Commonwealth Corporation Research and Evaluation Brief

The Qualitative Evaluation of ECCLI

Volume 5 Issue 2

January 2008

Report Focus

Findings from the Extended Care Career Ladder Initiative Qualitative Evaluation

Introduction

The Extended Care Career Ladder Initiative (ECCLI) is part of the Massachusetts Nursing Home Quality Initiative enacted in 2000. ECCLI is a competitive, multiple round grant program available to Massachusetts nursing homes and home health agencies to support development of career ladders and other training initiatives for the long-term care (LTC) front line workforce. ECCLI's primary goal is to enhance resident/client care quality and outcomes while simultaneously addressing the dual problems of recruiting and retaining a skilled direct care workforce.

The Institute for the Future of Aging Services and the Gerontology Institute at the University of Massachusetts, Boston, conducted an 18-month qualitative evaluation of the ECCLI program. Statistical findings about the relationship between ECCLI and quality of care outcomes for nursing home residents were previously published.[1] This qualitative evaluation complements these findings by examining in detail the experiences of seven nursing homes and three home health agencies that received ECCLI grants between 2000 and 2004.

ECCLI Program Features

Career ladders. As mandated by ECCLI, all organizations created career ladders for certified nursing assistants (CNAs) and home health aides (HHAs), which included modest hourly wage increases. Some organizations also created career ladders for other entry-level staff, such as dietary or housekeeping employees. Typically the approach to career ladders involved creating incremental steps with associated wage increases. (See Table 1.) Career ladder steps focused on both clinical skills (e.g., nutrition, skin assessment, transferring) and soft skills training (e.g., communication, mentoring, leadership).

Some organizations provided at least part of the career ladder training "in-house." However, the majority of organizations relied on partner organizations, such as community colleges and to provide training in order to access expertise appropriate to the organization's goals. Many partnered with other LTC organizations for joint training activities. These partnerships expanded the training capacity beyond what each organization could have provided on its own and allowed employees to experience a connection to the larger LTC community.

Other initiatives. Organizations also offered a variety of training courses and career support resources to a wider audience of employees. These included: soft skills training (e.g., communication, problem-solving, conflict resolution), education (English for Speakers of Other Languages [ESOL] or adult basic education [ABE]), and career counseling or case management. At times these programs functioned as a "bridge to nursing," preparing CNAs for college-level Licenced Practical Nurses (LPN) classes. Many organizations offered management skills and capacity building for managers and supervisors. This training was designed to help supervisors understand how CNA/HHA roles were changing and how to enable front line staff to incorporate new skills

1. Jones, R.N., Morris, J., Singh, N., and Uvin, J. *Improving the Quality of Care: A Closer Look*. Commonwealth Corporation Research and Evaluation, Volume 4, Issue 2. Boston, MA. August 2006.

Report Released: June 2007

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into everyday practice. This training appears to be necessary for supervisors' acceptance of changes in staff roles resulting from ECCLI training.

ECCLI Program Outcomes

Improved communication. Perhaps the most far-reaching outcome of ECCLI was an improvement in communication. It was reported in all organizations and directly affected all levels of personnel, clients/residents, and family members, as well as indirectly affecting operations and quality of care. Improvements in communication among staff resulted, in part, from improved English comprehension and fluency among staff who took ESOL classes. Staff at all levels commented on the positive effects of improved English proficiency. Those whose English improved also reported increased self-confidence.

Front line staff also credited soft skills training as contributing to improved communication with co-workers, upper management and residents. Most nursing homes reported improvements in sharing information about residents, particularly across shifts. Interdepartmental problem-solving meetings also became more effective. As one nurse supervisor said:

> ***Communication has improved a lot. I think CNAs don't feel so much like, "You're the nurse and we can't contribute anything." They feel like, "I know there's something wrong," and they'll come to us more readily with that. And I think we are more receptive because we know they know more. So I think that communication and their [CNAs'] knowledge have changed. Now there is more mutual respect between the CNAs and nurses.***

Many supervisors reported that, as a result of ESOL and communication training, CNAs/HHAs were better able to communicate about residents'/clients' conditions and seemed more confident and comfortable approaching supervisors when problems arose. Improved supervisor-supervisee communication was most apparent at organizations with interdepartmental communication training or where supervisors received training on how to communicate effectively with subordinates.

Clinical skills. ECCLI clinical training increased staff understanding of the complex needs of residents/clients and greater competence in providing targeted care among direct care staff. Increased clinical knowledge contributed to the willingness and ability of front line workers to contribute to resident care planning. In addition, it was generally perceived by staff and supervisors that increased clinical skills resulted in better and more timely care of residents/clients.

Despite the increase in clinical skills among front line staff, there were differences among organizations with regard to whether front line staff had the opportunity to use these skills and transfer training into practice. One home health agency reported difficulty matching HHAs with clinical training on particular conditions or procedures with clients who had matching needs. However, at one nursing home, some nurse supervisors reported that, as a result of front line staff's improved clinical skills, their own jobs had been made easier.

Teamwork. Nursing homes and home health agencies alike reported increased and improved teamwork. Some organizations saw teamwork improve due to increased understanding of the importance and interdependence of roles within the organization. Other factors include improved communication and flattering of the workforce hierarchy. Overall, organizations described employees as "bonding," "feeling closer" or more "like a family" as a result of ECCLI activities.

Respect and self-confidence. ECCLI training increased self-esteem and self-confidence among front line staff while also increasing recognition, respect and trust from supervi-

Table 1: Creating career ladders involving incremental steps with associated wage increases

Organization	Career Ladder Steps[2]	Increase per hour per step	Maximum CNA/ HHA increase per hour	Hrs of Training to Earn Increase
Nursing home	2	$0.50 per hr. per step	$1.00	48 hrs/40 hrs
Nursing home	2	3% per hr. per step	Approx. $1.00	42 hrs/42 hrs
Nursing home	1	$1.25 per hr	$1.25	100 hours
Nursing home	3	$0.25 per hr/$0.75 per hr/ $50 training-time bonus for mentoring	$1.00	30-40 hrs/ 30-40 hrs/ 20 hrs
Nursing home	1	3% increase per hr	Approx. $0.40-$0.50	80 hrs
Nursing home	2	$0.40 per hr/ $0.60 per hr	$1.00	32 hrs/40 hrs
Nursing home	3	$1.00 per hr $0.50 per hr/ no increase	$1.50	24 hrs/16 hrs/ 22 hrs
Nursing home	2	$0.30 per hr/ $0.30 per hr + bonus $0.25 per training hr	$0.60	16 hrs/ 24 hrs
Home health	1	$1.00 per hr	$1.00	120 hrs
Home health	1	$0.50 per hr	$0.50	Approx. 60 hrs
Home health	3	$0.25 per hr/$0.25 per hr/$0.25 per hr	$0.75	40 hrs/20 hrs/ 15 hrs

2. Indicates number of steps available beyond entry-level CNA or HHA.

sors and management. Across nearly all organizations, staff at all levels, and some residents' family members commented that front line staff demonstrated greater self-respect and empowerment. As self-confidence increased, staff more often approached supervisors to discuss resident/client issues, offered information and suggestions, and initiated conversations with residents/clients and family members. Nursing home supervisors reported greater respect for their CNA staff when they provided insightful contributions at care planning meetings or reported important resident observations. An administrator said:

> ***I think that nurses today understand that their time with the patient/resident is extremely limited and they need to depend on this member [CNA] of their team to implement the plan of care and evaluate the effectiveness of the care plan on a daily basis. They now see this in their and their patient's own best interests to embrace this level of staff as an equal member of the care team.***

At one nursing home, however, there appeared to be a lack of trust and respect among nurse supervisors and CNAs. CNAs did not trust that training would result in benefits to them, while nurse supervisors did not trust advanced CNAs to handle functions they were trained to do. Upon closer examination it was found that supervisors at this facility had not participated in management or leadership classes.

Impact of increased wages. All organizations linked completion of one or more career ladder steps or learning modules with a modest hourly wage increase, as required by the legislature. Some CNAs reported that the wage increase was not enough compensation for the responsibility and extra work associated with the career step. The sense from front line workers at most organizations, however, was that increased wages were appreciated but the greater benefits were improved communication, clinical skills, and being valued for their contribution to the organizations.

Retention and recruitment. Of the eight organizations for which recruitment and retention information was available, three reported no staff retention problems, even prior to their involvement with ECCLI. While other organizations experienced varying levels of improvement with recruitment and retention, one nursing home reported a 20% improvement in retention rate for CNAs with a year or more of service. However, this same nursing home still experienced difficulty retaining newly hired CNAs, even after ECCLI. A home health agency reported their turnover rate went from an average of 40% to 5% after ECCLI. One nursing home saw a 50% decline in annual turnover rate.

Employees at both nursing homes and home health agencies viewed the opportunity for training-linked wage increases as an incentive for people to come work at their organizations. Several organizations indicated they need to do less formal recruiting because employees act as ambassadors by telling friends and acquaintances what a good place the organization is to work. Decreased need for recruitment results in lower advertising costs, less time spent at job fairs, and fewer hiring and orienting expenses. For most participating organizations, the cost savings associated with decreased need for recruitment as well as with reduced staff turnover are too recent for administrators to verify.

Resident/Client quality of care and quality of life. Family members, nursing home residents and home health agency clients generally reported the care they received to be good. While it is difficult to link quality of care directly to ECCLI training initiatives, some interviewees noted recent changes in CNA/HHA language proficiency, clinical skills, and resident/client autonomy and inclusion in care decisions after ECCLI training at the facility. In addition, some residents/clients and family members who were able to compare their experience in the present environment with other care environments were more satisfied with their current situations.

Organizational practice and culture change. Although not required for ECCLI funding, several nursing homes are adopting culture change concepts. In one instance ECCLI funds were used to provide management training in resident centered care models. Some organizations have moved or are moving from rotating to permanent assignments, which allow CNAs to know residents and family members on a more personal level and to more readily recognize changes in resident behavior.

Challenges

Implementation challenges. Organizations experienced various challenges to implementation of ECCLI programs and activities. Key among these were an unanticipated need for ABE and ESOL, providing staff coverage during training, and the translation of training into practice. Until initiating ECCLI, many organizations did not understand how much their front line employees needed basic and remedial education, especially those employees whose primary language was not English. Organizations often expanded their ABE and ESOL training and incorporated it as a foundation for more advanced training activities.

Nearly all organizations had difficulty providing adequate coverage for resident/client care when employees were attending ECCLI training classes, particularly at home health

agencies. Unlike nursing homes, home health workers are in the field and have no equivalent to an on-floor employee who can provide staff coverage while others are in training. To address these challenges, some agencies chose to offer longer training sessions that were less disruptive to workers' schedules.

Other challenges included translating training into practice. For example, some supervisors felt threatened by the changing roles of advanced CNAs. One nursing home reached a point where its organizational structure could not support or utilize the senior level skills of all its ECCLI-trained CNAs. Moreover, supporting the higher salaries of senior aides strained the organization's already tight budget.

Partnership challenges. Overall, organizations had positive experiences with external partners and faced fewer challenges with them than within their own organizations. The partnership challenges were, for the most part, organization-specific. For example, one nursing home encountered difficulty in working with its Workforce Investment Board because of WIB staff turnover. Challenges with community college partnerships included changes in college administration, as well as changes in college program offerings. The greatest challenges faced in working with other LTC organizations were geographic distance and coordination of schedules.

Sustainability and Long-Term Impacts

Most ECCLI programs were being sustained, some through continued ECCLI funding but most through on-going commitment to the goals and objectives of ECCLI. At least three organizations that were no longer receiving funding had incorporated the CNA career ladders and associated salary increases into their operating budgets. Most organizations were also continuing to offer some training in areas such as soft-skills and ESOL. The most sustained aspect of the ECCLI program, however, was the mission of the program itself. Although not all organizations continued ECCLI activities exactly as they were first implemented, they engaged in other efforts to support the professional and educational development of their staff.

Conclusions

The evaluation highlighted elements integral to successful implementation of the ECCLI initiative and its components, more specifically career ladders for the direct care LTC workforce. Primary conclusions from the evaluation of ECCLI are:

- Opportunities for education and career advancement improve front line workers' self-confidence, leading to improvements in the quality of resident/client care.
- Offering career ladders and training can make an organization more attractive to potential new employees.
- Career ladder and other workforce development initiatives benefit from the support of upper- and middle-management.
- Experienced training providers are instrumental to an organization's ability to reach specific targeted goals.
- ESOL and ABE are crucial to successful LTC workforce development.
- A commitment to achieving improved communication is key.
- Career ladders help establish a "culture of learning" and generate enthusiasm for education.
- Increased wages and elevated titles improve work place quality but not without sufficient mechanisms for front line workers to apply their new skills.
- Supervisory training is essential to support the transfer of learning to the workplace.

Methodology

The qualitative evaluation focused on eight nursing homes and three home health agencies. Three nursing homes received funding in early rounds and completed their projects prior to the study. Three nursing homes and one home health agency were engaged in new projects with recent funding. Two nursing homes and two home health agencies have continued to receive funding in multiple ECCLI rounds. The evaluation utilized multiple data sources at each organization, including researcher observations of participants; interviews with upper management, family members, and residents/clients; and focus groups with front line staff and supervisors. Analysis focused on the implementation of proposed ECCLI activities, changes in organizational structure/practice, resident/client outcomes, and sustainability. For more detailed information, please refer to the ECCLI Final Report, available through Commonwealth Corporation.

Commonwealth Corporation Research and Evaluation Briefs are produced by Commonwealth Corporation
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