Leadership

By Diane L. Dixon, EdD

Labor and Management Partner for Change

The labor-management relationship in long-term care has had a history of challenges. But, in New York City, there is evidence that collaborative relationships can lead to positive results in nursing homes. A partnership between 1199SEIU (Service Employees International Union) and the Continuing Care Leadership Coalition (a membership organization representing voluntary long-term care facilities in New York City) began in 2001 with the formation of the Quality Care Committee (QCC). This committee was the result of a contractual commitment between the Association of Voluntary Nursing Homes and 1199SEIU to address staffing and quality of care in the city’s nursing homes. What began as a 250-participant labor-management group from 14 homes rapidly grew to 400-plus groups including 40 homes in the greater New York area. According to Janice Dabney, LMSW, staff consultant to the partnership and coordinator of the QCC, the success of this partnership is rooted in the high involvement of leaders on all levels from senior level to direct care workers representing both the union and management. As a team, they have created a vision for person-centered care in New York nursing homes. They are committed to working together to enhance the cultures in these homes so that their vision becomes a reality. Ms. Dabney believes that training and education have enhanced the QCC’s efforts. The group has participated in a series of conferences focused on labor-management team development and transformational change in nursing homes during the last several years. This citywide effort involved management and direct care worker teams in a variety of experiences including on-site quality improvement efforts, person-centered care and culture change training in nursing homes, and mentoring support. These teams have attended national conferences, such as the Pioneer Network and the American Society on Aging, to learn more about person-centered care. The result is a spirit of teamwork and an enduring mission entitled Together We Can Build a Person-Centered Culture.

Specifically, Ms. Dabney indicated that the QCC mission is to “bring together leaders of labor and management to work collaboratively to improve care and work in nursing facilities and serve as a model to others interested in replicating similar labor-management partnerships.”

Marks of Achievement

The following are examples that highlight the outcomes of the partnership’s work:

► Isabella Geriatric Center is located in New York City and has more than 700 residents. In addition to its older adults, it also houses a child day care center, adult day health care, and community-based services. Food service staff member Gregory Boozer and community director Leslie Halliday shared their story at the American Society on Aging annual conference this year.

The center has been on an organizational change journey to develop person-centered care and to improve performance. This process was initiated with the development of a steering committee made up of representatives from all staff levels across operational and clinical areas. They reorganized the home into 18 neighborhoods with community directors that facilitate the development of interdisciplinary relationships focused on excellent clinical outcomes.

An example of person-centered change leadership is the “Dining Values Work Group,” which includes all levels of staff, residents, and families. They developed core values to guide the dining experience: choice, variety, communication, and flexibility in dining hours, serving methods, food, and ambiance.

As a result of these efforts, the tray line has been eliminated and the meal is served from a steam table and from beverage and soup carts. The dietary workers serve as dining hosts. Also, staff members from other departments—such as social workers, nurses, housekeepers, and dietary staff—engage in activities, meals, and recreation—encouraged to assist with the dining experience.

Serving the residents is the common focus of management and the union. The impact of this change has transformed not only dining but also the paradigm of care at Isabella.

► Sarah Neuman Center for Healthcare and Rehabilitation is a 300-plus-resident nursing home located in Mamaroneck, N.Y. It also provides adult day care and respite care. According to the American Society on Aging presentation by recreation leader Robert Church and Marie Michel, LPN, the center’s culture change process began in 2002 with the “Let’s Do Lunch!” pilot project.

This project launched a decentralized dining program that incorporates elements of family-style food service that gives residents more choice. The dining rooms in the residential neighborhoods were remodeled to create a more relaxed, person-centered mealtime. A steering committee comprising all departments and shifts developed additional processes to enhance person-centered care. Nursing units were transformed into neighborhoods with consistent assignments for all departments. This involved eliminating some department head positions.

With a themed approach, “Everyone in the neighborhood cares for the residents,” nurses, housekeepers, and dietary staff are engaged in activities, meals, and snacks. A community is made up of two neighborhoods, with interaction between staff and residents from both. Monthly community meetings serve as a forum for solving problems and suggesting new ideas so that implementing team decisions becomes a shared responsibility. The community director usually facilitates these meetings and actively listens to staff and engages them in the process of continuously improving person-centered practices in the community.

The results of this change have been significant. Immediately apparent was increased staff autonomy, which has led to enhanced confidence in their knowledge and experience. There is a new mind-set, characterized by “Do whatever I can to take care of the residents.” The collaboration between management and the union has provided the support needed to attain good outcomes. And most important, there has been a positive impact on the residents.

► Lunch! is a 320-resident nursing home located in Brooklyn, N.Y. It is transforming its culture into that of a neighborhood, community approach to resident care and living. For example, one neighborhood team launched the project called “Responding to Residents’ Life Rhythms” in an effort to enhance person-centered care.

The first step was to deepen the team’s understanding of residents’ needs. So, certified nursing assistants (CNAs), housekeepers, and dietary staff designed a survey tool to guide interviews with 80 residents to determine preferences for daily routines, meals, bathing, and other activities.

A nurse developed a spreadsheet to summarize the data. The survey results suggested bathing-schedule changes that reflected resident preferences. Some staff volunteered to modify their schedules (working from 6 a.m. to 2 p.m.) to accommodate resident choices.

This effort is more than a project. The center’s staff members are committed to continuous improvement and learning so that they can better meet the needs of their residents.

► For more than 100 years, Parker Jewish Institute, located in New Hyde Park, N.Y., has provided care for the elderly and disabled. According to Ms. Dabney, the institute has long recognized the importance of direct-care-staff leadership. These people believe that CNA involvement in decision-making is essential for person-centered care.

To that end, the 527-resident nursing home has created several opportunities to recognize and develop CNA leadership—CNAs and other direct care staff participate in committees focused on issues that most directly affect them. For example, committee work outcomes have included liberalizing uniform policies, developing unit-based scheduling, and creating a labor-management team to interview new staff.

The institute’s latest innovation is the creation of a new job classification and training program to encourage CNAs to become ‘resident care specialists.’ The labor-management team established the criteria, qualifications, recruitment strategies, and curriculum for this position. Training was provided by an interdisciplinary team, which included the facility’s medical director, vice president of patient care services, a social worker, and others.

The responsibilities of resident care specialists include enhancing clinical skills, assisting families, coordinating staff assignments on their neighborhoods, and providing leadership to new staff. These CNAs are empowered to use their creative problem-solving skills to immediately address a wide range of issues that ensure an enhanced quality of life for their residents.

The institute recently completed its first round of training and celebrated the graduation of 10 resident care specialists. This is a comprehensive method for improving staff retention by providing career growth opportunities. Management and union leaders have committed to working as a team to enhance this effort.

Learning from the Partnership

These cases teach us 10 valuable lessons about labor-management partnerships:

► Develop a shared purpose for working together.

► Discuss differences and seek common ground.

► Agree on mutual benefits of partnering.

► Create a unifying and inspiring vision.

► Identify specific mutual goals.

► Devise a joint action plan.

► Clarify roles and responsibilities.

► Communicate and engage in dialogue.

► Embed continuous learning throughout the process.

► Measure and evaluate results.

It also is important to share partnership results so that others can learn from these experiences. I hope that what we have learned from the labor-management partnership in New York will help others to achieve positive outcomes across the country.

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