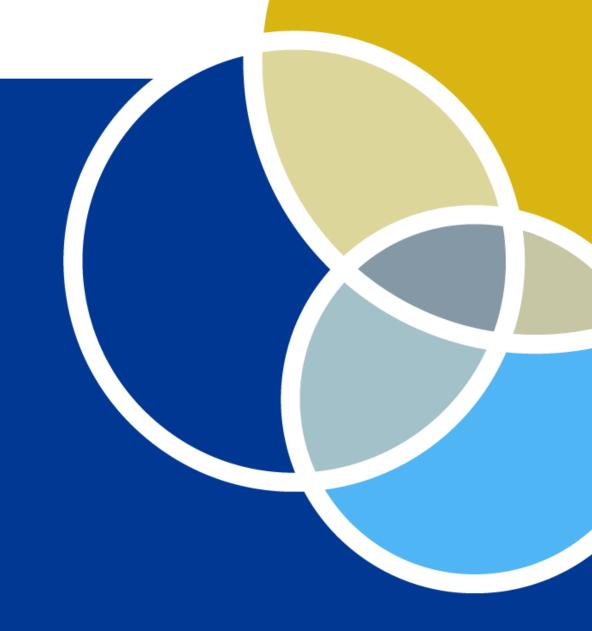




# It's Worth a Shot

Staff Retention and Scenario-Based Risk Assessment



# Housekeeping Items



- Add your webinar topics and clinician ideas or needs into chat!
- We will meet every Wednesday through April 13, 2022!





#### Staff Retention Ideas



#### **Employee Retention Tips for Leaders**



- Employee turnover is costly and time-consuming
- It creates stress for existing employees and scheduling havoc
- Keeping good employees should be a leadership priority
- Start with a self-assessment, looking at your leadership skills and how you present yourself
- Staff who are nurtured and developed are more likely to provide the highest quality care for your residents
- We are providing tips to consider for retaining your staff

#### Teamwork



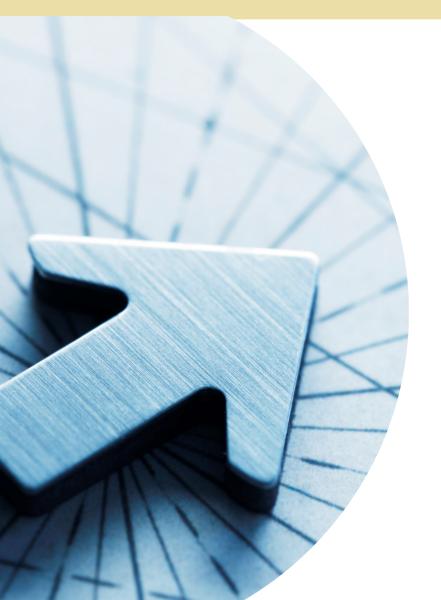
- Have fun and use humor in the workplace
- Embrace diversity
- Get to know each employee as an individual
- Develop teamwork at every level of the organization
- Model interdepartmental relations internal customer service and respect
- Resolve conflicts quickly

#### **Employee Satisfaction**



- Offer salaries that are competitive with your local market
- Provide incentives, for example, performancebased salary increases and/or small financial rewards/bonuses for milestones such as tenure, positive attendance, overall performance or "catching them doing something excellent" above and beyond their usual duties
- Celebrate organizational success

# Career Advancement and Employee Development



- Enrich their positions with knowledge and responsibility to help them feel valued
- Provide educational opportunities
- Provide opportunities for them to teach others
- Promote from within when possible
- Use a career ladder to offer promotional opportunities, such as a "lead CNA" or "mentor" role when employees have proven to be successful and reliable

## **Open Communication**



- Create an open-door policy to encourage employees to talk to you
- Make rounds on all shifts, interacting with staff and residents
- Identify and acknowledge stressors in the workplace and help with solutions
- Help employees to learn to problem-solve
- Offer solutions to assist with work-life balance

#### Employee Involvement



- Educate existing staff continually, including policy and process changes
- Involve staff in continuous improvement (QAPI) and in residentcare discussions when possible
- Focus on the process for improvement when failures or near misses occur and support the involved employees (remember to focus on process, not individuals, as people generally do not come to work intending harm)
- Make sure staff know what is expected of them and have a role in the decision-making process
- Include employees in setting goals and celebrate when achieved
- Improve retention by hiring the right people and make sure they are a good fit for the organization; consider group and resident interviews
- Provide adequate orientation and mentors for new hires; consider post-orientation discussions





# Scenario-Based Risk Assessment



#### What is a Risk Assessment?



The results of the facility assessment must be used to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating and controlling infections and communicable diseases for residents, staff and visitors.

#### **Examples of Risk Assessments**



- Infection Control Assessment and Response (ICAR)
- Annual IPC program evaluation (483.70(e) (F838)
- Scenario-based

#### Risk Assessment Form

Resident name:		DATE	DATE:			
Description of the hazard	Unvaccinated resident is going to Bingo 2x/week (indoor, >5 people, greater than 1 hour duration) and there may be potential exposure to COVID-19.  Community alert level: Low  Resident vaccination rate: 95%  Staff vaccination rate: 56%					
Standard or reference						
Advantages	Residents are able to get outside and enjoy activities. Improved mental health. Get back to a normal routine. Previous outings have indicated low exposure risk.					
Disadvantages	Potential exposure risk.					
SEVERITY	LIKELIHOOD (What is the likelihood of the current situation causing harm?)					
(What is the severity of harm if the situation occurred? Consider risk of injury, need for treatment, and financial impact)	1 = Very Unlikely ( <u>most</u> likely would never happen)	2 = Unlikely ( <u>rare</u> but could happen)	3 = Possible ( <u>aware</u> of it happening at other LTC)	4 = Likely (Documented Incident has happened at our LTC)	5 = Very Likely (Documented incident more than one occasion at our LTC)	
5 = Catastrophic (Unexpected death, hospitalization, facility outbreak)	Low	Medium	High	High	High	
4 = Major (Permanent injury, medical treatment required)	Low	Medium	High	High	High	
3 = Moderate (Semi-permanent injury, medical treatment required)	Low	Low	Medium	High	High	
2 = Minor (short term injury, first aid treatment required)	Low	Low	Low	Medium	Medium	
1 = Negligible (No injury, no treatment required)	Low	Low	Low	Low	Low	
Risk Assessment Summary	Resident is unvaccinated. Resident is wearing a mask while out of facility. Potentially unvaccinated individuals at Bingo. Able to socially distance.  Risk level: Low					
	Monitor resident for symptoms. Consider testing (PCR or POC) weekly. If symptoms, place resident in quarantine and test for COVID-19. Mask use and socially distance while in facility when around other residents.					
Completed by and date completed:	<u> </u>					

#### Resources

- Nursing Home COVID-19 Infection Control Assessment and Response (ICAR) Tool Facilitator Guide, version 3.0 (cdc.gov)
- Appendix PP November 22, 2017 (cms.gov)





## Thank you!

Join us next week on Wednesday, March 23, 2022.

This material was prepared by Mountain-Pacific Quality Health, a Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-MPQHF-AS-NH-03/22-115