

New York State Department of Health Dementia Grants Program
2003-2005 Grant Funded Project

*Dementia Leadership Program- Recruitment and
Retention of Staff in a Culture Change Environment*

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Recruitment and Retention of Staff in a Culture Change Environment

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Section I: Goals & Objectives:

The Center for Nursing & Rehabilitation (CNR) had several goals identified in the original proposal. The primary objective was to identify a cadre of certified nursing assistants to be trained as mentors. The training content would include: a) increased knowledge and skill in caring for residents with dementia; b) mentoring skills with newly-hired staff; c) leadership skills related to “culture change” activities throughout the organization.

The development of peer mentors and related activities would also have a positive impact on the entire staff of Penthouse Gardens (the 80 resident neighborhood where all of the mentors would work). It was anticipated that the staff would increase their knowledge and skills in relation to working with residents with dementia in a culture change environment.

It was expected that the mentors would have a positive impact on the facility’s ability to recruit and retain staff – particularly in the Nursing Department. Turn-over rates and absenteeism patterns would show positive change.

Residents with dementia would experience an improved quality of life, as evidenced by MDS data related to bathing and eating. There would also be an increase in the kinds of activities offered and the level of involvement of residents.

Satisfaction levels would also be impacted by this project. Staff understanding and commitment to “culture change” would improve; families and residents would report increased levels of satisfaction with their CNR experience, particularly on Penthouse Gardens.

Section II: Background & Rationale:

CNR has operated as a 320-bed voluntary skilled nursing facility since 1978. Its mission has always been to provide health care services to underserved populations in an environment that promotes individuality, dignity and independence. It has enjoyed a consistently excellent reputation for its clinical care and has developed several specialized services (e.g. dialysis, subacute care, short-term rehabilitation, dementia) to meet the increasingly diverse needs of its residents.

In 1997, CNR’s administration learned of a then-new approach to long-term care. The “culture change” movement was growing, and CNR embraced the opportunity to learn and develop as a leader. Administrative leadership attended national conferences, visited other facilities that had begun the transformation process from medical institution to home environment, and involved other CNR staff in learning and planning for their own change. CNR incorporated ideas from leading culture change models into its own strategic plan. Nursing units were changed to “neighborhoods”, whose residents chose names for them. Department silos were reduced and neighborhood teams created. These interdisciplinary teams began to report to neighborhood directors. Individual offices were replaced with team rooms. Environmental changes included the creation of living rooms, dining rooms, a library, computer area, more accessible teamwork stations, spas and additional spaces for activities. Live animals and plants were integrated into the everyday life of residents and staff.

CNR had noted the steady increase in the amount and severity of dementia among its resident population and recognized that the certified nursing assistants possessed

tremendous knowledge of residents' habits and preferences. What was needed was specialized training to maximize the unique relationships that these direct care workers had with residents.

CNR's administration learned of the training resources of the Paraprofessional Health Care Institute (PHI). This organization enjoys a national reputation in the health care field and is widely known for its curriculum development and work with direct-care staff. While much of PHI's early work was with home care attendants, its staff had begun to work with nursing homes in other parts of the country. CNR hoped to have the opportunity to bring PHI's considerable expertise and talents to assist its staff in understanding and embracing culture change.

Many factors contributed to the high turnover rates of nursing home staff. CNR was well aware of the economic costs of advertising, interviewing, orienting new staff; of the detrimental impact of new staff on residents with dementia and their families; how high turnover rates adversely impacted on their culture change efforts, which are grounded in the importance of relationships between staff and residents. It is well documented that many newly-hired staff, particularly CNAs, leave within the first three months of employment at a facility. Many cite the negative reception by their new co-workers and poor relationship with their supervisor as primary reasons for leaving. While many staff at CNR had worked there for several years (20+ years was not uncommon), the national average age of a CNA was over 40 years. Measures had to be taken to address the issue of direct care staff who themselves were aging and reaching retirement. It was time to create a new approach to recruiting and retaining staff.

Increased recognition was given to the relationship between staff satisfaction and resident/family satisfaction. If staff feel they are respected and well treated, they are more likely to treat residents and families in similar fashion. As the number of nursing home vacancies throughout the state began to rise, CNR recognized the increased importance of focusing on levels of satisfaction in all areas if it were to remain competitive.

CNR's leadership believed that the creation of a successful mentoring program could help address all of the issues described above.

Section III: Methods

The Study Design consisted of five parts:

1. Project Team: Once the Project's funding was secured and a Director hired, a Project Team was convened. Its goal was to oversee the implementation of the project and serve as a resource to the Project Director. Its membership consisted of the Senior Vice-President of Operations, Administrator, Assistant Administrator, Director of Clinical Services, Associate Director of Clinical Services, Director of Education, Research & Training, Neighborhood Director of Penthouse Gardens (80-bed neighborhood focused on caring for residents with dementia), the Project Director and the Assistant Director and two consulting trainers from PHI. Once the mentors were identified, two mentors attended each subsequent meeting of the Project Team on a rotating basis.

The first task of the Project Team was to develop a mechanism for identifying the certified nursing assistants for training as peer mentors. This involved establishing eligibility criteria, conducting facility-wide meetings to inform all staff about the goals of

the project and the application process, designing an application and interview tool, and conducting a group meeting to select the original 13 applicants. While 13 CNAs were originally entered into the program, ten remained until completion. One individual left the program before the first training phase, another left to pursue LPN training and a third died mid-way through the project.

2. CNA Mentor Trainees: Training was divided into two approaches:
A- Formal training, conducted by the PHI consultants, was divided into three discrete segments, so that the mentors would have time in between segments to reflect on the new learning and practice integrating new skills into their everyday work. Content of this formal training was modified as the project proceeded and new learning areas identified. The themes of the three training phases conducted by PHI were: 1) CNA Mentoring Skills, 2) Culture Change & Individualized Bathing and, 3) Leading Beyond Our Neighborhood. Each phase consisted of four or five full days of training, one day per week. Training occurred in the facility's classroom. The completion of each phase was marked with a ceremony and certificate.

B - Informal training was organized by the Project Director, with support from the Project Team members. Many of these activities included other staff members from Penthouse Gardens. In addition to the mentors, the social worker, dietitian, recreation therapist and nursing staff attended sessions about Alzheimer's disease and dementia, web cast seminars on dementia and managing challenging behaviors, conferences and seminars outside the facility to increase knowledge and skills. The mentors worked with CNR clinical staff (therapeutic activities, social work, rehabilitation) to increase knowledge and skill, participated in grief and bereavement training, reviewed videos, newspaper, journal and magazine articles to stimulate analysis and discussion. The Project Director also conducted individual and group sessions focused on the peer mentors individual growth and development during the course of this 18-month training.

As cited in Section I, resident bathing was a focus of this project. Using Joann Rader's "Bathing Without a Battle" as their foundation, the mentors developed their own procedures to personalize the bathing experience for residents. They developed an in-house training approach to share this knowledge with other CNR staff working on all four neighborhoods. Mentors also developed assessment tools and assisted in writing a new facility-wide policy. They also took leadership in redecorating their neighborhood spas to support these new approaches.

Mentors also revamped their approach to welcoming new residents to their neighborhood. By creating the "Moving-In Committee" mentors worked with other neighborhood team members to create a welcoming basket for new residents. The basket contains personal care items and a scroll that provides individualized information about the resident's care team.

We took advantage of an additional training opportunity when CNR conducted a course for individuals interested in becoming CNAs. Peer mentors were included in the interview process and assisted in teaching select modules.

Site visits to five other nursing homes that had begun to implement culture change initiatives were scheduled throughout the project. At each visit, peer mentors, and other CNR staff, toured the facility, met with appropriate leadership and interacted with other direct-care workers. These visits enabled the peer mentors to evaluate their training and

work experiences in relation to other practices and to expand their vision for themselves and CNR.

As the peer mentors acquired increased confidence and commitment to the project, additional opportunities were sought for them to share their experiences with others. Peer mentors, with assistance from the Project Team members, organized and delivered presentations about this project to: 1) a meeting of 80 members of the CNR Network (administrative and clinical managers from all programs), 2) CNR's Board of Directors, 3) attendees of the annual joint conference of the American Society on Aging (ASA/NCOA) in Philadelphia.

Peer mentors were invited to attend and participate in a wide range of meetings to gain a broader perspective of relevant issues. These included: 1) Washington DC – joint meeting of the Departments of Labor and Health & Human Services to discuss projected labor shortages in health care, 2) New York State Dementia Grants conference, 3) Pioneer Network conferences in Kansas City and Tarrytown, 4) New York State Department of Education to revise curriculum for training new certified nursing assistants.

Peer mentors were also involved in writing their new job descriptions and were present during meetings between Human Resources and the Union (1199SEIU) to negotiate the new terms of their work titles and responsibilities.

3. All of the residents on Penthouse Gardens, with a focus on those with a diagnosis of dementia. These residents were directly impacted by the mentors' new approaches to care; bathing, eating, meaningful activities and much more. Data was collected in the following areas: A – Number of residents with dementia and those with dementia and challenging behaviors (chart review, MDS data), B – ADL status in bathing and eating (MDS data), C – satisfaction survey with all capable residents (Press-Ganey).

4. All of the families of residents on Penthouse Gardens: Families were invited to Neighborhood Family & Friends meetings on a regular basis, and asked to participate in various activities that the mentors organized. The Project Director conducted two focus groups that were open to all families – one at the beginning of the project and another after its completion. At these meetings, families were asked to share their experiences and feelings about their interactions with Penthouse Gardens' staff and their residents' quality of life at CNR. In addition, all families throughout the facility were asked to complete a satisfaction survey, administered by the Press-Ganey Company.

5. All of the staff (all disciplines/all shifts) working on Penthouse Gardens: A Neighborhood Work Team was established at the beginning of the project. This interdisciplinary group met weekly on Penthouse Gardens and assisted in the smooth integration of the new knowledge and skills the mentors were acquiring into the daily life of the residents, visitors and staff. Meetings of the Neighborhood Work Team were open and attended by staff from the day and evening shifts; families and residents were also welcome. This team's knowledge and support of this project was crucial; for example, when the mentors introduced new bathing approaches and initiated new activities (shadow boxes, holiday caroling). Data regarding staff's knowledge and satisfaction with culture change was determined through the administration of a ten-item questionnaire. Data was also collected about staff turn-over rates. All of this information was collected at two time periods, once at the beginning of the project and again at its completion.

Quantitative/Qualitative Methods: The design of this project did not require rigorous statistical analysis of data. Section IV of this report will outline, in narrative and graphic forms, the comparisons of the quantitative data cited above. Qualitative impressions were collected through the project. Mentors were asked to reflect on the experience throughout the life of the project. The Project Director met individually with each mentor at the mid-way point and maintained a record of personal observations. At the graduation ceremony held at the completion of the project, each mentor was asked to share her thoughts. In addition, facility staff, who had worked with the mentors for many years, regularly shared their impressions of the impact this project had on the ten women who completed the program.

Section IV: Results:

1. Mentors: All ten mentors successfully completed the 18-month training program. They were all promoted and are now working as “Person-Centered Care Peer Mentors” throughout all four neighborhoods within CNR. There are many anecdotes that reflect the growth, leadership, maturity and enthusiasm that the mentors have demonstrated as a result of their involvement in this project. In addition, at their graduation ceremony, each mentor was asked to share her thoughts of what the project has meant: Excerpts include:

“I’m the only night person in this program...Communication with my peers is so much better now that we are a team.”

“Over the training period I have learned many skills that have made me more knowledgeable and assertive. I pledge to be a good example to my colleagues and add value to all of CNR.”

“We have developed a program that has a holistic approach towards caring for the mind, body and spirit of the person with Alzheimer’s disease...We have learned to value the importance of team work.”

“Communication is necessary to forming relationships; whether it’s between staff and residents, or between a mentor and mentee...Effective listening provides the foundation for building strong teams and good leaders.”

“That resident on Penthouse Gardens could be me one day. I’m trying to build better relationships with my residents by taking the time to sit and talk about their hobbies, their likes, dislikes and families.”

“In talking with new residents and their families, we help relieve some of their anxiety about being here. We want them to feel more comfortable, as if they were home.”

“Let us embrace person-centered care and remember that what we do right now will determine how we will be cared for when our time comes. See that person who is inside that sick or frail body – see the spirit, history and life that was once similar to yours.”

2. Residents on Penthouse Gardens: Penthouse Gardens (total capacity is 80 residents) saw an increase in both the number of residents with dementia and residents with dementia and challenging behaviors from 2003 to 2005:

| | 2003 | 2005 |
|---|----------|----------|
| Residents with Dementia | 44 (55%) | 63 (78%) |
| Residents with Dementia and Behavior Problems | 27 (33%) | 31 (38%) |

MDS Data re: Eating ADL

| Activity | 2 nd Qtr. 2003 | 3 rd Qtr. 2005 |
|--------------------------------|---------------------------|---------------------------|
| Independent in Eating | 21% | 23% |
| Requires Supervision in Eating | 12% | 5% |
| No Set-Up of Meal | 11% | 16% |
| Set-Up of Meal Only | 22% | 13% |

| Weight Loss | 2003 | 2005 |
|---|------|------|
| Residents with Dementia and Significant Weight Loss | 4 | 4 |

MDS Data re: Bathing ADL

| Activity | 2 nd Qtr. 2003 | 3 rd Qtr. 2005 |
|---|---------------------------|---------------------------|
| Total Independence in Bathing | 0 | 0 |
| Requires Limited Assistance in Bathing | 60% | 68% |
| Requires Physical Help in Part of Bathing | 14% | 22% |
| Requires Extensive Assistance in Bathing | 36% | 27% |

3. Families of Residents on Penthouse Gardens:

There was an observable increase in family attendance and participation during this project. (In May 2003, five families attended the “Friends & Family” meeting. In August 2005, 27 families attended.) Families attended the informational meetings and were active in mentor-led activities (e.g. shadow boxes, Caribbean Bar-B-Q). The comments in both Focus Groups (2003 and 2005) were overwhelmingly positive; yet the comments in 2005 were more specific about families’ observations of staff utilizing a person-centered approach with residents. Examples include *“My wife doesn’t talk, but staff walk by and talk to her and make sure her favorite TV station is on.”* and *“The staff know my wife likes her showers and her food cut up in small pieces.”*

The most dramatic improvement can be seen in the results of the Press-Ganey satisfaction surveys mailed to all CNR families in 2003 and 2005. In 2003 there were 156 respondents and in 2005 there were 123 respondents. Demographic data is very similar for both groups – overwhelmingly female and most respondents had over 3 years

of experience with CNR. The Press-Ganey survey consists of 54 items. Penthouse Gardens respondents' average mean score was 2.1 points above CNR's over-all mean score. Penthouse Gardens' respondents were more satisfied than all other neighborhood respondents in the following areas:

- *Skill of Nurses
- *Nurses responsive to your ideas of care
- *Nurses treat residents with dignity
- *Nurses manage pain
- *CNAs explain care
- *CNAs treat residents with dignity
- *Staff responsive to your concerns
- *Visitors treated with hospitality
- *Spiritual needs met
- *Overall rating of facility

In comparing Penthouse Gardens' survey results from 2003 to 2005 significant improvement was noted in the following areas:

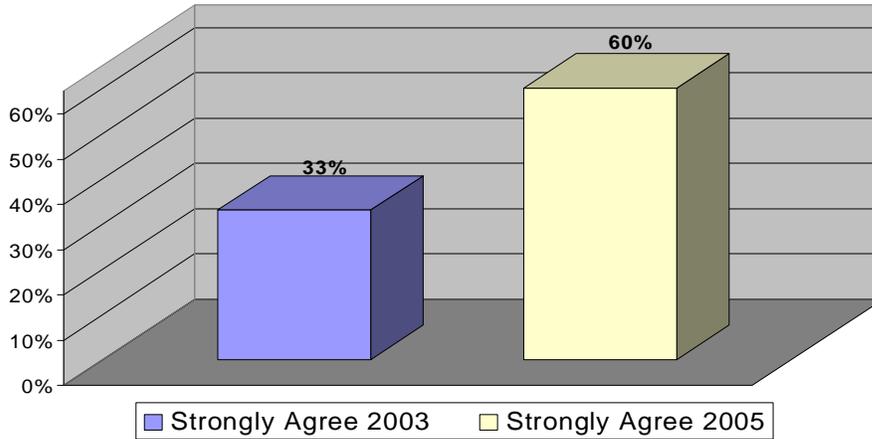
- *Friendliness and skill of CNAs
- *CNAs responsive to ideas about care and give choices
- *CNAs treat residents with dignity
- *Information from CNAs
- *Meaningful relations with staff
- *Respect shown by staff
- *Rooms appear homelike
- *Variety of Activities
- *Variety & Quality of Food
- *Hospitality extended to visitors
- *Likely to recommend CNR to others

4. Staff on Penthouse Gardens (all disciplines/all shifts):

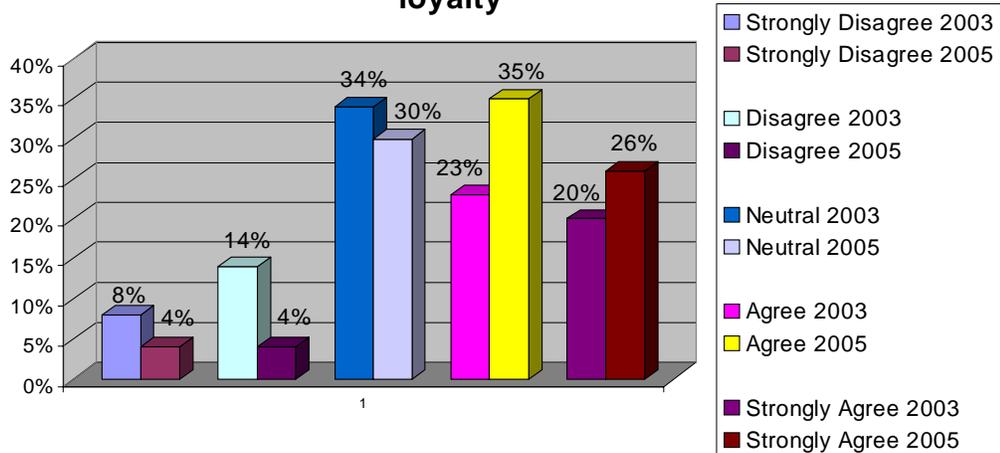
The Neighborhood Work Team was an effective vehicle for integrating the project's activities into the overall life of the neighborhood. The increased teamwork and cooperation evidenced by the majority of Penthouse Gardens' staff were readily observable by CNR's management team and families. Staff also noted that inter-shift communication had improved, particularly because the mentors worked on all three shifts (Five on the day shift, four on the evening shift and one on the night shift).

In 2003 and 2005 a ten- item anonymous questionnaire was given to all staff on Penthouse Gardens. The survey assessed staff's feelings about culture change as experienced on Penthouse Gardens. The slides below indicate the comparison of responses of six items:

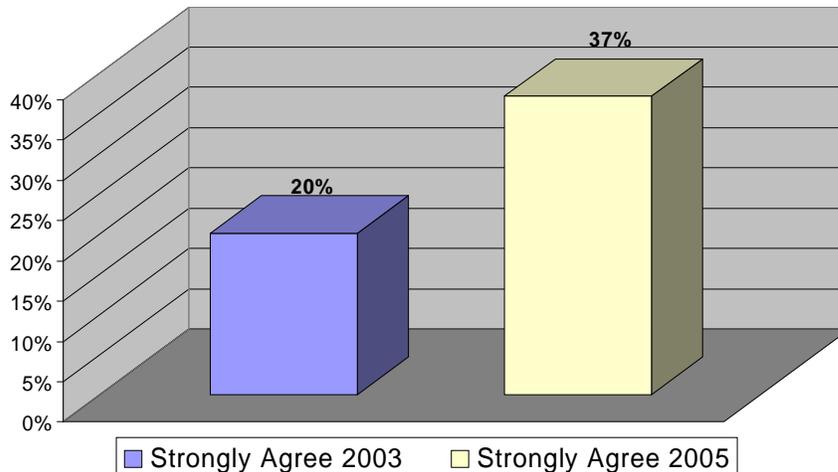
Resident Centered Care means that the Resident has Choices and Flexibility



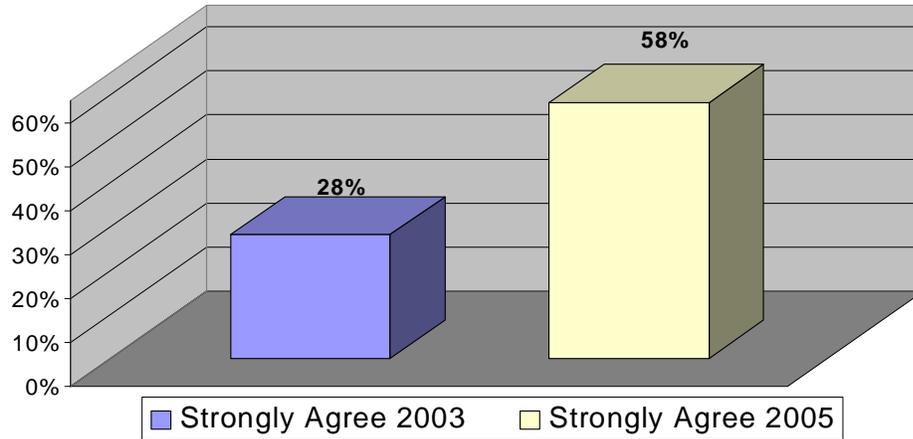
Being involved in Decisions about my Neighborhood and Choices of Uniform gives me a sense of pride and loyalty



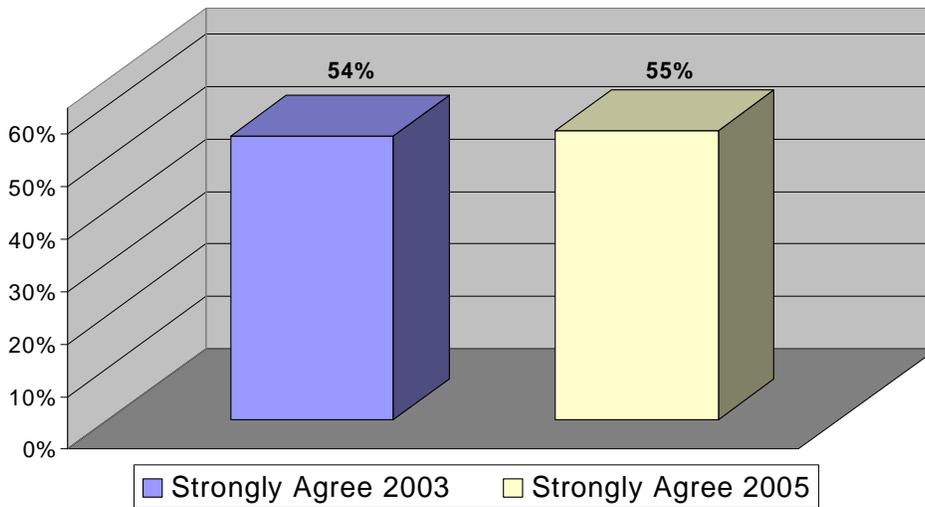
I have the Opportunity to Participate in making decisions in my neighborhood



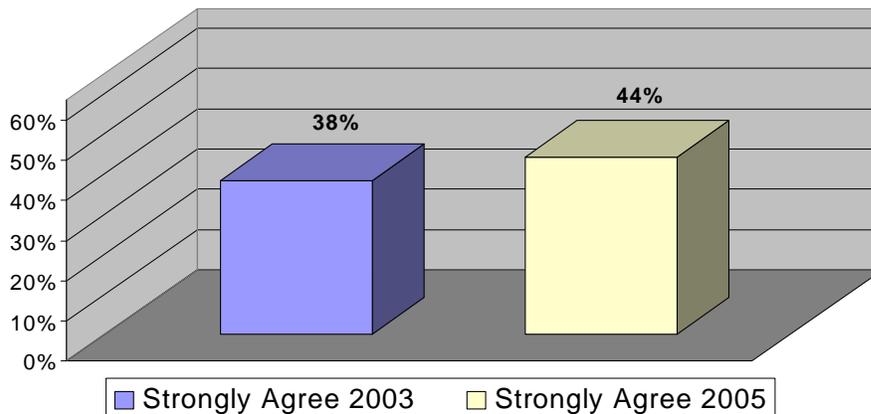
I feel that I know the Residents better, what they want and feel since "Culture Change" began in 1999



I feel a sense of commitment to my Co-workers, Residents and Neighborhood



The Neighborhood Concept Model is better for Residents because they maintain as much Independence as possible



Turn-Over Data – CNR Staff

| Staff Group | 2003 | 2005 |
|--------------------------|-------------|-------------|
| CNR – Full House | 9.1% | 6.3% |
| CNR – All Nursing Staff | 10.5% | 7.6% |
| Penthouse Gardens’ Staff | 5.6% | 0% |

Section V: Strengths & Limitations:

There were many strengths in this project. The training design was broad, inclusive and flexible. It provided a clear framework while allowing time to create opportunities to meet unanticipated learning needs. It also enabled project staff to take advantage of occasions, such as peer mentor involvement in the CNA trainee course, that were not envisioned in the original project design.

This project enjoyed strong, consistent support from CNR’s administration and top management. This was evidenced by their active participation in Project Team meetings, availability throughout the project for consultation and problem-solving and communicating the importance of the project throughout the organization and its network. The Assistant Administrator, in particular, took “ownership” of the project and ensured that deadlines were met and details attended to.

Management staff not directly responsible for the project also demonstrated consistent support and understanding of this project’s relationship to the overall operation of the facility. Particular mention is given to the Engineering, Environmental and Food Service departments whose staff worked directly with the peer mentors on several projects. These managers made themselves available to the mentors and were responsive and respectful of their ideas and suggestions.

The professional trainers from PHI were generous in their time and support. They were consistently knowledgeable of the project’s progress, even when they were not on site to conduct formal training. They were open to modifying curriculum when needed in response to emerging developments within the facility. They were responsive in a time of crisis when one of the thirteen original mentors died unexpectedly. The Project Director was unavailable (due to her own family emergency) and the PHI staff immediately arranged for an additional full-day session for the mentors to express their grief and memories of their colleague.

Limitations:

Involvement of other Neighborhood Directors and Supervisory staff:

In the second year of the project, the Project Team identified two unanticipated needs within the facility. Many of the original administrative staff involved in the initial “culture change” activities of CNR in 1999 were no longer working at the facility. While the peer mentors were learning about and attempting to implement new approaches in person-centered care, current management needed an opportunity to come together to forge their vision for CNR. With assistance from PHI staff, a one-day leadership retreat

was conducted. This retreat helped to inform current staff about the philosophy of culture change and to strengthen their team commitment to the facility's core values.

The second unanticipated need involved educating the Nursing administration, supervisors, charge nurses and neighborhood directors about new skills the mentors had learned. This was crucial to the sustainability of this project, as plans were made to re-assign many of the mentors to work on other neighborhoods. (CNR has 4 distinct neighborhoods, each caring for 80 residents. The project design called for all the mentors to work on one neighborhood during the project.) If the mentors were to be successful in their new neighborhoods, all supervisory staff had to become aware of their training. Again, with assistance from PHI, a two-day training in "Coaching Supervision" was held for approximately 25 staff.

The majority of CNR's direct care staff are unionized and represented by local 1199SEIU. Obtaining the support of the union's leadership, especially when formulating a new job description for the mentors, was important to the sustainability of the project. It would have been more prudent to actively seek out the union as a partner earlier in the project; this might have alleviated some of the delay in finalizing the job description.

Section VI: Conclusions:

This project sought to accomplish many goals as cited in Section I of this report. We believe that we were successful in achieving many of our objectives, based on the data presented in Section IV and anecdotal reports from several sources.

The primary objective of developing a cadre of peer mentors was achieved. Ten of the original 13 candidates successfully completed the rigorous 18-month training program and are now working with new job titles, responsibilities and salaries throughout the facility. They are widely recognized as leaders by their peers, administration and the Board of Directors of CNR. In addition, other parts of the CNR network have expressed great interest in replicating parts of this project in their sites. The mentors are a resource that will impact the organization for years to come.

During the project all ten mentors worked on one neighborhood, Penthouse Gardens, and helped to create a strong team approach to person-centered care. The graphic data in Section IV illustrates the positive impact the mentors had on staff knowledge and attitudes toward culture change.

The mentors were actively involved with newly hired staff and participated in the training of potential CNAs. Three of the 13 CNA trainees have been hired by CNR and noted the support and encouragement of the mentors as factors in their decision to work at this facility. While the initial data regarding staff turnover, presented in Section IV, is positive, the long-range impact on staff recruitment and retention is unknown at this time. CNR plans to closely monitor this area. Absenteeism was not positively impacted.

The MDS data related to resident ADLs in bathing and eating is inconclusive. There is more resident participation in bathing in 2005. While there is no direct correlation between the person-centered care bathing initiatives and these positive results, we can assume there is a strong connection. Anecdotally, residents, families and staff are very pleased with environmental changes on Penthouse Gardens; specifically redesigned spas for bathing and a dining room that supports restaurant-style dining and the elimination of tray service. As new approaches to bathing, dining and other meaningful

activities become more embedded in all of CNR's neighborhoods, the MDS data will continue to be tracked.

We are most encouraged by the improvements in satisfaction levels of families and residents of Penthouse Gardens. The Press-Ganey data clearly indicates that measurable progress has been made in fostering a team approach to person-centered care. Residents and families feel a "connectedness" with staff who make each one feel welcome and unique.

Dissemination:

CNR has already begun to disseminate information about the results of this project. On October 26, 2005 a conference was held to summarize the project's design content and offer participants a choice of three workshops to learn more about the skills the mentors had developed. The conference attracted staff from 17 nursing homes as well as other long-term care advocates. Mentors helped design the conference and workshops and co-lead every part of the program. Evaluations indicate that 100% of the respondents had a "Good" or "Excellent" overall impression of the conference.

One of the mentors was invited to participate in a state-wide committee to redesign the curriculum for new CNA trainees. Another mentor has been invited to the annual meeting of the Direct Care Alliance (a national organization committed to ensuring a stable, valued and well-trained work force in health care). This mentor has been asked to be a co-presenter with Joann Rader, in a workshop on individualized bathing.

At the beginning of November four of the ten mentors were reassigned to other neighborhoods within CNR. It is anticipated that their leadership and person-centered care skills will have a positive impact on the staff, residents and visitors throughout the facility. Regular meetings of all ten mentors, under the direction of the Associate Director of Clinical Services, will be held. In this way, the mentors can support one another, offer problem-solving suggestions and maintain continuity of care.

CNR will respond to "requests for proposals" for conferences in the coming year, from the ASA/NCOA, Pioneer Network, New York State Dementia Program, AAHSA, and other relevant organizations.

Outlines for articles are being developed, for submission to professional and trade periodicals.