

## Utilizing Geriatric Nurse Practitioners to Educate Nursing Facility CNAs

AHCA Funding Agreement No. AFA14

**This study was funded by the Florida Agency for Health Care Administration and designed to evaluate the impact of a geriatric nurse practitioner working directly with nursing facility nurse's aids to improve their clinical and observational skills. By improving the skill level of nurse's aids through direct one on one intervention by the Nurse Practitioner, professional job satisfaction increased resulting in improved quality of care for residents and a reduction in nurse aid turnover.**



Final Report

July 8, 2007



The TRECS Institute

Targeting Revolutionary Elder Care Solutions

# Utilizing Geriatric Nurse Practitioners to Educate Nursing Facility CNAs

## *A Comment from the Executive Director of The TRECS Institute*

Turnover of nurses aids within the long term care industry continues to be a major problem not only effecting quality of care but also contributing to overall cost. For some facilities, the turnover rate can reach as high as 100% per year!

Yet, over the years the turnover rate for aids working in specialty units such as hospice care, ventilator units and Alzheimer units, has historically been very, very low. Why is this? What happens in these specialty units that keeps nurse aids working and the turnover rate so low?

Over my almost 30 years in the long term care industry, I have been intrigued with this issue and, based on observation believe the key is “professional job satisfaction.” It would appear that the nurse aids working in specialty units receive greater training in the unique care needs of the residents of that unit, are considered an important part of the team within that unit, and as a result, have a greater level of professional job satisfaction.

This study was designed to test the hypothesis that greater professional job satisfaction is a key consideration in keeping staff and reducing turnover. General floor nurse aids were provided with special training through direct interaction with a nurse practitioner. The training was designed to improve their clinical and observational skills, allowing them to increase their participation in the care team and to generate a higher level of job satisfaction. While the sample size was small and therefore the results not statistically significant, the findings do support the hypothesis. In addition, we concluded that the best method for training these nurse aids was not in small groups in a classroom type setting as originally thought, but rather one on one. This is due to several factors including: inability to take multiple aids off the floor at the same time without impacting on quality; the variation of educational levels within the aids making it extremely difficult to create an effective session that reaches all levels; and finally, a language barrier because many of the aids speak English as a second language and their level of comprehension is often limited. These factors all dictated the need for the nurse practitioner to create special one on one training sessions.

Perhaps the best gauge of the success of this initiative was the overwhelming positive responses from the nurse aids themselves at the conclusion of the project. The one on one training they received gave them added confidence and most importantly, made them feel special. They were most appreciative of the opportunity to be part of the project and all stated their desire to continue working, and learning, with the nurse practitioner.

Special thanks to the Florida Agency for Health Care Administration for funding this pilot study, and to Susan Saulsbery, the nurse practitioner on the project placed by Integritas, who created such a strong relationship with the aids and made this program a success!

I encourage every nursing facility to consider utilizing a nurse practitioner in this capacity within their facility. While the nurse practitioner's salary will not be fully covered by the reimbursement he/she generates from seeing residents, the indirect impact they can make on the facility, in terms of both quality of care improvements and cost savings, will make this effort a solid success in your facility.

While this study focused primarily on the impact of nurse aid turnover, a new article appearing in the September issue of Provider Magazine offers additional information and support on the positive quality of care and financial implications of utilizing a nurse practitioner in the nursing facility setting. The article is titled: "*Skilled Nursing Facility Economic Outcomes – A Comparison of Two Non-Physician Practitioner Service Models.*"

Finally, the TRECS Institute wishes to thank the Corporate Management Team at Tandem Health Care as well as the management teams at both facilities, the staff and especially the nurse aids at Tandem of Fort Myers and Tandem of Port Charlotte for their participation in this project.

Respectfully submitted,

John Whitman  
Executive Director  
The TRECS Institute



## Executive Summary

This project was initiated by The TRECS Institute in response to continued high nurse aid turnover within the long-term care industry despite the fact that certain select specialty care areas, such as ventilator care and hospice care, historically maintained extremely low nurse aid turnover. Why did this extreme diversity exist, even within the same facility?

Over years of observation, a hypothesis was developed suggesting that it was the additional attention, training and participation of nurses aids in these specialty units that resulted in much higher professional job satisfaction and therefore, less desire to leave. To test this hypothesis, The TRECS Institute, through Tandem Health Care, submitted a grant application to the Florida Office of Health Care Administration. The application was approved and a one-year evaluation process was put into place running from May 2006 through April 2007. A nurse practitioner was identified, recruited and hired to work in two separate facilities located within a 35-minute drive of each other.

The nurse practitioner spent a half day, five days a week working one on one and in small groups with the nurses aids with the specific goal of improving their clinical and observational skills allowing them to provide a higher quality of care to their residents.

Employee satisfaction surveys were administered at the beginning of the project, at the six-month mark and again at the twelve-month mark. In addition, statistical data on nurse aid turnover, ER visits and hospitalizations were maintained at both facilities. At the conclusion of the study, a series of interviews were conducted of the management team, the nurse practitioner, and the nurses aids to gain additional insights into the value of the project.

While it is fully recognized that a two facility sample does not constitute a statistically significant sample size, the results of this year long study do strongly support the initial hypothesis, that by providing nurses aids with additional training opportunities designed to increase their clinical and observational skill levels, in a positive supportive environment, it will increase their personal level of professional job satisfaction resulting in lower turnover. In addition, with their improved clinical and observational skills, it was noted by management that the overall quality of care provided by those nurses aids participating in the project showed significant improvement.

As a pilot study, certain initial thoughts and assumptions about the training component of this study did not hold true. Specifically, the nurse practitioner hired for this project found three significant findings early on in the process:

- It was next to impossible to find a time when all of the nurses aids could come off the floor together and therefore the class room style of teaching was quickly replaced with one on one training.
- The classroom approach also proved inappropriate due to the tremendous differences in basic educational levels of the CNAs. These varied levels made it very difficult to structure effective classroom sessions.
- Many CNAs spoke English as a second language making it often difficult to understand the lessons being taught by the instructor.

One of the additional hypotheses of this project was that by having a nurse practitioner available to see residents early as problems first surfaced, and with the additional observational and clinical skills of the nurses aids, that visits to the local hospital emergency room and overall hospitalizations could be decreased. While this was felt to be intuitively true by management, the actual numbers remained somewhat consistent without significant reductions. It has been suggested however, that given the increased and growing level of acuity of skilled care patients over the past few years that, without the nurse practitioner in place, the numbers would have been much higher. The management team of both facilities confirmed this thinking based on their personal observation and experience at the facilities.



## General Overview

This document is the final report from The TRECS Institute detailing the findings and recommendations of a year long study titled: *“Utilizing Geriatric Nurse Practitioners to Educate CNAs.”*

A Ph.D. researcher developed the project design with support from a geriatric nurse practitioner and professor at the University of Pennsylvania School of Nursing. Susan Saulsbery, a geriatric nurse practitioner was retained specifically for this project and began working in May of 2006 and worked through April of 2007.

John Whitman, Executive Director of The TRECS Institute was the Project Coordinator for this effort, and enrolled two facilities to participate. The two participating facilities were:

- Tandem Health Care of North Fort Myers
- Tandem Health Care of Port Charlotte

To kick the project off, meetings were also held with the NFA and DON’s of both facilities. The administrator at the North Fort Myers facility is Chris Brookshire. Rachael Dylenski is the administrator at the Port Charlotte facility. The management teams of both facilities were very accommodating and truly excited to be a part of this program. Each facility identified two units that would become part of the study and two units that would be used as the control group.

***The primary goal of this project was two fold:***

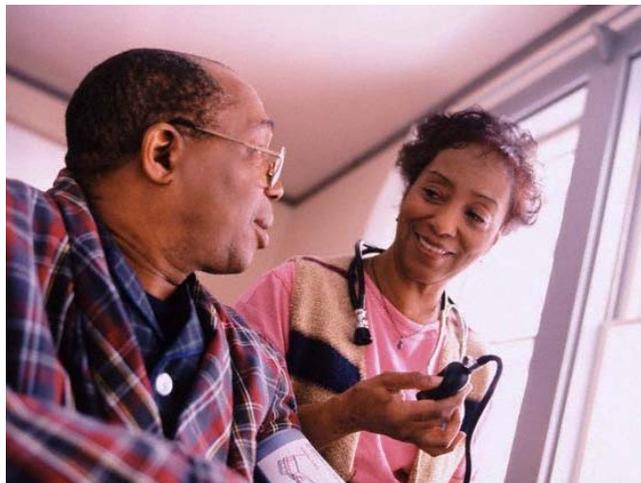
***#1. To determine if CNA turnover can be reduced by improving the actual level of professional job satisfaction for CNAs through direct, hands on training by a geriatric nurse practitioner;***

***#2. To determine if using a nurse practitioner within the nursing facility on a regular basis can help reduce ER visits and hospitalizations of nursing facility residents.***

For the first goal, the project design called for increasing CNAs clinical and observational skills levels and overall comfort in dealing with residents. In doing so, the hypothesis was that these employees would experience greater professional job satisfaction resulting in reduced turnover. This phenomenon appears to historically hold true for a variety of specialty units within the industry such as ventilator care, inpatient hospice and Dementia, but not on the general medical floors. This project specifically targeted CNAs not working in specialty units but working the general medical floors.

For the second goal, this project tested the hypothesis that with regular access to a nurse practitioner who can be available on a regular basis to evaluate nursing facility residents showing medical difficulties, that those medical issues can be identified early and appropriate interventions put into place. In doing so, the hope was to resolve medical issues before they escalate to such a point that an ER visit or hospitalization becomes necessary.

This project was originally scheduled to start in January 2006 however, it was delayed due to the inability to identify, recruit and retain a skilled geriatric nurse practitioner with solid teaching and interpersonal skills, obviously key characteristics for this project. As such, the project did not officially begin until May 1, 2006. Data collection continued through April 30, 2007. A 45-day time frame was then utilized for analysis of data, interviews of key players and writing of the final report.



## Employee Survey

Employee satisfaction surveys (See attachment I) were completed by the CNA's involved in the study (Test Group) and the corresponding CNA's in the Control Group in both Tandem at North Fort Myers and Tandem Port Charlotte. There was a total of 32 CNA's in the test group representing 8 in each of the four selected units, two from each facility. Nurses aides from the two control groups of each facility were also asked to complete the surveys. The survey tool was administered at the start of the project, at six months and again at twelve months. The results of the surveys were tabulated and can be found in the attached excel file to this report.

The initial survey was administered to all CNAs within the two facilities seeking to benchmark their initial level of professional job satisfaction and then record any changes over the first six months and the final six months of the study. The actual survey tool was developed by the Research Design Specialist and can be found as **Attachment #1**.

The survey was designed to look specifically at the CNA's response to the following eight key areas:

- Respect
- Teamwork
- Supervision/ Recognition
- Orientation /Training
- Communication
- Fairness
- Quality Care
- General Morale/Satisfaction

Multiple questions were asked in each section with the option of agreeing with the statement, disagreeing with the statement or identifying it as not applicable. In addition, the option to add personal comments was available at the end of the survey.

The results of the full year process are generally positive for the Fort Myers location but less positive for the Port Charlotte location. During the course of the first six months of this study, Port Charlotte experienced some unexpected and significant changes in middle management and a new DON at the facility. As a result, internal operational changes were taking place that artificially impacted on turnover and overall stability for purposes of this study.

At the Fort Myers location however, where management has historically been strong and stable, the results are more in keeping with the anticipated outcomes of this project. The tables on the next page show the results of the employee surveys at both the Fort Myers and the Port Charlotte facilities for the initial survey, the six-month survey and the one-year mark for both the test and control groups. Graphs of the final results are presented below.

Some of the personal comments appearing on the surveys that the CNAs identified as improved by participation in the project included:

- Teamwork of the staff
- Overall skill levels of the staff in general

Some of the comments provided in the “Things You Would Change” section included:

- Salary levels
- Benefits, especially healthcare benefits
- Additional staff
- Additional training

At the Fort Myers location, positive improvement was found in all eight categories for the Test Group with an overall improvement of 33%. Individual categories showed improvements from a low of 9% to a high of 56%. The Control Group, while showing improvement, was not as positive as the Test Group. Their total improvement across all eight categories was 20% with individual categories showing no improvement to a high of 38%.

Port Charlotte showed much weaker results, again, attributed to the significant transition that took place in the management team of that facility. The Test Group actually showed a slight reduction in staff satisfaction of -3% with 5 categories showing some gain and three categories actually showing reductions. The Control Group showed a higher decline of 8% with 7 of the 8 categories losing ground. The positive news from these results is that it appears the Test Group did better than the Control Group and hopefully due to their participation in this study. The results at the 12-month mark will help further solidify this assumption at the end of the study.



## ***Fort Meyers Employee Surveys***

Area of Evaluation	Pre Survey		6 Month Survey		12 Month Survey		% Increase	
	Test	Control	Test	Control	Test	Control	Test	Control
Respect	31	39	48	41	57	45	83%	15%
Teamwork	19	21	23	29	38	33	100%	57%
Supervision/Recognition	29	32	36	32	45	34	55%	6%
Orientation Training	11	10	12	15	18	16	70%	45%
Communications	35	38	40	49	55	51	57%	34%
Fairness	12	19	15	20	21	20	75%	5%
Quality Care	15	10	22	19	28	17	86%	70%
General Morale	32	40	50	46	57	48	78%	20%
<b>Totals</b>	<b>184</b>	<b>209</b>	<b>246</b>	<b>251</b>	<b>319</b>	<b>264</b>		

**Note:** Numbers above represent the positive responses in the “Agree” categories of the surveys. The percent increase (or decrease) represents the change that occurred in each category from the initial survey compared to the results of the final survey completed at the end of the twelve-month program.



## *Port Charlotte Employee Surveys*

Area of Evaluation	Pre Survey		6 Month Survey		12 Month Survey		% Increase	
	Test	Control	Test	Control	Test	Control	Test	Control
Respect	43	32	46	36	54	38	26%	18%
Teamwork	30	24	26	21	40	24	33%	0%
Supervision/Recognition	38	28	32	27	48	33	26%	18%
Orientation Training	16	13	16	12	19	15	18%	15%
Communications	50	42	48	35	57	46	14%	10%
Fairness	22	18	18	14	24	22	9%	22%
Quality Care	22	19	22	17	26	23	18%	21%
General Morale	58	51	62	47	64	56	10%	10%
<b>Totals</b>	<b>279</b>	<b>227</b>	<b>270</b>	<b>209</b>	<b>332</b>	<b>257</b>		

**Note:** Numbers above represent the positive responses in the “Agree” categories of the surveys. The percent increase (or decrease) represents the change that occurred in each category from the initial survey compared to the results of the final survey completed at the end of the twelve-month program.



## Hospital Admissions

One of the goals of this project was to reduce the number of hospitalizations and ER visits through the presence of a nurse practitioner and the additional training being received by the CNA's. This particular aspect of the study has been most difficult to interpret as seen in the attached chart showing the last four years of admissions to the hospital from both North Fort Myers and Port Charlotte nursing facilities.

### *Hospital Admissions*

<i>North Fort Myers</i>				<i>Port Charlotte</i>			
<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
<i>123</i>	<i>106</i>	<i>103</i>	<i>89</i>	<i>73</i>	<i>84</i>	<i>92</i>	<i>90</i>

Fort Myers showed a substantial reduction from 2005 and 2006 with a drop in admissions by 37%. Port Charlotte on the other hand did not see an actual reduction. It has been suggested however by the management team and nursing staff of both facilities that, given the increase in acuity being seen in skilled nursing facilities, that without the nurse practitioners early intervention within the facility, the number of admissions would have been substantially higher in both facilities.

### **Economic Impact of Reduced Hospitalizations:**

When a resident of a nursing home is transported to a local emergency room, it almost always results in an admission. Under current reimbursement regulations, the amount of payment received by the hospital depends on what DRG that resident is admitted under. That amount can range dramatically from approximately \$3000 to \$15,000. For purposes of this analysis, an average payment of \$6500 per admission has been applied.

The following chart estimates the economic impact for the two facilities in question, using the actual reduction in hospital admissions in the test year compared to the year before. The second chart applies that same level of savings achieved at the two test sites to the nation's 17,000 nursing facilities to estimate the national impact of utilizing nurse practitioners within skilled care facilities to reduce hospitalizations.

**Estimated Savings  
(Actual Reductions)**

	<b>Reduced Admissions</b>	<b>Total Savings</b>
<b>North Fort Myers:</b>	<b>12</b>	<b>\$91,000</b>
<b>Port Charlotte:</b>	<b>2</b>	<b>\$13,000</b>
		<hr/>
		<b>\$104,000</b>
		<hr/> <hr/>

*(Average savings per facility = \$52,000)*

**Estimated Savings  
(National Estimates)**

**\$52,000 \* 17,000 facilities nationally .....\$884,000,000.**

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**ER Visits**

The number of ER visits, that is, the number of nursing home residents that go from the facility to the local hospital ER and are returned to the facility in the same day is very low. The largest percentage of those residents going to the ER are admitted to the hospital. The few exceptions are those going to the ER for minor procedures such as x rays for minor procedures that cannot be completed at the nursing facility. Based on current discussions with the staff at both test facilities, the number of ER only visits (not admitted to the hospital) are very limited. In fact, both facilities were only able to go back one year to 2006 for that data. The following tables show the actual emergency room visits that did not result in hospitalization for the control year (2006) and the test year (2007). The Fort Myers Facility actually showed a small increase (8%) in emergency room visits while the Port Charlotte facility showed a significant reduction (35%). Given the small sample size and other uncontrollable variables (such as physician availability to staff) it is impossible to draw concrete conclusions from these numbers. It is very reasonable however to hypothesize that by increasing the skill level of staff and making the nurse practitioner available for ongoing patient care support, that reductions in emergency room utilization would be a logical outcome.

## Emergency Room Visits Per Month – Fort Myers

	2006	2007
May	1	1
June	1	1
July	2	1
August	0	2
September	0	0
October	3	3
November	1	1
December	1	1
January	0	0
February	1	1
March	1	1
April	0	0
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	11	12



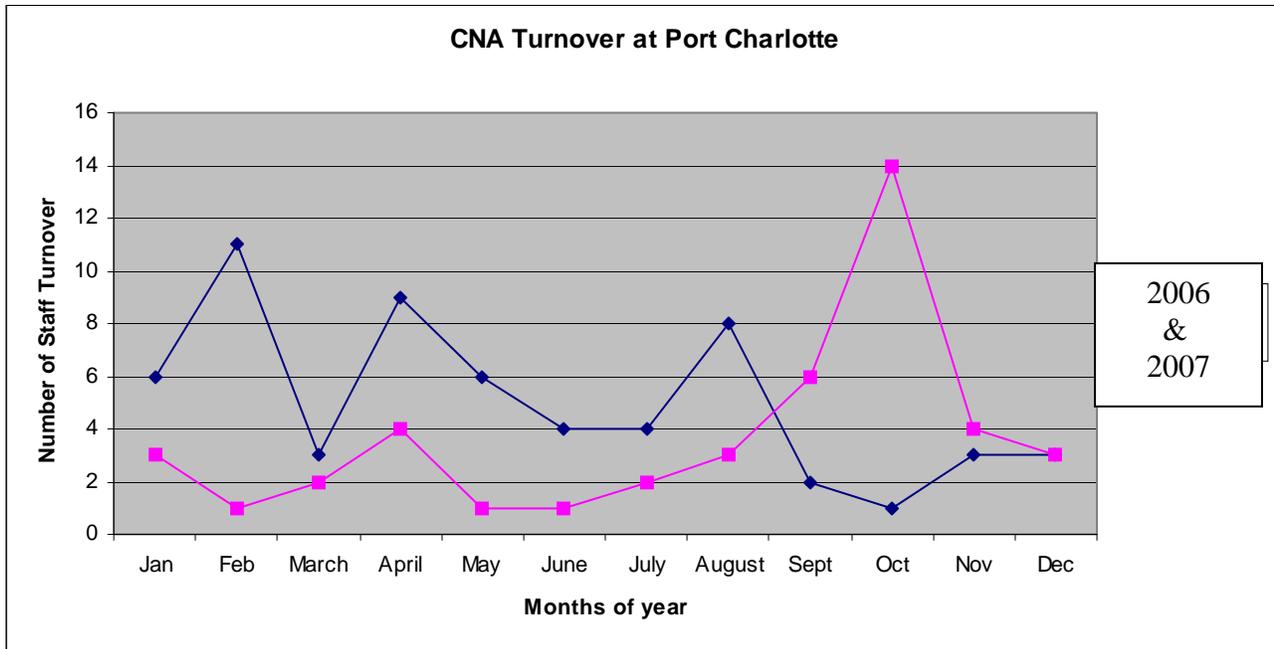
## Emergency Room Visits Per Month – Port Charlotte

	2006	2007
May	2	1
June	2	1
July	1	2
August	0	1
September	1	0
October	1	2
November	2	0
December	1	1
January	3	0
February	1	2
March	2	1
April	1	0
	<hr/>	<hr/>
	17	11

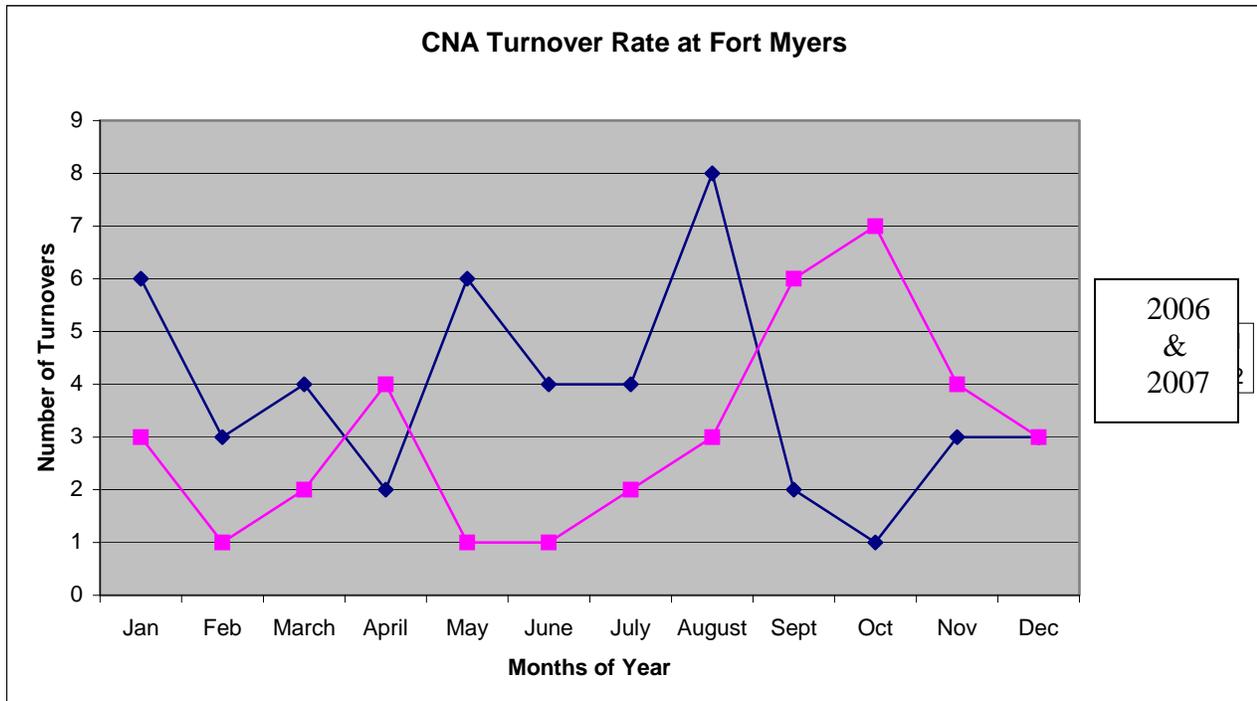


## CNA Turnover Rates

One of the key research items driving this study is the ability to reduce CNA turnover as a result of participating in this study. Unfortunately, the unexpected changes in management staff at the Port Charlotte facility is a variable that was not anticipated in planning this study design. In addition, a new DON at the Fort Myers facility brought certain unexpected staff changes that also impacted negatively on staff retention.



Note: Blue line represents May through April 2006 and pink line represents May through April 2007



Management turnover is widely known in the industry as a cause for increased staff turnover and indeed, the turnover rate at Port Charlotte during the first half of this study reflects that outcome. The turnover rate at North Fort Myers was increased in the second half of the study time frame as a result of the change in DON. The graphs above show the facility wide turnover for the past two years at both facilities. The total staff turnover during the test period is slightly less than the corresponding year before however, the difference is not significant. What is significant however, are the comments made by those involved in the study itself. When the nurses aids were asked about their participation in the program, the following comments where received:

***“We have had nurse practitioners here before, but never have they taken the time to teach us so much”***

***“I am so much stronger clinically then I was before the program!”***

***“You can see the relationship that has developed on the floor.... The CNA’s go right to the nurse practitioner when they have questions and she always helps!”***

***“ Wish this program wasn’t ending!”***

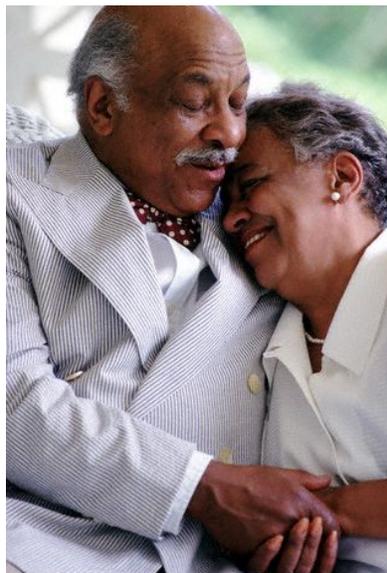
***“I feel so much more prepared to do my job now!”***

***“My clinical skills are so much better now!”***

***“The level of communication with us (the CNA’s) was great!”***

***“ I like my job so much better now and I can take better care of my residents!”***

***“ loved the one on one attention... I learned so much!***



## Other Findings and Thoughts

Through observations of the management team at both facilities as well as comments from the nurse practitioner herself, several key observations are worthy of reporting:

- The nurse practitioner participating in this initiative, based on observation only, reported that the project was successful for the following reasons:
  - Skill levels of CNAs have increased
  - Increased team effort being seen
  - Positive feed back from floor RN's who report that their CNA's have more skill levels now than before
  - Quality of care for residents has been observed by the charge nurses
  - Additional benefits found: In addition to improving the skill levels of CNAs, the nurse practitioner and the facility management teams agreed that having the GNP available to see residents has improved the overall quality of care at the facilities and has reduced ER transfers and hospital admissions for medically related issues.
  
- The GNP also reported that the basic skill levels of some of the CNAs at the start of the project were lower than expected. This forced her to adjust and refine her teaching techniques.
  
- Of particular concern was the fact that so many staff could not read well and did not have a strong command of the English language. In fact, for many of the aids, English was a second language and their level of comprehension was limited.
  
- The GNP reported that the best teaching technique proved to be one on one observation and active participation.
  
- Each month a new focus was presented to the CNAs . Attached to this report are power point presentations for each months educational initiative.

**Final Conclusions:** This study has been very informative and exciting to watch unfold. The most exciting aspect was to see the level of enthusiasm of the CNAs involved in the study. The study showed that direct involvement by a nurse practitioner with CNAs in a one on one learning environment, has tremendous benefits in improving clinical and observational skill levels and improving job satisfaction of CNAs. While dramatic changes in turnover rates and hospital admissions were not seen, the changes were non the less present and positive.

The overall reaction of the CNAs and the positive observations by the management team of both facilities, strongly support the continued use of nurse practitioners not only to see patients as needed, but to also play an active role in teaching and education the CAN staff of the facility.

This report is respectfully submitted by The TRECS Institute

# Attachment #1

## Staffing Job Satisfaction Questionnaire

*The TRECS Institute has been funded through the State of Florida, Agency for Health Care Administration, to conduct a year long study looking at the potential impact of reducing emergency room visits and hospitalization of nursing home residents as well as reducing nurse aid turnover, through the effective use of a geriatric nurse practitioner. As part of this research effort, nurse aids form participating facilities will be asked to complete the attached survey at the beginning of the study, at the end of month six and again at the end of the first year.*

*Please review the attached questionnaire and answer each question as accurately as possible.*

*The purpose of this questionnaire is to give you a chance to express your feelings about various aspects of your work. **Your answers to the questionnaire are completely anonymous. No one will know how you, as an individual answered these questions. All responses will be analyzed on a group basis only.** We encourage you to be open and honest in your answers, for only then will the results of the survey have any real meaning.*

*On behalf of The TRECS Institute, "Thank You" for helping to make this a successful effort, which we hope in turn, will help to further improve our nation's long term care system!*

<b>I. Instructions</b>	
<ul style="list-style-type: none"> <li>✓ Leave blank any item that does not apply</li> <li>✓ Use black ink or black marker</li> </ul>	<ul style="list-style-type: none"> <li>✓ Fill in circles completely</li> <li>✓ Please include comments</li> </ul>

<p><b>Job Classification</b> On the list below, please fill in the ONE circle next to the classification which best describes your position in this organization.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Department Heads</li> <li><input type="radio"/> Nurse Admin (ADON/RN Unit Mgr./Case Mgr.)</li> <li><input type="radio"/> RN</li> <li><input type="radio"/> LPN</li> <li><input type="radio"/> Nursing Assistant</li> <li><input type="radio"/> Service Personnel (Dietary/Laundry Maintenance/Housekeeping)</li> <li><input type="radio"/> Rehab/Therapy Personnel</li> <li><input type="radio"/> All Others (Medical Records/Activities/Business Office Personnel)</li> </ul>	<p><b>Department Code</b> On the list below, please fill in the ONE circle next to your department code.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Nursing</li> <li><input type="radio"/> Housekeeping/Maintenance</li> <li><input type="radio"/> Dietary</li> <li><input type="radio"/> Rehab</li> <li><input type="radio"/> Business Office</li> <li><input type="radio"/> Other</li> </ul>	<p><b>Shift</b> On which shift do you usually work.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Days</li> <li><input type="radio"/> Evening</li> <li><input type="radio"/> Nights</li> <li><input type="radio"/> Weekends</li> <li><input type="radio"/> Rotating</li> <li><input type="radio"/> Other</li> </ul>
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**Consider all aspects of your job. Circle the face, which best expresses how you feel about your job in general.**



Fill in the circle that best describes your answer to the statement.

Agree	Disagree	Not Applicable	Statement
<b><u>Respect</u></b>			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. At this facility, employees are treated with respect and compassion.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. My supervisor (the person I report to) demonstrates respect and compassion in every interaction with, co-workers, residents, patients, guests, customers and me.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. My supervisor treats employees with respect and compassion.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. The Executive Director treats employees with respect and compassion.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. I demonstrate Compassion and Respect in every interaction with my supervisor, co-workers, residents, guests and customers.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Residents and patients are treated with Compassion and Respect in the facility.
<b><u>Teamwork</u></b>			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. My co-workers possess and demonstrate the Tandem core Values of Compassion, Honesty, Integrity, Respect and Passion.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. My co-workers and I have good working relationships.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. My co-workers and I work together and pitch in as necessary to get the job done.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. The people I work with pull their own weight.
<b><u>Supervision/Recognition</u></b>			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. My supervisor (the person I report to) lets me know how well I am doing.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. My supervisor (the person I report to) motivates me to do my best.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. My supervisor (the person I report to) respects high quality work.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. When things go well in my job, my contributions are recognized.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. I believe Tandem appreciates my efforts.
<b><u>Orientation/Training</u></b>			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. The new employee orientation provides useful information about the company and the facility.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. I have the training I need to do my job.

Agree	Disagree	Not Applicable	Statement
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**Communication**

- 18. If I have questions, people get back to me with the information I need.
- 19. I understand the reasons behind decisions that affect my job.
- 20. I can disagree with my supervisor without fear of being punished.
- 21. On the whole, Tandem does a good job of communicating with employees.
- 22. This survey is a good opportunity to voice my opinion.
- 23. I feel that management will listen to the results of this survey.
- 24. I have been told about the facility’s Innovation Station and have used it to provide suggestions to better my job or the facility in which I work.

**Fairness**

- 25. Policies are consistently and fairly applied.
- 26. Tandem has effective procedures in place to review my concern if I feel that I have been treated unfairly.
- 27. Work and assignments are distributed fairly.

**Quality Care**

- 28. Quality care is a top priority at our facility.
- 29. I have the equipment and materials I need to provide quality care.
- 30. I would recommend this facility to others who are prospective patients.

**General Morale/Satisfaction**

- 31. If I do a good job, I am told so, and made to feel appreciated.
- 32. Morale at this facility is good.
- 33. I am proud to work at this facility.
- 34. Management encourages employees to identify better ways to do their jobs.
- 35. I would recommend this facility to others as a place to work.
- 36. I am satisfied with my job.
- 37. Tandem as a place to work is better than other companies I know about.



## *Attachment #2*

The following pages contain power point presentations used from month to month in working with nurses aids to improve their clinical and observational skills and in doing so, improving their level of job satisfaction resulting in reduced CAN turnover.

