Consistent assignment of caregivers in nursing homes can help prevent pressure ulcers. Inspecting residents’ skin regularly -- checking for any changes -- is vital in making sure skin stays intact and pressure ulcers do not develop. Caregivers who are more familiar with residents are more likely to notice even subtle changes in the skin. Consistent assignment paves the way toward this familiarity.

In the Consistent Assignment model, residents see the same caregivers (nurses, med techs, and nursing assistants) at least 85% of the time. Because staff see residents more frequently, subtle changes in the skin are more likely to be noticed and reported. Caregivers are more likely to catch small changes, like Stage 1 pressure ulcer formation, before they worsen.

When employees are given rotating assignments, it is more difficult for them to build relationships with residents and coworkers. Consistent assignment, by contrast, can strengthen relationships between caregivers and residents, allowing residents to become more comfortable with intimate aspects of care like skin assessment. The model also strengthens organizations: staff turnover is lower in homes using consistent assignment, and quality of life is higher.

Consistent assignment is not just a good thing; it’s possible! To learn how, first go to page 2 of “Change Ideas for Consistent Assignment” for a process to easily change from rotating to consistent assignments.

Then visit pages 8-15 of “Improving Consistent Assignment of Nursing Home Staff Implementation Guide” to walk through the process of implementing consistent assignment at your nursing home.

Practical tools are available on Primaris’ Web site, or via the Advancing Excellence campaign, LeadingAge Missouri or the Missouri Health Care Association.

**Action Steps:**

1. Target one group of residents to test consistent assignment with.
2. Establish a team that will regularly work together to care for these residents.
3. Find out from staff their preferred schedule and make assignment based on care needs and personal relationships with residents.
4. Ask team members to back each other up and fill in when their teammates need to change schedules or call in.
5. If the consistent assignment model is new to the home, discuss pros and cons with staff. Explain how and why this helps the residents. Some people might be concerned how the new model affects them -- encourage these people to share what barriers they feel they might face. Look for ways to overcome these barriers.
6. Identify a set of staff members who like to float. This is often a matter of preference. Having floaters on staff empowers the team and helps ensure residents are cared for.

**Don’t miss these future training opportunities:**

- Watch our webinar, “Managing Antipsychotic Use in Nursing Homes” – join Paul Perniciaro of Perniciaro Senior Care Consultants for a one-hour presentation on the use of antipsychotics in nursing homes. 1-2 p.m., Tuesday, Dec. 4.
- Join the Primaris Nursing Home Collaborative - The collaborative will include education, webinars and shared learning sessions with your colleagues addressing the “hot topics” currently facing nursing homes in Missouri. Topics include care transitions, reduction of antipsychotics, and Quality Assurance Process Improvement (QAPI).

For more information, contact a MO LANE Planning Committee Member:

Department of Health & Senior Services • Primaris • State LTC Ombudsman • MCS • Missouri League for Nursing • Missouri Center for Patient Safety • QIPMO • LeadingAge Missouri • Missouri Association of Nursing Home Administrators • Missouri Health Care Association • Missouri Board of Nursing Home Administrators • AMDA • National Association of Health Care Assistants • Missouri Veteran’s Commission • Missouri Pain Initiative • Heartland Kidney Network • Missouri Hospice and Palliative Care Association

**MO-12-54-PU November 2012 This material was prepared by Primaris, a Medicare Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.**