

Testing a Route toward Greater Retention

Can Dedicated Retention Specialists Make a Difference in Direct Care Worker Turnover?

Karl Pillemer and Rhoda Meador of Cornell University's Institute for Translational Research on Aging (CITRA) have spent the last 15 years creating and testing interventions to improve the lives of direct care workers and nursing home residents. When they received a Better Jobs Better Care (BJBC) applied research grant, they jumped at the chance to see if a new model – dedicated retention specialists – could significantly reduce turnover among certified nursing assistants (CNAs).

The strategy emerged from a 2000 study by Bruce Schell, Pillemer and Meador on retention and turnover in nursing homes. From this observational study, a compelling finding grabbed their attention: the impact a single individual could have when committed to solving turnover problems.

In a follow-up pilot study, a nursing home, facing severe turnover issues, assigned a staff member to work specifically on retention issues. This intervention proved highly effective – turnover rates decreased, temporary agency staff costs dropped and employee morale improved.

In their BJBC grant, Pillemer and Meador, along with their project staff at CITRA, have been rigorously testing the dedicated retention specialist model. Their question? Can one staff person assigned and trained to be the organization's retention specialist cause lower turnover and higher job satisfaction among direct care workers. Thirty-two nursing homes in New York and Connecticut are participating in the study. Half are serving as the intervention facilities and half are serving as the control group.

All of the nursing homes in the study



Karl Pillemer

were randomly selected with the help of CITRA's partners; the New York and Connecticut AAHSA state partners, the two states' for-profit state associations and the Braceland Center for Mental Health and Aging in

Connecticut. The selected homes represent a mix of sizes, for-profit and not-for-profit status and geographic location.

Each intervention facility chose a staff person to be trained as its retention specialist. Most of those chosen were directors of nursing or staff development coordinators. Their assignment was to spend at least 30 percent of their time on implementing retention strategies.

The intervention began with an intensive three-day training. The specialists' first task was to review their facilities' organizational assessments, completed prior to the training, and diagnose their particular retention problems. The training team then introduced several possible intervention strategies such as peer mentoring, career ladders and Partners in Caring, a program that helps families and staff communicate more effectively. Other strategies recommended included recognition, change management, supervision and work-life practices.

By the end of the training, each specialist had drafted a specific retention plan to take

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A national program funded by The Robert Wood Johnson Foundation and The Atlantic Philanthropies, directed and managed by the Institute for the Future of Aging Services, American Association of Homes and Services for the Aging (AAHSA), in partnership with the Paraprofessional Healthcare Institute.



States Use Penalty Money for Direct Care Worker Recruitment and Retention

With money tight and states targeting Medicaid and long-term care for budget savings (see *Insights #6*, Winter-Spring 2005), finding state funds to support direct care workforce initiatives is challenging. Some providers and advocates have pressed their states to use funds collected from civil monetary penalties (CMPs) to support recruitment, training and retention of direct care workers.

States can levy CMPs against long-term care providers who falsify a resident assessment or violate federal law establishing standards for nursing facilities. States can also assess CMPs against individuals who warn long-term care providers of upcoming surveys. Though not all states collect CMPs, some are more aggressive, raising several hundred thousand dollars annually that may be fed back into the long-term care system.

Reliable figures on how many states have begun using CMP funds to support workforce initiatives are hard to come by. Nonprofit groups like the Paraprofessional Healthcare Institute (PHI), the Long-Term Care Community Coalition and the National Citizens' Coalition for Nursing Home Reform have begun studies to try to answer this question and to measure these programs' effectiveness. Results just coming in from a PHI survey indicate that at least 10 states have used CMPs to support projects that either directly or indirectly contribute to improving workforce retention.

Iowa "taps into" CMPs

"The first time we tapped into CMPs was in 1999," says Di Findley, executive director of the Iowa Caregivers Association (ICA). "We were the first in the state to use them for certified nursing assistant (CNA) recruitment and retention initiatives."

At the time, federal regulations required that the funds be used to protect residents; Findley argued that residents are protected by keeping workers in their jobs. She credits Sen.

Charles Grassley (R-Iowa) and some state lawmakers with helping ICA win legislative support for funding ICA's recruitment and retention projects with CMP money.

ICA received \$100,000 in CMP money in FY 1999/2000 to fund the ICA certified nursing and recruitment project. This project included a survey to determine why CNAs left the field, staff retention programs and interventions and a CNA mentor program.

Findley says that as of spring 2005, Iowa's CMP fund balance was approximately \$2.3 million. Over the past two years, \$70,000 of that money has gone to fund scholarships for direct care workers to attend ICA's annual education conference, but Findley says she would like to see more of the funds earmarked to support a stable workforce.

Indiana follows Iowa's Lead

On Aug. 8, 2002, the Centers for Medicare and Medicaid Services (CMS) opened the door for states to follow Iowa's lead. A CMS memo told state Medicaid officials and survey directors

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Better Jobs Better Care's goal is to achieve changes in long-term care policy and practice that help reduce high vacancy and turnover rates among direct care staff across the spectrum of long-term care settings and contribute to improved workforce quality.

Robyn I. Stone, Program Director

Debra J. Lipson, Deputy Director

Linda Barbarotta, Senior Communications Associate

Natasha Stein Bryant, Research Associate



Please contact us at:

Better Jobs Better Care

c/o Institute for the Future of Aging Services

2519 Connecticut Ave., N.W.

Washington DC 20008

PHONE: 202-508-1216

FAX: 202-783-4266

E-MAIL: bjbc@ahsa.org

www.bjbc.org



“ Some of the residents that we take care of, we are their family. No one comes to see them, and we’re just the face they see every day. We’re the faces that they depend on...”

—Donna Gaudette

“ ...no, I don’t want you to call me a little Mexican, or I don’t want you to call me a nigger or Asian, but call me by my name and treat me like a human being.”

—Evelyn Hyman

Having their say

Direct Care Workers Talk about their Rewards and Challenges

These tender and brutally honest statements come from direct care workers speaking about their real-life experiences as nursing home and home health aides in the new Better Jobs Better Care video and discussion guide, *Stand Up and Tell Them: Views from the Frontline in Long-Term Care*.

In their own words, these workers speak frankly about the rewards of their work, the challenges they face on the job and the skills they use to cope. Their candid views can provide insights and spark discussions with direct care workers and their supervisors, nursing home and home health administrators and people needing long-term care.

Why this Video is Needed

Donna Gaudette speaks for many direct care workers: Most enjoy their jobs and form strong attachments to the people they serve. However, both the workers and their employers face many challenges.

“Most workers barely earn a living wage and about a quarter do not have health insurance,” explains Debra Lipson, deputy director of Better Jobs Better Care. “Their jobs are physically and emotionally demanding and they often face a disregard for their skills and knowledge and sometimes, outright discrimination. Turnover rates of up to 100 percent annually are common. These rates can affect the quality of care provided to their clients, put undue stress on the remaining workers and incur an enormous financial cost to employers.”

At a recent AAHSA conference, health care business consultant Lynn Spragens of Spragens & Associates pointed out the potential financial impact of these costs, “It is hard to imagine how another industry with these same turnover rates could survive.”

Lipson, continues, “The demand for direct care workers will only grow as the population ages. This video offers a window into how to meet the challenges of ensuring that enough qualified, stable and compassionate workers will be available in the future.”

A Guide to Help

The video is divided into six segments, each addressing a different aspect of caregivers’ work:

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back to his or her facility. The CITRA training team provided ongoing technical assistance, including online resources, to the specialists throughout the year-long study.


Gathering the Data

The CITRA project staff are using a variety of methods to gather data about the interventions introduced by the retention specialists; CNA questionnaires, organizational assessments and interviews with the specialists.

Right off the bat, CITRA staff faced a challenge – how to encourage the CNAs to fill out the questionnaire. The staff came up with several creative solutions that produced good results.



It must be a change in me, but now communication is better among the management team. ...We had [an] old perception of “management vs. ‘worker bees.’ The (communications) training helped us lose the worker bee mentality – now everyone is part of the scenario ...”



For example, a specific date and room, convenient to the CNAs, were chosen to collect the data. The project’s research assistants arrived on collection day, armed with their materials and the names of the CNAs scheduled to take the questionnaire. If a CNA didn’t show up, the assistants tracked him or her down and had them fill out the questionnaire right there on the floor. Perhaps the *most* successful strategy employed was to offer coffee and donuts in the data collection room.

Two rounds of questionnaires have been completed and in both rounds, the number of CNAs who participated was more than twice the number projected (1,217 and 1,106 vs. the proposed 500).

The nursing home administrators have completed two rounds of organizational assessments and, through case study interviews and a monthly diary, the retention specialists have reported on the progress and challenges they have faced.

The following comments from the interviews give some insight into their progress:

“...we have individualized the orientation process based on the needs of each new CNA. We had previously set aside two weeks for this program, but now base it on the skills of the new CNAs and it is skill- rather than time- sensitive.”

“It must be a change in me, but now communication is better among the management team. ...We had [an] old perception of “management vs. ‘worker bees.’” The (communications) training helped us lose the worker bee mentality – now everyone is part of the scenario ...”

Early Lessons

Though the final results are not yet in, Meador shared some impressions about what seems to be working.

Communication training is proving to be the most popular strategy. “The specialists modified the communication training to fit their staff. It turned out to be the key for many of their efforts,” Meador explains.

Peer mentoring is also generating a lot of interest. One retention specialist used the training to bolster their current program. They expanded their in-service for new staff and increased the time new staff shadowed their mentors. The mentors and the new staff were also put on the same units and given similar schedules. These changes have had an impact; the nursing home has not had to hire a new CNA in nine months.

The third early lesson weaves through the first two. Meador describes it this way: “There is an increasing awareness that communication and respect are powerful components in and of themselves, but working together they can bring about changes that have lasting impact. To improve the quality of life for direct care workers, we need to provide the on-going



Rhoda Meador

training, opportunities and experiences that reinforce these important components.”

Plans for the Future

Once the study is complete in the fall of 2005, each intervention facility will receive its own results compared to aggregated data from all 16 intervention facilities.

The CITRA team will continue to assist the retention specialists with the retention plans developed during the training.

The control facilities will also get the study results and will be eligible for the retention specialist training. Thanks to the input of those who have already gone through it, the control facilities will benefit from improved training. Planned changes in the training program include the full participation of the administrator and a greater emphasis on teamwork.

The researchers plan to continue working with their partner organizations. With their help, the CITRA team hopes to bring the train-

ing to other nursing homes in New York, Connecticut and other states and to adapt the retention strategies for home care agencies. Meador hopes that more long-term care

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providers can learn from their research, “As we analyze the data and patterns emerge, we will be able to make recommendations about what works and what doesn’t. We will have something very pragmatic to share with the field.”

For more information about this research grant, contact Karl Pillemer at kap6@cornell.edu or Rhoda Meador at



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- Why we do this job
- How we are viewed by our families and communities
- How we are treated in the workplace
- How we feel about discrimination and disrespect on the job
- How we deal with discrimination and disrespect
- How we can improve the way our jobs are viewed and how we are treated

The accompanying discussion guide provides ideas on how to use this video and provokes dialogue on the issues it raises. It offers users suggestions of potential audiences, tips on preparing and structuring a discussion and questions for different audiences.

The guide also helps create a supportive environment to discuss some of the difficult issues raised by the speakers – racism, sexual harassment, persons whose first language is not English and conflicts with supervisors. Three resource guides, on teamwork, cultural competence and preventing and responding to discrimination, are included to help with this task. Joy Livingston, the guide’s author, explains, “When topics tap into strong feelings, it’s important to give the facilitator the tools to direct the conversation and create a positive and constructive atmosphere.”

What People are Saying

Feedback from those who have shown the video have been promising. Farida Ejaz, a researcher at the Benjamin Rose Institute and lead investigator on a BJBC research grant,


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that states could use CMP funds “for any project that directly benefits facility residents.” Initiatives intended to address the problem of high turnover and vacancies among direct care workers in nursing facilities certainly fit the criteria.

“The 2002 memo broke everything loose,” says Michael Sullivan, government relations

“ A CMS memo told states they could use CMP funds “for any project that directly benefits facility residents.” The memo broke everything loose, says Michael Sullivan.”



advocacy director with the Greater Indiana Chapter of the Alzheimer’s Association. The association had sought a CMP grant to offer training to all the state’s direct care workers on caring for residents with Alzheimer’s or dementia but had been stymied by Medicaid rules that stipulated that CMP collections had to be directed toward deficient providers. In its 2002 memo, “CMS said almost all facilities have deficiencies,” so almost all facilities are eligible for training using CMP grants, Sullivan says.

Sullivan and colleagues convinced state officials to mandate Alzheimer’s and dementia training. Today, all new hires involved in direct care in Indiana must take six hours of training in the first year of employment, and three hours per year after that. This training should improve quality of care, but also reduce distress and turnover among direct care workers who are not prepared for the challenges of caring for people with dementia.

Indiana has provided \$350,000 in CMP grants to the Alzheimer’s Association to implement its training program. The program has been successful, providing workers with a greater understanding of dementia and better caregiving skills. But that amount of funding still covers only a small fraction of Indiana’s 50,000 long-term care workers, Sullivan says. “We only have slots for 2,500 people,” he says,

“and the current contract ends in December 2005.” Sullivan urges state officials to spend more money training workers, citing the continued finding of deficiencies in long-term care settings by state surveyors.

Kansas Focuses on Training

With \$97,000 in CMP grant funds from the state, the Kansas Association of Homes and Services for the Aging (KAHSA) began training in March 2005 to help direct care workers improve their skills, says Dana Barton, director of special projects with KAHSA’s Aging Research Institute.

“We chose the deficiencies that routinely hit the top 10 on surveys as the focus of the training,” Barton says. Those deficiencies include falls, pressure sores, range of motion and activities, she notes. Barton says the training sessions not only improve caregiving skills, but also show CNAs the regulatory foundation for surveys and how surveys help residents.

One Kansas facility has developed its own training program, which it is now disseminating with CMP funds. The Johnson County Nursing Center in Olathe offers a course for nurse aides, medical assistants and other staff members on such topics as safety, psychosocial issues, dementia and Alzheimer’s disease. All new hires must take this training.

The center’s executive director, K.J. Langlais, created the course. “I’ve been in the industry 24 years. I got frustrated that things could be better with education on regulations,” Langlais says. “Since training began, the center has seen employee retention more than double.”

Staff Assistance, Culture Change Efforts take Hold in Other States

North Carolina officials have supported a variety of paraprofessional workforce activities. Among the most prominent has been funding for the state’s “Win a Step Up” program that focuses on reducing nurse aide turnover in nursing homes using education and monetary and other incentives. As of April 2005, 687 nursing aides had participated in the program, which provides a retention incentive to those who complete the 36 hours of additional train-

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RESOURCES & EVENTS

Long-Term Care Workforce Issues Included in Recommendations to the White House Conference on Aging

Throughout 2005, a series of “mini-conferences” have been organized to gather input and develop policy recommendations for the 2005 White House Conference on Aging. In April, 125 people representing a broad range of stakeholders attended a mini-conference on long-term care. Participants issued recommendations in three policy areas: economic security and long-term care financing, health and independence, and supportive services. Long-term care workforce issues were considered a critical part of each policy area. Specific recommendations were made about the recruitment, training and retention of a stable professional and paraprofessional workforce, including:

- Creating financial incentives for workforce training
- Creating policies and providing adequate funds to resolve the worker shortage
- Establishing a federal office to address professional and paraprofessional workforce issues

Another chance to highlight the importance of direct care workforce issues will come in July at another mini-conference, this time on the geriatric health care workforce. Robyn Stone, executive director of the Institute for the Future of Aging Services and director of the Better Jobs Better Care program, will lead a panel on the impact of the health care worker shortage along the continuum of long-term care services.

Panel experts will address issues such as the challenges of caring for culturally diverse populations, addressing health care literacy, the role of patients in self-management of chronic disease and education, training and reimbursement issues. The White House Conference on Aging is scheduled for December 2005.

National Commission on Nursing Workforce Focuses on Initiatives to Recruit and Retain Workers

The National Commission on Nursing Workforce for Long-Term Care released its final report, *Act Now: For Your Tomorrow* in May 2005. The Commission’s recommendations center on initiatives that improve the recruitment and retention of nurses, certified nursing assistants, home health aides and other direct care workers.

A major part of the report identifies current initiatives taking place at the national, state and local levels and in facility and provider organizations. Better Jobs Better Care is among the programs featured in the report, as are those of many AAHSA provider organizations. The report also highlights a database of “best provider practices” in direct care worker recruitment and retention, developed by the Institute for the Future of Aging Services (IFAS) and the Paraprofessional Healthcare Institute (PHI). Robyn Stone of IFAS was a major contributor to the report. You can find this report at www.ahca.org.

Sadly noted. . . .

Jim Bernstein, 62, died Sunday June 12 at home surrounded by family. As President of the North Carolina Foundation for Advanced Health Programs, Jim was the senior advisor to the North Carolina Better Jobs Better Care demonstration program. Jim was a national leader in the development of rural primary care clinics and was dedicated to improving the health care workforce. Memorial contributions may be made to “The NC Foundation for Advanced Health Programs, Inc.,” ATT: Jim Bernstein Community Health Leadership Fund, P.O. Box 10245, Raleigh, NC 27605. Insights will publish a tribute to Jim in the fall issue.



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ing and the retention contract. The employer also provides either a bonus or a wage increase.

North Carolina has also used CMP fines to help support instruction for 18 coaching supervision trainers. These trainers teach long-term care supervisors to be more effective and to help direct care workers develop the problem-solving and communication skills they need to succeed on the job.

Proceeds from fines also support the development of a curriculum for a “geriatric aide specialist,” a new job category that is being developed. The curriculum will build on competencies obtained in the existing Nurse Aide I curriculum, address the complex care needs of individuals in long-term care and increase the skill sets of the aide.

South Carolina has collected about \$1 million in CMPs since 1999, according to figures

provided by Brenda Hyleman, director of the division of facility and community services at the state Department of Health and Human Services. The state has given 39 nursing homes grants ranging from \$5,000 to \$22,000 for various projects. These include projects to support the Eden Alternative, quality improvement and statewide CNA conferences, Hyleman says. The total amount of funds distributed was around \$900,000.

If you want to find out how much CMP money your state has collected, contact your state’s survey agency. The Association of Health Facility Survey Agencies maintains a database of these state agencies, complete with contact information at www.ahfsa.org. On the menu bar, click on “State Web Sites.”

John Leonard, a former editor with HCPro, Inc., is a freelance writer working with the Paraprofessional Healthcare Institute.

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found that after viewing the video, direct care workers jumped right into a serious discussion. “They began talking about several important workplace issues – how to handle being falsely accused of wrong-doing by a resident or family member, what to do about co-workers who don’t work as team and how to deal with employee accountability in the workplace.”

Barbara Frank, a consultant with Quality Partners of Rhode Island, the national support center for the Quality Improvement Organizations’ nursing home work, has been using the video and discussion guide in classes with CEOs, direct care staff and supervisors. *Stand Up and Tell Them* provides a vivid portrayal of life at the frontlines of care – why people do this work and what they face along the way. It is a profound teaching tool because it speaks the truth about the caregiving experience and opens up conversations that need to be had, but that most people don’t know how to get to. Those who have seen it confirm how

real the content is, and how helpful it is to finally be able to talk about it.”

Stand Up and Tell Them runs 25 minutes and is available in VHS and DVD formats. The

“ *Stand Up and Tell Them* is a profound teaching tool because it speaks the truth about the caregiving

”
DVD also contains a 10-minute version that can be used to raise awareness among boards of directors, policymakers, community groups and the public about direct care workforce issues. Copies of the video program and the discussion guide can be purchased for a small fee. To order:

- Call 202-508-1216,
- Send an e-mail to bjbc@aahsa.org, or
- Download the order form at www.bjbc.org

