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ISSUE BRIEF

Success Across Settings: Six Best Practices in Promoting Quality Care through Quality Jobs

BY KEZIA SCALES

PHI partners with long-term care providers, managed care organizations, training programs, policymakers, and advocates to improve the quality of direct care jobs and leverage the value these workers bring to long-term care. Our approach to stabilizing and strengthening the direct care workforce—summarized as *quality care through quality jobs*—has become a nationally recognized model of sectoral workforce development. This research brief highlights six PHI interventions, undertaken with diverse partners across different settings over the past decade, which have demonstrated the success of this approach in recruiting, training, and retaining direct care workers and improving care outcomes.



Across all occupations in the United States, the largest job growth in the coming years will be seen among direct care workers—the personal care aides, home health aides, and nursing assistants who provide long-term services and supports to older people and individuals with disabilities across settings. From 2014 to 2024, the economy will add over one million new direct care jobs, bringing the total workforce to more than five million.¹

Due to low wages, limited benefits, inadequate training and support, and few advancement opportunities, many workers bypass direct care occupations. This means that long-term care providers face a growing workforce shortage, while operating in an increasingly competitive market where they must demonstrate higher quality outcomes with fewer resources. Addressing these twin challenges requires evidence-based, cost-effective strategies for recruiting and retaining a workforce prepared to provide the best possible standard of care.

For 25 years, PHI has worked locally and nationally to develop such strategies using a *quality care through quality jobs* approach. In this report, we highlight six diverse examples, including: an entry-level training program embedded in a college system; a large workforce development demonstration project across six states; an advanced aide pilot project within one managed care organization; a recruitment and training program for a small group of home care agencies; a comprehensive organizational development initiative in individual nursing homes; and a broad-based supervision and leadership training initiative.² For each example, we draw from evaluation data on training, cost, and care outcomes to illustrate our “success across settings.”

IN A NUTSHELL...

PHI's proven strategies for strengthening the direct care workforce include:

1. Recruitment and Retention
 - Attract and select applicants suited for the job
 - Assess workers' clinical and relational competencies
2. Training
 - Develop entry-level training with a direct pathway to employment
 - Provide high-quality specialty training to hone skills among incumbent aides
3. Advanced Roles and Career Paths
 - Create an advanced aide role to stabilize and improve care
 - Explore an internal career ladder that supports organizational goals
4. Organizational Development
 - Create a foundation of communications and problem-solving skills among staff
 - Improve supervisory and team-building skills

SUCCESS IN PARTNERSHIP WITH A COLLEGE SYSTEM

A community-based training approach that raised completion rates

The Opportunity: By leveraging training and employment resources already embedded in low-income communities—such as local colleges—we can close the gap between the demand for home care services and the supply of well-trained and well-supported home care workers.

Our Partners: PHI worked with the New York Alliance for Careers in Healthcare, the New York City Department of Small Business Services (SBS), and four home care providers (Progressive Home Health Services, now Premier Home Health Care Services; Neighbors Home Care; Best Choice Home Health Care; and People Care) to promote our best practices in recruiting, training, and retaining direct care workers through the City University of New York (CUNY) system.

What We Did: We adapted our entry-level home health aide training for CUNY’s certificate program, providing train-the-trainer workshops and technical assistance to instructors at Lehman College, Queensborough Community College, and NYC College of Technology. We also trained Workforce1 Career Center staff in screening candidates and assisted SBS in securing partnerships with the four employers to guarantee job offers for every student who successfully completed the program.

Who Was Involved: 149 trainees enrolled in the pilot program in 2014. After the program was fully implemented, enrollment increased to 394 trainees in 2015 and 408 trainees in 2016.

The Results: Completion rates increased from 61% during the pilot phase to 80% in 2015 and 88% in 2016—an impressive outcome among home care training programs and workforce training programs overall. Furthermore, employer data from the first year of full implementation indicate that 76% of trainees secured a job and 75% of those workers retained their jobs after three months.

Lessons Learned: This project demonstrated that connecting local colleges, municipal agencies, and private employers is a viable way to develop and strengthen the direct care workforce in a specific city or region. Through the project, we learned that investment in a mobile training team—comprised of Registered Nurse instructors and Assistant Trainers with home care experience—may enhance effectiveness and sustainability, compared to relying on adjunct instructors with variable experience and high turnover. Leveraging these findings, PHI is currently expanding the model with additional community colleges and employer partners in New York City, with a view to refining the model for replication in other regions nationwide.

IN THEIR WORDS

“The teachers are wonderful. I have learned a lot since I’ve been in this program. It’s a great and fantastic experience and it’s very hands-on in most lessons which I absolutely enjoy and it prepares me for when I do go out in the field.” – CUNY program trainee

SUCCESS IN PARTNERSHIP WITH MULTIPLE STATES

A demonstration project that addressed training needs at the state level

The Opportunity: By establishing core competencies and associated training standards for personal and home care aides across states, we can develop national training standards for this workforce and improve home care quality nationwide.

Our Partners: Six states participated in the Personal and Home Care Aide State Training Demonstration Program (PHCAST), an initiative funded through the Affordable Care Act: California, Iowa, Maine, Massachusetts, Michigan, and North Carolina.

What We Did: PHI worked primarily with four of the PHCAST grantees to develop and/or augment their personal and home care aide training programs based on the 10 core competencies addressed by PHI's *Providing Personal Care Services to Elders and People with Disabilities* curriculum.³ The training programs were designed for both new and incumbent workers and varied across all six states from 50 to 120 hours.

Who Was Involved: 4,579 personal and home care aides were trained across the six states from 2010 through 2012.

The Results: Trainee satisfaction with the core competencies training was high (ranging from 92–100%) and attrition was remarkably low (at 12% to less than 1%, versus a norm of 40–60%). Four states that collected pre- and post-training data reported an average increase of 11–28% in knowledge scores. In follow-up measures, employment among trainees was 50–60% and job satisfaction was higher than average; in Michigan, for example, a significantly higher percentage of trainees reported being satisfied or very satisfied with their jobs (93%) than control group members (79%). Although consumer satisfaction was not consistently measured, consumers surveyed in Iowa reported high satisfaction levels across a range of items, such as feeling treated with respect (100%) and feeling that their personal or home care aide was trained to meet their needs (94%).

Lessons Learned: The PHCAST evaluation concluded that competency-based training and certification programs for personal and home care aides can enhance their job satisfaction and career stability. Critical to the success and sustainability of the training programs were the implementation of complementary workforce supports (such as case management and mentoring); the development of a cadre of trainers who were prepared to deliver the curricula using effective, adult learner-centered methods; and strong partnerships among state agencies, educational institutions, workforce training organizations, professional associations, and community organizations.

IN THEIR WORDS

“Training programs and certification ... appear to enhance workers' job satisfaction and career stability. Having a documented and demonstrable skill set can position personal and home care aides as trusted and valued team members.” – PHCAST evaluation²

SUCCESS IN PARTNERSHIP WITH ONE MANAGED CARE ORGANIZATION

A career development project that improved clinical outcomes

The Opportunity: By maximizing the role of the home care worker, we can increase the value of home care services in improving care transitions, reducing emergency department usage, and preventing rehospitalizations.

Our Partners: PHI worked with the Independence Care System (ICS)—a nonprofit organization offering managed long-term care plans for more than 6,500 older adults and people with disabilities in New York City—to develop the Care Connections project. The first Care Connections cohort was recruited by three licensed home care service agencies within the ICS provider network: Cooperative Home Care Associates (CHCA), Jewish Association Serving the Aging (JASA), and Sunnyside Community Services.

What We Did: We developed an advanced role—Care Connections Senior Aide (CCSA)—to provide coaching and support for home care workers and family caregivers, and to serve on the Interdisciplinary Care Team.⁴ We also developed a telehealth program using customized software on mobile devices to facilitate communication about changes in a client’s condition between home care workers and clinical supervisors (as well as a timely response).

Who Was Involved: 14 home care workers were trained and eight were deployed as full-time CCSAs (with six “back-ups”) across three agencies, and three RNs were trained to oversee the senior aides. More than 1,400 ICS clients benefitted in the first 18 months of the Care Connections project.

The Results: CCSAs received an annual salary with benefits, which increased their earnings by 60% compared to entry-level home care positions, and reported improvements in their job satisfaction, inclusion in the care team, relationships with clients and families, and communication with clinical managers. Furthermore, the project was associated with an 8% drop in emergency department visits in 2015 compared to the previous year, and caregiver strain appeared to improve for at least half the family caregivers involved.

Lessons Learned: Findings from the pilot Care Connections project demonstrate that creating an advanced role for home care workers can improve care quality and outcomes, while also benefitting the senior aides and the family members and home care workers they support.

IN THEIR WORDS

“The real value of the job came to me when I was doing a home visit. I could see that the home care worker needed to know more about diabetes, and I was right there to connect her with the information she needed. I'm elated.” – Beverly Harriott, Care Connections Senior Aide

SUCCESS IN PARTNERSHIP WITH HOME CARE AGENCIES

A workforce initiative that increased recruitment and retention across agencies

The Opportunity: By working directly with home care agencies, we can improve the recruitment, training, and retention of a skilled home care workforce.

Our Partners: PHI worked with three licensed home care agencies affiliated with the UJA-Federation of New York: Best Choice Home Health Care, Home Assistance Personnel Inc., and Selfhelp Home Care Services.

What We Did: PHI assisted partner agencies in implementing the Homecare Aide Workforce Initiative (HAWI), which included five core components: targeted recruitment and screening procedures; a minimum 120 hours of PHI’s customized training using a train-the-trainer model; peer mentoring for home health aides and coaching for supervisors; and supportive services and case management for trainees and new hires.⁵

Who Was Involved: From 2013 to 2014, 599 trainees enrolled in the program and 502 graduated.⁶

The Results: 100% of graduates reported that the training was excellent (75%), very good, or good. Graduates also responded positively about their classroom experiences and their confidence in providing client care. After three months, the average retention rate of HAWI graduates was 88%, and more than 90% reported they were very satisfied (62%) or satisfied in their new jobs. Controlling for age and weekly hours, HAWI graduates were more than twice as likely to remain in their jobs at three months and 64% more likely to remain at six months, compared to home care aides hired before the training was offered.

Lessons Learned: The evaluation concluded that the HAWI training model—including the customized curriculum, teaching methods, and technical assistance with implementation—is suitable for broad replication. Creating a centralized training delivery system with options for customization by individual employers may help reduce costs in the future, thereby enhancing the feasibility and sustainability of the HAWI model.

IN THEIR WORDS

“We believe that a logical chain of association can be traced from the HAWI model ... to the satisfaction, confidence and expectations of the training graduates [and] the superior three- and six-month retention rates of HAWI new hires.” – HAWI evaluation⁴

SUCCESS IN PARTNERSHIP WITH INDIVIDUAL NURSING HOMES

An institute that helped align caregiving values with business strategy

The Opportunity: By investing in a positive work environment, as well as workforce supports to attract and retain staff who will provide consistently high-quality care, nursing homes can improve their advantage in an increasingly competitive market.

Our Partners: PHI partnered with Edgewood Centre, a skilled nursing facility in New Hampshire, and 11 other long-term care organizations as part of the PHI Northern New England Leadership, Education, and Advocacy for Direct Care and Support (LEADS) Institute, a three-year initiative to improve direct care jobs and establish person-centered care.

What We Did: We provided training and technical assistance for a range of efforts at Edgewood Centre, including: implementing the PHI Coaching Approach® with all staff through a train-the-trainer approach; implementing a peer mentoring program among Licensed Nursing Assistants (LNAs), with mentors earning an additional dollar per hour; creating other enhanced roles for LNAs, including Medication Nursing Assistant (MNA) and LNA team leader; implementing additional workforce supports such as on-site childcare; and restructuring the nursing home into resident “communities” with consistent staff assignment.⁷

Who Was Involved: 230 staff, about half of whom were LNAs, including 19 LNAs trained as peer mentors, eight LNAs trained as MNAs, and three supervisory staff trained as PHI Coaching Approach trainers.

The Results: Edgewood’s participation in the PHI LEADS Institute was associated with a range of improved employee outcomes. Turnover rates among LNAs dropped from 52% to 37% (2006-8), and “call-outs” (staff absences with less than 24 hours’ notice) dropped from 9.5 to 4.9 per LNA annually. Lost work days due to work-related injuries fell from 73 to 4 in one year, and workers’ compensation claims dropped by 85% (2006-8). Together, these improvements generated an estimated \$400,000 or more in cost savings. Additionally, annual surveys showed a statistically significant increase in employee satisfaction in general and satisfaction with organizational support.

Lessons Learned: Success at Edgewood Centre was attributed to the creation of a strong staff team, natural leadership opportunities within the team, and organizational structures to sustain improvements—including an ongoing coaching and communication training program for all staff; new job descriptions, roles, and responsibilities; and a new performance evaluation system to support these changes.

IN THEIR WORDS

“If there’s an issue on the floor... some of the staff we have [who] didn’t talk a lot are now actually speaking up because they feel more equal on the floor.” – Licensed Nursing Assistant (LNA) team leader

SUCCESS IN PARTNERSHIP WITH A BROAD RANGE OF ORGANIZATIONS

A leadership training center that achieved widespread impact across care settings

The Opportunity: By training supervisors to adopt a non-punitive, problem-solving approach to supervising direct care staff, we can enhance working relationships, reduce turnover, and improve care outcomes.

Our Partners: Through the Center for Coaching Supervision and Leadership (CCSL), PHI worked with 31 organizations in 14 states, including nursing homes, continuing care retirement communities, and home- and community-based service providers.

What We Did: We introduced the PHI Coaching Supervision® model to all participating organizations through train-the-trainer workshops, as well as providing education and coaching for executive leaders, establishing cross-functional teams to guide implementation, and hosting on-site PHI Coaching Supervision trainings and “boosters” at select sites.⁸ We also held peer gatherings and educational seminars for trainers, an executive leader summit, and a closing conference.

Who Was Involved: More than 2,000 supervisors and 3,000 direct care staff were trained by 98 PHI-trained Coaching Supervision trainers across the participating sites from 2006 through 2010.

The Results: In the follow-up evaluation, 77% of trained supervisors reported that they often or always practiced PHI Coaching Supervision at work, and 18% reported that they sometimes employed this approach. Thirty percent of supervisors and managers also reported that “time [spent] solving other employees’ problems” had decreased, and qualitative data confirmed staff’s increased capacity to solve problems on their own. The cost savings associated with these organizational efficiencies were estimated at an average of \$6,000 per supervisor. One provider independently documented improved care outcomes across a range of indicators, including: falls and urinary tract infection rates, residents using nine or more different medications, residents with an increased need for help with daily activities, and high-risk residents with pressure ulcers.

Lessons Learned: The success of the CCSL project in improving supervision, problem-solving, and communications skills among thousands of staff exceeded expectations. Elements of success included “champions” at the leadership level; a competent, enthusiastic, and stable group of trainers; and a “critical mass” of trained staff sharing a common approach. To sustain the project benefits, six sites changed their policies and procedures to align with the PHI Coaching Approach and seven sites invested their own resources in further implementation.

IN THEIR WORDS

“Coaching Supervision has transformed the culture of this organization. Relationships between our office-based supervisors and home health aides are much more positive... even the office is quieter.” - Marki Flannery, then-President of Partners in Care

CONCLUSION

In highlighting six examples from among PHI's numerous programs, projects, and partnerships, this research brief has demonstrated the range and diversity of interventions that can help achieve *quality care through quality jobs*. Across these examples, we have briefly summarized the evidence that supports our successful strategies for recruiting, training, and retaining direct care workers; developing career pathways to maximize their role and value; and sustaining improvements through organizational development. Building the evidence base for workforce investment interventions across long-term care is a slow and incremental process but one that is critically important to achieving our common goal, which is improved outcomes for *all* who provide and receive care.

Kezia Scales is PHI's Director of Policy Research.

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NOTES

¹ U.S. Bureau of Labor Statistics (BLS), Employment Projections Program. 2015. *Employment Projections: 2014-24, National Employment Matrix - Occupation*. <https://www.bls.gov/emp/>; analysis by PHI (April 28, 2017).

² PHI warmly acknowledges the funding organizations and agencies which supported the projects described in this brief, including: The Atlantic Philanthropies; The John A. Hartford Foundation; Health Resources and Services Administration; Jane's Trust; The Jacob & Valeria Langeloth Foundation; New York Alliance for Careers in Healthcare; New York Community Trust; New York State Department of Health; The Carroll and Milton Petrie Foundation; Surdna Foundation; Tiger Foundation; UJA-Federation of NY; and The Harry and Jeanette Weinberg Foundation.

³ Department of Health and Human Services, Health Resources and Services Administration. 2016. *Report to Congress: Personal and Home Care Aide State Training (PHCAST) Demonstration Program Evaluation*. <https://phinational.org/sites/default/files/research-report/phcast-rtc-report-20160421.pdf>.

⁴ Working Nation. 2017. "One Company's Solution for Filling the Coming Demand for Home Care Providers." Los Angeles, CA: Working Nation. <https://workingnation.com/one-companys-solution-filling-coming-demand-home-care-providers/>.

⁵ Visiting Nurse Service of New York, Center for Home Care Policy and Research. 2015. *Homecare Aide Workforce Initiative (HAWI) Evaluation: Executive Summary*. http://phinational.org/sites/phinational.org/files/weinberg_exec_summary_022015.pdf.

⁶ The HAWI project has also rolled out specialty trainings in dementia care, culture competence, falls prevention, and palliative care. To date, 456 home health aides have been trained in these specialty areas across the original sites and three additional agencies (Gurwin Jewish Nursing & Rehabilitation Center, Jewish Association Serving the Aging, and Federation Employment and Guidance Service). Results from the specialty trainings are not included in the evaluation data summarized here.

⁷ PHI. 2010. *The Business of Caregiving: The Edgewood Centre Case Study*. Bronx, NY: PHI. <https://phinational.org/sites/default/files/training/wp-content/uploads/PHI-Edgewood-CaseStudy.pdf>.

⁸ PHI. 2010. "Center for Coaching Supervision and Leadership Program Deemed a Success." *PHI Blog*, November 4, 2010. <https://phinational.org/blogs/center-coaching-supervision-and-leadership-program-deemed-success>.

About PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

Drawing on 25 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care

For more information, visit our websites at www.PHInational.org and www.60CaregiverIssues.org.

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