Institute for Healthcare Improvement

# CareFront Learning and Action Network Case Studies

CareFront is an initiative of the Institute for Healthcare Improvement, generously funded by the Ralph C. Wilson, Jr. Foundation

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# About CareFront

CareFront is an initiative of the Institute for Healthcare Improvement (IHI), generously funded by The Ralph C. Wilson, Jr. Foundation. This groundbreaking work focuses on improving retention and addressing the wellbeing of Direct Care Workers (DCWs).

The Institute for Healthcare Improvement (IHI) is a leading, globally recognized not-for-profit health care improvement organization that has been applying evidence-based quality improvement methods to meet current and future health care challenges for more than 30 years. IHI provides millions of people in health care with methods, tools, and resources to make care better, safer, and more equitable; convenes experts to enable knowledge sharing and peer-learning; and advises health systems and hospitals of all sizes in improving their systems and outcomes at scale. IHI's mission is to innovate and lead transformational improvement in health and health care worldwide.

Established in 2015, the Ralph C. Wilson, Jr. Foundation was created to honor Mr. Wilson's enduring legacy of generosity, innovation, and community-centered leadership. The Foundation directs its efforts toward the regions closest to Mr. Wilson's life and work—Southeast Michigan and Western New York—by investing in initiatives that strengthen communities and improve quality of life. Its approach balances the need for immediate impact with a long-term vision for sustainable growth and opportunity.

The CareFront Learning and Action Network ran from October 2023 through September 2025 and engaged seven teams in an initial learning cohort. The network included six hospitals and one nursing home—Catholic Health Kenmore Mercy Hospital, Henry Ford St. John (formerly Ascension Health), Henry Ford Wyandotte, Rochester Regional Health, University of Rochester Medical Center (URMC), Trinity Health Oakland, and Wyoming County Skilled Nursing Facility—who partnered with IHI to learn about improved retention of DCWs. Through this work, the participating teams engaged DCWs in developing and testing changes aimed at reducing turnover rates, including engaging in building trust and partnership, and ensuring DCWs have the knowledge and resources they need.

# Kenmore Mercy Hospital

## Background

Kenmore Mercy Hospital, a member of the Catholic Health System, is a community hospital located in Kenmore, a suburb of Buffalo, New York. The hospital has 194 beds, including a 30-bed acute Medical Rehabilitation unit.

The CareFront initiative at Kenmore Mercy began under the leadership of Jeanette Hughes, the project team leader. Nurse Managers Deborah Micholas and Kristen Parisi were members of the original CareFront team, along with several Registered Nurses and Nurse Assistants from 2 East, including Brigid Radel and Teresa Kahle who participated in the first learning session Boston and Victoria McDonald who joined the KMH team in 2025. Nurse Manager Ryan Lewis later joined the project and has played an active role as the work expanded to include his unit.

## Approach

Kenmore Mercy selected a patient care unit where the Nurse Manager was interested in improving staff engagement to retain front line staff and Nurse Assistants (NAs [DCWs at Kenmore Mercy]). The Nurse Manager, CareFront Team Lead, Registered Nurses (RNs), and NAs on the unit formed a workgroup to plan a strategy for improvement. In reviewing the key drivers for this project, the Kenmore Mercy team opted to focus on:

- Being an “employer of choice” with strong manager relationships
- Leadership that models respect, teamwork, and joy in work for all with a culture of psychological safety
- Creating a culture of teamwork across all roles and ensuring the DCW role is valued in the organization

The team conducted a staff survey asking for feedback on “what makes a good day?” The results showed “good teamwork” and “positive attitude” as top choices. Staff desire to improve teamwork inspired the unit’s first change idea: Having both RNs and NAs in consecutive rooms so they worked in pairs as a “team.” Prior to implementing this strategy, only NAs had patients in consecutive rooms, while RNs had patient assignments scattered throughout the nursing unit.

*Figure 1: Nurse Assistant and Registered Nurse Team*

The CareFront workgroup implemented additional changes to improve camaraderie on the unit, including monthly themed meals and an NA recognition program.

## Challenges

Initially, staff on the pilot unit experienced some resistance to change and pushed back on the patient assignment model. The RN and NA on the workgroup were change champions and encouraged the staff to be open and embrace the potential to improve by giving the new model a try using small tests of change. Test on a small scale in the pilot unit helped the team to build will and adapt the change based on feedback from NAs and RNs. Once the RNs got used to the change, they were able to see the value of working with only one NA and having a point person to work with to care for the patients. There were comments from some of the ancillary staff that 2 East seemed “calmer and more organized” after the staffing change.

Once the staff on the unit was able to see the change was working, they became more receptive to the new way of working and open to trying even more strategies. Some additional changes to the staffing model were made based on staff feedback including making sure high acuity and isolation patients were not all in one assignment to make the workload more even. Continuing to focus and act on staff feedback during the process increased buy-in and ensured that the changes implemented were aligned with the needs of the front-line caregivers.

## Outcomes

The changes on the pilot unit, 2 East, were tested in March 2024 and subsequently implemented. As a result of these changes the following improvements were seen over the ensuing 18 months:

- Decrease in voluntary turnover (Figure 2)
- Increase in patient experience question “Staff worked together to care for you” (Figure 3)
- Unanticipated decrease in patient falls (Figure 4)

*Figure 2: Turnover Rates on Pilot Unit During CareFront*


*Figure 3: Patient Experience Survey Results*

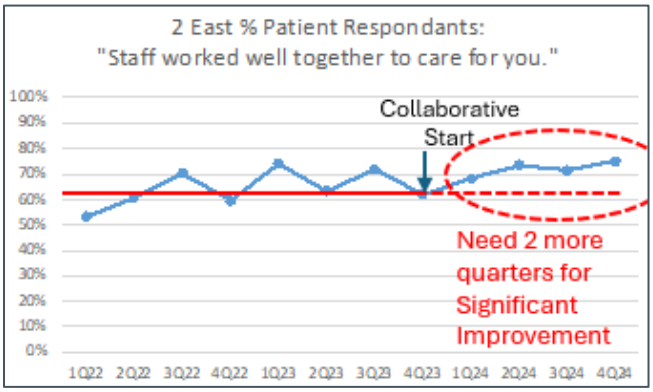
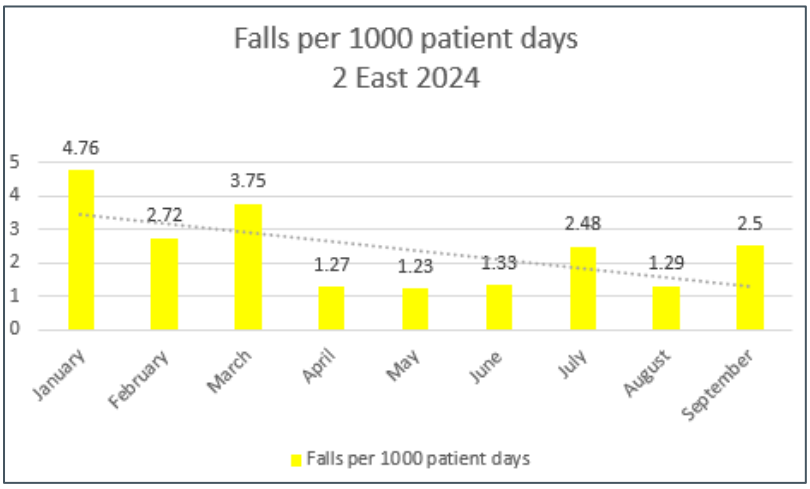


*Figure 4: Decreased Patient Falls*




The new staffing model has been sustained in the pilot unit where staff continue to see the value of this team-based approach. The changes made during the CareFront initiative have also started to spread across additional units within Kenmore Mercy Hospital. The staffing model implemented on 2 East was presented to one of the spread units 2 West, who implemented the same concept with some modification for their unit. Additionally, several units have implemented the "What makes a good day?" survey as a jumping off point to begin working with the staff to develop changes that work on their units' unique needs.

## Lessons Learned

The shared learning from other teams participating in the CareFront Learning Network was a valuable experience. The team was able to gain insight and inspiration from the approaches and strategies used by the other hospitals in the network, which led to a deeper learning than what they could have accomplished alone. Some of these learnings have even been shared outside of Kenmore Mercy Hospital across other areas of the Catholic Health System.

Another key takeaway was the importance of front-line staff taking the lead on developing changes that work for them. The Nurse Manager on the pilot unit shared that this experience taught her to "listen more and give up control," allowing staff to develop and explore their own solutions. Without the staff creating their own solutions and helping to drive the change, the improvements are predicted to have been less successful. Shared decision making and collaborating with staff on ideas to improve has always been the mode at Kenmore Mercy Hospital, and the results of this project solidify how important and impactful a collaborative environment can be.

# Henry Ford St. John Hospital

## Background

Henry Ford St. John Hospital in Detroit is a 619-bed, full-service nonprofit hospital, featuring a Level I Trauma Center and a wide array of specialty care including emergency, cardiac, stroke, cancer, orthopedics, and maternity services with neonatal support. It offers advanced facilities such as robotic-assisted surgery, comprehensive diagnostics, and inpatient rehabilitation. As a prominent teaching institution, it supports around 270 trainees and is fully accredited. In recent years, following a joint venture between Henry Ford Health and Ascension Michigan, the hospital was rebranded and incorporated into an expanded health network spanning 13 hospitals and over 550 sites across southeastern Michigan.

## Approach

The CareFront team was composed of two inpatient unit leaders (both nurses), a lean specialist, a director, an administrator, and a lead patient care technician (PCT [a DCW role at Henry Ford St. John]) from each participating unit. This structure was designed to encourage participation from all associates, to keep the work centered on the needs of frontline staff, and to give PCTs a clear voice in the process.

The work began with a sticky-note exercise asking all PCTs to identify where the greatest opportunities existed to improve work on their units. Once collected, the ideas were organized according to frequency. The team then met with the PCTs to understand their prioritization of the high-ranking topics for initial testing. Each unit selected a different priority, allowing the work to be tailored to local needs.

To test early changes, the team applied a simple Ping Pong ball evaluation method introduced through IHI. Staff were asked to select a colored ball that represented how their day was going, and place it in a collecting bin, providing a visual indicator to gauge feedback. The team also developed additional mechanisms for input, including a feedback sheet on a clipboard for written comments and one-on-one check-ins with staff. These check-ins revealed that some PCTs were less comfortable giving feedback in groups, and the individual conversations provided more insight. The team used ideas collected from staff to develop small tests of change using the PDSA method (Model for Improvement).

To ensure feedback could continue beyond the scope of the project, the team also updated assignment sheets to include a dedicated section for ongoing comments, issues, and concerns. This addition created a lasting way to capture the perspectives of staff and maintain a continuous flow of input even after the project concluded.

## Challenges

As with any improvement effort, the team encountered numerous challenges. Resilience proved critical, especially during times when fatigue set in. What sustained the group was their

commitment to the work, the strength of their relationships, and a shared belief in the value of what they were building.

Barriers emerged at both organizational and unit levels. During this period, the hospital faced a prolonged cyberattack, leadership transitions that included a new Chief Nursing Officer, Director, Lean Specialist, and unit leadership, as well as the added complexity of the joint venture and merger between Henry Ford and Ascension Michigan. Additionally, engaging other unit leaders who were managing their own unique challenges related to these organizational changes, required persistence and flexibility.

Feedback from PCTs revealed the need for time to think and reflect, as many did not feel comfortable being put on the spot. In response, the team adapted its approach by planning further in advance, allowing more space for reflection, and moving at the pace of the staff to build confidence and ownership. While this approach sometimes extended timelines, it strengthened engagement and sustainability. Ultimately, the team prioritized quality over quantity, focusing on long-term solutions designed to endure well beyond the life of the project.

# Outcomes

The changes made through this project had a direct impact on the daily work of PCTs, improving both workflow and job satisfaction. The team focused on the priorities identified by PCTs, partnering with them to address root causes and implement sustainable solutions. For example, improvements in linen and supply availability (identified by PCTs as a persistent and frustrating problem) led to a strong partnership with the supply department. Together, they were able to devise a new system to ensure that linens and supplies were delivered in the right quantities and locations. PCTs now recognize that when frustrations are shared, they can be addressed, creating a cycle of trust and accountability that has evolved into a continuous “Plan-Do-Check-Act” process. Importantly, PCTs were able to see tangible results from start to finish, reinforcing their confidence and motivation. This experience validated their contributions and demonstrated that their ideas and efforts truly mattered, as PCTs could clearly see how their work, input, and opinions made a difference.

Beyond immediate workflow issues, PCTs helped shape broader improvements, including:

- Creation of House-wide Welcome Guides: Unit specific guides for anyone (but tailored to float staff) containing key information for each unit. After testing on the CareFront Units, this change was spread to all units.
- Modification of report sheets: Updated with evidence-based items while maintaining ease of use during shift and during handover.
- Redesign of onboarding process: Addressed post-orientation education gaps that had frustrated both PCTs and their nursing counterparts. With updated onboarding, the team is more confident and skilled.
- Development of a standard PCT workflow: Tailored to staffing levels, this work in progress aims to clarify for PCTs and all unit staff, whose role is responsible for which task under different staffing circumstances, i.e. if there are an optimal number of PCTs or if PCTs are short-staffed.

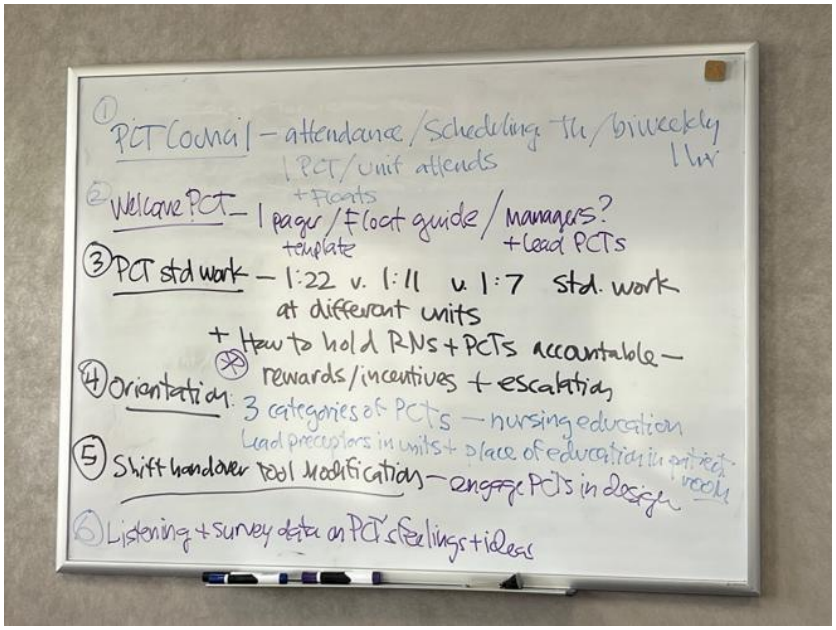
Overall, PCTs expressed appreciation for the focus on their needs and the day-to-day realities of their work. The culture has shifted toward openness and collaboration, with PCTs now offering feedback more freely and confidently on issues that affect them.

## Lessons Learned

A key lesson from this work was the importance of building permanent, sustainable changes rather than short-term fixes. Every adjustment identified and implemented by PCTs in partnership with the CareFront team was designed with long-term impact in mind. Changes were tested at a small scale until there was confidence that meaningful progress had been made. While some initiatives, such as orientation packets and standard work processes, continue to be refined, deliberate effort has been made to embed them into daily operations to ensure they endure beyond the project timeline.

Leadership engagement proved critical to success for removing barriers and spread. The CNO championed several ideas brought forward during a half-day site visit focused on CareFront (Figure 1), including the development of a universal float Welcome Guide. The team was proud to see that this guide has since spread to every hospital unit, with managers actively adapting it to meet the unique needs of their teams. Similarly, interest has grown among leaders to adopt the improved orientation packets once their effectiveness is fully demonstrated. This highlights how pilot efforts, when designed with sustainability in mind, can spark broader organizational change.

*Figure 5: White Board from Leadership Session Planning CareFront Action Items*




For other organizations embarking on similar work, a key takeaway is the value of involving leadership not so much for decision-making authority but as thought partners. Leadership played an essential role in providing feedback, troubleshooting challenges, removing barriers, and facilitating the spread of successful ideas across units. This collaboration ensured that frontline-driven solutions were elevated, resourced, and scaled.

Ultimately, combining the insights of PCTs with the support of engaged leadership allowed the team to co-create solutions that were both practical and enduring. This balance of bottom-up and top-down engagement has been vital to sustaining momentum and long-term impact.

# Henry Ford Wyandotte: Nursing Assistants

## Background

Henry Ford Wyandotte (HFWY), Michigan is a small Level III-Trauma Community Hospital located along the Detroit River that is approaching its 100th year anniversary as a community hospital. With roughly 360 beds, the hospital delivers comprehensive healthcare services including 24-hour emergency care, a birthing center, general medicine, surgery, neurosurgical and oncology services, imaging, outpatient testing, and a Primary Stroke Center. Recognized for patient satisfaction and clinical excellence, Wyandotte's behavioral health services have earned Press Ganey's Guardian of Excellence Award.

## Approach: Nursing Assistant Retention

The team chose to focus on two key populations at the hospital: Patient Safety Associates (PSAs) and Nursing Assistants (NAs), both representing categories of DCWs. The emphasis on NAs emerged after the lead nurse on 5 General, a medical-surgical unit (Med/Surg), identified that turnover among NAs was the highest in the hospital. In 2023 alone, the unit lost 15 NAs. Recognizing the need for a new strategy to improve retention, the nurse partnered with two NAs—one with more than 30 years of experience and another new to the role—to ensure both seasoned insight and a fresh perspective were represented.

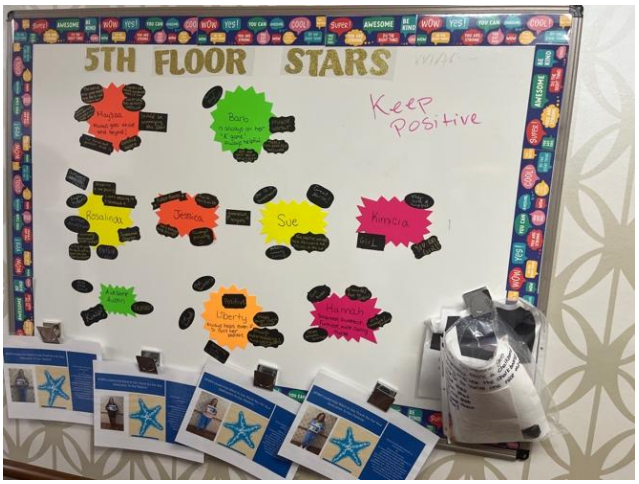
The medical-surgical environment is fast-paced and demanding, serving a diverse patient population. Many NAs view Med/Surg as a steppingstone to specialty care. While the organization supports these career transitions, the team aimed to reduce burnout and prevent unnecessary staff losses. Orientation and training require significant investment, with each resignation representing not only a financial cost, but also a negative impact on team morale and patient care.

The team began by asking the NAs a simple but powerful question: "What makes a good day for you?" They also created a poster where staff identified the biggest "rocks," or obstacles, to doing their jobs, and then voted on which mattered most. From there, they designed targeted interventions:

- **Lunch Breaks**: Staff reported frequently skipping breaks. Education emphasized the importance of rest, and coverage systems were created to ensure that all staff could have lunch. This not only improved morale but also reduced the estimated costs of missed breaks by $7,000 annually.
- **Floating to Other Units**: NAs expressed frustration with being pulled to unfamiliar units without guidance. Crystal Bolash, Nurse Manager, developed a 5th Floor Float Guide with unit-specific information. The guide was tested with staff temporarily assigned (floated) to the 5th floor and it was well received. The guide was subsequently presented to all in-patient managers and unit staff were encouraged to create one for each unit to benefit all floated NAs.
- **Sitter Roles**: When assigned as sitters, NAs felt underutilized. The team began exploring how NAs could serve in sitter roles while still practicing core NA skills, enabling them to better support patients and the unit.

- **Recognition**: Staff felt underappreciated. To address this, several recognition strategies were implemented, including:
    - A Co-Worker Star Board (Figure 1)
    - Huddle highlights recognizing good catches, thank-you notes, and kudos
    - A playful Monopoly-style incentive program where staff earn "money" for extra efforts, redeemable for prizes
    - Celebrations such as "poop-decorated" cookies when the unit ranked #1 in the hospital for stool consistency documentation!
- **Career Advancement**: To give NAs opportunities for growth, the team designed a career ladder that offered additional pay for completing advancement activities, such as:
    - Conducting audits
    - Joining committees at the unit or hospital level
    - Assisting with orientation
    - Leading pressure injury prevention
    - Organizing supply closets and updating linen plans
    - Maintaining active membership in a health care organization
    - Being nominated for or receiving the "HoneyBee" Award

*Figure 6: Employee Star Board*




Through this structured, staff-driven approach, the culture on 5 General began to shift toward one that supports retention, growth, and recognition of Nursing Assistants.

# Challenges

The greatest challenge has been spreading the work beyond the originating unit. Although the team has shared its efforts with other departments, presented at manager meetings, and prepared to showcase at the Quality Expo, adoption across the hospital has been slow. For example, while the Float Guides were well received on 5 General, they have not yet been adopted by other units. The team continues to explore strategies to engage colleagues throughout the hospital and bring them along in this work.

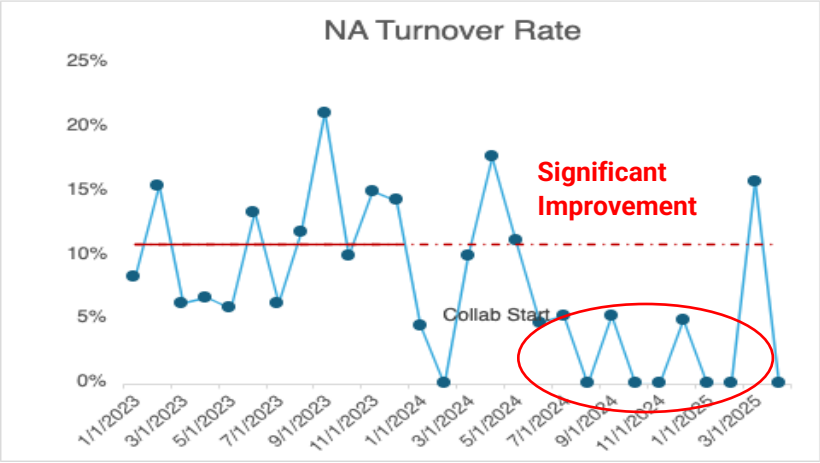
# Outcomes

In 2024, nursing assistant turnover was reduced by 25 percent (3 fewer employees leaving). As of April 2025, only eight nursing assistants have departed, and the unit remains on track for another 25 percent reduction by year's end (Figure 2). These improvements stem from a consistent focus on listening to staff, addressing concerns, and building stronger relationships.

The culture on the 5th floor has noticeably shifted. Nursing assistants report feeling more valued and appreciated, which has strengthened teamwork, trust, and overall retention. As a result, working relationships are stronger and bonds within the department are deeper. Importantly, NAs now feel empowered to share ideas, contribute to decision-making, and actively participate in shaping improvements.

By prioritizing appreciation and collaboration, the leadership team has helped create a more engaged, resilient, and stable workforce on the 5th floor.

*Figure 7: Improvement in Nursing Assistant Turnover*




# Lessons Learned

As managers of busy medical-surgical units, it can be easy to focus primarily on nursing staff, as the work cannot be accomplished without sufficient Registered Nurses. However, the team learned that this narrow focus overlooked the critical role of Nursing Assistants, whose contributions are essential to keeping the unit running smoothly. Recognizing and supporting the work of NAs emerged as a key lesson from this experience.

Before participating in the CareFront initiative, HFWY's approach to turnover was purely procedural: if a team member met the requirements for termination, they were offered no opportunity to provide a justification or rationale. The team now understands the value of flexibility and communication. By asking staff what they need, demonstrating care, and

supporting NAs as they navigate personal or scheduling challenges, the team showed that it is possible to create a work environment where staff feel valued and supported.

The team also learned that understanding what makes a good or bad day for staff is only valuable if action follows. Small adjustments were shown to make a significant difference in morale and retention. Investing in staff, rather than continually cycling through hiring and rehiring, conserved resources and helped build a stronger, more resilient team.

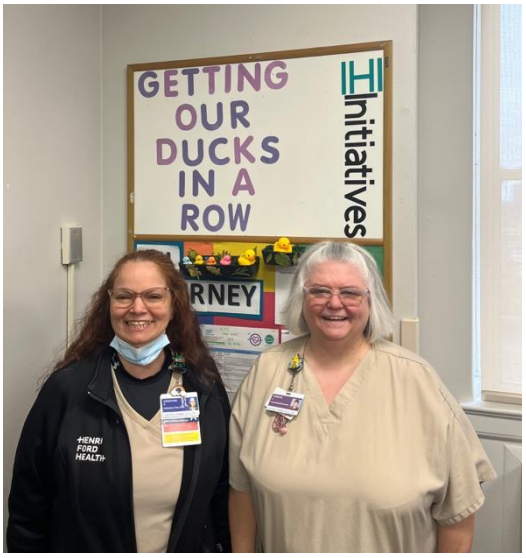
# Henry Ford Wyandotte: Patient Safety Associates

## Approach: Patient Safety Associates Retention

The team chose to focus on two key populations at our hospital: Patient Safety Associates (PSAs) and Nursing Assistants (NAs), both representing categories of DCWs. Because PSAs support patients across the hospital, the team began by testing improvements with a small group while preparing for hospital-wide spread. Two PSAs, Chantel Jedynak (evening shift) and Josephine Sudak (day shift), served as lead participants in the CareFront project (Figure 1).

The HF Wyandotte CareFront PSA Team launched in September 2023 by assessing the current state. Turnover was high, and dissatisfaction stemmed largely from PSAs not receiving consistent lunch relief, regardless of shift. To better understand the issue, the team introduced signage and a simple visual tool using color-coded ping pong balls collected daily to track whether PSAs were able to take a lunch break. The data collected through this method revealed a significant gap.

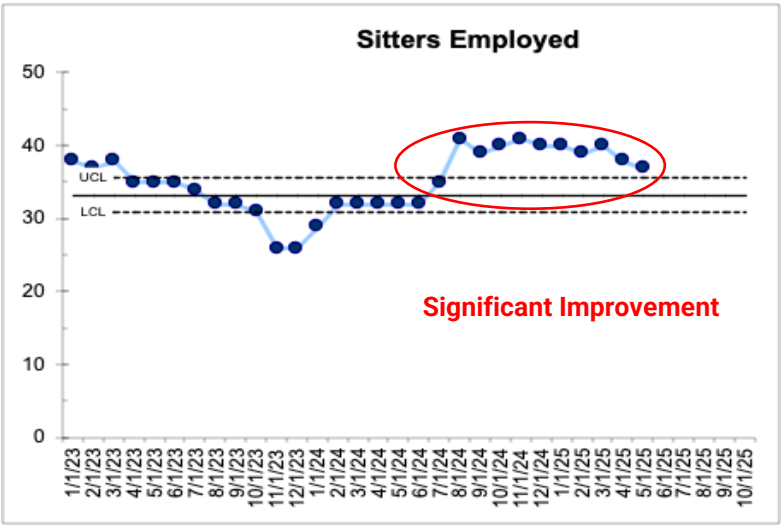
*Figure 8: Chantel and Josephine, leads for the PSA CareFront Team*




Further analysis uncovered a mismatch between the number of full-time employees (FTEs) budgeted and the number actually working on a shift. The team was down 20 FTEs, representing roughly 45 individuals across full-time, part-time, and contingent roles. To address this gap, PSAs began testing a lunch relief coverage change idea with support from Chantel and the Nurse Manager on evening shifts.

Collaboration with Human Resources and Finance confirmed the staffing shortfall. Without adequate coverage, other roles such as NAs were frequently pulled in, creating costly “critical pay” situations for the hospital. In response, the team launched an aggressive recruitment effort, hiring more than 40 PSAs during a two-day interview blitz (Figure 2).

*Figure 9: Improvement in PSA Staffing*




# Challenges

*"The biggest challenge is lunch relief. Increasing our staff budget would allow us to operationalize the team, create a healthier work environment, and show PSAs that their contributions are valued." – PSA Float, Chantel Jedynak*

Despite targeted efforts, significant challenges persist. Current PSA staffing remains insufficient: physician orders for sitters are nearly double the number of PSAs budgeted for in the system. With only one float PSA covering evenings, the gap forces frequent reassignment of NAs and Behavioral Health Technicians (BHTs) into sitter roles. On most shifts, there are more NAs and BHTs covering PSA assignments than PSAs themselves.

This mismatch disrupts core patient care workflows. NAs pulled into sitter roles reduce capacity for routine nursing support, while both NAs and PSAs often miss required lunch breaks. The financial challenge lies in demonstrating the business case for additional FTEs when budgets are constrained. Without investment in PSA staffing, reliance on critical pay and diversion of other staff will continue to strain operations and increase costs for the hospital.

# Outcomes

Following testing, a dedicated float position was implemented on the evening shift to provide lunch relief for staff. This simple but impactful change was quickly embraced by PSAs. The consistency of coverage has boosted satisfaction and reliability.

*"I love the lunch relief program! I look for when Chantel is working, because I know I will get a lunch that shift." - PSA, Carol Luther*

*"If you can't be happy at the prospect of lunch, you are unlikely to be happy about anything." – PSA, anonymous*

The team also identified that sitters required additional education and resources to feel confident in their roles. Using a nursing education platform, a teaching series was created for PSAs, covering topics such as sentinel events, indicators of sex trafficking, HIPAA compliance, and the appropriate use of social media in patient care.

With new staff hired and consistent lunch relief in place, attention shifted to improving the break environment. Under the leadership of Chantel and Josephine, the sitter team transformed an outdated space by decluttering, adding lockers, installing a refrigerator, and creating an information board to share stories, track data, and strengthen community.

The overall culture has strengthened under supportive leadership.

*"Michelle is a leader who listens and cares about her team. She has an open-door policy—if there's an issue, we go to her, and she addresses it and gets it resolved." – PSA, anonymous*

## Lessons Learned

Reflecting on the CareFront experience, one of the most meaningful gains has been the growth of relationships and team culture. Staff have become more willing to support one another, approach nurse leaders for guidance, and openly seek advice or connection.

Leadership reinforced this progress by introducing monthly meetings, including CareFront sessions, IHI coaching, and collaborative discussions with Finance and Human Resources. These forums have helped the team better understand how to present needs to the Financial Oversight Committee (consisting of the CEO, CMO, CNO Director of Finance) and advocate for change. The CareFront network, in particular, has provided insight into how other organizations operate, escalate concerns, and implement improvements effectively.

Although still early in the journey, the team has been encouraged by the momentum. The key message to other organizations is clear: continue advocating for what you believe in—change is possible.

# Rochester Regional Health

## Background

Rochester Regional Health is an integrated health system dedicated to caring for communities across Western, Central, and Northern New York. As the second-largest employer in Rochester, the organization provides high-quality, compassionate care for residents of Rochester, the Finger Lakes Region, and New York State's North Country.

Burnout and staff turnover represent critical challenges that directly impact employee engagement. When engagement is low, patient care and overall satisfaction suffer, creating a cycle that affects both staff well-being and community trust. Addressing these challenges is essential not only for operational success but also for staying true to the organization's core values.

By prioritizing efforts to reduce turnover and strengthen engagement, Rochester Regional Health reaffirms its commitment to uplifting humanity through compassionate, high-quality care. Supporting staff is central to this mission. Investing in well-being, fostering a positive work environment, and creating opportunities for growth and connection are all vital steps toward building a resilient, engaged workforce. In doing so, the organization improves outcomes for patients while strengthening the foundation of both the health system and the communities it serves.

## Approach

The overall goal of the initiative was to increase workforce retention, beginning with areas that had the greatest opportunity for improvement. A Core Team was established, consisting of key stakeholders such as Patient Care Technicians (PCTs – a category of DCWs), Unit Leaders, Directors, and Executives. This team collaborated to identify processes for improvement and to develop strategies to address obstacles.

Guided by CareFront Learning Sessions, the team recognized the importance of beginning with PCT engagement on the pilot units. Using the IHI Framework for Improving Joy in Work, the team asked PCTs the question: "What matters to you?" A common theme quickly emerged: PCTs wanted to be seen, heard, and valued. Additional trends included communication gaps, role confusion, and unclear expectations, underscoring the need to shift unit culture from negative to positive.

Each pilot unit identified a PCT representative to lead the testing process and support the transition. Initiatives tested included interactive recognition games such as "Chutes and Ladders" and "Monopoly," where PCTs could win prizes for completing challenges and trivia, as well as the development of a PCT Academy designed to equip PCTs with skills to perform at the top of their license. Other improvements focused on redesigning handoffs, communication, and teamwork to foster stronger collaboration.

The lead PCTs from the pilot units have since become mentors to their peers in the spread units and now serve as Chairs of the newly developed PCT Council. The Council provides a structured

platform for a PCT representative from every unit to share common challenges, identify solutions, and implement change. The goal of PCT Council is to empower PCTs, build better connections with leadership, and provide positive patient outcomes.

One PCT, Ta'Asia Davis, shared that participating in the CareFront program has allowed her to meet leaders who have helped her advance her career by supporting her going back to school to become an LPN.

*Figure 10: PCT Council*

## Challenges

The greatest challenge the team faced was skepticism and a lack of trust from the PCTs. Trust was essential for PCTs to feel comfortable engaging and participating in open conversations. Trust building represented a key component of the broader culture change that was needed. The Core Team dedicated significant time and effort to establishing trust on the pilot units.

Ta'Asia Davis, Core Team PCT, played a central role in fostering this trust. She listened to and supported her colleagues, which significantly improved staff engagement. Embracing her new responsibilities and leadership role, Ta'Asia partnered with Unit Leaders to facilitate a PCT meeting for the unit. This meeting proved pivotal in creating a safe space for PCTs to share questions and concerns.

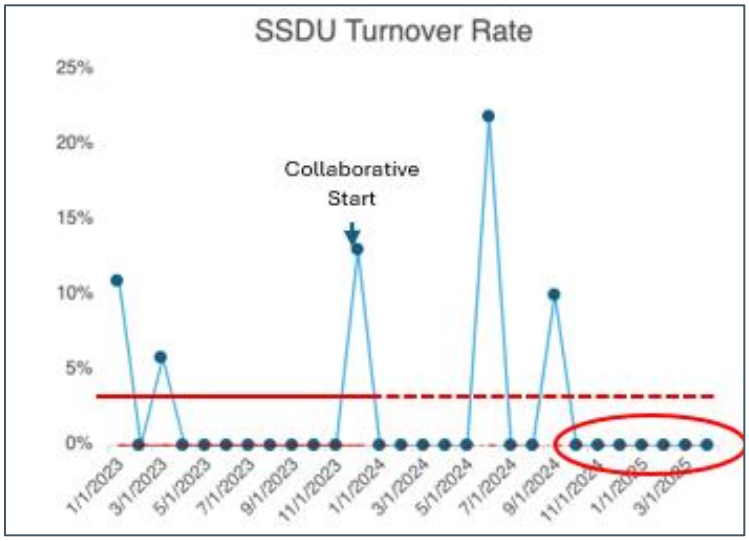
Unit Leaders were supported by Directors and the Executive Team, demonstrating the importance of leadership commitment at every level. Through these combined efforts, teamwork strengthened, staff engagement increased, and opportunities for quality improvement were identified. Building trust continues to be a vital part of spreading change. Identifying a PCT representative to serve as the liaison between PCTs and Unit Leaders has proven effective on spread units and now serves as the foundation for the expectations of PCT Council Members.

## Outcomes

Concurrent with the CareFront initiative's improvement work on the pilot units, Rochester Regional has seen notable improvements across the organization.

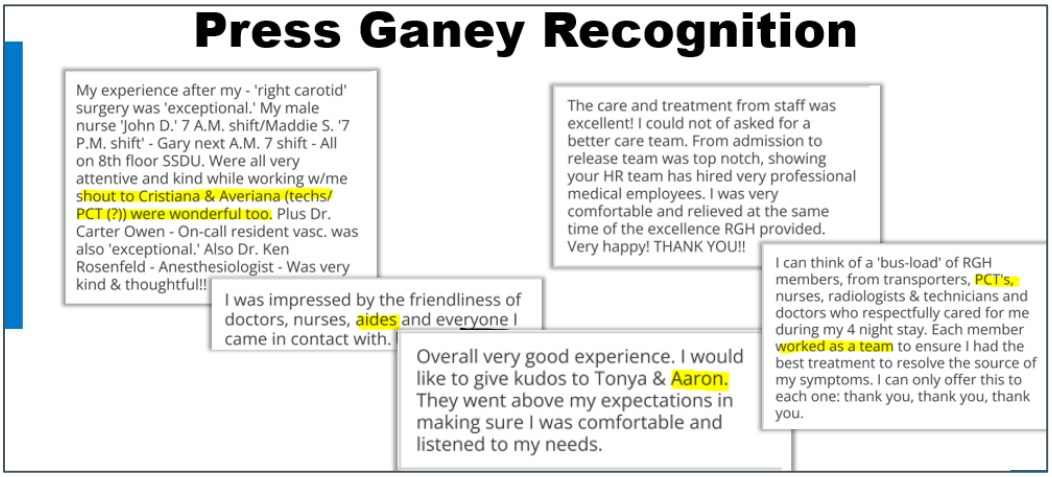
- Stabilizing turnover rates for PCTs (Figure 2)

*Figure 2*



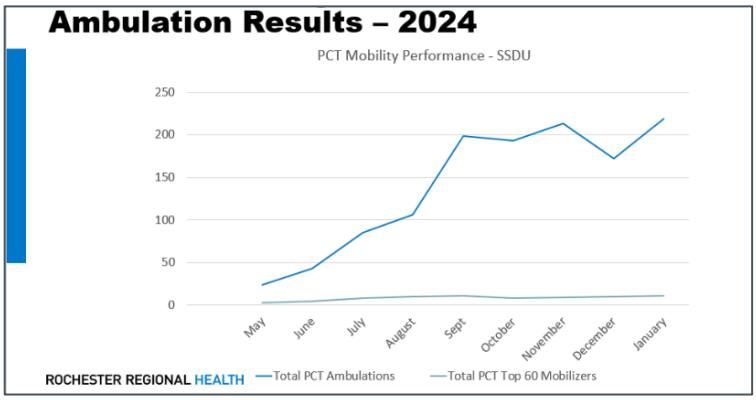

- Improved Press Ganey unit scores (Figure 3)

*Figure 3*




- Improved ambulation and mobility rates (Figure 4)

*Figure 4*




- Improved engagement and satisfaction scores (Figures 5 and 6)

*Figure 11*

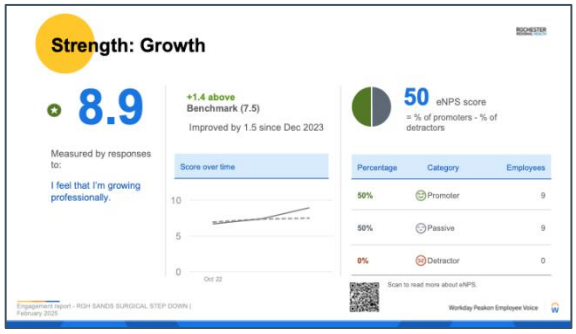



*Figure 12*


# Lessons Learned

One of the most valuable lessons learned by the team was the critical importance of support from all levels of leadership in driving successful interventions. When leaders are actively engaged and aligned, they set the tone for collaboration and accountability across the organization. The team also discovered that minimizing traditional hierarchies—working without titles—fostered a more inclusive and empowered environment where every member's voice was valued.

This approach strengthened teamwork among leaders and encouraged open communication and shared ownership of outcomes. Collaboration with all team members, regardless of role, proved essential in identifying barriers and co-creating solutions that were both practical and sustainable. By focusing on removing obstacles and promoting a culture of mutual respect and support, the team observed measurable increases in staff engagement. This, in turn, contributed to improved quality outcomes and a stronger, more unified team. These lessons reinforced the understanding that meaningful change occurs when everyone is involved, supported, and working together toward a common goal.

# Trinity Health Oakland

## Background

Trinity Health Oakland, an acute care community hospital in Pontiac, Michigan, faced a critical challenge: a 35 percent turnover rate among patient support technicians (PSTs) within their first year of employment. Engagement surveys also revealed low job satisfaction, high burnout, and a strong intent to leave among staff. Recognizing the proven connection between colleague engagement, retention, and patient outcomes, Trinity Health joined the CareFront Learning and Action Network.

Their goal was clear: create a workplace where caregivers feel valued, supported, and motivated to stay.

## Approach

Trinity Health Oakland selected two adult medical-surgical units—acute medical oncology and post-surgical—because they employed the largest number of PSTs (a category of DCWs). A project lead brought together a multidisciplinary team, including unit managers, clinical leaders, nurse educators, and PSTs committed to participating in the CareFront initiative.

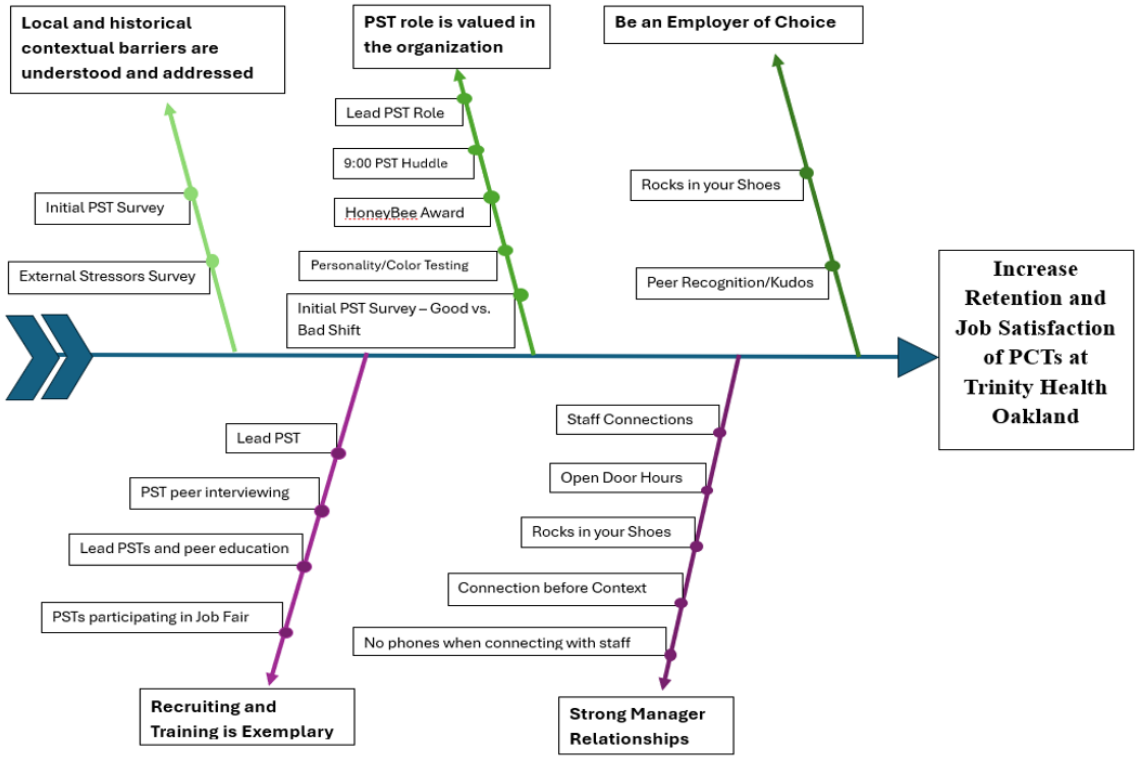
To kick off the Learning and Action Network, the team joined the first of five collaborative Learning Sessions with IHI faculty and peer organizations from Southeast Michigan and Western New York. The biggest takeaway from the initial session was a realization that caregivers could be empowered by distributing decision-making authority to the frontline workforce. (For more information about distribution of power as a change concept, see the IHI Psychology of Change Framework.)

Upon returning to the hospital, the team conducted one-to-one interviews with 90 percent of PSTs across both units. These conversations explored:

- What makes for a good or bad shift?
- Have you considered leaving your role in the past six months? Why?
- What do you need to feel successful and supported?

These interviews were held in person and without technology to foster authentic relationships and distraction-free dialogue. The information collected gave leadership a clear, colleague-centered roadmap for change. The team categorized the change ideas according to the primary drivers put forth in the draft CareFront Theory of Change and developed a fishbone diagram to illustrate the work underway (Figure 2).

*Figure 13: Roadmap for Change*




The resulting change ideas were intended to increase retention and job satisfaction. They included (but are not limited to):

- Examining the external barriers that affect PSTs' ability to work, such as transportation, housing and childcare
- Building stronger manager relationships by making connections with team members in huddles before caring for patients
- Implementing a no phone policy for managers when rounding on floors so that they communicate to staff that they value them
- Using color-coded stickers on badges to indicate individual communication preferences

Trinity Health Oakland also developed the role of a Lead PST, assigned responsibility for interviewing PSTs as part of the recruitment process, attending job fairs, and peer mentoring new hires. Managers and clinical leads benefit from Lead PST insights and feedback on new employees, and it creates greater camaraderie and support among all PSTs. The units are also employing appreciation and recognition activities, such as appreciation boards among staff and organizational "HoneyBee" awards that recognize PST excellence.

*Figure 14: Staff Appreciation Board*

Pictured: Gianni Williams (5 South Unit Clerk)

# Challenges

The greatest initial challenge was influencing leadership's mindset. Unit leaders, accustomed to "fixing" problems, had to step back and create space for PSTs to define what mattered most. This shift of mindset required humility, patience, and a willingness to listen rather than lead. Subsequently, relationships improved across the care team - one unit manager reported the camaraderie and empathy she built with PSTs as "transformative" to her leadership. Now, when she holds staff accountable for infractions, they share mutual appreciation and respect for one another's roles and life experiences, as well as increased psychological safety.

An additional challenge was building trust between PSTs and leaders. Early on, some PSTs were skeptical about whether their voices would truly be heard. By consistently demonstrating follow-through and transparency of leaders, the team earned credibility and strengthened relationships within the units. For example, the 7 South team relies on a visual management board in the breakroom where staff share new change ideas on an ongoing basis. The board invites staff to describe the challenge, envisioned solutions/change ideas, responsibility for testing changes, and the status of the test. Trust is built when staff see their ideas in motion, witness others' contributions, track progress over time, and share transparency and accountability. It creates a climate where belonging is not claimed by title but proven by participation.

*Figure 15: Visual Management Board*


Pictured (L to R): Haley Newsom (7 South Clinical Leader) & Elizabeth Littlejohn (7 South Nurse Manager)

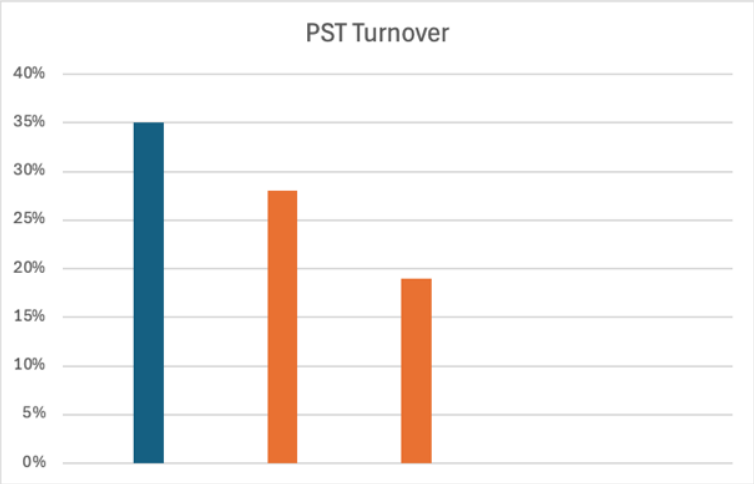
# Outcomes

*"Before CareFront, I often felt like I was juggling tasks in isolation… CareFront has given us a shared language and a framework for respectful, clear, and timely communication. Now, every shift feels more connected. I'm not just checking boxes, I'm building relationships. And that's the kind of care I always wanted to give." – PST, 7 South*

The results of the CareFront initiative have been transformative:

- 100% retention of newly onboarded PSTs from April 2024–March 2025 among the two participating units, and overall decrease in existing PST turnover rates
- Significant improvements in colleague engagement scores, reflecting stronger job satisfaction and reduced burnout
- Increased participation from PSTs in committees, interviews, and unit-based initiatives
- A shift in workplace culture, with staff demonstrating greater ownership of improvements and more collaborative teamwork
- An unanticipated decrease in hospital-acquired pressure injuries among patients on pilot units during the same time period
- Cost savings of over $95,000 annually across the two pilot units

*Figure 16: PST Turnover During CareFront*




To monetize the cost of turnover among PSTs to the organization, the pilot units worked with Finance and Human Resource leaders to understand the turnover rates among PSTs not trained by a Lead PST (44 percent turnover) compared to those trained by a Lead PST (19 percent turnover) and those working on the pilot units (0 percent turnover). As a result, the two pilot units are saving the organization over $95,000 per year, which when scaled to 30 additional units, could result in over $1.5 million in annual savings.

The pilot teams are now making the case to senior leaders to reinvest a small portion of these savings from the CareFront initiative by hiring a full-time social worker to support PSTs with barriers to stable employment, such as transportation, childcare, housing and food benefits. Based on findings from pilot unit staff surveys, these social determinants disproportionately affect the historically marginalized populations that fill these roles, causing PSTs to miss work at higher rates. This investment in addressing them is expected to result in sustainable retention, staff satisfaction, and improved patient safety.

# Lessons Learned

By centering the voices of PSTs, Trinity Health Oakland transformed retention and engagement within its medical-surgical units. This success demonstrates how a collaborative, caregiver-driven approach not only reduces turnover but also fosters a culture of trust, teamwork, and better patient care.

Through the work done in the CareFront initiative, the team learned:

- **Colleague-led change is powerful**. Leadership's role is to support, not dictate, solutions.
- **Trust and transparency drive engagement**. Taking time to listen and follow through builds social capital.
- **Adaptability matters**. Health care and the social landscape are constantly evolving, and staff needs change with it. Regular feedback is critical.
- **A thriving workforce energizes leadership**. Seeing results reinforces the value of relational, proactive engagement.
- **Inclusivity and empathy is budget positive** in the short and long term.

With gratitude for the generous support of The Ralph C. Wilson, Jr. Foundation, this initiative has created a model for how hospitals can invest in their most-often overlooked workforce and, in turn, improve outcomes for both staff and patients.

# University of Rochester Medical Center

## Background

The University of Rochester Medical Center (URMC), an 897-bed academic medical center in Rochester, New York, is dedicated to advancing health through integrated healthcare, education, research, and community outreach. Its flagship facility, Strong Memorial Hospital, is a Level 1 trauma center and a regional referral hub for specialized care in cardiology, oncology, neurology, and pediatrics.

In response to the growing integration of Licensed Practical Nurses (LPNs) in acute care settings, URMC implemented the IHI CareFront initiative to establish effective care delivery models that fully utilize LPNs' scope of practice. Historically, care delivery models at URMC were designed for all-RN teams, and the transition to incorporating LPNs posed challenges, including role ambiguity, dissatisfaction, and turnover among LPNs. Recognizing these issues, the initiative aimed to create a collaborative framework that supports both LPNs and RNs.

## Approach

The project was spearheaded by a multidisciplinary team, including Courtney Hallmark, Senior Nurse Manager of a unit with a high concentration of LPNs (a category of DCWs); Ann Benedetto, co-chair and academic advisor for UR Career Pathways, who began her nursing career as an LPN; and Andrea Perkins, Director of Quality, who specializes in performance improvement. Direct care workers Rekha Abraham, Sameerah Jackson, and Alecia Borrelli were instrumental in designing and implementing care models that optimize LPNs' roles while fostering effective collaboration with RNs.

The team was carefully selected by executive sponsors, Stephanie Von Bacho, EdD, MSEd, MS, RN-NEA-BC, Karen A. Scott, MS HRD, and Shayne Hawkins, MS, BSN-RN, who recognized the unique skills and dedication needed to lead this important initiative. From the beginning, it was clear that each member brought a shared passion for improving care delivery and driving meaningful change.

The team came together for the first time while at the airport, heading to the first CareFront learning session in Boston. That session provided the momentum they needed, helping define their aim statement and identify key drivers specific to their project. The goal was to develop RN/LPN models of care that empowered LPNs to work at the top of their scope of practice and feel valued in their roles.

Throughout the organization, LPNs had often expressed that they felt overlooked or undervalued—sharing sentiments like, "I'm treated like a technician," or "I'm not seen as a real nurse." These voices made it clear that URMC needed to rethink how LPNs were integrated into care teams and recognized for their contributions.

Courtney, one of the most passionate team members, was especially committed to this cause. Her vision extended beyond her own unit; she aimed to enhance the role of LPNs across the organization. Historically, the acute care settings had either excluded LPNs or limited their

ability to practice fully. Courtney sought to change that by developing collaborative care models that improved the RN-LPN relationship and elevated the role of the LPN in patient care.

This initiative marked a significant step toward transforming care delivery—ensuring that every team member, especially LPNs, is empowered, respected, and able to provide the best care possible.

*Figure 17: The CareFront Team*

## Challenges

One primary challenge was a limited understanding of the LPN scope of practice—both within the project team and among frontline staff. This knowledge gap made it difficult to confidently redesign care models that fully leveraged LPN capabilities. Compounding this were longstanding trust issues between RNs and LPNs, rooted in unclear role expectations and historical patterns. Building mutual respect and defining responsibilities became an early and essential focus.

The team also encountered the natural resistance coming from shifting how care is delivered. Changing established workflows required open communication, ongoing support, and a clear vision. Gaining leadership buy-in took time as they worked to demonstrate the long-term value of a collaborative RN/LPN model.

Early feedback from direct care workers (DCWs) revealed skepticism—many wondered if this would be another short-lived initiative. Their honesty led the team to increase transparency, include staff in planning, and focus on empowerment, value, and sustainability.

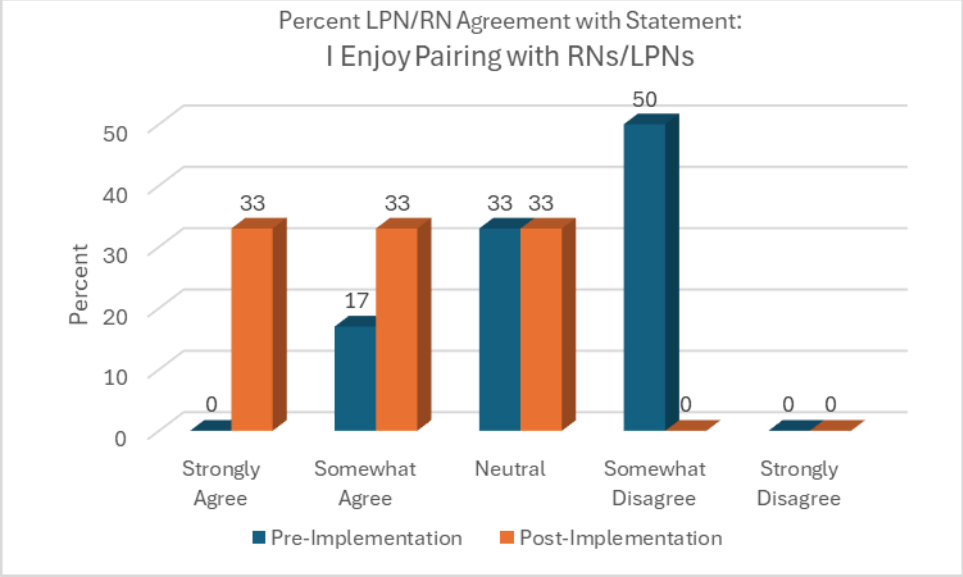
As the project gained traction, a new challenge emerged: time. Balancing this work with full-time responsibilities has been difficult, especially as the model spreads across the organization. As

Courtney shared, "Our spreading site has almost gone too well—we don't have enough time to keep up with all of the new units." The rapid growth is a testament to the project's success and highlights the need for continued resources. The team is currently working with executive leadership to plan for appropriate staff allocations so the work may continue for the benefit of staff and patients.

# Outcomes

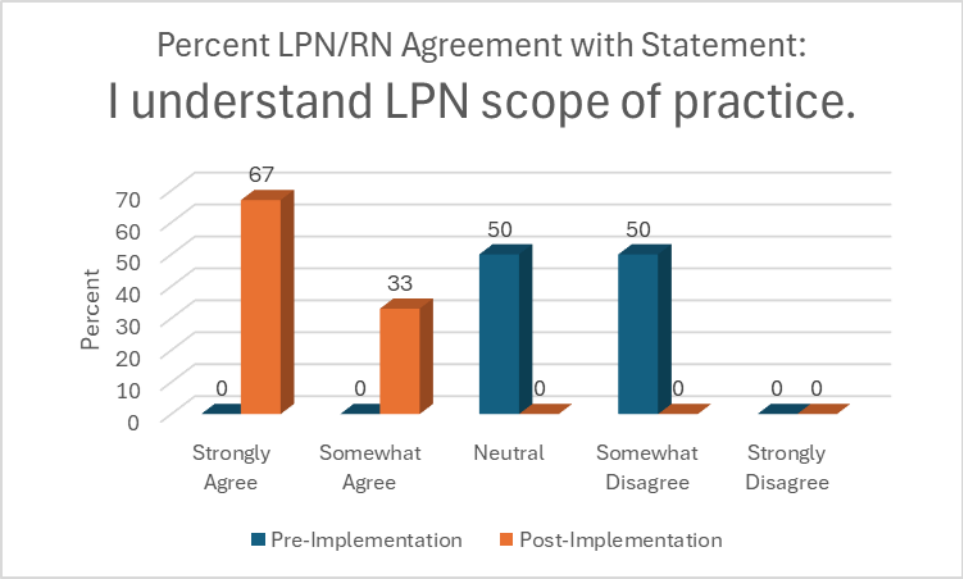
The project led to an increase in LPN retention from 67.5 percent to 100 percent on the 6-1600 unit over one year.

Survey data collected post-implementation compared to pre-implementation showed favorable outcomes. RNs and LPNs were asked to rate their agreement with the statement: "I enjoy pairing with RNs/LPNs."



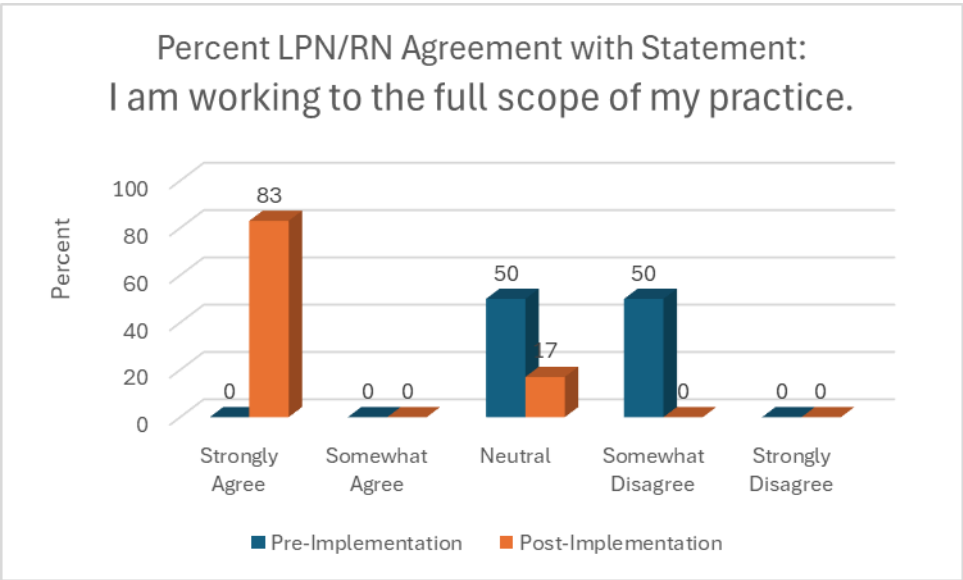

| **Statement: I enjoy pairing with RNs/LPNs.** | | |
|---|---|---|
| | Pre-implementation | Post Implementation |
| Strongly Agree | 0% | 33% |
| Somewhat Agree | 17% | 33% |
| Neutral | 33% | 33% |
| Somewhat Disagree | 50% | 0% |
| Strongly Disagree | 0% | 0% |

Another significant outcome was a response to the statement: "I understand the LPN scope of practice." Pre-implementation data showed 50 percent of respondents responded neutral with the other 50 percent somewhat disagreeing. Post implementation 33 percent of respondents selected somewhat agree and 67 percent strongly agreed.



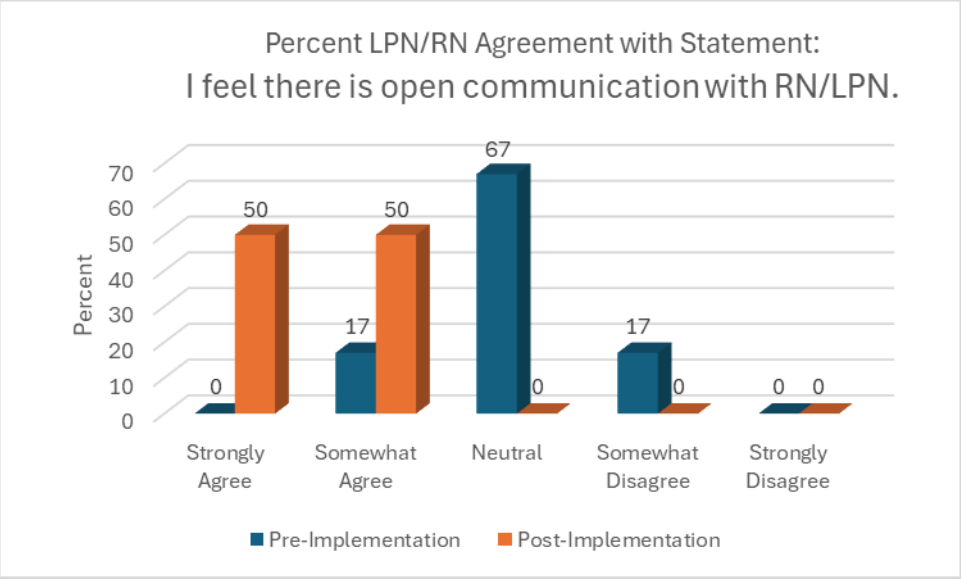

| **Statement: I understand LPN scope of practice.** | | |
|---|---|---|
| | Pre-implementation | Post Implementation |
| Strongly Agree | 0% | 67% |
| Somewhat Agree | 0% | 33% |
| Neutral | 50% | 0% |
| Somewhat Disagree | 50% | 0% |
| Strongly Disagree | 0% | 0% |

A third question posed in the survey asked respondents to rate their agreement with the statement: “I am working to my full scope of practice.”



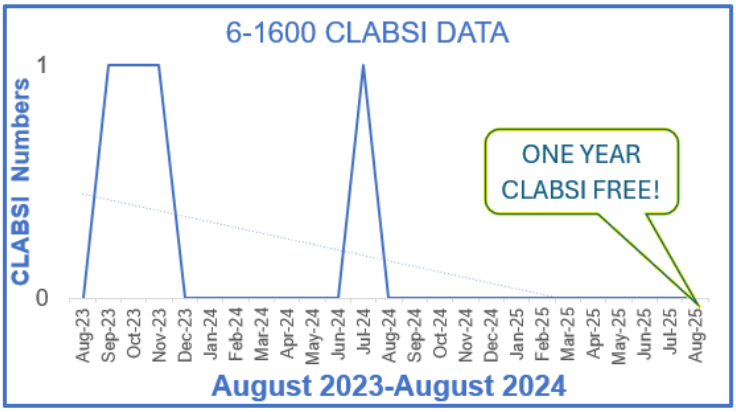
| Statement: I am working to the full scope of my practice. | | |
|---|---|---|
| | Pre-implementation | Post Implementation |
| Strongly Agree | 0% | 83% |
| Somewhat Agree | 0% | 0% |
| Neutral | 50% | 17% |
| Somewhat Disagree | 50% | 0% |
| Strongly Disagree | 0% | 0% |

Communication among RNs and LPNs also greatly improved post-implementation as measured by responses to the statement: “I feel there is open communication with RN/LPN.”

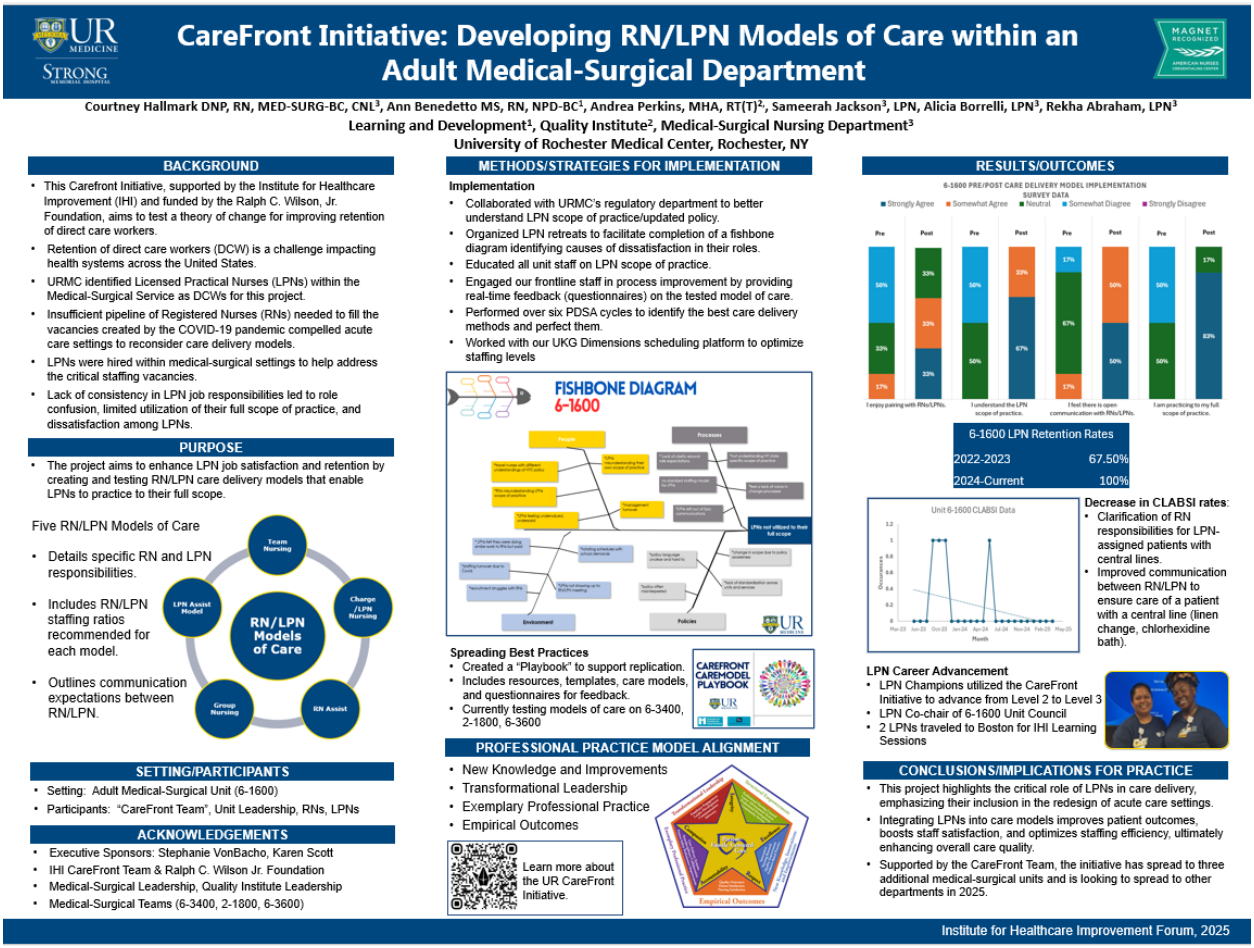



| Statement: I feel there is open communication with RN/LPN. | | |
|---|---|---|
| | Pre-implementation | Post Implementation |
| Strongly Agree | 0% | 50% |
| Somewhat Agree | 17% | 50% |
| Neutral | 67% | 0% |
| Somewhat Disagree | 17% | 0% |
| Strongly Disagree | 0% | 0% |

While not an explicit goal of the Learning and Action Network, CareFront teams found that improvements in some patient outcomes coincided with implementation of changes designed to improve retention of direct care workers. At URMC, we saw a decrease in Central Line Associated Blood Stream infection (CLABSI) rates on the pilot unit and as of August 31, 2025, the organization marked one-year CLABSI free. This positive outcome can be related to improved communication and identified responsibilities for central line maintenance specified in the new care delivery models. Additionally, enhanced structure, clearer expectations, and optimized staffing models contributed to more efficient and effective care delivery.




The team presented their early results at the IHI Forum in December 2024 during the World Café Session. Since then, they have presented the poster below at URMC National Nurses' Week Scholarship Day, and the *URMC Quality Institute Better Teams. Better Care. Symposium*. In September 2025, the team presented a poster and podium presentation at the New York Organization of Nurse Leaders (NYONL) Annual Conference. Their work was recognized for its best practices, earning the prestigious Claire Murray Award for the Finger Lakes Region. This recognition highlights the impact and excellence of the team's contributions to nursing leadership and innovation.



# CareFront Initiative: Developing RN/LPN Models of Care within an Adult Medical-Surgical Department

Courtney Hallmark DNP, RN, MED-SURG-BC, CNL[3], Ann Benedetto MS, RN, NPD-BC[1], Andrea Perkins, MHA, RT(T)[2], Sameerah Jackson[3], LPN, Alicia Borrelli, LPN[3], Rekha Abraham, LPN[3]
Learning and Development[1], Quality Institute[2], Medical-Surgical Nursing Department[3]
University of Rochester Medical Center, Rochester, NY

## BACKGROUND

- This Carefront Initiative, supported by the Institute for Healthcare Improvement (IHI) and funded by the Ralph C. Wilson, Jr. Foundation, aims to test a theory of change for improving retention of direct care workers.
- Retention of direct care workers (DCW) is a challenge impacting health systems across the United States.
- URMC identified Licensed Practical Nurses (LPNs) within the Medical-Surgical Service as DCWs for this project.
- Insufficient pipeline of Registered Nurses (RNs) needed to fill the vacancies created by the COVID-19 pandemic compelled acute care settings to reconsider care delivery models.
- LPNs were hired within medical-surgical settings to help address the critical staffing vacancies.
- Lack of consistency in LPN job responsibilities led to role confusion, limited utilization of their full scope of practice, and dissatisfaction among LPNs.

## PURPOSE

- The project aims to enhance LPN job satisfaction and retention by creating and testing RN/LPN care delivery models that enable LPNs to practice to their full scope.

Five RN/LPN Models of Care

- Details specific RN and LPN responsibilities.
- Includes RN/LPN staffing ratios recommended for each model.
- Outlines communication expectations between RN/LPN.




## SETTING/PARTICIPANTS

- Setting: Adult Medical-Surgical Unit (6-1600)
- Participants: "CareFront Team", Unit Leadership, RNs, LPNs

## ACKNOWLEDGEMENTS


- Executive Sponsors: Stephanie VonBacho, Karen Scott
- IHI CareFront Team & Ralph C. Wilson Jr. Foundation
- Medical-Surgical Leadership, Quality Institute Leadership
- Medical-Surgical Teams (6-3400, 2-1800, 6-3600)


## METHODS/STRATEGIES FOR IMPLEMENTATION

**Implementation**

- Collaborated with URMC's regulatory department to better understand LPN scope of practice/updated policy.
- Organized LPN retreats to facilitate completion of a fishbone diagram identifying causes of dissatisfaction in their roles.
- Educated all unit staff on LPN scope of practice.
- Engaged our frontline staff in process improvement by providing real-time feedback (questionnaires) on the tested model of care.
- Performed over six PDSA cycles to identify the best care delivery methods and perfect them.
- Worked with our UKG Dimensions scheduling platform to optimize staffing levels




**Spreading Best Practices**

- Created a "Playbook" to support replication.
- Includes resources, templates, care models, and questionnaires for feedback.
- Currently testing models of care on 6-3400, 2-1800, 6-3600




## PROFESSIONAL PRACTICE MODEL ALIGNMENT

- New Knowledge and Improvements
- Transformational Leadership
- Exemplary Professional Practice
- Empirical Outcomes

Learn more about the UR CareFront Initiative.




## RESULTS/OUTCOMES




| 6-1600 LPN Retention Rates | |
|---|---|
| 2022-2023 | 67.50% |
| 2024-Current | 100% |




**Decrease in CLABSI rates**:

- Clarification of RN responsibilities for LPN-assigned patients with central lines.
- Improved communication between RN/LPN to ensure care of a patient with a central line (linen change, chlorhexidine bath).

**LPN Career Advancement**

- LPN Champions utilized the CareFront Initiative to advance from Level 2 to Level 3
- LPN Co-chair of 6-1600 Unit Council
- 2 LPNs traveled to Boston for IHI Learning Sessions



## CONCLUSIONS/IMPLICATIONS FOR PRACTICE

- This project highlights the critical role of LPNs in care delivery, emphasizing their inclusion in the redesign of acute care settings.
- Integrating LPNs into care models improves patient outcomes, boosts staff satisfaction, and optimizes staffing efficiency, ultimately enhancing overall care quality.
- Supported by the CareFront Team, the initiative has spread to three additional medical-surgical units and is looking to spread to other departments in 2025.

Institute for Healthcare Improvement Forum, 2025

# Lessons Learned

Participation in CareFront has been a transformative experience for the team and broader organization. One of the most meaningful shifts has been a deeper understanding and appreciation of the LPN role. By focusing on scope of practice, care models were developed that not only utilize LPNs more effectively but also foster stronger collaboration between RNs and LPNs. This shift has increased engagement, built trust, and renewed purpose among the direct care team.

Leadership has responded with enthusiasm. As Shayne Hawkins, Director of Medical Surgical Nursing shared, “Nursing shortages are not changing—now is the time to rethink our care delivery models and reshape the future of how we provide care to patients.” Executive sponsors played a key role in ensuring the project had both visibility and long-term support.

A critical factor to success was committing to the Model for Improvement with its Plan-Do-Study-Act (PDSA) cycles. Ensuring that each PDSA cycle was thoughtfully executed allowed the team to adapt effectively and stay grounded in their goals. The core team also invested in a 4-hour retreat with each new team as changes were introduced to new units (spread units), which proved essential for building trust, securing buy-in, and launching the work with clarity and enthusiasm. Starting with clear guidelines, defined roles, and shared goals helped set a strong foundation.

The learning network with IHI provided the team with more than tools—it sparked a culture shift where frontline feedback is welcomed and expected. As Rekha Abraham, LPN Level III and UR CareFront team member shared, “I feel like I’m part of something bigger—my work matters, and so do I.”

The team leaves this experience inspired and committed to carrying the momentum forward. This work has reaffirmed the power of investing in people, listening deeply, and reimagining how care is delivered. The team extends sincere gratitude to the Ralph C. Wilson, Jr. Foundation for funding this initiative, as their support made it possible to fully engage in the work, strengthen teams, and drive meaningful, lasting change across the organization. Looking ahead, the team is eager to continue expanding and advancing this important work in the future.

# Wyoming County Skilled Nursing Facility

## Background

Wyoming County Skilled Nursing Facility (SNF), located in the rural town of Warsaw, NY, is a 138-bed facility connected to a 25-bed hospital and 10-bed Mental Health Unit that provides quality healthcare which positively impacts the community. The SNF Team is dedicated to serving residents and continuously improving care. Staff strive to know residents' needs, share in their challenges and accomplishments, and provide individualized services in a home-like environment where rights are respected, and a spirit of friendliness prevails.

To enhance quality of life, the facility offers daily services including an Activity Department with events and holiday celebrations, a Social Work Department for life-changing support, occupational, physical, and speech therapy, nutritional guidance from a dietician, a beauty shop, banking services, 24-hour medical providers, Resident and Family Councils, and round-the-clock nursing care from RNs, LPNs, and CNAs.

Wyoming County Skilled Nursing Facility joined CareFront to improve the overall work environment for all staff, which in turn leads to higher employee satisfaction and lower staff turnover rates. Both areas of improvement benefit the nursing facility residents' lives through positive, consistent care. Direct Care Workers (DCWs) at Wyoming County SNF are the heart of the facility and often the first to become aware of any issues that may arise with residents. As such, leaders identified that the imperative to ensure DCWs know that they have a voice in operations of the facility.

## Approach

With support from the IHI, the facility formed an Improvement Team of a Senior Sponsor, Team Leader, Data Lead, Lived Experience Staff, and Direct Care Workers, guided by the motto "Family Taking Care of Family" - many SNF residents have spent much of their lives in Wyoming County, making the community especially close-knit (Figure 1). The multidisciplinary team met weekly and with IHI bi-weekly to assess and improve processes.

*Figure 18: The Wyoming County SNF CareFront Team*


The team's first project was centered on the Blue Unit, which was identified as particularly challenging due to the wide range of staff experiences. Input was collected through a series of surveys, beginning with a lighthearted pie-versus-cake "[colored] ping pong balls vote," (Figure 2) and followed by tools such as: a sticky note board for open feedback, a recognition survey, a "Good Day/Bad Day" survey conducted with support from Human Resources, and an anonymous questionnaire addressing feelings of value, belonging, and future intentions. The results were analyzed and acted on using the Plan-Do-Study-Act (PDSA) cycle and Driver Diagrams, providing a structured framework to guide meaningful improvements for both residents and staff.

*Figure 19: Good Day/Bad Day Ping Pong Ball Vote*


The anonymous questionnaire revealed that staff on the Blue Unit did not feel valued within the facility (Figure 3). Many expressed that they felt "like just a number." At the same time, staff

noted that, given the limited employment options in the surrounding area, most would remain in their roles—though often feeling trapped in work they did not enjoy or derive meaning from.

*Figure 20: Anonymous Staff Satisfaction Questionnaire Results*


# Challenges

Since the beginning of the CareFront initiative, the team experienced both challenges and successes. Some staff were initially resistant to change, often because they did not fully understand the reasons behind the changes or how the adjustments would ultimately improve their work. While early survey results reflected negative perceptions, they also provided valuable insight into areas needing improvement. Certain concerns, such as scheduling, required escalation to the administrative level for resolution.

# Outcomes

Since the joining the initiative, several projects have been completed, including:

- The approval and launch of a CNA class by the New York State Department of Health (NYSDOH), which is progressing successfully
- The creation of a newsletter, The Biz Buzz, later integrated into the systemwide publication
- Monitoring and adjusting (using quality tools) clothing protector inventory levels to improve efficiency
- Changing huddle times to improve staff availability and participation
- Reintroducing the Shift Change Form, which evolved into the CNA Assignment Sheet
- Implementation of Quiet Time, a dedicated hour each day during which all staff are expected to use quiet voices, not gather at the nurses' station, and dim lights to reduce stress and burnout for staff while creating a more peaceful environment for residents.

The Wyoming County SNF CareFront team has begun to spread its successful initiative to all units and will re-educate staff on the purpose of CareFront to ensure buy-in. Recently, CNA

assignment sheets and Quiet Time have been spread to other units with very positive results. One staff member remarked, “Quiet Time gave me a chance to breathe,” underscoring the tangible benefits these efforts have brought to the workplace.

Additionally, several new projects are now underway, including development of a systemwide approach to cultural competency and establishment of a Unit Council (with a steering committee) designed to provide staff empowerment, build trust, and improve communication at all levels. In response to the ongoing shortage of Licensed Practical Nurses (LPNs), plans are in motion to launch a dedicated LPN Recruitment and Training Program in Spring 2026. This initiative aims to attract, educate, and support individuals pursuing a career in nursing while addressing staffing needs. By investing in local talent and providing a clear pathway into the profession, the program seeks to build a stable, committed workforce that reflects the values of the community.

Leadership has encouraged the team to think outside the box and has empowered them to identify areas needing improvement.  As the CareFront initiative has progressed, the SNF Administrator has stepped back and authorized the Team and DCWs to continue independently in identifying projects or areas of concern and testing/implementing changes.

## Lessons Learned

Partnering with IHI through the CareFront initiative helped guide and enable the SNF team while providing consistent encouragement. In the process, the Team learned quality improvement methods, including how to design and test changes using PDSA cycles and Driver Diagrams. Applying small tests of change allowed staff to address the stressor of inefficiencies in clothing protector inventory and availability in real time, resulting in an improved sense of personal value to the organization.

Through this work, the team also learned that staff place a high value on praise and acknowledgment, and that the system as a whole needs to strengthen its focus on recognizing employee contributions. In response, Unit Managers are being encouraged to foster a more positive work environment, and the facility is revising its Clinical Ladder Policy to create clearer pathways for staff growth. The team also recognized that improving buy-in requires clear communication about the purpose behind changes. Finally, adjusting the approach to surveys by engaging multiple disciplines and departments has improved both their relevance and effectiveness.