FAST FACTS: Consistent Assignment

Advancing Excellence in America’s Nursing Homes is a national campaign to improve the quality of care and life for the country’s 1.5 million people receiving care in nursing homes. Nursing homes, their staff and consumers can join in this effort by working on the campaign goals, designed to improve quality. This consumer fact sheet explains why it is important for residents to get the same caregivers most of the time.

What does consistent assignment mean?
Consistent assignment means that residents see the same caregivers (registered nurse, licensed practical nurse or certified nursing assistant) almost every time they are on duty. Many residents are more comfortable with caregivers who know and understand their personal preferences and needs. Consistent assignment is primary assignment.

What should you know about consistent assignment?
Consistent assignment is a key step in giving care that is centered on the resident. It builds strong relationships between residents and staff, which are central to better care. A nursing home adopts consistent assignment to strengthen relationships between individual residents, their families, friends and the caregivers. Staff who take care of the same residents are happier in their jobs and tend to stay in their jobs.

How does consistent assignment benefit residents?
- Residents don’t have to explain to new staff how to care for them day after day.
- Residents feel more comfortable with the intimate aspects of care.
- Residents feel more secure with caregivers they know.
- Residents with dementia are much more comfortable with familiar caregivers.
- Residents and their families develop relationships with staff over time.

How does consistent assignment benefit caregivers?
- Caregivers know what each resident wants and needs. They can give individualized care and are more organized in their work.
- Nurses and nursing assistants who work with the same residents most of the time are more likely to notice slight changes in health. This can prevent more serious health problems in the future.
- Caregivers are more likely to understand and respond to the behaviors of residents with dementia. This is important because residents with this condition often let others know what they want and need through their actions.
- Staff members prefer consistent assignment as it lets them better connect to a resident they care for.
How does consistent assignment benefit nursing homes?

- Staff get to know routines and develop a relationship with assigned residents and others. This makes a better workplace and a better home for residents.
- Caregiver absences are reduced. Staff are more likely to stay in the job when meaningful relationships develop as they know they are being counted on by others in the home.

How do nursing homes achieve consistent assignment?

Many homes that use consistent assignment stop rotating nursing assistants and nurses from one neighborhood, wing or floor every few weeks. Homes instead assign staff to one area of the home so that they can serve one group of residents. These consistent assignments apply to nurses and nursing assistants. This also can apply to housekeeping, dietary and other members of the team.

Of course, it is not possible for the same nursing assistant or nurse to work the same shift every day of the week. Staff need time off or may need to change their work hours. As a result, residents may see the same team of caregivers during the week. But, they may see a different team on weekends and holidays.

The Advancing Excellence Campaign believes a nursing home is successful when staff are caring for the same residents on at least 80-85 percent of their shifts. This means on at least four of five days, evenings and nights, the resident has the same caregivers.

How can you find out whether a nursing home uses consistent assignment?

- Talk with residents about whether they have a nursing assistant who cares for them most days. If the resident cannot answer or has dementia, talk with the family.
- Ask nursing assistants if they work with the same residents daily over the long term or whether they sometimes rotate to another group of residents.
- Ask the director of nursing and the nursing home administrator how nursing assistants are assigned to care for certain residents.
- Ask if the nursing home uses consistent assignment.

How can you encourage consistent assignment?

- Encourage the nursing home to join Advancing Excellence and chose consistent assignment as a facility goal.
- If the nursing home does not currently use consistent assignment, talk with the director of nursing and the nursing home administrator. Ask them if they would be willing to test it on a small scale first (one neighborhood, wing or shift of the nursing home).
DATE: September 14, 2012

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: “Hand in Hand: A Training Series for Nursing Homes,” on Person-Centered Care of Persons with Dementia and Prevention of Abuse

***Revised to reflect new delivery date***

Memorandum Summary

- **The Affordable Care Act:** Section 6121 requires the Centers for Medicare & Medicaid Services (CMS) to ensure that nurse aides receive regular training on how to care for residents with dementia and on preventing abuse. CMS created this training program to address the requirement for annual nurse aide training on these important topics.

- **Course Content:** The Hand in Hand training materials consist of an orientation guide and six one-hour video-based modules, each of which has a DVD and an accompanying instructor guide. Though Hand in Hand is targeted to nurse aides, it may be valuable to all nursing home caregivers, administrative staff and surveyors.

Background

Section 6121 of the Affordable Care Act requires CMS to ensure that nurse aides receive regular training on how to care for residents with dementia and on preventing abuse. CMS, supported by a team of training developers and subject matter experts, created this training program to address the requirement for annual nurse aide training on these important topics.

Person-centered care is an approach to care that focuses on residents as individuals and supports caregivers working most closely with them. It involves a continual process of listening, testing new approaches, and changing routines and organizational approaches in an effort to individualize and de-institutionalize the care environment. Person-centered care is the central theme of the Hand in Hand training.
Implementation
The Hand in Hand training materials consist of an orientation guide and six one-hour video-based modules, each of which has a DVD and an accompanying instructor guide.

Though Hand in Hand is targeted to nurse aides, it may be valuable to all nursing home caregivers, administrative staff and surveyors. However, this is not a mandatory training for Federal and State surveyors. In order for this training to be most effective, it is important to use a team training approach. Training principles in this DVD series include:

- Consistent Staffing
- Empowering Nurse Aides
- Promoting Team Involvement
- Building Relationships

While annual training for nurse aides on dementia care and abuse prevention is required in current nursing home regulations, we do not require nursing homes to use Hand in Hand specifically as a training tool. Other tools and resources are also available.

The Hand in Hand training series will be mailed free to all nursing homes, Regional Offices (RO) and State Survey Agencies no later than December 2012.

Effective Date: Immediately. The State Agency should disseminate this information within 30 days of the date of this memorandum.

Training: This letter should be shared with all nursing home survey, certification, and enforcement staff, their managers, and State/RO training coordinators for informational purposes.

For information, to download the training modules or inquire about replacement copies of the Hand in Hand Toolkit please visit http://www.cms-handinhandtoolkit.info/Index.aspx

If you have questions or comments regarding these materials, please contact cms_training_support@icpsystems.com

/s/
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management
HELPFUL RESOURCES

You may or may not choose to print all of the items listed below for the conference.

This is a list of resource that you may find helpful.

No one specific resource is to be considered better or preferred over the others.

SOM – State Operations Manual
- The Compliance Store: [www.compliancestore.com](http://www.compliancestore.com)

RAI Manual
- The Compliance Store: [www.compliancestore.com](http://www.compliancestore.com)

Antipsychotics:
- Iowa Geriatric Education Center: [https://www.healthcare.uiowa.edu/igec/iaadapt/](https://www.healthcare.uiowa.edu/igec/iaadapt/)

Consistent Assignments
[www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)
Sleuthing Troublesome Behaviors \textit{\textcopyright la Sherlock Holmes}

By Paul Raia, Ph.D.
Director of Patient Care and Family Support

Please make a leap of faith with me. Let’s assume that the troublesome behaviors that are common during mid-stage Alzheimer’s disease are not just random acts. Let’s assume that these behaviors are caused by something, and that they convey a significant psychological message for us to discern. Let’s assume that they are neither mysterious nor unfathomable, and that, like Sherlock Holmes, we can reveal the reasons behind troublesome behaviors with systematic sleuthing. Just as in the Sherlock Holmes adventures, evidence must be gathered and analyzed, timelines established, witnesses questioned, and hypotheses tested. If you can accept these assumptions on faith, then grab your magnifying glass and deerstalker hat and examine the following true story, which I’ll call “The Case of the Occasional Hitter.”

A male nursing home resident with Alzheimer’s disease has been hitting other residents in the face for apparently no reason. In this situation, the nursing home’s most likely reaction would be to call a doctor for medications to control the behavior—without truly understanding why this is happening.

When we looked at this case in a systematic way, using a behavioral log that records the four “W’s” (what happened; when it happened; where it happened; and who was around when it happened), we began to understand the cause of the hitting and were able to introduce a behavioral remedy.

By keeping the behavioral log and noting what happened, we saw that: the hitting never occurred at night; it occurred only in the activity room;
Sleuthing Troublesome Behaviors  continued from page 1

First, every behavior has a trigger, a cause.
Second, triggers can be internal, that is, in the mind or body of the person with Alzheimer’s disease, or external, in the environment.
Third, most difficult behaviors are attempts to communicate something to us.
Fourth, when dealing with a person with mid-stage Alzheimer’s disease, we cannot expect that person to change.

O.K., sleuths, based on the evidence, what was causing this behavior?
Consulting our behavioral log, we hypothesized that our hitter would hit another person when the hitter was seated in the activity room beneath a window where sun was streaming in, glaring in his eyes. So, we tested our hypothesis by simply drawing down a shade over the “offending” window—and it worked.
Understanding the cause of behavior is not always this easy, nor this straightforward, but the principles of behavioral sleuthing are the same. First, every behavior has a trigger, a cause.
Second, triggers can be internal, that is, in the mind or body of the person with Alzheimer’s disease, or external, in the environment. Third, most difficult behaviors are attempts to communicate something to us. Fourth, when dealing with a person with mid-stage Alzheimer’s disease, we cannot expect that person to change.

That said, when faced with a behavior that you don’t understand, I suggest that you start a behavioral log, charting just that one behavior, over a week or two. Then, look for any pattern in your accumulated evidence.
Here is a series of questions that can help you when sleuthing:
Was there a sudden change in the person’s behavior?
When you see a sudden change in the behavior of a mid-stage Alzheimer’s patient, most often there is an internal trigger causing the behavior. The cause could be pain, infection, hallucinations, delusions, constipation, high or low blood glucose, or irregular heartbeats, the side effects of medication, dehydration, tight clothing, sleep deprivation, depression, and so on. To change the behavior, you need to change the internal trigger first. Often, this may require medical and/or pharmacological intervention and behavioral intervention simultaneously.

Was the behavior caused by my approach with the person?
Sometimes the manner we use in trying to help the person with the basic activities of daily living can cause the person to resist accepting assistance. Ask yourself: Did you offer to help the person too quickly? Did you use the appropriate body language and tone of voice? Did you build a sense of trust with the person before beginning to give assistance? Did you use words that might trigger the troublesome behavior? Did you try too hard, even when the person was agitated? Did you move the person too quickly or with too much force?

Typically, we can make small adjustments in the way we approach an Alzheimer’s patient that can reduce or eliminate resistance to care.

Was the behavior caused by the communication methods you were using?
We can say things in ways that might cause anger, embarrassment, fear, sadness, or blame, and this can trigger behavioral outbursts. Accordingly, never try to use reason or explain the reasons why the person may not be able to do something. Never argue. Never use the word “no.” A person in mid-stage Alzheimer’s may not have the ability to understand, process, remember, and benefit from your logical explanation. All that the person with Alzheimer’s knows is that you are trying to limit and control her behavior. Using the word “no” sets up an adversarial situation by virtue of your tone of voice and your changes in body language. Never try to change behavior by instruction. Never disregard the person’s emotions. Never deny the person’s reality.

Always use body language that matches your message. Always use refocusing and redirection.
as ways of changing behavior. (Refocusing is turning the person’s attention to something else, and redirection is turning the person’s behavior to something else.) Always use short, simple sentences that break down a task into its basic steps or little pieces of information, imparted one at a time. Always accept the person’s emotion as real to him or her. (Contradicting or ignoring the emotion will only cause anger.) When interacting with a mid-stage Alzheimer’s patient, always enter the person’s reality, rather than trying to bring him or her back to our reality. Because Alzheimer’s disease causes problems with understanding language, be sure the person with Alzheimer’s disease interpreted the meaning of what you said correctly.

Was the behavior caused by too much or too little stimulation?

In some individuals, in some situations, the amount of empty time or frenzied time can trigger problem behaviors. Some people in mid-stage Alzheimer’s disease cannot easily distinguish the relevant information around them from the irrelevant information. Everything comes from their senses simultaneously and their brains can’t process this information separately. Vision, touch, hearing, smell, and taste all meld together, and, as the noted psychologist William James put it when speaking about the newborn infant, “…the world must appear as a blooming, buzzing confusion.” This perceptual confusion can cause agitation and withdrawal. On the other hand, as is all too common, too little stimulation can cause difficult behaviors. When people with dementia spend too much time alone doing nothing, we often see an array of psychiatric symptoms, especially paranoia, depression, delusions, visual hallucinations, and anxiety. Filling time with meaningful, adult activities can prevent difficult behaviors.

Was the behavior caused by the task that you asked the person to perform?

Sometimes we ask a person with Alzheimer’s disease to do something that he or she is now cognitively unable to do. This can cause frustration, fear, embarrassment, anger, self-blame, resistance, sadness, and dependence, and can lead to a serious behavioral outburst or a catastrophic reaction. By the same token, asking the person to participate in a task that is too boring, child-

ish, demeaning, monotonous, unchallenging, or unrewarding can cause behavioral problems too.

Once you have examined the evidence carefully, and questioned “all the usual suspects,” you will often determine the offending triggers. Then, the challenge is to devise an intervention that will change what we do, or change the environment around the person, or both. There may be some trial and error in coming... continued on page 6