

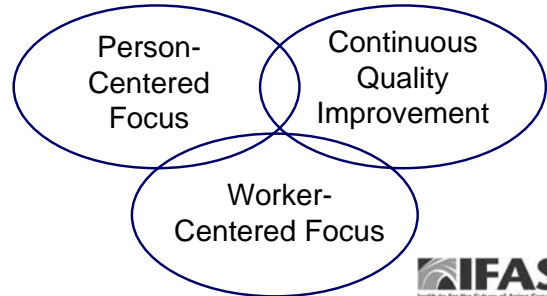
Workforce Improvement: The Key to Culture

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Three Inter-Related Areas of Activity to Achieve Culture Change



Quality in Aging Services

- **Quality of services/care outcomes**
- **Quality of “caring”/quality of life**
- **Quality for whom**
 - Residents, home care consumers
 - Families
 - Staff



Health Dimension of Quality

- **Medical/clinical**
- **Technical aspects of care**
- **Quality indicators capture clinical processes and outcomes**
 - MDS
 - OASIS



Social Dimension of Quality

- **Quality of the physical environment**
- **Quality of the social supports**
- **Relationship between care recipients and caregivers**
- **Measures more sensitive to the needs and preferences**
 - Life satisfaction
 - Satisfaction with interactions
 - Sense of autonomy / control



Integrated Model is Required

- **Good quality aging services combine a focus on both the clinical and social/environment**
- **Also focuses on work environment and quality outcomes for caregivers**
- **Clinical and social aspects are intertwined**
- **Requires organizations that have management structure and philosophy conducive to promoting quality of care and life**
- **Appropriate for all settings from independent living to skilled nursing facilities**



Culture Change in LTC to Improve Quality

- **Focus on where people live and work**
- **Culture change is comprehensive – not just one intervention**
- **Focus on empowering staff and residents / clients**



The Quality Case for Interventions

- **Improves quality of life for consumers and their families**
- **Some empirical evidence linking culture change innovations to quality of care outcomes**
- **Improves quality of worklife for staff at all levels**
- **Improves productivity and encourages better practice**



The Business Case for Interventions

- **Significant savings from reduced turnover and increased retention**
- **Increased efficiency**
 - less paperwork
 - permanent assignment increases productivity
 - use of clinical best practice reduces costs
 - self-managed work teams are more efficient



The Business Case for Interventions

continued

- **Discounted insurance premiums**
- **Reduced worker compensation claims and costs**
- **Potential for attracting new residents, consumers**



Quality of Worklife

- **Key to quality of care and life in aging services**
- **Focus on staff, particularly direct care workforce**
- **Interaction between care recipient and caregiver from staff perspective**



Organizational-Level Interventions

- **Flattening management hierarchy**
- **Creating person-centered environment**
- **Mentoring and coaching rather than supervising**
- **Creating meaningful, rewarding training experiences for all staff**
- **Focus on intra-staff communication and staff/resident relationships**
- **Fostering and enhancing community for direct care workers**



Training

- **Not about multiple hours of orientation classroom training**
- **Need for:**
 - Life skills training
 - Hands-on experience
 - Peer mentoring and coaching
 - On-going support
- **Different paradigm of training**



Better Jobs Better Care Background



Goals and Objectives of Better Jobs Better Care (BJBC)

- **Support changes in long-term care policy and provider practice that:**
 - Help to reduce high vacancy and turnover rates among direct care staff across the spectrum of long-term care settings
 - Improve workforce quality



Why Focus on Direct Care Workers

- **Direct care workers (DCWs) provide most hands-on care**
 - Without their understanding, skills and active involvement, any person-centered care change will be ineffective
- **High vacancy and turnover rates in long-term care organizations among nurses and nursing assistants**
 - Affects quality and cost of care



Turnover is Expensive

The Cost of Frontline Turnover in Long-Term Care

- **Provider average direct costs=\$2,500/DCW**
- **Provider average indirect costs=\$1,000/DCW**
- **Consumers bear costs in poor quality care**
- **Payers – federal and state governments – estimate \$2.5 billion/year**



Other Adverse Consequences of Direct Care Workforce Problems

- **Reduced access to care and more pressure on family caregivers**
- **High worker stress; increased injury and illness**
- **Poorer quality and unsafe care**



Better Jobs Better Care: A Test of Some Key Premises

- Coalitions of providers, consumers and workers are key to making sustained changes
- Public policies and workplace practices should support/reinforce each other
- More/better research needed to document the effectiveness of public policies and workplace practices



Program Structure

- Co-funded by The Robert Wood Johnson Foundation and The Atlantic Philanthropies
- National Program Office – Institute for the Future of Aging Services (program direction and technical assistance)
- Technical Assistance partner – Paraprofessional Healthcare Institute



Better Jobs Better Care Demonstration Grants

- 5 Demonstration grants:
 - Up to \$1.4 million over 3 ½ years awarded to 5 coalitions in Iowa, North Carolina, Pennsylvania, Oregon and Vermont
- Multi-stakeholder coalitions including:
 - Long-term care providers, workers and consumers, working with state and local agencies, workforce development agencies, educational institutions, etc.



BJBC Demonstration Grants

- Public Policy Strategies
 - Wage enhancements/health insurance benefits
 - Provider payment incentives for better retention
 - Universal core curriculum; new state training requirements; nurse delegation law changes
- Workplace Practice Changes
 - Organizational culture changes to empower and value direct care workers
 - Peer mentoring, supervisor training programs
 - Cultural diversity in the workforce
 - Innovative curricula & training modules



National Demonstration Evaluation

- Pennsylvania State University (PSU) – Kemper/Brannon
 - Document and analyze grantees' activities, successes and challenges
 - Assess impact of policy and practice changes on provider organizations, quality of DCW jobs and worker perceptions of quality of care
- Management Information System, PSU Survey Research Center
 - Track employee retention, turnover, changes in working conditions in providers participating in BJBC demonstration activities



Applied Research & Evaluation Grantees

- 8 Applied Research and Evaluation Grants awarded
 - Up to \$500,000 each over 2 years to university and non-profit research institutes
 - Designed to generate practical, empirical knowledge about the strategies and practices that work best to attract and retain a high-quality direct care workforce



Applied Research & Evaluation Grantees

- Impact of wage/benefit enhancements
- Potential to expand labor pool by recruiting family/friends, older workers
- Organizational and management practices
- Cultural competency
- Training needs of CNAs/HHAs



Lessons Learned/Key Findings



Demonstration Projects



Lessons from States' Experience

1. Role of coalitions in supporting initiatives.
 - Regional coalitions in Pennsylvania
2. We need to strengthen the leadership and management skills of nurse supervisors
3. Involvement of direct care workers in workplace change and policy advocacy



Lessons from States' Experiences

4. Providers can be motivated to take action if they know the cost of turnover
 - but even better if they are given financial or non-financial incentives
5. Growing recognition and demand for adding training in communication skills, problem-solving and team-building to basic training programs for DCWs



Highlights from Two Demonstration Programs

1. North Carolina New Organizational Vision Award (NC NOVA)
 - Incentive based program to achieve culture change
2. Oregon – Person-centered care and the future of nursing
 - Person-centered care approach to DCWs and practice change
 - Person-centered care assessment tool
 - Occupational profile and core competencies



Research and Evaluation Projects



Key Findings from Boston University

- Cultural competence goes beyond language
- Cultural competence is a factor in the extent to which workers feel respected and valued in the workplace
- Site-specific trainings and workshops can significantly improve the perception of cultural competence among workers



Key Findings from Brandeis University

- Unit nurses should have support and philosophy of respect for CNAs
- More staffing hours per resident day and good wages and benefits are important
- Where CNAs are committed to their jobs, residents report better relationships with their caregivers



Key Findings from Connecticut College

- When wages are competitive and benefits are provided, consumers are more likely to find someone who wants to work in California's In-Home Supportive Services (IHSS) and can afford to stay in it
- Flexibility and wages matter



Key Findings from Cornell University

- A dedicated person to retention (“retention specialist”) who receives training and resources can improve direct care worker satisfaction and reduce turnover
- Success requires a continuous, integrated approach within the ongoing operation of the organization



Key Findings from Margaret Blenkner Research Institute, Benjamin Rose

- Improvements needed in direct care worker initial training, orientation to the job and continuing education
- Direct care workers do not intend to remain on the job; however, many see it as a stepping stone for career advancement



Key Findings from Operation ABLE

- **Older workers are a potential pool of workers for long-term care employers**
- **Barriers to hiring older workers are more perceived than actual**



Key Findings from University of California at Los Angeles

- **Former paid family caregivers could expand the homecare workforce**
- **Former family caregivers need timely information about other home care job opportunities**



Key Findings from University of North Carolina at Chapel Hill

- **Tailored trainings are successful in developing teamwork as well as improving job performance**
- **Nurse supervisory training to improve supervisory and listening skills help improve overall team care**



Next Steps and Major Challenges



BJBC Next Steps and Major Challenges

- **Ensuring sustainability of initiatives**
- **Recruiting and training are important, but retention even more so**
- **Scaling up/replicating effective programs**



BJBC Next Steps

- **Dissemination of tools and products produced by BJBC; includes AAHSA clearinghouse**
- **Special Issue of The Gerontologist**
- **Provider-friendly report on findings from research studies and dedicated issue on BJBC in FutureAge**
- **Business case report**
- **Provider video**

