

Extended Care Career Ladder Initiative Interim Report

December 2002

Project Overview

The Commonwealth of Massachusetts initiated the Extended Care Career Ladder Initiative (ECCLI) as part of a broader Nursing Home Quality Initiative, adopted by the Legislature in 2000. Both were in response to high turnover and vacancies among paraprofessionals in long-term care, creating instability that threatens quality and access to health care. Basic to these initiatives is the equation of good care for consumers with good jobs and opportunities for frontline caregivers. Round 2 asks long-term care providers to mount demonstration projects that test this equation, by partnering with other providers and workforce development organizations (including community-based groups, unions, workforce development agencies, and community colleges). Sponsors hope that such projects will offer clear and replicable models for both the long-term care industry and the workforce development community.

ECCLI's primary goals are to improve quality of care, promote skill development, institute career ladders and other workplace practices that support and develop workers, and improve retention of Certified Nursing Assistants (CNAs). To achieve these goals, the Massachusetts Legislature invested \$5 million in three rounds of the ECCLI project for Year 1 (FY 2001), and an additional \$5 million for Year 2 (FY 2002), with approximately \$2.4 million of those funds devoted to the Round 2 project.

Research Summary

This report is the second and final report of the first full year evaluation of the ECCLI program. It covers activity and achievements of the Round 2 consortia of nursing homes, home health agencies, and workforce partners during the period July 2001 through April 2002. It serves as a "progress report" and follows a case study approach as its main evaluation method, as well as reviewing project-wide data where available. Case study data were gathered from six individual facilities in five of the seven Round 2 consortia. The in-depth cases were selected to reflect a range of strategies, conditions, and partnership arrangements. In total, more than 80 interviews were conducted for this report.

Between August 2001 and April 2002, the researchers interviewed 41 frontline workers, nine of their supervisors and 10 workforce partner organizations associated with the five case study sites. Seven Project Coordinators, representing all consortia, were also re-interviewed after nearly one year of ECCLI implementation activity. The researchers also interviewed a union representative, a director of a participating home health agency, and seven additional facility managers, such as HR directors, staff developers, or assistant directors of nursing, where their role in ECCLI Round 2 implementation was

key. Survey data were collected from 161 training participants (who completed anonymous voluntary short survey forms distributed to them at training by their trainers). These were complemented by information that researchers obtained from attending 10 project coordinator meetings and multiple technical assistance sessions for ECCLI sites. In addition, researchers documented and evaluated an innovative bathing “care practice” in one consortium. Finally, researchers utilized spreadsheet data reported by facilities on consortium activities, participant data, and certain trends in each workplace, such as hiring, exits, and recruitment costs. These latter data, however, were not always complete or current, and will be supplemented in a future report if funding and data become available.

Key Findings:

Training is one of ECCLI Round 2’s most visible accomplishments to date. More than 600 workers in 27 facilities or home care agencies have received training in a wide array of skills, ranging from clinical knowledge and care giving to generally applicable skills, such as English for Speakers of Other Languages, Spanish for Health Care Employees, teamwork, communications, and problem-solving in difficult work situations.

Most ECCLI consortia have also taken small steps in improving the earning power of nursing aides and service workers. Most case study sites reported wage increases, whether for completion of career ladder courses, or for moving to certified nursing assistant from dietary or housekeeping roles.

ECCLI employers are also finding it easier to find and keep workers since implementing the program, particularly in nurse aides and ancillary staff.

In nearly all cases, the ECCLI consortia have progressed in establishing career ladders in their workplaces. At most participating facilities, structures are being established to guide frontline direct care and service workers along paths leading to higher wages, skills, and recognition.

Progress in changing the practices of care giving has also occurred, though not evenly across the participating consortia.