



Partners in Care

How the nation's largest home health agency is transforming its culture

By Matthew Ozga

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In 2006, Marki Flannery, the president of the New York City-based home care agency Partners in Care, was considering whether her organization should undergo some drastic changes—changes that would, if successful, result in a more efficient and effective staff of home care workers. While doing some research, Flannery and her colleagues stumbled over a statistic that instantly resonated with them.

“We were [reading] a white paper,” she recalls, “and this pretty thick document had information in there about an experience that a nursing home had. ...[T]he supervisors of the nurses’ aides in this particular nursing home were spending somewhere in the neighborhood of 70 percent of their time on disciplinary conversations.”

To an outside observer, 70 percent may seem like an unbelievable amount of time to spend on discipline-related issues. To Flannery, however, the statistic rang true, because she saw the same sort of thing happening at Partners in Care. Supervisors constantly had to call home health aides into their office to reprimand them, and, sometimes, to write

them up. Aides who were written up too many times were fired.

“That was a cycle,” Flannery says. “It was, you know, a lot of screaming at the aides, verbal yelling back and forth between the staff and the aides, bring them in, write them up—and it just felt like there had to be a better way.”

This cycle created a great deal of frustration among both aide supervisors and the aides themselves. Though overall, Partners in Care was considered a good place to work, with above average wages and benefits for home health aides, turnover was high and morale was low. From a business point of view, this was also expensive. It cost the agency over \$1,000 to recruit and train each new aide; plus, there were costs associated with supervisors spending so much time in discipline, and feeling stress and dissatisfaction with their jobs as a result.

With all that in mind, Flannery and the Partners in Care leadership sought to completely alter the culture of their organization.

This case study chronicles a multi-year journey that started with an invitation from PHI to participate in their Center for Coaching Supervision



Marki Flannery, President

About this publication:

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and Leadership, and eventually progressed to training all 280 management/supervisory staff and all 9,500 home health aides in the core communication skills that are the foundation of the PHI Coaching ApproachSM (see page 3).

The results have been impressive.

The Challenge and the Opportunity

Founded in 1983, Partners in Care serves the entire New York metropolitan area: the five boroughs of New York City, Nassau and Suffolk counties on Long Island, and Westchester and Rockland counties upstate. Its staff includes physical therapists, nurses, social workers and home health aides—who provide home health services to elders as well as others in need of short-term rehabilitation or long-term support—and office staff who manage the client cases, finances, and human resources, especially the recruitment, supervision, and training of frontline staff.

At its founding, Partners in Care was a relatively small agency, with 62 home health aides and an in-house management staff of 14. Today, Partners in Care is an industry leader. With over 9,500 home health aides, and an in-house management staff of 280, it is the largest single employer of home health aides in the country. The home health aides are members of New York's largest and most powerful health care union, SEIU 1199. Partners in Care is also an affiliate of the Visiting Nurse Service of New York (VNSNY), the largest certified home care agency in the country. Thus, changes in workforce practices at Partners in Care ripple through the entire New York home care sector.

“Because of its size, its corporate relationship with the VNSNY, and its effective working relationship with SEIU 1199, Partners in Care's efforts to rethink its workforce practices have the potential to stimulate broader change in the sector,” said David Gould, senior vice president at the United Hospital Fund.

A licensed agency, Partners in Care provides services annually to over 20,000 home health clients. Each client has distinct needs, with services provided by multiple staff at different hours of the day and week. Managing these cases efficiently—including assigning and supervising the 9,500 home health aides who provide the vast majority of services—is crucial to Partners in Care's reputation for providing quality services and its success as a business.

In 2006, Flannery, who had been with Partners in Care from the beginning—advancing from manager to director to vice president to president—recognized that the organization's staggering growth had outpaced its internal capacity to manage such a large frontline staff. Time spent on disciplinary measures was far too high; retention of frontline workers, meanwhile, was unacceptably low. With more growth planned—including increased focus on growing its private pay business—it seemed the right time to focus on creating a culture that rewarded home health aides for being responsible, quality caregivers and more clearly communicated that management valued and appreciated their contributions to the agency.

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—David Gould,
United Hospital Fund

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CCSL provided Partners in Care with an opportunity to build leadership, communication, and problem-solving skills throughout their organization.

Getting Started

The invitation to change

Flannery recognized the fact that the culture of her organization needed a drastic overhaul, but she says that she wasn't exactly sure how to do it. Then, in 2006, the agency agreed to participate in the PHI Center for Coaching Supervision and Leadership (CCSL), a four-year program funded by the John A. Hartford Foundation and The Atlantic Philanthropies. CCSL provided Partners in Care with an opportunity to build leadership, communication, and problem-solving skills throughout their organization.

Flannery, along with three other Partners in Care executives, first attended a PHI Executive Leadership Development seminar. The goal of the seminar was to encourage leaders of the long-term care organizations participating in CCSL to support culture change by learning participative leadership skills and actively modeling the values they wanted their organizations to embrace.

Making a commitment

Flannery was impressed by the seminar and decided to make a serious commitment to the PHI Coaching Approach, beginning with sending several managers to the nine-day PHI Coaching SupervisionSM training. The training teaches supervisors four key skills—active listening, self-reflection and self-management, communicating expectations and concerns clearly and without judgment, and collaborative problem-solving (see sidebar). These skills help managers to support staff members while still holding them accountable when they do not meet expectations.

After attending the CCSL “train-the-trainer” seminar, the Partners in Care managers returned to work ready to conduct two-day Coaching Supervision seminars for their colleagues. The training took place on

weekends, and Partners in Care paid (and fed) participating staff, at a cost of approximately \$125,000 a year. “We did this because we wanted them to be fully present ... and we wanted to not make this a burden to them,” Flannery says. By the end of 2010, approximately 260 of Partners in Care’s home health aide supervisors and office staff had learned the core coaching skills that would change the way they approached their responsibilities as supervisors.

Reinforcing the training

Of course, one-time training sessions are not necessarily sufficient to ensure that supervisors will use and retain the coaching skills they learn. Partners in

PHI Coaching Supervision: Core Skills

The PHI Coaching Approach helps organizations—and the individuals in those organizations—build core communication skills that are essential to strengthening organizational relationships and managing change:

- ▶ **Active Listening:** Using body language, paraphrasing, and asking clarifying questions to listen attentively and ensure understanding.
- ▶ **Self-Management and Self-Reflection:** Being conscious of assumptions and biases, and setting aside emotional reactions that can get in the way of hearing someone else’s perspective.
- ▶ **Clear, Nonjudgmental Communication:** Communicating clearly and directly about expectations or concerns while using language free of blame and judgment.
- ▶ **Collaborative Problem Solving:** Using critical thinking and communication skills to build effective teams, ensure accountability, and resolve problems.

Partners in Care has developed strategies to reinforce skills after the training ends.

Care, thus, has developed strategies to reinforce the skills after the two-day Coaching Supervision training ends. For example, two weeks after training, trainees begin to receive weekly “gifts” from their former trainers—cheap, dollar-store trinkets that are intended to provide a reminder of Coaching Supervision lessons, such as the importance of active listening or asking open-ended questions. Partners in Care also posts signs throughout their offices with reminders of the skills learned.

To further ensure that Coaching Supervision truly takes hold with employees for the long term, Partners in Care in-house staff participate in monthly booster sessions, which allow supervisors and other office staff to practice and review coaching skills. “We hold each of the areas accountable to make sure that they hold these [booster sessions], because we want to sustain this,” Flannery says. The boosters last from 30 minutes to an hour, and there are up to 12 sessions held each month, giving employees flexibility in deciding which booster session to attend.

Cross-Functional Teams

Building “bridges” across the organization

In spring 2007, shortly after Partners in Care embarked on its journey to incorporate Coaching Supervision into its culture, the Partners in Care leadership established a new cross-functional team (CFT) to help guide the change process. The team was comprised of roughly a dozen Partners in Care employees, coming from all levels of the organization—trainers, home health aides, department managers, nurses, other office staff—providing a forum “where everyone has an equal voice,” Flannery says. CFT members can “test ideas, provide support [and] provide new ideas during the monthly meetings.” The team meets every month for approximately an hour and a half, and provides a way for members to work on further embedding the PHI Coaching Approach into the organizational culture.

Indeed, the CFT has become one of the driving engines of Partners in Care. “This is where all the decisions get made” regarding PHI Coaching Supervision and communications skills training for the home health aides, says Lorraine Earle, a CFT member since its inception. Earle says that Partners in Care could not have organized trainings for all of its employees without the CFT. The CFT has also been instrumental in monitoring the monthly Coaching Supervision booster sessions for their effectiveness and appropriateness, she adds.

Expanding the CFT concept

Many great ideas have emerged during CFT meetings, Flannery says. For example, she recalls an instance where trainers in the CFT gave other CFT members a “homework” assignment of devising new role-play scenarios that they could incorporate into their training. The CFT came through—“there were quite a large number of role plays that this CFT...came up with [and]

The CFT has become one of the driving engines of Partners in Care.



Lorraine Earle, Assistant Director of Certified Services and CFT member

The CFT meetings are critical to ensuring the sustainability of the whole Coaching Approach.

Partners in Care responded by undertaking the extremely ambitious project of training all of its home health aides in the PHI Coaching Approach to Communication.

brought back to the trainers,” Flannery explains. “They were fresh ideas that... [helped] make the training more interesting for the trainers as well as for the participants.”

The CFT meetings are critical to ensuring the sustainability of the whole PHI Coaching Approach, Flannery says. To that end, Partners in Care executive leadership has never once skipped or cancelled a monthly CFT meeting. “The fact that they continue with it tells us they don’t want to just give it up; they want to continue doing it,” says Maria Guzman, a trainer and a supervisor in the Partners in Care Bronx unit. “[It] helps the trainers because we know that what we’re doing counts.”

What happens in Vegas...

Flannery says that another reason it is important for the CFT to meet regularly is that it provides an opportunity for home health aides to express their opinions in front of Partners in Care executives.

“Everyone who participates [in the CFT] is an equal,” Flannery says. Flannery adds that the home health aide participants also don’t have to worry about risking their jobs by offending management: “We make it very clear that what happens in Vegas, stays in Vegas, in that room.”

“They listen to our stories,” says CFT member Delvena St. Prix Tomlinson, a home health aide, “and at the end of a [CFT meeting], they ask for our opinion and to give our experiences. We are given a chance to speak.” Laughing, she adds, “Being among the executives, it makes me feel like I’m on the number one team!”

Including HHAs in Training

The PHI Coaching Approach to communication

Coaching Supervision training was already well underway at Partners in Care when some of the organization’s home health aides began wondering when it would be their turn.

“It was the HHAs that participated in the CFT who asked, What about us? When are we going to get this training?” says Flannery. “So, we talked about it and they felt that it would be helpful to them to learn some of the same communication techniques, be they active listening or ‘pulling back,’ or learning how to interact with someone who may be angry with them, so that they themselves could be better equipped—not only in interacting with their clients, but also interacting with their supervisors and their nurses.”

In July 2009, Partners in Care responded to the desires of the home health aides by undertaking the extremely ambitious project of training all of its home health aides—8,500 at the time—in the PHI Coaching Approach to Communication. To roll out the program, the trainers who taught coaching skills to supervisors provided a train-the-trainer for the regular in-service training staff, so that they could incorporate the communications training into the ongoing in-service program.

Aides are more conscious of the messages they are sending to supervisors or clients through their facial expressions, body language, tone of voice, and the content of their speech.



Gale Storm, Education Manager

“Supervisors now listen to you more.”



Pauline Smith, Home Health Aide

Meeting this lofty goal...

Each half-day communication training session teaches home health aides the basic tools of developing their active listening and problem-solving skills, including pulling back (managing one’s emotional response) and paraphrasing. By design, the training sessions feature a very low student-to-instructor ratio, which allows for a greater level of in-class participation.

The drawback is that training such a large number of home health aides will likely take a while; as of late 2011, nearly half—4,430 of 9,500—had been trained. Those who have been trained so far, however, view the training “very, very favorably,” Flannery says.

Partners in Care managers say that they will eventually meet their lofty goal. They’ve already seen results, says Gale Storm, an education manager at Partners in Care. Aides are more conscious of the messages they are sending to supervisors or clients through their facial expressions, body language, tone of voice, and the content of their speech.

Following the training, aides are encouraged to keep in touch with their supervisors regularly, especially if they find themselves struggling with the communication skills they have learned.

“We encourage them to call if they need help in the field,” Storm says. “When you’re in the house with the client, it’s usually just you and the client... so you need to know that you have support waiting for you—you’ve just got to pick up the phone.”

Experiencing Tangible Results

A transformative change

The changes made at Partners in Care over the past several years have done far more than simply improve communications skills. According to Flannery, “Coaching Supervision has transformed the culture of this organization. Relationships between office-based supervisors and home health aides are much more positive.” Commenting on the change, Flannery notes that work in the office, which relies heavily on phone conversations with HHAs in the field, used to be loud and acrimonious, and is now noticeably quieter.

Coaching Supervision has made supervisors more aware of the tone they take when communicating with home health aides. It has encouraged supervisors to be more patient, especially during a delicate or contentious conversation. Maria Guzman, the manager of the Partners in Care Bronx unit, says that, prior to Coaching Supervision, some supervisors struggled with listening attentively and keeping their emotions in check while having difficult conversations with aides—but after undergoing Coaching Supervision training, those same supervisors exhibit remarkable levels of composure and empathy.

Home health aides also say they notice a difference in the way supervisors speak to them. “Supervisors now listen to you more,” says Pauline Smith, a home health aide who has been at Partners in Care for 12 years. “You’ll have a complaint, and the supervisors are more attentive to you and what you have to say. That way, we get better results: When the person is more

Supervisors and home health aides alike speak of the common vocabulary that the PHI Coaching Approach has taught them.



Maria Guzman, Manager, Bronx Unit

attentive to what you have to say, we have things going smoother.”

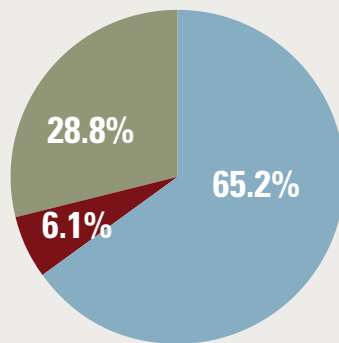
That attentiveness is built into the Coaching Supervision training. Supervisors are trained to encourage open, back-and-forth communication with home health aides—to ask home health aides their opinions, not just tell them what they should do. This approach causes home health aides to “become even more committed to what they are going to be doing,” says Lorraine Earle, the assistant director of certified services at Partners in Care. “Many times when you tell people [what to do], it’s the way you want it to be done.... A mix of what you intend to do and how I would do it is always better. And people feel committed when they’re part of a plan.”

This new approach to problem-solving has been reinforced by having home health aides participate in the PHI Coaching Approach to Communication training. Supervisors and home health aides alike speak of the common vocabulary that the PHI Coaching Approach has taught them—the entire organization is learning what phrases such as “pull back” and “paraphrase” mean, and staff remind each other of their importance regularly. “Whenever you tell someone, ‘Did you pull back?’ or ‘Are you paraphrasing?’, they immediately know what you’re talking about,” Guzman says. “Because of the training, everybody’s on the same page.”

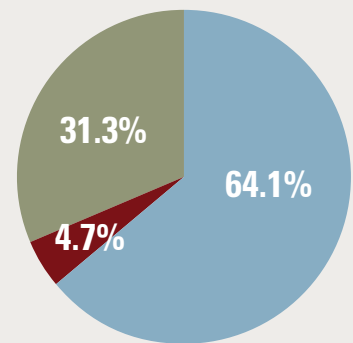
Survey Results

In 2010, three years following the first PHI Coaching Supervision trainings at Partners in Care, evaluators surveyed supervisors trained in the approach. Survey results showed that the majority of supervisors felt the training improved relationships, teamwork, and the ability to solve problems.

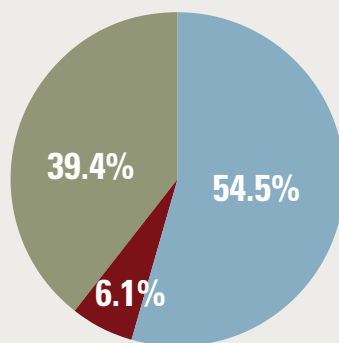
Since Coaching Supervision training, the staff’s ability to resolve conflicts at the workplace has...



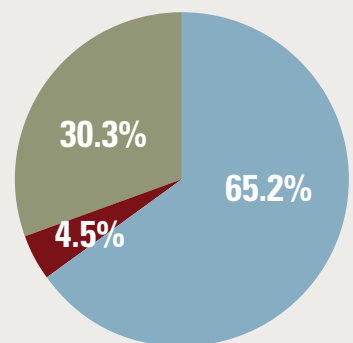
Since Coaching Supervision training, the overall relationship between staff and clients has...



Since Coaching Supervision training, the overall relationship between staff has...



Since Coaching Supervision training, the quality of teamwork within my organization has...



- Improved
- Got worse
- Stayed about the same

(n=64)

“I think the culture has really changed a whole lot” due to the coaching training, adds Earle. It’s become so ingrained in the day-to-day activity of Partners in Care, in fact, that supervisors and other office staff can remind each other to practice good communication skills “just with an eye, or a tap,” she says.

Less time spent on discipline

One of the most positive outcomes that has resulted from the culture change effort at Partners in Care, and the Coaching Supervision training in particular, is the fact that supervisors spend far less time disciplining home health aides. And when it is necessary to discipline them, supervisors do so in a far more productive way than before, actually taking the time to ask the aides to come up with their own solutions to problems that interfere with their work performance. “In the past, people tried to problem-solve for [the] home health aides,” Earle said.

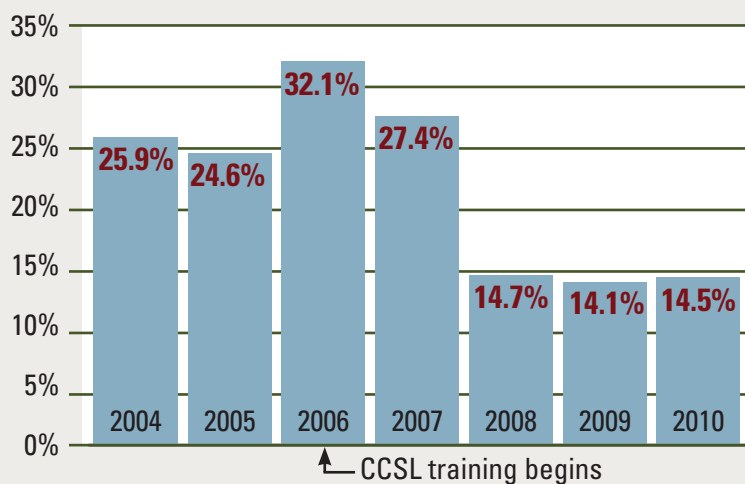
For example, if an aide showed up to her assignment late, the supervisor would threaten her, telling her to be on time no matter what. Now, Earle says, “We allow the home health aides to be very much a part of their own problem-solving process... [We don’t] just tell them to get an early train or to get a back-up plan for a baby sitter.” Instead, supervisors work with the home health aides to devise a better solution to the ongoing problem, even if that means being more flexible than they would in the past. “Maybe they have to start at a later time: 10 o’clock rather than 9 o’clock,” Earle says.

“In the past,” Earle continues, “people would have just gotten very upset that they had to place a case at the last moment” to replace a tardy aide. Today, however, supervisors are “very, very careful about what they say to an aide, knowing that the same situation can happen to them—people really stop and think before they make any adverse comment to the home health aides.” Earle’s comments point to the culture of respect that has evolved with the implementation of the PHI Coaching Approach.

Today supervisors are “very, very careful about what they say to an aide, knowing that the same situation can happen to them...”

—Lorraine Earle, Assistant Director of Certified Services

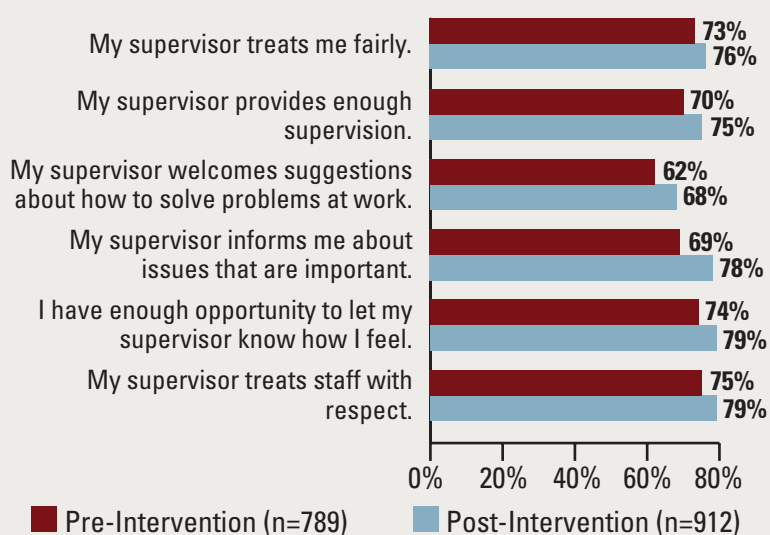
Figure 1. Supervisory Staff Turnover Before and After Implementation



Improved job satisfaction and reduced turnover

There is additional, more tangible evidence that Partners in Care has made a worthwhile investment in changing its culture. Staff surveys administered before and 18 months after the coaching training show improvement in job satisfaction for all staff as well as reduced turnover for supervisors (see Figure 1). In addition, home health aides feel strongly that supervisors are treating them fairly and respectfully (see Figure 2). In fact, taken together the shifts seen in the six survey items related to supervision were statistically significant—an indication that these changes were not due to chance but rather to a change within the organization or environment.

Figure 2. **Supervisory Support: Percentage of HHAs Agreeing/Strongly Agreeing**



The culture of respect and support has helped to bring stability to a growing staff.

Not only have supervisory relationships improved, so has the delivery of services.

Importantly, over 80 percent of surveyed aides indicated that they would recommend Partners in Care as a good place to work.

Retention of home health aides in an organization as large as Partners in Care is influenced by many factors. According to employees at all levels, from home health aides to executives, the culture of respect and support that has developed throughout Partners in Care as a result of their participation in CCSL has helped to bring stability to a growing staff. Turnover rates for home health aides remain steady at about 25 percent—considerably lower than the industry average of 40 percent. “I do think that the work that we’ve done as a result of our training with PHI... has had an impact on our retention of our staff, because what we hear consistently is staff feel that we care about them, and that we

respect them, and that we want to make sure that we are doing everything we can to support them and show them that we appreciate them,” Flannery says. “I think that makes a big difference.”

Improved communication with clients

As a result of creating a coaching culture, managers at Partners in Care say that not only have supervisory relationships improved, so has the delivery of services. Supervisors, who often are called on to help home health aides resolve issues with clients, have developed better communication and problem-solving skills, which allow them to provide better support to both clients and aides.

Nancy Ramirez, one of the Partners in Care supervisors trained in PHI Coaching Supervision, says the PHI Coaching Approach helped her resolve a problem client case that had been a thorn in her side—and a big drain on her time and energy—for over a year.

The scenario: The client, who we’ll call Mrs. X, had been sent several different aides, one after the other, for almost 18 months. At first Mrs. X always said she liked the new aide, but after three or four months she would call Partners in Care to complain.

“This aide doesn’t do anything,” she’d say. “She’s not right for the job.” Each time, she demanded a new aide. A new aide would be sent, and after another three or four months, the same scenario invariably unfolded.

Ramirez respected the aides and believed that they were doing their jobs well. She decided that, in this case, it would be appropriate for her to visit the client herself and assess the situation.

The visit: With some trepidation, Ramirez—along with a VNSNY nurse—went to see Mrs. X.

Ramirez, who was used to Mrs. X's booming, angry voice on the phone, was expecting a fight. She was preparing to pull back. But after knocking on the door, she was surprised to be greeted by a small, stooped, white-haired, fragile-looking, and very elderly woman.

"Mrs. X?" asked Ramirez doubtfully. Mrs. X then opened her mouth—and in an incongruously booming voice regaled Ramirez with a list of her numerous medical ailments. Mrs. X's current aide was there as well, and in an exchange of glances with the aide, Ramirez understood that this was Mrs. X's routine.

Using the PHI Coaching Approach: Over the next hour, Mrs. X recounted the story of her ailments several times, very loudly. It was daunting for Ramirez and required all of her recently learned "pull back" skills to maintain her composure. But as a result of her coaching training, Ramirez was able to see that more than anything else, Mrs. X mostly wanted the attention of someone who would listen to her, and did not know a better way to get it.

Drawing on the active listening and paraphrasing skills she had learned, Ramirez gave her full attention to Mrs. X. The complaining slowly wound down, and eventually stopped. Mrs. X began to talk about other things, and a real conversation began to develop.

New Information: Shortly thereafter, a new piece of the puzzle emerged when Mrs. X's grown son came in, said hello, and went off to his room. The PHI Coaching Approach training that Ramirez had experienced emphasizes reading body language as well as verbal cues, and Ramirez noticed at once that Mrs. X went stiff and quiet when her son entered the room. Mrs. X seemed scared of her son.

Ramirez later confirmed this suspicion with the aide, who explained that Mrs. X was terrified of her son's temper and that once her son came home, she became silent and required complete silence of the aide as well. She sometimes required her aide to just sit and do nothing. Later, however, Mrs. X would call the agency to complain that the aide was not helpful.

The outcome: In one brief home visit, Ramirez used virtually all of the skills she had learned in the coaching training to gain a much fuller understanding of the situation, both from Mrs. X's and the aide's point of view. Her view of Mrs. X had shifted radically—from a ferocious "battle axe" to a fearful old woman who was desperate for real attention.

With this understanding, Ramirez was finally in a position to give Mrs. X the help she needed. She worked with others at Partners in Care to come up with a long-term solution for Mrs. X's care, and arranged for a social worker to intervene with Mrs. X's son.

"I had moved from the mindset of 'this client is a problem' to 'this client has a problem,'" Ramirez said. "And we can help her with it."

Home health aides deliver better care

All of the internal changes at Partners in Care, Flannery says, are also contributing to higher-quality level of care provided by home health aides because "if the aides feel more valued...their whole approach with their clients is going

"Aides are using these skills to listen to their clients differently, and to focus on what the real issue is."

—Maria Guzman

Foundation for New Business Opportunities

The organizational culture change that Partners in Care has made, according to Flannery, has positioned the agency for new business opportunities. Partners in Care is expanding its private pay business. That market, more so than its traditional business—which is paid for through Medicaid and Medicare—is going to be sensitive to quality issues. And as Flannery is quick to point out, clients of home health agencies typically value the relationship with their aides more than any other aspect of their care. Clients who don't have good relationships with their aides are far more likely to break their connection with Partners in Care and look elsewhere for care.

"In trying to grow the private pay business, we've been doing focus groups and meeting with former customers, potential customers, to try to get at the attributes that they are looking for," says Flannery. "We know that clients want aides they can talk to easily, who will listen and understand, and whose company they can enjoy. They want to look forward to seeing their aides."

From their focus groups, Partners in Care developed a positioning statement, what they call their "brand promise":

We will listen, understand, and go the extra mile to accommodate your needs.

Flannery notes, "We looked at our brand promise and realized what we're doing with the PHI Coaching Approach absolutely ties in and supports what we are hoping to accomplish in our brand promise. This change in our culture—which is really all about strengthening relationships between staff and between staff and clients—is most definitely going to help support the growth of our private pay business."

Changing the culture in an organization with nearly 10,000 employees takes strong leadership and participation at all levels.

that takes strong leadership and widespread participation at all levels. The Partners in Care journey provides lessons for other long-term care organizations invested in creating workplace cultures that are supportive, respectful environments in which staff at all levels thrive—and as a result provide the very best care and support to those they serve. Some of the key factors in Partners in Care's success have been:

Including everyone in training: Over the last several years, Partners in Care's leadership has learned that the changes they have made to the organization cannot fully take hold unless all staff, from top to bottom, are fully invested in them. To that end, the organization has been extremely diligent in making sure that everyone receives training in the PHI Coaching Approach:

to be [changed], and the clients are probably having a better experience."

The positive effects have become even more evident as home health aides have joined their supervisors in learning the core communication skills of the PHI Coaching Approach.

According to Maria Guzman, manager of Partners in Care's Bronx unit and one of the Partners in Care trainers, "Since home health aide training began in July [2009], we are really seeing the effect. Now the aides are on the same page as the supervisors, and they are able to communicate better. We're getting good feedback from aides and clients. Aides are using these skills to listen to their clients differently, and to focus on what the real issue is. They're really listening and asking the right questions."

Aides are finding the communication training inspiring and useful. "They're all thankful that they had the training," says Guzman. At monthly booster sessions—or when Guzman is just walking down the hall at the agency—aides run up to her, eager to tell how they have implemented their training on the job.

"Maria! I used the skill! I used the skill!" they say. Guzman is thrilled. "There's no better satisfaction for a teacher than a student who has put her learning to use and been changed by it," Guzman concludes.

Lessons Learned

Changing the culture in an organization with nearly 10,000 employees is a massive task

Leaders at Partners in Care not only embraced the concept of coaching, they embraced the practices.

The signs of that commitment are literally hanging on the walls of Partners in Care's office in midtown Manhattan.

Coaching Supervision for managers and supervisors, the Coaching Approach to Communication for frontline staff. Flannery says that the total commitment to the training initiative—"from myself straight through to every single person in this organization"—has been the principal reason for its success.

Modeling change: Leaders at Partners in Care not only embraced the concept of coaching, they embraced the practices. Everyone, including Flannery and her top leadership staff, models the skills and behaviors learned in the coaching training. This has been critical to achieving the culture of respect that now permeates the organization.

Ongoing training: The organization also hasn't wavered from its goal of maintaining regular booster sessions for supervisors and office staff, and it constantly monitors and reviews the effectiveness of the training.

"I would say this organization is totally committed" to supporting its trainers, says Lorraine Earle. "We are constantly looking for ways for improving, and how we can better serve," she adds. "We didn't just start and stop—we didn't [train] just one set of people and say, Okay, it stops here."

Integrating the change into daily practice: The signs of that commitment are literally hanging on the walls of Partners in Care's office in midtown Manhattan. "If you look around the office," Flannery says, "there are signs everywhere: coaching tips, things people need to keep in mind." Partners in Care has incorporated the coaching lessons in countless other subtle ways, from inspirational messages printed on employees' pay stubs to buttons and t-shirts worn around the office that say "Coaching Supervision Makes a Difference—Ask Me About It." Supervisors disseminate "mini-boosters" through email, reinforcing the skills learned through the initial trainings.

When asked, "Is coaching working?" Pauline Smith, a home health aide at Partners in Care for 12 years, says, all the aides are talking about the coaching experience. "So I can say, yes, it's working. It has become a part of us now."



Pioneer
Network

Pioneer Network (www.pioneernetwork.net) is a center for all stakeholders in the field of aging and long-term care whose focus is on providing home and community for elders. We believe that the quality of life and living for America's elders is rooted in a supportive community and cemented by relationships that respect each of us as individuals regardless of age, medical condition or limitations.

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PHI (www.PHInational.org) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, employers, and policymakers improve eldercare/disability services by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.

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