

# Extended Care Career Ladder Initiative Baseline Evaluation Report

## September 2001

### Project Overview

In response to high turnover and vacancies among paraprofessionals in long-term care, the Commonwealth of Massachusetts has initiated the Extended Care Career Ladder Initiative (ECCLI) as part of a broader Nursing Home Quality Initiative. Commonwealth Corporation has been charged with program administration and operation of ECCLI under the legislation.

To achieve the goals of improving quality of care, promoting skill development and instituting career ladders, ECCLI has established seven consortia consisting of 27 long-term care providers partnered with other organizations including community-based organizations, unions, workforce development agencies, community colleges and other long-term care providers. The seven consortia include: Brandon Woods of South Dartmouth, Coolidge House/Genesis Eldercare, Holy Trinity, Leo P. LaChance, Loomis House (Pioneer Valley), Maristhill, and Sherrill House/Alliance for Continued Care and Training.

### Research Summary

This evaluation, the first of three, covers the initiative's start-up period from March to June 2001. It is designed to assess the effectiveness of the ECCLI program and the Commonwealth's use of legislation as a means of improving quality of care and worker standards of living through workforce development.

The data for this report, conducted by the Weiner Center for Social Policy at the Kennedy School of Government, Harvard University and the Center for Community and Economic Development, University of Massachusetts Boston, was primarily drawn from two sources. First, a review was conducted of the "Planning Documents and Budgets" document, submitted by the partnerships themselves for the first ten weeks of the grant period. Second, interviews were conducted of 57 individuals including nursing home administrators, directors of nursing, and project coordinators in all of the 27 participating long-term care facilities located in the seven consortia.

This evaluation attempted to answer the following:

- ◆ What is the process of planning and implementing changes in work, the workplace, care-giving practices, training and systems?
- ◆ What are the emerging outcomes for work, workers, the workplace, care-giving practices, consumers, and systems with comparisons to baseline data?

- ◆ What lessons can be drawn about the relative contributions of different activities and supports to achieving changes in work, the workplace, care-giving practices, and systems?

## Key Findings

The partnerships of long-term care facilities and community colleges, training partners, workforce investment boards, and technical assistance providers have successfully adapted their proposals into finalized concrete plans.

All seven consortia have established consortium-wide governing mechanisms specifically for their ECCLI projects. At a minimum, these are committees that include senior managers from the facilities and project management staff from the training partners. The boards differ in their inclusiveness, frequency of meetings, and depth of involvement.

Reflecting the ECCLI program intent, there is a core set of goals common to all consortia: improving recruitment and retention, enhancing staff skills, promoting workers' internal job mobility, and increasing the quality of care and quality of life for residents.

Additional significant challenges to the Certified Nursing Assistant community, such as language and cultural barriers, may not have been addressed in the implementation of ECCLI within various consortia. Further, ECCLI is unable to fully address either the retention/recruitment needs of facilities that results from low compensation that causes the turnover, or the shortage of licensed nurses willing to work in nursing homes, an issue that is at the center of staffing problems.

Working with each consortium to implement at least one culture change project, with needed technical assistance and evaluation, is a major goal of the program.

Generating buy-in among charge nurses and CNA's was difficult and at times this buy-in was limited.

Because partnering can be difficult for nursing homes, the consortia must be given time to build solid partnerships.