Neighborhood Assistants Pilot: A Program Evaluation of Person-Centered Staffing

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Background & Purpose

The purpose of this study was to pilot test and evaluate an innovative staffing approach called the Neighborhood Assistant (NA) at the Francis E. Parker Memorial Home. Parker found that because many of their nursing home (NH) residents had high acuity, it was difficult for direct care staff to spend non-task time with residents. Supervisory and direct care staff partnered to develop the NA role. The NA would not be required to be a Certified Nursing Assistant (CNA) since the focus of that role would be to complete non-personal care tasks (e.g., putting laundry away, making beds) and thus freeing up more time for the CNA to engage with residents in person-directed ways. The goal of the program was to support the CNAs by empowering them to partner with the NA to regain person-centered moments with residents. The program was structured so that the NA had a defined role, but did not have a specific resident assignment like the CNAs. This allowed the NA to be available to assist the residents, CNAs and nurses as needed, while still completing tasks which reduced task-related workload for the CNAs, and benefited the entire neighborhood.

Objectives and Innovations of the NA role included:
  » Assist with non-person-centered tasks (filling water pitchers, folding laundry) in order to allow CNAs more opportunities for engaging residents (e.g., engaging in meaningful conversations/ moments while rendering care)
  » Reach more residents and respond in a more individualized, person-directed way
  » Enable the CNAs to participate in resident/family care plan meetings
  » Support employee development goals and talent development

Outcomes of Interest:
  » Increasing social/meaningful engagement of residents with staff
  » Positively impacting resident mood/behavior
  » Positively impacting employee engagement/satisfaction
  » Increasing CNAs participation at resident/family meetings

Study Approach

To evaluate this program, a pre- and post-implementation evaluation was conducted that included employee observations, focus groups, and interviews. In Phase 1 (prior to the NA role implementation), observations of CNA work flow were conducted to identify a baseline sample of behaviors that were expected to be influenced by the NA program, such as how much time CNAs spent with residents. The NA program was implemented and a follow-up evaluation occurred six months after implementation (see Figure 1). The second phase of data collection included focus group sessions with nurses, CNAs, residents, and family members. These groups were asked to talk

about how the NA program was going and if they had any recommendations for improvements. Individual interviews were conducted with the two NAs. Observations were conducted on the same CNAs who were observed at baseline.

Figure 1. Neighborhood Assistant Pilot Study Approach

May-August 2014	**August 2014**	**Feb-May 2015**
1) Focus group sessions with CNAs and Nurses 2) Observations of work flow (CNAs/Residents)	Neighborhood Assistant Program implemented on one neighborhood with 21 residents	1) Focus group sessions with CNAs, Nurses, Family, & Residents 2) Individual interviews with 2 NAs 3) Observations of work flow (CNAs/Residents)
Phase I		**Phase II**

Findings

Table 1 displays a side-by-side comparison of CNA observation data from Phase 1 and Phase 2. Overall, we found mixed results in the percentage of time CNAs spent with residents. For example, Table 1 shows that dayshift CNAs increased the percentage of time spent with residents (from 55% to 64%) with the implementation of the NA position while evening shift CNA's time with residents decreased after implementation (from 77% to 62%). Longer observation periods would have likely led to more stable results, but were not economically feasible.

Table 1. Phase 1 and Phase 2 Comparison of CNA Time Spent with Residents (rds) Overall and by Shift

Phase 1		Phase 2	
Overall		**Overall**	
Avg. total time observed	59 minutes	Avg. total time observed	60 minutes
% of time CNAs spent during observation with residents	65% (range 19 – 94%)	% of time CNAs spent during observation with residents	63% (range 47 -87%)
Amount of time spent with residents during observation	10 min 31 sec – 59 min	Amount of time spent with residents during observation	28 min 17 sec – 52 min 19 sec
Avg. # residents CNAs assisted	8 (range 3-17)	Avg. # residents CNAs assisted	6 (range 3 -11)
Day Shift CNAs		**Day Shift CNA**	
Avg. total time observed	57 minutes	Avg. total time observed	59 minutes
% of time CNAs spent during observation with residents	55% (range 19 – 78%)	% of time CNAs spent during observation with residents	64% (range 47 – 87%)
Amount of time spent with residents during observation	10 min 31 sec – 46 min 50 sec	Amount of time spent with residents during observation	28 min 17 sec – 52 min 19 sec
Avg. # residents CNAs assisted	6 (range 3 -15)	Avg. # residents CNAs assisted	5 (range 3-7)
Evening Shift CNAs		**Evening Shift CNA**	
Avg. total time observed	61 minutes	Avg. total time observed	60 minutes
% of time CNAs spent during observation with residents	77% (range 62 – 94%)	% of time CNAs spent during observation with residents	62% (range 54 – 75%)
Amount of time spent with rds during observation	36 min 54 sec – 59 min	Amount of time spent with rds during observation	32 min 13 sec – 44 min 46 sec
Avg. # rds CNAs assisted	9 (range 5 -17)	Avg. # rds CNAs assisted	7 (range 4 – 11)

In Phase 2, the NAs were responsible for delivering clean clothing to resident rooms and the CNAs were no longer observed completing this task. Just prior to lunch and dinner the NAs were observed wheeling residents to their assigned dining locations, sitting residents up for meals at tables, distributing clothing protectors, and assisting residents with wiping their hands prior to eating.

In addition, NAs were spending time in meaningful interactions with residents while performing their tasks. For example, one NA was observed taking an agitated resident for long walks off the neighborhood and in other instances spent time with agitated residents. By spending time with residents who were perceived to be 'disruptive' to the entire neighborhood, the presence of the NA helped to improve the quality of life of the whole neighborhood. The original intent of the NA program was to have the NAs help with non-person-centered tasks to allow the CNAs to have time to engage in person-centered interactions. It quickly became clear that most tasks can be completed in a person-centered way, even if it's answering call bells, assisting residents with drinks, or putting laundry away. In order to provide person-centered care, all staff need to be aware of a resident's likes and dislikes.

The focus group and interview data suggested that the quality of life of the neighborhood as a whole improved after the implementation of the NA program. We heard from the staff, residents, and family members that having the NA spend one-to-one time with residents exhibiting signs of distress, experienced by people living with dementia (i.e., vocalizations, aggressive behavior), improved the quality of life of the whole neighborhood. CNAs explained that their routines were less stressful, residents were "on-time" to meals, and residents were fed their meal closer to the time that it arrived. Family members shared that they had fewer complaints about not being able to find resident belongings. Overall, it is our assessment that the NA staffing line is an innovative staffing line that can support a NH's ability to provide person-centered care from the perspective of multiple stakeholders.

Implications

We recommend that NHs view the flexibility stemming from the combined teamwork of the NA and CNAs as being able to reach and support more residents by responding to individuals in meaningful ways. Because the NA was not restricted to a specific resident assignment they were able to assist the entire neighborhood. For example, NAs were observed assisting CNAs which reduced the CNA's time waiting for assistance from another busy CNA. The NA was also observed answering call bells and delivering messages to appropriate parties (such as the resident requesting the nurse to bring pain medication). The NA was available to take over for the CNA and spend long periods of time with residents expressing signs of distress (i.e., an agitated episode) so that the CNA could attend to other residents waiting for assistance.

Every interaction matters. We heard from residents that meaningful interactions *"are when the staff are not looking at the clock or the door of the room in hopes of hurrying away."* Families mentioned that it was the

Steps to Success

» Involve CNAs in the interviewing and hiring of NAs
» Providing ongoing training (huddles) to clarify roles and how to manage competing priorities
» Provide education for all staff working with people with dementia
» Have the NA shadow a CNA for a full shift first to gain an understanding of routine and culture of neighborhood
» Support CNAs with continuing education on the topic of mentorship
» Have the CNA or NA attend care planning meetings to send message that their voice is important and for the team to share successful strategies for interacting with resident
» Integrate resident preferences into actionable steps for direct care workers

"little things" that made them more satisfied with their loved one's care. For example, CNA behaviors during interactions with residents such as talking, smiling, patting the resident's shoulder, and hugging were all meaningful to family members. The key is demonstration by staff that they personally know and understand a resident's preferences and meaningful moments, as unique from others.

During our follow-up data collection, we heard that the nursing staff were less stressed in their roles with the addition of the NA program. The nursing staff felt their improved moods had an effect on the residents. CNAs felt they weren't as rushed to complete all their duties and that they did have more time to have meaningful interactions with those whom they cared for. The NAs shared that an important aspect of their role was to provide meaningful interactions with the residents. Their role allowed them time to talk with residents who were sitting in the hallway, or to talk to residents in their room when they were delivering laundry. The NAs also shared that the one-to-one time spent with residents to reduce their distress had a positive impact on the entire neighborhood. The NAs discussed that consistently working on the same neighborhood allowed them to learn about the residents' preferences and enabled them to provide better services.

The NA program implemented at Parker had many positive outcomes. It differed from other approaches such as hiring an additional CNA to the neighborhood who would take on a resident assignment. Adding another CNA to take on a resident assignment would have reduced the number of residents each CNA had to care for during a shift and reduce overall CNA workload. However, the benefit of having one key person available to assist everyone on the unit and all the benefits associated with the program as we have outlined would have been lost.

We recommend that NHs track outcomes that are not directly linked to the NA program. Family satisfaction, resident satisfaction, safety (i.e., falls), and behavioral disturbances were all qualitatively mentioned as outcomes affected by the addition of the NA staffing line.

Resources

www.nursinghometoolkit.com is a resource for nonpharmacologic approaches for addressing behavioral and psychological symptoms of dementia. Many of the evidenced based approaches included in the toolkit are person-centered in nature.

Acknowledgements

To download the full report, scan the QR code with your mobile device
or go to: http://bit.ly/2f5mMDP

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