


Increase Engagement and Retention through Scheduling

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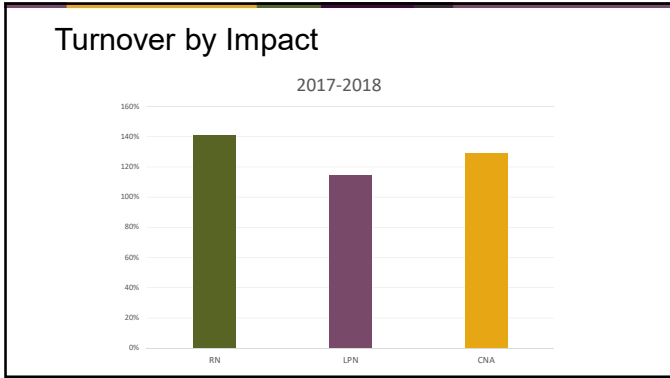
Turnover Stats Are Public

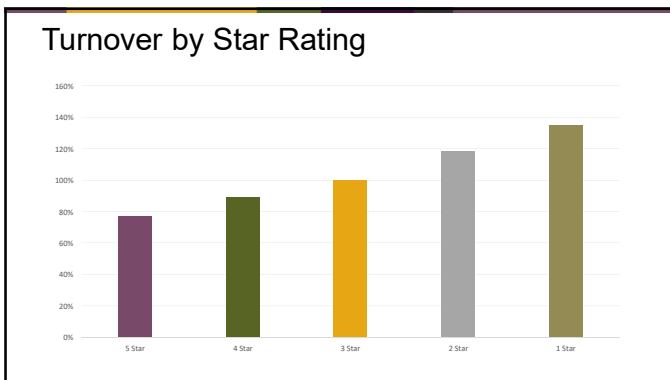
- Care Compare posts turnover data
 - Percent of RN staff
 - Percent of total nurse
 - Number of administrators
- Included in star ratings in July 2022

Turnover by Headcount

Total staff **51.6%**

RN staff **49.9%**





What It Costs

\$2,200

Estimated direct cost of replacing a CNA

What It Costs

\$2,000	\$30,000
Direct Cost	Total Cost

10% reduction in turnover can save 3% of total costs

Vacancies

19%	23.5%
2018	2020

1 in 3 limit admissions due to caregiver vacancies
Occupancy could increase 15% if positions were filled

Competition

In all 50 states and D.C. direct care worker wages are lower than other occupations with similar entry-level requirements.

-PHI, 2019

Competition

50% feel they are unable to compete with non-healthcare employers

64% report that staff left caregiving positions to work in non-healthcare settings

Engagement Matters

Engaged Employees

18%

Turnover Rate

3.2

Days Absent

Disengaged Employees

40%

Turnover Rate

4.2

Days Absent

CNA Turnover

Pay and benefits

Workload and short staffing

Poor working conditions

Work schedule not meeting needs

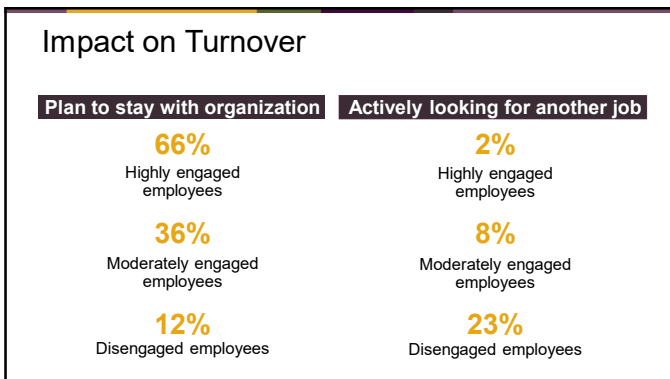
Lack of appreciation

No control over job performance









High Impact Changes

- Organizational support
- Social exchange
- Employee empowerment
- Scheduling



Analyze Your Turnover

- What groups are most affected?
 - Is it the certified nursing assistants (CNAs)?
 - Is it the licensed nurses?
- What are the patterns of turnover?
 - How long after hiring does turnover occur?
 - Are there particular units or shifts or even supervisors with high rates of turnover?

Assess Your Environment

- Does staff work together to cover shifts when someone can't come to work?
- Is staff cross-trained, such as housekeeping trained to provide feeding assistance or CNAs trained to provide activities?
- Is staff, other than activity and management staff, involved in planning social events?
- Do CNAs take part in quality improvement teams?
- Do CNAs know when a resident's care plan has changed?
- Do you give bonuses, raises, or rewards to CNAs who receive extra training or education?
- Do you permit CNAs to choose which residents they care for?

Culture change

New practices & programs

New approaches to current practices
(like scheduling)



Changed Behavior & Expectations



* Graphic from Gallup

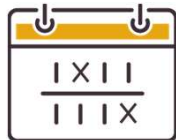
Why change scheduling?

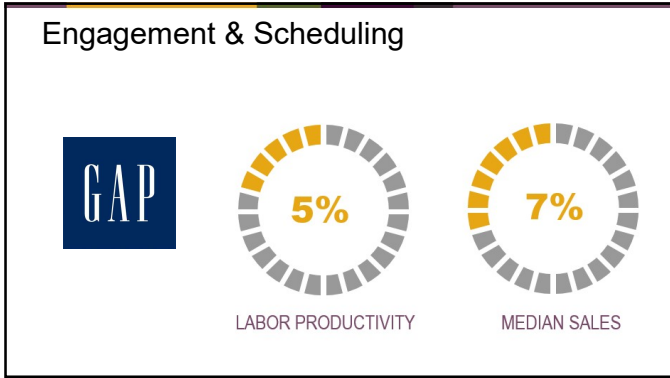
Demonstrate support

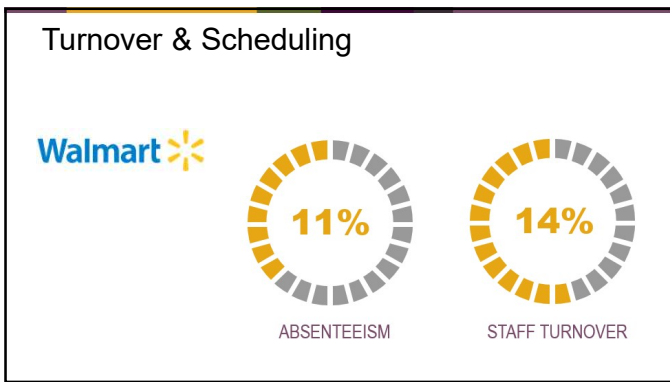
Allow self direction

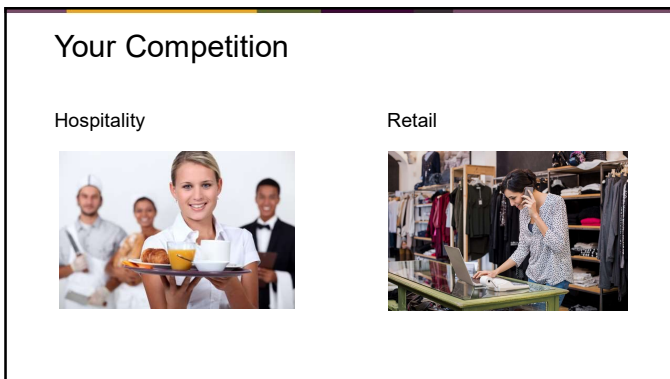
Facilitate communication and
coworker support

Your competition is already doing it









Adapt What Works

- Predictable schedules → Automate core schedules
- Self scheduling → App for employees
- Shift trades, RTO → Easy manager approval

Tech makes it doable

What Is Your Environment?

RN/LPN/CNA

- Offer fixed/predictable schedules
- Automate fixed/predictable schedules
- Schedule to preferred work times
- Automate schedule preferences
- Allow shift trades
- Automate shift swaps
- Offer self scheduling
- Automate self scheduling

Impact for Hourly Workers



Impact for Managers



Assessing Staff Capabilities & Needs

Tech savvy workforce

Mobile users

Text interaction



Organizational Support

Technology enabled workplace

Computer access at work

BYOD

Investment and budget

Training



Scope Your Project

Evaluate current scheduling technology and methods

- Messaging
- Self scheduling
- Trading
- Absence replacement
- HPRD coverage



Scope Your Project

Goals v. Resources

- Timeline
- Budget



Scope Your Project

Total picture for ROI

- Engagement / retention / turnover
- Compliance with Fair Workweek / Predictive Scheduling laws



