

## Long-Term Care Survey Alert

### Management Strategies: NADONA Forum Tackles DON And Staffing Shortage

**Panel members provide insightful ideas on how to cope.**

High DON turnover and the ongoing staffing shortage costs a nursing facility in many ways, including a higher potential for poor quality outcomes and survey woes.

Industry nursing leaders tackled the growing DON turnover and shortage during a panel discussion at the June **National Association of Directors of Nursing Administration in Long-Term Care (NADONA)** in Cincinnati.

A constant sense of lack of staffing is one of the key indicators of DON turnover, panel members noted. DONs also report a constant state of being overwhelmed. In a spirited exchange, panel members and conference participants proposed some ways for DONs to stay on the job and deal with the staffing shortage:

**Stop the practice of banishing DONs and administrators after a poor survey.** That just leads to a whole new training cycle and it needs to end, emphasized **Robin Storey**, director of program development and quality improvement at **BJC Healthcare** in St. Louis, MO.

**Realize that power is where the money is.** DONs need budget authority, stressed **Irene Fleshner**, senior VP, clinical practice at **Genesis Health Ventures** in Pennsylvania. DONs must identify the systems they need to support them in their role, she added. If you don't have what you need, you can't stay in a job even if you're strong and a great multi-tasker, she cautioned. For example, facilities that have a staffing coordinator and scheduling systems can take that burden off the DON from shift to shift.

**Implement clinical ladders** to allow professional nurses and CNAs to move up without leaving patient care for administration. If you need someone to be a wound specialist, train a nurse in-house, Fleshner suggested. Put nurse level 1, 2, 3 on the name tag. People like the recognition.

**Grow your own CNA and nursing staff.** Develop a pool of people whom you train to be CNAs, including volunteers from area high schools. And if you have CNAs with potential, send them to nursing school or make it easy for them to attend, Fleshner advised. Pay for continuing education courses before people take them.

**Let go of the need to control and learn to delegate.** Let others share the autonomy and accountability, suggested one panel member. Ask front-line staff to help write the policies as they know and are vested in the issues at hand. Allow staff nurses to have influence and control over their practice.

**Avoid a popcorn style of management.** Decide three things that need to get done that day rather than pages of things, suggested **Joyce Smith**, senior VP, director clinical services at **Manor Care based in Toledo, OH**. Focus on the 20 percent of residents most at risk. If you do your best by them, the rest will follow, Smith said.

**Inspect what you expect.** Get out on the floor and see what kind of care is being provided.

**Set your standards high.** Have faith your staff will meet them.

**Get training in conflict resolution in a shrinking labor pool.** DONs can become reluctant to challenge someone out of fear of losing the person even though they know the person isn't right for a particular job or pulling her weight.

**Listen to the behavior of your staff and residents.** Ask then listen. Don't wait for staff, residents and families to tell you what's wrong, Smith suggested. Recognize that the CNAs (or residents and families) may be your teacher.

**Don't immediately jump to the geographical solution when confronted with tough problems.** Stop, think and collaborate with fellow DONs and facility administrators before deciding things are unmanageable and moving on to the next facility, panel members suggested.

The panel also emphasized that they're less concerned with whether DONs stay with one of their organizations than they are with keeping experienced DONs in long-term care. The panel members have, in fact, formed an informal group of about 20 providers to address what they call long-term care opportunities, including standardization of systems in facilities. We need a collaborative approach and standardized systems to encourage people to stay in long-term care, said **Jennifer Kulla**, senior VP of **Mariner Health Care based in Atlanta**. Were all clinicians and we should sing the same song, she concluded.