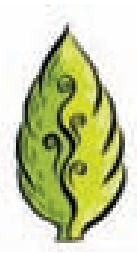


**Providers face myriad obstacles to improving recruitment and retention efforts but remain committed to finding the right solutions.**



# Growing Your Own Staff

*Katheleen Lourde*

**A** full decade ago, the seeds of a dream took root at Los Angeles Jewish Home. Molly Forrest, the multi-level facility's chief executive officer and administrator, and her board of directors decided to not just bemoan the growing shortage of nurses interested in working in long term care, they determined to do something to help fix it. They decided to start their own school of nursing.

Los Angeles Jewish Home has about 1,000 employees and is home to 925 residents, 75 percent of whom rely upon Medicaid. The campus has independent living, residential care, assisted living, skilled nursing, rehabilitation, and Alzheimer's care. The organization also has a hospice program. The community has a waiting list of 300 to 400 people.

All of these residents "require well-trained medical staff nurses," says Forrest. "We found we were spending a lot of time on training, customer relations, and a lot of legal issues and on hiring nurses who don't speak English and spending a lot of time training them to write legibly in English. How long can we offer a sign-on bonus as an answer to attract nurses?"

But Forrest and the board of directors were also looking at the bigger picture.

"Part of the reason we established the school was realizing we're not training enough nurses within America to

meet the needs, that we're going to need a lot more nurses," she says.

## **Building A School**

Making the dream a reality was a long process. It took years to find all the sponsors; figure out how the students would be able to pay; devoting the physical space; getting licenses and approvals; and building partnerships with acute care hospitals, urgent care centers, and specialty settings so that the students could gain a wide variety of clinical experience.

After 10 long years, the Annenberg School of Nursing came into being last year. The bulk of the funding for the school came from the Annenberg Foundation.

To begin with, the school is offering a licensed vocational nursing (LVN) degree—California's term for licensed practical nurse (LPN). Plans are to fold in a three-year registered nurse (RN) program as well.

The students go to classes and clinical sites for 40 hours each week, for a total of 500 hours of classroom instruction and 980 hours of clinical training at local hospitals and other settings.

The cost of educating an LVN at the school is \$19,000. The Jewish Home was concerned about students' ability to pay. So the Annenberg Foundation also gave Jewish

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*Katheleen Lourde is a freelance writer based in Dacoma, Okla.*

Home the funding to set up an endowment account to support scholarships. In addition, those in need can get a further \$5,000 interest-free loan from the Los Angeles Jewish Free Loan Program that they can pay back over a long period of time. And all students must put up \$2,500 of their own money so that they are at risk as well as those who have provided funding. The scholarships are forgiven if the student works at the Jewish Home for two years.

The first group of students graduated last summer; the second group of students began in September. The students come from 17 different countries; most, says Forrest, are immigrants or children of immigrants.

“We set high standards for our students,” says Forrest. “Our goal is to have 90 percent of students finish the class and 90 percent pass the test to become an LVN.”

So far, they’ve been successful.

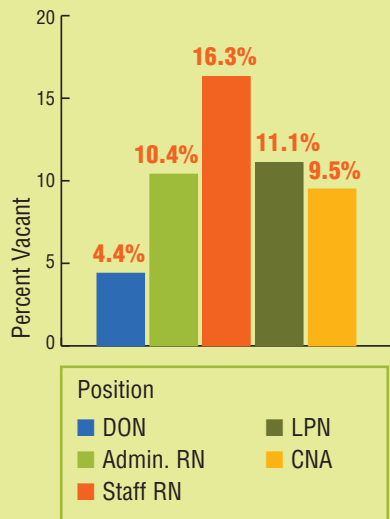
Of course, setting up their own school of nursing is beyond the capacity of most long term care facilities. For those facilities, focusing on other recruitment and retention procedures is increasingly important.

### Workforce Shortage Worsening

America will need between 5.7 million and 6.5 million nurses, nurse assistants, and home health and personal care workers by 2050, according to a recent study by the U.S. Department of Health and Human Services and the U.S. Department of Labor, to take care of the 27 million people who will need long term care.

Between 2002 and 2007, the number of direct care positions in nursing facilities, to name only one long term care setting, increased by 11 percent, from about 960,000 to more than 1.04 million, according to a recent report by the American Health Care Association (AHCA) called “Nursing Staff Vacancy and Turnover in Nursing Facilities” (see sidebar, page 26). “At the same time, total vacant direct-care positions have

### National Vacancy Rates In Nursing Facilities, 2007



Source: “Nursing Staff Vacancy and Turnover in Nursing Facilities, 2007,” AHCA, June 2008

increased 15 percent, from 96,000 to 110,000,” the report says.

“I think the big issue is we’ve had an increase in vacant positions,” says William Hartung, AHCA vice president of research, “and that we still have one in 10 nursing positions vacant right now. There’s a desire [on the part

of nursing facilities] to have the professional nursing staff, but the staff aren’t there to fill the positions. One in six staff RN positions is vacant, one in nine LPN positions is vacant, and one in 10 CNA [certified nurse assistant] positions is vacant.”

The trend looks likely to worsen. “In the next five years,” according to the report, “if the current nursing staff shortage trend persists as in the last decade, total established direct-care positions in nursing facilities could rise to more than 1,170,000 and total vacant nursing positions could increase to over 120,000” full-time employees.

The cost due to staff turnover in nursing facilities, in terms of recruitment and training costs, is estimated at more than \$4 billion a year by one study.

But increased cost isn’t the only, or primary, concern with high turnover. Studies link turnover with decreased quality of care, according to a recent Institute of Medicine (IOM) report, and with a greater frequency of pressure ulcers, contractures, and psychoactive drug use.

### Factors In Turnover, Job Satisfaction

Studies say that the biggest reason for the high turnover among CNAs and



The Annenberg School of Nursing trains students to be licensed vocational nurses.

other direct care workers is poor relationships with supervisors, low wages, few if any benefits, high physical and emotional demands, significant potential for on-the-job injury, lack of respect from other health professionals, and few opportunities for advancement. Round-the-clock operation means some people get stuck with undesirable schedules.

Other elements that result in dissatisfaction include excessive paperwork,

frequent patient deaths, and combative and uncooperative patients, a 2007 study found.

While many of these causes for dissatisfaction are found across the health care spectrum, "these challenges and concerns are magnified in the long term care arena, which faces especially acute shortages and workplace stressors," according to a new report by the Association of Academic Health Centers (AAHC), "Out of Order, Out

of Time: The State of the Nation's Health Workforce," published in 2008.

On the other hand, studies have found that factors that result in job satisfaction include professional growth opportunities, adequate training, rewards for performance, manageable workloads, respect for direct care workers' knowledge and skills, input into care planning, the sense that management trusts them, self-directed work teams, and career ladders.



## Workforce Shortage Made Manifest: AHCA Study

**N**ursing facilities, struggling for the past decade with a chronic direct-care workforce shortage, continue to experience difficulties in recruiting and retaining nursing staff, according to a new study from AHCA.

Almost 110,000 nursing positions were vacant in 2007. The study, "Nursing Staff Vacancy and Turnover in Nursing Facilities," strove to examine the vacancy and turnover of nurses and CNAs in more than 3,800 nursing facilities in 2007.

The study reported data on five positions: directors of nursing (DONs), RNs with administrative responsibilities (administrative RNs), staff RNs, licensed practical and vocational nurses (LPNs), and CNAs.

Most of the 109,900 full-time-equivalent direct care worker vacancies were for CNAs: Nearly 60,300 of these positions were vacant in 2007. About 19,400 staff RN and 24,200 LPN positions were also vacant. When compared with the number of actual positions, whether filled or unfilled, though, staff RNs had the highest vacancy rate at 16 percent. LPNs were next highest at 11 percent. The vacancy rate for CNAs was 9.5 percent and for administrative

RNs, 10 percent. DONs had the lowest vacancy rate at 4 percent.

The study compared vacancy rates for hospital-based and freestanding nursing facilities in urban and rural locations. With the exception of CNAs and DONs, rural hospital-based facilities had the lowest vacancy rates, while urban hospital-based facilities had the highest rates.

"Vacancy rates for staff RNs ranged from a relative low of 8.7 percent at rural hospital-based facilities to a relative high of 22.7 percent at urban hospital-based facilities, a substantial difference of 14 percentage points," the study says.

The study also examined turnover rates in 2007. CNAs had the highest turnover at 66 percent nationally. CNA turnover was below 40 percent in only four states and was above the national average in 27 states. Staff RN, LPN, and DON turnover was about 38 percent to 50 percent across all three positions, according to the study.

Rural freestanding facilities' CNA turnover rate was 70 percent, the highest of any group. In all other positions, urban freestanding nursing facilities had the highest turnover rates. Hospital-based facilities had

lower turnover rates whether urban or rural.

The study also examined vacancy and turnover rates state by state and region by region.

"The findings from the 2007 AHCA survey...indicate that America's nursing facilities continue to experience difficulties in recruitment and retention of nursing staff," the study says.

In the third such study conducted by AHCA, the study's authors were able to compare 2007 results with those from 2002. Overall, vacancies increased by about 14.7 percent. Turnover, however, fell for all positions except LPNs. The decrease was by about 12 percent for DONs, 6.8 percent for administrative RNs, 8 percent for staff RNs, and 5.5 percent for CNAs. LPN turnover increased by 1 percent.

The study also looked at facilities' perception of the difficulty in recruiting staff in 2007 compared with the previous year. "Overall, about 51.8 percent and 38.7 percent of facilities indicated that it was harder to recruit RNs and LPNs, respectively, in 2007 than a year earlier. About 41 percent found CNAs harder to recruit," the study found.

The assumption of increased responsibility has been associated with greater satisfaction, higher retention, and potential improvement in patient outcomes, according to “Retooling for an Aging America: Building the Health Care Workforce,” published in April by IOM.

Increasing satisfaction levels means management must listen to and care about staff, according to the “2007 National Survey of Consumer and Workforce Satisfaction in Nursing Homes” published by My InnerView, Wausau, Wis.

### **Companies' Experience**

Louisville, Ky.-based Kindred Healthcare, when aggregating employee opinion surveys, found that while nurses rated their supervisors highly, they rated management poorly. To turn this around, Kindred has been having the executive director and director of nursing services hold regular meetings and communicate frequently with nursing staff, particularly night shift staff.

“Given all of the administrative demands of this business, they are challenged to get out of their offices and onto the floor,” said Peter Corless, senior vice president of human resources and administration, health services division, for Kindred.

As a result of a couple of initiatives at Kindred, which has more than 30,000 employees, turnover of RNs and LPNs has decreased 30 percent from 2000 to 2008. CNA turnover dropped dramatically, improving by 71 percent during that period.

“Good improvement,” Corless told an AHCA panel, “but turnover is still unacceptably high, and our statistics reveal that for every two nurses that we hire, one will be gone before reaching their anniversary.”


One of the biggest reasons that Kindred nurses cite when expressing dissatisfaction is workload stress. To address this, Kindred gathered high-acuity residents into the same unit and

staffed it with more and higher-skilled nurses. Not only has that measure reduced reported stress and helped to reduce turnover, but it's acted as a recruitment tool, attracting nurses who enjoy more challenging residents. "Retention [among RNs and LPNs] is approximately 65 percent," Corless told the panel.

The second initiative Kindred undertook was increasing the overall nursing and CNA staffing per-patient day. It has cost more, but has resulted in "much improved quality outcomes that have in turn led to significantly lower malpractice costs and lower workers' compensation costs," he said.

Genesis Healthcare, Kennett Square, Pa., has been studying why RNs choose to leave the company. "We've gathered some of the reasons why people are leaving, but I wouldn't call it a formal study," says Irene Fleshner, senior vice president for clinical operations. "Generally, people—and this refers to anyone, not just RNs—leave [due to] dissatisfaction with their direct supervisor. Other issues were the jobs that they're asked to do, the workload, and the scheduling."

The company's research has shown that CNA and LPN turnover is directly tied to RN turnover. "If we can help



*The company's research has shown that CNA and LPN turnover is tied to RN turnover.*

RN turnover, we will have a better chance of stabilizing turnover for CNAs and LPNs," says Fleshner. "That's because RNs are the leaders of the team," and unstable leadership leads to an unstable team.

Genesis has quantified the direct cost of turnover to be many millions of dollars, says Fleshner, and that doesn't include indirect costs. So reducing turnover not only enables the company to provide better care, it will also save a significant amount of money.

#### **Recruitment And Retention**

The long term care profession needs to recruit 200,000 new direct-care workers each year to meet future demand,

according to a recent study by Genworth Financial, called "A Workforce to Care for Our Aging."

The demand for direct care workers is expected to increase by 41 percent between 2000 and 2020 for RNs, 47 percent for LPNs, and 50 percent for nurse assistants, according to the study. Twenty-six percent of the job growth between 2000 and 2010 is expected to be in nursing facilities and 67 percent in assisted living residences.

Facilities are finding it more difficult to recruit staff RNs than CNAs, according to the AHCA report.

"A few factors could explain this differential," the study says. "The pool of potential applicants for CNAs is likely larger than for LPNs and staff RNs, and the education timeline for CNAs is far shorter." In addition, facilities have more leeway to "grow their own" CNAs, while they are dependent on external educational institutions to produce nurses.

Some companies still manage to get their foot in that door. Genesis works with a number of nursing schools to provide clinical placement sites so that their student nurses work within the organization and may choose to come to work for Genesis after they graduate, says Fleshner.

Lessons from state model programs for improving long term care recruitment and retention include reaching out to youth and people in declining industries, according to a document by Sandra Fitzler, AHCA's senior director of clinical operations, among others, called "Developing State Partnerships and Initiatives to Address Long Term Care Nursing Workforce Challenges."

Other initiatives include providing career ladders for CNAs and LPNs, offering distance learning and apprenticeships, and transforming the workplace culture to make it more resident- and worker-centered.

Genesis has stepped up its recruitment efforts by centralizing the function.

"We've reorganized our recruiting



**Los Angeles Jewish Home trains its own nurses at its affiliated nursing school.**

function,” says Fleshner. “We have an executive in charge of it and more targeted recruiting, and that’s for all positions within the company. So, we’ve gone from having it be an individual nursing facility function to a corporate function where we’re able to provide a little more sophistication to the process.”

### Improving The Working Environment

The physical environment strongly influences job satisfaction, according to AHCA.

But the perception of long term care facilities being poor places to work may not hold up if caregivers are just exposed to the setting in a reputable facility.

“Once nurses and other staff are exposed to long term care, they like

the setting, they like the type of practice,” says Fitzler. “Whether CNA, RN, or LPN, we’re trying to get more exposure to nursing students so that when they graduate [they’ve had] enough exposure to the long term care population.”

Work environments at many long term care facilities are undergoing radical change, with all of the culture change movements shaking up the profession these days—the Pioneer Network, the Eden Alternative, Green House, to name a few—and with all of the quality efforts being undertaken by the profession, such as Advancing Excellence and Quality First.

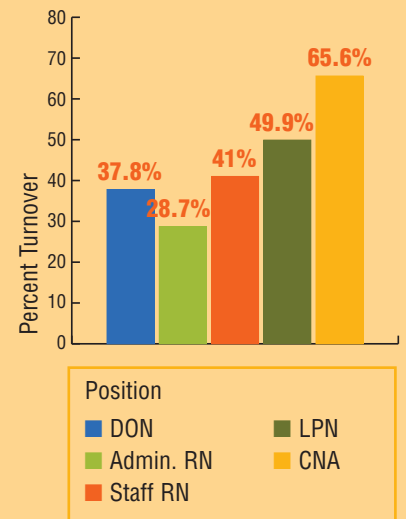
At Van Dyk Manor of Ridgewood, in Ridgewood, N.J., management is trying to make the environment more pleasing and less stressful for their employees. “We’re in the process of remodeling our coffee shop, turning it into a Starbucks type. We’ll have a flat-screen TV and free meals for employees,” says Mary Jo Kurz, the facility’s administrator and Van Dyk Health Care’s chief operating officer.

“Health care can be very stressful. Other stresses are from their home lives outside the building. So we hire massage therapists and personal trainers throughout the year. We have our chief financial officer give budgeting classes a couple times a year. The ownership provides small loans that [staff] can pay back through their paychecks.”

But the work environment goes beyond that to what, specifically, an individual’s job entails, says Fleshner. “People go into nursing to take care of patients, but frequently there’s a lot of paperwork, inefficient systems, a regulatory process that is considered very punitive.” These things contribute to a less-than-rewarding work environment, she says.

“We’re looking at all the issues around the work environment for RNs, and we are making changes wherever we can,” says Fleshner. “We’re looking at new care delivery models, trying to change the way we

## National Turnover Rates In Nursing Facilities, 2007



Source: “Nursing Staff Vacancy and Turnover in Nursing Facilities, 2007,” AHCA, June 2008

provide nursing care, making structural changes such as wages and benefits, trying to come up with mechanisms for self-scheduling and more flexible scheduling, and training supervisory staff so people understand more about managing personnel.”

### Relationships With Supervisors Critical

A significant component of a good work environment is one in which employees have good relationships with their supervisors, according to “Retooling for an Aging America.”

Lori Porter, co-founder and chief operating officer of the National Association of Health Care Assistants (NAHCA) agrees. “I’m in probably 50 skilled nursing facilities across the country annually, and in the exit interviews I’ve conducted...the biggest reason [workers left was] poor relationships with supervisors.” Workers feel that their voices don’t matter, she says.

Van Dyk Health Care utilizes the Disney principles of people management—leadership from the bottom

up—“so we invest all our employees with leadership,” says Kurz. “They develop systems for cleaning and all kinds of things.”

Having good clinical leadership is particularly important. Kindred has added nurse practitioners (NPs) to its nursing model in higher-acuity facilities. “The NPs, based on the type of training they have, are very good at noticing change in conditions, so they notice if a resident has a physical or mental change and can speak to the doctor and intervene before it becomes a bigger problem, before they have to discharge the resident back to the hospital,” says Corless. “The other RNs like working with the nurse practitioners, and they can help educate the other nurses.”

### **Career Ladders: Not A New Idea, But A Good One**

The IOM report refers to career “lattices,” rather than ladders—structures that make it possible for workers to move laterally, such as developing a specialized skill—and recommends this as well as career ladders as a means of increasing job satisfaction among direct care workers and expanding their roles, responsibilities, and ability to develop new skills.

The Council for Adult and Experiential Learning (CAEL) put career lattice programs into nine sites, according to “Retooling for an Aging America.”

The first step was recruiting apprentices from such areas as housekeeping, clerical, and food service to be trained for CNA certification. CNAs are encouraged to become skilled in specialized areas, such as geriatrics, dementia care, or peer mentoring. With increased responsibilities, CNAs receive flexible training schedules and wage increases. Over time, the CNAs who wish to are prepared to take the examination to become LPNs.

LPNs are given online education and clinical training at community colleges, preparing them to take the

examination to become RNs. According to CAEL, the program has resulted in increased retention, reduced recruitment costs, and decreased worker shortages.

The lattice approach is a helpful addendum to a career ladder program. According to an NAHCA survey, only

6 percent of 4,700 CNAs surveyed had any desire to move on to become an LPN. “They like taking care of patients,” says Porter. “They don’t want to do paperwork. But they do want more than CNA certification.”

AHCA is working on creating a career ladder template for nursing staff

that facilities can then adopt depending on their own state's regulations, says Francesca O'Reilly, senior director of legislative affairs.

### **How The Programs Are Working**

A couple of years ago, Kindred got a grant in Massachusetts to develop

career ladders. This year, Kindred is rolling out "a comprehensive and consistent" two-step CNA ladder in all its facilities. "In so much as we can improve the knowledge of our CNAs to be able to better communicate with nurses, we hope to have our nurses feel better about their professional interac-

tions with CNAs and reduce our CNA turnover, which should also reduce the stress our nurses feel," Corless said.

Kindred is conducting two pilot programs of the CNA ladder. The first step consists of a 16-week program. CNAs can become senior CNAs and get an extra dollar an hour and have additional duties and responsibilities—duties around interviewing applicants, mentoring new employees, customer service, and documentation, says Corless.

The second step, which Kindred is still developing, will be focused on developing team leaders.

Genesis is also trying to provide more career and clinical ladders, "giving people the ability to move within their position without having to go into management," says Fleshner.

At Van Dyk Health Care "we like to grow our own," says Kurz, by providing career ladders. "We train new administrators. We send our CNAs to nursing school if they're interested. We fund a CNA program for people in dining services, for example, who would like to become a CNA. We have opportunities from home to home."

In 2002, Sun Healthcare Group, Irvine, Calif., created a career pathways initiative for SunBridge Healthcare Corp., the subsidiary that runs the company's long term care operations. SunBridge has 25,700 employees, 15,300 of whom are front-line caregivers.

As a result, employee turnover decreased by as much as 50 percent and employee satisfaction increased in the three states where the initiative was piloted. SunBridge plans to expand the approach to other facilities.

### **Developing Training Initiatives**

According to the National Commission for Quality Long-Term Care, leadership training should be developed and implemented to improve supervisory and leadership skills of long term care managers. AHCA is working to join with key

stakeholders to develop leadership training initiatives. One of their objectives is to develop leadership training modules for administrators and department heads.

Further, AHCA and the National Center for Assisted Living (NCAL) are helping to develop a director of nursing leadership model with the Nursing Collaborative Group.

NAHCA is combining training with career ladders. "Next month we're launching the first ever virtual campus of care, a Web-based career ladder," says Porter. CNAs don't have to be a member to participate. It's called the Academy of Certified Health Professionals.

"It's set up somewhat like a university, although it's not accredited. Each student has to gain 100 professional points in each level to graduate to the next level of courses. There are 100- to 400-level courses," she says.

The academy has more than 5,000 certified preceptors teaching, coaching, motivating, and communicating with newly hired staff.

The academy is offering courses that aren't available for CNAs anywhere in the nation, says Porter. "We have courses for supervisors and CNAs, such as long term care budget and finance," a course that helps CNAs understand how a long term care facility's budget works so that they understand when they're told that something such as a shower chair isn't in the budget.

"CNAs are all about quality, but sometimes they think that it's all about the budget for management," says Porter. The course is designed to correct this assumption.

For facilities that want to make the virtual university available to their CNAs, the cost is a mere \$130 for up to 20 caregivers.

### How Training Is Faring

Sun Healthcare Group has developed a wide-ranging training program called

Sun University. "Sun University evolved out of the need to provide mandatory education for our frontline staff," says Steve Spinelli, vice president of education and training, "and it has evolved into a much larger, online education so that our licensed professionals—nurses, administrators, thera-

py staff, dieticians—can receive their CEUs [continuing education units] and help maintain their licensure."

SunBridge uses Sun University as a recruitment tool because it's "very attractive" to potential employees, Spinelli says.

The university is a repository of

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## Online Healthcare Job Banks

- **American Association for Long Term Care Nursing (AALTCN)**

[www.ltcnursing.org/careercenter.html](http://www.ltcnursing.org/careercenter.html)

- **American Association of Colleges of Nursing**

[www.aftercollege.com/groups/listings.asp?id=76107013](http://www.aftercollege.com/groups/listings.asp?id=76107013)

- **American Hospital Association**

<http://careers.aha.org>

- **National Healthcare Career Network**

[www.nationalhealthcarecareernetwork.com/](http://www.nationalhealthcarecareernetwork.com/)

- **National Association of Clinical Nurse Specialists**

[www.nacns.org/career.shtml](http://www.nacns.org/career.shtml)

- **American Society on Aging**

[http://careers.asaging.org/home/index.cfm?site\\_id=739](http://careers.asaging.org/home/index.cfm?site_id=739)

information where people can do online education as self study, or instructors can pull off lesson plans and educational tools to do any type of stand-up education. The assistant directors of nursing are provided one-on-one and classroom training.

“We’re blending online learning and live learning,” Spinelli says. “I can honestly say the training initiatives have helped reduce turnover,” he says, because not only does it include orientation to help new employees get up to speed, but “it provides mandatory education to maintain your job and then clinical competencies to help raise the bar from a process perspective.”

Most courses are accredited for CEUs, and the system also has CE courses for dietary professionals, occupational therapists, and administrators. Through its companywide Web and teleconferencing capabilities, SunBridge provides presentations by professional disciplines, organizations, vendors, special guest lecturers, and corporate training specialists.

### The Wages Issue

Almost 30 percent of long term care paraprofessionals live at or below the poverty line, according to AAHC. Studies show that higher wages do in fact lead to lower rates of turnover

among all types of direct-care workers, according to “Retooling for an Aging America.”

“Low wages hurt us in terms of recruiting nurse assistants into long

term care because you can make close to the same amount in a lot of jobs with less stress and responsibility,” says Porter. “We don’t offer enough to be an incentive for them to pick us.”

When it comes to wages, providers’ hands are tied. Unlike hospitals, long term care facilities are largely dependent on Medicare and Medicaid, and Medicaid’s reimbursement rates are notoriously below the cost of care. Increasing that gap by raising wages could put some nursing facilities out of business.

“In a classic economic model of a labor shortage, wages, benefits, and other job attributes would simply improve until enough workers were willing to fill the positions, and the shortage would no longer exist,” says the IOM report. “However, given that Medicaid and Medicare are responsible for about 70 percent of all long term care dollars spent...there is little room

for the market to adjust without the government's being willing to commit additional funds."

Some facilities are trying to find ways to increase wages in a way that maximizes making employees feel valued and stay within their extremely tight budgets.

The Jewish Home, for example, gives a merit pay bonus, a thousand dollars at the end of the year, says Forrest. "We surveyed the employees, and they helped decide how many times [an employee] can call in [sick] and still get [his or her] merit pay bonus."

Merit pay is based on absenteeism and tardiness; achievement of level I or level II; and recognition by staff, family members, or residents.

### Scheduling Challenges

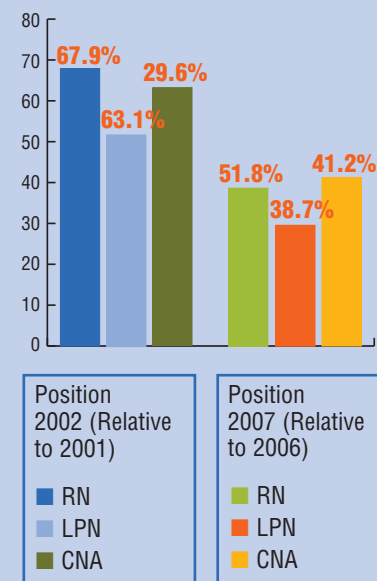
Scheduling issues are a major cause for dissatisfaction among direct care workers because they can have a huge impact on staff members' personal lives. In addition, labor is a facility's highest cost item, and poor scheduling practices that result in having to call in agency caregivers amplifies that cost.

Further, "consistent assignment is part of the Achieving Excellence campaign," Corless told the AHCA panel. "Consistent assignment is better for the nurse, better for the patients, and leads to better clinical outcomes," he said. Kindred has implemented a software package—which costs only about \$100 per facility—in some centers that automates scheduling and has proven to result in more consistent and predictable scheduling.

Even more important was the development of online training for schedulers. "We have put all of our schedulers through that. It's really been very beneficial," said Corless. The training teaches how to minimize overtime, "get people to pick up shifts so you don't have to call in an agency nurse," and ensure the right number of staff are on the floor given the level of acuity.

### Facilities Reporting Greater Difficulty In Recruiting Staff

In 2007 (relative to 2006)  
Compared To Greater  
Difficulty In 2002 (relative  
to 2001)



Source: "Nursing Staff Vacancy and Turnover in Nursing Facilities, 2007," AHCA, June 2008

Direct-care workers often feel that they do not receive adequate recognition for their work or for the contributions that they make toward quality patient care, according to "Retooling for an Aging America."

"We surveyed 25,000 of our members, and [lack of] respect and recognition was the No. 1" reason why CNAs were dissatisfied with their jobs, says Porter.

NCAL and AHCA have jointly launched an initiative called "Caring for Our Caregivers." The purpose of the initiative is to increase the recognition of direct care staff in the long term care setting and help providers attract and retain quality employees.

Kurz and the Van Dyke facilities hold employee appreciation events. "We're doing one next week with a

Western theme; we're grilling steaks outside," says Kurz.

So that the night shift won't be left out, Kurz and the director of nursing will also be grilling out at 1:00 in the morning. It's important to make sure that everyone, no matter what shift they're working, receives equal attention, Kurz says.

Van Dyk offers "You Got Caught Doing the Right Thing" awards, which people can give each other when they see someone doing something nice, says Kurz.

Kindred provides a number of awards, including service awards for length of service and an "Above and Beyond" award.

"We recognize Nursing Home Week," said Corless. "We provide impromptu gifts; for Fourth of July we send everyone a cooler, for example. We have a CNA day. We celebrate a diversity week."

"It's a challenging job that these [caregivers] have," said Corless, "and they don't get the level of thanks and recognition that they deserve from society in general, so we work very hard to try to [remedy that]. It's not about doing one thing right, it's about doing a whole bunch of things right. If there was one answer it would be easy, but it's not."

"We're trying to treat our staff the very best that we can," says Kurz. "They're our treasures." ■

### For More Information

■ The National Association of Health Care Assistants offers a set of benefits that employers can purchase for their CNAs. A set price covers all CNAs in the facility. Benefits include discounts at 57,000 pharmacies nationwide, a limited medical program, access to a problem-solving resource center, and a regulatory handbook and code of ethics specific to CNAs. Call: (800) 784-6049 or visit [www.nahcaca.org](http://www.nahcaca.org).