LOUISIANA
HEALTHCARE WORKFORCE
RETENTION TOOL KIT

2013 edition

NATIONAL HEALTH
SERVICE
CORPS

DEPARTMENT OF
HEALTH
AND HOSPITALS
*Bureau of Primary Care
and Rural Health*

FORWARD

Workforce retention is a continuous challenge for health care employers, especially in underserved areas, where it is more difficult to attract and retain health care providers.

The Bureau of Primary Care and Rural Health is the recipient of an American Recovery and Reinvestment Act (ARRA) grant to identify retention issues within National Health Service Corps (NHSC) sites throughout the State of Louisiana.

The ARRA State Primary Care Office's supplemental funding is designated to "plan for retention" by using best practices and state and federal resources to create a state-wide retention infrastructure for ARRA NHSC employers, loan repayment providers and scholars.

A retention council was created to help guide the project and gain better understanding of needs and best practices to share with other NHSC sites and ultimately throughout the State and Country. The project has focused on identifying best practices to meet the specific needs of Louisiana's NHSC practitioners through research, employer feedback and employee surveys in order to create solutions that positively impact retention rates within NHSC sites and among NHSC practitioners.

The Bureau of Primary Care and Rural Health

The Bureau of Primary Care and Rural Health (the Bureau), within the Louisiana Department of Health and Hospitals' (DHH) Office of Public Health, has worked since the 1980's to improve access to primary and preventive health care services for Louisiana residents in rural and urban underserved areas.

Through its work with organizations across Louisiana, the Bureau is committed to developing strong community partnerships and integrated primary health care services in order to reduce health disparities in the state. Additionally, the Bureau works to support effective clinical practices, health care organizations, and the recruitment and retention of primary health care providers to ensure a sustainable health care system that provides access for all.

To learn more about the work of the Bureau visit: www.pcrh.dhh.louisiana.gov

Questions and Additions:

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IMPLEMENTATION GUIDE

The Louisiana Healthcare Workforce Retention Tool Kit was originally designed to create a document for sharing best practices that would be "kept off of the shelf". In response to feedback and suggestions, this year's edition includes the following guide to help employers take steps toward implementation.

How to begin:

1. Identify your site's Retention Leader(s) who will be responsible for oversight:
   a. Suggested Name(s): _____

2. Provide Orientation and Training:
   a. **See** Sample Agenda

3. Analyze your Organization's Turnover and Set an Annual Target-Goal:
   a. **See** Turnover/Cost Calculator
   b. Current Rate: _____   Goal: Improved Rate: _____

4. Conduct an Employee Survey:
   a. **See** Sample Survey

5. Identify your Current Retention Strategies/Efforts:

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

6. What strategies do you feel are effective or that you would consider strengths?

   _____

   _____

   _____

   _____

7. What are areas you would like to see implemented or improved? –*Use the Employee Survey comment results, as well as best practices in the tool kit to assist in identifying specific needs and areas for improvement at your site.*

   _____

   _____

   _____

   _____

   _____

   _____

   _____

8. Help the Retention Leader to Create a Road Map to Success – Work Plan / Assign Responsibility:
   a. **See** Sample Plan

9. Monitor Implementation:
   a. Use the Road Map to set up calendar reminders for implementation and regularly scheduled meetings for updates and review of progress, as well as annually re-calculating the site turnover/cost and re-distributing the employee retention survey.
   b. Consistently review:
      i. Outcome Measures
      ii. Timelines

c. Identify tasks that are not being achieved or are delayed in order to determine if modifications are needed

SAMPLE AGENDA FOR ORIENTATION AND TRAINING

I.   Introduction

II.   Retention Mission

III.   Performance Expectations

IV.   Review Current Strategies / Current Turnover

V.   Review Tool Kit / Strategies

VI.   Evaluation

VII.   Questions / Answers

EXAMPLE:
TURNOVER/COST WORKSHEET
RETENTION CALCULATOR-BEST PRACTICE

Louisiana Health Care Review, Inc.
THE MEDICARE QUALITY IMPROVEMENT ORGANIZATION

Calculation of CNA Turnover Rates
Year 3 - 2007

Facility Name: _____ Completed by: _____

CNA Annual Turnover Rate is the total number of CNA terminations divided by the average number of CNAs.

To calculate the CNA Annual Turnover Rate:

Step 1: Indicate the total number of CNAs employed on the first day of each month *(use the table below)*

October 06	November 06	December 06	January 07	February 07	March 07

April 07	May 07	June 07	July 07	August 07	September 07

Step 2: Add all months (Oct 06 – Sept 07) — **TOTAL:** *(CNAs Employed)*

Step 3: Divide the total by twelve — **Average # CNAs [1]:**

Step 4: Indicate the total number of CNA terminations [2] within each month *(use the table below)*

October 06	November 06	December 06	January 07	February 07	March 07

April 07	May 07	June 07	July 07	August 07	September 07

Step 5: Add all months (Oct 06 – Sept 07) — **TOTAL [3]:** *(CNA Terminations)*

Step 6: Divide by the Average # of CNAs *(See answer in Step 3)* — **Annual Turnover Rate:**

Step 7: Multiply by 100 for the percentage — **Annual Turnover Percentage Rate:**

[1] Example: Total number of CNAs on the first day of every month. 51+66+46+55+47+51+53+43+58+49+45+54 = 608 (CNAs) divided by 12 months = 50.6 average # CNAs

[2] Termination = an employee departure, either due to firing or quitting, whereby the employee receives a final paycheck. Plans to collect the data, oftentimes the organization has a separate form that must be completed for each termination. The payroll reports also may list terminations. The average number of CNAs at the end of every month can be calculated by counting the CNAs on the payroll report.

[3] If the total number of CNA terminations is 38, divide 38 terminations by 50.6 (average number of CNAs) to calculate turnover rate of .750 and multiply by 100 for the percentage: 75%

1 of 1

Example: Calculator Questions and Answers

1. **What about CNA agency staff? Do they count in any of the calculations?**
   Answer: No. Agency CNAs are not on staff and therefore are not included.

2. **Why does a part-time or per diem CNA count equally as a full-time CNA termination?**
   Answer: The calculation is a measurement of all CNA turn-over, regardless of employment status.

3. **What about a CNA that changes his/her job title or becomes an LPN and stays in the organization? Does that count as a termination?**
   Answer: Do not count this individual as a termination.

4. **What if a CNA works at 2 facilities owned by the same corporation and leaves one facility but stays with the other?**
   Answer: The CNA would be coded at the facility that he or she departed.

5. **What if a CNA cuts her/her hours from full-time to per diem? Does that count as a termination?**
   Answer: No. They are still employed by the facility.

6. **What if the CNA leaves (termination) and they are re-hired 3 weeks later?**
   Answer: This employee would count as a termination.

7. **If a home has 30 budgeted CNA positions but only 25 of the positions are filled, is the average number of CNAs 25 or 30?**
   Answer: 25 is the average number of CNAs.

8. **If a home has 30 budgeted CNA positions but only 25 of the positions are filled, is the average number of CNAs 25 or 30?**
   Answer: 25 is the average number of CNAs.

SAMPLE EMPLOYEE SURVEY

Sample Employee Retention Questionnaire

Answer "Yes" or "No" to the following questions then explain your answer. Please feel free to attach additional pages if more space is needed to respond.

Does your organization practice retention efforts? _____

What are your favorite practices?

_____
_____

What are your least favorite practices?

_____
_____

Has anyone left this organization in the past six months? _____

If yes, what was their reason for leaving?

_____
_____

Do you believe that there were needs, or did they share needs, that could have been better met to make them stay?

_____
_____

Considering the expectations you had at the time that you joined this organization, how would you rank your job satisfaction?

    more than satisfied   satisfied   not satisfied

Are the reasons why you would stay with this organization different from the reasons you had when you originally joined this organization? _____ If yes, please explain:

_____
_____
_____

What type of organizational environment or culture do you believe is most appealing to employees in this organization?

_____
_____

What types of benefits are most important to employees in your organization?

_____
_____

What work-related activities within this organization promote employee retention?

_____
_____

What are the most influential lifestyle issues that affect your desire to work?

_____
_____

What types of skills and education development programs are most attractive to employees in this organization?

_____
_____

Do you have any other opinions to share that could help guide continued improvement?

_____
_____
_____
_____
_____
_____

SAMPLE WORK PLAN

What core areas were identified by Leadership and/or staff that can be improved?	What changes or tools can we implement that could address this?	Who should implement this tool?	How often should it be implemented?	What specific dates do we want to use to remind those responsible for implementation through an electronic calendar or existing system of communication?
1. Ex. Staff feeling of being valued	**A. Identify employee excelling and verbally recognize their efforts**	**Managers:** • **Name** • **Name** • **Name** • **Name**	**Weekly**	**Monday of each month**
	B.			
	C.			
2.	**A.**			
	B.			
	C.			
3.	**A.**			
	B.			
	C.			
4.	**A.**			
	B.			
	C.			
5.	**A.**			
	B.			
	C.			

2013 CONTENTS

New Implementation Guide:

Includes sample agenda, turnover worksheet, employee survey and sample work plan

Thank You and Acknowledgements

SECTION A

GENERAL OVERVIEW OF RESEARCH AND FINDINGS

2009 EDITION: (A-1-A-12)

1. Identification of Retention Issues

2. Turn-Over and Economic Impact

3. Employee Stress

2013 ADDITIONS: (A-13)

4. National Health Service Corps Clinician Survey Findings

IDENTIFICATION OF RETENTION ISSUES

Through the implementation of the GNOHSC program, staff received feedback from providers regarding the challenge of retention post-Katrina.

Strategic planning led to the identification of two main action items to better understand retention needs within the Greater New Orleans area.

The first was the distribution of a community-based employer retention survey distributed to GNOHSC and other area health employer sites in Greater New Orleans. The purpose of the survey was to confirm t whether or not feedback received by the Bureau was common across providers in Region I and if so, to determine specific areas of employer needs to better support and implement solutions.

The second action item was the creation of a Region 1 Retention Council comprised of key stakeholders in Region I who could:

     a. Further define retention needs
     b. Share best practices
     c. Assist with the creation of a Healthcare Retention Tool Kit that would be easily used and implemented by community-based health care providers. The tool kit was created to be a user-friendly tool with a support structure that would help organizations "keep the kit off the shelf" and in use by staff.

The tool kit should:

- Be comprised of a collection of case studies applicable to needs identified,.
- Include sample forms that can be customized.
- Be formatted to allow for easy addition of new materials to the existing kit, as opposed to printing new kits annually.
- Be complimented with e-updates and e-letters to serve as a reminder of the kits tools/practices and serve as a source of information sharing.

EMPLOYER RETENTION SURVEY RESULTS

TURN OVER/NEED	
Current Vacancies	
1 to 3	64%
4 to 6	27%
7 to 9	0%
10+	9%
Overtime Hours	
0	50%
1 to 35	30%
36 to 100	0%
101 or more	20%
Reasons for the overtime hours	
Understaffed	100%
Absenteeism	29%
Turn Over	43%
Turn Over	
Strongly Disagree	33%
Disagree	25%
Agree	33%
Strongly Agree	8%
Employee Burn Out	
Strongly Disagree	33%
Disagree	25%
Agree	42%
Strongly Agree	0%

RETENTION PRACTICES	
Retention Efforts Practiced	
Yes	64%
No	36%
Retention Included in Strategic Plan	
Yes	55%
No	45%
Interested in TA	
Yes	80%
No	20%
Attend Workshop	
Yes	91%
No	9%
Willing to Share Retention Successes	
Yes	90%
No	10%
Find Difficulty of Retention by Practitioner Type	
Yes	45%
No	55%
Position Types	
Medical Assistants	25%
Nurses	25%
Nurse Practitioners	13%
Primary Care Physicians	25%
LPNs	13%
Attended Workshop in the Last 2 Years	
Yes	
No	100%

LIFESTYLES INFLUENTIAL TO RETENTION	
Lifestyles Identified as Very Influential	
Salary	63%
Quality of Facilities	43%
Benefits	38%
Loan Repayment	38%
Lifestyles Identified as Somewhat Influential	
Recognition of Efforts	67%
Ties to Community	57%
Long Distance from Family	50%
Continuing Education	43%
Crime in Practice Location	43%
Quality of School System	43%
Patient Base	40%
Benefits	38%
High Cost of Living	38%
Lifestyle Identified as Least Influential	
Long Distance from Friends	80%
Lack of Employment for Spouse	75%
Religious Activities	75%
Too Little Personal Time	50%
Quality of School System	50%
Continuing Education	67%
Loan Repayment	67%
Interested in Serving on Council	
Yes	25%
No	75%

Other Comments- General

1.   It is challenging to find qualified staff.

2.   We are unable to keep up with staff salary requests.

3.   It takes a lot of effort to convince employees to work in New Orleans.

4.   With the inability to hire new employees (hiring freeze) and an increasing waiting list, burn-out will eventually be a problem for us.

GREATER NEW ORLEANS HEALTH SERVICE CORPS SATISFACTION SURVEY

In addition to the Community Based Employer Retention Survey, GNOHSC conducted a Customer Satisfaction Survey among GNOHSC candidates in order to better understand desires, goals and concerns of employees receiving assistance through the GNOHS Project.

GREATER NEW ORLEANS SERVICE CORPS SATISFACTION SURVEY – QUARTER 1

Professional classification

RN	3%
Allied Health	41%
Primary Care Physician	2%
Primary Care Professional	10%
Dentist	8%
Psychiatrist	6%
Mental health Professional	31%

Allied Health and Mental Health Professionals accounted for 72% of all who completed the survey.

Zip Code of Primary Practice
70112-70119   40% of all zip codes

Years practiced in the Greater New Orleans area:
Mean – 11.1 years   Max – 37 years   Mostly – 1 year

Total years practiced (including in GNO):
Mean – 14.2 years   Max – 44 years   Mostly – 10 years

Displaced from Katrina:

Home	67%
Work	69%
Both	59%

Grant Impacted Decision to Stay in GNO: 85%

85% of respondents reported that the GNOHSC Grant impacted their decision to stay in GNO.

Plan to leave after 3 years:　　　　22%

15% of those who plan to leave will leave in 3-5 years and take their practice out of state.

Practice Characteristics that influenced decision to leave:

54% sited at least one of these
　　　1.　Limited peer support
　　　2.　Limited contact/access to specialists for patient referrals
　　　3.　Excessive administrative responsibilities
　　　4.　Inadequate income level

Life Style Characteristics that influenced decision to leave:

56% sited at least one of these
　　　1.　Too little personal time away from work
　　　2.　Quality of school system
　　　3.　Long distance from family
　　　4.　High cost of living

Interested in other loan repayment programs:　　69%

Hours spent at primary practice location on the following:

Patient Care:	Mean – 35.6 hours	Max – 80 hours	Mostly – 40 hours
Administrative:	Mean – 7.8 hours	Max – 30 hours	Mostly – 10 hours
Other:	Mean – 2.8 hours	Max – 16 hours	Mostly – 0 hours

Interconnect with other ancillary services in the community where primary practice is located:

Nursing Home:	13%
Assisted Living:	7%

TURN-OVER AND ECONOMIC IMPACT

TURN OVER

According to the Human Resource Management Association, 20.4% of health care employees, or one in five, quit their jobs every year.

This number easily exceeds the 12 to 15 percent turnover rate experienced in most other industries. As any manager knows, turnover is expensive. One recent survey found that **the average cost to replace a departing employee is 30% of that employee's salary**. The total includes costs incurred while the position is vacant (such as overtime for other employees or the cost of hiring temporary workers); costs associated with finding and selecting a replacement employee (including advertisements, interviews and sign-on bonuses); and costs related to training the new employee.

https://www.asrt.org/content/recruitmentretention/RetentionTools/Employee_Retention.aspx

COSTS OF TURNOVER

http://www.employeeretentionstrategies.com/hidden.htm

"When we take into account that about three-quarters of employees polled by the Society of Human Resource Management and the Wall Street Journal's CareeerJournal.com, said they are looking for a job (according to information released by the Institute of Management and Administration in 2007), the costs of turnover can be nearly crippling to organizational finances and marketplace position.

Consider these examples looking at the hard dollars incurred from unwanted turnover as determined by research studies.

- Average employee turnover is 14.4% annually, according to the Bureau of National Affairs. Turnover rates are on the rise and vary widely among different industries. The Bureau now reports turnover as well.

- At the former minimum wage, the cost to replace an employee would be $3,700. The US Department of Labor's Bureau of Labor Statistics estimates average costs to replace a worker in a private industry at $13,996.

- The cost to replace a registered nurse is 1.2 to1.3 times his or her salary, which is substantially higher than it is for most other types of workers. Additionally, the current nursing shortage means that those remaining will have higher caseloads and possibly face mandatory overtime.

- According to the research, greater job stress contributes to nursing turnover Nearly half of all nurses under age 52 have said they expect to change jobs within five years.

- According to the Voluntary Hospitals of America, if a 3,000 employee organization with average salaries of $45,000 reduces turnover by just 1% they can save $1.3

million.

- Estimates have determined that lost knowledge that leaves with the departing employee can cost as high as 50% of the exiting employee's salary for one year of service; and this figure grows by 10% for each year of employment.

EMPLOYEE STRESS

The cause of stress most frequently cited by health care workers is a lack of time to do their jobs competently. When colleagues leave because of this stress, those that remain are even further stressed by being understaffed.

Adding to the stress is the skyrocketing amount of paperwork that must be completed by patient care providers. Since 1997, over 100 new federal regulations affecting health care have been enacted. The state of Louisiana has also significantly increased the amount of health care regulation. A recent study by the Health Workforce Institute found that in a typical emergency room, an hour of paperwork must be completed for every hour of patient care (Health Workforce Institute).

In a study focused on workforce retention in Hurricane Katrina impacted areas, respondents scored higher than average on job satisfaction, but unfortunately, also higher scored higher than the norms in burnout fatigue.

The most frequently identified barriers to clients' recovery were lack of affordable housing, insufficient income, and unemployment. However, there were differences between responses of those working in hurricane-damaged areas and those working in non-damaged areas. Survivors working in hurricane-damaged areas identified housing as the biggest challenge for Katrina survivors; employment and transportation were

considered more important by respondents working in non-damaged areas (University of Texas Study).

The online survey asked a number of questions about job satisfaction, burnout, compassion fatigue and satisfaction, stress management, and intention to leave the job. Telephone surveys also asked case managers and supervisors a series of open-ended questions about their experiences working with Katrina survivors that might influence their job satisfaction or desire to leave, including what were aspects of a "successful" case and a "challenging" case.

Wayne A. Hochwarter: Associate Professor of Management at Florida State University.
Hochwarter has studied the <u>long-term effects of stress on employees as they return to the workplace following a hurricane.</u> Such effects include increased rates of depression and anxiety, higher incidences of interpersonal conflict at work, higher levels of organizational cynicism, and increased rates of employee "burnout." The ramifications of such stress for employers is substantial.

ARRA STATE PRIMARY CARE OFFICE SUPPLEMENTAL FUNDING

In 2011, the Bureau of Primary Care and Rural Health was awarded a grant though the American Recover and Reinvestment Act to investigate retention issues in NHSC clinics and implement retention strategies to improve overall rates. The overall goal of the retention project was to have a positive impact on retention rates within NHSC sites, and among NHSC practitioners. The focus on "planning for retention" was done by using best practices and state and federal resources to create a state-wide retention infrastructure for ARRA NHSC employers, NHSC loan re-payers and NHSC scholars. The retention council was implemented to help guide the project and to have a better understanding of needs and best practices to be shard with other NHSC sites and ultimately throught the State and Country.

NATIONAL HEALTH SERVICE CORPS CLINICIAN SURVEY FINDINGS – 2013

Overview: Key Points:

- Target Audience: ARRA funded NHSC practitioners
- Response Rate: 46%
- Location: Responders worked throughout the State (27 of 64 Parishes or 42%)
- Practice/Practitioner Type: All NHSC eligible practitioner types responded

Clinic Type
30% - Rural Health Clinic
23% - Federally Qualified Health Center
10% - Hospital Based Clinic
 4% - Public Health
 3% - Private Practice

Professional Qualification
43% - Nurse Practitoner
17% - LPC
17% - Other
 7% - LCSW
 7% - Family Medicine
 6% - Pediatrician
 3% - Internal Medicine

Retention
77% of clinicians were working at their original site of NHSC obligation. Of the 23% that were not working at their original site, 91% were still working in a HPSA.

Would you have chosen to practice in the same location, if you had not received the NHSC contract?
50% responded "Yes"

Top 3 Challenges at Current Site:
Salary / Recognition of Efforts / Too Little Personal Time Away from Work

Do you plan to leave your current location after your obligation?
59% - No
41% - Yes (35.7% leaving Lousiana; 23% Immediately; 31% didn't know whey they would leave)

75% said they would continue to work in a HPSA

Most influential Practice Charateristics in making making your decision to stay or leave?
- Inadequate Benefit Package
- Inadequate Income Level
- Patient Relationships
- Size of Caseload / # of Appointments per day
- Limited Contact / Access to Specialists for Referrals
- Limited Peer Support

Lifestyle Characteristics that were VERY Influential:
- Too little personal time away from work
- Long distance from family
- Quality of School System

Lifestyle Characteristics that were NOT Influential:
- Dislike of Urban Area
- Lack of Employment for Spouse
- Dislike of Specific Area

Does your organization practice retention strategies?
78% - No

SECTION B

NATIONAL BEST PRACTICES

National Practices

"Models that Work"

TO SEND US YOUR RETENTION CASE STUDY OR
BEST PRACTICE, PLEASE EMAIL
Dorie.Tschudy@la.gov

Source	American Society of Radiologic Technologists (ASRT)
Focus	Radiology Tech Retention
Description	Using positive rewards to increase employee morale
Contact	American Society of Radiologic Technology: 800-444-2778
For more information	www.asrt.org

Brigham and Women's Hospital Building Employee Morale and Improving Retention

To build employee morale and improve retention rates, the radiology department at Brigham and Women's Hospital in Boston instituted two unique award programs.

The "Perfect Attendance Award" goes to employees with excellent records of work attendance. For each six-month period in which an employee had no absences, the employee was rewarded with a $50 American Express gift certificate. To be eligible for the award, the employee cannot have had more than one incident of tardiness.

The department's goal in creating the award was to recognize employees "who can be counted on, day in and day out, to be at their station ready to work," says Radiology Department Technical Director, Michael DelVecchio, B.S., R.T. (R). "We recognize that those efforts contribute to the overall success of the radiology department."

The department's "Team Player Awards" go to employees who are nominated by their coworkers. Nominated employees must meet one of five criterion:

- Working five or more extra shifts in one month (award is a $50 gift certificate).
- Working 10 or more extra shifts in one month (two $50 gift certificates).
- Demonstrating exceptional teamwork ($50 gift certificate).
- Displaying a consistently positive attitude ($50 gift certificate).
- Demonstrating other behavior that contributes to the smooth operation of the radiology department ($50 gift certificate).

Nominations are reviewed by a committee comprised of staff members from every area of the radiology department, including CT, MRI, ultrasound, x-ray, the film library, administration, scheduling and transcription. As part of the review process, the committee confirms all nominations with the nominee's supervisor.

"The Team Player Award is a great way to recognize individuals who help the department achieve its goals," said Mr. DelVecchio. "Award winners are the folks who exemplify teamwork by finding ways to increase productivity, support their coworkers and share their knowledge."

Source	Maryland Hospital Association (MHA)
Focus	Nursing Retention
Description	Leadership Development Case Study
Contact	Connie Stone – VP of Patient Care Services and CNO: 301-774-8773, cstone@montgomerygeneral.com

Montgomery General Hospital, Montgomery, MD Successfully Retaining Nurses

Hospital administrators are striving to do all they can to retain their nursing staffs due to the current health care workforce shortage. The Nurse Retention Initiative (NRI), sponsored by MHA, is one way for hospitals to gauge retention problems through surveying nurses. Montgomery General Hospital participated in the initiative and received good news that its performance had significantly improved.

Connie Stone, vice president of patient care services and chief nursing officer at Montgomery General Hospital, said she knew the nurse turnover was higher than desired, at around 12 to 15 percent. Their goal is to bring that number into the four to five percent range while increasing nurse satisfaction. After seeing the results of the NRI, Stone found that many of her suppositions were wrong. A very high percentage of nurses looked forward to coming to work every day and would recommend nursing as a career. "These positive responses were higher than the statistics I read in national journals," Stone said.

So what has led to the great success and satisfaction of Montgomery General's nurses? When Stone took the position of Vice President in June of 2006, she evaluated the nursing leadership structure and noted there were no Nurse Managers. "I reduced the amount of Directors and changed those extra positions into Nurse Managers. There is now a Nurse Manager for nearly every unit," she said. As a result, managers became more involved with their nursing unit, making the work environment as supportive and responsive to staff members as possible.

Stone had two units with a high potential of losing nurses, as indicated by the retention survey. She tackled the problem by holding focus groups and studies in order to assess the main issues. From there, she made management changes and through some collaborative efforts, stabilized the staffs. Improvement with accountability is something she and her nursing leadership team are still trying to implement. "[We are] raising a sense of accountability and teamwork," she said.

Not only are personal touches and teamwork helping Montgomery General's retention rates, but the incentives of a clinical ladder are helping as well. The hospital's clinical ladder is a four-level system, encouraging nurses to serve the community; become more involved with their unit; increase education; and improve quality of care. Once nurses complete a number of objectives or levels, they are financially compensated for their hard work. "Nursing salaries are easy to replace in an environment of competitiveness for their skills; [with the clinical ladder] it makes nurses feel good and jobs become hard to replace after they have formed relationships with their co-workers," Stone said.

As for hiring, they have developed a new screening process that applies to about 75 percent of all applicants. A series of group interviews are conducted with the directors, managers, charge nurses, and staff members so that all can interact together. Some interviews also include leadership from other areas of the hospital. The interviewers are

then given a scale to rate the candidate as to whether they would be a good fit for the hospital. Stone said it is not only important for the staff to be confident with the candidate, but that the candidate is happy with the staff.

Stone suggests that administrators take the time to really assess where your staff is at the moment. "Know your resources and weaknesses," she said. "Develop a plan and stay focused." So far, her initiatives seem to be making a positive impact on the hospital. "What we do is take care of patients," Stone said. "We take care of employees so they can take care of patients."

Source	University of Central Florida
Focus	Nursing Retention
Description	Improving Retention to Address Florida's Nursing Shortage
Contact	Florida Center of Nursing: 407-823-0980, NurseCtr@mail.ucf.edu

A Florida Center for Nursing Study: Improving Retention as a Mission-Critical Strategy to Address the Nursing Workforce Shortage

Although improving access to nursing education programs can help alleviate some of the burden caused by the nursing workforce shortage, The Florida Center for Nursing has found that increasing nursing graduates alone is not enough to eliminate this shortage.. According to their most recent Annual Education Survey, Florida's nursing education programs turned away as many as 50% of qualified applicants due to limited funding for faculty positions, faculty shortages, and limited clinical education space. Not only is it logistically impossible for Florida's nursing schools to produce enough graduates to resolve the shortage, staffing only new graduates would create a dangerous balance of inexperienced nurses in Florida's clinical settings. Focusing solely on increasing new graduates possesses serious ramifications for the quality of nursing care in the state.

It is imperative that employers work to retain older and experienced nurses to ensure that patients have access to the vast wealth of knowledge that only years of hands-on

experience within the field can provide. Studies have also demonstrated that utilizing safe staffing levels with higher mixes of RNs reduces medical errors and positively affects patient safety.

Furthermore, Florida would realize significant economic benefits from working to address the nursing shortage. In 2008, the Florida Center for Nursing conducted an analysis of the estimated economic benefits of addressing the nursing shortage and found that if the 13,494 estimated nurse vacancies in 2007 were filled, Florida would gain an increase of over $700 million in annual revenues from spending on goods and services alone. Furthermore, state and local governments would receive an additional $52 million in tax revenues. Retaining nurses is also a critical aspect of building a competitive health care infrastructure, which is essential for recruiting high-tech and life sciences companies to Florida–a key focus of economic councils across the state. The 2007 Florida's Life Sciences Road Map report from the Milken Institute found that, "although general health care is not a significant growth resource, it can serve as a foundation for clinical trials and medical tourism, which can add significant value to the state's life sciences sector." Florida cannot effectively build the life sciences sector without successfully reducing the nursing shortage.

Source	Texas Health Profession Resource Center
Focus	Identifying Retention Issues Among Health Care Providers
Description	Recruitment and Retention of Health Care Providers in Underserved Communities in Texas
Contact	Brian King: 512-458-7261

Using Non-physician Providers and Improving Retention and Recruitment in Rural Areas

Numerous studies show that Texas has experienced shortages of many types of primary care providers for years. This report outlines ways that some communities have used non-physician providers to supplement the provision of health care services in underserved areas, and steps communities have taken to improve the recruitment and

retention of health care providers, especially in rural* areas. The information presented in this report is based primarily on a survey conducted earlier this year by the East Texas Area Health Education Center (AHEC) of facilities (hospitals, rural health clinics, EMS offices, community health centers, family planning clinics, and a VA clinic) and health care providers (primary care physicians, physician assistants, nurse practitioners, dentists, and pharmacists) in seven small communities. Approximately 29% of those surveyed provided a response, and that information was analyzed by the Health Professions Resource Center (HPRC) at the Department of State Health Services (DSHS).

Source	Joanne Kaldy Consultant
Focus	Leadership Training
Description	Discusses how to develop leaders from current staff and the recruitment and retention benefits of leadership training
Contact	Joanne Kaldy: 240-527-9848, JoKaldyCooper@aol.com
For more information	http://www.providermagazine.com/pdf/2007/cover-03-2007.pdf

Developing Leaders Benefits Recruitment and Retention

Strong Leadership Training is essential for leaders and potential leaders, says Studer. "When you look at the top places to work, leaders get several hours of training every week. In long term care, they get virtually none because management thinks it's expensive, but what's expensive is turnover," he says. Training has to be specific, not expensive," Studer says. He believes in evidence-based leadership.

"There is evidence that certain skills make for strong leaders. These include how to hire and fire, basic communication skills, how to run a good meeting, and financial management knowledge.

"We've developed a leadership module as part of our regular education experience," says Lindsey. "By providing staff education on leadership, we help people recognize that leadership goes beyond formal titles. We also provide an inventory so that staff

can get a sense of where their leadership skills and strengths are and how they can use them." The result has been an amazing transformation of people, Lindsey adds. He gives the example of one young woman who was a cook but had a passion for educating others. "We enabled her to begin teaching people informally in small groups and circles," he says. "It gave her a chance to grow and develop. As a result, she has gone back to school and has a whole new perspective on life and what the possibilities are."

Specific leadership training calls for explicit goals. "Leadership training should be developed in a way that achieves desired outcomes for the organization," Studer says. "You have to talk up front about why you are doing the training and how it will help you meet organizational outcomes. Then you can go back and measure return on investment [ROI] on an ongoing basis."

Measuring ROI isn't that difficult, Studer suggests. "If you are providing better services to residents, you should [achieve] lower staff turnover rates, better volume, fewer lawsuits, and lower legal expenses," he says.

Source	PHI National - *Improve the quality of eldercare and disability services by improving the jobs of direct-care workers*
Focus	Creating a Culture of Retention: A Coaching Approach to Supervision
Description	Offers a coaching approach to direct-care worker supervision. Provides scenarios and tips
Contact	Toll free: 866-402-4138, clearinghouse@PHInational.org
For more information	http://phinational.org/

Coaching Supervisors of Direct-Care Workers to Improve Retention

Supervisors of direct-care workers face challenging situations every day, especially those who work with employees with minimal experience. Dealing with such problems as repeated lateness, "no call/no shows," and negative or uncooperative attitudes can consume a significant portion of a supervisor's time and energy. Although it is tempting

to blame the workers for this "poor performance," it is helpful to remember that low-wage workers often have few resources to fall back on when the complexities of caring for their families conflict with the needs of the workplace. Without financial resources, it is not so easy to find another way to get to work when the buses aren't running or to find care for a sick child who can't go to school. As a result, problem-solving skills are often critical to a direct-care worker's success.

Unfortunately, many workers have not had the chance to develop these skills to the extent required to function well in a demanding workplace. In our experience training home health aides and nursing assistants in the Cooperative Healthcare Network1, we have found that poor problem solving skills are an important factor contributing to the disturbingly high turnover rates among newly hired paraprofessional workers.

Developing a high level of problem-solving ability in workers, thus, is crucial to keeping them in the workforce. The term "problem-solving" as used here includes the ability to think critically, prioritize, and communicate effectively. These are life skills that benefit workers in every aspect of their experience, both on and off the job. People with well-developed skills in these areas are more confident and more effective in everything they do. They are much more likely to find ways to remain working at a job they love but which, at times, can be challenging and difficult.

In the context of the home health and long-term care fields, direct-care workers who have more developed problem-solving skills are likely to become more successful employees by "standard performance measures," such as fewer call outs. But more importantly, problem-solving skills help workers develop better relationships with clients, co-workers, and supervisors. And relationships are what this work is all about. As a number of recent studies have shown, it is the quality of the relationships that workers establish with consumers that draws them to this work — and it is the quality of relationships with coworkers and supervisors that keeps them there.

Quality relationships also underlie quality care. As Carter Williams has said, "Relationships are not only the heart of long-term care, they are the heart of life." When an agency focuses on developing, in its staff and frontline workers, problem-solving and skills that support strong relationships, the entire organization benefits in increased efficiency, delivery of better quality care, and a more positive organizational culture.

"Coaching" — the focus of this document — is an approach to working with frontline employees that centers on developing these problem-solving skills. The coaching approach can be applied to working relationships throughout an organization, but is particularly valuable and immediately effective in supervision.

Supervisors have a powerful impact on the lives of workers. A worker's relationship with her supervisor is often the most influential factor in whether or not the worker feels valued and respected at work. Not surprisingly, feeling valued and respected is one of the biggest factors affecting a worker's decision to stay on the job or quit. As one supervisor in a Massachusetts nursing home recently said, "Workers don't leave their jobs, they leave their supervisors."

Supervisors have the opportunity to play a major part in helping workers succeed on the job and to learn and grow both personally and professionally. The traditional model of supervision, however, sharply limits this opportunity. A coaching approach can make the most of it.

This document introduces the coaching approach to supervision through a comparison with the more familiar traditional approach. Simulated conversations between a worker and her supervisor illustrate the difference between the two approaches and highlight the key elements involved in coaching. Subsequent sections outline the rationale, theory, and assumptions behind the coaching approach, as well as the skill set required for successful coaching. The last section deals with the challenge of implementing a coaching approach within the context of an organization, both in terms of structural

elements such as personnel policies and in terms of creating an organizational culture that supports coaching.

Source	Modern Healthcare
Focus	Best Places to Work in Health Care
Description	Recognizes outstanding employers in the health care industry on a national level
For more information	www.modernhealthcare.com

Weatherby Healthcare

Address: 6451 N. Federal Hwy., Suite 800
Fort Lauderdale, FL 33308

Company Website: weatherbyhealthcare.com

President/CEO: Pat Kennedy

Number of Employees: 265

What employees love about Weatherby Healthcare

- Dress code: casual; free company T-shirts

- Benefits: generous PTO policy; on-site gym; mother's room;

- Open communication: open-door policy; "Chat w/Pat" (company president; town halls; team lunches; motivational speakers

- Early release on Fridays based on performance

- Department whose sole focus is employee engagement and satisfaction

- Pet insurance

Read more: Weatherby Healthcare - 2012 Best Places to Work in Healthcare - Modern Healthcare
http://www.modernhealthcare.com/section/bestplaces-profiles?Weatherby-Healthcare&company=2012-4#ixzz2Pq8Cr900
?trk=tynt

Wamego City Hospital

Address: 711 Genn Drive
Wamego, KS 66547

Company Website: wamegocityhospital.com

President/CEO: Shannan Flach

Number of Employees: 76

What employees love about Wamego City Hospital

- Annual parties such as Spring Fling, family picnic, hospital week bbq

- Birthday lunches with the CEO

- Anniversary gifts and certificates--to show appreciation and that we care about longevity of employees.

- Employee emergency fund; created to help co-workers in time of need.

- Paid time off to make contributions to the community- Meals on Wheels, Community Garden, Chamber events

- The hospital supports the local Columbian Theatre and employees are offered free tickets to attend showings from Broadway musicals to country jamborees.

Read more: Wamego City Hospital - 2012 Best Places to Work in Healthcare - Modern Healthcare http://www.modernhealthcare.com/section/bestplaces-profiles?Wamego-City-Hospital&company=2012-1#ixzz2Pq9YLP5k
?trk=tynt

SECTION C

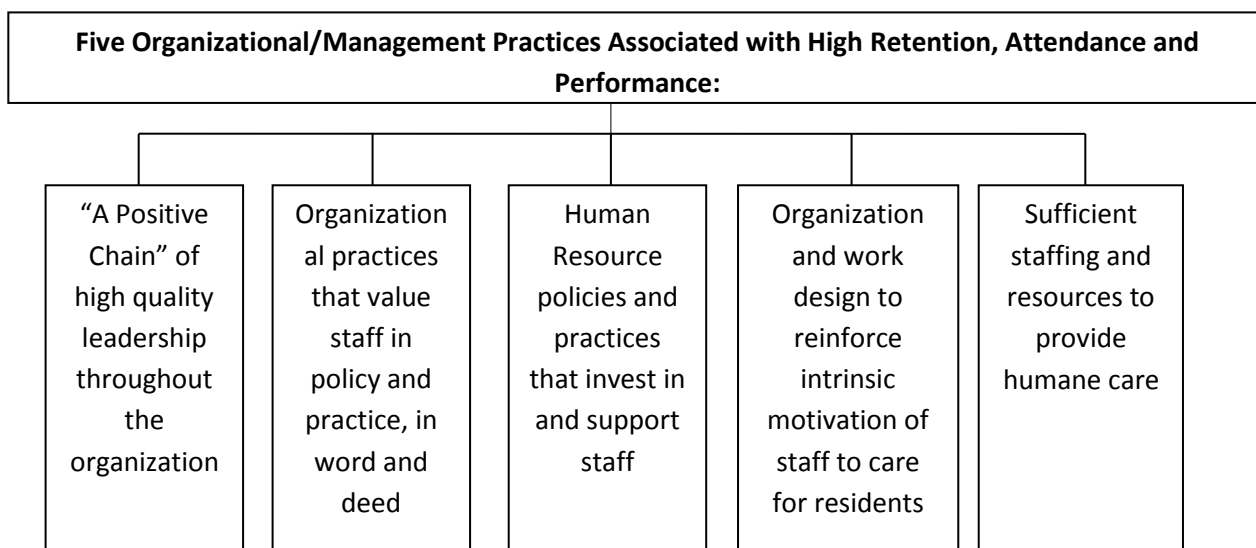# BEST PRACTICES SUBMITTED BY LOUISIANA PROVIDERS

Local Practices, Sharing of Best Practices/Ideas from Louisiana Providers/Employers

TO SEND US YOUR RETENTION CASE STUDY OR BEST PRACTICE, PLEASE EMAIL Dorie.Tschudy@la.gov

Source	B & F Consulting developed this Staff Stability Toolkit under subcontract with Quality Partners of Rhode Island with generous funding from the Commonwealth Fund
Focus	Nursing Homes Employee Retention
Description	Methods included are currently being used among approximately 100 nursing homes in New Orleans and Lake Charles, Louisiana
Contact	401-528-3200
For more information	www.qualitypartnersri.org

How nursing homes deal with their staffing problems can make their situation better or worse. Below are five key management practices consistently present in low turnover homes. These practices deal positively with staffing problems, contribute to staff stability and generate high levels of performance.

Five Organizational/Management Practices Associated with High Retention, Attendance and Performance:

"A Positive Chain" of high quality leadership throughout the organization	Organizational practices that value staff in policy and practice, in word and deed	Human Resource policies and practices that invest in and support staff	Organization and work design to reinforce intrinsic motivation of staff to care for residents	Sufficient staffing and resources to provide humane care

1. High quality leadership at all levels of the organization:

    - Cultivate leadership among mid-level supervisors and non-supervisory staff
    - Build skills and systems to support and encourage self-direction and shared decision-making

2. Valuing staff in policy and practice, word and deed:

    - Manage by walking around
    - See where staff need help and pitch in; answer call bells and help out at meals
    - Give genuine appreciation for a job well done.
    - Show real understanding for the challenges staff face in their personal lives

3. High performance, high investment human resource policies and practices:

    - Show, through your human resource policies and practices, that you trust and respect staff

- Make sure your wages, benefits, hiring practices, training opportunities, and attendance policies reflect an investment in staff
- Have attendance policies that take into account the challenges staff face
- Help new employees settle in and become acquainted with the staff and the environment
- Offer workplace training programs to help staff grow in their skills and professional opportunities

4. Work design that supports staff's intrinsic motivation:

- Implement consistent assignment (staff and supervisors work with the same residents and co-workers) to support teamwork and staff-resident relationships
- Rely on staff input and judgment, and support staff to problem-solve together
- Support employees to exercise more responsibility and they will

5. Sufficient staff and resources to do the job humanely:

- Reduce call outs so there are fewer shifts worked short
- Maintain staffing levels that allow staff to provide the quality of care that draws them to do this work
- Provide sufficient supervision and support
- Ensure adequate supplies are available for employees to complete their jobs

Achieving Staff Stability: Using Data Driven Decisions to Re-Examine Industry Norms

"The first step is that you have to be big enough to say what you're doing isn't working. Then you can fix it, do it better, and move forward."

Scott West, Administrator
Birchwood Terrace Healthcare∗

By Cathie Brady and Barbara Frank∗
B & F Consulting, Inc.

In a Unique Collaboration with:
Better Jobs Better Care – VT∗
COVE: Community of Vermont Elders
Birchwood Terrace Healthcare

Quality Partners of Rhode Island

March 2007

Do Your Management Practices Support Stability or Instability?

"They are staying with nursing, just away from the stress of the nursing home. When I conducted a learning circle with the …coalition, a very astute person identified a reason for CNA turnover this way: 'Who wants to clock in to stress?' Says it all."

– note from a QIO nursing home specialist

Do your management practices support stability or instability? Do they contribute to staff morale or to staff stress? These questions are essential in examining your management practices and determining the best direction to take.

One of the myths in long term care is that the reason instability is endemic in our field has to do with the nature of the workforce. However, recent research has confirmed that stress and instability in the workplace have a greater impact on turnover than economic and social factors. Workplace practices are the main drivers of turnover.

In CMS funded research in 2002, Susan Eaton studied homes in the same neighborhood, drawing from the same labor market, with far different results in terms of stability. When she compared the practices in the high turnover and low turnover homes, she found 5 distinct management practices in place in the low turnover homes. In *What a difference management makes!* she describes these five practices as:

1. High quality leadership throughout the organization
2. Organizational practices that value staff
3. Human Resource policies and practices that invest in and support staff
4. Organization and design of work to reinforce the intrinsic motivation of staff to care for residents.
5. Sufficient staffing and resources to provide humane care

These practices reinforce organizational goals of stability by how leaders work with staff, how policies and practices support and value staff, and how the very structure of work allows the flow of daily work to support good care and a good work atmosphere.

By contrast, Eaton found in her study that homes with high turnover engaged in very different practices, practices that are unfortunately prevalent in the field. It is the practices themselves that create the instability in the workplace. The instability becomes a vicious cycle of vacancies, absences, stress, and turnover.

Many of these management practices reflect a "conventional wisdom" that has turned out to be not so wise after all. Because these practices are widespread throughout the country, they are seen by nursing home management as the "right" way to do things. But although they are practiced widely, they are not good management practices. To the contrary, they actual contribute to and increase the high turnover that in our field. Most of this conventional wisdom needs to be reversed. Many of the prevalent practices provide perceived short-term gains at the expense of long-term stability. In fact, even in the short-term, they undermine stability. They bear revisiting.

These conventional wisdoms were revisited both in the BJBC-VT demonstration project presented in this paper and in a yearlong pilot, Improving the Nursing Home Culture, funded by CMS and coordinated by Quality Partners of Rhode Island. Both the BJBC-VT demonstration project and the CMS pilot drew on the practices identified by Susan Eaton. In the BJBC-VT demonstration project, one home, struggling with high turnover, replaced many of the management practices it was using that were in line with the norms of the field with new management practices that are in line with the research about best practices. At the same time, from 2004 – 2005, two hundred fifty-four nursing homes from 22 states participated in the CMS pilot, also replacing traditional management practices with new ones based on the work of Eaton.

The two initiatives informed each other and in the end, their results were parallel in proving the wisdom of the new practices. The case study presented here captures the staggering and sustained improvements achieved by the Vermont home. In similar fashion, in aggregate, the 254 pilot homes showed remarkable improvement. They not only improved their staff retention, they also improved their clinical outcomes. Stable staffing allowed the homes to provide better care.

This appendix identifies practices to support staff stability found by Eaton, the INHC pilot, and this case study. It contrasts prevalent practices in the field that actually promote instability with preferred practices that promote stability.

It addresses practices in several areas and concludes with a few essential management practices that support workplace stability. The practices reviewed are in three areas:

1.   Hiring
2.   Attendance, Scheduling and Assignments
3.   Management relations with staff

Hiring

Prevalent Practices that Undermine	Preferred Practices that Support

Stability	Stability
Sign-on Bonuses	Refer a Friend Bonuses
Encouraging Benefit Give-up through Pay in Lieu of Benefits	Encouraging Benefits and Making them Affordable
Ceilings on Raises for long-time employees	Longevity Bonuses
Plug-in-the-hole Hiring	Hiring Full-time Employees
Any warm body Hiring	High standards in hiring; taking time to hire right
Lack of adequate orientation; Rotating new hires so they have experience on every unit	Thorough orientation to residents, co-workers, and the organization; Creating a stable environment to help new hires acclimate and settle in

Sign-on bonuses vs. Refer a Friend Bonuses

It is quite common to see advertisements in the Sunday papers for nursing home staff that boast of large sign-on bonuses. Because so many homes offer them, other homes feel compelled to do so to compete for staff. Homes that offer sign-on bonus should closely monitor how long staff stays. They may find to their dismay that there is a significant bubble of high turnover at the date of the bonus payout. Sign-on bonuses as the operative motivation for someone joining the staff demonstrates a commitment to the cash bonus rather than to the home or to the residents.

Additionally, it sends a bad message to full time regular committed staff. First, it makes it hard for those who are committed to residents and to their co-workers to hold onto this value when they see others come and go for the bonus. They talk about how bad it feels to be the one who has been holding things together with no extra compensation only to find that a new employee has a better financial deal than they do.

A better use of bonuses is to give them to employees that refer a friend who then comes to work and stays a length of time. While sign-on bonuses are a recruitment strategy, refer a friend bonuses are both recruitment and a retention strategy. Word of mouth is the best way to advertise. Having your reliable staff refer people they think will work well

strengthens your workplace. A refer-a-friend bonus is a way of saying that you know that your good workers probably have friends who are good workers. A 2002 Gallup poll found that workers tend to stay in jobs where they have friends. Friendship at work is a key ingredient in retention. The financially rewarding bonus then is in the hands of your good worker. This is a win-win solution.

Encouraging Benefit Give-up vs. Encouraging Benefit Take-up

Many homes offer an employment option whereby staff receive higher pay in lieu of benefits, including paid time off and especially an opt out of costly health insurance. While this may be a good arrangement in limited situations where this is a second job or an employee has other options for health insurance, it has serious ramifications that should not be overlooked.

When low wage workers are offered a higher wage in lieu of health care insurance, many workers gamble and take the higher wages because they are struggling to make ends meet. Offering this kind of option to workers puts them in a position to have to choose between their health and perhaps their rent, groceries or utilities. However, it then leaves staff in a very vulnerable position when they have medical needs. Direct care work is hard. Many staff routinely work hurt because their injuries have occurred from years of lifting and bending and are therefore not covered by workers' comp. Staff are exposed to illnesses at work, and often have chronic conditions that require medications and treatment.

Allowing employees to opt out of benefits began as a way to allow for staff whose spouse provided benefits to opt out of the costly benefits. It was seen as a way to contain the high cost of medical insurance. It worked well for employees who received insurance from a spouse. This seemingly innocuous practice has taken a dark turn. In some homes there is an encouragement to opt out of benefits even for those who do not have other coverage. When employees are put into this forced choice between slightly higher wages or health care, and when their wages are not adequate to meet their needs they are in a no-win situation. They often choose the slightly higher wage, gambling on their good health.

A better way is to be sure to offer an adequate affordable health benefit to all employees. While the rising cost of health insurance makes that seem like a difficult option, an analysis of the costs of absences and turnover related to workplace injuries and illnesses, might demonstrate that offering insurance is cost effective. Whether or not it immediately pays for itself, it is a management practice that puts staff's well-being first. After all, you want healthy employees. Additionally it is a good practice to offer low

cost in-house health promotion to our staff such as flu shots, vitamins, healthy meals and healthy vending machine options, regular physicals, and health promotion opportunities such as smoke cessations programs and weight loss clinics. When we take good care of staff, they are better able to take good care of residents.

Ceiling on wages vs. Rewarding Longevity

Many nursing homes have a ceiling on wages. In an effort to keep wages affordable and to maintain an upward limit on pay per position many homes put a cap on the uppermost end. At a certain point then, your most reliable, long-term staff stop receiving raises. This can prevent their wages from keeping up with inflation. It can put your senior staff in a position where they see new hires being brought in at a rate close to theirs, negating their years of experience and loyalty.

While the cap saves on some costs it may incur others. If the staff with the most longevity do not feel that they are adequately compensated they may in discouragement leave. While the home may save money filling their position at a lower starting wage rate, the home loses the institutional memory and consistency of care that staff with longevity bring. New hires can easily turn over again so a once stable position becomes an unstable one. Turnover costs, on average, $2,500 - $3,500 per CNA turnover. Applying those funds to retaining your long-time staff through longevity bonuses is a much better use of limited resources.

To promote longevity, staff should be supported with regular raises where years of service bring financial recognition. In addition to raises, longevity bonuses are a way to show long time staff that they are valued. This is a shift in how resources are used— from costs associated with turnover to costs associated with longevity and retention.

Plug-in-the-hole hiring of part time staff vs. Hiring Full-Time Staff

Often a home will look to part time staffing as a solution to problem vacancies. Many nursing homes have a mosaic of part time staff, especially among their licensed nurses. This is done in the mistaken belief that nurses only want to work part-time, and that it saves money to hire part time and per diem workers who do not need high cost benefits.

Having a lot of part time staff has a definite down side to it. In some cases homes have had to turn down potential full time employees because they no longer have full time

work available—only holes in the schedule to be filled by part timers. A not so apparent down side is staff commitment. When a home has a lot of part time staff, they have staff that does not have the same kind of commitment and follow through as full time staff. Someone who only works two days a week is not likely to be able to come to committee meetings, or be involved in any changes you want to make. Because they are there so infrequently they may not notice the small changes in residents that are the early signs of deterioration that need to be tended to. It creates a hardship on front line staff that look to these positions for leadership. Front line staff in these situations talk about how hard it is to work for so many different supervisors with so many different expectations.

It is a conventional wisdom in the field that many nurses only want to work part-time. However, as organizations stabilize, reduce stress, value staff, and thereby become good places to work, they become places that staff would like to work full-time. Birchwood Terrace now has a waiting list of nurses looking for full-time work with them. Hiring full-time staff reinforces stability. Having stability attracts full-time staff.

Any warm body hiring vs. taking time to hire right

When faced with an immediate need to fill vacancies, it may be tempting to put aside our hesitation about a potential new hire and "just give it a try." Even though staff are tired and voicing a need for help when there are vacancies, they really want you to hire reliable dependable co-workers. When new hires are not reliable and dependable, current staff end up working even harder and with resentment. Your staff will tell you that anybody is not better than nobody, to take your time to hire right. Hiring people who don't meet your standards will likely result in a termination in short order. And you will be in the same situation again, with a vacancy, needing to hire. When you take time to hire right you're more likely to hire someone who will stay. A good hire that stays and does a good job provides a boost to everyone.

Inadequate Orientation and Rotating Assignments vs. Thorough Orientation and Consistent Assignments

When homes are "working short," they quite often forgo solidly orienting a new staff member. For example, the new person is put on one wing one day because there is an acute need there, and then the next day is put on a different wing. While this may appear to relieve the shortage for the day, the reality is that it leaves the new person floundering without a way of getting to know the residents s/he is caring for or getting to know co-workers. When new staff don't know anyone and feel no connection, the

difficulties of starting a new job can become overwhelming. It's not unusual to see a new hire just leave during the break.

A better way is to allow the new worker the time for a solid orientation on the unit or neighborhood where s/he will be working. This grounding in knowing both the residents and the new co-workers will make the first few weeks much easier. This time of orientation provides another good opportunity for a bonus – to give a financial reward to the unit that keeps a new staff member on their shift for more than six months. This fosters team work and a communal way of ensuring that new staff members are supported in their transition.

Attendance, Scheduling and Assignments

Prevalent Practices that Undermine Stability	Preferred Practices that Support Stability
Staffing to Census	Maintaining Steady Daily Staffing Through the Ups and Downs of Census
Baylor Program, working doubles, double doubles, two 12's	Reasonable Work Hours and Solid Connections to the Rest of the Staff
Bonuses for Taking Last Minute Assignments	Rewarding and Supporting Good Attendance
Rotating Assignments	Consistent Assignments
Punitive and Inflexible Attendance Policies	Constructive and Flexible Attendance Policies

Staffing to Census vs. Maintaining Steady Daily Staffing Through the Ups and Downs of Census

Many homes reduce their staff on days when their census is low. They feel that they cannot justify having staff on payroll on a day that there are fewer than usual residents. This often occurs when residents are in the hospital or during winter months when many short term sub-acute units have beds that are unoccupied. So when the census is low, staff are sent home.

For workers who are barely making it on the low wages paid in this field, losing a day of pay is a hardship that they cannot bear. They count on their wages to make ends meet, and do not have other ways to make up the short fall. If we want loyalty from our staff and their commitment, then we must make a commitment in return. We must be able to guarantee hours for our staff. The money saved by sending staff home can cost in turnover when staff leave for another job where they can count on their hours.

Another factor that contributes to turnover is the relentless stress of this very hard job. Maintaining steady staffing during the ups and downs of census, allows staff to have days with less stress. Staff will appreciate those times for the way that they can better tune into the care needs of their residents. Steady staffing provides stable employment that staff can count on and some days that are not as hard as other days.

Baylor Program Working Too Many Hours Straight vs. Reasonable Work Hours and Solid Connections to the Rest of the Staff

Many homes fill their week-end or night shifts with an offer of employment that pays the worker to work long hours and be paid for more hours than they work. Baylor's may work for two twelve hour shifts and get paid for three shifts, or they may work two 16 hour shifts and be paid for 40 hours. There are shifts that can be difficult to fill and this has been a way that many homes have filled these slots.

However, the down side to this practice is tremendous. When there is a week end Baylor program, it tends to create a separation between the weekday and the week end staff. The week end staff have little interaction with week day staff and so are not tied into the initiatives that the home undertakes. Because they are working so many extra hours in a row, they are often are tired and overworked. This makes them more vulnerable to errors and injuries as judgment is impaired. Other staff may experience greater stress working with a Baylor who may be shorter tempered and, in essence, hard to work with.

A better way is to eliminate or to reduce the number of hours they work in a row. One alternative Baylor arrangement is to have the shift be four eight hour days on Friday, Saturday, Sunday and Monday and pay for 40 hours. This provides continuity and a tie in with regular week day staff and manageable work hours for employees.

Higher Wages for Last Minute Assignment vs. Rewarding and Supporting Good Attendance

In order to fill last minute vacancies some homes offer a significant hourly bonus for taking a shift at the last minute. This is a short term solution that creates incentives for instability and contributes to the erosion of full time, dependable staffing. Staff who reliably come to work receive less pay than those who come in at the last minute. It is a better financial deal to take the last minute assignment than to be on the schedule. Those on the schedule never know who they'll be working with or whether they'll be working short. The stress and the financial inequity can cause full-time staff to opt, over time, to become part time or per diem and then wait for the last minute call.

A better way is to reward full time work with regular wage increases and perfect attendance bonuses. Team rewards to units that go long periods without working short a shift can help everyone pull together, especially when staff are allowed to make changes in their own schedule with co-workers if something does come up at the last minute.

Rotating staff vs. Consistent Assignments

Rotating staff assignments is a common practice in long term care. Rotation of staff is thought to be beneficial for a variety of reasons. One of the most common reasons is the desire to have all staff know all residents so that every CNA can care for any resident. Then when there are call-outs, staff can be pulled from anywhere to cover where staff is short. The notion of rotating staff assignments discounts the importance of building relationships, caring about the people we care for, and accountability to those we care for and work with.

Homes that have consistent assignments for their staff find that residents have more of a sense of wellbeing, that staff feel more connected to the residents that they care for, that call outs are less frequent, and that turnover is reduced. Additionally the quality of care is better because when staff care for the same residents consistently, they notice changes faster and are better able to respond to the subtleties of a slight change. Often, when staff work consistently with the same residents, when there is a call-out, the staff

would rather pull together to care for those residents than have someone else come over who doesn't know their residents. Others can lend a helping hand at meals or in other ways that don't disrupt the care-giving relationship. Strong staff relationships with residents are the foundation of good care.

Punitive and Inflexible vs. Constructive and Flexible Attendance Policies

In her research Susan Eaton found that most involuntary terminations came from attendance issues. Homes with high turnover, in Eaton's study, were homes that have policies that are strict and punitive in response to absences. Homes take a hard line on absences because they have to be staffed each day to meet the needs of the residents who live there. In most homes, once staff have had a certain number of absences disciplinary action is triggered. Some homes use a "no-fault" policy which means that no reason is asked for and once the number of absences has hit a certain level, no reason is accepted.

Yet, good caring staff can have responsibilities to their families that affect their attendance. In essence there is quite often a choice of being a good parent or a good worker. Eaton found that homes with low turnover had flexible approaches to attendance that allowed them to meet their staffing needs while problem-solving with their staff about their family needs. Sometimes, employees call out after having worked short because they are burnt out – they just need a rest. Penalizing them for such absences contributes to the vicious cycle of stress and turnover. Anticipating that staff who are working under stressful conditions may need a break and working with them to provide that will have better results than imposing punishments.

A better way to address attendance is to have a non-judgmental policy for absences that is in place for everyone. The first step is to track attendance to determine who is maintaining good attendance and who is having consistent absences. The next step is to meet personally with staff that have a number of absences to explore the causes of the absences and possible arrangements that can make it more possible for the person to have good attendance. For instance, would a different schedule help? Is the shift not working? Are there some days that are harder than others? Would the person do better with fewer hours on the schedule, with the option of taking more hours any given week as a back-up without being counted on in the schedule? Does the employee need assistance of some kind with issues that are contributing to absences?

One administrator said it this way, "You are all adults. I trust that you are responsible. If you are unable to come to work, I know you must have a good reason. I'd like to work

with you so you can attend to what you need to in your life and I can still be sure that we aren't counting on you on the schedule when you can't come in." In her case, by shifting from a punitive policy to a constructive, helping, flexible policy, she reduced her terminations due to attendance from 40 in one year to 1 in the next. Her daily attendance also improved significantly.

Management Relations with Staff

Prevalent Practices that Undermine Stability	Preferred Practices that Support Stability
Leave your problems at the door	Sympathetic understanding of personal problems
Poor communication; lack of investment in time for communication	Building in systems and skills for communication
Theory X management that focuses on control and punishment	Theory Y management that focuses on support and encouragement
We have a policy and procedure for everything	Independent Judgment and Decision-making

Leave your problems at the door vs. Sympathetic understanding of personal problems

Studies consistently show that workers want to be valued, want to be treated with respect, and want a sympathetic understanding of personal problems. Yet in the field of long term care the prevalent attitude is to "leave your problems at the door." This attitude assumes that by not allowing for problems to be given any recognition, the employee can put them aside while at work.

One astute administrator recently said "we're dealing with their problems, because they're dealing with their problems. It's just a question of whether we deal with them up front and honestly or we force staff underground with what they are dealing with. When we force their issues underground, we wind up dealing with the problems in other ways, when they can't come to work, or are carrying their worries without any help or

recognition from us as their employer. That's when we can lose a good worker who's having a bad time of it."

Normal everyday problems of getting through life are compounded in this field because of the difficulties that are associated with low wages. Even staff who are working two jobs are likely struggling to make ends meet, without much cushion to handle any problems related to illness, child care, transportation, or even basic shelter. There is no getting around it—these problems will be dealt with one way or another. Homes that allow for and assist employees with their problems end up with employees who are better able to get to work, and who develop a deep commitment and loyalty to their employer. Often simply being able to take a moment to say what is happening allows the employee to get into work mode. There are situations where the employer can be of assistance. Or the workplace can be the place of stability and safety for workers who may be dealing with uncertainty and hardness in other aspects of their life.

"Many who work in long-term care have hard lives. I want this job to be a place of stability for them. I hope it can anchor life for them."

Connie McDonald, Administrative Director
Maine General Rehabilitation and Nursing Care,
Augusta, ME
–

Poor communication vs. Building in Systems for Communication

Many homes have trouble in keeping the information flow open and fluid. When staffing is tight, holding meetings to share information is often thought to be a luxury that can no longer be afforded. Then the practices that allowed for good sharing stop. Staff meetings are postponed or cancelled. If the situation gets worse there may be a fear that any opportunity to talk things through will turn into a gripe session instead of a productive meeting. So the staff meeting where issues can be talked through gets indefinitely put off.

But open communication is even more necessary when there times are tough and staffing is tight. Issues of how to work together to get everything done is important to talk through. Bringing everyone together helps everyone through the tough times. It lets staff know what efforts are underway and it gives management valuable information from staff about where the trouble-spots are that need to be kept in mind. Bringing people together is important both on an organizational level and at the unit level. Doing so is important not only in tough times, but also as part of ensuring every day that people have the information they need, when they need it. Not having information about individual residents, about new admissions, or about other matters relevant to care,

actually takes more staff time. It is time consuming to care for people when you do not have accurate up-to-date information.

Some systems of supporting good communication that do not take a lot of time but give people needed information include:

1. quick change of shift meetings with outgoing and incoming staff
2. start of shift stand-up meetings so everyone can be on the same page together about their responsibilities for the day
3. mid shift huddles that allow for a staff refocus on what is needed on their shift
4. end of shift check in on how the day went and what issues or developments everyone needs to be aware of
5. meetings of the nursing staff that look not only at clinical issues related to residents, but that also look at human resource issues such as how new employees are doing or how to help out on a unit that is working short

Lack of communication and lack of systems for communication add to staff stress. Stress contributes to call-outs and to turnover. Systems that support regular communication provide the structure for teamwork and contribute to stability – both in the day-to-day and in the overall work environment.

Theory X vs. Theory Y approach to management

"Theory X- Theory Y" is a management theory that matches management practices to underlying beliefs about what motivates people. It proposes a continuum. On one end is Theory X. At this end is the belief that people are intrinsically unmotivated and will do whatever they can to avoid responsibilities. In response, management practices need to be punitive, harsh and directive. At the other end is Theory Y which holds the belief that people are responsible, conscientious, mature and motivated. In response, management practices need to bring out the best in the staff by supporting, including, and trusting employees.

The field of long-term care is made up of employees who come to this work as a calling. Yet the field historically has had a top down, directive, punitive approach to management in general. A national nursing home leader likened the nursing home management approach to leadership approach found in the military. This Theory X approach to management that is so prevalent in long-term care has a counter-productive effect on staff, even people who are responsible, conscientious, mature and motivated. By contrast, the Theory Y approach unleashes employees' creativity and commitment and generates high performance.

Unfortunately, many homes have people in management positions that have not had any training in supervision. Most nurses in supervisory positions have worked their way up by being good nurses. But being a good nurse is very different that being a good supervisor. Without training, supervisors and managers are left to figure out for themselves how to handle the daily challenges on the job. Because the norm in long-term care is harsher and punitive, people coming into supervisory positions often see that as the standard they need to follow. These factors have led to a harsh way of managing that does not bring out the best in staff. The punitive, command and control approach to supervision has actually led to people leaving this field.

A better approach is a positive chain of command in which everyone is actively involved in supporting everyone else. Good supervision is about getting good results, not primarily by disciplinary action or by being soft, but more by setting high standards and helping to support people in reaching those high standards. It is really about seeing potential in someone and then helping them to develop that potential. It involves understanding what motivates people and drawing on their "intrinsic motivation."

When workers talk about what brings them into this field they talk about a calling to work where they help others. In interviews with workers who have left employment, again and again the response is that they leave because they felt disrespected and unseen. An organizational culture that supports nurses as they support their frontline staff gets better results.

We have a policy and procedure for everything vs. Independent Judgment and Decision-making

Today's nursing homes are highly "routinized" with little room for individuality on the part of either the resident or the worker. Intense regulatory pressure and a highly litigious environment have led many nursing homes to try to have answers for everything. Because the policies attempt to answer every possible situation that might arise, this approach discourages staff from using critical thinking for anything.

The issue is further compounded because many of the practices that have become embedded in policies have been a blanket approach that is designed to protect the organization. They are not necessarily the best approach for each individual resident. Staff are often put in the position of enforcing practices that they know aren't working, with little avenue for raising the concern, let alone, resolving it. As homes begin to re-examine long-standing procedures and practices, they need to have staff fully engaged in the process. They need staff's questions, their concerns and their ability to help think

through new and better approaches to care. They need staff to use critical thinking and to use their expertise when changes are considered.

A Few Essential Management Practices that Support Staff Stability

1. Managing by walking around
Good managers are in touch with those they manage. Managing by walking around is a regular daily walk through to be available and in touch with staff, to see what people need to do their jobs, how new employees are faring, and where the trouble-spots are that need attention and assistance. It is not micro- managing, checking up on people, or walking around to see what is being done wrong. It is a way of supporting people.

2. Group rewards vs. individual rewards
While individual rewards are important, group rewards provide an extra benefit. They recognize good efforts while helping teamwork and cohesiveness to flourish.

3. Recognition and appreciation only works when relationships are good
When people are not getting along well with each other, they are not likely to enjoy a pizza party, employee recognition event, or other signs of appreciation. Their concerns about the difficulties of their working situation will overshadow their ability to receive the appreciations being offered. However, when people are working well together every day and feeling good about their jobs, the appreciations are real celebrations. For appreciation to be truly felt it must come as a genuine gesture of thankfulness. It will fall short if it is perfunctory and not heartfelt. Genuine appreciation comes when we have taken to time to establish relationships with those who work with us.

4. Mentoring and developing managers and supervisors
Good managers develop others. They have high expectations and help others to take on challenges and grow into them. As part of an overall strategy, assess your managers and supervisors individually and figure out how to help them be their best.

5. Expect people to perform at their best and help them get there
Having high expectations is the key. It is in human nature to want to excel. By having high expectations we are tapping into a basic human desire for mastery. Then, help people meet those expectations by nurturing and developing them.

6. Meetings to focus on workforce and workflow, not just on care
If we take care of our staff, they will take care of residents. In nursing homes the general focus has been on care. To get good care, we need to have an equal focus on how staff are doing and where the trouble-spots are in daily operations. Our world is not just a place where our residents get the care; it is also a work place. When we care for staff, they stay. When we have a stable staff, we give.

Source	National Association of Community Health Centers
Focus	Recruitment and Retention of Clinicians
Description	The information attached is intended to be a guide for the best practices relating to clinician recruitment and retention efforts, particularly as they pertain to community health centers nationwide.
Contact	225-927-7662
For more information	www.lpca.net

Partner organizations

Arizona Association of Community Health Centers

Joseph S. Coatsworth, Chief Executive Officer

320 E. McDowell Rd., Phoenix, AZ 85004

(602) 253-0090

www.aachc.org

Illinois Primary Health Care Association

Bruce A. Johnson, President & CEO

225 S. College St., Suite 200, Springfield, IL 62704

(217) 541-7300

www.iphca.org

Mississippi Primary Health Care Association

Robert M. Pugh, Executive Director

6400 Lakeover Rd., Suite B, Jackson, MS 39213

(601) 981-1817

www.mphca.com

Virginia Primary Care Association

R. Neal Graham, Chief Executive Officer

6802 Paragon Place, Suite 625, Richmond, VA 23230

(804) 378-8801

www.vpca.com

RECRUITMENT & RETENTION OF CLINICIANS

The manual is the result of collaboration among primary care associations in four states: Arizona, Illinois, Mississippi and Virginia. Its purpose is to help community health centers set up a system to better recruit and retain primary care providers. The manual represents a collection of the four states' best practice standards for the recruitment and retention of primary care providers in community health center settings. There is no single best way to recruit and retain providers. However, there are certain important steps that should be taken to ensure timely placement and lasting retention of a quality primary care provider. It describes some of those steps and offers sample forms to ease the recruitment and retention process. This manual also contains a listing of federal, state and regional resources that may help your recruitment and retention activities and help improve health care delivery within your community.

The recruitment and retention process is challenging, especially in rural areas. Although this manual focuses on primary care providers (family practitioners, internists, pediatricians, obstetrician/gynecologists, psychiatrists, psychologists, licensed clinical social workers, dentists, physician assistants, nurse practitioners and certified nurse midwives), it provides a systematic, organized recruitment and retention process for other qualified health care professionals.

Recruitment

This section addresses steps for recruiting primary care clinicians. Recruiting the right primary care provider is vital to the day-to-day operations of community health centers. Attracting highly skilled physicians can be a slow process, but with proper planning and support from the local medical providers and key community leaders, a successful recruitment plan can be implemented. The following steps provide some of the basics that should be incorporated into your recruitment plan.

Retention

Because it revolves around human nature and is impacted by an individual's sense of professional and personal satisfaction, provider retention is not an exact science. But with the ever-changing climate of the practice of medicine, retention of key personnel is vital for a successful organization. The current gross national average to recruit a new physician is approximately $24,500, which includes staff time spent on recruiting efforts and travel costs for the candidate. This flat dollar amount doesn't include the intangibles

— the experience of the physician, the time it takes to build relationships with patients or the time and effort it takes to train and orient a new provider. So it is well worth it for a health center to take all reasonable measures to keep its providers on the job.

Although there is much literature on retention, it often is inferred that proper recruitment automatically results in positive retention. That simply is not always true. Many factors contribute to how long and why an employee stays at his or her job and what motivates a provider to stay or leave. This much is true: retention can have a deep effect on the health of a business; and retention efforts work best with a team approach that allows for flexibility when necessary.

The biggest factor for retaining staff is effective communication. Changes in the medical field — due mostly to medical advancements and technology — business aspects, liability issues and employee loyalty, also play an active role in provider relations and retention efforts.

Here we offer tools for tracking provider retention and guides to enhance provider retention. These tools are designed to be easy to use and effective in fostering good provider retention. They include:

1. A solid retention plan.
2. Provider orientation and provider support.
3. **Tools for tracking retention.**

Issues beyond control sometimes impact a clinician's decision to stay or leave a practice. Although seemingly simple, retaining the right personnel can make or break the success of a practice.

SECTION D

TOOL BOX

DRAFT

Source	B & F Consulting
Focus	Nursing Homes Retention – Practices for Retaining New Employees
Description	LNHA Slide Presentation
Contact	Cbrady01@snet.net, bfrank1020@aol.com
For more information	http://www.lhcr.org/html/providers/NursingHomes_workforce.html

Practices for Retaining New Employees: Using what we know about human development to support retention through recruitment, hiring and orientation practices.

Welcome applicants

- o Make a good impression
- o Receptionist is key - make sure she has posting, applications, info on benefits, and she's tuned in to welcoming
- o Make it a priority to meet new applicants
    - Give them a tour
    - See how are with residents
    - See what staff think
- o Interview and screen when they come in

Screen before hire, not after

- o Focus on character traits
- o Create opportunities to interact with residents
- o Include others in interview (with prep on legalities)
    - Co-workers
    - Supervisor
    - Resident and/or family
- o Five smiles rule – friendly people

Orient for Retention – first few weeks

- o Protect learning time – 3 days to 2 weeks
    Extend the orientation till they're solid

Stable assignments with supervision
- o Mentors – do it right
    - Training re: how to teach
    - Give time and pay for this extra work
    - Protect mentor time and assignment
- o Welcome system – on the floor:
    - Pair up during class or interview with mentor
    - Pizza party on to welcome
    - Picture of new person on their wing
- o Administrator personally tune in to in to new person
- o Team Rewards when new employees stay

Longer term retention

- o Young staff need structure and guidance – develop them – take them under your wing
- o Timely teaching of skills
- o Rookie of the month – recognize progress
- o Recognize co-workers who give good support

Reward longevity

- o Longevity rewards – make it worth staying and a loss to leave
    - PTO
    - Cumulative bonuses
    - Recognition on anniversaries
    - Opportunities for classes, advancement

Supervision

- o Structure
    - Guidance several times during shift
    - "Show them the way"
- o Establish a mentoring relationship
    - Take people in hand and guide them
- o Encouragement, positive feedback
    - Strength-based
- o Be the supervisor staff want to work for

"Our employees have hard lives. I want work to be a place where they succeed."

Homework for steppin' away from the wall

- o Talk to people and involve people
    - Committee and/or any tasks on the committee discovery list
- o Data collection
    - Quick and easy data sheet
    - Excel sheet at www.lhcr.org
- o Put in place ideas for greeting applicants, interviewing, orienting over 1st day and 1st week

DRAFT

Calculation of CNA Turnover Rates
Year 3 - 2007

Facility Name: _____   Completed by: _____

CNA Annual Turnover Rate is the total number of CNA terminations divided by the average number of CNAs.

To calculate the CNA Annual Turnover Rate:

Step 1: Indicate the total number of CNAs employed on the first day of each month *(use the table below)*

October 06	November 06	December 06	January 07	February 07	March 07

April 07	May 07	June 07	July 07	August 07	September 07

Step 2: Add all months (Oct 06 – Sept 07)	**TOTAL:** *(CNAs Employed)*
Step 3: Divide the total by twelve	**Average # CNAs** [1]:

Step 4: Indicate the total number of CNA terminations [2] within each month *(use the table below)*

October 06	November 06	December 06	January 07	February 07	March 07

April 07	May 07	June 07	July 07	August 07	September 07

Step 5: Add all months (Oct 06 – Sept 07)	**TOTAL** [3]: *(CNA Terminations)*
Step 6: Divide by the Average # of CNAs *(See answer in Step 3)*	**Annual Turnover Rate:**
Step 7: Multiply by 100 for the percentage	**Annual Turnover Percentage Rate:**

[1] Example: Total number of CNAs on the first day of every month: 51+56+46+55+47+51+53+43+58+49+45+54 = 608 (CNAs) divided by 12 months = 50.6 average # CNAs

[2] Termination – an employee departure, either due to firing or quitting, whereby the employee receives a final paycheck. Plan to collect the data; oftentimes the organization has a separate form that must be completed for each termination. The payroll reports also may list terminations. The average number of CNAs at the end of every month can be calculated by counting the CNAs on the payroll report.

[3] If the total number of CNA terminations is 38, divide 38 terminations by 50.6 (average number of CNAs) to calculate turnover rate of .750 and multiply by 100 for the percentage 75%.

1 of 1

Calculator Questions and Answers

1. What about CNA agency staff? Do they count in any of the calculations?
Answer: No. Agency CNAs are not on staff and therefore are not included.

2. Why does a part-time or per diem CNA count equally as a full-time CNA termination?
Answer: The calculation is a measurement of all CNA turnovers, regardless of the employment status.

3. What about a CAN that changes his/her job title or becomes an LPN and stays in the organization? Does that count as a termination?
Answer: Do not count this individual as a termination.

4. **What if a CNA works at 2 facilities owned by the same corporation and leaves one facility but stays with the other?**
   Answer: The CAN would be coded at the facility that he or she departed.

5. **What if a CNA cuts her/her hours from full-time to per diem? Does that count as a termination?**
   Answer: No. They are still employed by the facility.

6. **What if the CNA leaves (termination) and they are re-hired 3 weeks later?**
   Answer: This employee would count as a termination.

7. **If a home has 30 budged CNA positions but only 25 of the positions are filled, is the average number of CNAs 25 or 30?**
   Answer: 25 is the average number of CNAs.

8. **If a home has 30 budged CNA positions but only 25 of the positions are filled, is the average number of CNAs 25 or 30?**
   Answer: 25 is the average number of CNAs.

Source	B & F Consulting developed this Staff Stability Toolkit under subcontract with Quality Partners of Rhode Island with generous funding from the Commonwealth Fund
Focus	Nursing Homes Retention
Description	Methods included are currently being used among approximately 100 nursing homes in New Orleans and Lake Charles, Louisiana
Contact	401-528-3200
For more information	www.qualitypartnersri.org

http://www.riqualitypartners.org/cfmodules/objmgr.cfm?Obj=NHQ_QIOSharedMaterials&pmid=124&mid=145&cid=145&clear=yes&bc=Workforce%20Strategies&bcl=2
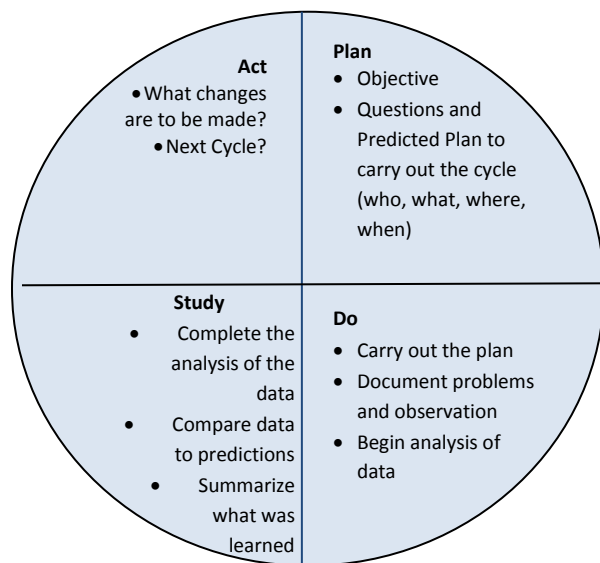
MODEL FOR IMPLEMENTING CHANGE – "HIRING NEW STAFF"

Helpful Hints:

Some areas, like relationships between supervisors and their staff, may take longer to address. Keep these in mind so that as you take your first action, you do so in a way that begins to address the larger issues as well. For example, if you identify that people leave because of having to work "short" and your action is to reward good attendance, use team rewards that strengthen relationship within work units, instead of individual rewards that could add to strains in relationships.

Model for Implementing Change

The "Plan-Do-Study-Act", is a model for us that systematically goes through quality improvement in a thoughtful way. It starts with three questions.

Act
- What changes are to be made?
- Next Cycle?

Plan
- Objective
- Questions and Predicted Plan to carry out the cycle (who, what, where, when)

Study
- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

Do
- Carry out the plan
- Document problems and observation
- Begin analysis of data

The <u>first question</u> is **what are we trying to accomplish**? Have you ever attempted to take a trip without asking "Where are we going?" The best way to answer this is to set up a goal statement. The goal statement forms the team's expectations to accomplish in the quality improvement project. It will act as a guide to help keep you on track.

An example of a goal statement might be: *To improve satisfaction level of the residents we will commit to consistent staff assignments on Unit 1 within 30 days AND we will spread this change throughout each unit within one quarter.* This goal statement is pretty clear and reflects the goal, who they are going to work with, what the measurable goals are, and the hope to spread it beyond their team.

The <u>second question</u> is how **will we know that a change is an improvement (and not a setback)?** Change is an improvement if ….(just fill in the blank).

The <u>third question</u> is what change can we make that will result in improvement? This can be done through developing strategies aimed at reaching an improvement. A strategy may be just a simple idea someone has for making things better. It doesn't have to be some big "rocket science" thing. Don't forget there is also a larger community to pull from for ideas. The Long Term Care Community has many other resources, standards of care, and providers. Embrace them in your efforts.

As outcomes improve, you move closer to an optimal quality of life of both the residents and your staff. The two work very closely together.

KEY STEPS TO REMEMBER:
- Start with small pilot test of change-incremental actions that can be put in place and sustained
- Have the committee be a part of implementation and checking in with people about its usefulness.
- Make adjustments as needed.
- Make the change more widespread and build on it.
- Have committee members check in – with core staff and with new employees.

Try this…

Gather a group of six to nine long-term, valued employees. Tell them that you would like to improve recruitment by hiring more employees like them. Ask them: what makes them stay employed in your home and what is better about your home than the home down the street? Ask what drew them into care-giving work in the first place. Having this conversation using a learning circle is an effective way to hear from everyone. Use the information you gather to write a job advertisement that highlights the desirable

features identified by your staff. Ask an employee if you can quote them in an advertisement.

Refer-a-friend bonuses instead of sign-on bonuses

Targeted "refer-a-friend" bonuses use a smarter way to spend than sign-on bonuses. Refer-a-friend bonuses targeted to your good employees have a double benefit: they reward your good staff, they have a built-in screen, and they target people your staff would like to work with.

Sign-on bonuses are so popular that nursing homes feel they have to offer them to stay competitive. Yet, sign-on bonuses have many negatives: they reward people merely for accepting employment, who might leave as soon as they get the bonus; they draw people attracted to the bonus, without a screen for whether they would be good co-workers; and they send a bad message to full-time, regularly committed staff that has been holding things together with no extra compensation.

Sample note to have at the reception desk….

When someone comes in to apply for a job:
- Warmly greet them
- Give them an application and pen
- While they are completing the application, notify the Administrator (and/or DON) that an applicant is in the lobby
- Be hospitable – tell them where the restroom is and offer a beverage
- Always get their contact information and which position they are interested in

Supplies to have on hand: Applications, pens, and recent advertisements

Support your employee's health:
- Flu shots for your employees and their families (If an employee's child gets the flue then the employee will not be coming to work).
- Vitamins, free healthy meals, and healthy foods in vending machine.
- Physicals or screenings for staff through your medical staff.
- Health promotion opportunities such as smoking cessation programs, weight loss clinics, and team contests such as a 'biggest loser' can be an entertaining way to your staff's good health.

Use Your Money Well
Allow the new worker the time for a solid orientation in the area where s/he will be working. Focus on continuity and stability for new employees. Give them time to gain confidence, apply their skills, and learn the ropes. With a solid orientation to their job,

residents, coworkers, and their care unit, new employees have the greatest likelihood success.

Elements of a successful orientation process include:

o **Continuity of assignment**: Give new employees the same assignment for at least two weeks so they have time to get to know residents and co-workers. Start the new employee on what will be their regular assignment. If the regular assignment will be weekends or nights, orient on weekdays when supervisors and managers are available to provide support. Then shift the new employee to their regular assignment when they are comfortable and confident. Pay attention during the transition.

o **Regular oversight by management and supervisors:** Have supervisors and managers introduce new employees to their duties, their co-workers, and the residents. Make sure supervisors and managers are "checking in" a few times a day the first week, and daily for the rest of the month.

o **Mentors help new staff learn the ropes:** Train mentors in communication and sensitivity to the different learning styles. Provide mentors support from their supervisor and a regular avenue for giving progress reports on new employees. Compensate staff for this extra responsibility and factor the time demands into the mentor's assignment. Recognize that new employees turn to their mentors long after they have settled in, so make this a position with an on-going higher hourly wage. Many workforce development programs will fund the cost of mentor training.

o **Team retention:** Give the co-workers mentoring the new employee a bonus when the new employee stays (usually after 3 months). When current employees see so many new employees come and go, they often hold back support and connection until they see if the new person is going to make it. With a financial incentive to help new people settle in successfully, employees reach out more readily. A team retention bonus rewards the whole group for teamwork and promotes stability.

o **Timely teaching:** Provide new staff with information as issues and questions arise at the start of a job. Have the in-service director coordinate with mentors and supervisors to give new staff the information and skills training they need to succeed.

Reward full time work and good attendance by targeting resources to people who commit to a regular schedule and who have good attendance.

- Reward guaranteed hours with better pay:
  o Make full-time and guaranteed part-time hours a better financial deal than working per diem with bonuses for last minute assignments.
  o Target substantial wage increases to people who guarantee hours so their pay rate is better than the hourly rate for per diem staff. Fund the wage increase by eliminating the last minute assignment bonus.

- o Encourage per diem staff to convert to full-time status. Have one-on-one meetings with per diem staff that you want to convert. Explain to them that you are moving towards more fulltime committed staff to create more stability, and you want to offer them the option of coming on staff full-time.
- o Spell out the financial advantages to them of converting to guaranteed hours.

"Perfect attendance" bonus:
- o Give individual and team bonuses for those with perfect or the best attendance for a specified period of time.
- o Effective time periods are short, because when the time period is too long, the attendance bonus can become irrelevant as soon as someone misses a day. Month-by-month or pay period-by-pay period are good time frames.
- o The bonus amount can be a lump sum payment (ex. $25 per month), an addition to the hourly rate for the next pay period (ex. $0.25 more per hour), a non-monetary reward such as a gas card or grocery card, or eligibility for a raffle with a substantial prize. Adding the payout to the base rate gives an employee a concrete incentive to maintain the higher level in their next paycheck. Gas cards or grocery cards are not taxable and also do not affect income levels for staff that rely on their eligibility for public benefits such as Medicaid or food stamps.
- o Combine attendance and longevity incentives. Those who earn a bonus in any given time period can also be eligible for a cumulative or special bonus collectable at the end of the year. For example, for each month someone earns a perfect attendance bonus, they can also have a bonus amount banked for them and collectable in December.
- o Paid time off: Offer an extra paid day off per quarter for those with no call-outs, or pay out all or a portion of unused sick time at the end of the calendar year.
- o Rules for eligibility: Rules should be fair, not punitive. The goal is to encourage attendance. Rules that are too strict or unfairly applied will cause resentment. Require staff to work every shift they are scheduled and to be on time. Do not disqualify staff for absences when they have a medical note and call in with ample time to get a replacement or make acceptable arrangement to switch with another employee.
- o Team attendance bonuses: In addition to individual rewards, reward every member of the work group with the fewest shifts worked short-handed in a given month or pay period. Team rewards help everyone pull together.

Have consistent assignments

Assignments are consistent when CNAs care for the same residents every time they work. Whenever an assignment change is built into the schedule, whether daily, weekly, monthly or quarterly, it is considered staff rotation. There is a mounting body of evidence that consistent assignment improves clinical, workforce, and organizational outcomes. Many consider it the foundation of quality improvement, culture change, and workforce retention. Advancing Excellence in America's Nursing Homes has made consistent assignment one of eight goals participating nursing homes are asked to work toward during the campaign.

Reasons for consistent assignment

- Consistent assignments build relationships between residents and staff.
- Attendance is better and turnover is reduced. Caregivers report feeling a greater sense of responsibility to come to work because they know best what "their" residents need.
- Family members feel more comfortable with the care when they know the caregiver.
- Teamwork improves. When CNAs work consistently with the same residents, they also have the same co-workers, and teamwork develops.
- Quality of care improves when CNAs care for the same residents consistently. They are able to notice subtle changes in a resident's individual needs, conditions, and characteristics. Staff familiar with residents know better how to help them and are more accountable for care outcomes.

Getting started with consistent assignment

- Pilot consistent assignment on a unit that has the best chance of success.
- Ask staff to rate residents by degree of assistance needed and then divide up the assignments evenly. Some residents might seem difficult to some staff and not to others. Match staff to residents in a way that feels fair to everyone.
- Ask residents and families their preferences and include them in making assignments.
- Revisit assignments as the resident population changes to maintain fairness.
- Change an assignment if it is not working. These are "consistent" assignments not "permanent" assignments.
- Pair staff with residents who are hard to care for so no staff person is left alone with such a challenge.
- Have a consistent back up for every assignment to provide continuity for the other days and shifts, for days off, and if a staff person leaves.
- Have consistent assignments for other departments – activities, housekeeping, laundry, maintenance, food service, and social work. You will build consistency and teamwork for residents' total needs.

- Build teamwork and a sense of being in it together. Bring staff together at various points in the shift to check-in and share the load.
- "Model" teamwork and that every resident is everyone's job by having an "all hands-on deck" approach where all department heads, nurse managers, charge nurses, and non-nursing staff answer call bells, help at meal times, and provide support through busy times.

Calculating your current rate of consistent assignment

Mary Tess Crotty at Genesis Corporation developed a simple way to calculate how consistently you are staffing. For a sample of residents, count the number of CNAs who initial the CNA flow sheet for a month. If you are 100% consistently assigned, you should have 6-9 CNAs (this includes a FT CNA and her backup on each shift, and a weekend CNA per shift). If you have more than 6-9 CNAs, then figure out why.

A Positive Chain of Leadership

Good leaders bring out the best in others. Dr. Eaton noted that low turnover homes support and develops leaders at every level of the organization. She saw strong leaders among supervisors, managers, and peers, which she called "a positive chain of leadership." This positive chain of leadership builds on staff's "intrinsic motivation" -- what most people who work in long-term care describe as a "calling" to care for others. This "intrinsic motivation" drives people to overcome the difficulties and stresses of the work to take care of the residents they know are depending on them. When you manage in a way that encourages and supports this motivation, employees do their best.

Yet the long-term care field has historically had a top down, punitive approach to management that dampens staff's intrinsic motivation. Many managers and supervisors have not had training in supervision, and follow the rule-oriented, punitive approach they see around them. Employees experience the punitive, "command and control" approach as disrespect. Many cite it as a reason they leave a job, or the field. It certainly does not bring out the best in employees. A better way is to establish a positive chain of leadership in your organization:

- Expect the best from the staff, and help them do their best.
- Develop and support leadership skills among supervisors and managers.
- Have regular workforce-workflow meetings with supervisors and managers.
- Have regular systems to promote teamwork, communication and collaborative problem-solving.
- Develop and support direct care staff in exercising good independent judgment

Expect the best and help people perform at their best

Expect people to perform at their best and help them get there. Most people step up into their own personal best when they know that there is an expectation of high standards. It is hardwired into our human nature to want to excel. By having high expectations, we are tapping into a basic human desire for mastery. When management believes employees want to do a good job and provides support, this generates an environment of mutual support. In Encouraging the Heart, Kouzes and Posner outline steps for bringing out the best in employees:

- Set clear standards – people need to know what is expected of them.
- Expect the best – it will be a self-fulfilling prophesy.
- Pay attention – tune in to people individually.
- Personalize recognition – group appreciation is good; specific individual acknowledgement is better.
- Tell your story – share successes; this is a way of teaching what you are aiming for and acknowledging when you achieve it.

Regular systems for teamwork, communication, and problem solving

Systems that support regular communication provide the structure for teamwork and contribute to stability – both in the day-to-day and in the overall work environment. Bring people together on an organizational level and at the unit level to ensure that, every day, people have the information they need, when they need it. Having information about individual residents, new admissions, events in the building or other matters relevant to care, actually saves staff time. Regular ways of putting heads together for joint problem solving can save time and improve how people work together.

During times of staffing challenges, organizations often see time spent in meetings as a luxury that can no longer be afforded. Staff meetings where issues can be talked through are postponed or cancelled. Administration may fear that meetings will be "gripe" sessions instead of being productive. Employees have no way of learning what is being done to alleviate the situation, and nowhere to voice concerns, identify problems, or engage in productive problem-solving. In the absence of real information and communication, they perceive that management is either unaware or unconcerned about the problems they face.

A better way is to bring everyone together and open lines of communication. Bringing everyone together to determine how to work together to get everything done is even more necessary. It lets employees know what efforts are underway and it gives management valuable information from them about where the trouble spots are that need to be kept in mind. If it has been the home's practice to bring people together, that

should continue in hard times. If it has not been the practice, hard times create additional need for meetings.

Here are some proven, effective, simple communication systems for supporting communication that does not take much time, but give people needed information:

- Quick, change-of-shift meetings are an important way to support stability and a smooth hand-off.

- Start-of-shift stand-up meetings get everyone on the same page about their responsibilities for the day. Let people know the situation, and what is expected of them. You can hear from employees and get them working together. Speaking with people individually is also good, but having them all together reinforces teamwork.

- Mid-shift huddles refocus the team on what is needed on their shift and a way to "check-in" on the day's events. Inquire if anyone is behind and needs more help and get them to put their heads together on how to help out. This is especially a good practice if you are working short-handed. It is also useful if you have younger employees.

- A quick on-the-spot huddle to problem solve is a good way to work together when an issue arises. Anyone can call a huddle and everyone then comes together. If you have fewer people than expected at work, have a quick huddle to determine how you will work together, who should do what to cover. If you have a new admission, quickly huddle to free the staff person who will be caring for the new resident. If you have some contention among staff, quickly huddle to resolve it. If a resident is having difficulties, quickly huddle to get ideas on how to handle the situation. The huddle helps staff work as a team, and draws on their ideas and problem-solving skills. When the solution is theirs, they will have more faith in it and more energy to make it work.

- End of shift check in. Ask how did the day go? Give people a pat on the back for a job well done. Find out what issues need to be passed to the on-coming shift.

- Daily or weekly team meetings are useful in every department, for updates, check-ins and problem solving. Include housekeeping, activities and others assigned to your neighborhood in your meeting.

- Hold all staff meetings monthly or quarterly in a way that everyone can attend. Ideally they should be held several times a day so everyone can attend and you

can maintain staff on the floor. Prime times for one-hour meetings are 7:15, 1:45, and 3:15 so people can come just after or just before their shift.

- Hold workforce and workflow meetings with charge nurses to look at issues such as how new employees are doing, how contention is being resolved, how to address a clinical matter being missed – such as obtaining all the weights, or how to help out on a unit that is working short staffed.

- Manage by walking around: Top administrative staff routinely walks through the building during the day, and especially during stressful times, to be available, see what is going on, lend a hand, and voice appreciation.

Simple ways to give encouragement, appreciation and feedback include:
- Thank you notes: Ken Blanchard, in the One Minute Manager, says effective praise is timely, specific, sincere, proportional, and positive. Never follow a thank you with a "but".

- Brag boards and other visible ways of acknowledging good performance or showing progress in a particular area of focus.

- Merit-grams that can be given by anyone to anyone so employees thank each other. Tie the merit-grams to gift cards for gas, groceries, movies, or a prize.

- Pats on the back while making walking rounds.

- Special mentions of accomplishments in start of shift stand-ups, staff meetings, and manager meetings.

Consider both group rewards and individual rewards. Individual rewards are extremely important. People need to know that you see what they are doing and appreciate it. Group rewards provide the extra benefit of helping teamwork and cohesiveness flourish. For example, reward the unit that has the best attendance or a work team that retains a new co-worker.

Take a moment to think about all the groups you have joined during your lifetime. Do you remember the groups your parents made you join, and the ones you joined in high school? What about the ones you are involved in now? For most of us, the number of groups we belonged to in our lifetime can be quite large. We're a nation of joiners!

Now think about the groups you joined and stayed with for more than a year or two. Is the list getting shorter? It should, since our needs change over time. What is the most important group you belong to now? Exclude your family.

Source	Virginia Office of Emergency Medical Services
Focus	EMS Retention
Description	Tool Kit
Contact	Gary Brown, Director 800-523-6019
For more information	http://www.vdh.virginia.gov/OEMS/Recruitment_Retention/index.htm

The Belonging Principle

Take a moment to think about all the groups you have joined during your lifetime. Do you remember the groups your parents made you join, and the ones you joined in high school? What about the ones you are involved in now? For most of us, the number of groups we belonged to in our lifetime can be quite large. We're a nation of joiners!
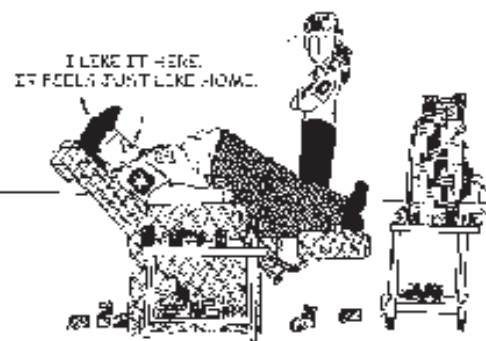
Now think about the groups you joined and stayed with for more than a year or two. Is the list getting shorter? It should, since our needs change over time. What is the most important group you belong to now? Exclude your family.

Write the name of that group below. Go ahead. We'll wait.

Most Important Group I Belong to Now

Look at the reasons you stay with this group. What are the top three?

Three Reasons Why I Stay

1.

2.

3.

Welcome, Needed and Respected

If you are like other people, many of your reasons for staying can be grouped into three categories.

1. You stay because you feel welcome. You may have listed things like:
   - I feel at home here.
   - The people are friendly.
   - We do a lot of activities together.
   - There are no cliques here. Everyone talks to everyone else.

2. You stay because you feel needed. You may have listed things like:
   - I feel like I'm contributing to the success of the organization.
   - I feel like I am doing something important for the community.
   - I feel like others are relying on me to help.

3. You stay because you are treated with respect. You may have listed things like:
   - People listen to my ideas and take them seriously.
   - I have been asked to lead the organization or be responsible for important activities.
   - I am trusted to do the right thing. No one is looking over my shoulder all the time.

You may have also listed other reasons for staying that relate to the Success Principle and the Friends & Family Principle which deserve a separate section on their own. Your experiences lead us to our second principle of retention.

Jot down some notes in the box below.

Actions To Maintain Fred's Sense of Belonging

DAY IN THE LIFE

Let's take a look at how and where you can best put the belonging principle to work. First, take a look at the squad's programs/activities that use the belonging principle. This list should include things like new member orientation, special programs of welcome, programs that link what members are doing for squad success, and "rights of passage" where the squad acknowledges that the member has earned the right to belong or to be held in higher esteem. How satisfied are you with them? Use the scale to rate each.

High – We do this well.

Medium – We don't do this consistently well. We could improve.

Low – Maybe I'd better take a harder look at this.

Programs/Actions to Strengthen the Belonging Principle	Low	Medium	High
1.			
2.			
3.			

Pick an important program for improvement. What one action could you take to improve this program? What would you do and what would be the expected outcome?

Action to Take	Expected Outcome

Squad members stay longer when they feel welcome, needed and respected.

Let's take a look at how and where you can best put the belonging principle to work. First, take a look at the squad's programs/activities that use the belonging principle. This list should include things like new member orientation, special programs of welcome, programs that link what members are doing for squad success, and "rights of passage" where the squad acknowledges that the member has earned the right to belong or to be held in higher esteem. How satisfied are you with them? Use the scale to rate each.

High – We do this well.
Medium – We don't do this consistently well. We could improve.
Low – Maybe I'd better take a harder look at this.

Pick an important program for improvement. What one action could you take to improve this program? What would you do and what would be the expected outcome?

Source	HR Council for the Voluntary & Non-profit Sector
Focus	Getting the Right People
Description	Checklist
Contact	613.244.8332 or 866.594.8332 (toll free) / Fax - 613.241.2252
For more information	http://www.hrcouncil.ca/home.cfm

GETTING THE RIGHT PEOPLE

Before you recruit

- Review the organization's recruitment and selection policy and/or practices
- Review strategic and operational plans to determine if the position should be filled
- Confirm that funding exists to recruit for and staff the position
- Obtain the necessary approvals to staff the position
- Develop a job description if the position is new
- Review and update the job description for an existing position
- Decide on the type of employment (full-time; part-time; permanent; contract; short-term; etc.)
- Identify constraints that will have an impact on the staffing process (need someone soon; specialized skills; supply/demand, etc.)

Establish the recruitment and selection criteria

Develop recruitment and selection criteria based on the job description

- Establish the minimum qualification for the position
- Review all recruitment and selection criteria to ensure they are job-related and measurable
- Ensure that all recruitment and selection criteria comply with Human Rights Legislation

Recruitment process

- Determine the best method for recruiting for the position
- Draft the job announcement using the job description, minimum qualifications and selection criteria
- Include the following in the job announcement:
    - Application deadline
    - Request for references
    - Start date
    - Salary range
    - Contact information
    - Format for submission
- Ensure that the job announcement complies with Human Rights Legislation

Selection process

Before the interview

- Plan the interview process:
- Number of rounds of interviews
- Number of interviewers
- Length of the interview
- Location of the interview
- Date of the interviews
- Any materials the candidate should bring to the interview
- Ask colleagues to sit on the interview panel
- Give the interview panel the logistical information about the interviews
- Develop the interview questions
- Prepare an interview rating guide
- Develop a reference check guide
- Prepare a reference release form
- Ensure that the interview questions, reference questions and other selection criteria comply with Human Rights Legislation
- Prescreen applications using the selection criteria
- Set up the interviews with the selected candidates
- Forward the applications of those candidates being interviewed to the interview panel
- Forward the interview questions and interview rating guide to the interview panel
- Meet with the interview panel to brief them on the interview process

Conduct the interview

- Review the candidate's application before each interview
- Welcome the candidate to the interview
- Introduce the interview panel
- Explain the interview process
- Rate the candidate's responses to the questions
- Give the candidate an opportunity to ask questions
- Close the interview by explaining the next step and thanking the candidate for coming to the interview
- Ensure that the discussion and the note taking during the interview complies with Human Rights Legislation

After the interview

- Finalize your interview notes

Select the right candidate

- Use other selection methods as appropriate
- Telephone the references
- Use the reference checking guide to document the conversation
- Ensure that the discussion and the note taking during the reference check complies with Human Rights Legislation

Conclude the staffing process

- Make your decision and review it
- Make a verbal offer of the position to the selected candidate
- Follow-up the verbal offer in writing
- Prepare the job contract and have it signed before the new staff member starts work
- Send out rejection letters to the other candidates that were interviewed
- Set up a competition file
- Complete the paperwork necessary for the new staff member to start work

Orientation

Orientation is a process for introducing new employees to the organization, its mission, its activities and programs as well as their job. An employee handbook is often used in an orientation session. The handbook serves as a ready reference to the material covered during the orientation session. The orientation of new employees can provide a great refresher or learning opportunity for their colleagues, who can be asked to present information or guide the newcomer.

The purpose of orientation is to:

- Make the new employee feel welcome
- Reduce the anxiety of the employee on the first day
- Socialize the employee to the values and desirable behaviors of the organization
- Help the new employee be successful in his/her job
- Enable the new employee to quickly become productive
- Start building the relationship between the employee and the supervisor

HR Toolkit: HR Council for the Voluntary & Non-Profit Sector

Orienting a New Employee-Checklist

Employee name	
Position	
Start date	

Prior to start

- Advise Board members and staff of the new employee's name, position, and start date
- Arrange for a workspace
- Equip the workplace with the necessary furniture, equipment and supplies
- Ensure that all equipment is working
- Set up an e-mail address
- Set-up a telephone extension
- Add the employee to organizational lists – telephone, e-mail
- Make a copy of the job description
- Gather information, reports, etc. to give the person on the first day
- Ensure the staff handbook is up-to-date
- If the employee will need a key to access the office, arrange to have it ready for the first day

- Contact the new employee to confirm where and when they should report on the first day
- Set up the orientation team – who will be doing what for the orientation
- Decide what meaningful tasks the new employee will start on and prepare the necessary background material

First day

- Keep your schedule as free as possible for the first day

Getting Started

- Welcome the new employee
- Outline the orientation process for the day
- Introduce the new employee to his/her coworkers
- Introduce the new employee to his/her 'buddy'
- Give the employee a tour of the assigned workspace and the rest of the office/facility including:
- Where to safely put belonging (if not in their office)
- Where to hang coat, store lunch; location of the washrooms
- Location of the photocopier, fax machine, and supplies, etc.

Organizational Overview

- Overview of the organization
- Organization Chart

Job Duties and Responsibilities

- Review the employee's job description and expected outcomes
- Explain how the job is related to the other jobs in the organization
- Give specific outcomes for the first day such as a look at the organization's website, review of a specific document, etc.
- Identify the work that needs to be accomplished in the first week
- Give the employee reports, information that is need for the job and explain each item

Work expectation

- Start and finish times
- Lunch time
- Probationary period
- Safety procedures, as appropriate

Administration

- Complete the necessary paperwork for pay and benefits
- Complete other paperwork as required
- Identify options for parking
- Provide password for equipment as appropriate

Other

- Review health and safety procedures
- Allow for time for the new employee to set up their workspace, review the materials you have given, etc.
- Take the employee out to lunch
- Have a task planned for the first day

First two weeks

- Check to see if there are any problems with equipment or the workspace
- Ensure that the employee has met all the other staff members
- Review the performance management system
- Order business cards, if appropriate
- Tour other sites of the organization, if applicable
- Explain the internal communication process including staff meetings
- Have the employee review the policies and procedures manual
- Explain how absences are called in and covered, telephone and e-mail protocol, internet use policy
- Explain the travel and reimbursement process
- Ask if the new employee has any question or if there is anything that needs to be addressed
- Confirm that the employee understand what is expected – duties and responsibilities
- Review all fire and safety procedures

First six months

- Review probation procedures
- Schedule regular meetings to ensure that they are on   track
- Establish performance expectations

Source	HR Council for the Voluntary & Non-profit Sector
Focus	Keeping the Right People
Description	Overview of Informal and Formal Recognition
Tools / Information to address needs	Employee Recognition
Contact	613.244.8332 or 866.594.8332
For more information	http://www.hrcouncil.ca/home.cfm

KEEPING THE RIGHT PEOPLE

Employee Recognition

Voluntary and non-profit organizations are good at recognizing the valuable contributions of volunteers. Recognition of paid staff, however, is all too often put on the back burner. There are some compelling reasons to focus some attention on employee recognition. Employees who feel appreciated:

- Often go above and beyond what is expected of them
- Are more productive and motivated
- Are more likely to stay with the organization

Employee recognition lets employees know that their hard work is valued. It doesn't have to cost anything, it can be done in less than five minutes and the results can have a lasting impact.

Informal and formal recognition programs

There are endless ways to recognize employees. The following are informal employee recognition ideas for managers. Employee recognition must be designed to conform to your workplace culture and to the needs and interests of the individuals. Some of these suggestions may or may not fit all workplace cultures or individuals.

Informal recognition ideas for managers

- A simple "hello" at the start of the day and "goodbye" at the end of the day is an obvious but sometimes overlooked form of recognition. As employees in non-profit organizations are called upon to do more with less, spending just a few minutes chatting can open lines of communication and can set a positive tone for the day
- Say a sincere thank you for a job well done. Do this often and be specific; for example "you handled that client well, thank you" or "thanks, those were some really

good ideas that you provided at the staff meeting. They will move us forward to solve the problem"

- A personal note can be very meaningful. Keep a pack of note cards in your desk for convenience. You could also send an e-mail to acknowledge work well done, with a copy to the executive director
- Tell your employee about positive comments that you hear from others.
- Use the organization's newsletter as a way of acknowledging an employee or thanking staff for a job well done
- Acknowledge individuals or teams at a staff meeting, management meeting, board meeting, or special event. This is often meaningful for the recipient and can be a source of inspiration for others
- Organize celebrations - at the end of a project, after the quarterly review, individual milestones, team milestones or just because
- Food is important. You could have muffins or cookies at meetings. Reward achievement with a box of chocolates, or bring in ice cream on a hot Monday morning or Friday afternoon. It does not have to be all of the time - keep it spontaneous
- Acknowledge birthdays, work anniversaries, new babies and other significant life events. Gone are the days when work and the rest of life remain separate
- Give out hour-off certificates for exceptional achievements. Let employees accumulate them for up to one day off
- Have a team meeting outside the office at the local coffee shop or restaurant
- Create a recognition bulletin board to post 'thanks' from clients
- Give an employee a day off for a job well done
- Ask an employee to represent you at a meeting outside the organization
- Take an employee out to lunch
- Attach a thank you note to your employee's pay check
- Write down three things you appreciate about your direct reports and give it to them
- Based on recognition ideas from Bob Nelson and the National Association for Employee Recognition (see Links and Resources below).

Planning a formal recognition program

In addition to informal recognition of employees, some organizations may wish to set up a more formal recognition program. These types of programs can take many forms and recognize various types of accomplishments. The following are basic steps for developing a formal recognition program:

1. Set up a planning group. This should not be a top-down process. The buy-in will be greater and the results more substantial if a cross-section of employees contribute and take some ownership of the process. It need not be a large group but it should be reflective of the various types of employees.

Examples of formal recognition programs

Below are examples of formal employee recognition programs including both individual and group recognition.

Example 1

The Catholic Family Counseling Centre in Kitchener holds the "Cathy Awards" each year near the time of the Oscars. The awards are named after the executive director, Cathy Brothers. The director of communications designs a list of categories for awards, some humorous and some kind, related to things that are important to the employees, for example, "most compassionate therapist." All employees vote in advance on who should receive the awards. On the night of the Awards, staff and their partners are invited to a casual "beer & pizza" supper at the agency. All costs are covered by the agency. Before new awards are announced, guests view a PowerPoint presentation showing all the previous award winners. This adds to the fun and has a way of making everyone feel included. The awards given out are plaques with a picture of an Oscar with the executive director's head on it. A picture of the winner's head is also on the award, superimposed over a comical body along with a description of the award.

Example 2

The Ann Davis Transition Society in, British Columbia has developed a number of ways of recognizing employees. Bobbi Jacob, the executive director, writes a personal note of acknowledgement to any employee who has done something terrific. The organization also has a Ground Hog Day Pancake breakfast held at the home of the executive director. She provides and cooks breakfast for all employees. The Ann Davis Transition Society also has a strategy for celebrating birthdays: each employee assumes the responsibility for another employee's birthday, including cake and card.

Example 3

Women's Resources in Lindsay, Ontario has a number of ways of recognizing employees. Staff birthdays are celebrated, usually with cake, flowers and a gift. A 'Secret Sister' game is played around Christmas where each staff draws the name of another staff out of a hat and then buys them little gifts for the three weeks leading up to Christmas. A Christmas luncheon is then held where everyone tries to guess the identity of her 'secret' sister and exchanges a larger Christmas gift. The 'secret sister' then goes on to organize her 'sister's' birthday celebration that year.

Example 4

Abbotsford Community Services in Abbotsford, British Columbia has a Wellness Circle made up of a cross section of staff, supervisors and managers. Several events are held for employees throughout the year and these include everything from a "Soup for the Soul" luncheon to feel good activities such as hand massages, head massages, Reiki and chocolate fondue.

Source	HR Council for the Voluntary & Non-profit Sector
Focus	Keeping the Right People
Description	Index of the Three Phases of Performance Management
Contact	613-244-8332 or 866-594-8332
For more information	http://www.hrcouncil.ca/home.cfm

PERFORMANCE MANAGEMENT: THE THREE PHASE
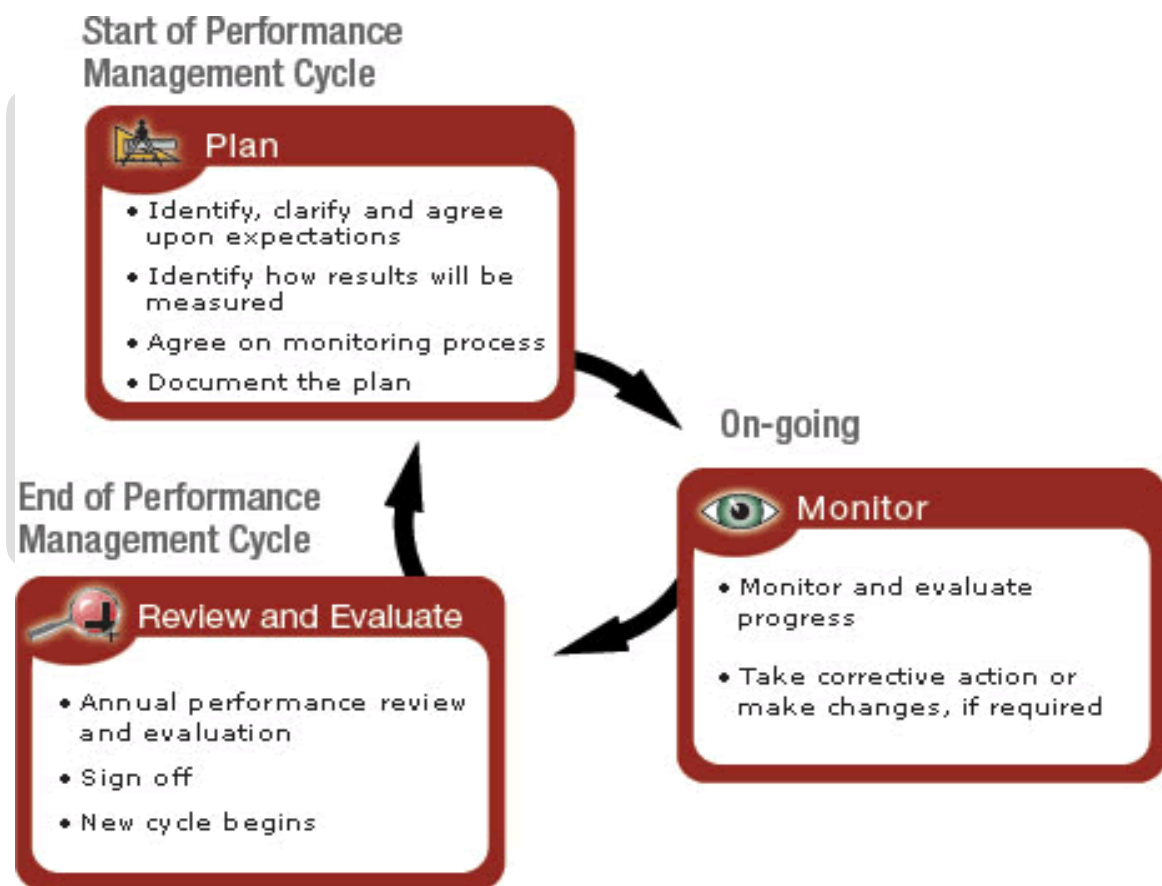
Good Practice

If you have just designed a new performance management process for your organization or if you've made changes to an existing process, you will need to hold information sessions with all staff about the new system before implementing it. This will increase employee buy-in into the process and avoid resentment and confusion.

Source	Montana Workforce Services Division
Focus	Evaluating Employee Turnover
Description	Overview of how to conduct Exit Interviews
Contact	406-444-4100
For more information	http://wsd.dli.mt.gov

THE EXIT INTERVIEW

The ever-growing question these days seem to be, "How do we hold on to our employees?"

The exit interview is an interview given to a departing employee. This is usually done for employees that voluntarily quit instead of those that are fired or laid off. Exit interviews offer a fleeting opportunity to find out information that otherwise might be more difficult or impossible to obtain. Interviews can be conducted orally or in writing; however, oral interviews are more effective as a rule. A good exit interview is well thought out and includes information a company would like to obtain. Take notes of the high points; get the general idea – it is not essential to get exact quotes. It is more important to listen than to write. Then make use of the information gathered to create and establish effective workplace initiatives. If you don't use this new information, then why do an exit interview?

The following are some thoughts to consider when conducting an exit interview:

1. Think carefully about the information you would like to get before the interview. This greatly increases the odds of a successful interview.
2. Save the hardest questions for the latter part of the interview. Work up to the tough stuff!
3. A good question to break the ice is "would you like to use us as a reference/recommendation?" Do not make this offer if you would not recommend the employee!
4. Be prepared for some bombshells. Expect the unexpected – if it ever is to happen it will happen in an exit interview.
5. Carefully select the interviewer. Look for someone that listens well and is open-minded. It serves no purpose for the interviewer to get into an argument with the departing employee.
6. Throughout the interview stay focused on the employee!

7. Look for open-ended questions that allow for plenty of expression. An example of this might be "How did you feel you were managed during your employment with us?" or "How do you feel the company is run?"
8. Other excellent questions are "Under what conditions would you have stayed?" and "If you had had a magic wand, what would you have changed?"

9. At some point in the interview ask, "Why are you leaving?" if you do not already know.
10. Good general questions are "what did you like most (least) about your position?"
11. Try to find out if there are things the departing employee would suggest to improve conditions, production or morale.
12. Try to get a good feel for how they viewed their compensation and benefits package.
13. Leave room at the end of the interview for general comments.

The exit interview provides you with a good mechanism to take a hard look at how your company is perceived. Since the employee is leaving, they will often be more open and frank in their discussions about the company.

Those companies that do not conduct exit interviews miss out on a great opportunity!

Reduce employee turnover, improve employee retention and measure the success of your workplace initiatives.

Exit Interview

EMPLOYEE NAME: _____ DATE: _____

TITLE OR FUNCTION: _____ DEPT: _____

What did you like best about your current position? _____
_____
_____
_____

What did you like least about your current position? _____
_____
_____

What did you like best about the company? _____
_____
_____

What did you like least about the company? _____
_____
_____
_____

What are your feelings about your supervisor? _____
_____
_____
_____

Why are you leaving the company at this time? What company and position are you going to (if applicable)? _____
_____
_____
_____

What comments do you have about the company's salary and benefits? _____
_____
_____
_____

Exit Interview, continued

What suggestions do you have for improvement of your current position, or other aspects within the company? _____

_____

_____

_____

What other comments would you like to make? _____

_____

_____

_____

Interview conducted by: _____on _____

Interviewer's remarks: _____

_____

Reviewed by: Supervisor: _____on _____

Next Level Supervisor: _____ on _____

Reviewed by President: _____ on _____

Source	American Society of Health-System Pharmacists
Focus	Education and Training Employees
Description	Position Statement
Contact	866- 279-0681
For more information	http://www.ashp.org/default.aspx

AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP)

EDUCATION AND TRAINING POLICY/POSITION

STATEMENT

Developing Leadership and Management Competencies

- To work with health-system leadership to foster opportunities for pharmacy practitioners to move into pharmacy leadership roles; further,
- To encourage current leaders to seek out and mentor practitioners in developing administrative, managerial, and leadership skills; further,
- To encourage interested practitioners to obtain the skills necessary to pursue administrative, managerial, and leadership roles; further,
- To encourage colleges of pharmacy and state affiliates to foster leadership skills in students through development and enhancement of curricula, leadership conferences, and other programs; further,
- To encourage colleges of pharmacy to develop more opportunities for students to pursue combined degree programs; further,
- To encourage colleges of pharmacy and health systems to develop more opportunities for students to pursue residency programs that develop administrative, management, and leadership skills; further,
- To encourage residency programs to develop leadership skills by mentoring, training, and providing leadership opportunities; further,
- To encourage residency programs to provide training for residents to develop administrative and management skills; further,
- To foster leadership skills for pharmacists to use on a daily basis in their roles as leaders in medication safety and medication management in patient care.

Communication among Health-System Pharmacy Practitioners, Patients, and Other Health Care Providers

- To foster effective communication (with appropriate attention to patients' levels of general and health literacy) among health-system pharmacy practitioners, patients, and other health care providers; further,

- To develop programs to enable pharmacy students, residents, and health-system pharmacy practitioners to self-assess their levels of health literacy and general communication skills; further,

Continuing Professional Development
- To endorse the concept of continuing professional development (CPD), which involves personal self-appraisal, educational plan development, plan implementation, documentation, and evaluation; further,
- To strongly encourage the development of a variety of mechanisms and tools that pharmacists can use to assess their CPD needs; further,
- To support the efforts of individual pharmacists to understand CPD (including the fact that various options are available for self-assessment) and to implement CPD; further,
- To collaborate with other pharmacy organizations in the development of effective strategies for piloting the implementation of CPD; further,
- To strongly support objective assessment of the outcomes of implementation of CPD; further,
- To encourage colleges of pharmacy and accredited pharmacy residency programs to teach the principles, concepts, and skills of CPD.

Patient-Centered Care
- To encourage that the principles of patient-centered care be integrated throughout the college of pharmacy curriculum.

Cultural Competence
- To foster cultural competence among pharmacy students, residents, and practitioners and within health systems for the purpose of achieving optimal therapeutic outcomes in diverse patient populations.

Practice Sites for Colleges of Pharmacy
- To encourage practitioner input in pharmacy education; further,
- To encourage that institutional and health-system environments be used as sites for experiential training of pharmacy students: further,

Fostering Pharmacy Leadership
- To encourage pharmacy managers to serve as mentors to their staff, pharmacy students, pharmacy residents, and peers in a manner that fosters the development of future pharmacy leaders.

Career Counseling
- To urge colleges of pharmacy to develop career counseling programs to make students aware of postgraduate career options, including residency training and career paths in various types of practice; further,
- To urge that career counseling occur in a structured manner early in the curriculum and be continued throughout the curriculum; further,
- To urge practitioners in various organized health care settings to make themselves available to colleges of pharmacy for participation in both structured and unstructured career counseling.

Source	WorkWise Productions, Kristine Sexter, President
Focus	Professional Development for Healthcare Managers
Description	Checklist
Tools / Information to address needs	Becoming a SuperBoss
Contact	918-361-3000 or 866-573-9837
For more information	http://www.KristineSexter.com

HOW THE HEALTHCARE 'SUPER BOSS' RETAINS TOP TALENT!

"Management is doing things right; leadership is doing the right things." -Peter Drucker (1909 – 2005)

The role of the modern health care manager has dramatically changed over the last 25 years. Consider that the Traditionalist generation (born between 1900 and 1945) and the Baby Boomers (born between 1946-1964) spent the majority of their careers in an economy that grew slowly, causing an employer's market whereby employees were plentiful. During these years, employers had the luxury of hiring from a very large pool of eager, qualified candidates. However, today's workplace is experiencing just the opposite- the mass retirement of the Traditionalists and the Boomers and the pool of available younger adults is much, much smaller then these previous generations. Collectively, this has resulted in an extraordinary shortage of labor. An unwavering desire for work-life balance and smaller total numbers has given Gen X (born between 1965 and 1980) and Gen Y (born between 1981 and 2000) an advantage: the "power of scarcity."

According to the Department of Labor, health care remains one of the hottest career fields, with a very large demand for both skilled and non-skilled workers. So the 'scarcity' trend continues. And the best place to start addressing this concern? With you – the health care leaders and managers.

As the overall availability of full-time top talent shrinks, employees are being recognized as assets instead of liabilities. Investors, regulators, leaders and even savvy applicants, are increasingly interested in information about an organization's people management strategies and retention figures.

Retention of top talent is tied directly to the reduction of costs and errors, increased patient satisfaction and employee morale. Multiple studies show that the profitability of an organization depends less on equipment and other tangibles, and more on brand, technologies, and people.

Q: So what is the prevailing reason for turnover in the health care field?

A: Employees do not quit the organization. They do not even quit their job. They quit their boss. The top reason employees report they quit- lack of a positive, professional relationship with their immediate manager. It is YOU who are the embodiment of the organization's culture as far as your employees are concerned. You are their hero. And it is YOU who holds the power to motivate for peak performance, retain your top talent and ultimately, attract the best employees to your health care organization!

Checklist of the 3 Characteristics of a Super Boss

1. Relationship Builder

The real Super Bosses are perfectly balanced in their ability to manage their staff through a dual concept of: **"command"** and **"understand."**

- A Super Boss "understands." They are able to genuinely listen and empathize to what their employees are saying. They are approachable and affable. They understand how to best utilize an employee's strengths, earn an employee's trust and commitment. They are comfortable in all situations- from praising, to coaching to conflict. They are comfortable saying, "I would like your opinion on this," and "I can see that you that this is important to you. Let's talk further."

- A Super Boss "commands." They expect their employees to perform well in their jobs, meet productivity goals, have an unwavering commitment to standards, and meet deadlines. They are very comfortable saying, "I expect you to," and "I need you to" in a tone of voice that is appropriate and motivating because of the relationship they have established via their "understand" capabilities.

- These relationship-building skills also serve a Super Boss with his or her internal customers: their coworkers! A Super Boss is able to build highly effective alliances with fellow bosses, thus ensuring a network of colleagues willing to support them, and their teams.

2. <u>Integrity Builder</u>

Super Bosses are stalwart **role models of integrity**. If they say it will happen- it does! If they say they will follow up – they do!

- They NEVER CORRECT or COACH in public.
- They are never heard gossiping and never share information in a third-part manner.
- Super Bosses build their reputation of integrity upon a foundation of fairness. Their behavior is always professional, consistent, and responsive.

3. <u>Skill Builder</u>

Super Bosses are **committed to building their own skill base and that of their staff**.

- They encourage their employees to learn new skills, and to teach others. Whether it is learning the newest aspects in patient scheduling, electronic medical records, ICD-9 coding or patient care, team building strategies, conflict resolution in the health care workplace- Super Bosses grow and want their employees to remain up-to-date, and engaged in the succession planning that will one day allow one of their employees to replace them as the Super Boss!

Top 11 Signs You're a Healthcare Employee Retention *Super Boss*!

1. **Confident!** Not arrogant – that old school management style will have top talent blazing a trail for the exit (and maybe filing a law suit along the way!) You are comfortably confident with yourself. You are comfortable alone, but also in large groups. You have belief in your abilities, yet you are dedicated to life-long learning as evidenced by the stack of nonfiction you are constantly reading so you can stay current…and ahead!

2. **You are fair, honest and straight forward.** Your success depends heavily upon the trust of your employees and your patients. Ethics, and consistency, rule your rules!

3. **You manage with your own eyes and ears.** You never react based solely upon the hearsay or 'tattling' from others. Every single day you make it a priority to ask every employee, "what is it you need from me today to be successful?" and "how is it going with…" (something specific to that employee- their hobby, children, travels, etc.). Yes- you know the names of their family, their interests (this concept is truly a management magic bullet! Do this and just watch how much your people are willing to do FOR YOU!).

4. **You have a poised, professional presence.** Your nonverbal communication exudes leadership yet approachability. Effective managers have a quality about them that makes people notice when they enter a room.

5. **You are consistent and responsive.** Everyone knows, and rests their faith upon, your dependability and being the final 'voice of reason.' You make the right decisions, quickly, even the ultra-difficult ones, because you know that you are the role model of professionalism. You are proactive, yet when necessary to react, will not allow "wrong" to last "long!"

6. **You are a little bit crazy!** You think out-of-the box. You have fun at work. You obviously enjoy your job. You try new things, and if they fail, you admit the mistake, but don't apologize for having tried. You understand that it is not always enviable to be the boss.

7. **You respect… respect for others.** You absolutely, positively never criticize in public. You go out of your way to find reasons to say thank you to your employees, especially those that are your direct reports. You genuinely love to praise in public. You know that you will get what you give. You make others feel special. Jerks need not apply! Especially in health care!

8. **You are not afraid to "do the math."** You can manage the details, budgets, plans, schedules, and work toward them.

9. **You hire and develop people who are better than you.** You surround yourself with only the best.
   You know you are not irreplaceable- or at least you know you can actually enjoy a vacation without taking calls and checking emails from work! Succession planning is a sign of an outstanding manager.

10. **You know it's all about people*…oops- not a people-person?*** There's great news- successful companies need the visionaries (aka- leaders), the support professionals, and the logistic professionals, equally as much as they need the "people builders!"

11. **You personally make the efforts to utilize non-monetary recognition to show appreciation.** You know your employees are your 'customers.' You seek every opportunity to show appreciation. You deliver it swiftly, in public so others can see and hear that you are 'noticing greatness,' and you are specific about the behaviors you appreciate (behavior that gets positive recognition, is behavior that is repeated!).

Source	B & F Consulting developed this Staff Stability Toolkit under subcontract with Quality Partners of Rhode Island with generous funding from the Commonwealth Fund – *Louisiana Health Care Review Workforce Initiative*
Focus	CAN Nursing Home Retention
Description	Methods included are currently being used among approximately 100 nursing homes in New Orleans and Lake Charles, Louisiana
Tools / Information to address needs	Orientation
Contact	Laurie Robinson: 225-926-6353
For more information	www.lhcr.org

CHANGE IDEAS FOR ORIENTATION

Typical issues & evidence of discordance:
- New CNAs picking up undesirable work habits from their peers rather than following facility protocol
- CNAs using care methods or espousing philosophies that were learned at an old job and that don't jive with expectations at the new one
- CNAs being given responsibility for patient care before they feel ready to handle it

Barriers:
- Low morale among newly hired CNAs
- High turnover rates during the first six months of employment
- Employers with vacant CNA positions to fill often hesitate to lengthen orientation beyond two or three days
- Fulfilling detailed regulatory requirements and filling out the associated paperwork often occupies all the time allotted to orientation
- Employers believe the job is easy, so new CNAs don't need added supports and on-the-job training to solidify skills
- Employers don't see value of peer-to-peer education

Goal:
- To teach new CNAs about the organization's culture and values
- To ensure that new CNAs understand the facility's mission and values as well as its policies, procedures, and protocols
- To initiate and nurture relationships between new workers and the residents, supervisors, and peers they will be working with
- To reinforce new care giving skills among CNAs who have just completed training.
- Infrastructure helpful to support the change:

- Extend orientation to last at least a week. Don't require new CNAs to carry a full patient care load during that time.
- Institute a peer mentor or buddy program

Measurement possibilities:
- Survey or informally interview newly hired CNAs soon after their first week to learn how confident they feel in doing their jobs, how well they understand the organization's mission and values, and how well they are relating to residents, coworkers, and supervisors. Talk to their peer mentors and supervisors to see if their observations back up what the CNAs say.
- Measure turnover during first three months to see if new orientation program reduces loss of new CNAs.

Source	B & F Consulting developed this Staff Stability Toolkit under subcontract with Quality Partners of Rhode Island with generous funding from the Commonwealth Fund – *Louisiana Health Care Review Workforce Initiative*
Focus	Nursing Homes Retention
Description	Methods included are currently being used among approximately 100 nursing homes in New Orleans and Lake Charles, Louisiana
Contact	Laurie Robinson: 225-926-6353
For more information	www.lhcr.org

ON-THE-JOB SUPPORT FOR NEW WORKERS

Typical issues and evidence of discordance:
- Unresolved friction between newly hired CNAs and the residents they care for, their coworkers, or their supervisors.
- New CNAs who fail to provide less than quality care due to difficulties in handling the pressure of the fast-paced environment and adjusting to residents' individual needs.
- A large percentage of CNAs quitting during their first three to six months on the job.

- Newly hired CNAs frequently coming to work late or calling out.

Barriers:
- Nurse supervisors frequently do not see CNA supervision as part of their job description. Busy handling heavy workloads of their own and dealing with the fallout from problematic CNA behaviors such as lateness and call-outs, they tend to devote little time to supervising CNAs except to intervene in a crisis.
- Nurse supervisors generally lack training or support in how to manage staff. The feedback they provide to the CNAs is often solely punitive, and the opportunity is lost to help CNAs overcome challenges that may be keeping them from being reliable employees.
- Experienced staff often ignore or undermine new staff rather than offering them support.

Goal:
- To give new workers the support and training they need to become confident when doing the job.
- To help new workers become attached to the organization and to the people they are caring for and working with.
- To offer assistance to workers who need help in overcoming barriers to maintaining employment.

Infrastructure helpful to support the change:
- A peer mentor program with trainings and job descriptions for peer mentors that allows them time to interact with and support mentees.
- Frequent in-service meetings for new employees with a focus on interpersonal communication, relationship-building and problem-solving skills
- Formal training for everyone charged with supervisory duties.
- Organization-wide adoption of a supportive supervisory approach
- A redesign of the jobs of supervisory staff to allow time for effective supervision, which includes relationship-building and positive reinforcement as well as correction
- An employee assistance program to help eligible workers access needed social and supportive services
- Keep track of turnover and retention rates to see if retention has improved, especially during the first six months of employment.
- Poll residents cared for by new CNAs after their first three months on the job to see if the quality of care they receive and their relationships with

Measurement possibilities:
- CNAs improve under the new probationary procedures.
- Review evaluations by peer mentors and supervisors periodically to determine whether new CNAs appear to be learning what they need to know and getting the support they need.

- Track use of employee assistance program and its effectiveness in resolving employment barriers for workers.

PDSA Cycles:

PLAN: Determine what supports are needed for new workers, mentors, and supervisors and put them in place, redesigning workloads as necessary to allow time for new duties.

DO: Make sure new hires are in frequent contact with well-trained mentors and supervisors with clearly defined and complementary roles. Hold regular training sessions for new workers to help them develop their skills and to give them a chance to talk about challenges encountered on the job. Help those who need assistance in accessing supports and services from government or community agencies.

STUDY: Through formal and informal polling, explore whether new hires feel more attached to your organization and more confident on the job after three months in the new system than they did in after the same amount of time in the old one.

ACT: Adjust your program as necessary based on feedback from CNAs, residents, supervisors, and mentors.

Questions to consider:
- What should be the role of a supervisor? Of a peer mentor?
- What services for low-income workers can we provide or tap into in the local community to help workers overcome potential barriers to continued employment?
- What skills do new CNAs need to learn or have reinforced during their few weeks on the job?

Change Ideas:
- Hold biweekly or monthly in-service training sessions to help new employees learn or solidify skills. If possible, build in opportunities for attendees to discuss situations they are encountering on the job
- Pair each new employee with a peer mentor who can answer questions, help resolve troublesome situations, and serve as a sounding board. Ensure that mentors check in with mentees regularly during their first three months on the job
- Have supervisors check in with new employees at least once a week during their first 30 days on the job to monitor their progress and provide guidance or support as needed
- Appoint a staff case manager or arrange with a local human services agency to provide as-needed counseling to help new hires obtain emergency loans, affordable transportation and childcare, food stamps, and other assistance needed to overcome obstacles to maintaining employment.
- Help CNAs manage their limited finances by a) promoting the availability of the Earned Income Tax Credit (EITC) and letting staff know where they can find free tax-preparation assistance in order to qualify, b) providing no-interest emergency loans to be repaid through weekly paycheck deductions, and c) providing

financial literacy classes at no cost to teach such things as the benefits and drawbacks of using credit cards and the difference between types of financial accounts, such as checking, savings, certificate-of deposit, and 401(k). Nonprofit facilities may also be able to offer employees individual development accounts, a means of saving in which the individual deposits money in a bank account for the purpose of buying a home, paying educational or training expenses, starting a small business, or saving for retirement. The employer matches each dollar deposited by a set amount, usually between $1 and $3.

Source	Advancing Excellence in America's Nursing Homes
Focus	Staff Retention
Description	National campaign to improve the quality of care and life for the country's 1.5 million people receiving care in nursing homes.
For more information	www.nhqualitycampaign.org

How nursing assistants can help retain good staff:

- Become a member of or help create a staff retention committee.
- Advocate for a "buddy program" to welcome and orient new employees.
- Check with new staff to see if they have any questions.
- Help new staff understand policies and procedures.
- Help new staff respond to each resident's needs and preferences.
- Be willing to work with/partner with new employees in their first weeks of work.
- Be willing to trade shifts with new employees if emergencies arise.
- Be willing to include new employees in your carpool.
- Be willing to share your meal times or breaks with new employees.
- Be patient, have fun, and be flexible.

How staff can help the nursing home attract good employees:

- Assist with recruiting and hiring of quality staff.
- Assist with training.
- Speak up about things that are both working and not working in the nursing.
- Create an employee council.
- Commit to improving communication between and among all staff.
- Learn about and participate in the nurse's quality improvement (QI) program.
- Answer any staff surveys the nursing home sends to you.
- Have staff social events and do your job the way you want others to do theirs.

Source	Express Professionals
Focus	Staff Appreciation
Description	Tools for Engagement
For more information	www.expresspros.com

THE LOST ART OF MENTORING

By James C. Price · February 5th, 2013

If you were to explain your deepest passion and purpose in life, how would you go about it? For most people, everything boils down to success. Not monetary success, but succeeding in one's goals for life, love, business, and relationships with others. True, success isn't driven by bottom lines – but the bottom line is affected by achieving success. An organization is only as strong as the sum of its parts, and with employees making up the bulk of a company's voice, it is important to understand the impact in not just investing in capital, but in your workforce as well. Your team is your key to innovation and maintaining a competitive advantage. While many realize this, there is still a disconnect between leadership and team members. The most effective way to create a culture-shift in making employees realize their worth within an organization is openly communicating and imparting knowledge through an age-old, venerable art – mentoring.

In the first article on mentorship, we established the importance mentoring has in business today; and in the second, we outlined how trust is crucial in developing a strong mentor-mentee relationship. Being in a leadership position, you have accrued valuable knowledge through experience and from other leaders throughout your life. Investing time and energy by imparting these qualities in your staff is the best way to engage your workers, develop their talent, and set a foundation for success. Before we go into the details of best practices for creating this culture, it is important to define some of the types of mentoring available to you.

Types of Mentoring
Once your organization realizes the significance of the mentor and mentee relationship, it's necessary to evaluate the different types that can be implemented to better serve your workforce. The mentor character can be anyone in your company from a senior executive to a manager to an experienced, tenured employee, while the mentee can be a new employee or a leader as well. One mentoring relationship commonly used is situational mentoring. This relationship is forged when a need arises, like a new

employee needing to learn the ropes or a team member requiring more attention while working on a specific project. The mentor, usually assigned, will take the other employee under his or her wing and impart specific knowledge to speed up the learning curve. Another example is a conventional mentorship in which a manager or team leader meets with an employee at a set time for the duration of the employee's tenure. This is a great type because of its consistency and potential for being a solid source to tap into career knowledge that a younger, less experienced worker wouldn't be party to. It can also be used for career guidance. The final type seen in the office is informal mentoring. This can be any level of worker confiding in or asking for advice from another when issues or questions arise. This informal relationship based on trust helps the mentee overcome stress and problems.

The Trickledown Effect
The three forms of mentorship above have their time and place in every organization. However, the most effective relationship will be a mix of all three. When projects are started that need extra guidance, the worker should be able to go to their conventional mentor, who they meet with regularly, to figure out what's needed to accomplish the project – and if the worker is stressed and needs to vent, the mentor should be there as well. The more mentor relationships like this in your organization, the more productive your workforce will be. Referring to the first article in this series, the one-on-one, trickledown mentoring strategy is the best way to implement mentorships and create a culture of mentoring at your company. From C-suite to directors to managers to staff members, there is simply no better way to share the vision of the company and develop young talent than trickle-down mentoring. Establish the conventional mentoring strategy, add characteristics of informal and situational mentors, and watch how engaged your employees become.

A Culture of Mentoring
A colleague once told me of a mentor who helped shape who she was and what she looks for in a leader. This manager established herself as a go-to person for advice, because she was not only willing to train employees, but provide ongoing training to continually develop her staff. Her dedication to the company and advancing its overall vision was outside of her job description, yet nevertheless, she strived for improvement. This contagious mentality created a ripple effect among her team members. From top to bottom, mentorships affect the overall success of an organization. Where do you want to go as a company? Chances are, establishing a culture of mentoring will help get you there.

HAVE MORE MEANINGFUL CONVERSATIONS WITH YOUR EMPLOYEES

By Zaina Ghabra · September 6th, 2012

If a conversation you're having with someone elicits feelings of boredom, disengagement, or thoughts of running far away into the woods somewhere, then you're one of the many people who have fallen victim to meaningless conversation. A good conversation on the other hand, leaves you feeling inspired, motivated, or educated about something. These conversations tend to go on without either party glancing at the time, wondering when it would be appropriate to excuse themselves from the conversation.

As a leader, knowing how to carry on a meaningful conversation is essential. Whether you are speaking at an event, leading a meeting, conducting a one-on-one, or simply trying to educate or motivate others, your main goal is to keep people engaged in what you have to say.

There are many elements that go into having a good conversation. Some of these include, eye contact, showing engagement by nodding, and tilting ones head to the side, almost like you're literally giving someone your ear. While all of these are essential, here are two important elements most people seem to forget.

The Conversation is Not Always About You
Sometimes people can be self-absorbed and tend go on and on about themselves without even noticing. Make an effort to talk less about yourself and ask more about the other person or people involved in your conversation. In other words, be interested, not just interesting.

Another great way to shift the balance of the conversation from being entirely about you is to frame your situation as it relates to the other person. Most successful bloggers, for example, write about themselves, yet, audiences are captivated by the outward focus of the blogger and how they apply their experiences, passions, and knowledge to the reader.

Another common conversation technique to keep in mind is to just talk about a mutual subject. Not only will this help everyone relate to one another, but it will add meaning and value to your conversation.

You Have to Give Trust to Get Trust
While a good conversation connects people, a meaningful conversation usually includes both sides opening up, thereby, creating a trusting bond between the people included in the exchange.

How do you go about creating trust in a conversation? First off, take the first step and open yourself up to the other person, showing that you confide in them. Being honest and open is a great way to show someone you are confident and trustworthy. However, being open isn't always enough to generate trustworthiness. In this case, if the other person takes the initiative to reveal something personal about themselves, reward their effort by showing empathy and more importantly, support.

These rules might not make all your conversations perfect, but they're excellent tips to get you started toward becoming an excellent conversationalist. Apply these tips to your conversations and let us know how they've helped!

HOW WELL DO YOU KNOW THE PEOPLE WHO WORK FOR YOU?

By Jared Brox · September 4th,2012

According to a recent CareerBuilder survey, only 35% of employees can name all the C-level leaders in their organization; and one in five say they don't even know what their CEO looks like. It's an interesting statistic that is likely affected by a variety of factors, including company size, organizational structure, and even an employee's role in the business. However, the survey does prompt an important question about the relationship between company leadership and its employees and how it can affect a variety of workplace issues like retention, employee engagement, and productivity – How well do you know the people who work for you?

Your goal shouldn't necessarily be to become close personal friends with your employees – in fact, that often just complicates workplace relationships even further – but it's important to take an active interest in their lives and career. No one wants to feel like they are merely a number among the rank and file, so when a leader genuinely takes the initiative to know the people who work for them and the role they play in the overall success of the company – the result is often a more productive and engaged workforce.

But where do you start?
While building a stronger relationship should be the ultimate goal, it can be awkward for both parties involved if the process feels forced. Take it slow and show that you have genuine interest in getting to know your employees on a more personal, yet professional level. But, if you still need a jumping off point, here are five tips to help you start bridging the gap with you workforce.

Know the basics
First and foremost, you have to know the basic information. What's their title? What are their major responsibilities? Are they married? Do they have children? What interesting hobbies or activities do they participate in outside of work? Knowing this kind of information about your employees doesn't just show you are taking an interest in their lives – both work and personal – but it can also help give you a more well-rounded understanding of who they are and what motivates them to perform.

Show you know why their job is important
Disengaged employees stay at a job for what they get, engaged employees stay for what they give. Make it a point to acknowledge individual employees' contributions to the success of major projects or the company as a whole. It will help dispel any "cog in a machine" mentalities and show your workers that you truly understand their value as a member of the team. When dedicated workers start to feel unappreciated, their commitment to quality and productivity will typically begin to wane.

Ask their opinion
Just as imperative as knowing why your employees' jobs are important, you also need to trust that they know what they're doing. Their experience and expertise got them the job, so don't forget to let them use it. Asking for feedback and opinions at all stages of the planning process is not only a great way to get buy in from your workforce, you may also discover a new approach that hasn't yet been explored. As a leader, you obviously have the final say in which direction to steer a project or company goals, but it never hurts to tap in to the minds of your talented workforce.

Know their 5-year plan or career goals
Knowing where an employee currently fits in the company is key, but you also need to know where they fit in the future and be prepared to discuss that vision with them on a regular basis. This is especially true for the younger generations in the workforce, like Millennials for example, who won't hesitate to move on to a new job opportunity if they feel like their career needs are not being met.

Stay in touch

Getting to know your employees isn't a task you set on your calendar and check it off the list once it's completed. It's an ongoing relationship building process. Remember, you want them to know more about you, just as much as you want to know about them. Without regular interaction to reinforce the bonds, all the trust and dedication you built in the beginning of the working relationship will start to fade away.

General George S. Patton once said, "There's a great deal of talk about loyalty from the bottom to the top. Loyalty from the top down is even more necessary and is much less prevalent. One of the most frequently noted characteristics of great men who have remained great is loyalty to their subordinates." As you continue to drive your company or your team to new heights, keep these words in mind and remember to strive to build stronger working relationships with those you lead.

CULTURAL DEVELOPMENT: Core Values are the Building Blocks of Company Culture

By Jared Brox · April 2nd, 2013

Why do companies like Southwest Airlines, Apple®, Zappos.com, Whole Foods Market, and Google always top the lists of the best places to work? Is it because of their competitive compensation packages? Or an emphasis on open communication and teamwork? Maybe it's the way their leadership teams strive to ensure each employee knows they are indispensable to the company's overall success?

The answer is that it's all of that … and much more.

Culture Begins with Core Values

Ultimately, what defines a company culture is the collective behavior of the people in the organization. The driving force behind that behavior is the basic building block of a company's culture – its core values. Core values are personal, ethical, and ideological guidelines that set the standard for every aspect of business operations, from hiring to decision making to strategic planning.

Let's break it down even further:

Core values are not:

- One size fits all – just as every business is different, so are the goals and influences that define their individual values.
- Slogans, catchphrases, or buzzwords – your core values must be engrained into the fabric of your organization. Not a passing trend.
- Descriptions of the work you do – rather, they more effectively lay the foundation for *how* you do it.

Core values are:

- Unique to your organization – defines why your business is different from others and guarantees a certain level of conduct and expectations.
- Guidelines for decision making – simple and understandable, yet comprehensive enough to guide employees through a wide variety of everyday situations.
- The foundation of company culture – fundamentally, your values need to integrate into every aspect of your business operations.

Defining Your Core Values is a Team Effort
This is not a one person job. Defining your core values should involve the entire company. From top to bottom, everyone in the organization is a stakeholder and deserves the opportunity to put in their two cents. It instills a sense of ownership and inspires each individual to strive to live up to the guiding principles they helped create.

Ask Probing Questions
Ask your team the following questions to help focus on the key elements that are absolutely essential to the success and longevity of the company. What do we do and how do we do it? How are we different from the competition? What unique services or value do we provide to our customers? What do we do best? Worst? Basically, you're trying to break your business down to the key components and how they make an impact on the overall success of the company.

Put It into Words
Think about how you and your team answered the probing questions. Are there any consistent themes or ideas that emerged? Now is the time to put them into concise, action-oriented words.

As a team, try brainstorming a list of descriptive words based on the answers to the questions and discussions you've had so far. It may be helpful to create categories like words to describe our work ethic, words to describe our product, words to describe why our business is important, etc. At this point, take down everything that is said. There are no wrong answers here. The idea is to get everyone's thoughts out in the open, no matter how obscure or off base it may seem.

So, for example, if your company builds cars and you identified that you strive to ensure your cars get better gas mileage than the competition, some words on your list may include: Efficient, Reliable, Focus on Quality, Environmentally Friendly, etc.

Narrow It Down

This is where you really start to close in on the key ideas that will become your core values. From the list of words, look for repeated words, phrases that mean the same thing, or any common themes and start to narrow the list down to the top 10-15. Have each of your employees think about the words that made the shortlist on their own and rank them from most to least important. You will likely see a few words and phrases emerge as the clear leaders.

Now you not only have a short list of key words and phrases describing the key fundamentals of your company, but because they played a role in defining it, you also have buy-in from your workforce that the words accurately reflect the true core of your business culture.

At this point, it's time for senior leadership to discuss the list of words/phrases and any additional feedback received to hone in on a final list of 3-5 core values. The final list of values may or may not be on the short list verbatim, but they do need to closely reflect the major ideas that emerged during the meetings with your employees.

Remember, you must have company-wide support of your core values for them to be effective. These are the ideals that will provide a strong foundation upon which you will be able to establish your company culture. So, once you have decided on your final set of core values, you'll want to clearly define and give examples of key behaviors associated with each value.

This process is not a "silver bullet" and should serve only as an example to help you get started. There are a wide variety of factors that may come into play depending on the specifics of your business, industry, target market, etc. And it's only a first step down a long path of creating and defining a strong company culture. The most important part is getting the conversation started.

ENGAGED EMPLOYEES KNOW THEIR HARD WORK IS APPRECIATED

By James C. Price · March 14th, 2013

We all want to feel appreciated. It's an innate desire to know that what we do affects others in a positive way. As leaders, we have the ability to impart mood-altering, encouraging words to our own team members. Appreciation can be the difference in motivating a team to new heights and creating a revolving door of turnover at your organization.

Although most people understand its importance, appreciation through words or actions is often hard to come by in an office setting. According to a survey by the John Templeton Foundation of West Conshohocken, Pa., a nonprofit research organization, 10% of workers express gratitude to a colleague daily, while only 7% show appreciation to bosses. There is a disconnect between the amount of times appreciation is shown with the knowledge of its impact. According to Society for Human Resource Management, about half of human-resource managers say showing appreciation to employees helps reduce turnover and increase profit. Productivity and engagement is obviously directly connected to how employees understand their impact and influence in the overall company picture.

So to ensure high moral and better employee participation, consider these quick tips to show appreciation to your workforce!

WRITE: The Power of a Written Note
For millennia, people have been imparting the power of written words. Whether through manuscripts, stories, or personal notes, humans have used this tried and true way of communicating effectively, though lately, this art has been used less and less. Sometimes, the best way to show how much you appreciate someone is with a hand-written note. On several occasions, I have gotten encouraging words from executives through this medium, and its power to encourage and increase productivity is indefinitely evident.

SPEAK: Peer Presentation of Accolades
Another way to show appreciation is by expressing individuals' personal achievements in the presence of their peers. Whether in weekly meetings or department luncheons,

use the first five minutes to point out a couple employees who have completed a project or went out of their way to help out a client with a specific need.

FAST FORWARD: Time is Precious
There is a classic song by the 80s band Loverboy that can be applicable to some of your employees: everybody's "Working for the Weekend." Even highly engaged employees still enjoy time off to spend with friends and family. One surefire way of making your employees feel your appreciation is by giving them paid time off. If you can, surprise your team with a half day on Friday to fast forward their weekends. Or if you can't afford to have an empty office, have them draw cards out of a hat with different times on them.

PROVIDE: Morning or Afternoon, Parties Pay
Another time-tested celebration of a job well done is throwing an office party. The short break from your team members' daily whirlwind can work wonders in revitalizing them and providing a new sense of productivity. If you manage a service company and can't get away from customers or phones for thirty minutes, then consider bringing in donuts in the morning, pizza for lunch, or dessert for the afternoon.

GIVE: Card or Cash, Money Pays
It's true what they say – cash is king. Sometimes the simplest way to show gratitude to your employees is by giving gift cards or bonuses. It takes the least amount of planning and time away from work, and it allows your staff the choice of how and when they use it. Better yet, try starting an incentive program where they work to get a specific gift card or cash bonus. Sometimes healthy competition does wonders to a company's engagement and productivity.

A SPECIAL THANK YOU…

This health care retention tool kit was originally created for health care employers as a technical assistance support service of the Greater New Orleans Health Service Corp (GNOHSC) grant program. Funding for GNOHSC was provided by a $50 million grant from the U.S. Department of Health and Human Services, Centers for Medicaid and Medicare Services – Hurricane Katrina Healthcare Related Professional Workforce Supply Grant. The grant provided recruitment and retention grants to health professionals for stabilization of the health care workforce in Region 1 following Hurricane Katrina.

A community-based employer survey was distributed to Greater New Orleans health employers in March of 2009. The tool kit was designed from that survey to create a document comprised of a collection of case studies, sample forms and other information to help support employers in continued efforts to address health care workforce retention.

Research of best practices and resources shared in the kit are designed to be useful to providers and community leaders in hopes of creating a stronger and stable health care workforce in New Orleans and throughout Louisiana. The Region I Retention Council was formed in response to employer feedback and their input guided the creation of the tool kit.

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