



Staff Educational Training Program and Toolkit

Workforce Development



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Introduction

Overview of the Problem

Nursing facilities have struggled to recruit and retain high quality staff, particularly direct care staff, for decades. Turnover rates remain high for direct care staff, including Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and Certified Nurse Aides (CNAs).

The Texas Center for Nursing Workforce Studies (TCNWS) was created by the Texas Legislature to research Texas' nursing workforce and provide data on the findings. One component of the Center's research is the Long Term Care Nurse Staffing Study (LTCNSS).¹ For the 2017 study, survey packets were mailed to 1,213 nursing facilities in Texas. The survey opened in April 2017 and remained open for responses through July 2017, with a total of 439 facilities responding. Table 1 is a summary of the data related to vacancy and median turnover rates for specific positions.

Table 1: Direct Care Staff Vacancy and Median Turnover Rates 2017

	Vacancy Rates	Median Turnover Rates
Direct Care RNs	18.9%	50.0%
Direct Care LVNs	9.6%	52.6%
Direct Care CNAs	10.4%	65.5%

The study also collected data related to turnover at the Director of Nursing (DON) level:

- Over 40 percent of the DONs had held their position for less than one year.
- Another 25 percent had held their position for between one and two years.
- The most commonly cited reasons for DON turnover were staffing issues and exhaustion/burnout.

Impact of the Problem

When discussing staff turnover, the focus is often on the financial costs. According to the LTCNSS report, many facilities (over 80 percent) reported using voluntary overtime as an interim staffing solution, and about 18 percent reported using temporary staffing agencies. Those practices resulted in over 424,000 hours of interim staffing in the facilities that participated in the survey, at a cost of nearly

¹ Texas Center for Nursing Workforce Studies. Long Term Care Nurse Staffing Study, 2017. <https://dshs.texas.gov/chs/cnws/Home-Health-and-Hospice-and-Long-Term-Care-Survey-Reports/>

\$7.5 million. According to another study,² a facility with a marginal staff turnover rate of about 10 percent could experience cost savings of over \$167,000 (or 2.9 percent of annual total costs).

But the financial cost is only one aspect to consider. Castle, et al. identified an association between staff turnover levels and the quality of care provided to residents.³ Multiple studies have confirmed that high turnover rates increase the risk for adverse resident outcomes, including:

- Pressure injuries;
- Healthcare acquired infections;
- Falls and fall-related injuries; and
- Hospital readmissions.

In addition, high turnover rates can lead to issues with staff morale, burnout, and increased potential for worker injuries, as well as resident dissatisfaction and ill-will. All of these can contribute to future liability for a nursing facility.

Reason for the Toolkit

To recruit and retain quality staff, nursing facilities must address all areas of the process, including an evaluation of their current recruitment and retention practices. Nursing facilities must also consider the importance of an effective staff training and development program that includes opportunities for ongoing learning, as well as competency evaluations.

This toolkit will provide NF staff with information and resources for creating an effective workforce development program that addresses those areas. Facilities will be able use this toolkit to evaluate their current recruitment, retention and staff education processes, identifying areas that need improvement and resources that can help the facility strengthen the program.

² Mukamel, D., Spector, W, Limcango, R., Wang, Y., Feng, Z., Mor, V. (2009); The cost of turnover in nursing homes. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2761533/>

³ Castle, N., Engberg, J., Men, A. Nursing Home Staff Turnover: Impact on Nursing Home Compare Quality Measures, 2007. Retrieved from: <https://academic.oup.com/gerontologist/article/47/5/650/718684>

Section 1: Recruitment and Retention

Recruitment

Recruitment is the process of locating and attracting sufficient numbers of qualified candidates from which the facility can select the best person for a specific position. Perhaps the facility's best tool for recruiting quality candidates is its reputation among staff, and in the community. In other words, is this facility a place where people want to work? Creating a positive work environment through leadership style and clinical expertise will have a positive impact on recruitment efforts.⁴

Strategies to consider when developing a recruitment plan:

- Don't wait until the facility is desperate for staff, remain calm and plan the search for the right people to fill vacancies.
- Take advantage of networking opportunities. In addition to traditional means of developing a pool of candidates (newspaper advertisements, etc.), talk to current staff members and encourage them to spread the word about any vacant positions. Participate in area job fairs and network with local high schools, colleges or universities to identify students who may be good candidates after graduation.
- Consider using social media or other online outlets for advertising open positions. This could include websites such as Craigslist or Facebook.
- Develop volunteer and internship programs, targeting high school and college students to introduce them to long-term care.

How does a facility stand out from others, and attract the best candidates to fill vacancies? While base pay and benefits are always important, other factors can set one facility apart from others, including:

- Staff referral bonuses. Providing current staff with the opportunity to refer candidates for vacancies and receive a referral bonus for all those who remain with the facility for a specified amount of time.
- Sign-on bonuses. Offer sign-on bonuses for new hires, to be paid once the person has remained employed for a specified period of time.
- Tuition reimbursement. Offer tuition reimbursement for employees who work for the organization and wish to further their education.
- Promote work-life balance for employees. Offer flexible shift options, such as:
 - 8, 10, or 12 hour shifts; or
 - Baylor plan – two 12 or 16 hour shifts on the weekend, and receive full time pay.
- Relocation or commuting incentives. Offering these may help the facility attract quality candidates that would not otherwise consider applying.

⁴ HHS Nursing Facility Director of Nursing Academy, 2018. Module 7: Recruitment and Retention.

- Career advancement opportunities. Developing a system of career ladders may help in recruiting and retaining quality candidates.

Facilities must be wary of filling vacancies with a “warm body.” Instead, it is important to ensure the candidate is the best fit for the position and the facility. When screening applicants, consider:⁵

- Skill match, including education, work history, skills testing and background checks;
- Job match, including critical thinking skills, personality, and the candidate’s interest in the position; and
- Organizational match, such as matching values and integrity.

Identify the other characteristics that successful applicants should possess, such as dependability/reliability, compassion, initiative, willingness to learn, honesty and loyalty.

Weigh the benefits of having applicants meet with current staff members (e.g. a panel of interviewers) or meeting one-on-one with key staff members; perhaps a conversation between current staff and potential employees, with feedback about the candidate to the hiring manager and/or human resources. Another opportunity for feedback would be asking residents, such as the resident council, to meet with the top candidates for a position.⁶

Instead of the usual interview questions – “What are your strengths and weaknesses?” or “Why do you want to work for us?”, consider other questions that target specific job-related behaviors (Behavioral Interviewing).

Table 2: Behavioral Interview Questions

Behavior	Sample Questions
Decision-making	What was your most difficult decision in the last month, and why was it difficult?
Communication	What do you think is the most important skill in successful communication?
Adaptability	Describe a major change that affected you and how you handled it.
Delegation (not as it relates to nursing practice)	How do you make a decision to delegate a task? Describe a specific situation.

⁵ Implementing Change in Long-Term Care: A Practical Guide to Transformation. Retrieved from: https://www.nhqualitycampaign.org/files/Implementation_Manual_Part_1_Attachments_1_and_2.pdf

⁶ A Radical Idea: Residents Hiring Staff. Retrieved from: <https://changingaging.org/blog/a-radical-idea-residents-hiring-staff/>

Behavior	Sample Questions
Initiative	What have you done in school or on the job that went beyond what was required?
Motivation	What is your most significant professional accomplishment?
Negotiation	Give an example of a negotiation situation and your role in it?
Planning/Organization	How do you schedule your time What do you do when unexpected circumstances interfere with our schedule?
Critical Thinking	Describe a situation where you had to make a decision by analyzing information, consider range of alternatives, and select the best one for the circumstances?
Conflict Resolution	Describe a situation where you had to help settle a conflict?
Compassion	What challenging situation did you encounter at your last job and how did you handle it?

Retention

Why do staff stay? Again, pay and benefits are important, but generally direct care staff enter the healthcare field to care for those who are unable to care for themselves. When interviewed, many employees have stated the following:

- They feel good about the work they do.
- They enjoy caring for others.
- They enjoy working with their co-workers.

Staff Satisfaction Surveys

When developing a staff retention program, one of the first steps should be an assessment of the current staff's view of the facility culture; are there any major concerns that must be addressed? Several staff satisfaction surveys are available and can be administered anonymously:

- National Nursing Home Quality Improvement Campaign: https://www.nhqualitycampaign.org/files/Staff_Satisfaction_Survey_Tools.pdf.
- Institute for Healthcare Improvement (IHI) (registration required): <http://www.ihl.org/resources/Pages/Tools/ProviderandStaffSatisfactionSurvey.aspx>.
- CMS: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/CMPRP-Toolkit2-Employee-Satisfaction-Survey.pdf>

Include an evaluation of the facility's organizational culture and leadership as well. Are employees excited to come to work? Do they know (and understand) the facility's mission and vision? Is there a feeling of team work among the leadership and staff? Other considerations include:

- Does leadership nurture, mentor, and coach employees?
- Does leadership teach and model good communication and listening skills?
- Does leadership establish relationships with the employees?
- Does leadership encourage employees to provide feedback on what works and what doesn't, without fear of retaliation?

Root Cause Analysis

After conducting staff satisfaction surveys, the facility should use that information to conduct an evaluation of staff turnover rates and complete a root cause analysis (RCA)⁷ related to any issues identified. RCA can be an early step in a Quality Assessment, Performance Improvement (QAPI) performance improvement project (PIP), helping to identify what needs to be changed to improve performance. Once those changes are identified, the steps that are followed are the same as those that would be used in any type of PIP.

Seven Steps to RCA:

Use the following steps to walk through a RCA to investigate problems/situations:

1. Identify the problem/situation to be investigated and gather preliminary information: Problems/situations can be the result of many different things. There should be a process in place to determine which problems/situations will undergo an RCA.
2. Charter and select team facilitators and team members: Leadership should provide a project charter to launch the team. The facilitator is appointed by leadership. The team members involved should be those with personal knowledge of the processes and systems involved in the problem/situation that is being investigated.
3. Describe what happened: Collect and organize the facts related to the problem/situation to fully understand what happened.
4. Identify the contributing factors: Determine what other situations, circumstances, or conditions increased the likelihood of the problem/situation.
5. Identify the root cause: A thorough analysis of contributing factors leads to identification of the underlying process and system issues (root causes) of the problem/situation.
6. Design and implement changes to eliminate the root causes: The team works together to determine how best to change processes and systems to reduce the likelihood of another similar problem/situation.

⁷ Guidance for Performing Root Cause Analysis (RCA) with Performance Improvement Projects (PIPs). <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/guidanceforrca.pdf>

7. Measure the success of changes: Like all improvement projects, the success of improvement actions needs to be evaluated.

RCA Tools:

There are many tools that can be used when conducting RCA. The tool you ultimately use depends on which one works best for the current problem/situation.

These tools include:

1. Five Why Analysis⁸: A tool to drill down to the root cause of a problem by asking “why” five times. The purpose of the 5 Why’s is not to arrive at a single root cause but to uncover as many contributing why’s as possible, as most complex healthcare problems are multifactorial.
2. Brainstorming⁹: Bringing together a group of people to jointly discuss the problem/situation in a facilitated manner. It is important that the individuals brainstorming have some knowledge about the problem/situation. It is important to encourage as much participation as possible. When facilitating brainstorming it is best to have a flip chart and markers, but it can be done with a white board and have someone take notes of what was recorded. Be sure to go around the room and ask each person to throw out an idea without having anyone else comment (positively or negatively) on the idea. The faster you move, the more the participants will add ideas and be encouraged to speak up. The wilder the better, because you never know which idea may be THE ONE that is the solution. Silent brainstorming works as well to generate ideas. Give the team a pad of paper or sticky notes and ask them to write down all of their ideas, one on each page. Collect all of the papers and work with the team to group similar ideas and confirm meanings to anything that might not be clear.
3. Fishbone Diagram¹⁰: Also known as a cause and effect diagram, this tool can be used to identify the many possible causes for a problem. Using a fishbone diagram allows for ideas to be sorted into useful categories.

Additional information and resources related to RCA are available through the Institute for Healthcare Improvement (IHI). The Quality Improvement Essentials Toolkit¹¹ can be accessed here: <http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx>. Registration is required to access the toolkit.

Creating a Culture of Respect and Fairness

Building a relationship of trust between management and staff is crucial; staff members who see their managers as fair and respectful tend to be more positive about their jobs and are more likely to continue working for the facility. Honest and

⁸ Determine the Root Cause: 5 Whys. <https://www.isixsigma.com/tools-templates/cause-effect/determine-root-cause-5-whys/>

⁹ DADS Quality Monitoring Conference April 2014. Melody Malone-Brainstorming.

¹⁰ Fishbone (Ishikawa) Diagram <http://asq.org/learn-about-quality/cause-analysis-tools/overview/fishbone.html>

¹¹ Institute for Healthcare Quality Improvement: Quality Improvement Essentials Toolkit. <http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx>

open communication is key. Make it clear to employees what administrative staff must keep confidential and why is important; effective managers keep employees “in the loop”, while not disclosing confidential information.

Creating a culture of respect and fairness is crucial to retaining staff. Among the many characteristics possessed by effective leaders, one of the most critical is the ability to “share” power with others. Consider developing collaborative processes that encourage staff to participate in decision-making whenever possible, including in scheduling, future planning and in resident care planning.

Are employees provided with the appropriate work environment, tools and resources to do their jobs? Are clear expectations set for employees, including well-developed job descriptions? Has the facility developed staff recognition and rewards programs?

A 2009 survey¹² funded by the American Health Care Association (AHCA) identified several areas that impact employees’ job satisfaction:

- Management cares about and listens to employees.
- Management helps to reduce the amount of stress on the job.
- Staff are given fair evaluations.
- Treating residents with respect.
- Ensuring a safe workplace.
- Supervisors care about the employee as a person, not just another employee.

Many of the same considerations were cited in the latest report,¹³ particularly care/concern of management, attentiveness of management, and assistance with job stress.

Know and address facility staff members by name. The facility should recognize joyful events in employees’ lives and celebrate those events (such as marriages, the birth of a child/grandchild, graduations, etc.). When a tragedy occurs in an employee’s life, acknowledge it and allow staff the opportunity to determine how they can help support the employee.

Creating a Culture of Employee Engagement and Empowerment

Developing a culture of employee engagement is necessary for attracting and retaining quality staff. Use data from staff satisfaction surveys to develop action plans, and keep staff informed on progress of those plans.

- Consider the use of an employee newsletter and/or webpage to assist in promoting management-staff communication and engagement.

¹² AHCA. 2009 National Survey of Consumer and Workforce Satisfaction in Nursing Homes. Retrieved from: https://www.ahcancal.org/research_data/staffing/Documents/MIVConsumerWorkforceSatisfaction2009.pdf

¹³ AHCA. 2011-2012 National Survey of Customer and Employee Satisfaction in Nursing Homes. Retrieved from: https://www.ahcancal.org/research_data/staffing/Documents/SNF_NationalReport2012.pdf

- Share the facility's goals and strategic plans with staff. Make a sincere effort to communicate to staff the "big picture" and how they fit into that picture.

Effective leadership means being visible to staff, regardless of shift. Conducting walking rounds can be incredibly effective; getting to know the employees, and what they need to be successful in their jobs. The purpose of walking rounds is not to catch staff performing badly, but to learn what is working, what isn't, and what ideas staff may have for improvement. Ask questions, and be 100 percent interested in the answers. This would also be an opportunity to congratulate and thank individual staff members when they are performing well.

Additional recommendations for engagement and empowerment:

- Regularly share evidence-based best practices and assist staff to incorporate them into daily care practices.
- Share all data with staff – good and bad, including clinical outcomes, satisfaction survey results, and state survey results.
- Allow staff more control over scheduling, identifying their preferred schedules and availability. Offer flexible scheduling options to allow staff to continue their education, etc.
- Honor working schedules. If changes need to be made, inform the employee ahead of time.
- Implement consistent assignment, considering the best fit between residents and staff. Avoid "overloading" staff members with higher acuity residents.
- Provide quality education and in-services to all staff. Incorporate the principles of adult learning and offer topics beyond those mandated by regulation. Use data to drive your education agenda. Use employees with subject matter expertise to participate in the training.
- Make clear investments in staff safety and discuss safety at every meeting.
- When change occurs, stand alongside the staff during the rollout, to provide responses to their questions and additional information as the changes are implemented.
- Recognition programs can be very powerful for staff. Always remember to praise in public (if the staff member is comfortable with that), but counsel and coach in private.
- Conduct employee evaluations on a timely basis. Employees should never be surprised by the information presented in the evaluation, particularly regarding improvements needed.

Managing Staff Stress¹⁴

Unrelieved stress can have many negative impacts on facility staff. When stress is not managed, it can lead to burnout – “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people work’.”¹⁵

Job-related stress factors can contribute to burnout, including heavy workloads, being understaffed, and the complexity of resident care needs. Symptoms of burnout include irritability, negativity, angry outbursts, weight changes, and chronic fatigue.

The facility should identify actions that can be taken to reduce stress whenever possible, including:

- Ensuring staff have the necessary tools, equipment, and supplies to do their jobs.
- Reducing the number of shifts worked understaffed. Offer to pitch in and help whenever possible; “All hands on deck” during the busiest time of the day can help reduce staff stress.¹⁶ This could include mealtimes, answering call bells, and being a “runner” to obtain needed supplies, etc.
- Minimizing transfers of an employee from one unit to another at the beginning of a shift. Starting on one unit and being told to move to another can be stressful.
- Providing staff with adequate training to manage resident behaviors. Give them a safe way to remove themselves from a problem situation when stress levels are becoming overwhelming, such as “take 5” – allowing staff to leave the resident in a safe situation, and take five minutes to walk around outside, or just sit and calm down before re-engaging with residents.
- Intentionally creating spontaneity and laughter on the job. Surprise the staff by creating fun and laughter at every opportunity.
- Understanding that when a resident passes away, it has an impact on the staff. Acknowledge that and allow them the opportunity to grieve.
- Decreasing the sense of an “institutional” environment. Create a home-like environment that is pleasant in which to live and work. Evaluate the employee break rooms/lounge; create an area of calm and quiet.

Have a staff Employee Assistance Program available (if possible) to assist staff in managing stress, or to help them manage other issues they may be facing.

The terms “bullying” and “nurses eat their young” describe certain behaviors that can negatively impact staff. Common examples of bullying include persistent and

¹⁴ HHS Transition to Practice Academy, 2018. Module 6: Management Concepts.

¹⁵ Maslach, C., Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour*, 2(2), 99-113.

¹⁶ B&F Consulting. All Hands on Deck: Why and How. Retrieved from:

https://d10k7k7mywg42z.cloudfront.net/assets/4e586dcccabe9d59240155d0/all_hands_on_deck.pdf

unwarranted criticism, conveying to staff members that they are incompetent, and unreasonable work assignments. Other common bullying behaviors may also include eye rolling, humiliation, withholding information, backstabbing, and failing to respect privacy.

Bullying can lead to a toxic work environment, as well as isolation, stress and decreased self-esteem of those affected by bullying. Other effects of bullying include decrease in job satisfaction, morale, productivity, and high turnover. Bullying can lead to depression, anxiety, insomnia and panic attacks.

Bullying threatens resident safety by interfering with teamwork, communication, and collaboration. Staff members who feel they are being bullied may be reluctant to stand up and advocate for their residents and voice concerns. Intimidating and disruptive behaviors such as bullying undermine a culture of safety and can increase the risk for medical errors and adverse resident outcomes.

Education is crucial; understanding the reasons for bullying and associated behaviors can help staff members realize they're capable of stopping it. Leadership can benefit from learning how to identify and curb bullying behaviors.

If an employee is being bullied, he or she must address the behavior immediately. Staff should feel encouraged to speak up. All members of the team are accountable for establishing an environment of teamwork. Bystanders should also address bullying as soon as they are witness to it. Bullying might be so ingrained in the workplace culture that the bullies may not be aware of their own behavior.

Managers must encourage staff to report bullying incidents and emphasize a zero tolerance, advocating for policies to address bullying and other disruptive and intimidating workplace behaviors.

Conducting Fair Performance Evaluations

The facility should ensure all job descriptions are up to date and in alignment with a valid, credible performance evaluation tool. The evaluator's approach going into the review process should be to coach, build the employee's self-esteem, and move the employee closer to his/her potential. The review is an exchange of information, not a report card, and is a means to an end – an honest discussion.

The goal of any performance evaluation should be no negative surprises for the employee. No employee should have to wait for an annual review to find out their work falls short of expectations. Consider implementing quarterly "mini-evaluations" to provide more timely, constructive, and positive feedback.

Allow employees to conduct a self-evaluation before the performance review meeting. Compare their self-evaluation with the formal evaluation findings and

discuss with the employee. When conducting the discussion, consider this performance review model:

- Review the past – 20 percent of the discussion;
- Analyze the present – 30 percent of the discussion; and
- Plan the future – 50 percent of the discussion.

Complete the evaluations on a timely basis. One strategy would be to announce upcoming employee anniversaries at each management meeting, with a reminder that evaluations are due.

Coaching: What Is It and Why Should I Do It?

Coaching is an essential component of any manager's job. It is a way for leadership to help staff develop certain skills, such as:

- Problem solving;
- Critical thinking;
- Effective communication; and
- Time management/prioritizing work.

Coaching offers support in resolving performance issues, while still holding staff accountable for their actions. Coaching has benefits, including increased retention, decrease in staff-to-staff conflicts, and a decrease in time spent on disciplining staff.

Key coaching skills managers should learn include:

- Active listening. An effective coach is someone who listens attentively to what is said, but also picks up on non-verbal cues.
- Self-management. Leadership must have a good sense of their own reactions when an employee shares his/her perspective and avoid demonstrating a negative response.
- Self-awareness. Understanding one's biases and presumptions is key. When coaching an employee, a leader needs to understand there may be more than one way to accomplish a task, and it won't always be the way the leader's way.
- Presenting the problem. When discussing an issue, use objective information and open-ended questions to determine problems and hold staff accountable. This is not an attack on the employee – never make it personal.

Coaching means providing frequent feedback to employees and accepting their feedback in return.

An Intergenerational Workforce¹⁷

According to the American Hospital Association (AHA),¹⁷ the healthcare industry faces shortages in workforce due to aging employees and more patients living longer. There will be generational gaps between older patients and younger healthcare providers that can adversely impact the level and quality of care provided to the patients.

For the first time in modern U.S. history, there are four generations in the workforce:

- Traditionalists (born before 1945);
- Baby boomers (born between 1946-1964);
- Generation X (born 1965 – 1980); and
- Generation Y/Millennials (born after 1980).

Staff members from different generations may bring a diverse set of values, beliefs, and expectations to the workplace. Each generation has different priorities, attitudes, communication styles, and ways of engaging with managers, colleagues, and work designs. Leaders who take advantage of these differences can create a strong, engaged, and empowered work force. For example, in general:

- Traditionalists have great respect for authority and have a deeply ingrained work ethic. They are characterized by their life-long loyalty to employers/workplace.
- Baby boomers are often defined by their job/career and are seen as “workaholics.”
- Generation X tend to mistrust authority and seek constant feedback on their performance. They prefer decision-making by consensus. When their preferences/values clash with their work, they will leave that job and pursue another.
- Generation Y/Millennials have a more relaxed (but polite) view of authority. They thrive on team work and need stimulation in their job/environment to be successful. This generation represents a degree of return to conformity seen in earlier generations (baby boomers, traditionalists).

Another generation will be entering the workforce soon, as well – Generation Z or the “Internet Generation” (those born after 2001). This generation has surpassed the size of previous generations, including millennials and baby boomers. They are more ethnically and culturally diverse and were introduced to technology at a very young age. But some researchers also see this generation as less resilient, less likely to take risks, and more likely to take offense than generations before them. This will add complexity to managing an intergenerational workforce.

¹⁷ American Hospital Association; Managing an Intergenerational Workforce: Strategies for Health Care Transition. Retrieved from: <https://www.aha.org/system/files/2018-01/managing-intergenerational-workforce-strategies-health-care-transformation-2014.pdf>

Management must understand their facility's workforce, then develop programs and policies to acquire and retain employees from different generations. Once these are established, leaders should tailor their management and communication styles to effectively leverage the differing strengths of employees from each generation. Leaders must also encourage understanding and sensitivity about any generational differences among the entire workforce.

To create high-performing intergenerational teams, leadership should consider the following strategies:

- Conducting an intergenerational evaluation to determine the organization's workforce profile and develop a comprehensive plan;
- Implementing targeted recruitment, segmented retention and succession planning strategies; and
- Developing tailored communication strategies that cultivate generational understanding and sensitivity.

"Over the next decade, many baby boomers, who are currently leading health care companies and managing different generations, will exit the workforce and utilize a large part of the health care services as patients. After their departure, millennials will fill the majority of the labor gap, and some Gen Xers and even millennials will ascend to leadership roles. This shift in patient and workforce demographics will force hospitals and care systems to build an organizational culture that develops and nurtures willing and able employees to provide excellent patient care."¹⁷

Opportunities for Advancement

Developing a career ladder for staff can be a powerful retention tool for nursing facilities. A career ladder is "a structured sequence of job positions through which a person progresses in an organization."¹⁸ A career ladder is not just something the facility offers based on an employee's time with the organization. It is a recognition of a person's competence and his/her ability to assume new responsibilities.

Nursing facilities could benefit from developing career ladders, improving efficiency and productivity among staff. Benefits include:¹⁸

- Improved retention, since career ladders can encourage employees to stay with the facility.
- Improved productivity. The potential to advance in an organization can motivate staff to perform well in their current positions, while gaining new knowledge and skills.
- Succession Planning. Career ladder programs can help the facility plan for and develop the workforce assets they will need in the future.

¹⁸ VeryWellHealth. The Advantages of Career Ladders in Long-Term Care. Retrieved from: <https://www.verywellhealth.com/the-advantages-of-career-ladders-197844>

When developing a career ladder program, the facility must identify how the program will help advance the facility's organizational goals. The program will be more effective if it is part of a well thought out workforce development initiative. The program should include:¹⁹

- Career Ladder Program: Developing the structure for the program, including the number of levels and the processes for recruiting, selecting and training of the candidates.
- Application and Selection Procedures: How will candidates apply for the program, and who will they be selected?
- Curriculum for the Career Ladder: What topics will be included for each level of the ladder – including the objectives, content development, activities, supporting materials and evaluations. Who will teach the program? Will the facility have the resources "in-house", or should it collaborate with other entities (such as local colleges, etc.)? The curriculum developer and instructor must have a working knowledge of adult learning principles.
- Job Description and Performance Evaluations. The facility must have a process in place to establish expectations for each level of the career ladder, and then the ability to evaluate performance. The facility will also need to determine the additional skills and responsibilities that will be tied to the specific levels of the career ladder.
- Incentives and Benefits. How will staff be rewarded for successfully moving up the career ladder? In general, this would include an increase in pay tied to the levels of achievement.
- Ongoing Criteria for Continued Status. This should be tied to the performance evaluations. Is the person meeting the expectations set out in the job description? If not, why? Is the facility providing the appropriate level of training and feedback for the person to succeed at each level of the ladder?

Examples of career ladders could include (but are not limited to):

- CNA career ladders – CNA I (basic, newly certified), CNA II (greater knowledge and skills), etc.;
- Peer mentoring opportunities; or
- Offering financial support for continued education and advancement in licensure (such as CNA to LVN, LVN to RN). This could be tied to a commitment to work for the facility for a defined period of time following graduation.

Creating a Safe Workplace

Communicate to all employees the facility's goal to keep everyone safe. Workplace safety should be discussed at every meeting, and employee safety tips could be posted throughout the facility, addressed in employee newsletters and included

¹⁹ How-To's: Career Mobility Ladders. Retrieved from:
http://www.riguqualitypartners.org/nursing_homes/culture_change/W3a_Career_Mobility_Ladders_040705_smassaroco.doc

with employee paychecks. The facility could have “safety contests” and provide rewards to staff for working a specific number of days without incurring a lost-time work injury. Share safety data with all employees so they can get a clear perspective about how the facility is performing.

Provide all staff with training on how to deal with residents who exhibit uncharacteristic behaviors. Conduct hands-on training on how to protect themselves from combative behaviors, and ensure new staff receive the training before they begin to work.

Make sure all resident equipment is maintained in good working order; for example, regularly check in with staff to ensure mechanical lifts are working correctly. Have a resident lift company or another expert conduct training for staff on proper use and maintenance of the equipment.

Other considerations regarding workplace safety:

- Conduct a workplace violence threat assessment to identify high-risk tasks, such as working in small numbers or working late at night/early morning. The Texas Department of Insurance has developed a Healthcare Provider Safety Self-Inspection Checklist that may be helpful in conducting the assessment: <https://www.tdi.texas.gov/pubs/videoresource/cklhthcare.pdf>
- Ensure parking lots are well lit. Encourage staff to walk out to their cars in a group or offer escorts to their vehicles.
- Ensure employees’ personal information is protected and is not accessible to other people.
- Conduct training on the types/examples of workplace violence and instructions for reporting potential threats or violent incidents. Include early warning signs of distress that could escalate to violence and appropriate responses to those warning signs. Encourage staff to communicate any concerns/threats to their supervisor or other members of the leadership team.
- Provide staff with training on handling hostile situations and establish post-incident procedures, such as trauma counseling, etc.

Section 2: Staff Training and Competency

New Employee Orientation

New employees should be oriented to the work environment, the current staff, residents if possible and the expectations of their job. A new employee orientation program is essential to ensuring the facility will retain newly hired staff. Policies and procedures must be in place outlining the general orientation provided to new employees, as well as the job-specific training they will receive.

An effective new employee orientation should contain the following basic components:

- History of the facility;
- Familiarity of the facility layout;
- Increased knowledge about the organizational mission, vision, core values, and its diversity;
- Employee policies and procedures;
- Explanation of Employee Benefits and services;
- Core facility trainings; and
- Introduction to nursing facility leadership and staff.

The facility should consider developing an orientation kit that includes all of the written materials new employees will be given during the orientation, such as:

- Organizational literature;
- Organizational chart;
- Map of building;
- Schedule of training events;
- Current job description; and
- Employee handbook.

Orientation is also the time when the employer can make the new employee feel like he/she belongs within the organization; remember, adjusting to a new position can be challenging.

Orientation should also be a fun and welcoming way to bring new employees on board. These are just a few ways to incorporate fun into the orientation process:

- A welcome lunch with co-workers, mentors, and nursing facility leadership;
- Incorporate different learning styles by using role play, case studies, and team discussions;
- Non-technical skills training that focuses on critical thinking, problem solving, and effective communication; and
- Support from mentors, peers, and close oversight by supervisory staff.

After the initial orientation, employers should:

- Ask for feedback from new employees to ensure everything is running smoothly.
- Ensure that an orientation checklist is completed by a direct supervisor and new employee.
- Complete a three month evaluation.

Once the facility orientation is complete it is important to assign the new hire to a peer with whom he/she will work for a period of time. This peer mentoring gives assurance to the new hire that he/she has someone that they can go to if they have any questions. The employee should have the same mentor and residents for at least the first 30 days; avoid rotating the new employee is at all possible.

Peer Mentoring

A peer mentoring program can help ensure optimal outcomes for new hires. Leadership should know the staff well enough to identify those who would be good mentors for new employees.

Some studies have identified the first three months of employment as the time during which turnover is most likely to occur. Implementing a peer mentoring program can help decrease staff turnover during that period. A peer mentor helps the new employee become comfortable and familiar with their new position, and acts as a resource who can answer questions, give advice, and model best practices. The mentor is a link between the employee and the supervisor.

Staff members who have been selected to be a peer mentor should be trained and compensated for that duty. The primary focus when training peer mentors should be placed on the following skills:

- Lead by example;
- Leadership skills: the ability to be a role model and motivate new employees;
- Interpersonal communication skills: the ability to actively listen, ask questions, and understand the employee's perspective;
- Teaching and coaching skills: the ability to assess skills, creates a supportive learning environment, and provides constructive feedback; and
- Problem solving: the ability in helping new direct care workers develop decision making and conflict resolution skills and when they are trying to figure things out.

The peer mentoring program should include the following components:

- Specific job design: How will the mentor manage both their new responsibilities and their current job responsibilities?
- Orientation to the mentor's role: Ensure all staff is aware of the mentor's role and how mentees are assigned.
- Mentor selection: Develop of a fair and accessible system for staff to apply to become mentors. What is the incentive to take on the additional responsibilities?

- Mentor training: The primary focus should be on interpersonal skills.
- Mentor oversight and support: Ensure that the mentor is aware of who will be their leadership support person.
- Mentor to mentee matching: The focus should be on ensuring a good fit by matching personalities and skill area. For example, if the mentee is weak in clinical skills, matching him/her with a mentor who excels in the clinical area would be the best fit.
- Mentee orientation: This should take place during the new employee orientation. The mentee should be introduced to the mentor and be made aware of the roles and responsibilities of his/her mentor.

On-Going Training and Staff Competencies²⁰

Training must be ongoing; it is not a “one and done” process, and the training provided should be guided by competency evaluations and other data (in addition to those trainings required by state and federal regulations).

Federal regulations require nursing facilities to have “sufficient nursing staff with the appropriate competencies” to provide care to their residents, and ensure those residents attain or maintain their highest practicable level of well-being. The regulations do not define “competency”, but state that competencies must ensure employees have the necessary skills to adequately assess, evaluate and plan and implement the resident care plan and to respond appropriately to resident needs (based on licensure and/or certification).

The facility assessment (F838) will help guide the facility in determining the competencies needed to provide appropriate, person-centered care to all residents. The facility cannot assume competency based solely on licensure and/or certification; there must be a process in place for a continuous, competency-based training program for all staff.

Assessing staff competencies helps the facility identify and evaluate skills that are required for the safe delivery of resident care. As new services, procedures, or equipment are added, the facility must develop or update the policies and procedures, provide appropriate training for staff, and conduct competency evaluations to ensure staff have the necessary knowledge and skills. Competency evaluations should ensure, on an ongoing basis, that the facility has the right staff with the right abilities to carry out the current goals and objectives.

Steps for Developing a Competent Workforce:

- Develop job/position descriptions that define the responsibilities of the job, and the necessary qualifications.

²⁰ HHS. Quality Assurance, Performance Improvement and Resident Safety Training, 2019. Establishing and Maintaining Staff Competency.

- Develop policies and procedures for required functions and tasks the employees must perform. Policies and procedures should be consistent with the facility assessment and any QAPI activities the facility is conducting.
- Implement an effective employee selection process.
- Conduct a comprehensive orientation and on-boarding process, including an initial competency evaluation.
- Conduct periodic re-assessments of each employee's competency (performance appraisal), optimally 90 days after hire, and then at least annually.

When determining the specific competencies that should be evaluated, the facility should consider:

- New or updated procedures, policies, equipment, QAPI initiatives, etc.;
- High risk aspects of a job classification;
- Problematic aspects of a job classification (from QAPI reports, incident reports, infection control reports, resident satisfaction surveys, employee satisfaction surveys, etc.); and
- Age or culture-specific aspects of resident care that should be considered. What cultural/diversity aspects may be important?

A variety of methods are available for measuring competency, including:

- Manager/supervisor assessments. This process can assist in developing employee specific development plans and identifying potential learning needs.
- 180-degree assessments. Information is collected in a half-circle around the employee, approaching the evaluation from multiple angles – the employee rating him/herself using predetermined behavioral criteria (based on the job description, and other staff evaluations (usually the charge nurse or team leader) of the employee's competency and job performance.
- Skills fairs or skills training. This method can promote team-building and can include skills/procedures that are not specifically identified as a competency in a job description. It can include testing through return demonstrations, written tests, or group discussions with a facilitator.
- Self-evaluation. As discussed previously, providing an employee the opportunity to conduct a self-evaluation of his/her competency can empower him/her and encourage accountability. This is not simply a check-off though; the employee must be provided with a predetermined list of verifiable ways to demonstrate competency, such as evidence of daily work, return demonstrations, tests, or peer reviews.

CMS has launched the Nursing Home Staff Competency Assessment Toolkit. This toolkit was designed to help reduce adverse events, improve staff quality, and improve dementia care. These assessments address behavioral, technical and resident based competencies. The toolkit is available here:

<https://www.cms.gov/Medicare/Provider-Enrollment-and->

[Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html](#). It includes three competency assessments that are available in both print and electronic form:

- Certified Nursing Assistant (CNA)/Certified Medication Technicians (CMT);
- Licensed Practical/Vocational Nurses (LPN/LVN) and Registered Nurses (RN);
and
- Assistant Directors of Nursing (ADON), Directors of Nursing (DON), and Administrators.

Section 3: Telehealth

For purposes of the QIPP, when health care services are delivered by a provider to a resident at a different physical location than the provider using telecommunications or information technology, such services are considered to be telehealth services.

To be considered appropriate and sufficient, telehealth services must be provided in compliance with all standards established by the respective licensing or certifying board of the provider. The requirements for telehealth services in acute care settings do not apply to the use of telehealth services in the QIPP context.

The provider must obtain informed consent to treat from the resident, resident's parent, or the resident's legal guardian prior to rendering services via telehealth. Healthcare providers at the resident's physical location cannot give consent on behalf of the resident.

Texas Administrative Code (TAC) Title 1, Part 15, Chapter 353, Rule §353.1304 outlines the use of telehealth services as they relate to the QIPP metrics:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=353&rl=1304](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=353&rl=1304).

In accordance with the TAC, nursing facilities can use telehealth services to meet some or all of the RN staffing metrics if they have developed policies and procedures for telehealth. The facility must meet all the following requirements:

- Telehealth services must be audio and visual in nature;
- They must be provided by an TN, APRN, NP, PA, or physician (MD or DO); and
- The facility must have policies and procedures in place for telehealth services.

The policies and procedures must address:

- How the facility will arrange telehealth services;
- How the facility will train staff regarding the availability of services, implementation of services, and the expectations for the use of telehealth services; and
- How the facility will document telehealth services, including initiation of services, the services provided, and the outcome of the services.

The Texas Medicaid Policy Manual addresses Telehealth Services as well:

<https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/dental/publication-draft-telehealth-services-medical-policy-march-2018.pdf>

Issues to consider when implementing a telehealth program:

- Technology needs, such as laptop/computers with audio/visual capabilities. Both the RN and the resident being evaluated should have audio/visual capabilities.
- What processes will need to be in place to ensure resident confidentiality and HIPAA compliance?
- The facility assessment requirement (F838). It will help guide the facility in determining what services may be necessary to provide appropriate care. In other words, based on the facility assessment, what are the situations most likely to occur that would require RN intervention?
- Policies and procedures. These should address the required training for the RNs providing telehealth coverage, as well as the training needs of the facility-based staff and how the necessary training will be provided.
- Other regulatory processes, such as the Texas Nursing Practice Act and the Board of Nursing Rules and Regulations.

Section 4: Federal Regulations²¹

F725 Nursing Services – Sufficient Staff

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

Sufficient staff.

The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- Except when waived under paragraph (e) of this section, licensed nurses; and
- Other nursing personnel, including but not limited to nurse aides.

Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

F726 Nursing Services – Competent Staff

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.

Proficiency of nurse aides.

²¹ State Operations Manual, Appendix PP. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

F727 Registered Nurse

Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

F728 Facility Hiring and Use of Nurse Aides

General rule.

A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless—

- That individual is competent to provide nursing and nursing related services; and
 - That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154; or
 - That individual has been deemed or determined competent as provided in §483.150(a) and (b).

Non-permanent employees.

A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (d)(1)(i) and (ii) of this section.

Minimum Competency

A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual:

- Is a full-time employee in a State-approved training and competency evaluation program;
- Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or
- Has been deemed or determined competent as provided in §483.150(a) and (b).

F729 Registry Verification.

Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless—

- The individual is a full-time employee in a training and competency evaluation program approved by the State; or
- The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.

Multi-State registry verification.

Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act that the facility believes will include information on the individual.

Required retraining.

If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.

F730 Regular In-service Education.

The facility must complete a performance review of every nurse aide at least once every 12 months and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g).

F731 Waiver -Licensed Nurses 24 Hours/Day, RN Coverage

Nursing Facilities - Waiver of requirement to provide licensed nurses on a 24-hour basis.

To the extent that a facility is unable to meet the requirements of paragraphs (a)(2) and (b)(1) of this section, a State may waive such requirements with respect to the facility if:

- The facility demonstrates to the satisfaction of the State that the facility has been unable, despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities), to recruit appropriate personnel;
- The State determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility;

- The State finds that, for any periods in which licensed nursing services are not available, a registered nurse or a physician is obligated to respond immediately to telephone calls from the facility;
- A waiver granted under the conditions listed in paragraph (e) of this section is subject to annual State review;
- In granting or renewing a waiver, a facility may be required by the State to use other qualified, licensed personnel;
- The State agency granting a waiver of such requirements provides notice of the waiver to the Office of the State Long-Term Care Ombudsman (established under section 712 of the Older Americans Act of 1965) and the protection and advocacy system in the State for individuals with a mental disorder who are eligible for such services as provided by the protection and advocacy agency; and
- The nursing facility that is granted such a waiver by a State notifies residents of the facility and their resident representatives of the waiver.

SNFs - Waiver of the requirement to provide services of a registered nurse for more than 40 hours a week.

The Secretary may waive the requirement that a SNF provide the services of a registered nurse for more than 40 hours a week, including a director of nursing specified in paragraph (b) of this section, if the Secretary finds that—

- The facility is located in a rural area and the supply of skilled nursing facility services in the area is not sufficient to meet the needs of individuals residing in the area;
- The facility has one full-time registered nurse who is regularly on duty at the facility 40 hours a week; and
- The facility either—
 - Has only patients whose physicians have indicated (through physicians' orders or admission notes) that they do not require the services of a registered nurse or a physician for a 48-hours period or;
 - Has made arrangements for a registered nurse or a physician to spend time at the facility, as determined necessary by the physician, to provide necessary skilled nursing services on days when the regular full-time registered nurse is not on duty;
- (iv) The Secretary provides notice of the waiver to the Office of the State Long-Term Care Ombudsman (established under section 712 of the Older Americans Act of 1965) and the protection and advocacy system in the State for individuals with developmental disabilities or mental disorders; and
- (v) The facility that is granted such a waiver notifies residents of the facility and their resident representatives of the waiver.

A waiver of the registered nurse requirement under paragraph (f)(1) of this section is subject to annual renewal by the Secretary.

F732 Nurse Staffing Information.

Data requirements. The facility must post the following information on a daily basis:

- Facility name.
- The current date.
- The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:
 - Registered nurses.
 - Licensed practical nurses or licensed vocational nurses (as defined under State law).
 - Certified nurse aides.
- Resident census.

Posting requirements.

- The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.
- Data must be posted as follows:
 - Clear and readable format.
 - In a prominent place readily accessible to residents and visitors.

Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

F741 Sufficient/Competent Staff - Behavioral Health Needs

The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:

- Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and [as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)]
- Implementing non-pharmacological interventions.

F811 Paid Feeding Assistants.

State approved training course. A facility may use a paid feeding assistant, as defined in § 488.301 of this chapter, if:

- The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and
- The use of feeding assistants is consistent with State law.

Supervision.

- A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).
- In an emergency, a feeding assistant must call a supervisory nurse for help.

Resident selection criteria.

- A facility must ensure that a feeding assistant provides dining assistance only for residents who have no complicated feeding problems.
- Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings.
- The facility must base resident selection on the interdisciplinary team's assessment and the resident's latest assessment and plan of care. Appropriateness for this program should be reflected in the comprehensive care plan.

NOTE: Paid feeding assistants must complete a training program with the following minimum content as specified at §483.160.

- Minimum training course contents. A State-approved training course for paid feeding assistants must include, at a minimum, 8 hours of training in the following:
 - Feeding techniques;
 - Assistance with feeding and hydration;
 - Communication and interpersonal skills;
 - Appropriate responses to resident behavior;
 - Safety and emergency procedures, including the Heimlich maneuver;
 - Infection control;
 - Resident rights; and
 - Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.
- Maintenance of records. A facility must maintain a record of all individuals, used by the facility as feeding assistants, who have successfully completed the training course for paid feeding assistants.

F838 Facility Assessment

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:

- The facility's resident population, including, but not limited to,
 - Both the number of residents and the facility's resident capacity;
 - The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
 - The staff competencies that are necessary to provide the level and types of care needed for the resident population;
 - The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
 - Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.
- The facility's resources, including but not limited to,
 - All buildings and/or other physical structures and vehicles;
 - Equipment (medical and non- medical);
 - Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;
 - All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
 - Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
 - Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
- A facility-based and community-based risk assessment, utilizing an all-hazards approach.

F940 Training Requirements – General

A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility

assessment as specified at § 483.70(e). Training topics must include but are not limited to—

[§483.95 will be implemented beginning November 28, 2019 (Phase 3)]

F941 Training Requirements – Communication

A facility must include effective communications as mandatory training for direct care staff.

[§483.95(a) will be implemented beginning November 28, 2019 (Phase 3)]

F942 Resident's Rights and Facility Responsibilities.

A facility must ensure that staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents as set forth at §483.10, respectively.

[§483.95(b) will be implemented beginning November 28, 2019 (Phase 3)]

F943 Abuse, Neglect, and Exploitation.

In addition to the freedom from abuse, neglect, and exploitation requirements in §483.12, facilities must also provide training to their staff that at a minimum educates staff on:

- Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at §483.12.
- Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property.
- Dementia management and resident abuse prevention.

F944 Quality Assurance and Performance Improvement.

A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program as set forth at § 483.75.

[§483.95(d) will be implemented beginning November 28, 2019 (Phase 3)]

F945 Infection Control.

A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program as described at §483.80(a)(2).

[§483.95(e) will be implemented beginning November 28, 2019 (Phase 3)]

F946 Compliance and Ethics.

The operating organization for each facility must include as part of its compliance and ethics program, as set forth at §483.85:

- An effective way to communicate the program's standards, policies, and procedures through a training program or in another practical manner which explains the requirements under the program.
- Annual training if the operating organization operates five or more facilities. [§483.95(f), (f)(1) and (f)(2) will be implemented beginning November 28, 2019 (Phase 3)]

F947 Required In-service Training for Nurse Aides.

In-service training must:

- Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.
- Include dementia management training and resident abuse prevention training.
- Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at §483.70(e) and may address the special needs of residents as determined by the facility staff. [§483.95(g)(3) will be implemented on November 28, 2019 (Phase 3) with the exception of facility assessment which was implemented on November 28, 2017 (Phase 2).]
- For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

F948 Required Training of Feeding Assistants.

A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants, as specified in §483.160.

F949 Behavioral Health.

A facility must provide behavioral health training consistent with the requirements at §483.40 and as determined by the facility assessment at §483.70(e). [§483.95(i) will be implemented beginning November 28, 2019 (Phase 3)]

Section 5: Texas Administrative Code

Title 40, Part 1, Chapter 19, Subchapter K

§19.1001 Nursing Services.

- a) The facility must have sufficient staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. Nursing services to children must be provided by staff who have been instructed and have demonstrated competence in the care of children. Care and services are to be provided as specified in §19.901 of this chapter (relating to Quality of Care).
- (1) Sufficient staff.
 - (A) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:
 - (i) licensed nurses, except when waived under paragraph (3) of this subsection; and
 - (ii) other nursing personnel.
 - (B) The facility must designate a licensed nurse to serve as a charge nurse on each shift, except when waived under paragraph (3) of this subsection.
 - (2) Registered nurse.
 - (A) The facility must use the services of a registered nurse for at least eight consecutive hours a day, seven days a week, except when waived under paragraph (3) or (4) of this subsection.
 - (B) The facility must designate a registered nurse to serve as the director of nursing on a full-time basis, 40 hours per week, except when waived under paragraph (4) of this subsection.
 - (C) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.
 - (3) Waiver of requirement to provide licensed nurses on a 24-hour basis.
 - (A) To the extent that a facility is unable to meet the requirements of paragraphs (1)(B) and (2)(A) of this subsection, the state may waive these requirements with respect to the facility, if:
 - (i) the facility demonstrates to the satisfaction of HHSC that the facility has been unable, despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities), to recruit appropriate personnel;
 - (ii) HHSC determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility;
 - (iii) the state finds that, for any periods in which licensed nursing services are not available, a registered nurse or a physician is obligated to respond immediately to telephone calls from the facility; and

- (iv) the waived facility has a full-time registered or licensed vocational nurse on the day shift seven days a week. For purposes of this requirement, the starting time for the day shift must be between 6 a.m. and 9 a.m. The facility must specify in writing the schedule that it follows.
 - (B) A waiver granted under the conditions listed in this paragraph is subject to annual state review.
 - (C) In granting or renewing a waiver, a facility may be required by the state to use other qualified, licensed personnel.
 - (D) The state agency granting a waiver of these requirements provides notice of the waiver to the State Ombudsman and the protection and advocacy system in the state for individuals with mental illness or individuals with intellectual or developmental disabilities.
 - (E) The nursing facility that is granted a waiver by the state notifies residents of the facility (or, when appropriate, the guardians or legal representatives of the residents) and members of their immediate families of the waiver.
- (4) Waiver of the requirement to provide services of a registered nurse for more than 40 hours a week in a Medicare skilled nursing facility (SNF).
- (A) The secretary of the U.S. Department of Health and Human Services (secretary) may waive the requirement that a Medicare SNF provide the services of a registered nurse for more than 40 hours a week, including a director of nursing specified in paragraph (2) of this subsection, if the secretary finds that:
 - (i) the facility is located in a rural area and the supply of Medicare SNF services in the area is not sufficient to meet the needs of individuals residing in the area;
 - (ii) the facility has one full-time registered nurse who is regularly on duty at the facility 40 hours a week; and
 - (iii) the facility either has:
 - (I) only residents whose physicians have indicated (through physician's orders or admission notes) that they do not require the services of a registered nurse or a physician for a 48-hour period; or
 - (II) made arrangements for a registered nurse or a physician to spend time at the facility, as determined necessary by the physician, to provide necessary skilled nursing services on days when the regular full-time registered nurse is not on duty.
 - (B) The secretary provides notice of the waiver to the State Ombudsman and the protection and advocacy system in the state for individuals with mental illness or individuals with intellectual or developmental disabilities.
 - (C) The SNF that is granted a waiver by the state notifies residents of the facility (or, when appropriate, the guardians or legal representatives of the residents) and members of their immediate families of the waiver.

- (D) A waiver of the registered nurse requirement under subparagraph (A) of this paragraph is subject to annual renewal by the secretary.
- (5) Request for waiver concerning staffing levels. The facility must request a waiver through the local HHSC Regulatory Services Division, in writing, at any time the administrator determines that staffing will fall, or has fallen, below that required in paragraphs (1) and (2) of this subsection for a period of 30 days or more out of any 45 days.
- (A) The following information must be included in the request/notification:
- (i) beginning date when facility was/is unable to meet staffing requirements;
 - (ii) type waiver requested (24-hour licensed nurse or seven-day-per-week R.N.);
 - (iii) projected number of hours per month staffing reduced for 24-hour licensed nurse waiver or seven-day-per-week R.N. waiver; and
 - (iv) staffing adjustments made due to inability to meet staffing requirements.
- (B) Waivers for licensed-only or certified facilities will be granted by HHSC Regulatory Services Division staff. Waivers for a Medicare SNF receive final approval from the Centers for Medicare and Medicaid Services.
- (C) If a facility, after requesting a waiver, is later able to meet the staffing requirements of paragraphs (1) and (2) of this subsection, HHSC Long-Term Regulatory Services Division staff must be notified, in writing, of the effective date that staffing meets requirements.
- (D) Verification that the facility appropriately made a request and notification will be done at the time of survey.
- (E) Amounts paid to Medicaid-certified facilities in the per diem payment to meet the staffing requirements of paragraphs (1) and (2) of this subsection may be adjusted if staffing requirements are not met.
- (6) Duration of waiver. Approved waivers are valid throughout the facility licensure or certification period, unless approval is withdrawn. During the relicensure or recertification survey, the determination is made for approval or denial for the next facility licensure or certification period if a waiver continues to be necessary. The facility requests a redetermination for a waiver from HHSC Long-Term Care Regulatory Services Division staff at the time the survey is scheduled. At other times if a request is made, HHSC staff may schedule a visit for waiver determination.
- (7) Requirements for waiver approval. To be approved for a waiver, the nursing facility must meet all of the requirements stated in this subchapter and the requirements specified throughout this chapter. In some instances, the survey agency may require additional conditions or arrangements such as:
- (A) an additional licensed vocational nurse on day-shift duty when the registered nurse is absent;
 - (B) modification of nursing services operations; and
 - (C) modification of the physical environment relating to nursing services.

- (8) Denial or withdrawal of a waiver. Denial or withdrawal of a waiver may be made at any time if any of the following conditions exist:
 - (A) requirements for a waiver are not met on a continuing basis;
 - (B) the quality of resident care is not acceptable; or
 - (C) justified complaints are found in areas affecting resident care.
 - (9) Requirement that SNFs be in a rural area. A SNF (Medicare) must be in a rural area for waiver consideration, as specified in paragraph (4) of this subsection. A rural area is any area outside the boundaries of a standard metropolitan statistical area. Rural areas are defined and designated by the federal Office of Management and Budget; are determined by population, economic, and social requirements; and are subject to revisions.
- (b) Nurse staffing information.
- (1) Data requirements. The facility must post the following information:
 - (A) on a daily basis:
 - (i) the facility name;
 - (ii) the current date;
 - (iii) the resident census; and
 - (iv) the specific shifts for the day; and
 - (B) at the beginning of each shift, the total number of hours and actual time of day to be worked by the following licensed and unlicensed nursing staff, including relief personnel directly responsible for resident care:
 - (i) RNs;
 - (ii) LVNs; and
 - (iii) CNAs.
 - (2) Posting requirements. The nursing facility must post the data described in paragraph (1) of this subsection:
 - (A) in a clear and readable format; and
 - (B) in a prominent place readily accessible to residents and visitors.
 - (3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make copies of nurse staffing data available to the public for review at a cost not to exceed the community standard rate.
 - (4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for the period of time specified by facility policy or for at least two years following the last day in the schedule, whichever is longer.

§19.1002 Additional Nursing Services Staffing Requirements.

- a) The ratio of licensed nurses to residents must be sufficient to meet the needs of the residents.
 - (1) At a minimum, the facility must maintain a ratio (for every 24-hour period) of one licensed nursing staff person for each 20 residents or a minimum of .4 licensed-care hours per resident day. To determine licensed-care hours per resident day, multiply the number of licensed nurses by the number of hours they work in a single day and divide the product by the number of residents

in the facility. Three nurses working eight-hour shifts is 24 hours, divided by 60 residents, equals .4 licensed-care hours per resident day.

- (2) Licensed nurses who may be counted in the ratio include, but are not limited to, director of nursing, assistant directors of nursing, staff development coordinators, charge nurses, and medication/treatment nurses. These licensed nurses may be counted subject to the limitations of paragraphs (3) and (4) of this subsection.
 - (3) Staff, who also have administrative duties not related to nursing, may be counted in the ratio only to the degree of hours spent in nursing-related duties.
 - (4) If a multi-level facility (nursing facility or Medicare SNF) has one director of nursing over the entire facility, he may not be counted in the nursing ratio. A director of nursing for a single distinct part may be counted in the ratio for the distinct part.
- (b) A graduate vocational nurse who has a temporary work permit must work under the direction of a licensed vocational nurse, registered nurse, or licensed physician who is physically present in the facility. The graduate nurse who has a temporary work permit must work under the direction of a registered nurse until registration has been achieved.
- (c) If the facility uses licensed temporary nursing personnel, the temporary personnel must have the same qualifications that permanent facility employees do. If temporary personnel are used for afternoon or night shifts, a full-time, licensed nurse must be on call and immediately available by telephone. The on-call nurse must be a registered nurse unless the facility has a current waiver from DHS and is not required to provide daily RN coverage.
- (d) Consultative pediatric nursing services must be available to facility staff if the facility has a pediatric resident.

§19.1004 Director of Nursing Services

The director of nursing services must serve only one facility in this capacity.

- (1) If the director of nursing services has other institutional responsibilities, a qualified registered nurse must serve as an assistant so that there is the equivalent of a full-time director of nursing services on duty.
- (2) If a nursing facility, as a result of waived status, employs a licensed vocational nurse to supervise and direct nursing services, the facility must have an agreement with a registered nurse who must provide the vocational nurse at least four hours of consultation in the facility per week. The registered nurse must not assume director of nursing duties, but must act as a consultant to solve problems involving resident care, conduct in-service training, and maintain proper clinical records.

§19.1006 Nursing Facility Restorative Nursing Care.

The facility must have a program of restorative nursing care that is an integral part of nursing service and is directed toward helping each resident to achieve and

maintain an optimal level of self-care and independence, as defined by the Comprehensive Assessment and Comprehensive Care Plan. Nursing personnel must be trained in restorative nursing and must provide restorative services daily for residents who require them. Nursing personnel must routinely record these services in the resident's clinical record.

§19.1011 Student Nurses.

If the facility has a contract or agreement with an accredited school of nursing to use their facility for a portion of the student nurses' clinical experience, those student nurses may provide care under the following conditions.

- (1) Student nurses may be used in nursing facilities, provided the instructor gives class supervision and assumes responsibility for all student nursing activities occurring within the facility. These students cannot be counted in the nurse-to-resident ratio required in the standards.
- (2) The student nurse may administer medications only when in the facility on assignment as a student of their school of nursing.

§19.1012 Special Nurses and Sitters.

- (a) Facilities may develop their own policies regarding private duty aides and sitters.
- (b) The nursing facility is responsible for meeting the needs of the residents regardless of the presence of special nurses or sitters.
- (c) In Medicaid-certified facilities, the following apply.
 - (1) The facility is not responsible for payment for a special nurse (registered nurse or licensed vocational nurse) or sitter requested by the resident's physician or family.
 - (2) The special nurse or sitter must be hired as a separate agreement between the nurse or sitter and resident, or the resident's family or legal representative, and paid directly by them.
 - (3) The facility may assist in the hiring of a special nurse or sitter but may not in any way enter into the billing, collection, or fee-setting for the special duty nurse or sitter. If it is determined by the auditing staff that the facility received monetary benefits from an arrangement for special duty nurses or sitters, a financial exception will be made and the facility will be asked to reimburse the resident or the responsible party who paid the special duty nurses or sitters. If the resident or family hires an individual to do the special duty nursing, who was already on the facility's staff and a replacement for this person was not hired, the facility will be determined to have received a monetary benefit. See §19.2606 of this title (relating to Supplementation of Vendor Payments).

Title 40, Part 1, Chapter 19, Subchapter T

§19.1903 Required Training of Nurse Aides.

- (1) Definitions. The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.
 - (A) Licensed health professional--A physician; physician assistant; nurse practitioner; physical, speech, or occupational therapist; physical or occupational therapy assistant; registered professional nurse; licensed practical nurse; or licensed or certified social worker.
 - (B) Nurse aide--An individual providing nursing or nursing-related services to residents in a facility under the supervision of a licensed nurse. This definition does not include an individual who is a licensed health professional or a registered dietitian or someone who volunteers such services without monetary compensation.
- (2) General rule. A facility must not use any individual working in the facility as a nurse aide for more than four months, on a full-time basis, unless:
 - (A) that individual is competent to provide nursing and nursing related services; and
 - (B) that individual:
 - (i) has completed a training and competency evaluation program, or a competency evaluation program approved by the state as meeting the requirements of 42 Code of Federal Regulations §§483.151-493.154; or
 - (ii) has been deemed or determined competent as provided in 42 Code of Federal Regulations §483.150(a) and (b).
- (3) Nonpermanent employees. A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (2)(A) and (B) of this section.
- (4) Competency. A facility must not use any individual who has worked less than four months as a nurse aide in that facility unless the individual:
 - (A) is a full-time employee in a state-approved training and competency evaluation program;
 - (B) has demonstrated competence through satisfactory participation in a state-approved nurse aide training and competency evaluation program, or competency evaluation program; or
 - (C) has been deemed or determined competent as provided in 42 Code of Federal Regulations §483.150(a) and (b).
- (5) Registry verification. Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements and is not designated in the registry as having a finding concerning abuse, neglect or mistreatment of a resident, or misappropriation of a resident's property, unless:
 - (A) the individual is a full-time employee in a training and competency evaluation program approved by the state; or

- (B) the individual can prove that he has recently successfully completed a training and competency evaluation program, or competency evaluation program approved by the state and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.
- (6) Multi-state registry verification. Before allowing an individual to serve as a nurse aide, a facility must seek information from every state registry, established under §1819(e)(2)(A) or §1919(e)(2)(A) of the Social Security Act, that the facility believes will include information about the individual.
- (7) Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.
- (8) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must:
 - (A) be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year;
 - (B) address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and
 - (C) for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.
- (9) The facility must comply with the nurse aide training and registry rules found in Chapter 94 of this title (relating to Nurse Aides).

§19.1904 Proficiency of Nurse Aides.

The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

§19.1905 Staff Qualifications.

- (a) The facility must employ on a full-time, part-time, or consultant basis those professionals necessary to carry out the provisions of these requirements of participation.
- (b) Professional staff must be licensed, certified or registered in accordance with applicable state laws.

§19.1920 Operating Policies and Procedures.

- (a) The facility must have an administrative policy and procedure manual that outlines the general operating policies and procedures of the facility. The manual must include policies and procedures related to admission and admission agreements, resident care services, refunds, transfers and discharges, termination from Medicaid or Medicare participation in accordance with §19.2121 of this chapter (relating to General Provisions), receiving and responding to complaints and recommendations, and protection of a resident's personal property and civil rights. A copy of this manual must be made available for review upon request to each physician, staff member, resident, and resident's next of kin or guardian and to the public.
- (b) The facility must have written personnel policies and procedures that are explained to employees during initial orientation and are readily available to them after that time.
- (c) The facility must ensure that personnel records are correct and contain sufficient information to support placement in the assigned position (including a resume of training and experience). When appropriate, a current copy of the person's license or permit must be in the file.
- (d) Upon request of HHSC, the facility must make available financial records to demonstrate the facility's compliance with applicable state laws and standards relating to licensing.
- (e) A facility must develop, implement, and enforce a written policy that:
 - (1) requires a facility employee who provides direct care to a resident with Alzheimer's disease or a related disorder to successfully complete training in the provision of care to residents with Alzheimer's disease and related disorders; and
 - (2) ensures the care and services provided by a facility employee to a resident with Alzheimer's disease or a related disorder meet the specific identified needs of the resident relating to the diagnosis of Alzheimer's disease or a related disorder.
- (f) The training required for facility employees under subsection (e)(1) of this section must include information about:
 - (1) symptoms and treatment of dementia;
 - (2) stages of Alzheimer's disease;
 - (3) person-centered behavioral interventions; and
 - (4) communication with a resident with Alzheimer's disease or a related disorder.

§19.1929 Staff Development.

Each facility must implement and maintain programs of orientation, training, and continuing in-service education to develop the skills of its staff, as described in §19.1903 of this title (relating to Required Training of Nurse Aides).

- (1) As part of orientation and annually, each employee must receive instruction regarding:

- (A) Human Immunodeficiency Virus (HIV), as outlined in the educational information provided by the Texas Department of Health Model Workplace Guidelines. At a minimum the HIV curriculum must include:
 - (i) modes of transmission;
 - (ii) methods of prevention;
 - (iii) behaviors related to substance abuse;
 - (iv) occupational precautions;
 - (v) current laws and regulations concerning the rights of an acquired immune deficiency syndrome/HIV-infected individual; and
 - (vi) behaviors associated with HIV transmission which are in violation of Texas law; and
- (B) restraint reduction and the prevention of falls through competency-based training. Facilities also may choose to train on behavior management, including prevention of aggressive behavior and de-escalation techniques.
- (2) Each registered nurse, licensed vocational nurse, and nurse aide (nurse assistant) who provides nursing services must receive at least one hour of training each year in caring for people who have dementia.
- (3) Nursing staff, licensed nurses, and nurse aides must receive annual in-service training which includes components, appropriate to their job responsibilities, from one or more of the following categories:
 - (A) communication techniques and skills useful when providing geriatric care, such as skills for communicating with the hearing impaired, visually impaired and cognitively impaired; therapeutic touch; and recognizing communication that indicates psychological abuse;
 - (B) assessment and nursing interventions related to the common physical and psychological changes of aging for each body system;
 - (C) geriatric pharmacology, including treatment for pain management and sleep disorders;
 - (D) common emergencies of geriatric residents and how to prevent them, for example, falls, choking on food or medicines, injuries from restraint use; recognizing sudden changes in physical condition, such as stroke, heart attack, acute abdomen, and acute glaucoma; and obtaining emergency treatment;
 - (E) common mental disorders with related nursing implications; and
 - (F) ethical and legal issues regarding advance directives, abuse and neglect, guardianship, and confidentiality.
- (4) Facilities with pediatric residents must comply with the following:
 - (A) Facility staff must be trained in the use of pediatric equipment and supplies, including emergency equipment and supplies.
 - (B) Facility staff should receive annual continuing education dealing with pediatric issues, including child growth and development and pediatric assessment.
- (5) Minimum continuing in-service education requirements are listed in subparagraphs (A)-(B) of this paragraph. Attendance at relevant outside training

may be used to satisfy the in-service education requirement. The facility must keep in-service records for each employee listed. The minimum requirements are:

(A) licensed personnel--two hours per quarter; and

(B) nurse aides--12 hours annually. For the purpose of this paragraph, a medication aide is considered a nurse aide and must receive the same continuing in-service education. This in-service education does not qualify as continuing education units required for renewal of a medication aide permit.

(6) A rural hospital participating in the Medicaid Swing Bed Program as specified in §19.2326 of this title (relating to Medicaid Swing Bed Program for Rural Hospitals) is not required to meet the requirements of this section, if the swing beds are used for no more than one 30-day length of stay per year, per resident.

Resources

American Hospital Association (AHA)

Managing an Intergenerational Workforce: Strategies for Health Care Transformation <https://www.aha.org/system/files/2018-01/managing-intergenerational-workforce-strategies-health-care-transformation-2014.pdf>

American Health Care Association (AHCA)

Workforce Strategies: Introducing Peer Mentoring in Long-Term Care Settings <https://www.ahcancal.org/ncal/quality/qualityinitiative/Documents/Peer%20Mentoring%20Program.pdf>

Staff Stability Webinar (Requires free registration)
https://educate.ahcancal.org/products/part-4-staff-stability#tab-product_tab_overview

Staff Stability Toolkit (Requires purchase)
<http://www.ahcapublications.org/ProductDetails.asp?ProductCode=8281>

B & F Consulting

Staff Stability Toolkit, Version 1.2
http://bandfconsultinginc.com/Site/Staff_Stability_Toolkit_files/staff%20stability%20toolkit_2.pdf

Leadership Rounds to Check Up on People Not Check in on People
http://bandfconsultinginc.com/Site/Free_Resources/Entries/2013/8/30.html

Centers for Medicare and Medicaid Services (CMS)

CMS State Operations Manual, Appendix PP https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

Nursing Home Staff Competency Assessment
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment.html>

Health Professions Press Resource Center

Staff Retention in Long-Term Care <https://blog.healthpropress.com/offer/staff-retention/>

12 Essential Components of an Orientation Program

<https://blog.healthpropress.com/2017/04/the-12-essential-components-of-an-orientation-program/>

5 Keys to Good Hiring <https://blog.healthpropress.com/2018/02/5-keys-to-good-hiring/>

Hiring the Right People in Long-Term Care

<https://blog.healthpropress.com/2017/09/hiring-the-right-people-in-long-term-care/>

National Nursing Home Quality Improvement Campaign

Staff Stability Goal <https://www.nhqualitycampaign.org/goalDetail.aspx?g=SS>

Recruit & Retain Quality Staff

<https://www.nhqualitycampaign.org/goalDetail.aspx?g=SS#tab4#modal>

Nourish Teamwork & Communication

<https://www.nhqualitycampaign.org/goalDetail.aspx?g=SS#tab4#modal>

Implementing Change in Long-Term Care

<https://www.nhqualitycampaign.org/goalDetail.aspx?g=SS#tab4#modal>

Supervisory Support Scale

https://www.nhqualitycampaign.org/files/Supervisory_Support_Scale_Sheet.pdf

https://www.nhqualitycampaign.org/files/Supervisory_Support_Scale_Instructions.pdf

Perception of Empowerment Instrument

https://www.nhqualitycampaign.org/files/PEI_Instrument.pdf

Measuring Long-Term Care Work: A Guide to Selected Instruments to Examine Direct Care Worker Experiences and Outcomes

<https://www.nhqualitycampaign.org/files/dcwguide.pdf>

Nursing Home Orientation

https://www.nhqualitycampaign.org/files/Nursing_Home_Orientation.pdf

Manitoba Enhanced Orientation for Nurses New to Long-Term Care

https://www.nhqualitycampaign.org/files/Enhanced_Orientation_for_Nurses.pdf

12 Steps for Creating a Culture of Retention

<http://phinational.org/sites/phinational.org/files/clearinghouse/PHI12StepWorkbook.pdf>

Direct Care Worker Retention: Strategies for Success

https://www.nhqualitycampaign.org/files/Direct_Care_Workers_Report_FINAL.pdf

Solutions You Can Use: Transforming the Long-Term Care Workforce

https://www.nhqualitycampaign.org/files/Better_Jobs_Better_Care_Research_Findings_Report.pdf

Telligen QIN-QIO

Recruitment and Retention of Millennials in Long-term Care

<https://www.telligenqingio.com/resource/our-work/nursing-home-care/nursing-home-care-resources/recruitment-and-retention-of-millennials-in-long-term-care/>

Texas Administrative Code

Chapter 19

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=19](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=19)

Chapter 353

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=353&rl=1304](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=353&rl=1304)

Texas Department of Insurance

Safety Training Resources for Nursing and Residential Care Facilities

<https://www.tdi.texas.gov/wc/safety/videoresources/targnursing.html>

Health Care Provider Safety: Self-Inspection Checklist

<https://www.tdi.texas.gov/pubs/videoresource/cklhthcare.pdf>

Texas Health and Human Services

Texas Medicaid Medical Policy Manual

<https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/dental/publication-draft-telehealth-services-medical-policy-march-2018.pdf>

Quality Incentive Payment Program for Nursing Homes

<https://hhs.texas.gov/services/health/medicaid-chip/provider-information/quality-incentive-payment-program-nursing-homes>

Quality Monitoring Program (QMP): Recruitment and Retention In-service

Can be requested at QMP@hhsc.state.tx.us

QMP: Quality Assessment, Program Improvement and Resident Safety Training

Register at <https://www.surveymzmo.com/s3/4906199/Quality-Assurance-Performance-Improvement-and-Resident-Safety-Training>

Wisconsin Long Term Care Advisory Council

Long Term Care: Worker Recruitment and Retention Resources
<https://wcltc.wisconsin.gov/recruitment-retention.htm>