



**SCHOOL OF NURSING**  
University of Wisconsin-Madison

## **Pre-Publication Brief Report:**

# **Evidence for Consistent Assignment**

A Critical Evaluation of the  
Literature and Current Practices

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## **Introduction**

A national survey of nursing homes in 2007 found that 74% of nursing homes reported having consistent or permanent assignment of nursing assistants in their homes (Doty et al, 2008). While many long term care consumers and providers have embraced consistent nursing assistant assignment as a way to improve quality of life and quality of care for residents, research findings on consistent assignment have been inconsistent, failing to provide convincing evidence for the practice. The practice “makes good sense,” but in a landscape of increasing demands on long term care providers that still struggle with issues such as high staff turnover and increasing resident acuity, we believe it is a practice that warrants further exploration in terms of the benefits and challenges in implementation. The study team set out to review the literature available on consistent assignment in nursing homes and to understand how the practice is being implemented in a small sample of nursing homes. This report is intended to briefly inform the practice and research field prior to peer-reviewed journal publication.

## **Literature Review**

Eighty-seven documents related to consistent assignment of caregiving staff were reviewed. While some studies showed a positive impact of consistent assignment on staff and resident outcomes, others found no change, and in some, consistent assignment was linked to poorer outcomes for residents and staff. A few studies reported significant barriers to implementation or resistance from staff.

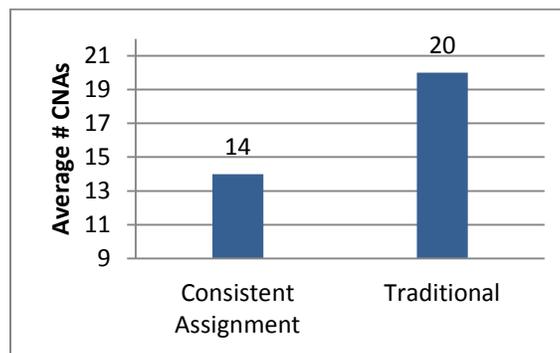
A closer look at both consistent assignment practice and study methodology helps us understand why there might be so much variance in reported outcomes. For example, a lack of detailed definition for consistent assignment across studies makes determining impact of the practice difficult. Studies simply relied on homes to state if they were using consistent assignment of CNAs or not, without defining a numerical level of consistency. This means Home A with 22 CNAs assigned to a resident in one month may state they are using consistent assignment, as could Home B with 10 CNAs per resident. You can see where outcomes might vary depending on the specific level on consistent assignment. Furthermore, consistent assignment was often implemented as part of a package of interventions which makes it difficult to understand which ingredient was responsible for change.

## Current Practices

Data on consistent assignment of Certified Nursing Assistants (CNAs) to nursing home residents were collected from 30 skilled nursing facilities and examined to understand variations of practice across these organizations. Due to the small sample size, relationships found in this report are speculative and are not generalizable. However, interesting trends were noted, providing information to shape further inquiry.

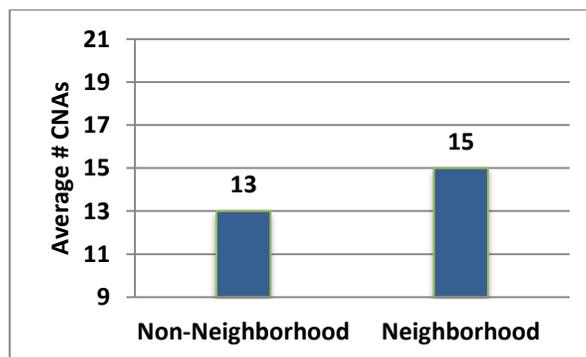
## Differences in Consistency of Staff

Residents in consistent assignment homes had a smaller pool of CNAs caring for them (more consistent assignment) compared to traditionally staffed homes.



## A closer look at neighborhood models

For those not familiar with the neighborhood model, this occurs when a “group” of CNAs, are assigned to a “self-contained” unit (kitchen, laundry on single unit not shared with others) and each group is empowered to decide how they will handle the care and other duties for the shift. The following table provides a comparison of homes currently using consistent assignment practices by model and their differences in the number of CNAs per resident over one month.



The neighborhood model has been seen as an optimal way to increase familiarity of people and place for nursing home residents. The finding that the neighborhood model increases the number of caregivers (lowering consistency of CNA assignments to residents) was surprising to the research team, however differing use of universal workers may artificially make the number of CNAs look higher on paper than what the resident experiences. This issue warrants further investigation as neighborhood models grow in popularity and elements of culture change are blended to improve quality.

### **Implications for providers**

Trying to achieve consistent assignment of CNAs makes logical sense to many. We all would rather have 10 great staff caring for us rather than 25. Can you imagine trying to remember the names of those 25 people rotating through your room and understanding whether they have any business helping you get dressed? As a low-cost change homes can make, it seems to make “good sense.”

However, research has demonstrated that consistent assignment does not universally lead to improved staff and resident outcomes. Staff burnout, low satisfaction, and higher turnover can result, particularly if staff are assigned to residents they have difficulty caring for or if they feel they have been given more accountability without adequate support. Resident quality of life and quality of care do not always improve, particularly if staff are not provided support and knowledge to improve care practices as well. These are certainly challenges that can be successfully addressed.

Finally, the Advancing Excellence in America’s Nursing Homes campaign offers common definition of consistent assignment we all may wish to consider. This will help us in moving evidence on the practice forward and will provide useful benchmarking for homes. They have established a (recently revised) campaign goal of each long stay resident having no more than 12 CNAs over one month and each short stay resident having no more than 12 CNAs over two weeks. Tools to track progress on meeting goals can be found on the Advancing Excellence website:

<http://www.nhqualitycampaign.org>

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