](#)
- Locations to fill a prescription  
Any healthcare provider can evaluate and prescribe you COVID-19 medication just as they normally would. You can fill those prescriptions at any location in this tool.

Data available for download at [healthdata.gov](https://healthdata.gov)

# POTENTIAL ACTION PERIOD ASSIGNMENTS

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## **AFTER THE FIRST SEMINAR...**

- Call your pharmacy and get ready to access COVID treatments
- Educate residents, their families, and the staff about COVID treatments
- Take additional steps to clean the air in your facility
- Stock up on POC Antigen Test Kits
- Change cohorting policies to include POC test before room moves
- Share the presentation with your team and identify tips to adopt



# ACTION PERIOD 1

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**Please take a minute and contribute in the poll pop-up box:**

What's a tip that you took back and tried?

# BRINGING LIGHT TO A DARK SITUATION

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# TODAY:

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- Strategies for staff stability
- Leadership practices that contribute to staff stability

# NEXT:

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## **Action Period 2**

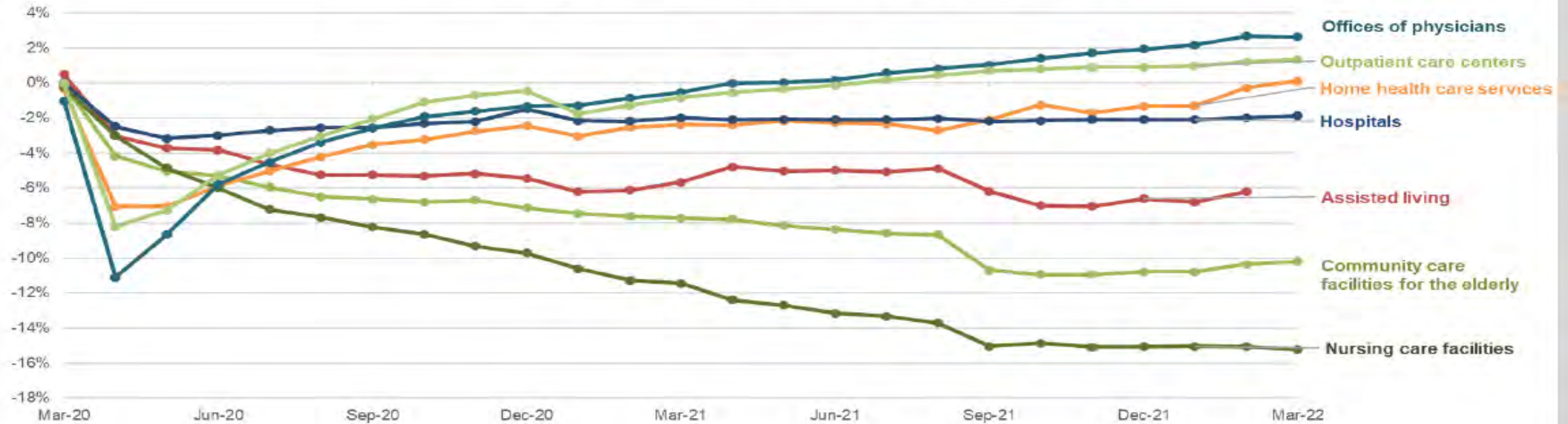
- June 20, 2022 - Leadership and Communication Systems

## **Action Period 3**

# STAFF STABILITY IS THE FOUNDATION FOR QUALITY OUTCOMES



Cumulative % Change in Health Care Sector Employment Since Feb 2020



Source: Bureau of Labor Statistics (BLS) February 2020 – March 2022  
 \*Assisted Living BLS data through February 2021

**BLS Employment Data by Health Care Sector (Feb 2020 vs. Mar 2022)**

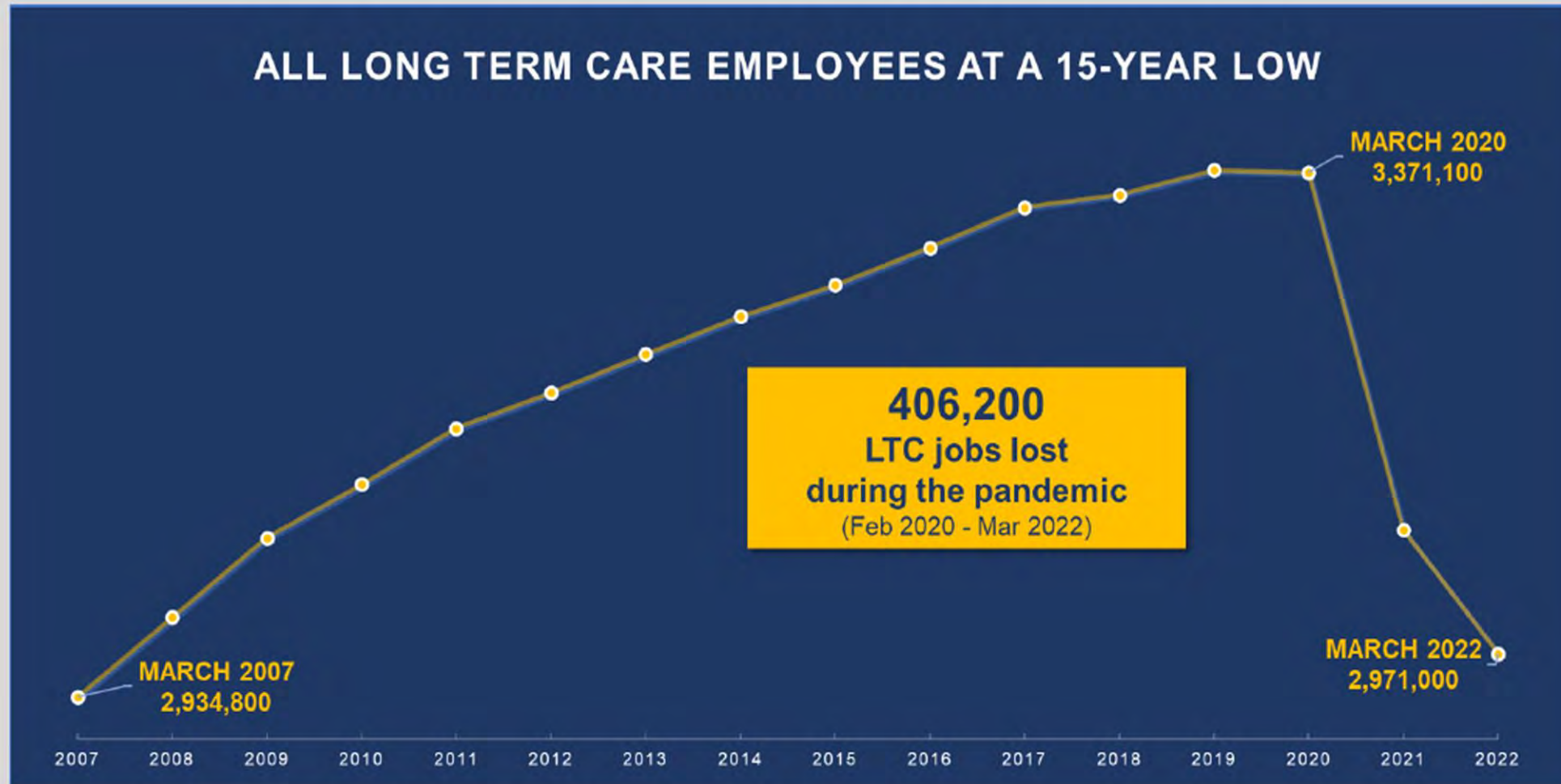
	Physicians' Offices	Outpatient Care	Home Health	Hospitals	Nursing Homes	Assisted Living*
Feb 2020	2,727,600	997,200	1,548,500	5,235,600	1,584,800	463,100
Mar 2022	2,799,500	1,010,600	1,550,500	5,137,300	1,343,800	434,300
Difference #	<b>71,900 jobs gain</b>	<b>13,400 jobs gain</b>	<b>2,000 jobs gain</b>	<b>(98,300) jobs lost</b>	<b>(241,000) jobs lost</b>	<b>(28,800) jobs lost</b>
Difference %	2.6%	1.3%	0.1%	-1.9%	-15.2%	-6.2%

Source: Bureau of Labor Statistics (BLS) February 2020 – March 2022  
 \*Assisted Living BLS data through February 2021



# THE ENTIRE LONG TERM CARE INDUSTRY IS FACING A 15-YEAR LABOR LOW

Among all long term care facilities (nursing homes and residential care facilities), the industry lost 4,00 jobs in March 2022. The industry has lost more than 400,000 employees over the course of the pandemic, and the number of employees is at levels not seen since August 2007.



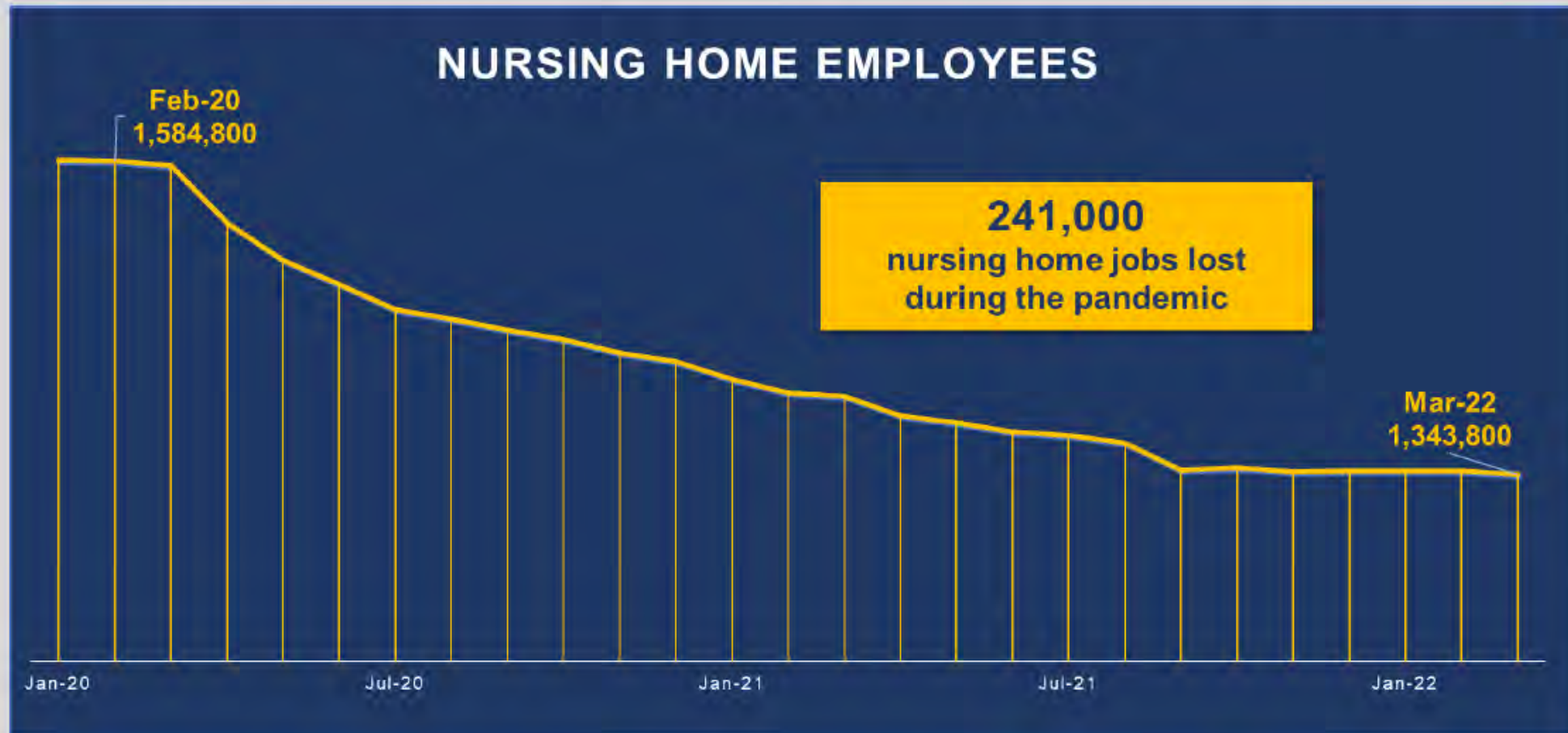
Source: Bureau of Labor Statistics (BLS) March 2007-2022; Industry: Nursing and residential care facilities (NAICS Code: 623)



# BLS MARCH 2022 JOBS REPORT

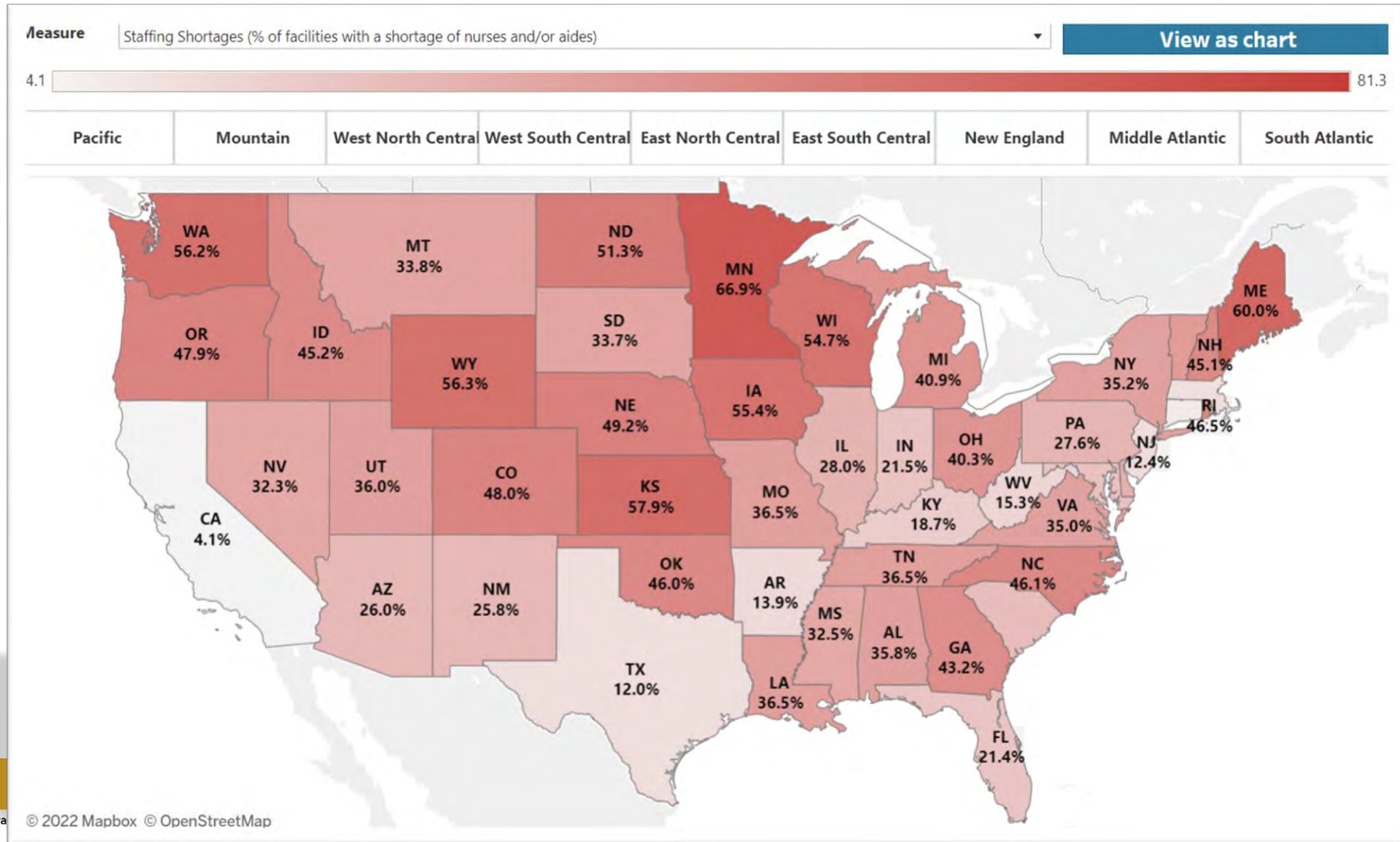
## NURSING HOMES HAVE LOST 241,000 CAREGIVERS SINCE START OF PANDEMIC

Nursing homes lost 2,500 jobs in March 2022, deepening a historic labor shortage for the sector. Overall, nursing homes have lost 241,000 employees—or 15.2% of its total workforce—since the start of pandemic.



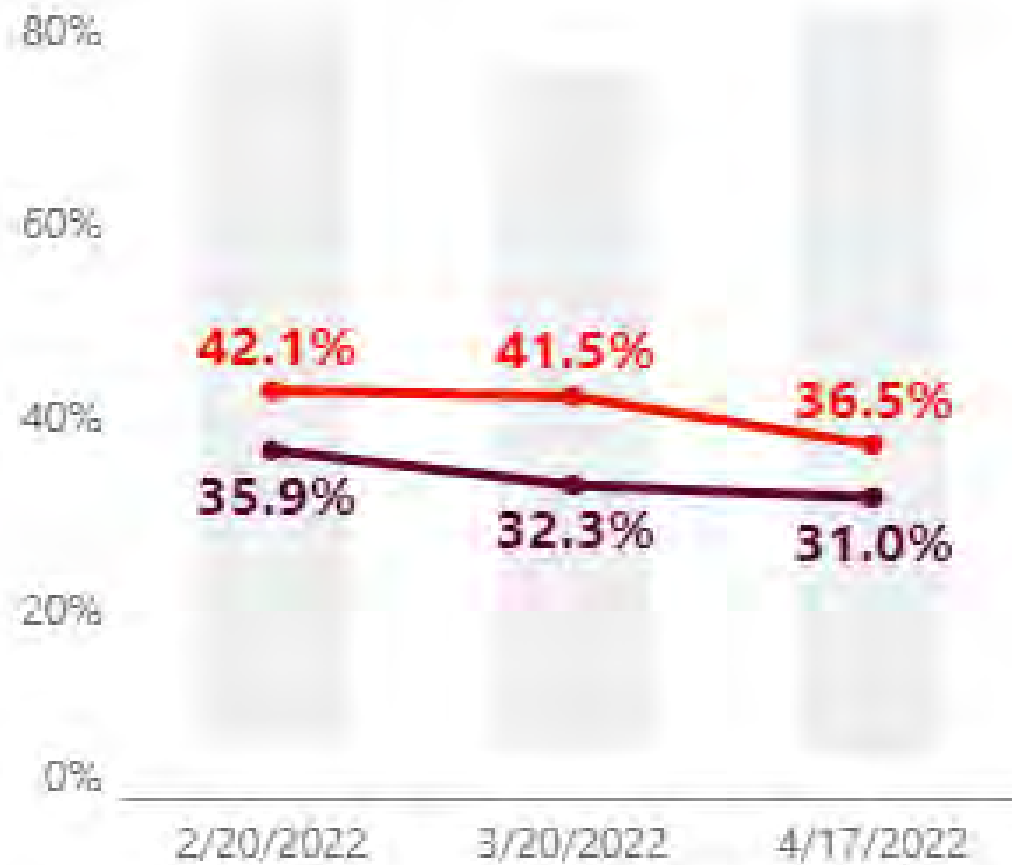
Source: Bureau of Labor Statistics (BLS) January 2020 – March 2022

# YOU ARE NOT ALONE



## Staffing Shortages

(% of facilities with a shortage of nurses and/or aides)



In the last month (four weeks ending **4/17/2022**) in **Missouri**, **36.5%** of nursing homes had a shortage of direct care workers.

# WE ASKED: WHERE ARE YOU ON STAFFING NOW?

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- *Had about 75% retention of our staff; many could have gone on unemployment, but they stayed. Just now we've had 3 openings but all throughout... people stayed.*
- *We didn't lose staff during the pandemic.*
- *50-75% of our staff stayed here through COVID.*

# WE ASKED: WHERE ARE YOU ON STAFFING NOW?

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- *We have 5 agency FTEs – keeping census low to keep agency hours low.*
- *In the last 30 days, seeing a return of positive energy and fun at work. Extra staff has helped.*
- *Hired an extra activities person, did 1:1 activities in residents' rooms; she was a beautician which was a bonus!!*



# POLL – WHERE ARE YOU ON STAFFING NOW?

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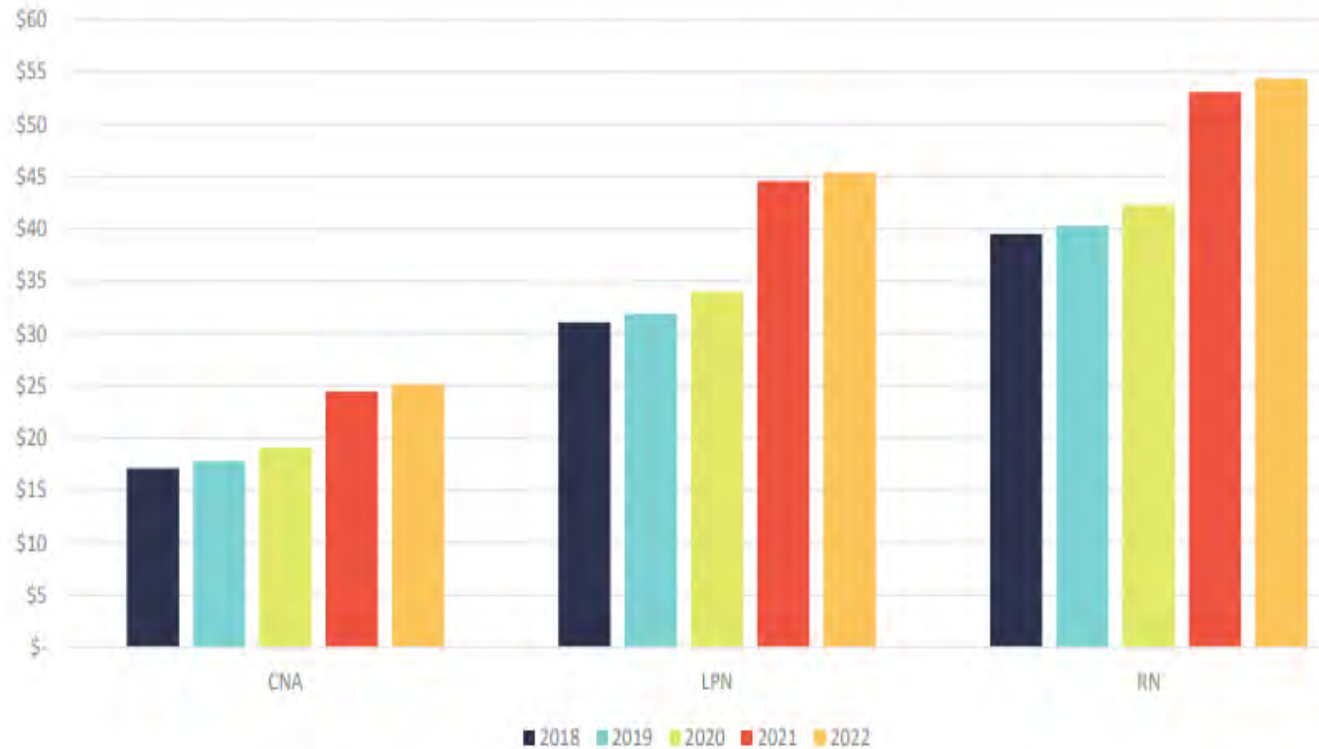
Number of vacant full-time positions at your organization?

- Less than 5
- Between 6 – 10
- Between 11 – 15
- 16 or more



# Employed Nursing Rates Per Hour by Discipline

CLA surveyed more than 330 facilities requesting employed and contracted nursing costs and hours in 2021 and 2022. Information provided continues to indicate an increase in overall rates per hour for direct care labor, with higher increases in contracted labor.



	CNA	LPN	RN
2020	\$19.10	\$34.01	\$42.31
2022	\$25.13	\$45.40	\$54.33
Percent Change	31.6%	33.5%	28.4%



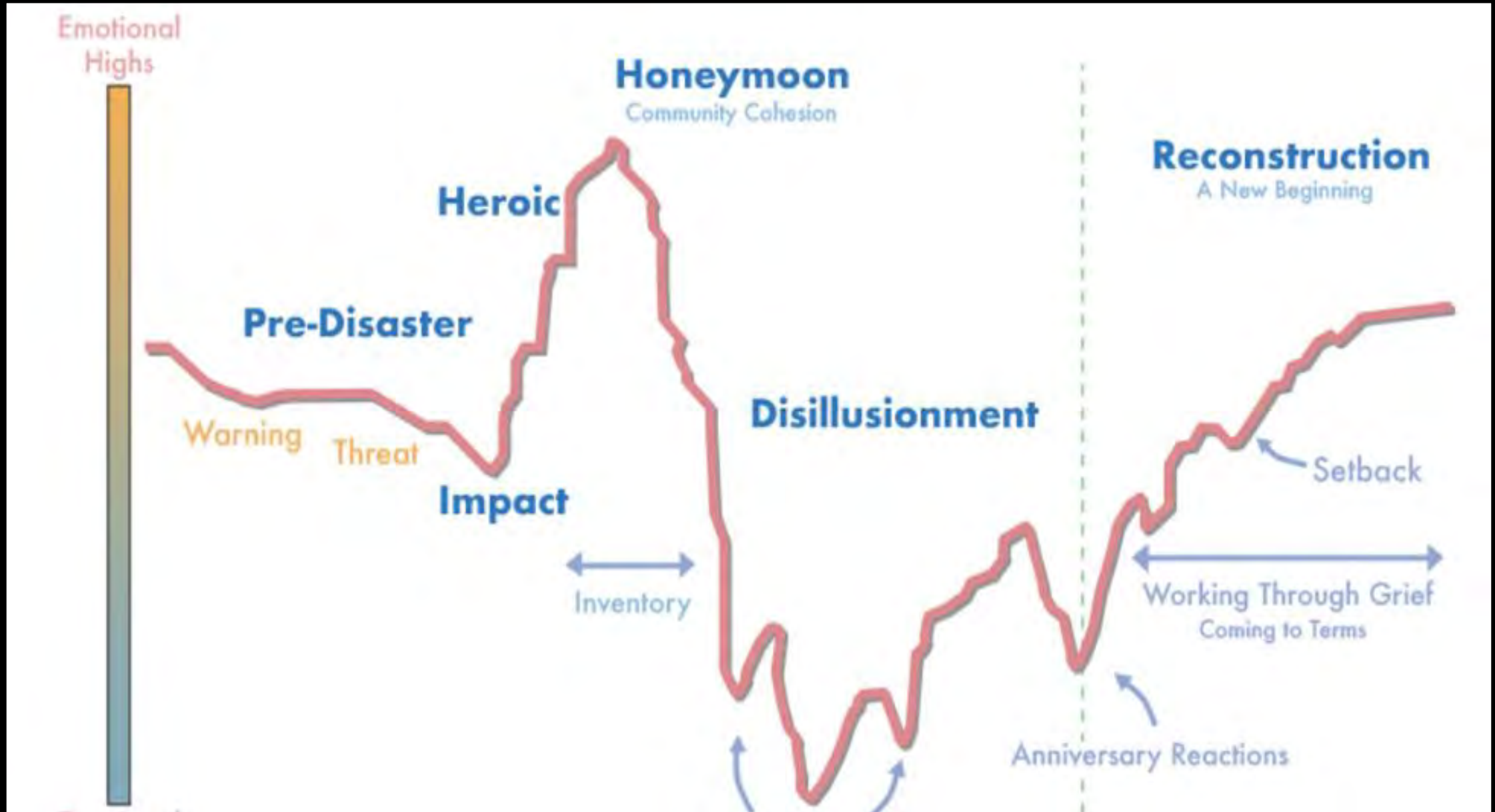
Data Source: CLA Survey of 2021 and 2022 Nursing Costs and Hours





Kim Thompson

# Phases of Disaster Recovery



# MINIMIZING DISILLUSIONMENT AND MAXIMIZING RECONSTRUCTION

- Share information
- Share ideas
- Problem solve together
- Flexibility and heart

**Creates the bonds of trust and safety**

# CONSISTENCY ~ TRUST

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“Some staff quit at first. Those who stayed saw our consistency and they trusted us. We were consistent. If you are not, no one will trust you.”

**Michelle Tolbert, NHA  
Heritage Nursing Center –  
Skilled Nursing By Americare**



# TAKING CARE OF STAFF

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*“Staff were scared for their families. We said, you can stay here at the facility; some brought their pets. We got staff lunch, we said to use our showers, we stocked their mini refrigerators.”*

**Independence Care Center  
of Perry County**

# NEW ORLEANS POST-KATRINA

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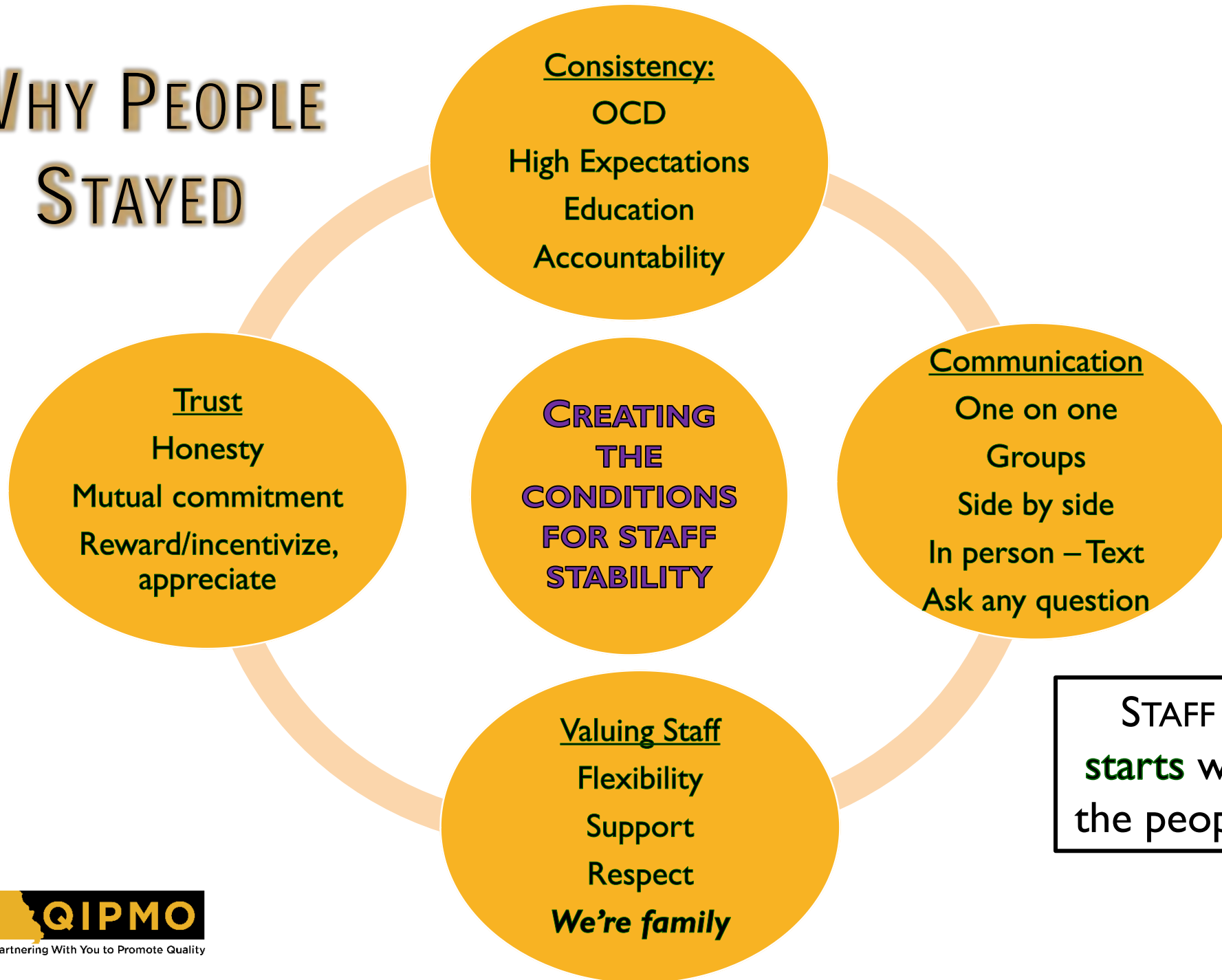
- Come live with us vs. get off the bus
- Not just "**back to normal**" but **better than before**
- "Overcommunicate"
- *The only way we're going to get through this is together*

# FEELING SAFE

Michelle Tolbert  
Heritage Nursing Center  
Skilled Nursing By Americare



# WHY PEOPLE STAYED



STAFF STABILITY  
**starts** with keeping  
the people you have





**PRACTICES  
PRIOR TO  
COVID-**

**“WE STARTED  
ON THIRD  
BASE”**

**Now, you’re  
at-bat.**

**PIVOTAL MOMENT**

***WHAT YOU DO  
NOW REALLY  
MATTERS***

# PERSONAL REFLECTION:

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## HOW DO YOU KNOW YOU'RE VALUED?

Take 10 seconds to reflect and jot down  
your thoughts

Share in the poll pop-up box

# HOW EXEMPLARS VALUED STAFF CONTRIBUTED TO KEEPING STAFF

# THANK YOU

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Charge nurses go around and personally thank each CNA at the end of the shift.

Leaders are out on the floor with a positive attitude spreading encouragement, appreciation, help, and information.

**E.W.Thompson Health &  
Rehabilitation Center**



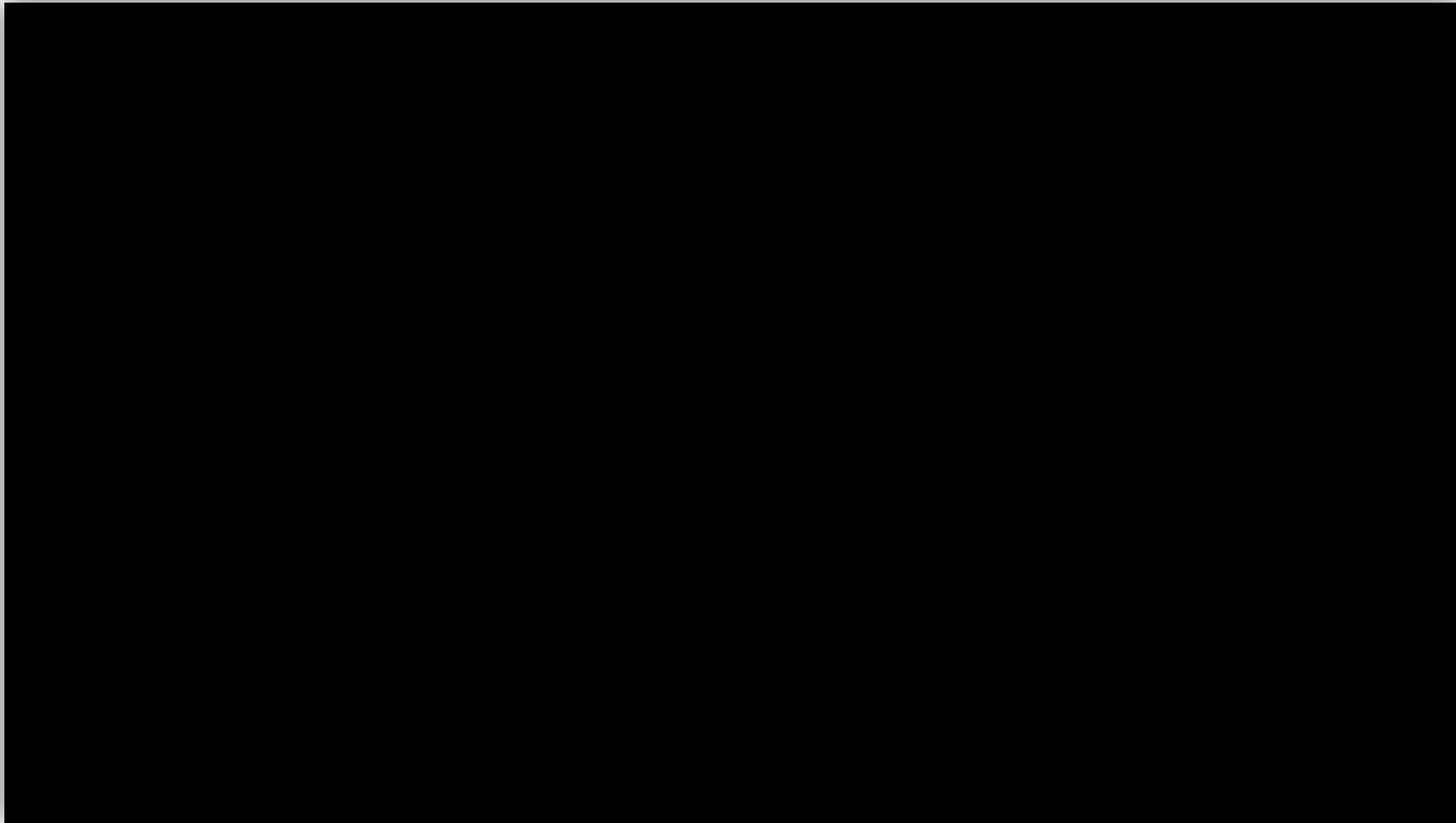
# ALL ABOUT ME

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“We get to know the staff by having them complete the same thing that the residents and their families complete when they move in – ‘All About Me’... we use this for *Partner of the Month*, when we purchase snacks and food for parties, for general conversation to get to know the individual and make them feel like they are a part of the team from the start. If they have a talent, we ask to ‘display’ it at work as well!”

## Villages of St. Peters Memory Care

# HOW DO YOU KNOW YOU'RE VALUED? FAMILY COMES FIRST



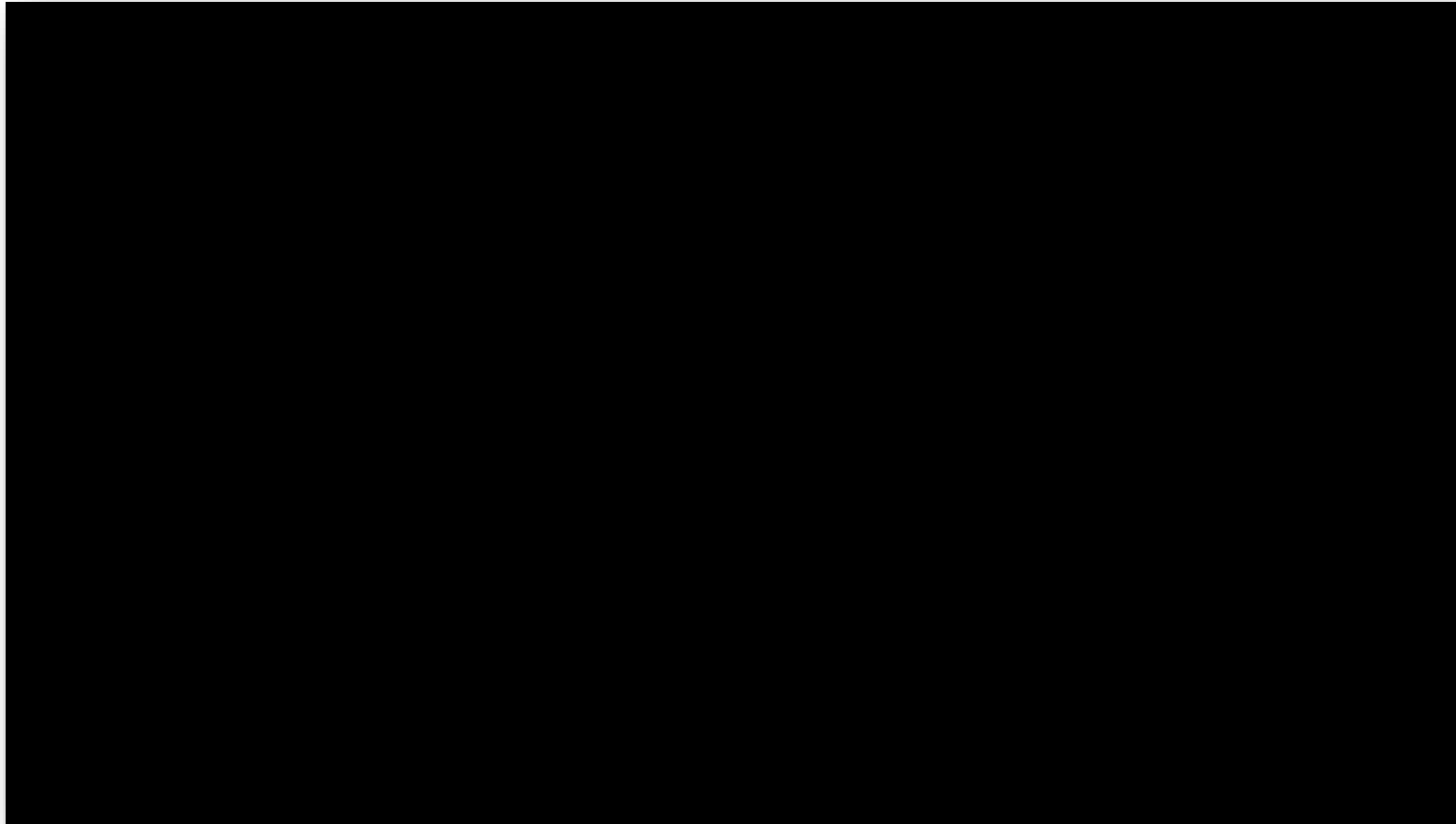
# CARING ABOUT STAFF

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- *We care about them as people. If someone's sick, I'll make chicken soup and bring it to them and oranges for the staff when there was a cold going around.*
- *We text them to see if they are alright.*

# INCLUDING EVERYONE

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# GUIDING STAFF

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- We have good staff but sometimes... we are mom and counselor.
- We tell them, “I can’t fix it if I don’t know about it;” and they come to us and tell us.
- “Trust comes from us being working supervisors.”
- We give staff guidance on how to interact with one another, we mentor them.



# SUPPORTING STAFF THROUGH ABSENCES DUE TO COVID



# IF YOU NEED US, WE'RE THERE

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“One NM had tough covid, we kept in constant contact – if you need us, we’re here. We pick people up in a snowstorm!”

**Seth Peimann, NHA**  
**NHC Healthcare, St. Charles**

# KEEP SAFE AND WELL

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“If they were absent because of COVID, we sent home masks and gloves and food to keep the family safe and well. And they had a full paycheck. No fear that a 14-day quarantine would cause you to be short on rent.”

**Debra Tyree, NHA**  
**The Villages of St. Peters**

# PAYING PEOPLE FOR COVID ABSENCES

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- “COVID pay” - let staff be transparent about exposures.
- Company had a fund for people who ran out of sick time; all staff can donate to it, and we’d had 100% participation (even if you just give \$1).
- We could tell the people who just wanted a day off from those who had a real exposure.
- COVID absences covered through PTO. If anyone ran out of sick time, we allowed a negative balance. We offer generous sick time accrual formula, so the staff build up sick time reserves quickly.

# HOW DO YOU KNOW YOU'RE VALUED? RELIEF FUND





# ABSENCES

## HIGH STANDARDS + FLEXIBILITY

---

- *I don't tolerate call-ins but I will be flexible to work with staff's needs so they don't have to call out, they can do what they need to do and rework their schedule. If someone needs a mental day off, we give it to them. We say, just tell me, we can work it out. We have trust.*
- We tell them don't wait till the last minute to call in; be proactive so we can get coverage.

**E.W.Thompson Health & Rehabilitation Center**

# HOW DO YOU KNOW YOU'RE VALUED? HIGH STANDARDS + FLEXIBILITY

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- Accommodate staff needs in making the schedule
- If someone can't come in, we are flexible and work with them to get their hours another time; it's being in a relationship, having trust with each other

# VALUING PEOPLE CREATES MUTUAL COMMITMENT

---

*There were no set rules. We made it work each day. We let people swap shifts to make it work.*

*Staff saw our flexibility and effort and they stepped up.*

**Michelle Tolbert, NHA  
Heritage Nursing Center –  
Skilled Nursing By Americare**

IF YOU ARE FLEXIBLE WITH STAFF,  
THEY WILL BE FLEXIBLE WITH YOU

# LEADERSHIP PRACTICES MADE THE DIFFERENCE IN MAINTAINING STAFF STABILITY



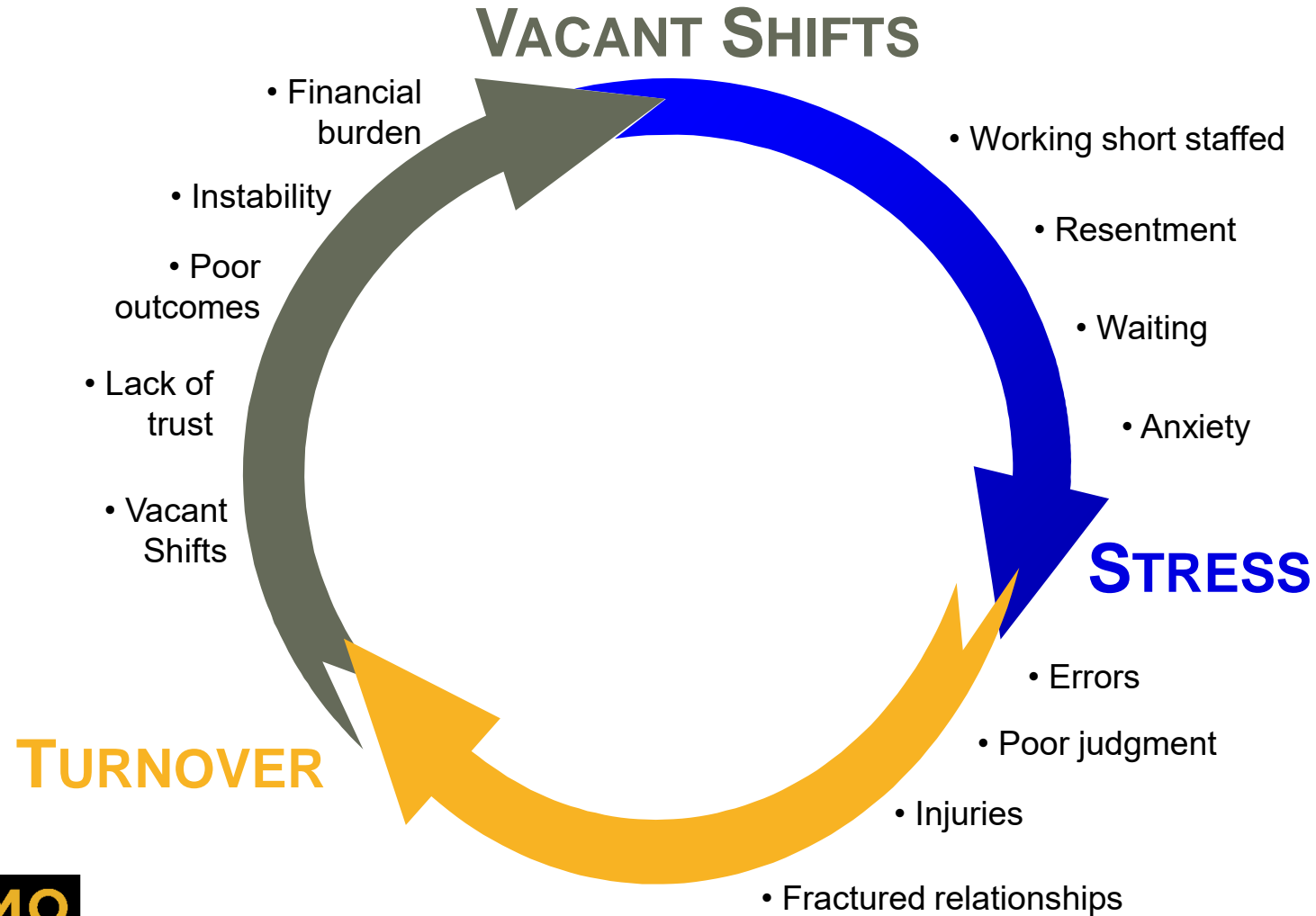
# ***“WHAT A DIFFERENCE MANAGEMENT MAKES”***

---

- 4 high turnover vs. 4 low turnover SNFs
- Areas that distinguished low vs. high
  - Leadership visibility
  - Cared for caregivers
  - Orientation, career ladders, scheduling
  - Primary assignments
  - Rarely worked short

*Eaton, Phase II Final Report, 2001*

# A VICIOUS CYCLE OF STAFF INSTABILITY



# ARE YOUR INCENTIVES PERPETUATING THIS VICIOUS CYCLE?



# BIRCHWOOD TERRACE HEALTH CARE, BURLINGTON, VT

## BETTER JOBS BETTER CARE

---

- Daily instability so bad that we met the administrator as he was washing the entry door windows.
- Front-line supervisors and steady eddies stretched thin, worn-out.

*“We were so busy plugging holes, that we weren’t stepping back to look at what was happening and what we could do about it.”*

# OPERATING IN CRISIS MODE, USING INDUSTRY NORMS, PERPETUATED THE CRISIS

---

- For call-ins:
  - Bonuses for taking last minute assignments
  - Lots of agency
- For turnover/hiring:
  - Hiring bonuses
  - Inexperienced new hires paid almost same as long time staff
  - Hiring “any warm body”
  - No time for orientation, right out on the floor, and then right out the door



# STAFF SURVEY FINDINGS

*I would recommend this to a friend as a **good place to work***

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<b>Department heads</b>	43%	43%	14%	0%	0%
<b>Licensed Nurses</b>	20%	13%	<b>20%</b>	<b>27%</b>	<b>20%</b>
<b>Hourly Staff</b>	33%	17%	<b>0%</b>	<b>17%</b>	<b>33%</b>

# INSTABILITY VS. STABILITY

Last minute bonus \$360,000	Perfect attendance \$ 0
Baylors \$268,994	Raises @ 2% \$90,710
Sign-on bonuses \$50,000	Referral bonuses \$6,000
Turnover costs \$453,940	Longevity bonus \$0
<b>Total:</b> <b>\$1,132,934</b>	<b>Total:</b> <b>\$96,710</b>

# CONVERTED \$ FROM LAST-MINUTE BONUSES TO RAISES FOR STAFF WITH GUARANTEED HOURS

---

<b>For Full-time Staff</b>	<b>Raise Amount</b>
<b>CNA</b>	<b>+ \$2.25</b>
<b>LPN</b>	<b>+ \$3.00 to \$3.80</b>
<b>RN</b>	<b>+ \$5.50</b>

# INCENTIVIZE WHAT IS IMPORTANT

---

- Gave a \$2.00/hour raise to staff vaccinated in Sept 2021; If they come to all shifts and always wear a mask, they get another \$3.00/hour raise for a total of a \$5.00/hour raise.
- Heroes' bonuses and two wage increases; one across the board, other based on years of service. Compared wages with competition, in and out of health care. CNA with 5 years of experience starts now at \$19.25/hour.
- Best recruitment is referring a friend – bonus is \$1,700 for nurse and \$1,200 for CNA. Not sign-on bonuses.

# INCENTIVIZE WHAT IS IMPORTANT

---

- 4-level bonus program - mentors get \$50 when new staff stay 90 days; mentee gets \$100
- Staff can give a star award to a co-worker and it = 2 hours of paid time off or a t-shirt
- \$100 raffle for everyone who works their shift when a new resident moves in to thank everyone for giving that resident a warm welcome
- We offered a \$100 bonus to each nurse who completed infection prevention training - they all did it

# REFER-A-FRIEND VS. SIGN-ON BONUS



# SIGN-ON BONUSES AND REFERRAL BONUSES

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What has your experience been?

- Effective?
- How many did we pay?
- How much did we pay?
- How long did they stay?
- Who are they?

# BEST PRACTICES – STAFF REFERRAL BONUS PROGRAM

---

- Targeted approach
  - Top performing staff - who are their **friends**?
  - New hires performing well – who do they know?
- Process and timing of payout is key
  - 50% on start date, 25% at 30 days, 25% at 60 days
  - Risks vs. benefits of a faster payout of the bonus

# BEST PRACTICES – STAFF REFERRAL BONUS PROGRAM

---

- Follow through on the actual bonus payout
  - No hoops to jump through
  - Pay on time
  - Right amount
  - If this was a problem in the past – say it out loud
- Present the bonus check in front of their peers
- Develop a referral bonus ambassador program with higher payouts for staff who make multiple referrals

# RECRUITMENT BEST PRACTICES

---

- Keep staff updated on recruitment strategies
- Contact local colleges, universities, and high schools
- Target those who want full-time benefits
- Be very flexible with scheduling
- Enhance the use of social media platforms
- Post flyers in laundromats
- Review and refresh recruitment advertisements

# GROW YOUR SKILLS - GROW YOUR CAREER

*We pride ourselves in our high-quality care and our great work environment*



*Professional of the Year Grand Prize Winner!*

Join our family environment and where infection control is what we do every day.

Join a group that loves to work together and loves our residents.

Our company has advancement opportunities to help you grow.

Excellent benefits – low-cost health insurance, paid tuition for nursing school.

Work as a CNA and get paid while we help you to get your nursing license.

# IT STARTS WITH GOOD STAFF

---

*We only hire good people. Starts in the interview. We see their attitude. We used to have a resident who would come in during the interviews and we'd see how the applicant responded to her. We are picky about who we will interview. In the interview, we care about staff and so we ask about who they are.*

**Luther Manor Retirement  
& Nursing Center**



# DETERMINING THE “RIGHT” PEOPLE

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- Rigorous process
- Focus on character traits
- Never settle
- Don't compromise

# INTERVIEWS - NO CANNED ANSWERS



# GIVE THEM A TOUR

---

- Tour observations
  - Walk quickly - can they keep up
  - Observe how they greet strangers
  - Place them next to residents who will engage them – see how they respond
  - Monitor interactions with people

# WATCHING INTERACTION



Christina Bloomer



# CAREFUL SELECTION – FOCUS ON CHARACTER TRAITS

---

- Maturity – self-reflection
- Compassionate
- Sensitivity to others' needs
- Self-esteem
- Ability to communicate, learn
- Friendliness - Five smile rule



# INTERVIEW TIPS

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- High standards
- Ask the right questions
  - Open ended
  - Behavior based
- Ask to see their performance evaluation
- Let peers choose



# PEER INTERVIEWS



Christina Bloomer

# KEEPING YOUR STAFF

# WORKING SIDE-BY-SIDE

## *WE WEAR TENNIS SHOES NOT DRESS SHOES*

---

- Helping new staff settle in
- Where agency staff are working
- To understand a problem staff are having
- To get staff's ideas
- Follow-up
- To keep a finger on the pulse

# WORKING SIDE-BY-SIDE



*Used to be staff needed to impress the boss, now the boss needs to impress the staff.*

*We must care about what's going on in staff's lives. It's about relationships.*

**Christina Bloomer, NHA**

**Spring Ridge-Assisted Living by Americare**

# STAY INTERVIEWS



# QUICK INFORMAL CHECK-INS ARE ESSENTIAL

---

- Three days
- One week

# INFORMAL

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- Find them when you are rounding
- Know their name
- Ask them how they are doing
- Ask if they are having any problems that you could help with



# SECOND WEEK STAY INTERVIEW



# TIPS

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- Your employees may not be familiar with the concept of a Stay Interview so you may want to start off by explaining why you are conducting the interview and what type of information you'll be discussing.
- You are building your relationship with this new team member, and you want them to feel comfortable with you.

We want you to stay!

# MORE TIPS

---

- Schedule it ahead of time, making sure that the time works for them.
- Pick a setting where they'll feel comfortable and free to talk about the things that may concern them.
- These conversations should be private and not done in a group setting.

# TO MAKE THE MOST OF THIS TIME

---

- Prior to the interview watch them at work and catch them doing something good.
- Talk to their supervisor - ask how they are doing.
- Review any information you have about this person before they come in - if they have shared anything about themselves be sure to start with that: “How did your son make out last week?”

# THIS IS YOUR TIME TO LISTEN

---

- Don't guide the conversation into what you want to hear. Instead, pay attention to what gets the employee excited and engaged.
- Probe deeper into responses that are not clear or may have more behind them.
- Remember, this is not the time to get defensive if you disagree with their concerns or comments.



# IF THEY VOICE A CONCERN, TRY TO BE CREATIVE IN FINDING WIN/WIN SOLUTIONS

---

At the same time, it is also important to be honest. If there are areas where you can't make the change, they would like to see happen possible, be clear with them up front.



# STAY INTERVIEWS TIP SHEET

**IF YOU'VE SPENT THE TIME TO  
HIRE RIGHT, IT'S WORTH  
SPENDING THE TIME TO MAKE  
SURE THEY STAY.**

# AGENCY

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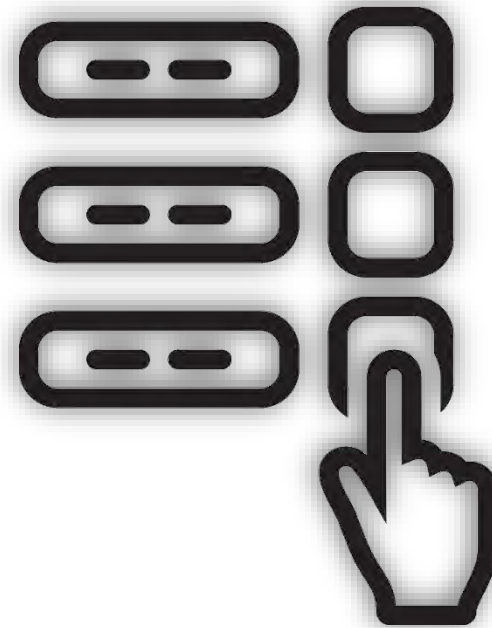
- Keeping it out
- Making the most of it when you need it

# AGENCY - POLL

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Number of shifts covered by agency staff per week

- 5 shifts or less
- 6 - 10 shifts
- 11 - 20 shifts
- 21 - 30 shifts



# KEEPING AGENCY OUT

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- *I gave them what they wanted for a schedule; 12's, 8's, every other w/e, 4 on 2 off – anything to keep agency out and help our staff come to work*
- *It's not quantity of care it's quality of care so we reduced the census – we re-evaluate our census every week looking at what the residents need and our staffing capacity.*
- *We may need to plug in a 5a to 5p from agency to help with the morning rush – we use agency to supplement.*
- *Created our own own pool, with higher wages for extra shifts within limits that prevent gaming (absences to pick up shifts later).*

# KEEPING AGENCY OUT AT PARKVIEW

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- PRIDE PAY PLUS
  - There are three different levels, one for picking up one additional shift every pay period, one for two shifts, and the top level is for picking up three additional shifts per pay period
  - The rates vary by level and by job category
  - This has been very instrumental in eliminating agency shifts, retaining staff, and improving consistency of care
- PRIDE PAY SHIFTS
  - A two-level system that allows for the scheduling manager to offer additional money per hour for the shift that is needing to be covered
  - The hours covered must be above and beyond their hired status and a minimum number of hours must be worked during the week
  - The levels are based upon the severity of need, or the number of hours covered by the individual
  - Used this for a majority of the pandemic to cover those who were ill, in quarantine or isolation



# MAKING AGENCY WORK BEST

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- *DON makes it a point to work side by side with any new staff, including new agency staff. She checks out their attitude to see if they are a good fit. If not, we tell agency to send us someone else*
- *We have regular consistent agency staff that work with us, and we have NHC staff guiding them. We tell our staff to treat them like they are part of NHC.*
- *Used agency a few months ago and then tried to get away from it with having our own staff get the extra pay for taking extra shifts – we saw in our own staff’s eyes that they were tired – so we brought in the agency nurses to give our staff a break*
- *We keep the agency nurse on the same hall and make them a part of our team – consistent assignment and we huddle with them and treat the agency nurse like she’s one of us because they are taking care of our residents*

# NURSE AGENCY USE BEST PRACTICES

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- Vet the staffing agency
- Surge planning together
- Lock in long-term rates
- Recognize and reward
- Support, orient, monitor, encourage
- Secure long-term assignments

# BREAKING THE CYCLE – STAFF STABILITY

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## WEEKLY STAFF STABILITY MEETINGS -

- Staffing coordinator, DON, DSD, IP,ADON, RN supervisor, CNAs
- Data review – applicants, interviews, offers, hires, open positions, anticipated departures, agency use, OT/DT, attendance
- New hire review and retention planning
- Retention planning
- Rookie and employee of the month nominees
- Thank-you card writing

# RETHINK THE STAFFING AND SCHEDULING MIX

---

## SHELBINA VILLAGE

- 12-hour shifts; 2-2-3 with every other weekend off
  - Need 3 less FTEs to staff the facility
  - Less foot traffic = less chance the virus gets in
- We hired an extra activities' assistant who is a beautician
  - If you can't find nursing staff, hire staff to support the nursing staff
  - Temporary Nursing Assistants
  - Re-thing job descriptions - remove all non-nursing tasks from the nursing staff
- Flexible shifts – making it work for the staff

# RETENTION STRATEGIES

---

- Appreciation notes and thank you cards
- PTO for anniversaries and birthdays
- National recognition day celebrations
- Free healthy snacks
- Sliding scale insurance premiums
- Attendance bonus
- Daily pay

# LEADERS IMPACT ON STABILITY

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- High visibility
- Staff stability – top priority
- Person-centered care practices
- Rounds that trigger engagement
- Focused on modifiable conditions



## Heritage Nursing Center - Skilled Nursing By Americare



# ACTION PERIOD

## SESSION 3 - JUNE 20

### LEADERSHIP PRACTICES AND SYSTEMS

# ACTION PERIOD ASSIGNMENT IDEAS

---

- Stay interviews
- Change advertisements
- Recruitment and retention committee
- Analyze your turnover by length of service
- Redesign and relaunch the refer a friend program

ASSIGNMENT

# THREE TAKEAWAYS YOU CAN PUT IN PLAY RIGHT AWAY

**TAKE A MINUTE TO:**

- 1. IDENTIFY THREE TAKEAWAYS**
- 2. INCLUDE TO-DOS TO MAKE IT HAPPEN**

***PUT THIS IN THE POLL POP-UP BOX***

# IMPORTANT – CEU INFORMATION



**TODAY'S WEBINAR HAS BEEN APPROVED FOR CEU HOUR(S)**

## **IN ORDER FOR MO LNHAS TO GET CREDIT:**

- **It is REQUIRED that you complete a brief survey/evaluation**  
Link to the survey - [www.surveymonkey.com/r/QIPMStaffingWorkshop2](http://www.surveymonkey.com/r/QIPMStaffingWorkshop2).  
You'll also receive an email from [musonqipmo@missouri.edu](mailto:musonqipmo@missouri.edu) with the link to a SurveyMonkey survey.
- **It is REQUIRED that you answer the question asking for your LNHA number.**

*\*The amount of your credit will be adjusted based on time spent on the webinar.*



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## QUICK TIPS

### STAFF STABILITY: A MULTI-PRONGED APPROACH

Staff stability is challenging in the best of times. With the unemployment rate at its lowest in years, the tight labor market makes staff stability even more challenging. In February 2017, when six South Carolina nursing homes began their experience as pilot homes in the Initiative to Improve Dementia Care and Eliminate Off-Label Antipsychotics, they faced severe staffing challenges. They had trouble filling vacancies. They weren't finding people they wanted to hire. New staff were leaving quickly. Too many staff had unscheduled absences or tardiness. The instability was affecting their teamwork, communication, and overall performance. A year later they are all in much better positions, though still facing some challenges. They have fewer vacancies and better staff. The homes describe a multi-prong approach to make this turnaround:

- 1. Examine Your Turnover by Length of Service.** List out staff who have left over the past 3-6 months. Note how long they worked for you, by looking at start and end dates of employment. How many who left were newly hired? How many were longer-tenured employees? Were they fired or did they quit? Were you sorry to see them go? Were they good hires? If yes, how soon did you know they were having concerns? If not, did you have questions at the time of hire? Discuss the factors that contributed to each person's leaving. For good hires who left, evaluate how to improve your welcome and the support provided by co-workers and supervisors. For hires you had questions about, consider how to improve your recruitment and screening. These are the areas that will need action.
- 2. Improve Your Recruitment.** Aim to recruit high performers. Do not cast a wide net of applicants. Target to attract people you want to hire. Better to have a small number of excellent candidates you hire who stay than to have to go through dozens of applications and interviews with people who are not good candidates. To improve your recruitment:
  - a. Discuss the qualities** you are looking for in an employee, and what makes you a good place for high performers to work.
  - b. Revise your ads** so they reflect these qualities and benefits. Review your ads on Indeed.com and other online job sites. If you don't pay for your ads, the online sites scrape the ads you've listed elsewhere and the scraping doesn't always reflect what you want. One pilot home found that it started with "must wash wheelchairs." Review the comments attached to your ads. You need to know what job seekers are seeing.
  - c. Reach out to nursing schools** to let them know that working in a nursing home is a great first job for a nursing school graduate. If you have any recent graduates working at your home who are doing well, ask them to go with you to speak to the instructors and the class. Let the students know how you will support them as they transition into work.
  - d. Activate the refer-a-friend program** by reaching out to your high performers on staff. Identify staff who (1) are warm and friendly, (2) dependable, and (3) competent – these are your triple crown winner employees. Let them know how much you value them, and that

you would like to hire people just like them. You are looking for people with their same character and competence. When you do hire someone they have referred, pay them right away for the referral, and do it with fanfare. One pilot home paraded to the staff person's work station with a big-sized check.

3. **Interview for character** using questions such as “name three elders you had a close relationship/friendship with in your last job” and “tell us about the nicest person you know.” Present situations and see how they react. Use David Farrell's “five smiles” rule to note if you get five smiles from a person during the interview. One pilot home said with these questions, she “finds out if it's in their heart; if it's their passion. When one candidate didn't have 3 names, it told us something important. She was qualified clinically but we didn't hire her. Before we did this, we had so many customer service issues. How you answer these character questions, tells us how well you take care of people. Now that we are hiring better, we have reduced our customer service issues.”
4. **Provide a warm welcome and a good orientation.** One pilot home said, “We build relationships right away and we help people feel comfortable being here.” When you hire warm and friendly people, give them a warm and friendly welcome. Help them immediately establish bonds with co-workers, residents, and leaders. Pilot homes revamped their orientations to make them more interactive. One pilot home added a scavenger hunt as a way for people to get to know the building. Remember, too, that you are hiring *on-the-go* people, not sitters. Break up the day so that they don't do too much sitting, watching videos, signing papers, and listening to instructions. Use adult learning to engage their critical thinking so that new employees learn what you want them to know.
5. **Provide ongoing support.** Talk with new staff on a regular schedule to find out how it's going and offer help where needed. Pilot homes said having these conversations allowed them to know about and fix situations that saved good employees.
6. **Track, talk about, and act on attendance.** Two pilot home DONs used whiteboards in their office to list the people who were late or had unscheduled absences. One DON said she realized she'd always had the information when she signed off on payroll, but she hadn't looked at it. Now she did closely. She talked to people who kept going on her board. One person had a child care issue that they are working together to resolve. Others needed to be held to account. No one liked seeing their name on the board. One DON kept the office light on at night, so that the names were visible 24/7. Homes also gave visibility to the people with good attendance, recognizing them at staff meetings, and giving them gift cards.

**A Multi-pronged Approach:** Pilot homes took many steps to stabilize staffing. All steps were necessary and reinforced each other. Having any part of the process go wrong can undermine the other efforts. It requires ongoing attention.

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## QUICK TIPS STAY INTERVIEWS

Many nursing homes use exit interviews after an employee leaves to learn why they left and if their leaving could have been prevented. They are seeking to understand why this person who looked to be so promising during the interview didn't stay. While exit interviews can be helpful in having some understanding of the dynamics that lead to a promising new employee leaving your employment, it will not change the fact that they are gone. An exit interview is a reactive response. It is in *reaction* to turnover.

A stay interview on the other hand is a *proactive* intervention that may **prevent** an exit interview. Stay interviews are quick check-ins with new staff to see how they are doing and if they need help with anything. The most effective stay interviews are done by either the Director of Nursing or the Administrator.

As the leader in the building, it is your priority to make sure that your building is staffed. There is nothing more important. If you don't have staff to care for residents, then your home will be unable to provide good care. It is that simple.

We recommend that stay interviews be done as informal check-ins on day three and at the end of the first week, and as a formal interview at the end of the second week. Stay interviews are new to long-term care but have been used in other sectors of employment for some time.

### 1. Day Three Check-In:

The day three check-in is not a formal interview. It is an intentional seeking out of the employee to ask them how they are doing. This can be easily incorporated into rounds. In this check-in, you are deliberately introducing yourself to the new employee and getting to know them. As a leader in the building, you do not want to be in the position of learning that a new employee has left employment and you do not even know what they looked like.

In this check-in, you are casually asking them how things are going and telling them in all sincerity that if they have any problems, they can go through the normal channels or they can ask you for your help. You want them to succeed. In this informal check-in, you are establishing a budding relationship with this new employee.

This is not a group interview. If more than one person was hired at the same time, be sure to time your rounds to be able to get to each new employee and spend a couple of minutes with each of them. This is not a long chit-chat, rather it is a short way of your new employee knowing that they are on your radar and are important to your home.

### 2. First Week Check-In:

At the end of the first week, once again seek out each new employee and informally check in with them. If they had any concerns or issues that they brought up in your day three check-in be sure to let them know what you have done. Because you have already had a conversation with them, this check-in should be more conversational. Tell them that you will have a formal stay interview at the



two-week point, and that their supervisor will let them know when their stay interview will happen. Ask them to be thinking about ways they might suggest making it easier to be new at your nursing home. Let them know that you know how hard it is to be new.

### **3. Second Week Formal Interview:**

This is a formal interview. Figure out with the employee's supervisor a time that works best and schedule a 15-minute time to really talk through how they are doing. Prior to this interview, make a point to observe them at work, or to ask their supervisor how they are doing. In this interview, it is most effective if you can give them direct feedback. "I know it can seem overwhelming at first, because this is a big job, but I saw you at work, and you have such warmth with the residents, and that is what makes me know you have what it takes." This kind of feedback can be the intervention that keeps a potentially good employee.

Many employees may not be familiar with the concept of a Stay Interview and may view it negatively at first. Start off by explaining why you are conducting the interview and what type of information you'll be discussing. Tell them, "We want you to stay!" This is the time to show appreciation and let your new employees know how important they are to the residents, their co-workers, and to your home. Pick a setting where they'll feel comfortable and free to talk about the things that may concern them. Do everything you can to make them comfortable with you and let them get to know you.

Don't try to guide the conversation into what you want to hear. Instead, pay attention to what gets the employee excited and engaged. Probe deeper into any responses that are not clear or may have more behind them. This is not the time to get defensive if you disagree with their concerns or comments. If they voice a concern try to be creative in finding win/win solutions. Have a genuine intention to make changes as a result of this interview. Whatever you do, be sure to follow up, and by all means, keep your promises! Let them know of any action you have taken as a result of this interview. Remember, the purpose of the stay interview is to get in front of any emerging concerns the new employee may have.

At the same time, it is also important to be honest. If there are areas where you can't make the change they would like to see happen, be clear with them upfront. Do not negotiate. Sometimes we get concerned with "what if" fears. What if I can't give them what they want? What if they don't trust me enough to answer honestly? Don't be afraid of what your employee might say. Be honest and admit that you can't provide your employees everything they want, but you can listen to them, and hear their concerns. Validate their feelings, review their feedback, express your support and assure them that you will do what you can to explore options. Start by making them comfortable enough to share openly with you.



### **STAY INTERVIEW: 5 QUESTIONS**

#### **1. How are things going for you?**

Probing Questions

- So far, how are you finding the work?
- What is the best part of your day?
- Does the schedule work for you?
- How are you finding working with our residents? The rest of the staff?

#### **2. Are you starting to feel settled in?**

Probing Questions

- Is there something that can help with settling you in?
- What do you like most about working here?
- What parts are the hardest?
- What do you like least about working here?

#### **3. Are you treated respectfully by your coworkers?**

Probing Questions:

- Do people answer your questions?
- Do you know where to find information?
- Are people nice to you?

#### **4. How happy are you working here on a scale of 1-10 with 10 representing the most happy?**

Probing Question:

- What would have to happen for that number to become a 10?

#### **5. Is there anything else that is important to you that you would like to share?**

**New Hire Check-Ins and Stay Interviews for Staff Retention**

Newly Hired Staff's Name	Date of Hire	3-day Check-In - Notes	1 Week Check-In - Notes	2 Week Stay Interview - Notes

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