

Common Sense for Caring Organizations

Results from a Study of High-Performing Home Care Agencies and Nursing Homes
January 2013



Acknowledgements

The authors would like to thank Robert Applebaum and Bill Ciferri at Scripps for their consultation, participation in site visits, and assistance on previous versions of this report. We also thank our project officer, Barry Jamieson at The Ohio Colleges of Medicine Government Resource Center for project guidance, and the other members of our review team who advised us at all phases of the project.

Review Team Members include:

- 1) Robert Hoover, Ohio Department of Health
- 2) Larry Lawhorne, Wright State University
- 3) Teresa Applegarth, Office of Workforce Development
- 4) Shirley McGlone, Ohio Department of Aging
- 5) Barry Jamieson, The Ohio Colleges of Medicine Government Resource Center
- 6) Tiffany Dixon, Ohio Department of Aging
- 7) Kim Donica, Office of Medical Assistance
- 8) Leslie J. Sawyer, Office of Medical Assistance

We also appreciate the staff at all 13 PASSPORT Administrative Agencies who took the time to choose and nominate high-performing home care agencies along with providing agency background information to assist us in making choices. Anthony Williams, research assistant at Scripps, also provided assistance with nursing home data, direct care workforce literature, and interview guide development.

Finally, 135 people, from home care and nursing home aides, to administrators and CEOs, took time from their very busy workdays to tell us about what they do. This project relied on the willingness of these organizational leaders to open their workplaces to us, and give us access to all of their staff. Their enthusiasm for sharing what they do and how they do it to help others also achieve success illustrates much that is good about work in caring organizations.

This work is made possible through a subgrant from the Ohio Office of Medical Assistance (OMA) to the Ohio Colleges of Medicine Government Resource Center (GRC) as part of the Ohio Direct Service Workforce (ODSW) Initiative. Funding to support the ODSW Initiative, including this research project and report, comes from the federal Money Follows the Person (MFP) Demonstration Grant (CFDA 93.791) to OMA from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). However, the content of this report does not necessarily represent policy of OMA or the U.S. Department of Health and Human Services, and endorsement by OMA and the Federal Government should not be assumed.

Table of Contents

- BACKGROUND.....** 1
- Data Collection.....4
- Analysis.....4
- RESULTS.....** 4
- Strive for excellent, person-centered care..... 5
- High Expectations..... 6
- Person-Centered Care.....6
- Appreciate and Support your staff..... 6
- Choose Good Staff and Develop Them..... 9
- Build Structure that Fosters Relationships..... 11
- Work as a Family and a Team13
- Communicate Often with Transparency and Honesty..... 14
- Monitor and Continually Strive to Improve..... 15
- Tips for Success.....16
- Strive for Excellent, Person-Centered Care..... 16
- Appreciate your staff..... 16
- Choose good staff and develop them..... 16
- Build structure that fosters relationships between staff and clients/residents.....16
- Work as a family and a team..... 17
- Communicate often with transparency and honesty..... 17
- Monitor and constantly strive to improve..... 18
- POLICY IMPLICATIONS.....** 18
- REFERENCES20-21**

BACKGROUND

The Ohio population in need of long-term services and supports has been growing rapidly, and will continue to do so for the next two decades. Ohio's population is aging, and with increasing age comes an increased likelihood of disability and an accompanying need for assistance with activities of daily living (Mehdizadeh, 2010). While the majority of daily assistance is provided informally by family and friends, paid direct care workers (DCWs) are an integral part of the system of long-term services and supports. DCWs are largely comprised of Certified Nurse Aides (CNAs) employed in nursing homes and other institutional settings, and home health or personal care aides (HHAs, PCAs), who provide long-term services and supports to people in their homes. DCWs are largely female, often immigrants or racial and ethnic minorities, with limited education and low household incomes. They often balance their own caregiving responsibilities with low-paid care work, and come from households with current and/or previous use of public assistance. Required training is very limited, but most workers receive a combination of hands-on and classroom work which helps to make them feel prepared for the job. The work is hard, physically and emotionally demanding and is generally low paid. All of these factors make recruiting, retaining and managing the direct care workforce extremely challenging (Khatustsky et. al, 2011). However, most workers express satisfaction with their work and believe they are respected by their supervisors, co-workers, residents and clients (Khatustsky et. al, 2011).

Because of the challenges involved in working with the direct care labor force, and their increasing importance to our nation's ability to care for our growing aging population, numerous research studies have evaluated demonstration projects and interventions over the years. Previous research has developed a strong evidence-base from a number of successful programs. Trial interventions have resulted in decreasing turnover, increasing employee retention, and positively effecting client/resident satisfaction. Despite a range of evidence-based practices, new approaches to enhance the effectiveness of known strategies and more evidence about those approaches are necessary. Direct care

workforce issues are still challenging. However, we know that the distance from evidence to practice is often great, and that knowing what to do is not the same as knowing how to do it. This study will focus on best practices related to what strategies are used in effective organizations as well as how these strategies have been implemented into practice.

METHODS

The sampling frame for the study consists of high-performing PASSPORT certified home care agencies and Medicaid certified nursing homes. Both types of organizations focus primarily on serving older adults and the clinical skills needed by staff in both kinds of organizations are somewhat similar. Choosing high-performers helps us learn from those who are doing things right—both in terms of their staff and the outcomes of care. The first step in our project was to choose high-performing nursing homes and home care agencies for participation in the study. Because these organizations did not have any type of data in common, different strategies were used for each.

Nursing homes were chosen on the basis of data; 921 facilities had at least three of the four data sources:

1. 2010 Ohio Nursing Home Family Satisfaction Survey overall score
2. 2011 Ohio Nursing Home Resident Satisfaction Survey overall score
3. 2009 Medicaid Cost Report staff retention percentage
4. 2011 Occupancy rate (from resident satisfaction survey data collection).

Facilities were assigned ranks on each of the four indicators above. By using the cutoff of the 72nd percentile, a list of 26 facilities that scored above that level on all indicators was generated. Each of the facilities was checked in Medicare Nursing Home Compare—those with overall star ratings of three or below were omitted. Using data from the 2009 Biennial Survey of Long-Term Care Facilities, the remaining list of 21 facilities was reduced to 12 that represented a range of small and large, for-profit and not-for-profit, and urban and rural in order to capture a variety of organizational perspectives.

The remaining 12 facilities were contacted for participation; although all 12 initially agreed to participate, one facility was not able to commit to a visit within the study period.

The high-performing nursing homes participating in our study are:

- Archbishop Leibold Home, Cincinnati
- Bethany Nursing Home, Canton
- Concord Care Center, Toledo
- Fairlawn Haven, Archbold
- Goerlich Center, Sylvania
- Hennis Care Centre, Dover
- Mason Christian Village, Mason
- Mother Angeline McCrory Manor, Columbus
- Mt. Alverna Home, Parma
- Regina Health Center, Richfield
- Vancrest Health Care Center, Holgate

Brief descriptions of each organization can be found in the Appendix. The characteristics of the participating nursing homes are shown in Table 1 below. The number of beds (94) is fairly close to the statewide average of 98 (Mehdizadeh, Applebaum, Nelson, & Straker, 2011). One large difference is in ownership, where about two-thirds of our participants are not-for-profit compared to one-quarter (24.3%) of facilities statewide (Mehdizadeh et. al., 2011).

Home care agencies in Ohio are not licensed

nor consistently certified so data on their characteristics is not available. There is also no statewide consumer satisfaction information, so a different selection strategy was developed. Because our sampling frame was PASSPORT providers we opted to use the PASSPORT system to select and recruit high-performing agencies. First, we developed a list of performance criteria, and asked PASSPORT provider relations staff at each of the 13 PAAs to select the three criteria that were most important for classifying an organization as high-performing. Next, PASSPORT staff were asked to nominate two provider organizations that demonstrated the following characteristics or practices:

1. Immediate problem resolution;
2. Well-trained staff with good job skills;
3. Consistent assignments and schedules.

They were also asked to consider organizations that are able to start services quickly, those that receive few complaints, those that exhibit good rule compliance and good performance at monitoring visits, and those that are mission driven by the health and safety of the client as their first priority. The PAAs nominated 26 organizations. Many provided information about organizational size, certifications, ownership and other characteristics. For those that were Medicare certified we also examined their star ratings on Medicare Home Health Compare. Twelve organizations were

Table 1. Characteristics of Participating Nursing Homes

Facility Characteristic	Average	Range
Number of beds	93.5	50-153
Number of employees	156	60-250
Starting wage—STNA	\$9.92	\$8.50-\$11.00
Number of benefits provided	12	9-14
Turnover rate (all staff)	21.4%	3.8%-37%
Cost for private room	\$225.27	\$180-\$284
Ownership	7 of 11 (63.6%) not-for-profit	
Location	73% urban	

Note: Urban/rural based on location of the facility rather than the urban/rural designation for the entire county.

chosen from across the state, representing small and large, for-profit and not-for-profit, and urban and rural locations. Nine of the initial 12 agreed to participate; an additional organization was drawn from the list of 26 for a final participation list of 10 agencies. The high-performing home care agencies participating in our study are:

- ABC Health Care, Maumee
- Assisted Care by Black Stone, Cincinnati
- Comfort Keepers, Springfield
- Easter Seals, Elyria
- Frontier Community Services, Chillicothe
- Grand Lake Home Health, Saint Marys
- Interim Health Care, Zanesville
- Mid-Ohio Home Health, Ontario
- Personal Touch Home Care, Eaton
- Southeastern Ohio Home Health, Logan

The characteristics of the participating agencies are shown in Table 2 below. Brief descriptions of each agency can be found in the Appendix.

Characteristic	Average	Range
Number of employees	195	25-1375 (4 agencies < 60, 3 agencies 130-200, 1 agency >1000)
Starting wage for aides	\$9.03	\$8.00-\$10.50
Number of benefits provided	7	1-19
Turnover rate	34%	10%-50%
Cost for PASSPORT visit	\$15.90	\$15.08-\$16.88
Ownership	3 of 10 (30%) are not-for-profit	
Location	60% urban	

Note: Not all organizations provided information for each item

Figure 1 shows the geographic distribution of the organizations in the state. Nursing homes are indicated by green pointers and home care agencies are pink.



Data Collection

Visits were scheduled to each organization and interviews were conducted with multiple staff members, either individually or in groups. From our 21 organizations, 135 individuals participated in interviews. Three researchers visited the first nursing home, and two researchers visited seven of the 11 nursing homes, and three of the 10 home care agencies. The remaining organizations were visited by a single researcher. The number of people interviewed at each organization ranged from two to 11. Administrators and directors were interviewed at each organization along with managerial clinical staff such as directors of nursing and clinical care managers. Management interviews were generally conducted individually while DCWs were usually interviewed in groups. The number of interviews conducted with various staff members is shown in Table 3. Organizations were asked to select staff for interviews who they felt had immediate and direct input into worker management issues and the client/resident experience. With that in mind, our findings are likely based on the best workers that these organizations had to offer and may not reflect the full range of worker experiences.

Analysis

Interviews were audio-taped and transcribed verbatim. Atlas.ti software was used for coding and analyzing the transcribed interviews. An initial list of codes was developed by research staff based on memos and ongoing analytical perspectives considered during data collection. The constant comparative method was used to assign new codes as coding continued. Two researchers coded all interviews. Repeated discussions and clarifications ensured inter-rater reliability. Lists of the codes most commonly used in both home care and nursing homes were extracted to guide our initial analyses.

RESULTS

An initial look at the frequency of codes identified 10 codes mentioned most often. These were combined into seven broad themes with relevance for both home care agencies and nursing homes. The themes described below address both the mission and values of these organizations as well as common management practices.

Position Title	Number of Persons Interviewed
Administrators/Directors/Assistant Admin/Managers	35
Home Care Aides/State-Tested Nurse Aides (STNAs)	33
Directors of Nursing/Assistant DONs/Clinical Managers	23
Human Resource Managers/Schedulers/Staff Development and Training	16
Shift Supervisors/Charge Nurse/Schedulers	16
Other management, e.g., Finance, Medical Directors	8
Ancillary staff, e.g., dietary, housekeeping	4
TOTAL	135

Note: Some staff were interviewed in groups at some organizations. The number of completed interviews is fewer than the number of persons interviewed.

Table 4. Common Themes from High-Performing Organizations

Organizational Values
Strive for excellent, person-centered care
Appreciate and support your staff
Organizational Processes
Choose good staff and develop them
Build structure that fosters relationships
Work as a family and a team
Communicate often with transparency and honesty
Monitor and continually strive to improve

In the sections that follow, information about each theme will be described from both the perspective of previous research and from our own research. Quotes from the interviews will be provided to illustrate the various perspectives shared in our interviews.

Strive for excellent, person-centered care

It is essential to have a mission-driven organization. This can give workers a sense of purpose. If the organization has a “living sense of mission” (Quality Partners of Rhode Island, 2005-2006, p. 44) that permeates every level of the facility or agency, turnover can be reduced (Quality Partners of Rhode Island, 2005-2006) and general workplace practices can be improved as well. It is important to make sure that staff members are regularly exposed to the mission statement so that they can incorporate it into their daily job responsibilities (Froymovich, 2007). (The mission statements from each of our organizations are included in the summaries located in the Appendix.)

“There’s nothing that says you have to do a mission in-service every year, but we do because that’s very important to us. We always start our in-services, ... with a reading of the mission statement – you’re welcome to participate or not. It’s put up on Power

Point and everybody knows what it is. We also do that .. before meetings, IDT meetings, care conferences, those kinds of things just to bring that to the forefront. Probably I say the mission statement...25 times a week.” NH Staff Development Nurse

The theme of striving for excellent, person-centered care encompasses two perspectives about the missions of these organizations. First, they were driven by high expectations and a desire to provide excellent, high-quality care. Second, they perceived person-centered care as an essential approach to providing excellent care. Although many organizations did not use that term, most were oriented towards doing whatever the resident or client wanted and preferred. Others mentioned that they had been providing person-centered care or culture-changed care for years but had only heard those terms for their practices quite recently. Some spoke about needing to remain fiscally solvent in order to accomplish their mission, but the bottom line did not drive anyone—for-profit and not-for-profit alike.

“The residents are primary and they’re the ones that makethey’re the reason why we’re here. If they’re not happy, we’re not happy and we always have to be alert to new things ..the expectations and the needs of the residents.” NH Administrator

High Expectations

These organizations were firm and clear in their expectations of employees. They held high expectations regarding the quality of the care they wanted to provide and they fully expected staff to meet them. They were clearly stated, often in writing, and were often found in written processes, systems and checklists.

“Oh, I think it’s pretty clearly communicated that we really love and care about our residents and we’re not going to let you give them substandard care. You have to do it right. Like if someone needs something...if you hear somebody say oh, that’s not my job, well I’m going to take them aside and tell them yes, it is your job. It’s your job no matter what they ask you.” NH Charge Nurse

“I can’t emphasize enough ... that we make certain that everybody understands the reason why we exist probably every day and we tell our staff from the newest staff to the oldest that when you make a decision, that decision should be made based on how your action will impact the client. Their needs come first, their wants, their wishes, their desires, whatever it is comes first and I think we tried to put systems in place from that starting point, you know, and then grow from there.” HC Executive Director

“They’ll say we’re hard. And that we have high expectations. But on the other hand they are pretty proud too when things turn out well.” NH Administrator

The quotes above illustrate the high standards and clear, consistent expectations found in these high-performing organizations.

Person-Centered Care

As part of their mission, many spoke about happy staff being the central ingredient to accomplish their missions. Policies and practices to benefit staff ultimately benefit residents, clients, and their families. These successful organizations are person-centered: focusing both on the needs of

their employees and the needs of their clients and residents. A focus on person-centered care in an organization leads to better quality of care for the clients and benefits for the caregivers as well.

“We’re not here to control these people [the residents]. We’re here to serve them. That’s our job. I coached volleyball for years and years and I had a button that said ‘I live to serve’ and that is what I do every day of my life. Here and out there. That’s what we do here. That’s what healthcare is.” NH Director of Nursing

Caregivers in organizations that utilize person-centered care often feel a greater sense of autonomy (Pol-Grevelink, Jukema, & Smits, 2011) and greater empowerment in their jobs (Nakhnikian, 2004) than those who may be working for organizations that do not focus on providing person-centered care. This, in turn, leads to better care outcomes (Nakhnikian, 2004). This culture of respect and empowerment can improve retention among DCWs (Larson, 2011).

“I think the word empower, empowering them [direct care workers] to a certain level, I think that’s an excellent term that could be used on that. They need to feel important. They need to feel that they are a part of the solution not a part of the problem.” HC Coordinator

Appreciate and Support your Staff

While clear and consistent expectations are essential, it is also important for employers to do things to help employees feel valued and respected. Caregivers may become discouraged if they do not feel that their work is valued by their supervisors or the organization (Bercovitz et al., 2011). Satisfaction and loyalty increase when caregivers feel that their managers care about them (Engberg, Castle, Hunter, Steighner, & Maggio, 2009; Froymovich, 2007; Tellis-Nayak, 2007).

“...she shows me every respect. Every time I come in here to sit down with her, before she even gets into the business side...., “How have you been doing Chris? How are you, Chris, as a person?” Then,

“How are the kids?” Then we will get into the business side of it.” HC Aide

Turnover decreases when caregivers feel respected by their supervisors (Morris, 2009), and when supervisors tell them how much they are appreciated (Morris, 2009; Quality Partners of Rhode Island, 2005-2006).

“I just think the appreciation is so important. To give them Atta girls or Atta boys once in a while. They like to know that we know they’re there and that we appreciate them. I think that’s one of the things that they always feel like they are on the bottom of the stack and they need to be told they’re not. They’re really on top of the stack. Without them we could do nothing.” HC Quality Assurance Staff

“If I were to put it in order the first thing I would say as an administrator you have got to get out of your office. You have got to get out on the unit; you have to be recognizing when your staff is doing a good job even if it’s something simple and making them aware that you see it and appreciate it.” NH Administrator

“And the other thing that I do, too, and I’ve always tried to do this, is if I know that sometimes it’s a hardship with gas or whatever and somebody picks up a shift, I always keep about \$100 to \$200 worth of gas cards, and they’re \$5 ones, and I’ll say, I know... gas. If they’re making a special trip for a client that’s out in Timbuktu and they’re helping me, here’s your gas card. And, you know, that could mean maybe they wouldn’t even be able to take care of the client if they didn’t have enough gas money. And they appreciate that.” HC Owner

Employers should do special things to recognize their employees such as celebrate their birthdays (Froymovich, 2007).

“.....we call it like a birthday lunch, but basically ... it forces me to work nights. I think it’s important and what I do is I serve them lunch, second and third shift and it’s important to me because then it makes me intermingle and talk with everyone, but it’s also I think they see it ... that I’m showing I appreciate what you do and it’s not always that you do things for me. I can do things for you as well. It seemed to work. It’s gotten to the point where, ... it’s a time where people

voice a lot of things too. The whole goal is just so that I am present and available to talk with you”. NH Administrator

Employee retention can be improved when managers are intentional about seeking input from staff members at all levels of the organization before making a decision (Froymovich, 2007). When staff members feel that they are being cared for, they will be more likely to treat residents and clients with compassion.

“I have been known as well as every other manager around here to send a gas card to someone with a thank you note. How much does that mean to show you that someone has recognized that you went above and beyond? And, you know, put yourself in their shoes. I mean, that makes you feel nice if you get one in the mail that somebody, you know, your boss has seen what you’ve done, so we try to look at those kind of things, too.” HC Executive Director

“Or if they get a compliment from a family member or the patients and they’ll come personally and then tell you that you have done a great job because this person said such and such and that you did pretty good.” NH STNA

Many home care workers say that having flexible scheduling options is one of the biggest factors that drew them into the field and is one way for organizations to recognize the individuality of their employees (Bercovitz et al., 2011; Morris, 2009; Sims-Gould, Byrne, Craven, Martin-Matthews, & Keefe, 2010). Organizations should help employees meet their scheduling needs by working around personal needs such as school schedules or children’s schedules (Quality Partners of Rhode Island, 2010).

[A new staff member says] “I have children. I can only work while my children are in school, so that would mean I could do 9:00-3:00 Monday through Friday, and this is where I live, and I’m on the bus line so I really need it to be within these zip codes.” And that is how their schedule is built”. HC Scheduler

If staff members are offered some flexibility in their scheduling and some autonomy in the way that they perform their jobs (Mittal, Rosen, & Leana, 2009), they will be more satisfied with their jobs. Giving

employees the ability to create their own schedules can also be a way to empower workers and promote autonomy (Froymovich, 2007).

“Since you work according to your own hours here, you see, you stipulate your own hours so if you want to go to college, see ...what hours you can take so that you have time to go to school, time to do whatever else you want to do. It’s working for some young people, too, which is ...how I always encourage them.” HC Aide

Human resources practices (healthcare benefits, vacation time, etc.) should invest in and support staff members (Quality Partners of Rhode Island, 2005-2006; Quality Partners of Rhode Island, 2010). Social service supports should be provided to staff members so that they feel as if their needs are being met (Butler, Simpson, Brennan, & Turner, 2010; Delp, Wallace, Geiger-Brown, & Mutaner, 2010; Quality Partners of Rhode Island, 2005-2006).

“If I have a complaint or if I have got a problem, they are quick to help and to find a solution for you and to work with you to see you through, you know... you know, whatever problem I have which can affect my job, the office is quick to help, you know, to see that I’m helped and I get the help that I need.” HC Aide

Staff members in these organizations were valued and many managers talked about the limitations of what they were able to give them in terms of pay and benefits. But support and assistance could always be provided and these managers and organizations provided plenty of both. Once you became part of these organizations, a team stood behind you, ready to help you with matters both at work and at home. While financial incentives and benefits are often one factor that keeps people satisfied with their jobs (Froymovich, 2007; Sims-Gould et al., 2010; Stone & Harahan, 2010), these things are not the only things that matter. It is also important for caregivers to have a sense of purpose and mission associated with their job and a sense of job security (Delp et al., 2010) so that they know they are valued by the organization. Caregiving staff must feel a personal responsibility to uphold the organization’s mission (Froymovich, 2007; Quality Partners of Rhode Island, 2005-2006), but they must also have a sense of personal purpose.

Some DCWs say they stay in their jobs because they want to care for other people and they feel good about doing so (Brannon, Kemper, Heier-Leitzell, & Stott, 2010; Khatustsky et. al, 2011).

“This is not my job, this is who I am.” NH STNA

“They aren’t happy because I give them bonuses, they are happy because they are doing a good job, and I don’t have to tell them all the time that they are doing a good job because they see it in the resident’s face. People are happy when they do a good job, and they want to do a good job, I really believe that.” NH Director of Nursing

They are also more likely to stay if they feel like they are needed by the people that they care for and can serve as a voice for the client (Mittal et al., 2009; Morris, 2009).

“I think every aide here who stays here, their main focus is those residents. When I come in my job is to do the best I can for these residents, that’s what I’m getting paid for. I think that’s what everyone has in mind, and just because I’m not assigned to that specific resident in that hall. I am here to help with every resident in this facility.” NH STNA

Staff at all levels in all organizations often talked about “common sense” as guidance for the way they performed their work and treated their clients, residents, and colleagues.

“Say you go into the dining room and you say, oh Miss Suzy Q isn’t here yet. I wonder where she is? And then you go and find Miss Suzy Q’s room and you see she’s sitting there and she’s dressed and ready for breakfast. You assume her aide is busy with another resident. Come on, Miss Suzy Q. I will take you to breakfast. It’s just common sense.” NH STNA

They spoke of treating others as they would want to be treated, and treating those in their care the way they would treat members of their families, or would want to be treated themselves.

“Yeah, cause it’s not our home, it’s their home. They’re paying a lot of money to be.....to live here and to be respected and taken care of and have their

needs met every day. I would want my mother taken care of like that.” NH STNA

Managers spoke about treating staff with respect as a way of teaching staff to be respectful in turn. Part of respecting others also includes appreciating, thanking, praising and encouraging. In these organizations good behaviors are noticed and praised, often with public notice. These organizations rewarded staff, provided public and private appreciation, and thanked each other often. Managers recognized that the work of their aides is highly challenging in physical, intellectual, and emotional ways. They fully respected those who were able to do it successfully.

Choose Good Staff and Develop Them

It is important for an organization to find the people that truly fit within the mission of the organization. Careful screening of interviewees (Quality Partners of Rhode Island, 2010) and providing more detailed information about the job before hiring (Engberg et al., 2009) are key steps in this process. Job information ensures that prospective employees can feel better informed and be sure that they really want to accept the job. Intentionally providing this information can lead to improved retention and job satisfaction (Engberg et al., 2009). If an employee has a realistic picture of the job before starting, he or she may be more likely to stay (Larson, 2011). It is also helpful to specifically define the necessary competencies for the position (Stone & Harahan, 2010).

“You know what you’re expected to do and if you are not happy about whatever you are expected to do, it’s so clear. It’s your choice. You’re getting into this job knowing exactly what is expected of you, so before you get in, if you don’t like that, you don’t get in but if you want to, you get in knowing exactly what you are going in there for.” HCAide

Once new employees are in the door, managers should work to find the right fit for the person within the organization. Managers may need to think outside of their own departments in order to

find the best match for each employee (van de Ven, 2007). DCWs say that problems with supervisors are one of the main reasons why they would leave their jobs (Khatustsky et al., 2011). Organizations may need to shift an employee to a different unit or supervisor, considering what is best for both the individual and for the organization (van de Ven, 2007).

“...our job as managers is to put them in the place they can be most successful.” NH Director of Nursing

When the right team is in place, the organization has the potential to be much more successful.

“One of the things I’ve learned working here is that I can’t teach someone to be kind. So during the interview process and during the hiring process and during evaluation and so on, the person that I would have looked for ten years ago in management, is not the person I look for now. The person I look for now has behaviorally kindness in their... what they’re communicating to me. Because I can teach anybody to put in an IV or to toilet someone or to do the tasks, but I can’t teach them to be kind. I can’t pull that out of their personality always and that’s just who they are... and part of that is connection to the resident. So although I have great technical people as supervisors, I also have kind people.” NH Staff Development Director.

“I think probably qualities and characteristics would be really important to us to some degree, knowledge and experience. Obviously prefer to have someone with experience in the given frontline position, but a lot of what we are going to look for and seek out are those individuals that could be a good match for our mission and that probably means having a caring attitude, some level of interpersonal skills, compassion and realizing that while it is a position, it is a job, here it’s something more, it is being a part of this community and being willing to work with others, support others, ask for help when they need it, but mainly a caring respect for the residents who are the primary mission here.” NH Administrator

Organizations which utilize selective hiring practices will not have to fire as many people (Dill & Cagle, 2010). However, even careful organizations can make mistakes, and it is not beneficial to keep

employees who do not fit in the organization. Hiring decisions should be regularly reassessed and individuals who do not seem to be working out should be let go earlier rather than later (Fernández-Aráoz, Groyberg, & Nohria, 2009). There is no benefit to keeping employees who are not well-trained and competent (Stone & Barbarotta, 2010-2011) so facilities and agencies should not keep employees simply to plug holes in the organization.

“The thing I’ve learned most is to make sure that you hire the right staff and when you figure it out you didn’t, then I would say I will invest my time and efforts into any person that continually wants to learn and grow, but there’s a difference between people that make mistakes, but want to learn from them rather than people that make mistakes and they’re just going to make sure they don’t get caught. You know, you have to figure out when you get an employee that’s here for the wrong reasons, cut your losses. It’s not easy and yes, everyone has a sad story, but we’re here to take care of the residents and we’re their advocates and we need to make sure...that’s our job to get the right people in here to make sure they’re safe.” NH Director of Nursing

Sufficient education and training can play an important role in helping staff members feel empowered and successful in their jobs. The initial orientation that employees receive can help set the tone for their new jobs and welcome them into the organization (Quality Partners of Rhode Island, 2005-2006). Having a longer initial orientation period can help workers feel better prepared when they start interacting with residents or clients (Menne, Ejaz, Noelker, & Jones, 2007). They also may feel better prepared if they receive more hands-on training as opposed to classroom training (Khatustsky et al., 2011; Menne et al., 2007).

“So we take time to work along with them. We allow them to ask questions, we see them as persons. Not as somebody coming looking to start a job. And we also create a relationship between them and the residents who they are working with and working for. Because the staff that have been here is there to guide them, teach the routine of each of the residents. So then they are not feeling that they are.... They do know who they are dealing with and what they are dealing

with so someone is always there to guide them until they feel comfortable... so that’s how we get them on board...” NH Asst. Director of Nursing

Of course, it is not sufficient for education to cease after the initial orientation period. Providing continuing education can help DCWs maintain and improve their skills (Bercovitz et al., 2011; Menne et al., 2007).

“I don’t think there would be many agencies that emphasize training as much as we do and not just the training to fulfill the regulations, but the training necessary to give them the tools to understand what it is they ought to be doing on a day to day basis to try to insure that the individuals that we serve are getting what they need.” HC Executive Director

“One of the things that we do that I think is really unique and maybe all of the other providers do it but especially on the assisted care side we do a lot cleaning and we do a lot of homemaking so our generation today is different than the generation that we serve, and so the generation that we serve they were taught to clean and cook differently than the generation today that actually work in the workforce because we have a younger generation and so when we get complaints we have an educator that will actually will bring them in to work with our educator to go over all of these cleaning techniques. That has really paid huge rewards for us because oftentimes just educating and coaching and explaining to the home care associate the way that you are taught and the expectations are two different things, and really catering to the client’s needs.” HC Vice President

Management should take responsibility for the performance of their employees (Denham, 2005), but they should also be very involved in helping to teach and develop their workers. People should be allowed to learn from their successes and from their failures (Amabile & Kramer, 2012). This focus on learning, development, communication, and feedback is known as the coaching style of management (Rocereto, Mosca, Gupta, & Rosenberg, 2011). This form of management can lead to improved retention (Seavey, 2010-2011) and a more favorable view of the supervisor’s effectiveness (Rocereto et al., 2011).

“So, we never make them feel uncomfortable in their job. Sometimes they feel uncomfortable because it’s new to them; maybe they haven’t done it before. But whatever tasks we assign for them to do, if they don’t feel comfortable, someone will go with them and we will shadow. So, either another caregiver will go out and make them feel comfortable; one of my nurses will go out and teach them how to do an occupied bed change. Maybe they need help with the gait belt, so we’ll go out and... have one my nurses go out and show them using a real live person. Now, this is your client, here’s her, you know, nooks and crannies of getting in and out of her wheelchair with the gait belt. We’ll actually go out and show them how to do that hands-on. So, we do try to take most of the fear out of what they have to do day-to-day. And the longer that they do it, the better off that they are and they just become comfortable. As with anything in life, the more you do it the more comfortable you become.” HC Administrator

Staff were given training and orientation, coaching as needed, and greeted with open doors for advice and problem-solving. Mistakes were viewed as part of the picture and were seen as opportunities for coaching and mentoring. Administrators spoke freely about making staff aware when they made mistakes to foster a climate where errors could be discussed comfortably and solutions put in place to avoid them in the future.

“The home health aides, what they tell me is that they have autonomy; they don’t use that word, I use that word. They said they have freedom, so I use autonomy. They said they feel more relaxed. Now their exact words are, “They don’t feel like there’s a monkey on their back.” HC Supervisor

“I think everybody is very capable. We can all not just rely on ourselves, but rely on each other. Everybody’s very competent so it makes things a lot less hectic... so we all feel comfortable calling each other and bounce things off each other if we have a question about how to handle a situation.” HC Aide

These organizations value education and many host interns, AITs, nurses doing clinical rotations and others. They encourage those on their staff who are committed to further education to do so, and

often provide financial assistance to do so. They also recognize that learning occurs all the time, and are cognizant of the example they set as managers and leaders, and the example set by long-term staff for new staff. Several referred to learning how to provide care as “contagious”. Once something good is going, all the staff “catch” it.

“I did say it’s contagious, but I think it’s because of the fact if I see the way Nicki cares for somebody, I want to be like that because I want that reaction from that resident. I want that back. That’s something that... wow. Look at what she did for him and look at how he responded to her and that’s a good feeling.” NH STNA

Build Structure that Fosters Relationships

The strength of an organization’s employees is often related to the strength of relationships within the organization. Relationships are a critical ingredient to quality care and satisfied staff and residents. In nursing homes, relationships with colleagues and teamwork are critical to providing good care. Perhaps even more important than relationships between staff members are the relationships that staff members build with residents or clients and their family members (Mittal et al., 2009).

“And I reiterate this to them that we are not task driven here, we are resident driven. So it’s not about putting the resident on the toilet, it’s about that interaction of putting them onto the toilet. It’s not about getting them on and off. It’s about building that relationship. It’s the discussion you have with them as you’re helping them to the toilet. How’s your day going? Have you seen your daughter? Understanding that resident.” NH Staff Development Nurse

In nursing homes, low resident to staff ratios were seen as the main foundation upon which much of the rest of their care was built. Low resident to staff ratios (ranging from six residents per aide to as many as 10) meant that staff knew those under their care very well, and they had the time to tailor their care to meet each resident’s unique needs. Aides had enough time to provide good care and left at the end of the day feeling positive about their work instead

of rushed, burnt-out and overwhelmed.

“I know I have friends in other facilities that have 13 people, 14 people...and basically they can walk down the hall...and that’s about as much interaction as you’re able to give the resident. And I think we give real quality care here...this job’s tough...you’re worn out after the end of the day....with seven people. With seven people giving quality care ...still wears you out but it’s better than giving half-ass care to 14.” NH STNA

Challenging residents received plenty of time and attention in order to develop solutions that would minimize problem behaviors. Problems were issues for which a solution had not yet been found.

“I recently had a resident who said she could never take a bath because the dermatologists told her that she couldn’t because she would break down plus she has consistent assignment with one aide that she likes so we talked, at care conference we talked her into taking one bath every two weeks. The aide went in and said she’s accepted to take one bath every week now and she’s accepted to have her hair washed, which she would never allow to have her hair washed before. We asked her what kind of shampoo she wanted and we had the right kind of shampoo that she wanted so with consistent assignment and communication and relationship with her, she’s now become compliant within the last month and a half.” NH Administrator

Using a consistent staffing model (the same workers regularly care for the same clients) is an important way to maintain connections between residents or clients and the organization (Kolus, 2010; Quality Partners of Rhode Island, 2005-2006; Quality Partners of Rhode Island, 2010). This provides increased stability and security for both the employees and those receiving care. All the nursing homes in our study assigned staff to the same group of residents and home care organizations focused on minimizing the number of different aides that provided a client’s care. Consistent assignment places the staff in a position to observe and be aware of clinical changes before they become larger health issues. And consistent assignment allows relationships to flourish. One concern with consistent assignments is that aides assigned to challenging residents will become burnt-out, but

that was not the case in most of the facilities in this study.

“On my particular floor, we have a lady that will knock the hell out of you, but you work with her daily, you know what can calm her down or you know when to back off; and I’d rather have that than somebody come on the floor that doesn’t know her, and, you know, she gets ... she gets irritated when she doesn’t see the same people, also, so it benefits us. I mean, it benefits the residents, you know, at the end of the day, that’s who benefits the most. But for us, it makes you ... you care for people more if you have a rapport with them.” NH STNA

Organizations (particularly home care agencies) must make an effort to find a good match between clients and caregivers. Allowing clients to participate in decision making and using their personal preferences to find a care provider is a good way for the organization to keep clients happy (Garcia, 2006; Orsini, 2006). Good matching can also be good for marketing as the organization begins to build a reputation as an agency which support relationship building (Orsini, 2006). Home health aides say that having problems with their clients can make their jobs less satisfying so finding a good worker/client match from the outset can contribute to employee retention as well (Khatustsky et al., 2011).

“Matching, getting it right the first time so there isn’t the revolving door of aides. Again, throwing a warm body at someone, “Oh she’s available,” doesn’t mean it’s going to be the right fit for many reasons.” HC Scheduler

In addition to working hard to provide a good client/caregiver match these home care agencies tried to maintain that relationship as long as possible.

“No, so far for what we’ve seen is that most elderly people like consistency, and that’s what they look for. The majority of people that switch agencies, one of their key reasons is because “I kept getting a different girl.” And so with that being most important on their list, it is our goal to keep people with the same persons.” HC Administrator

Work as a Family and a Team

A caregiver often becomes an intimate part of the lives of those that he or she is caring for. This is one reason why strong relationships are important between caregivers and clients and their family members (Mittal et al., 2009). Caregivers must learn to be kind and considerate toward their clients.

“Some don’t have families and you kind of put them under your wing. I have a gentleman and that’s probably why I’m so emotional because I just came from talking to one of my gentlemen.....who just told me that – that I’m his family basically. Because we’re talking about it, but that’s exactly what he told me. He said that he had no family and that we basically are his family and I said you know what? I have a lot that I’ve adopted. We come from a very big family here...”
NH STNA

They must also be considerate toward their fellow staff members. It is important to reward employees who display strong teamwork skills (Kolus, 2010) and encourage the development of these skills in other employees (Brannon et al., 2010; Morgan & Konrad, 2008). Working in teams can also help caregivers feel more autonomous and empowered (Yeatts & Cready, 2007).

“Our staff is good. We all help. There’s teamwork. There’s a lot of teamwork here. ... If there’s a two person, I know that I’m going to have somebody else by my side to help me. That is like one of the best things about being here I think because I hear about other places....oh, yeah...we’re doing people by ourselves. But here you always have your teamwork and I think that’s one of the main key things here is that our teamwork here is very good”. NH STNA

“ ... if you’re on a floor, again this is where staying in one unit comes off, it works better, you work with the same co-workers daily, you go to the core with these people, and you do build a team. I mean, you watch each other’s back; you don’t have to ask to be helped. I’ll know what, you know, I worked with him so much, I knew where he was going to be, his next room, where to go; you back people up like that. When you have new people every day, it’s hard to develop a team...”
NH STNA

Aides at these organizations often jokingly suggested that they were certainly not in this work for the money. Over and over they talked about the meaning of being a caregiver, the opportunity and resources to do the job well, and the positive feelings they had when they brought a smile to someone’s face.

“...it gives me a reason to wake up. I mean, when you clock out here, and you’ve done a good job, I mean, you made everybody happy, you’ve cared for everybody properly, you know, you left them with some smiles on their face, or if somebody died, you’ve helped them cross over, you know, more comfortably. You can’t, I mean, you get some true satisfaction at the end of your day, after you clock out, with a day like that. You know, that’s why I’m here.” NH STNA

They also spoke about the value of having the resources to do their jobs—time, supplies, and supportive co-workers.

“And when we went there to the other nursing home, we actually stopped at Family Dollar and bought our own soap and gloves and deodorant and ... cause when you went, you didn’t have those things. If you did, I mean, you was..... lucky to find it. So in here you don’t have to worry about that.” NH STNA

Those who feel called to do this work want a workplace that will assist them in doing the work successfully. These organizations recognize this and maximize the intangibles such as relationships and being part of a caring community.

“They want to take good care of people. When they go to work, they want to leave feeling good about themselves...They don’t want to be in a facility where they may be getting paid more but they don’t see good care being delivered or maybe they are surrounded by others who don’t have their hearts in the right place or at a facility where they are in constant fear of doing something wrong.” NH Director of Nursing

At every site we visited, at least some staff referred to their work organizations as being part of a family. *“And so when you start saying that the word that always comes to mind or is said around here is that ‘we’re one family. We’re a family here.’ That includes the residents, the staff, the family members. I would*

even go to say the community and some of the community members. ‘We’re one family here.’” NH Administrator

These organizations spoke about staff at all levels being part of the caregiving team. There was no tolerance for “that’s not my job.” If a resident or client wanted or needed something, it was everyone’s job to make it so.

“And I’m never afraid to ask, like I said we work in neighborhoods, and my neighborhood is short for that day I don’t have, I don’t feel insecure to go to the other neighborhood and say, hey can you help me with this. That’s what we do, if we know that one neighborhood is short, we are conscious of that and we’ll go say hey do you need help. So we offer help but at the same time we’ll go and ask for help.” NH STNA

This meant that, in nursing homes, if a call light was on, the next person walking by went in. If a resident needed their sweater from the closet, a dietary aide could certainly bring it. While consistent assignment made aides responsible for a regular group of residents or clients, everyone pitched in when care was needed.

“Well, you can see I’m in a uniform because if they need me, I’m right there by their side. I never ask them to do anything that I wouldn’t do myself. Now, mind you I have a role and they have a role, but if push comes to shove and they need help I think one of the things that really impressed them was one night I got a phone call that an STNA had not shown up for work for night shift and they were really worried because they had already had a call off and it was kind of a crazy night....full moon kind of night. So I got up and put on my uniform and came in and worked the floors STNA.” NH Director of Nursing

In home care, this meant that home care coordinators or schedulers, or clinical managers might get in their car and provide the needed home visit if the regular caregiver was unable to make it.

“And depending on what we have..like if we have payroll or something to do, we’re going to get to the client. We might not get there at the exact time that they want, but they will get coverage and they

will know somebody’s coming for them.” HC Coordinator.

Communicate Often with Transparency and Honesty

Communication is key. If an organization can develop an effective communication strategy, it will be much easier to ensure that all employees are working toward the same purpose (Kemper et al., 2008; Stone & Harahan, 2010). Improved communication in the organization can help employees feel more appreciated and supported (Kolus, 2010). Managers should keep all employees apprised of the inner workings of the organization including financial reports and progress toward organizational goals (Froymovich, 2007).

“So they’ve seen a cut—a reduction in their paycheck and that was very difficult. And it was difficult for us to do, to present to them, difficult for them to accept that. But the controller, the HR director and myself talked to every employee to explain that to them. Why it was necessary and how it would impact them individually.” NH Administrator

“Communicate and I’m sure you’ve heard that one. Everybody talks, but there’s never enough communication. Despite the world in which we live in that uses technology to communicate and it is effective means, I will say there is still no better communication than personal interaction. They should use all means of communication to deliver messages. I feel very strongly that if you’re going to do something or you’re anticipating doing something that you’re affecting other people that you should communicate that early in whatever stages you have to do it so that it becomes acceptable. It’s like planting the seeds for change.” NH Director of Nursing

Training in communication skills can benefit staff members at any level of the organization (Kolus, 2010; Seavey, 2010-2011). Improvement of these skills can lead to at least two major benefits: more effective communication within the organization (Kolus, 2010) and more effective communication with family members of residents or clients (Seavey, 2010-2011; Stone & Harahan, 2010).

“I’ve grown to absolutely love this field and as a supervisor, I feel that the open door policy and caring for every individual resident, their families, and especially the employees give us the better long term longevity and our relationships develop from that caring feeling. The open door policy – if they feel that there’s an area that they don’t feel is maybe what they think should happen, I encourage them to come to me and tell me. Any information, any ideas... they’re all very important. If we would feel that they’re important enough to put into place here, it doesn’t always happen, but everybody has a great opinion.”

NH Director of Nursing

“And coincidentally and different from other agencies all the aides come in every day. They clock in or sign in in a book and so she sees these aides every day as they walk by her office which lends itself to communications and getting...establishing those personal relationships. Her message to others is communications, both personal and professional are critical. They have to care about each other. You have to stay connected to the staff. You have to nurture your staff and you have to keep it on a personalized level.” HC Administrator

“I’ve been in several of the facilities and I think this is like the only place that I’ve ever been to where I was able to really go into the DON, sit down and talk to her about personal stuff. I was never able to do that nowhere else. Never.” NH STNA

Monitor and Continually Strive to Improve

An organization should have specific, measurable outcome goals and allow employees at all levels of the organization to assist in monitoring and maintaining these outcomes (Larson, 2011; Werner & Konetzka, 2010). It is important to provide employees with constructive feedback when they are meeting (or not meeting) the expectations of the administration (Quality Partners of Rhode Island, 2005-2006; Quality Partners of Rhode Island, 2010). This helps to maintain a culture of consistent accountability and can eliminate problems later.

“Oh, we do Supervisory Visits. Our nurses do the Supervisory Visits with PASSPORT and Medicare and

Medicaid. We go out every two weeks with Medicare and Medicaid, and the nurses do Supervisory Visits on the aides. And we talk with the client, you know, do they come in on time; the promptness. .. Do they come in presentable? Do they follow the care plan? Because the nurses fill out a care plan when we admit, they follow that care plan. Are you happy with the treatment that you get from them? Do they treat you kind and courteous? Do they respect your personal space? Do they respect your personal property? And if we have a problem, then we bring them in.” HC Director of Nursing

Another aspect of monitoring involves having clear and consistent disciplinary procedures. People often work better if they know precisely what is expected of them (Irwin, 2004). Disciplinary procedures should be fair (Lewthwaite, 2000) and easily accessible to everyone in the organization (Irwin, 2004). When there is a disciplinary issue, it is important for management to gather all of the facts before taking action (Hunt, 2005; Lewthwaite, 2000). However, there may be some instances in which dismissal from the organization will be the only reasonable option. For example, a caregiver who is caught stealing from a client will most likely be immediately released from the facility or agency (Garcia, 2006). Managers should be sure that they always follow through on the established policies (Lewthwaite, 2000).

“You get terminated if you no-call, no-show. I want to be very clear that I’m not going to be on a point system for an infraction such as a no-call, no-show because we have serious consequences with what we do....We have got to be reliable for our clients.” HC Executive Director

“So like our Santrax System... It’s the system that we use on the senior service side when the staff member arrives at the home they have to use the client’s home phone to actually clock in so that enables that they are there when they’re supposed to be there. It allows us to track minute by minute how long they are there and they also input what duties they’ve done while they’re there by a code on the phone so we can also track what duties are being completed daily.” HC Executive Director

Another area commonly mentioned regarding monitoring and improvement was following up. Being an organization that can be counted on and a staff member that can be counted on was critical to workers at all levels of these organizations.

“How do you build that trust? Its sincerity and you have to be sincere and you have to follow through. If you don’t follow through, they’re never going to trust you. I have residents that will ask me on a daily basis, will say well, I know she’ll do it so I’ll ask her... That’s how it is because on my floor I see that a lot. The residents there are like if they want something, they know that they’re not going to have to wait. They come to me...” NH STNA

Tips for Success

These organizations repeatedly offered advice, tips, and helpful management strategies that they felt were useful and contributed to their success. The lists below provide tips for managers for each of the themes identified by our analyses.

Strive for excellent, person-centered care

1. Always keep the resident/client as priority #1 in all decisions you make and processes you implement. Strive for excellent customer service and do what will make the resident/client happy. Have very clear guidelines about expectations for care; discuss them in interviews, orientation programs, and regularly with all staff members.
2. Leaders must exhibit a caring attitude so all staff members understand that they are required to do the same. Leaders need to personally know all of their staff members, their residents/clients, and family members. Everyone is expected to chip in to provide service for residents/clients as needed, so be prepared to do so.
3. Low staff ratios allow staff members to OFFER care in a proactive fashion before the residents must ASK for assistance and receive care in a reactive fashion. Spending money on the front end for higher staff ratios can save money on the back side by reducing falls, decubitus ulcers, UTI’s and

increasing engagement in activities and social stimulation.

Appreciate your staff

4. Offer frequent verbal thanks and appreciation by telling staff they are doing a good job, their work is valued, and you appreciate their contributions. Everyone needs a pat on the back, and health care is not an easy job, so let them know you are happy to have them on your team. Thank them for filling in on their days off, or for staying over when you have absences.

5. Write short notes of thanks to staff members, and encourage other staff members, residents and family members to do the same thing. Positive reinforcement for a job well done builds pride in their work and increases retention. Come in during off shifts to meet with staff and offer your appreciation for their contributions.

6. Employees enjoy recognition whether it is something small or something more formal. Ideas might include gift cards (\$5.00 or more), service certificates and pins, birthday gifts, calendars, duffle bags, tee shirts, cakes or meals, cooks outs, holiday parties, pot lucks, and holiday hams and turkeys. Introductions or stories in newsletters or on bulletin boards about their good work are appreciated.

Choose good staff and develop them

7. Select employees who have positive attitudes and who are compelled to do this kind of work. Outline your organizations’ high expectations in the interview process, in the orientation process, and regularly with all staff members to keep them focused. Have a rigorous interview process designed to weed out the excellent prospects from the average. Invite other staff members to participate in team interviews.

8. Invest time in excellent orientation and training programs. Guide and teach staff to help them learn and understand their role in providing excellent care. Although time intensive, having the leadership team provide components of the

orientation program offers the opportunity for all managers to meet new employees and begin developing relationships with them. Encourage and support open communications. Offer opportunities for staff members to develop themselves professionally through training, educational programs, and promotions from within. By encouraging growth and development, you are creating new futures for them.

9. Know all of your staff members and interact with them regularly. Model respectful behaviors and actions for your staff. Support the staff in planning and implementing new undertakings at all times. Help them understand the reasons for changes. Treat everyone fairly, be firm but approachable, and follow the rules. When appropriate, offer extra training or attention to allow for individual differences in learning styles to get better performance. Point out your own mistakes so that errors are a comfortable topic for discussion and problem-solving. Build structure that fosters relationships between staff and clients/residents

Build structure that fosters relationships

10. Low staff to resident ratios allows personal relationships to develop. Additional time is available for special interactions such as taking walks, working on puzzles, doing makeup or hair care for residents, and backrubs to take place. Staff members become experts on their residents, and can recognize subtle changes for early intervention. Empower the staff to report early and often when they notice things about their clients and residents.

11. Consistent assignments allow time for trusting relationships to develop and demonstrate to your residents that you care about them. Staff must be sincere in their communications with residents/clients in order for a trusting relationship to develop. Ensure that staff members provide follow through when making commitments to build trusting relationships.

12. Ensure that staff members utilize care plans and other sources of information to help them learn about the residents. This can help them understand their physical, emotional, and psychosocial needs and prepares them for how they can best work with

residents/clients. Be sensitive to resident preferences in care givers.

Work as a family and a team

13. Know the individual needs of the staff members – their priorities for flexibility, recognition, educational interest or needs, etc. Each person has unique needs, so use them to your advantage. Help staff members resolve their issues to the best of your ability. By knowing your staff you are able to develop trusting relationships – let them know you trust them. Make time to communicate with your staff.

14. Good retention builds strong relationships among staff members which contribute to bonding and a sense of community. Validate staff concerns and work to resolve issues and provide follow up. Always hear both sides of the story. Good staff members will leave if you allow bad employees to continue in their roles. Work together, praise each other, help each other, and hold everyone accountable.

15. Everyone needs to understand the organizational budget, goals, priorities, challenges and plans. If people are going to work together they must clearly understand their role and how their contributions will lead to organizational success. Pitch in to help others when your help is needed.

Communicate often with transparency and honesty.

16. Encourage communication with staff by interacting in their work space, keeping an open door, listening to their concerns, answering their questions and providing guidance and support. Always be respectful of staff input/ideas, while understanding that they may not always get the answer they want. Encourage them to offer out of the box ideas and/or solutions to problems and seek their feedback on how things can be improved.

17. Ensure that staff members know the rules, along with examples of how specific rules might apply to them. This can help them to understand WHY things are done a specific way. Keep staff informed of the progress being made in problem resolutions.

This will help them to understand that there is light at the end of the tunnel, and confirms that you are following through on an issue.

18. Plant the seeds for upcoming change early and communicate well. Be sure that people understand why changes are being made. This should involve written communications as well as verbal communications knowing that some people relate to specific communication channels better than others.

Monitor and constantly strive to improve

19. Ask for feedback from residents, families and staff members on quality of care and how things could be improved. Always believe there is room for improvement so push for excellence. Don't allow your organization to become stagnant. Educate and offer training when service standards are compromised.

20. Staff members need to understand any challenges and problems the organization is facing so they can understand how their work impacts service, quality, the budget, etc.

21. In addition to standardized quality improvement tools and schedules, the leadership team should develop policies that direct staff members when to contact a manager, and who to contact under certain circumstances. Don't let the staff members decide what is critical or important – you need to direct them on when contact is mandatory.

Policy Implications

Leadership matters. The perspectives shared by the leaders in these organizations were clear and consistent. They approached management in a proactive and strategic way. There was no consistent path to successful administration, but several spoke about mentors and colleagues who had modeled strong and effective leadership. A system that provides incentives such as incorporating a model of nursing home administrator training into the quality payment system or other incentives could assist in development of effective mentorship

programs. Nursing homes might build on the current Administrator-in-Training program; a similar program for home care agencies could be developed.

Relationships matter. Essential ingredients for success in these organizations were low resident to staff ratios in nursing homes and successful caregiver to client matches in home care. While the quality incentive payment system rewards consistent assignment in nursing homes, an opportunity exists to incorporate this and other quality measures into homecare reimbursement. Staff ratio measures could also be added to the current quality payment incentive plan.

Money matters. All of these managers spoke about the financial challenges of running these organizations. Many spoke about recent changes they had made to accommodate reduced reimbursement, often at the expense of staff. While staff often said they were “not in this for the money”, they talked about needing health benefits, mileage reimbursement, a living wage and other financial resources in order to continue doing the work of caregiving. A number of states have instituted staffing pass-through legislation designed to direct increased reimbursement payments to hiring more staff, increasing staff wages, or increasing benefits for staff. Some of these models could prove effective in Ohio.

Mission matters. These organizations are guided by the mission of high quality care for their residents and clients. While some organizations might be motivated by fear of regulatory penalties, these facilities and agencies are motivated by a pursuit for excellence. Home care agencies repeatedly expressed interest in licensure for agencies, credentialing for directors, or other criteria as a strategy for greater oversight to improve their industry as a whole. They also spoke about a reward system based on quality similar to that for nursing homes. A regulatory system that improves similarity across providers, particularly those reimbursed by Medicaid, is an option that Ohio might consider.

References

- Amabile, T. & Kramer, S. (2012, February 27). Talent, passion, and the creativity maze. Retrieved from <http://blogs.hbr.org/hbsfaculty/2012/02/talent-passion-and-the-creativ.html>
- Bercovitz, A., Moss, A., Sengupta, M., Park-Lee, E.Y., Jones, A., Harris-Kojetin, L.D., & Squillace, M.R. (2011). An overview of home health aides: United States, 2007. National Health Statistics Reports, 34, 1-32.
- Brannon, S.D., Kemper, P., Heier-Leitzell, B., & Stott, A. (2010). Reinventing management practices in long-term care: how cultural evolution can affect workforce recruitment and retention. Generations, 34(4), 68-74.
- Butler, S., Simpson, N., Brennan, M., & Turner, W. (2010). Why do they leave? Factors associated with job termination among personal assistant workers in home care. Journal of Gerontological Social Work, 53(8), 665-681.
- Delp, L., Wallace, S., Geiger-Brown, J., & Muntaner, C. (2010). Job stress and job satisfaction: Home care workers in a consumer-directed model of care. Health Services Research, 45(4), 922-940.
- Denham, C. (2005). Patient safety practices: Leaders can turn barriers into accelerators. Journal of Patient Safety, 1(1), 41-55.
- Dill, J. S. & Cagle, J. (2010). Caregiving in a patient's place of residence: Turnover of direct care workers in home care and hospice agencies. Journal of Aging and Health, 22(6), 713-733.
- Engberg, J., Castle, N.G., Hunter, S.B., Steighner, L.B., & Maggio, E. (2009). National evaluation of the demonstration to improve the recruitment and retention of the direct service community workforce. Santa Monica, CA: RAND.
- Fernández-Aráoz, C., Groyberg, B., & Nohria, N. (2009). The definitive guide to recruiting in good times and bad. Harvard Business Review, 87(5), 74-84.
- Froymovich, E. (2007). How managers can retain qualified in-home caregivers in a competitive job market. Home Health Care Management & Practice, 19(3), 169-173.
- Garcia, T. (2006). Ethics in home care. Home Health Care Management & Practice, 18(2), 133-137.
- Hunt, D. (2005). Disciplinary procedures step-by-step. In D. Hunt, Dismissal and grievance procedures: Framing and operating procedures to meet current rules (pp. 44-56). London: Thorogood.
- Irwin, D. (2004). Disciplining staff. In D. Irwin (Ed.), Managing and employing people pocketbook (pp. 203-213). London: Thorogood.
- Kemper, P., Heier, B., Barry, T., Branon, D., Angelelli, J., Vasey, J. & Anderson-Knott, M. (2008). What do direct care workers say would improve their jobs? Differences across settings. The Gerontologist, 48 (suppl 1), 17-25.
- Khatustsky G., Wiener, J., Anderson, W., Akhmerova, V., Jessup, E.A. & Squillace, M.R. (2011). Understanding direct care workers: A snapshot of two of America's most important jobs, certified nursing assistants and home Health Aides. U.S. Dept. of Health and Human Services, ASPE: Washington, DC.

Kolus, K. (2010). Mather Pavilion's culture of leadership: Quality care through staff continuity. Long-Term Living, 59(9), 20-24.

Larson, S. (2011). Preparing for the future direct support workforce [PowerPoint slides], Retrieved from <https://ckm.osu.edu/sitetool/sites/odswpublic/documents/SherryLarson2011OhioWFConferenceApril8.pdf>

Lewthwaite, J. (2000). Conflict, disciplinary and grievance procedures. In J. Lewthwaite, Everything you need for an NVQ in management (pp. 238-261). London: Thorogood.

Mehdizadeh, S. (2010). Disability in Ohio: Managing the projected needs for long-term services and supports. Oxford OH: Scripps Gerontology Center.

Mehdizadeh, S., Applebaum, R., Nelson, I.M., & Straker, J. (2011). Coming of Age: Tracking the Progress and Challenges of Delivering Long-Term Services and Supports in Ohio. Oxford, OH: Scripps Gerontology Center.
Menne, L., Ejaz, F., Noelker, L. & Jones, J. (2007). Direct care workers' recommendations for training and continuing education. Gerontology & Geriatrics Education, 28(2), 91-108.

Mittal, V., Rosen, J., & Leana, C. (2009). A dual-driver model of retention and turnover in the direct care workforce. The Gerontologist, 49(5), 623-634.

Morgan, J.C. & Konrad, T.R. (2008). A mixed-method evaluation of a workforce development intervention for nursing assistants in nursing homes: The case of WIN A STEP UP. The Gerontologist, 48(1), 71-79.

Morris, L. (2009). Quits and job changes among home care workers in Maine: The role of wages, hours, and benefits. The Gerontologist, 49(5), 635-650.

Nakhnikian, E. (2004). Better job better care issue brief: Quality improvement organizations: Recognizing direct-care workers' role in nursing home quality improvement. Better Jobs Better Care, 4, 1-8.

Orsini, M. (2006). Marketing private-duty home care services. Home Health Care Management & Practice, 18(2), 114-123.

Pol-Grevelink, A.V.D., Jukema, J.S., & Smits, C.H.M. (2011). Person-centred care and job satisfaction of caregivers in nursing homes: A systematic review of the impact of different forms of person-centred care on various dimensions of job satisfaction. International Journal of Geriatric Psychiatry, 27(3), 219-229.

Quality Partners of Rhode Island. (2005-2006). 8th Scope of work (SOW): Task 1a: Individualized Care Training Curriculum. Accessed on September 10, 2011 from https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobwhere=1228860962458&blobheader=application%2Fmword&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3DTask1a_TrainingCurriculum_110706.doc&blobcol=urldata&blobtable=MungoBlobs

Quality Partners of Rhode Island. (2010.). Staff stability toolkit: Version 1.2. Accessed on September 10, 2011 from http://www.primaris.org/sites/default/files/resources/Person-Centered%20Care/Staff%20Stability%20Toolkit_2010.pdf

Rocereto, J.F., Mosca, J.B., Gupta, S.F., & Rosenberg, S.L. (2011). The influence of coaching on employee perceptions of supervisor effectiveness and organizational policies. Journal of Business & Economics Research, 9(6), 15-23.

- Seavey, D. (2010-2011, Winter). Caregivers on the front line: Building a better direct-care workforce. Generations, 34(4), 27-35.
- Sims-Gould, J., Byrne, K., Craven, C., Martin-Matthews, A., & Keefe, J. (2010). Why I became a home support worker: Recruitment in the home health sector. Home Health Care Services Quarterly, 29(4), 171-194.
- Stone, R.I. & Barbarotta, L. (2010-2011). Caring for an aging America in the twenty-first century. Generations, 34(4), 5-10.
- Stone, R. & Harahan, M.F. (2010). Improving the long-term care workforce serving older adults. Health Affairs, 29(1), 109-115.
- Tellis-Nayak, V. (2007). A person-centered workplace: the foundation for person-centered caregiving in long-term care. Journal of American Medical Directors Association, 8, 46-54.
- van de Ven, F. (2007). Fulfilling the promise of career development: Getting to the “heart” of the matter. Organization Development Journal, 25(3), 45-50.
- Werner, R.M. & Konetzka, R.T. (2010). Advancing nursing home quality through quality improvement itself. Health Affairs, 29(1), 81-86.
- Yeatts, D.E. & Cready, C.M. (2007). Consequences of empowered CNA teams in nursing home settings: a longitudinal assessment. The Gerontologist, 47(3), 323-339.