Staffing & the Household Model

Dear Ask Pact,

I am an administrator at a 60-bed facility. We've been looking into implementing the Household Model and would like to know how staffing operates in that framework. There are concerns that it could be a logistical and financial mess. How can we make it work?

- Sharon B.

To answer this question we've turned to our good friend David Slack, Executive Vice President at Aging Research Institute. David, previously Senior Vice President at Lancaster Pollard & Co, an investment banking firm specializing in financing senior living and health care organizations, provides financial analysis and developmental consulting services as part of ARI's advisory services.

Dear Sharon,

There are bound to be concerns when taking on such a deep system change. Hopefully, the information below will alleviate some fears and give you a starting point for working the kinks out.

Let me first assure you: The numbers can work, both staffing and financially.

And here's how:

1. The resulting staffing patterns end up with a little less middle-manager positions and a little more direct care staff.
2. The way that administration, dining services, nursing, activities and housekeeping departments operate will be affected the most.
3. Nothing will work right unless the CEO and all key managers buy in, get it and live it.
4. You should read "In Pursuit of the Sunbeam" by Steve Shields and LaVrene Norton (http://www.culturechangenow.com/book-ipots.html) to understand "culture change" concepts, resident-directed services, self-led teams, and the Household Model.
5. You can buy the "Household Model Toolkit" at www.agingri.org.
6. Action Pact can help assess the current organizational situation and set a plan for moving toward your future.
7. Steve Shields can help the CEO think through development issues and plans.
8. Going from say, a 60 person nursing facility in a traditional double-loaded corridor with
mostly semi-private rooms to three households of 20 or four of 15 or five of 12 or six of 10 will probably add night time staff for property security and to meet State regs., so night shift duties usually need to change.

9. Three households of 20 or four households of 15 is much more financially viable than six households of 10, we have found. Each organization has different factors that go into its decision about what is the right size for a household.

10. You won’t save money on staffing a Household Model compared to a traditional nursing facility. Actually, you’ll spend about the same amount. But in this new configuration, there will be a much better quality of life with higher resident and employee satisfaction.

11. All the basic nursing facility outcomes must still be met and done well - patient care, rehab, MDS, HR, food prep, all surveyed areas, etc.

12. It takes time to change from wherever you are now to a better way of working and living. You must be totally committed to making this work. It can’t be delegated and it can’t be part time.

13. It’s not about staffing schedules, it’s about doing the right thing for residents and staff and the future of your organization. Self-led teams work. Resident-directed services work. Organizations can thrive.

14. Leadership is critical. Backsliding will occur. Leaders must teach, stand firm and move the organization forward.

15. It isn’t easy, but it works, and it is the right thing to do.

16. Read the book, decide to do it, then hire the most experienced advisors, consultants, architects, and financial feasibility/bankers you can find, who know what you’re talking about and can help train you and your staff and advise you along the way.

Hope this helps!

- David