



Meadowlark Hills


**HOUSEHOLD STAFFING MODEL:
ENHANCING RESIDENT-DIRECTED CARE
WITH INTERDISCIPLINARY STAFFING IN A
FISCALLY FEASIBLE MANNER**



Household Staffing Model

Presenters


- ▣ **Jayne Minton**
 - Support Services Director
 - HR Leader
 - Household Coordinator
- ▣ **Chris Nelson**
 - Finance Director
 - Controller
 - Staff Accountant



Household Staffing Model


Session Description

As more long-term care organizations transition into the household model and focus on the culture within their organizations, initial focus on building team and empowering staff is paramount. Stable and active staffing enhances an organization's ability to live its culture and fulfill its mission. At the same time, household teams must be based on a financially feasible model to preserve the long-term sustainability of the organization. This session will discuss a household staffing model that has enabled Meadowlark Hills to better deliver resident-directed service. The Household Coordinator role will be a focal point of the discussion.

 **Household Staffing Model**

Outline

- ▣ Meadowlark Hills... Who we are.
- ▣ Objective #1: Develop consistent staffing patterns.
 - Basic staffing model: roles of team members
 - Training & skills checklists
- ▣ Objective #2: Discuss the role of the Household and Clinical Coordinator.
 - Job descriptions
 - Skills required, training, & role/team development

 **Household Staffing Model**

Outline

- ▣ Objective #3: Discuss the financial components of this staffing model.
 - Hours per resident day
 - Reporting Tools
 - Wage structure
- ▣ Benefits of the model
- ▣ Q&A and Evaluations

 **Household Staffing Model**

Meadowlark Hills... Who we are.

- ▣ Meadowlark Hills is a not-for-profit CCRC located in Manhattan, KS
- ▣ Founded by six local churches in 1975
- ▣ Independent Living opened in 1980
- ▣ Healthcare opened in 1982
- ▣ Special Care opened in 1985

 **Household Staffing Model**

Meadowlark Hills... Who we are.

- Expansion in 2001 included
 - 50 IL Apartments and 25 IL Duplexes
 - 24 AL Apartments
 - 14 AL Memory Support Apartments
 - Transition to Household Model in Healthcare



 **Household Staffing Model**

Meadowlark Hills... Who we are.

- Expanded again in 2008
 - 2 Healthcare Houses, 1 of which is our transitional care house
 - 2 IL Duplexes
 - Physician Practice
 - Community Center



 **Household Staffing Model**

Meadowlark Hills... Who we are.

- Currently:
 - 164 IL Apartments/Duplexes
 - 2 AL Houses
 - Miller - 24 Apartments
 - Tinklin - 14 Memory Support Apartments
 - 7 Healthcare Houses
 - 4 LTC Houses (80 beds)
 - 2 Special Care Houses (33 beds)
 - 1 TC house (21 beds)



 **Household Staffing Model**

Meadowlark Hills... Who we are.


▣ **Currently:**

- Home Health Agency
- Physician Practice
- Outpatient Therapy
- Parkinson's Program
- Fitness & Massage Services
- Restaurant & Pub
- Grosh Cinema




 **Household Staffing Model**



 **Household Staffing Model**


Objective #1

Develop consistent staffing patterns

 **Household Staffing Model**


Objective #1
Develop consistent staffing patterns.

- ▣ Roles of each team member
 - Homemaker
 - Enrichment Aide
 - CNA
 - CMA
 - Household Nurse
 - Clinical Coordinator
 - Household Coordinator

 **Household Staffing Model**

Objective #1
Develop consistent staffing patterns.

- ▣ Training Grids & Skills Checklists
 - Each role is trained on every role within the house up to their certification level so each person can perform all of the tasks their certification allows.
 - Examples of Training Schedule:
 - CNA
 - Household Nurse
 - Skills Checklist



Household CNA Training Schedule:

Employee: _____ Household: _____ Date: _____

Homemaker Training w/ CDM, Homemaker Guide	Homemaker Training	Enrichment Aid	CNA Training	CNA Training	CNA Training	Household Orientation
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Preceptor: _____	Preceptor: _____	Preceptor: _____	Preceptor: _____	Preceptor: _____	Preceptor: _____	Preceptor: _____
Employee Initials: _____	Employee Initials: _____	Employee Initials: _____	Employee Initials: _____	Employee Initials: _____	Employee Initials: _____	Employee Initials: _____
Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____

1st TB Start Date: _____ 1st TB Read Date: _____ 2nd TB Start Date: _____ 2nd TB Read Date: _____

Company Orientation: _____

Person File: _____

90 Day Self-Evaluation Due Date: _____

Mandatory Services Required by due date: Hazardous Communication, HPAI, Infection Control, Residents Rights, Lock Out/Tag Out, Prevention of ABE
(All other in-services are due according to due date posted on Medline University)

Meadowlark Hills
Household Nurse Training Schedule

Employee: _____ Household: _____ Due Date: _____

Homemaker Training	CNA Training	CMA Training	CMA Training	Enrichment Aid	AOD Training	Household Orientation
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Preceptor: _____	Preceptor: _____	Preceptor: _____	Preceptor: _____	Preceptor: _____	Preceptor: _____	Preceptor: _____
Employee Initials: _____	Employee Initials: _____	Employee Initials: _____	Employee Initials: _____	Employee Initials: _____	Employee Initials: _____	Employee Initials: _____
Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____

Nurse Training	Nurse Training	Nurse Training	Nurse Training	Nurse Training	Total
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Minimum 48 Hours
Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Nurse Training
Preceptor: _____	Preceptor: _____	Preceptor: _____	Preceptor: _____	Preceptor: _____	Employee Initials: _____
Employee Initials: _____	Employee Initials: _____	Employee Initials: _____	Employee Initials: _____	Employee Initials: _____	Clinical Coordinator Initials: _____
Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____	Preceptor Initials: _____	

1st TB Start Date: _____ 1st TB Read Date: _____ 2nd TB Start Date: _____ 2nd TB Read Date: _____

Company Delegation: _____

Person Note: _____

90 Day Self Evaluation Due Date: _____

Medicare Services Required by due date: Hazard Communication, HIPAA, Infection Control, Residents Rights, Latex/Drug Out, Prevention of AUE (all other in-services are due according to due date posted on Meadline University)

Meadowlark Hills
MEADOWLARK HILLS
RN and LPN SKILLS CHECKLIST

NAME/POSITION: _____ DUE DATE: _____

SKILL	Date Completed	Percent Entered (%)	Skill demonstrated (%)	Employee Initials	Preceptor Initials
Homemaking					
Proper Food Temperatures and Recording*					
Resident Preference Book*					
Almond Consistency Diet*					
Diet and					
Mechanism of Soft					
Thickened L. Liquids					
Clear Diet Sheets*					
Decussating P.O. Intakes*					
Testing Microscope*					
Physical Assessment					
Vital Signs and Weight					
Proper Body Positioning					
Vaccinations (includes technique)					
Initiating an interview					
Appropriate types of collection tubes					
Transport of specimens					
Completion of lab requisition					
Reporting of lab results					

Notification of Significant Change to Physician					
Obtaining and Recording Weights					
Weekly					
Monthly					
Move-in					

*To be reviewed with Homemaker guide or Certified Dietary Manager.


RN/LPN SKILLS CHECKLIST, continued

Comments: _____

I verify that I have completed the Nurse Skills Checklist. I realize that I am held responsible for all subject matter contained on the checklist.


Employee Signature/Date _____ Clinical Coordinator Signature/Date _____

Preceptor Initials Preceptor Name Preceptor Signature

 **Household Staffing Model**

Objective #2

Discuss the role of the Household & Clinical Coordinator

 **Household Staffing Model**


Objective #2

Discuss the role of the Household & Clinical Coordinator.

▣ **Job Description: Household Coordinator**

POSITION SUMMARY

The Household Coordinator facilitates a self-lead team, ensures compliance within the allocated budgets, and emphasizes a high quality of care through appropriate staffing models, and increased involvement of daily life activities within the household. The Household Coordinator ensures, with the clinical coordinator, that each resident receives daily nursing care and other desired services in accordance with the resident's assessment, choices, and care plan. The Household Coordinator also leads housekeeping, laundry, nutritional, and the social and recreational services directly affecting the residents' environment, assuring that the household is maintained in a clean, safe, comfortable, and orderly manner. Such leadership must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility to ensure that the highest degree of quality care is maintained at all times. The Household Coordinator leads by example, maintaining a professional work relationship with the household team and residents, and remains knowledgeable of residents' responsibilities and rights, including the right to determine their own preferences.

 **Household Staffing Model**


Objective #2

Discuss the role of the Household & Clinical Coordinator.

▣ **Job Description: Household Coordinator**

Essential Job Functions

- Facilitates and leads the household team while supporting a self-lead team.
- Facilitates healthy relationships within the household and rest of organization; serves as a resource to team members, families, and residents alike while being a resource to other households and service areas.
- Leads household within the allocated budget (billing processes, payroll variance reports, expense and revenue budgets).
- Ensures proper household team education and competencies, (in-services, trainings, caretracker, homefree, culture, and guide positions) as well as ensures policies, procedures and operations in the household are followed in compliance according to federal, state, local, and Meadowlark Hills regulations.
- Maintains a high quality of care through appropriate team models (self-scheduling, staff retention and development).
- Performs leadership responsibilities including but not limited to: planning, delegating, and directing work. Coaches, teaches, and trains household team members. Addresses complaints and resolves concerns. Participates in team problem solving methods, and mediates conflict resolutions concerning household team members, residents, and family members as needed.


 **Household Staffing Model**

Objective #2
Discuss the role of the Household & Clinical Coordinator.

▣ **Job Description: Household Coordinator**

Essential Job Functions (continued)

- Conducts performance evaluations, providing timely feedback through coaching and counseling, celebrating individual and team success.
- Maintains working relationships and promotes residents' well-being, and advocates for resident and family preferences through clear and effective communication.
- Observes the status of residents as necessary, recognizes early signs of changing conditions, and alerts clinical team members immediately.
- Maintains a safe, comfortable, and functional home environment by assessing the household for potential hazards, encouraging continuous quality improvement.
- Supports representation of household team on all appropriate councils, including sending a representative when unavailable themselves, investigates and reports all incidents and accidents, observes the team for safe work habits, and addresses needs and concerns.


 **Household Staffing Model**

Objective #2
Discuss the role of the Household & Clinical Coordinator.

▣ **Job Description: Household Coordinator**

Essential Job Functions (continued)

- Responsible for staff scheduling processes within the house and for staffing processes including but not limited to hiring, terminating, communication with Human Resources for staffing needs, posting positions, etc.
- Uses confidentiality and proper chain of command when passing along information, changes, or concerns of residents.
- Personally responsible and held accountable for following Meadowlark Hills' mission and values while maintaining and living out our philosophy of person centered care - person first.


 **Household Staffing Model**

Objective #2
Discuss the role of the Household & Clinical Coordinator.

▣ **Job Description: Clinical Coordinator**

POSITION SUMMARY

The Clinical/MDS Coordinator provides clinical leadership to the households ensuring that the mission, vision, and values of the organization are supported through the clinical services given. The Clinical/MDS Coordinator participates in planning, organizing, directing and facilitating the operations of the household, ensuring regulatory compliance while nurturing a person-centered and resident-directed culture. The Clinical/MDS Coordinator ensures timely and accurate coordination and completion of the MDS (Medical Data Set) and care plans. The Clinical/MDS Coordinator provides each resident with professional licensed nursing assessments and evaluations, works with Household Coordinators and coordinates their care with other household team members.


 **Household Staffing Model**

Objective #2
 Discuss the role of the Household & Clinical Coordinator.

▣ **Job Description: Clinical Coordinator**

Essential Job Functions

- Responsible for all clinical leadership, clinical outcomes and functions in the household. Guides the care planning process ensuring all residents' needs and preferences are addressed in his/her plan of care.
- Guides the RAI process by working with all disciplines to ensure accurate, timely, and complete record keeping.
- Ensures the household team is providing medical treatment in a manner that honors resident preferences and individuality. Ensures all resident rights are upheld, including the choice of when and how medications are administered.
- Assures that all documentation, medication administration, nursing care, safety, sanitation, team development, RAI processing, materials management, CQI, and resident rights are in compliance with Meadowlark Hills' standards.


 **Household Staffing Model**

Objective #2
 Discuss the role of the Household & Clinical Coordinator.

▣ **Job Description: Clinical Coordinator**

Essential Job Functions (continued)

- Provides leadership to the clinical team from all households on specific areas of clinical accountability; specific accountability may include infection control, safety, wound management, falls, RAI processing, or other areas as determined by nurse council.
- Guides household clinical team to ensure proper hiring, orientation, training, clinical competency, coaching, educating, counseling and performance evaluations are maintained in a manner supportive of team and professional standards of practice, while providing productive feedback.
- Assures regulatory compliance by encouraging appropriate record keeping and charting in all households and by maintaining appropriate files to document compliance in specific areas of clinical accountability.
- Guides the clinical component of continuous quality improvement in the household with support of a systemic approach to quality care. Ensures that all households participate in quality improvement measurements, addressing issues and concerns, and following up in a timely manner.
- Performs professional audits and observations to confirm the competency of all household guides and household team members.


 **Household Staffing Model**

Objective #2
 Discuss the role of the Household & Clinical Coordinator.

▣ **Job Description: Clinical Coordinator**

Essential Job Functions (continued)

- Partners with Household Coordinators for leading the team.
- Encourages all household team members to support organizational fiscal responsibility through efficient and effective use of all resources in the household, including maintaining clinical staffing and supply budgets within planned expenditures.
- Assures that all clinical policies and procedures of the household are maintained. Interprets and communicates objectives to all in the household as needed, with an emphasis on resident and family relationships.
- Supports meeting all resident and household needs by actively assisting (to the extent of cross training and certification) in all tasks to meet identified needs. Able to embrace individualized methods if best suited for resident needs.
- Demonstrate to all household team members, residents, and family that the organization is committed to the creation of the pleasures and daily life expected of home. Understands that quality care is enhanced with quality of life in the household.


 **Household Staffing Model**

Objective #2
Discuss the role of the Household & Clinical Coordinator.

▣ **Job Description: Clinical Coordinator**


Essential Job Functions (continued)

- Sees leadership of the household team as a role of service, rather than one of authority. Seeks to support team member's ability to succeed. Willing to do any tasks needed, including those that may seem menial or unpleasant. Advocates for resident preferences when communicating with physician or other medical personnel.
- Oversee residents' changing medical needs and able to act swiftly without regard to amount of time or effort it will require. Recognizes early signs of changing conditions and uses all available and appropriate resources to resolve needs.
- Uses confidentiality and proper chain of command when passing along information, changes, or concerns of residents.
- Personally responsible and held accountable for following Meadowlark Hills' mission and values while maintaining and living out our philosophy of person centered care - person first.

 **Household Staffing Model**

Objective #2
Discuss the role of the Household & Clinical Coordinator.

- ▣ **Skills we look for when hiring**
- ▣ **Training & Orientation**
- ▣ **The Household & Clinical Coordinator partnership**
- ▣ **Household team development**
- ▣ **Organizational development of Household and Clinical Coordinator teams**

 **Household Staffing Model**

Objective #3
Discuss the financial components of this staffing model

Meadowlark Hills Household Staffing Model

Objective #3
Discuss the financial components of this staffing model.

- ▣ Hours Per Resident Day (HPRD)
 - Total Hours Worked/Total Residents
 - Example:
 - 20 Residents in House
 - 3 Aides and 1 Nurse on all shifts
 - 96 hours (4 staff x 24 hours) / 20 residents = 4.80
- ▣ Factors to Consider
 - Area of living and the needs of the residents in those areas
 - Size and physical layout of houses

Meadowlark Hills Household Staffing Model

Objective #3
Discuss the financial components of this staffing model.

- ▣ Census Staffing
 - Required in order to keep the HPRD at budgeted levels in times of lower census
 - Organizational decision
 - Impact on staff morale/turnover and resident life
 - Use of staffing grids to simplify for staff member responsible for scheduling
 - Breakdown for each specific shift at each census level

Meadowlark Hills Household Staffing Model

Objective #3
Discuss the financial components of this staffing model.

- ▣ Basis census staffing grid

	Hours Per Day				
# of Residents	20	19	18	17	16
CNA	24.0	22.5	21.0	19.5	18.0
CMA	24.0	22.5	21.0	19.5	18.0
Homemaker	24.0	22.5	21.0	19.5	18.0
Nurse	24.0	24.0	24.0	24.0	24.0
Total	96.0	91.5	87.0	82.5	78.0

	HPRD				
# of Residents	20	19	18	17	16
CNA	1.2	1.2	1.2	1.1	1.1
CMA	1.2	1.2	1.2	1.1	1.1
Homemaker	1.2	1.2	1.2	1.1	1.1
Nurse	1.2	1.3	1.3	1.4	1.5
Total	4.8	4.8	4.8	4.9	4.9

Meadowlark Hills Household Staffing Model

Objective #3
Discuss the financial components of this staffing model.

- ▣ Payroll Reporting
 - Largest expense for any organization so it is important to know where you stand on a daily, weekly, monthly basis.
 - Example

6/19/2015 Horstead Variance Report Meadowlark Hills

Enter Pay Date: 8/7/15
Pay Period: 7/19/15 to 8/1/15

Budgeted Hours: 1,323

WPRD (Census) Adjustment: 294
Maximum Resident Days: 284
Actual Resident Days: 284
Variance: (10)

Total WPRD (Census) Adjustment: (45)

Adjusted Budgeted Hours: 1,278

Total Productive Hours From System Report: 1,358.00

Total Hours Unfavorable to Budget: (80.00)

Reasons for Unfavorable Budget Variance	
Explanation	Hours
New Hire Nurse Training for Mary Smith	40.00
New Hire CMA Training for Bob Lee	20.00
All House Staff Meeting (20 Staff @ 1 Hour)	20.00
Total Hours	80.00

Overtime Hours	
Budgeted OT Hours	Actual OT Hours
43.8	45.0
	Unfavorable (1.2)

Time Off With Pay Hours	
Budgeted TOP Hours	Actual TOP Hours
59.5	45.0
	Favorable 14.5


Adjusted Budget Variance = Favorable -

Plan of Correction for Unfavorable Hours:

Meadowlark Hills Household Staffing Model


Objective #3
Discuss the financial components of this staffing model.

- ▣ Strategies
 - Stand by scheduling for call-offs / no-shows
 - ▣ PRN usage
 - ▣ Avoid overtime
 - ▣ Avoid paying higher wage position for role needed
 - Use Household & Clinical Coordinators to fills shifts
 - Consistent staffing – proactive hiring practices

 **Household Staffing Model**


Objective #3
Discuss the financial components of this staffing model.

- ▣ **Wage structure for Household & Clinical Coordinators**
 - Base Pay
 - Area of Living
 - Assisted Living
 - Healthcare (Long-Term Care)
 - Assisted Living Memory Support
 - Transitional Care
 - Healthcare Memory Support
 - House Differential
 - Years of Service

 **Household Staffing Model**

Benefits of This Model

- ▣ **Universal Worker Concept**
 - Re-allocation of job duties and positions
 - Housekeeper, Activities Aide, Restorative Aide, Cooks
 - Affect on household culture
- ▣ **Self-Led Teams**
 - Empowered to make decisions
 - Leadership teams
- ▣ **General Financial Performance**
 - Quality of care and service leads to high resident/family satisfaction
 - Equals higher occupancy rates
 - Rates

 **Household Staffing Model**

Questions & Evaluations
