

# A Perspective On Frontline Staffing

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For Certified Nursing Assistant Lillie Alford and the thousands of CNAs and other frontline staff in healthcare facilities in North Carolina and beyond, there can never be enough praise, gratitude, and reward. Lillie Alford has dedicated her career to serving her residents at the Lutheran Home in Winston-Salem; a photo essay on her work is featured elsewhere in this publication [see page 95]. Thank you to all the frontline workers in every facility in our state who, like Lillie, have dedicated their lives to service to others.

Even with people like Lillie, however, North Carolina is undergoing a crisis in frontline staffing of long-term care facilities right now. The serious problems in staff recruitment and retention in our state and nation are symptomatic of larger philosophical and societal issues affecting how and why we take care of our senior citizens: A government regulatory system based on perfect care is paid for by a Medicaid system that covers only mediocre care. A society that demands perfection insists on “No New Taxes!” Our society and our systems do not honor our elders or those who care for them.

Thankfully, the N.C. Institute of Medicine, Lutheran Services for the Aging, other service providers, and other stakeholders are trying to address the crisis through dialogue and action. Among the many complex aspects to be considered, this paper is looking just at frontline staffing.

CNAs, dietary aides, housekeeping aides, laundry aides—all the frontline workers who provide many or all of the activities of daily living and basic services for nursing home and assisted living residents—could certainly find better-paying jobs with better hours. Healthcare facilities are open for business every day and every night. When many of us are home playing with our families, CNAs are helping residents to the bathroom, serving meals, brushing teeth. When many

of us are home watching the news after supper, another whole shift is helping residents eat their dinner, take a shower, prepare for bed. More staff are washing linens, delivering clothes, mopping dining rooms. When many of us are opening presents on Christmas, a whole shift is on duty: wishing every resident a Merry Christmas while providing care just like every other day. When asked why, in the face of meager wages and working holidays, they choose to work in healthcare facilities, frontline staff answer over and over, “I am here for the residents.”

Lutheran Services for the Aging (LSA) and many other providers have worked miracles for years to provide a real *home* to thousands of residents, doing everything possible with the resources available. Nonprofit facilities have been able to supplement the pitifully lacking Medicaid system with donations and other revenue sources to increase staffing patterns to acceptable ratios.

Recruitment and retention of quality staff have been a priority of LSA for a number of years. A ministry-wide Recruitment and Retention Committee was formed to address this issue most closely linked to the quality of care. LSA’s strategies have included a system-wide employee opinion survey; implementation of a popular “Paid Time Off” plan to replace the old sick leave and vacation plans; a staff newsletter; monthly monitoring of turnover rates; collaboration by all staff in problem-solving and planning; supervisory training; staff training and education; scholarships; career ladders; and staff recognition programs.

The Lutheran Home of Hickory participated in a Division of Facility Services pilot program and a NC Healthcare Facilities Association pilot program to address CNA turnover. LSA furnished enough electric lifts to make every one of its nursing facilities a “Lift Free” facility. Intended to prevent staff injuries and ease the burden of having to lift residents, Lift Free also improves the lives of residents and lessens their injuries.

LSA is also embracing Eden Alternative and Pioneer programming. The Eden Alternative is a program designed to eliminate loneliness, helplessness, and boredom in facilities by introducing children, plants, and animals to create a

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more homelike environment. The Pioneer movement is dedicated to making nursing facilities places where people want to live and work.

LSA is not alone in addressing recruitment and retention issues. Many nursing and assisted living facilities have undertaken similar recruitment and retention efforts. Staff costs are 60% of a nursing facility's budget, and turnover and related staffing problems are at the root of most problems in a healthcare facility. Good quality direct care requires a connection between residents and staff, and new staffers don't know which resident likes cream in her coffee and who likes to sleep late in the morning. Facilities and organizations share their best practices, exploring every avenue to minimize turnover of staff and thereby improve care and services. There may be a glut of manufacturing and entry-level laborers in North Carolina and a corresponding shortage of jobs, but a caring Certified Nursing Assistant can pick her or his job from almost any Help Wanted section of the newspaper.

While our professional associations help with support and assistance, healthcare facilities will continue to struggle along, doing what they can to keep their heads above water. Much of the needed change will come only when the regulatory and societal issues are addressed, however. Today's perfection-based, punitive regulatory environment has not produced better healthcare facilities. It is possible and essen-

tial to establish a regulatory system that both protects the public and creates an environment in which residents, families, staff, and regulators work together.

Real quality of care costs money. We have to pay for good care, and we have to support it by electing public officials who will support it. Increasing Medicaid spending is a tough sell, especially in these economic hard times. (One major policy maker recently noted that nursing facilities might have their Medicaid rates cut this year. When asked how a nursing facility could keep staff when staff were told they would not be getting a raise on their already meager wages, the policy maker noted that the economic downturn would prevent them from finding another job. Such an attitude reflects a complete lack of knowledge of the problem and its consequences.)

Stakeholders need to come together. North Carolina may have to prioritize life-saving services ahead of other services. We, the citizens of North Carolina, may have to sacrifice to pay for life-saving services, if waste and nonessential services cannot be eliminated to pay for care.

When we meet our problems head on, we will honor our elders, we will honor and reward Lillie Alford and every other frontline worker in every healthcare facility in our state, and we will make real progress in caring for those in need.