

## **Best Practices: Self-Scheduling and Shifts**

Summary of presentation by Laci Cornelison and Jerrie Rieck of Meadowlark Hills, November 2007

**Introduction:** There are many aspects of care provision that are impacted by resident-directed care. One is staffing. In traditional settings, managers dictate tasks, schedules, and responsibilities of direct care staff members. This top-down structure can lead to staff feeling powerless and without control over their job responsibilities. In the household or neighborhood model, the focus is on flattening this top-down philosophy so that decisions are made by direct care staff, leading to empowerment. As teams close to residents are encouraged to make decisions, self-directed work teams emerge. Self-directed work teams serve many functions, such as ordering their own supplies, creating their own schedules, and managing their own budgets. This is a stark contrast to a micromanaged institutional setting where all of these functions are completed by top organization leaders. For self-directed work teams to be successful, organizations must be committed to teaching people skills and providing needed information to perform functions necessary to make sound decisions. In short, managers must shift from being micromanagers to teachers and facilitators of team decision-making.

**Self-Scheduling:** One specific role a self-directed work team can take that reinforces empowerment is doing self-scheduling. This means that staff members have a direct say in their personal schedule and that of their work team. *After an organization commits to a culture that supports self-directed work teams and decision-making by direct care workers, the stage is set to begin self-scheduling.* There are three key factors that can help this process be more successful. They are:

1. Individuals in official leadership roles assess the team and determine key informal leaders. By doing this, managers identify potential dynamic people that can either hinder or help the process.
2. Managers develop expectations and parameters surrounding the schedule like budgetary considerations, overtime standards, and vacation requests.
3. Managers' new role is to be a coordinator and teacher of this process.

**Shifts:** When residents begin to wake up on their own schedules, it can impact staffing needs. For example, if not all residents are waking up at 6 a.m., and instead wake up throughout the morning, staffing patterns may need to change. Instead of requiring three aides to arrive at work by 6 a.m., the shifts may need to be staggered. This might mean that one aide comes in at 6 a.m., another at 7 a.m., and the last at 8 a.m. These changes can be met much more quickly when the concept of self-scheduling is in place for two reasons.

1. Direct care staff members closest to residents are most likely to identify the residents' patterns and any changes that might occur in their sleeping patterns.
2. Once staff members pick up on residents' changing needs, they are able to act because their team is creating their own schedule and have the resources they need to make the necessary changes.

***Case Study~ #1- Self-Scheduling:***

At Meadowlark Hills, the process of self-scheduling evolved over time. The following is a time line of how it occurred at Meadowlark Hills:

- Team was challenged to find own replacement when not able to work
- Team learned how to read the schedule, consider overtime issues, and give and take with team members when covering shifts
- Team started wanting more involvement with the schedule
- Training began with the team
- Team began writing the schedule
- Established checks and balances such as a deadline for turning in a schedule, a review process through the household coordinator to check for overtime, staffing ratios, and certified coverage issues (nursing and medication passing), and ensuring that the team remains collaborative
- Continue to reinforce the concept and retrain staff as turnover naturally occurs