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August 1, 2017

Extra Extra!



As you may know already, our **Solutions Newsletter** arrives in your inbox twice per month, in the form of a main *Solutions Newsletter* at the beginning of the month, and a supplemental *Food For Thought* section arriving around mid-month.

Starting with this issue, we have combined these two halves into one ***Solutions Newsletter*** publication which will continue to arrive at the start of the month with no mid-month supplement. Likewise, you will continue to occasionally receive special articles, white papers, and event notifications on a timely and pertinent basis as newsworthy information arises.

We are interested in hearing from you!

If there are issues or topics you would like us to address in future Solutions Newsletters, [please let us know](#).

WORKFORCE 21: Recruitment, Selection and Retention of Quality Employees

"If you are the employer of choice, you'll be the provider of choice."

To run a successful organization, we must have dedicated, quality co-workers that embrace the team concept. Like never before, we're being challenged to find the quantity and quality of co-workers necessary to be involved on our successful team.

It is possible to reduce turnover to lower than the national average in a short period of time! Maun-Lemke can show your organization how to keep, select and recruit staff by improving team-based involvement in Recruitment, Selection, and Retention (RSR) that dramatically affects morale, communication, quality of delivery, and movement toward employer of choice status. Organizations can master these techniques for dealing with the *new* workforce:

1. How to develop a specific method for the individual unit/shift within a facility to keep score on success (this scorekeeping includes call-ins, overtime, agency utilization, tardiness, turnover, and floating).
2. How to implement a realistic model for pilot projecting and self-scheduling.
3. How to develop a specific understanding of how to deal with the workforce that is entering facilities today (especially individuals 24 years of age and younger).
4. How to implement a successful self-reporting system that develops team-based accountability and motivated behavior on a daily basis.
5. Designing a 12-week RSR team that accomplishes measurable results for turnover.
6. How to implement an accountable model for supervision/leadership on the unit or shift.
7. Preparing the organization for methods and techniques to engage in the *new* workforce.

If you would like more information on Maun-Lemke's WORKFORCE 21, contact Kathy Cain, Vice President at 800-356-2233.



The Leading Edge

Surefire Strategies to Help Decrease Turnover of Direct Care Staff

Direct care staff, which includes nursing assistants, home health aides, home care aides and personal care workers, are an integral part of any long-term healthcare organization. These employees provide essential, *high touch* services that have a direct impact on patients' and residents' quality of life. These services include bathing, dressing, toileting and eating. However, turnover among direct-care staff is high, which not only has a substantial negative impact on your organization, but also your patients and residents.

The primary drivers of high turnover rates within direct care staff include:

- low pay and lack of benefits, like health insurance
- poor relationships with supervisors and co-workers
- little or no advancement opportunities
- challenging hours
- physical and emotional demands
- lack of respect by management, residents' families and society

The remainder of this article will focus on strategies you can implement to help address the top three reasons listed above.

- 1. Low pay & lack of benefits:** Direct care workers receive some of the lowest wages in the United States. According to several labor and research companies, the median hourly wage for direct care staff is just a little over \$10, which is significantly less than the median wage of \$15+ for all U.S. workers. Increasing pay and benefits is not an easy or quick thing to do, but high turnover can prove to be a significant financial burden on your organization if not addressed. Some strategies to help solve this pain point include:
 - New employee referral bonus programs
 - Flexible work schedules
 - Longevity bonuses
 - Recognition of employees for years of service
 - Tuition reimbursement programs
- 2. Poor relationships with supervisors and co-workers:** In-home care has increased significantly over the past few years, and with that has come some increased challenges. In a home setting, direct care staff must exercise greater skill, judgment, autonomy, responsibility, and independent decision-making. An increased shift to home care also limits the supervision of direct care staff and the interaction they have with co-workers. Strengthening relationships between workers and their supervisor can provide motivation and incentive to improve performance and can increase retention. Strategies that may be used to build working relationships include:
 - Providing clear roles, responsibilities, and expectations—both verbally and in writing
 - Weekly 1-on-1 check-ins
 - Clear visibility and access to support—direct care staff should know exactly how to contact supervisors and this should include several channels—office phone, email, mobile phone, etc.
 - Annual staff recognition functions
 - Team-building activities and *off-sites* to encourage team bonding
- 3. Little or no advancement opportunities:** According to recent data and surveys, direct support workers are often viewed by organizations as interchangeable, easily replaced, entry-level employees. Many direct care staff may feel unsatisfied and frustrated with their position because they don't feel valued and they feel there is no advancement opportunities. A focus on training and education programs is a strategy to help alleviate this specific driver for turnover. The following strategies can help your direct care staff get the education and training they need to advance in the workplace:
 - Developing and implementing a standardized curriculum to train direct care staff. This should include credentialing and certification programs.
 - Adopting apprenticeship programs
 - Developing peer support training and certificate programs that provide certification, continuing education, and ongoing technical support

There are certainly several more reasons why direct care staff decide to leave, and many more strategies to help solve this problem. However, the items listed above are

some of the most common instigators of turnover, and the strategies listed should help address this growing problem. Get started today!

*"Who aims at excellence will be above mediocrity;
who aims at mediocrity will be far short of it."
—Burmese Saying*



Employees Matter

Building Effective & Cohesive Teams: 3 Key Steps

Teamwork and collaboration are big buzzwords in today's workplace, and for good reason. Cohesive and collaborative teams foster innovation and enable your healthcare staff to work much more efficiently. But a collaborative, team-focused culture should be something that your staff values and believes in, rather than something that the leadership team just talks about.

Here's how you can foster a collaborative culture that your staff can get behind and believe in:

- **Focus on the individual.** Yes, the saying is that *"there is no I in team."* However, teams are comprised of individuals. Ignoring the fact that each individual on the team has their own goals, unique knowledge, talents, and skills will *not* foster the cohesiveness and success you're after.

Ensure you're focusing on each team member by getting to know them. Make sure everyone else on the team has a good understanding of each other and feels comfortable talking and expressing themselves in front of one another. If your team doesn't feel comfortable and at ease with one another, they simply won't work well together.

- **Establish clear goals and definitions of success.** Yes, everyone is working towards *success*, but what does that mean exactly? Does your team have a clear understanding of what success is? Make sure you clearly communicate what success means to your team: *how it's being measured* and *how the team will get there*. Remember, for a team to be successful, there must be a clear, agreed-upon definition of what success is.
- **Continually check-in and re-examine process and progress.** Successful teams understand that no one is going to get it 100% right the first time around. There's an understanding that regular examination and refinement is critical to enhance and improve processes, practices, and the interaction of team members. Make sure you have regular check-ins (at least monthly) for the team to openly discuss process and progress and what factors may be hindering the team's ability to move forward on key goals and milestones.

*"I am always more interested in what I am about to do
than what I have already done."*



News You Can Use

C. diff Rates Drop for First Time in a Decade

The risk of getting a deadly, treatment-resistant infection— Clostridium difficile or C. diff—in a hospital or nursing home is dropping for the first time in decades, thanks to new guidelines on antibiotic use and stricter cleaning standards in care facilities. Experts at the Centers for Disease Control and Prevention have noted that rates for national healthcare incidence of the disease may be decreasing anywhere from nine to 15 percent.

The early results from the CDC's Prevention's Emerging Infections Program show prevalence steadily increased from 2000 to 2010 but decreased from 2011 to 2014, which is around the time antimicrobial stewardship programs were being introduced because of increased awareness of the disease.

The decreased rates may be credited to an increase in antimicrobial stewardship programs. The programs restrict unnecessary antibiotic prescriptions in addition to implementing stricter cleaning and infection control protocols as C. diff does not respond to conventional cleaning methods.

Experts have also commented that all the efforts with C. diff, including hand hygiene and cleaning very well and reducing unnecessary antibiotic use will help not just with C. diff but with other infections including MRSA and E. coli.

"I never think of the future - it comes soon enough."

—Albert Einstein



Food For Thought

Things You Don't Want to Say at Work (or anywhere else)

You wouldn't consciously say something to offend a co-worker (at least we hope not!). However, you may unknowingly use some phrases and sayings that are indeed offensive. Here are some common phrases that can be deemed offensive and intolerant. Steer clear of them:

- **"Be a man" or "Man up"** –This statement plays into the stereotype that men should be tough. The statement also tells a man that he should stop feeling and conform to this dated stereotype. Shaming a man to "man up" is offensive and a surefire way to create hostility and guilt.

- **"Like a girl"** –This is another statement that plays into a gender stereotype. It implies that whatever action you're doing (throwing a ball, lifting something, etc.) that you're doing it in a weak "girly" way. It's very offensive.
- **"Don't be so sensitive."** –Brushing off someone's feelings or reaction to something with this statement reveals your insensitivity and perhaps ignorance to the situation. If someone is offended, take the time to listen to that person and maybe you'll learn something.
- **"I'm not racist but..."** –If you lead off a statement with this, what you're about to say is likely racist or offensive.
- **"No offense."** –If you have to apologize or justify a statement by saying "no offense", it's obviously offensive.

*"Change your thoughts and you change your world."
—Norman Vincent Peale*



Just For Fun

Riddle Me This...

1. **I travel all over the world, but always stay in my corner. What am I?**
2. **What kind of coat is always wet when you put it on?**
3. **What has 13 hearts, but no other organs?**
4. **Why was the chef embarrassed?**
5. **What do you call a bear without an ear?**

Answers

1. A stamp.
2. A coat of paint.
3. A deck of playing cards.
4. Because he saw the salad dressing!
5. A "b".



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