

Act Now

For Your Tomorrow



Final Report
of the
National Commission on
Nursing Workforce for Long-Term Care

April 2005

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NATIONAL COMMISSION ON NURSING WORKFORCE FOR LONG-TERM CARE

Chair

Edward Howard, *Alliance for Health Care Reform*

Staff

Brian Biles, *The George Washington University*

Robert Burke, *The George Washington University*

Robyn Stone, *Institute for the Future of Aging Services*

Paul Wing, *Center for Health Workforce Studies, University at Albany*

Kristin McCloskey, *The George Washington University*

Tim M. Henderson, *Health Workforce Consultant*

Edward Salsberg, *Center for Health Workforce Studies, University at Albany*

Lauren Hersch Nicholas, *The George Washington University*

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Letter from the Chairman

April 11, 2005

Dear Colleague:

The nursing workforce shortage is a major problem for the quality of health care in the United States. This shortage affects all geographic areas of the nation and all types of providers.

The nursing shortage is especially important for long-term care. Every year, millions of chronically ill and disabled residents depend on the long-term care nursing staff for quality health and personal care services.

On any given day, there are almost 100,000 vacant nursing staff positions. The vacancy problem is exacerbated by the rapid turnover of nursing staff, which exceeds 50 percent annually. Projections show an increasing need for long-term care nursing workforce that extends over the next several decades.

Extensive studies have documented that the supply and skills of the nursing workforce – including registered nurses, licensed practical nurses, certified nurse aides and home health aides – are critical to the quality of services.

Nursing staff is so central to the quality of care that Medicare's Nursing Home Compare system includes nursing staff hours per resident as one of three major factors that indicate the quality of individual nursing facilities. New pay-for-performance systems for Medicare and Medicaid long-term care payments may include a factor for nursing staff.

The nursing shortage also increases costs.

Efforts to recruit and train new nursing staff are estimated to cost nursing facilities over \$4 billion each year – more than \$250,000 annually for each nursing home in the nation.

As a first step towards addressing this challenge, national long-term care leaders at the American Health Care Association initiated the National Commission on Nursing Workforce for Long-Term Care in 2003. Members of the commission included national leaders and experts from the long-term care, nursing education, nursing professions, workforce development and quality of care advocacy fields.

The commission was charged with the mission to:

- develop recommendations for practical steps at the national, state and local levels to recruit and retain a skilled, dedicated, and experienced nursing workforce to care for the nation's frail elderly and disabled; and
- document best practices by state and local long-term care, education and other organizations to recruit and retain the nursing workforce essential for quality long-term care.

The commission found that while the current nursing staff situation is serious, there are positive developments that can serve as the foundation of a national effort to meet the

challenge. Most notably, model programs have proven their value at the state, provider and national levels.

The commission recommends that to achieve success in recruiting and retaining a well-trained and dedicated workforce, major initiatives based on the experience of model programs should be developed at the:

- state and local level;
- facility and provider level; and
- national level.

These initiatives must work to improve both the retention of current nursing staff as well as the recruitment of new staff. Adding new staff will not solve the problem if over 50 percent of new nursing staff leave their new positions within a year.

Most importantly, the commission finds that the leadership for the efforts to strengthen the long-term care workforce will need to come from the long-term care industry itself.

The title of the report – *Act Now: For Your Tomorrow* – reflects this emphasis. While many partners will need to help meet the challenges, the first steps and day-to-day force behind the work must be provided by long-term care leaders.

Faculty at the Wertlieb Institute of Long-Term Care at The George Washington University organized the commission and managed its work. The principal staff for the commission and the authors of the report include: Brian Biles, Robert Burke and Kristin McCloskey of The George Washington University; Robyn Stone of the Institute for the Future of Aging Services; Tim Henderson, a health workforce consultant, and Paul Wing of the Center for Workforce Studies, University at Albany.

The findings and the recommendations of the commission are the product of the collective expertise, experience and work of the members of the commission. The countless hours that they contributed to attending the meetings of the group and reviewing draft documents reflect their commitment to quality long-term care and an excellent workforce. Many of the examples in the report come from the experiences of the members and their organizations.

This is and will continue to be important work. It is now time for the long-term care community to *Act Now: For Your Tomorrow*.

Ed Howard

Executive Summary

Established in 2003, the National Commission on Nursing Workforce for Long-Term Care developed recommendations for practical steps to strengthen the nursing workforce that cares for the nation's frail elderly and disabled people.

Responding to the current and projected shortage of nursing staff, the commission began its work with an analysis of current patterns and future trends. It documented best practices to recruit and retain the nursing workforce for long-term care.

Commissioners found that the recruitment of additional nurses will require partnerships with educational, nursing and public workforce leaders and their organizations. These efforts will require collaboration with those external to the field and will be best initiated at the state and regional levels.

The commission also found that the retention of nursing workforce will necessitate changes in the organization and operation of the long-term care workplace. These changes will be most effective if spearheaded by individual facility, provider and multisite firm leaders.

The commission included leaders from the long-term care, education, nursing, public workforce and long-term care quality communities. The American Health Care Association provided the leadership and necessary support for the establishment of the commission.

THE NURSING WORKFORCE SHORTAGE

More than 12 million Americans receive formal long-term care services each year. Over 75 percent of nursing home residents are sufficiently disabled that they are unable to perform three or more activities of daily living and over half are more than 85 years of age. Over 54 percent of long-term care employees are nurses and nursing aides.

But long-term care providers face a major shortage of nursing staff. Nearly 96,000 nurses and other health care professionals are needed to fill vacant positions at nursing homes across the nation. Over 15 percent of nursing homes' registered nurse (RN), 13 percent of licensed practical nurse (LPN) and 8.5 percent of certified nurse aide (CNA) positions were vacant in 2002.

Complicating the picture is a high rate of nursing staff turnover, averaging 49 percent for RNs and 71 percent for CNAs in nursing facilities nationally. Such vacancies and turnover decrease the quality of care. As the Institute of Medicine has reported, "Long-term care services are labor intensive so the quality of care depends largely on the performance of the care-giving personnel." Experts estimate the total national costs of the turnover of nurse aides in nursing facilities at over \$4 billion a year or an average of \$250,000 annually for each individual nursing facility.

STATE AND LOCAL INITIATIVES

Partnerships at the state and local level may prove among the most powerful keys to the improvement and expansion of the long-term care workforce. Providers and many potential partners are organized at the state level so this a logical place to begin. State partnerships should focus on initiatives to strengthen the recruitment of nurses and aides.

The commission recommends that state and local initiatives should:

- Establish structured collaboration at the state level by organizations and leaders from the long-term care, health care, education, public workforce, nursing, consumer, government, business and philanthropic communities to better understand the long-term care nursing shortage in the state and to develop a comprehensive set of solutions.
- Create working partnerships with individual nursing education and public workforce organizations to plan and implement specific programs and projects to improve nursing workforce for long-term care.
- Work to develop a stable source of financial support for state and local programs to improve the workforce.
- Promote the development of workforce initiatives in individual metropolitan and other regions of the state.
- Develop the capacity at the state level to assist individual facilities to improve their

workplace conditions and to increase the retention of nursing workforce.

FACILITY AND PROVIDER INITIATIVES

Annual turnover rates of more than 50 percent suggest that better retention of existing employees is the most important step to improving the long-term care workforce.

While recruitment efforts will require active partnerships with organizations external to the long-term care field, improved retention efforts will largely be based on work by long-term care nursing leaders to improve their internal organization and operation.

The commission recommends that individual facilities and providers should:

- Engage in systemic worker-oriented culture change and work redesign at the individual facility and provider workplace to reduce turnover and improve retention of a high-quality nursing workforce.
- Transform nurse supervision in the workplace from the traditional hierarchical management approach to a coaching and mentoring approach.
- Offer opportunities for the direct-care nursing workforce to grow professionally in the workplace.
- Work collectively to develop partnerships with local community colleges and other educational institutions to help develop a quality workforce.

-
- Develop and implement plans to increase the wages and benefits of the frontline nursing staff to improve retention.

NATIONAL INITIATIVES

National partnerships can facilitate collaboration at the state and local levels. National organizations can play especially important roles as clearinghouses by identifying effective models and promoting their replication in other sites.

National initiatives can also develop sources of funding for state- and local-level activities. The federal Nursing Reinvestment Act program administered by the Health Resources and Services Administration (HRSA) in the Department of Health and Human Services and the High Growth Job Training Initiative administered by the Employment and Training Administration (ETA) in the Department of Labor support model nursing and health care workforce projects. Medicaid and Medicare provide over 50 percent of nursing home services financing; increased support by Centers for Medicare and Medicaid Services (CMS) for initiatives to improve the nursing workforce and quality of care could be very significant.

The commission recommends that national long-term care organizations:

- Make strengthening the nursing workforce a major priority.
- Actively collaborate with partners from the health care, education, organized labor and public workforce communities

to develop and support a comprehensive set of policies to address the long-term care nursing shortage.

- Develop active working relationships with major federal agencies vital to the development of the long-term care workforce including CMS, HRSA, the ETA in the Department of Labor and the Agency for Healthcare Research and Quality (AHRQ).
- Facilitate the description and communication of effective practices to improve the recruitment and retention of nursing workforce by state and local organizations and individual providers.

CONCLUSION

The nursing workforce shortage faced by long-term care providers stems from factors both outside and inside the organization and operation of long-term care services. The nursing shortage diminishes quality of care and increases the costs of providing services. Resolution of the long-term care nursing workforce challenge will require improvement of the recruitment and retention of nurses.

The leadership for the efforts to improve the long-term care workforce must come from the community itself. New and sustained leadership for action by long-term care leaders is the critical factor necessary to the development of the recommended initiatives and the achievement of the goals of the National Commission on Nursing Workforce for Long-Term Care.

SELECTED NATIONAL AND FEDERAL ORGANIZATIONS AND AGENCIES

AACC	American Association of Community Colleges
AACN	American Association of Colleges of Nursing
AAHSA	American Association of Homes and Services for the Aging
AHA	American Hospital Association
AHCA	American Health Care Association
AHRQ	Agency for Healthcare Research and Quality
CAEL	Council for Adult and Experiential Learning
CMS	Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services (formerly HCFA)
DOL	U.S. Department of Labor
ETA	Employment and Training Administration, U.S. Department of Labor
HCFA	Health Care Financing Agency, U.S. Department of Health and Human Services (now CMS)
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration, U.S. Department of Health and Human Services
IFAS	Institute for the Future of Aging Services
PHI	Paraprofessional Healthcare Institute
SEIU	Service Employees International Union

NURSES AND AIDES IN LONG-TERM CARE

CNA	certified nurse aide
HHA	home health aide
LPN/LVN	licensed practical nurse
RN	registered nurse

The National Commission on Nursing Workforce for Long-Term Care

The National Commission on Nursing Workforce for Long-Term Care was established in 2003 to develop recommendations for practical steps to recruit and retain a skilled workforce to care for the nation's frail elderly and disabled people.

OBJECTIVES

The objectives of the commission included:

- identifying and assessing current major efforts to address long-term care workforce issues at the national, state and local levels including documenting best practices at the state and local levels;
- recommending to state and local leaders model approaches to meet the long-term care workforce needs; and
- encouraging long-term care, nursing, education, public workforce system, government and community leaders to work together to recruit and retain the workforce necessary to assure quality long-term care.

The commission began its work with an analysis of current patterns and future trends in the long-term care nursing workforce. It documented best practices by state and local long-term care, education and public workforce systems and other organizations to

recruit and retain the nursing workforce for quality long-term care.

THE COMMISSION'S WORK

The commission focused on understanding the issues and developing recommendations for initiatives that would lead to improvement in two areas:

- the recruitment of additional nurses to the long-term care field; and
- the retention by providers of skilled nurses and aides who are already providing services in long-term care organizations.

The recruitment of additional nurses will require partnerships with educational, nursing and public workforce leaders and their organizations. Many of these efforts will require collaboration with those external to the long-term care field. This work may often be best initiated with broad or strategic efforts organized at the state level while actual operational or tactical programs and projects may be organized at the regional or metropolitan-area level.

The retention of nursing workforce in the long-term care field will necessitate the changes in the organization and operation of the long-term care workplace. These changes may be most effectively led and conducted by

individuals internal to the long-term care world. This work will be best initiated by the leaders of individual facilities and providers and multisite firms.

The focus on state-level efforts to improve the nursing workforce stems from the current organization of the long-term care field in the United States. The long-term care community across the nation is generally divided into many small units with 16,500 nursing homes, 7,000 home health agencies and 36,000 assisted living facilities. These small, individual providers are often organized at the state level to deal both with state Medicaid programs that finance a substantial amount of long-term care and with state-operated certification and quality programs.

Many individual facilities and providers are part of larger multifacility systems. For these institutions, the leadership to develop and support ongoing efforts to improve the retention of the nursing workforce may be provided by the multifacility firm.

This report includes separate sections that describe potential partnerships and initiatives at the state and local level, the facility level and the national level. Each of these levels

may be able to organize effective initiatives to resolve nursing workforce challenges.

MEMBERS OF THE COMMISSION

Reflecting its mission and objectives, the commission's membership included leaders from the long-term care, education, nursing, public workforce and long-term care quality communities. Analysis and discussion by the commission led to the recognition that all of these groups have an interest in improving the long-term nursing workforce, and that to reach success, these groups must work collaboratively.

The American Health Care Association provided the leadership and necessary support for the establishment of the commission. Faculty and staff at The George Washington University's Wertlieb Educational Institute for Long-Term Care Management managed the organization of the commission's meetings and the drafting of its report. The findings and recommendations of the report reflect the collective knowledge and judgments of the members of the commission.

Commissioners

Edward Howard

Commission Chair
Executive Vice President
Alliance for Health Reform
Washington, DC

Geraldine Bednash

Executive Director
American Association of Colleges of Nursing
Washington, DC

James D. Bentley

Senior Vice President, Strategic Policy Planning
American Hospital Association
Washington, DC

Sharon Bernier

President, National Organization
of Associate Degree Nursing
Pensacola, FL

Claudia Beverly

Associate Director
Donald J. Reynolds Center on Aging
University of Arkansas for Medical Sciences
Little Rock, AR

Carolyn Blanks

Vice President, Labor & Workforce Development
Massachusetts Extended Care Federation
Newton Lower Falls, MA

Sarah Burger

Consultant
Washington, DC

Joy Calkin

Emeritus Professor of Nursing
University of Calgary
Chester, Nova Scotia Canada

Steve Dawson

President
Paraprofessional Healthcare Institute
New York, NY

Penny Feldman

Vice President
Visiting Nurse Service of New York
New York, NY

Anwar Feroz

Executive Director
Eldercare/Long-Term Care
Janssen Pharmaceutica
Titusville, NJ

Irene Fleshner

Senior Vice President, Clinical Practice
Genesis Health Ventures
Kennett Square, PA

Betty McLaughlin Frandsen

Project Director
Institute for Caregiver Education, Inc.
Chambersburg, PA

Roxanne Fulcher

Director of Health Professions Policy
American Association of Community Colleges
Washington, DC

Rita Munley Gallagher

Senior Policy Fellow
Department of Nursing Practice and Policy
American Nurses Association
Washington, DC

Lee Goldberg

Long-Term Care Policy Manager
Service Employees International Union
Washington, DC

Richard Kerr

President
National Association for Practical Nurse
Education and Service
Philadelphia, PA

Mary-Jane Koren

Senior Program Officer
The Commonwealth Fund
New York, NY

Christine Kovner
Professor
Division of Nursing
New York University
New York, NY

Terry Kuzman
Administrator
Parkway Pavilion HHC
Enfield, CT

David Kylo
Vice President
National Centers for Assisted Living
Washington, DC

Thomas Moore
Executive Director
Wisconsin Health Care Association
Madison, WI

Renee Pietrangelo
Chief Executive Officer
American Network of Community
Options and Resources
Alexandria, VA

Lori Porter
Chief Executive Officer
National Association of Geriatric Nursing
Assistants
Joplin, MO

Stephanie Powers
Chief Executive Officer
National Association of Workforce Boards
Washington, DC

Mike Reitz
President
Genesis Health Ventures
Kennett Square, PA

Sandra T. Stinson
President
The Thomas Group
Madisonville, KY

Pamela Tate
President
Council for Adult and Experiential Learning
Chicago, IL

Mary Tellis-Nayak
President and CEO
American College of Health Care Administrators
Alexandria, VA

Jane Tilly
Director, Quality Care Advocacy
Alzheimer's Association
Washington, DC

The Nursing Workforce Shortage in Long-Term Care: Overview

Long-term care providers play a critical role in the nation's health care system. In 2001, nursing homes provided care for an average of 1.4 million residents each day.¹

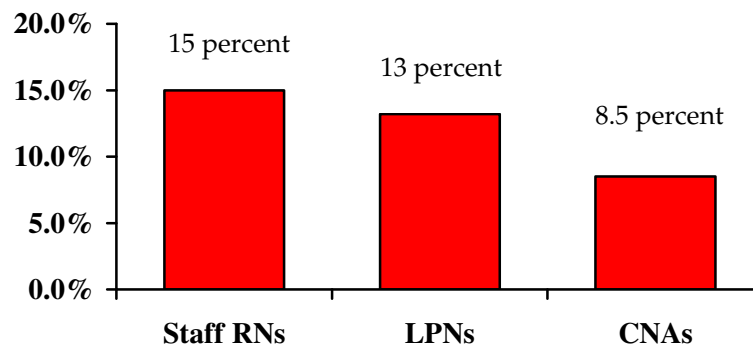
More than 12 million Americans received formal long-term care health services in skilled nursing facilities, residential care facilities, assisted living arrangements, community-based programs and personal homes.² Many of the individuals who use long-term care are frail and elderly. Over 75 percent of nursing home residents are unable to perform three or more activities of daily living and over half are over 85 years old.³

The nursing workforce is central to the mission of nursing homes and long-term care

providers. Over 54 percent of the long-term care employees are nurses and nursing aides. The long-term care nursing workforce now exceeds 1.9 million individuals.

The nation's long-term care facilities and other providers that provide critical long-term care services now face a major challenge with a shortage of nursing workforce. In 2002 in the United States, 15 percent of nursing homes' registered nurses (RNs), 13 percent of licensed practical nurses (LPNs) and 8.5 percent of certified nurse aide (CNA) positions were vacant. Overall, nearly 96,000 full-time equivalent nurses and other health care professionals are now needed to fill vacant positions at nursing homes across the United States.

NATIONAL VACANCY RATES (2002)

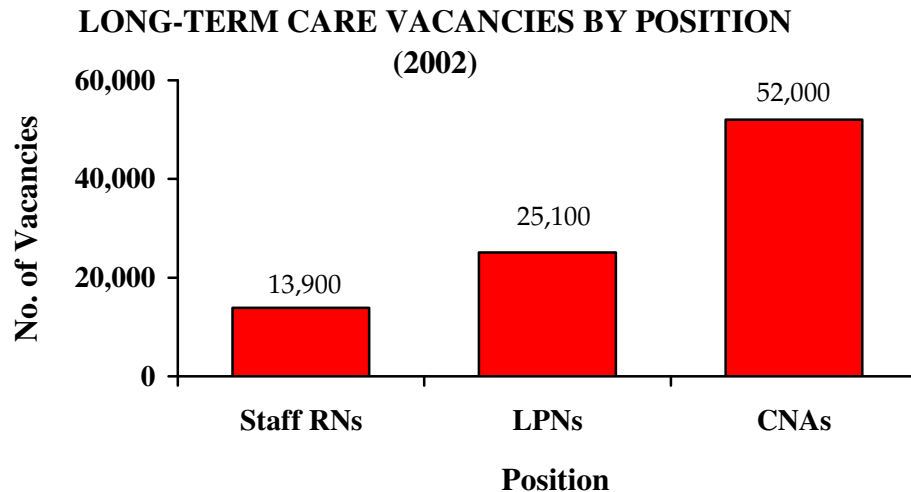


Source: American Health Care Association Health Services Research and Evaluation. *Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Homes*. February 12, 2003, p.5.

Overview

The current shortage of RNs in nursing homes reflects the general shortage of nurses in the nation. The difficulty that long-term care providers are experiencing with their nursing

workforce is also seen in hospitals and other health care institutions. In 2003, hospitals had a 13 percent vacancy rate for registered nurses and 12 percent for nursing assistants.



Source: American Health Care Association Health Services Research and Evaluation. *Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Homes*. February 12, 2003, p.4.

Salaries that are lower than the salaries of alternative professions and even the salaries of nursing staff in other areas such as hospitals

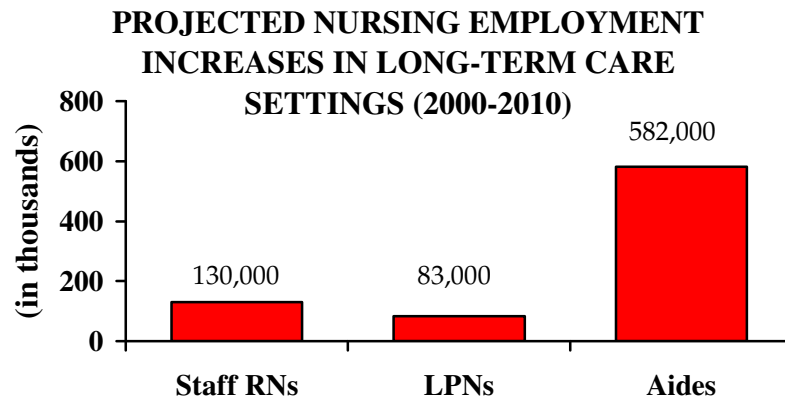
contribute to the shortage of long-term care nursing staff.

AVERAGE HOURLY WAGES FOR NURSES AND AIDES (1999)

	Nursing Facilities	Hospitals
RN	\$16.64	\$19.83
LPN	11.90	12.72
Aide	7.45	8.86

Experts project that the current shortage of nurses and aides in long-term care will increase substantially over the next decade. The Bureau of Labor Statistics predicts a 45 percent increase

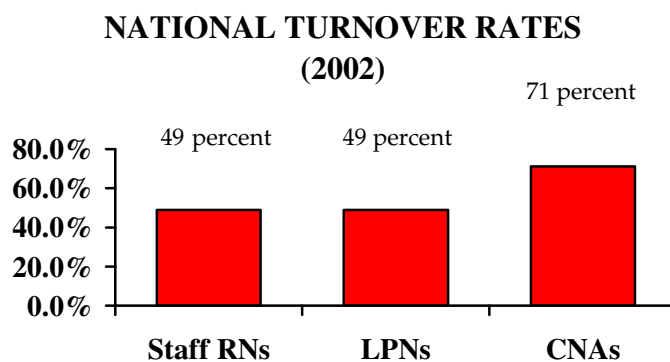
in demand for long-term care workers between 2000 and 2010. This is equivalent to approximately 800,000 new jobs.



Source: *The Future Supply of Long-Term Care Workers in Relation to the Aging Baby Boom Generation*. Report to Congress. U.S. Department of Health and Human Services, Washington, DC, May 14, 2003, p. 10.

Complicating the nursing workforce picture is a high rate of turnover of individuals in long-term care nursing workforce positions. The

nationwide average annual turnover rate is 49 percent for RNs and 71 percent for CNAs.



Source: American Health Care Association Health Services Research and Evaluation. *Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Homes*. February 12, 2003, p.5.

The high rates of turnover of nursing workers decreases the quality of care due to inefficient and inexperienced staff and increases costs

because of the need for recruiting and training of new staff.⁴

**STAFFING PATTERNS AND QUALITY –
STAFF HOURS PER PATIENT DAY IN NURSING HOMES**

Staff Type	Average (hours)	Threshold to Maximize Quality (hours)
CNA	2.02	2.78
RN	0.40	0.75
RN & LPN	1.03	1.30

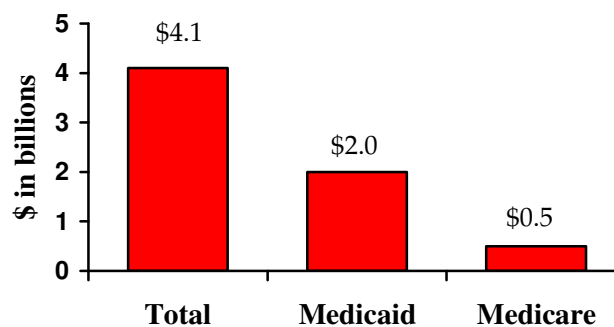
Source: ABT HealthWatch, vol. 6, no. 2, Spring 2003, p.2.

The Institute of Medicine reports: “Long-term care services are labor intensive so the quality of care depends largely on the performance of the caregiving personnel.”⁵ A major study indicates that to maximize quality of care a nursing home would need to provide 0.75 hours of RN care and 2.78 hours of nurse aide

care per patient day, substantially more than the current average of 0.4 RN hours per day and 2.02 nurse aide hours per day.⁶

A review of the costs of nursing workforce in long-term care reports that the total national costs of the turnover of nurse aides is over \$4 billion per year.⁷

**COSTS OF
LONG-TERM CARE TURNOVER**



Source: Dorie Seaver. *The Cost of Frontline Turnover in Long-Term Care*. Better Jobs Better Care Institute for the Future of Aging Services, October 2004, p. 21.

Because they play such a major role in the provision of long-term care services, an

adequate supply of quality nurses is essential to the provision of quality long-term care.

¹ American Health Care Association. *Nursing Facility State Occupancy Rate and Median Facility Occupancy Rate for Certified Beds CMS OSCAR Data Current Surveys*. December 2004.

² Wing, Paul and Margaret Langelier. *Long-Term Care Workforce Background and Rationale*. Albany, NY: Center for Health Workforce Studies, 2004, p. 1.

³ U.S. Department of Health and Human Services. *Trends in Residential Long-Term Care: Use of Nursing Homes and Assisted Living and Characteristics of Facilities and Residents*. Washington, DC: U.S. Department of Health and Human Services, November 2002, p. 14-15.

⁴ Center for Health Workforce Studies. *State Responses to Health Worker Shortages: Results of 2002 Survey of States*. Albany, NY: University of Albany, SUNY, November 2002, p. 5. Stone, Robyn I. and Joshua M. Wiener. *Who Will Care For Us? Addressing the Long-Term Care Workforce Crisis*. The Urban Institute and the American Association of Homes and Services for the Aging, Washington, DC, October 2001, p. 14-15.

⁵ Wunderlich, Gooloo S. and Peter O. Kohler, eds. *Improving the Quality of Long-Term Care*. Washington, D.C.: National Academy Press, 2001, p. 11.

⁶ ABT HealthWatch, vol. 6, no. 2, Spring 2003, p.2.

⁷ Seaver, Dorie. *The Cost of Frontline Turnover in Long-Term Care*. Better Jobs Better Care/Institute for the Future of Aging Services. October 2004, p. 21.



State and Local Initiatives

Partnerships at the state and local level may prove among the most powerful keys to improvement and expansion of the long-term care workforce. Such partnerships follow the “natural” organization of many of the parties concerned with the workforce shortage. Individual providers are often organized at the state level to deal with state Medicaid programs that finance a substantial amount of long-term care. They also work together at the state level to interact with state-operated certification and quality programs.

Furthermore, executives of individual nursing homes, home health agencies and other providers may find themselves without the time or resources to represent the entire field in collaborating with educational institutions or other organizations, while leaders from nursing colleges, nursing associations, the public workforce system and other groups will likely be strapped for time and unable to deal individually with multiple small providers. But by working collectively, state and local leaders can overcome a variety of challenges.

Active partnerships can be forged between and among:

- the long-term care community;
- individuals and organizations with strong ties to new and previously trained nurses;
- nursing colleges at the associate and baccalaureate level;
- nursing associations;
- public workforce systems; and
- community organizations.

Working together, these systems and organizations can help strengthen the workforce by increasing recruitment of nurses. These additional nurses should be recruited from among new graduates of nurse training programs and from the large number of nursing professionals working in other health care sites or out of the workforce altogether.

ISSUE 1 *Structured collaborations should be established at the state level by organizations and leaders from the long-term care, health care, education, public workforce, nursing, consumer, government, business and philanthropic communities to better understand the long-term care nursing shortage in the state and to develop a comprehensive set of solutions.*

INITIATIVES

A. Establish a state-level workgroup on the long-term care health care nursing workforce to:

- **build consensus on goals and policy strategies to strengthen the long-term care nursing workforce and provide leadership for ongoing coordination, communication and consensus building of initiatives in the area; and**
- **develop long-term care nursing workforce partnerships that will lead to specific programs and projects to improve the long-term care nursing workforce.**

Example – The Massachusetts Extended Care Federation (MECF) convened a Long-Term Care Nursing Shortage Work Group of nursing home providers and nursing educators from community colleges, universities and regional vocational technical schools. MECF developed this initiative in 2003 to provide a forum for these groups to identify and address barriers to recruiting and retaining nurses. Activities have included:

- successful joint advocacy to maintain state post-secondary school funding for LPN education,
- compilation of information on long-term care clinical sites for every nursing program in Massachusetts, and
- planning for a statewide long-term care nursing educational conference for nursing students and faculty in April 2005.

More information about the MECF work initiative can be found at www.mecf.org.

B. Participate in state-level nursing workforce coordinating groups that: share views, goals

and policy strategies on finding solutions to nursing shortage issues broadly; provide leadership for ongoing coordination, communication and consensus building; and actively coordinate advocacy, fundraising and policy development activities related to increasing the number of nurses trained and working in the state.

Example – The Arkansas state legislature established the Arkansas Legislative Commission on Nursing to convene various stakeholders from nursing education, the health care industry, businesses and consumers to better understand nursing supply issues and their economic impact on the health care system. The legislature developed the initiative in 2001 in response to growing concerns about the shortage of nurses and nurse educators in the state. The commission's main objective focused on enhancing and promoting nurse recruitment, retention, advancement, recognition, reward and renewal activities across the state, and ultimately, to develop a statewide strategic plan to ensure an appropriate supply of nurses and nurse educators. Additional information about the Arkansas Legislative Commission on Nursing may be found at www.arkleg.state.ar.us/scripts/ablr/committees/ARNursing.asp.

Example – The Maryland legislature created the Maryland Statewide Commission on the Crisis in Nursing to identify and prioritize issues involved in training, recruiting and retaining nurses. The project began in 2000 as a response to a growing shortage of nurses. From 1998 to 1999, Maryland experienced a significant drop in nursing workforce, with 2,000 fewer new and renewed nursing licenses and nursing school enrollments. The commission's initiatives included determining the current extent and long-term implications of the state's growing nursing shortage; developing recommendations and facilitating implementation of

strategies to reverse the growing shortage, and serving as an advisor to the public and private entities to facilitate implementation of commission recommendations. Through the combined efforts of a diverse membership including educators, officials, health professionals and hospitals, the commission proposed several strategies to reverse or

ameliorate the nursing shortage. Committee reports and other activities have resulted in new state legislation to address some or all of these nursing supply concerns.

Additional information may be found at

www.mbon.org/main.php?v=norm&p=0&c=commission/index.html.

ISSUE 2 *State long-term care leaders and associations should create working partnerships with individual nursing education and public workforce organizations to plan and implement specific programs and projects to improve nursing workforce for long-term care.*

INITIATIVES

A. Create working partnerships between long-term care organizations and nursing programs to increase the supply and availability of nurses in long-term care.

Example – Community colleges report that collaborative efforts with health care providers to expand the training of nurses are underway in a number of states. Most frequently, health care provider efforts to address nursing shortages include scholarship or loan assistance to students and faculty to teach. A long-term care provider and two hospitals are providing scholarships and tuition assistance for RN students at the Heartland Community College in Normal, Illinois. Three Mount Gay, West Virginia, health providers are collaborating with Southern West Virginia Community and Technical College to increase enrollment by providing clinical space, conference rooms, supplies and equipment for clinical rotations, donations of supplies and equipment to the campus nursing lab and financial support for two nursing faculty and a nursing lab manager. Additional information on community colleges and nursing education is at www.aacc.org.

Example – The American Association of Colleges of Nursing has created an innovative project, the Geriatric Nursing Education Project, to construct partnerships with long-term care facilities. The project emphasizes the need for colleges and long-term care organizations to partner in order to solve the workforce crisis. The grant-funded schools use long-term care facilities as clinical rotation sites for students, but more importantly partner with these facilities to spur

interest in long-term care as well as improved long-term care curriculum and job opportunities. The education project is funded with support and partnership of the John A. Hartford Foundation. It exposes nursing students to the long-term environment, geriatric studies, interdisciplinary learning and geriatric advanced practice nursing that cultivates and provides long-term care opportunities. Long-term care facilities can create scholarships and grants to gain employees directly from the partnered schools. Additional information may be found at

www.aacn.nche.edu/Education/Hartford/index.htm.

Example – Illinois State University Mennonite College of Nursing developed a partnership with an area long-term care provider, Heritage Enterprises, to address the long-term care nursing shortage issue by implementing a resource guide on best nursing practices in care for older adults. The curriculum guide is organized into essential components covering competencies, case studies, experiential and clinical activities, evaluation strategies and other resources for efficient use. This initiative, supported by a federal Department of Education grant, is part of the Joe Warner Teaching Nursing Home collaboration with Heritage to develop innovative ways to prepare registered nurses to provide top-quality health care for senior citizens. This concept is now being developed for several rural long-term care settings in the region. Additional information can be found at

www.themeasurementgroup.com/JAHFundergraduate.htm.

State and Local Initiatives

B. Create working partnerships between long-term care organizations and workforce investment boards to increase the supply and availability of nursing workforce, and especially nurse aides, in long-term care.

Example – Northwest Alliance for Health Care Skills, part of the Northwest Workforce Development Council, is engaged in an initiative to increase capacity for LPN training. The alliance developed this initiative in 2003 to increase health care training capacity in Washington-area community colleges. The Northwest Workforce Development Council used federal Workforce Investment Act (WIA) funds to nearly double the LPN training capacity at Skagit Valley College. Washington state funds pay two-thirds of instruction costs at most community colleges. For the added LPN training capacity at Skagit Valley College, the pooled WIA funds paid this portion (two-thirds) of instruction costs. Students, assisted by council staff, sought other sources to pay the remainder of instruction costs. Additional information can be found at www.nwboard.org/sector.htm#health and at www.wtb.wa.gov/HC3.PPT.

C. Create working partnerships between long-term care organizations and nursing associations, other key state organizations and state government agencies that can assist efforts to increase the supply and availability of nurses in long-term care.

Example – To reduce turnover of nursing assistants, the North Carolina Department of Health and Human Services and the Institute on Aging of the University of North Carolina created a partnership called WIN A STEP UP, the acronym for Workforce Improvement for Nursing Assistants: Supporting, Training, Education and Payment for Upgrading Performance. The program includes 10 modules and accompanying detailed participant and instructor manuals that focus on clinical skills and on interpersonal skills and communication. Participants in the program received either a retention bonus or a wage increase for completing the modules. Annual turnover rates were significantly lower for nursing assistants in the program relative to the comparison groups. Additional information on the WIN A STEP UP program can be found at www.aging.unc.edu/research/winastepup/.

ISSUE 3 *State long-term care leaders and associations should work to develop a stable source of financial support for state and local programs to improve the long-term care nursing workforce.*

INITIATIVES

A. Develop ongoing funding from the state and local workforce investment boards to support partnerships and initiatives to improve recruitment and retention of long-term workforce. These activities may include CNA training, the development of career ladders, expansion of continuing education for long-term care employees and the promotion of interest in long-term care careers.

Example – Washington state's Workforce Training and Education Coordinating Board (WEB) convened a Health Care Personnel Shortage Task Force. The board charged the task force with identifying ways to increase education and training program capacity for health care personnel,

improving student recruitment into health careers and recommending modifications to state regulations and statutes to help alleviate the shortage. The task force's December 2002 report called on the state to provide additional funds to health care training programs to expand capacity, increase compensation to faculty and expand clinical training opportunities on a (substate) regional basis. For a copy of the final report visit www.swwdc.org/pictures/publications/HealthcareReport.pdf.

B. Increase state general fund appropriations for nursing education at community colleges and baccalaureate programs with specific support for training new nurses in long-term care sites.

Example – In November 2002, Michigan Governor John Engler signed legislation creating the Michigan Nursing Scholarship Program and allocating \$4 million to the program for 2003. The program makes scholarships available to students in RN and LPN programs in exchange for a work commitment in a Michigan health care facility. Students may apply for up to \$4,000 in scholarship money for a maximum of four years. Additional information can be found at www.michigan.gov/mistudentaid/0,1607,7-128-1724-54524--00.html.

Example – In July 2002, Georgia Governor Roy Barnes announced a \$4.55 million public-private partnership with hospitals to increase the number of nurses and other health professionals. The state will provide \$2.1 million in grants to expand health education programs at 13 schools in the University System of Georgia, while Georgia providers will make cash and in-kind contributions of equipment, staff time and laboratory/classroom space valued at \$2.45 million. Among the schools engaged in this initiative are Armstrong Atlantic State University, Clayton College & State University, Columbus State University, Georgia State University and Kennesaw State University. In all, this partnership will prepare 294 new nurses at the baccalaureate level and 180 nurses at the associate degree level.

C. Encourage states to dedicate long-term care civil money penalty funds to support programs to improve the long-term care workforce.

Example – The state of Maryland has used funds from civil money penalties paid by nursing facilities to support an initiative to improve the quality of care for nursing home residents. This initiative supported the development of the Wellspring Institute module in 10 nursing facilities. The module works to improve the quality of care by increasing the role of frontline staff in the clinical decision-making process. The Maryland program provided training in the eight management and clinical modules of the program. More than \$250,000 was dedicated to supporting the training of long-term care nursing staff over two years. Additional information on the Maryland Office of Health Care Quality is available at www.dhmq.state.md.us/ohcq/.

D. Develop ongoing support for nursing workforce and quality improvement from Medicaid funds. These may include a small portion from administrative funds, or funds from special financing mechanisms such as a special assessment that increase federal matching funds to the state.

Example – Oklahoma created a new Nursing Facility Quality of Care Fund in 2004. A portion of this fund will provide wage support for RNs, LPNs and CNAs employed in nursing facilities. A new Medicaid-based user fee for nursing facilities and federal matching funds undergird the fund.

Example – New Jersey created a Nursing Home Quality of Care Improvement Fund in 2003 supported by a new Medicaid user fee on the state’s nursing homes and by federal matching Medicaid funds. Some of the funds are used for grants to help nursing homes train, recruit and improve wages and benefits for nursing home direct-care workers.

E. Develop a commitment by long-term care providers to contribute significant sums to a state or local fund to support nursing workforce recruitment and retention activities.

Example – The New York Hospital League/SEIU Education Training and Job Security Fund created the Bill Michelson Home Care Industry Education Fund to support home care workers in the greater New York City area by funding nursing workforce recruitment and retention activities. Through the Foreign Born Registered Nurse program, the fund provides assistance to foreign-educated and certified nurses currently working as home care workers to receive nurse certification in the United States. The instructional component to the program consists of a 2-year intensive language instruction course in preparation for taking the National Council Licensure Examination (N-CLEX) required for nursing certification. Additional information can be found at www.1199etjisp.org/AboutOurFunds/AOF_HCEF.htm.

ISSUE *State long-term care leaders should promote the development of long-term care nursing workforce initiatives in individual metropolitan and other regions of the state.*

4

INITIATIVES

A. Promote the development of metropolitan-area workforce partnerships.

Example – As a result of contract negotiations in 2001 and a shared desire to improve care for patients and working conditions for employees, the 1199 Service Employees International Union (1199SEIU) and the Association of Voluntary Nursing Homes created the Quality Care Committee in 2001. This labor-management project brings together senior-level leaders representing union members and management, as well as frontline workers and supervisors. The Quality Care Committee has successfully organized a series of large conferences examining methods of improving care and labor relations. Based on input offered in these workshops, the committee developed strategic recommendations and organized three subcommittees to focus on workforce initiatives, regulation and attorney general concerns. The Quality Care Committee activities are supported by an employer-paid fund as noted in the negotiated collective bargaining agreement. Additional information on the Quality Care Committee can be found by contacting 1199SEIU. Visit www.1199SEIU.org.

Example – A group of nine nursing homes in the Massachusetts North Shore area have partnered with North Shore Community College to establish the North Shore Long-Term Care LPN Alliance. The partnership, which includes facilities from three different companies – Kindred Healthcare, Life Care Centers of America and Northeast Health Systems, was established in order to develop a 2-year LPN program for long-term care employees. Modeled on the experience of a similar Worcester-area partnership, the Intercare Alliance, the training program began in 2003 with a class of 17. All of the students have successfully completed their first semester. Participating employees are committed to work at their sponsoring facility as nurses upon graduation. For more information on the program, contact Laurie.Roberto@kindredhealthcare.com.

B. Promote working partnerships in metropolitan areas between long-term care providers and

local community colleges, nursing schools and workforce investment boards.

Example – A regional Texas Workforce Investment Board (WIB), the Gulf Coast Workforce Board (the WorkSource), formed the Health Services Steering Committee to address the need for various entry-level health professionals. This initiative was created in order to promote working partnerships between the WIB, the long-term care industry and community colleges. Over the past three years, the committee has worked to increase the capacity of local schools to graduate nurses, increase the supply of RNs by training current hospital employees to become nurses and understand the critical importance of a good work environment in attracting and retaining nurses. One of the specific programs recently supported by the health services committee and WIB is the Healthcare Work/School Initiative that assists employees of participating hospitals in their pursuit of training in high-demand health care occupations. In return for tuition support, employees commit to remaining employed with their sponsoring organization for a defined period of time. Additional information is available at www.theworksource.org/.

C. Encourage local long-term care providers to coordinate programs with local area agencies on aging, aging organizations and local health care foundations.

Example – There are over 100 local health foundations in states and cities across the nation. Many of these support work to strengthen services for the aged and disabled. Projects to improve the quality of long-term care including nursing workforce have been supported by the California HealthCare Foundation, the Fan Fox and Leslie R. Samuels Foundation in New York City and Flinn Foundation in Arizona. Support for specific projects ranges from modest sums to hundreds of thousands of dollars. Grantmakers in Health (GIH), the national organization of health care foundations, provides information on long-term care and aging programs supported by foundations at www.gih.org.

ISSUE 5 *State long-term care leaders and associations should work to develop the capacity at the state level to assist individual facilities to improve their workplace conditions and to increase the retention of nursing workforce.*

INITIATIVE

A. Develop a state clearinghouse of resources for individual facilities and providers interested in strengthening their workplace to improve workforce retention. The clearinghouse could recommend consulting firms, university centers and other entities able to assess conditions by addressing work culture, nursing management, career ladders, career development and other concerns.

Example – Better Jobs Better Care is a 4-year multimillion-dollar research and demonstration program funded by The Robert Wood Johnson Foundation and The Atlantic Philanthropies. The program is intended to achieve

changes in long-term care policy and practice that help to reduce high vacancy and turnover rates among direct-care staff across the spectrum of long-term care settings and contribute to improved workforce quality. The Better Jobs Better Care Program Office, together with its partner the Paraprofessional Healthcare Institute, will provide technical assistance and support to grantees through:

- onsite technical assistance, training, and consultation;
- national meetings and workshops; and
- publications, including technical manuals, issue briefs and newsletters.

Additional information is available at www.bjbc.org.



Facility and Provider Initiatives

Efforts to strengthen the long-term care nursing workforce must include more than increasing the recruitment of new nurses and aides into the field. Major efforts must also focus on retaining the nurses.

Annual turnover rates of more than 50 percent suggest that better retention of existing employees is the most important step to improving the long-term care nursing workforce. If a long-term workplace is not attractive to nurses and aides, they will seek alternative employment. Some will leave shortly after they are recruited.

While recruitment efforts will require active partnerships that join the long-term care community with organizations external to the

long-term care field, improved retention efforts will largely be based on work by nursing facilities and other long-term care providers to improve their internal organization and operation.

Changes to the workplace will be especially difficult because the necessary modifications will need to be implemented by thousands of long-term care employers across the nation.

The work will require a sustained effort by executives of individual nursing homes, home health agencies and other providers. These very busy individuals will need to commit time and resources to this task. Leaders of multifacility firms can also play a major role in this effort.

ISSUE 1 *Individual facilities and other providers should engage in systemic worker-oriented culture change and work redesign at the individual facility and provider workplace to reduce turnover and improve retention of a high-quality nursing workforce.*

INITIATIVES

A. Provide the leadership and vision necessary to encourage major culture and organizational change to create worker-oriented long-term care workplaces.

Example – Nursing home leaders changing the practices and culture of their facilities joined with consumer and worker associations to create the Pioneer Network in 2000. This network facilitates deep system change and transformation in the culture of nursing homes and other long-term care settings to create resident/client-centered living environments and worker-oriented long-term care workplaces. This initiative:

- creates communication, networking and learning opportunities;
- identifies and promotes the transformation of practice, services, and public policy; and
- develops and provides access to resources and leadership.

The network sponsors an annual educational conference, publishes and disseminates educational materials about culture change, conducts regional training retreats and encourages shared learning across organizations. Additional information on the Pioneer Network’s activities is at www.pioneernetwork.net.

B. Provide the resources and internal infrastructure to implement major workplace culture and organizational change.

Example – The Meadowlark Hills Retirement Community in Manhattan, Kansas, a continuing care retirement community, in collaboration with a nationally recognized culture change consultant, residents, staff and specialists from the local Kansas State University, has significantly transformed the culture of the organization’s nursing home over the past five

years. Their work unfolded in four phases:

- Phase 1: The team created learning circles to bring together all stakeholders including residents and frontline staff to identify problems and to design the policy and practice changes.
- Phase 2: Meadowlark Hills expanded its campus to create a physical environment that is “home” to each resident and that encourages social interaction among residents, staff, family and other visitors.
- Phase 3: The community increased the independence of each resident by providing the opportunity for them to individually decide when and what to eat, when and how to bathe, and when to sleep.
- Phase 4: The community implemented a “health care household” concept by creating small resident households of 12-25 residents managed by a team. The team included a dedicated RN, CNAs and dietary, housekeeping and other support staff working together to provide closer staff-resident relationships.

Additional information on this culture change effort is at www.meadowlarkhills.org.

C. Invest in effective information technologies to reduce paperwork burden, facilitate care planning and allow nurses and frontline staff to engage in more hands-on service delivery.

Example – Erickson Health, based in Catonsville, Maryland, provides health services at 14 Erickson retirement communities that are home to more than 14,000 people over age 62. To better serve the people who live at the Erickson communities – including independent living, assisted living and nursing home residents – and to help clinical staff work more efficiently, the company implemented an electronic medical record system in 2003. Physicians and other clinical staff can electronically document patient visits, streamline clinical workflow and securely exchange clinical data with

other providers and with the patients/residents themselves. For more information, contact wrussell@ericksonmail.com.

D. Foster resident/client-centered care and involvement that addresses the holistic needs of the care recipient and strengthens the relationships between caregiver and residents/clients.

Example – Beverly Enterprises, a large multifacility corporation that operates nursing facilities and assisted living centers in over 25 states, began piloting resident-centered care programs several years ago. One program instituted in a number of Pennsylvania facilities developed resident-centered care teams that empowered the nursing staff to meet the individual needs of residents under the team’s care. An evaluation conducted at the University of Pennsylvania comparing three culture change facilities with three traditional Beverly homes found better communication between employees and residents, a calmer, more home-like environment and greater resident privacy and choice in the three culture change facilities. A more comprehensive culture change activity, patterned after the Meadowlark Hills model,

is underway in 10 Beverly nursing homes and is being evaluated at the University of Minnesota. For more information on the impact of this program contact evans@nursing.upenn.edu or lgrant@csom.umn.edu.

Example – Beginning in 1989, Providence Mount St. Vincent (the Mount), a senior living facility in Seattle and a member of the Pioneer Network, transformed its traditional model of long-term care to a resident-centered model. The nursing facility was divided into 10 neighborhoods. Interdisciplinary teams now manage the neighborhoods and the facility eliminated 35 management positions. CNAs, referred to as resident assistants at the Mount, receive in-depth, in-house training focused on resident-centered philosophy, resident needs and communication skills. The Mount encourages nurses, housekeeping and dietary staff to attend this training and promotes worker participation in decision-making through self-scheduling and permanent assignments. A “Stay Team” was created to increase staff retention and to help implement the resident-centered philosophy. Additional information is available at www.providence.org/Long_Term_Care/Mount_St_Vincent/default.htm.

ISSUE 2 *Individual facilities and other providers should transform nurse supervision in the workplace from the traditional hierarchical management approach to a coaching and mentoring approach.*

INITIATIVES

A. Develop and implement new in-house training programs for frontline supervisors that lead to the implementation of a new approach to the supervision of nurses and aides.

Example – Mather Lifeways, a long-term care provider in Illinois, together with the Mather Institute on Aging and the Life Services Network of the Illinois State Long-Term Care Provider Association developed the Learn, Empower, Achieve and Produce (LEAP) program in 1999. LEAP includes training for nurses and CNAs. A 6-week, 18-hour workshop series for nurse managers and charge nurses addresses nurses’ four key roles: leader, team builder, care role model and gerontological clinical expert. A 7-week, 17.5-hour workshop series for CNAs focuses on career development and how to work with nurses in a nontraditional

coaching model. LEAP aims to encourage a sense of pride among nurses and build bridges between nurses and CNAs. To enhance the potential for the translation of LEAP training into ongoing practice, LEAP begins with an assessment of the organization and its management to determine its management style, readiness for learning and capacity to implement and sustain the program. Fifteen organizations in 14 states have signed up to complete the train-the-trainer workshops and implement LEAP. For more information on LEAP contact annao@lsni.org.

Example – Rest Haven Christian Services in Tinley Park, Illinois, created a director of CNAs (DCNA) position in 1999 and implemented this new job category in three Illinois nursing homes and one Michigan nursing home. The major objective of this restructuring was to emphasize the

Facility and Provider Initiatives

importance of the CNA position and the need to hire and cultivate individuals who understand how to manage the frontline workforce. Rest Haven hires nurses with degrees from an accredited college or university who have a demonstrated ability to work collaboratively with both CNAs and supervisory staff. Each DCNA is given great latitude to devise a system, tailored to the needs of her or his frontline staff, to provide an environment in which CNAs are able to grow professionally. The DCNA is also responsible for CNA staff development and for working with other departments to ensure an atmosphere of respect between the various levels of staff. Although each program is different, they all include coaching and mentoring for CNAs and a focus on empowering CNAs through increasing their level of responsibility. Each facility's DCNA and director of nursing meet monthly to discuss their activities and coordinate and review the day-to-day workings of their departments. More information on the Rest Haven DCNA program is at www.resthaven.com.

B. Develop peer-mentoring programs for nurse supervisors and frontline caregivers.

Example – The Masonic Home of New Jersey, a not-for-profit skilled nursing facility, developed a peer-mentoring program in 1989 to improve retention of CNAs, LPNs and RNs. Peer mentors, called preceptors, work side-by-side with their assigned new employee for 2-4 weeks. After 30 days, mentors evaluate the new employee's strengths and weaknesses with a tool developed by the organization's educational department. Peer mentors are responsible for orienting the new employee to practices and policies, socializing the new employee to the work environment, assessing and providing constructive feedback on the new employee's skills and remaining available to provide informal assistance after the orientation period. Mentors must have been employed with Masonic Home for at least a year and have a high performance record. They attend a 1-day onsite training course that reviews organization practices and policies and addresses the role of a peer mentor, adult teaching principles and the importance of mentoring new employees. Mentors are available on all shifts, allowing new employees to be trained on the shift they were hired to work. More information on the Masonic Home of New Jersey is at www.njmasonic.org.

Example – The Foundation for Long-Term Care (FLTC), the research and education arm of the New York Association of Homes and Services for the Aging, developed the Growing

Strong Roots program in 2001 as a training program for nursing assistant peer mentors, their supervisors and facility coordinators. The program, successfully piloted in 11 New York nursing homes, provides training on:

- integrating mentors and mentees into a facility;
- conflict management, accessing other resources for guidance;
- using reinforcement strategies; and
- applying mentoring skills to real-life situations.

In addition to the mentor training, the program includes a training session for supervisors to build understanding and support for mentoring and three separate booster sessions to review the skills introduced in the training program. In 2004, an additional 22 facilities joined the training program. The package includes a project coordinator's guide, supervisor and peer mentor training materials and evaluation materials. For more information, contact chegeman@nyasha.org.

Example – The Health Care Association of New Jersey has developed a peer mentoring program for nurses in the state's assisted living facilities. A series of conferences for the nurses provides an opportunity for less experienced nurses to learn from senior nurses. These sessions feature discussions focused on solving problems in providing care to assisted living clients. Participants exchange personal experiences with effective practices in dealing with important care issues. In addition, representatives from the state health department have discussed common survey citations and how RNs can best improve the quality of care through education and changes in practice. More information is available from the Health Care Association of New Jersey at (609) 275-6100.

C. Encourage facilities and other providers to develop self-managed work teams around various clinical and quality of life domains to facilitate nurse supervisors and frontline workers' interaction in a new collaborative manner.

Example – In the early 1990s, an alliance of 11 nursing homes created the Wellspring Institute Care Resource Teams (CRTs) program as a multifaceted quality improvement process based on the premise that improving quality of care and life for residents requires organizational culture change, including staff empowerment. The Wellspring CRT approach involves nonhierarchical, interdisciplinary

teams of nurses, CNAs, dietary and other staff who learn at training sessions about best practices and new clinical protocols for specific concerns such as incontinence, falls and pressure ulcers. These teams, often led by a frontline caregiver, then spearhead the incorporation of practices into the normal care routines at their facilities. CRTs are the main engine of quality improvement within facilities, viewed by other facility staff as change agents and experts. They are reinforced by shared learning through the alliance superstructure and by ongoing collection and data analysis conducted by each team. For more information about the CRTs and the Wellspring quality improvement approach, see www.wellspringis.org.

Example – The Visiting Nurse Service of New York (VNSNY), the largest not-for-profit provider of home health care in the United States, conducted a breakthrough initiative

developed by the Institute for Healthcare Improvement to foster a better understanding of the role of home health aides (HHAs) in care delivery and to engage HHAs in identifying and disseminating related best practices and new approaches. Twenty VNSNY clinical directors and quality-management staff acted as collaborative leaders or faculty. Each participating team included at least three HHAs. The learning collaborative taught the teams about a rapid-cycle approach to quality improvement, allowed them to share data gathered during action periods and provided multiple opportunities to voice problems and concerns. Teams tested ways to make HHAs integral players on the care team, explored better ways to match workforce to patient needs and experimented with approaches to improve field support for HHAs. Preliminary findings from an evaluation indicate improved HHA satisfaction and care outcomes. More information about this program is available at www.vnsny.org.

ISSUE *Individual facilities and other providers should offer opportunities for the*
3 *direct-care nursing workforce to grow professionally in the long-term care workplace.*

INITIATIVES

A. Develop and actively promote participation by direct-care workers in a range of career ladder opportunities to become RNs, LPNs and senior-level aides.

Example – New Courtland Elder Services, a subsidiary of the Presbyterian Foundation of Philadelphia that operates six nursing facilities in the region, developed PRIDE (Provide Respect, Incentives, Career Development and Education) in 1999. PRIDE's Ladder of Opportunity program allows all CNAs who have been with the organization for one year, have no disciplinary actions taken against them and have completed the in-house training program to automatically become a level II CNA. To become a level III, CNAs must submit an application, a brief essay and references from a supervisor and the director of nursing. After three months of classroom and clinical experiences in nutrition, wound prevention, skin and restorative care, the employee becomes a CNA specialist and receives a \$1 per hour pay raise. Specialists take on additional tasks such as documentation follow-up and sit on clinical committees and the peer review committee. PRIDE also encourages CNAs to earn General

Education Development diplomas (GEDs) or to become LPNs or RNs by providing in-house preparation courses, scholarships for CNAs to pursue their LPN degree and tuition assistance. For more information on the PRIDE program contact kbrister@newcourtland.org.

B. Support professional and personal growth through tuition support and flexible hours to allow study at local community colleges and in other educational programs.

Example – Genesis HealthCare, one of the nation's largest long-term care providers with over 200 nursing and assisted living facilities in the eastern United States, developed a career ladder program for CNAs as a Grow Our Own program that provided tuition assistance to CNAs, medical assistants and other Genesis employees interested in becoming LPNs and RNs. The Genesis Tuition Assistance Program (TAP) program was so successful in developing and retaining nurses that the firm has expanded the program to facilities throughout the company. From the first class of 75,

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TAP has grown to include over 450 employees. Employees who have worked six consecutive months at Genesis and who achieve an “effective” rating on their last performance appraisal are eligible for: up to \$5,250 per year for tuition, textbooks, application and registration fees; clinical or non-clinical degree and certificate programs; and undergraduate or graduate programs. All participants must sign an “agreement to work commitment” of one hour for every dollar of tuition assistance they receive. For more information, contact Irene.Fleshner@ghv.com.

C. Provide career lattice opportunities for those who do not want to move into more professional nursing careers but are interested in other options within the caregiving field such as geriatric nursing assistants, dementia specialists or medication aides.

Example – The Good Samaritan Society based in South Dakota, one of the largest aging services corporations in the country, partnered with the Council for Adult and Experiential Learning (CAEL) to implement a career lattice program for CNAs. The U.S. Department of Labor supported this initiative. CNA apprentices have their competencies evaluated by a peer mentor who has already gone through specialized training to become a mentor. After completing basic and advanced training as a nursing assistant, the apprentice may choose to specialize in a number of areas, including becoming a peer mentor or a specialist in a particular clinical area such as dementia or wound care. By strengthening the training and support available to CNAs, the model addresses the factors that often result in worker frustration and turnover. For more detailed information about this program and its

evaluation, contact bmiller@cael.org.

Example – The Ararat Nursing Home in Mission Hill, California, a 200-bed facility, implemented the Performance Improvement Quality Improvement (PIQI) system in 1994 to invigorate the working environment and to empower all staff, particularly frontline caregivers, while increasing their competence and accountability. Ararat has a 5-level career lattice for CNAs with increases in responsibility and pay increases of 25-50 cents per hour at each level in addition to the facility’s annual merit raises. To pass to a new level, CNAs must fill out a self-evaluation form and be evaluated and approved by a peer reviewer, a supervisory nurse and the director of staff development. The levels are:

- CNA I – entry-level aide;
- CNA II – alternate team leader for her/his unit;
- CNA III – certified restorative nursing assistant or team leader who mentors Level I CNAs, oversees scheduling and conducts PIQI monitoring of residents’ environments;
- CNA IV – senior team leader, coaching and mentoring Levels II and III, helping the staffing coordinator and doing PIQI monitoring of documentation, and
- CNA V – the facility-wide staffing coordinator and a member of the nursing administration team.

Twice a year the CNAs evaluate the director of nursing services, the rest of the management team and the overall performance of the organization. In addition, each of Ararat’s managers is required to spend at least one day a year with a CNA as part of his or her education. For additional information, contact margob@ararathome.org.

ISSUE 4 *Long-term care providers should work collectively to develop partnerships with local community colleges and other educational institutions to help develop a quality long-term care workforce.*

INITIATIVES

A. Join other long-term care providers in partnerships with local community colleges and other educational programs, including distance learning, to provide nursing education and in-service training at long-term care locations throughout a region.

Example – Five Genesis ElderCare facilities, four nursing homes and one assisted living provider, all located on the Heritage Hall campus in rural Massachusetts, have partnered with Holyoke Community College to create a virtual “campus on a campus” to provide education for employees. Through funding from the Massachusetts Extended Care Career

Ladder Initiative, this partnership provided English as a Second Language and formal CNA career ladder classes and college courses to over 80 entry-level employees in 2003. In 2004, campus educational offerings were expanded to include an onsite evening LPN program for 26 students. Clinical rotations are provided primarily on the Heritage campus, and one of the instructors is a Genesis-employed nurse. A combination of mentoring, career counseling, flexible scheduling and other accommodations have been critical to the success of this effort. This program was one of 21 initiatives nationally that were awarded U.S. Department of Labor grants in 2003 to expand their career ladder initiatives. For more information, contact Ira.Schoenberger@GenesisHCC.com.

Example – In 2000, the Quality Health Care Foundation (QHCF), the educational arm of the California Association of Health Facilities, received a partnership grant from the San Diego Workforce Investment Board to develop facility-based CNA training in the city and surrounding county. QHCF developed a customized training model, successfully trained and placed 106 individuals with a 90 percent completion rate, then expanded the model statewide. QHCF incorporated vocational English as a Second Language into the training program and also provided case management and supportive services to trainees. By fall 2003, 1,785 candidates had received their CNA certification through this partnership program. For more information, contact jgomez@cahf.org.

B. Join with other long-term care providers in partnerships with local workforce investment boards to develop and maintain training programs for the nursing workforce supported by Department of Labor training funds.

ISSUE 5

Individual facilities and providers should develop and implement plans to increase the wages and benefits of the frontline nursing staff to improve retention.

INITIATIVES

A. Develop and implement a long-range plan to gradually increase the salary and other financial benefits so that the wages for nursing workforce become competitive with alternative workplaces.

Example – The Sisters of Bon Secours Nursing Care Center, a 250-bed long-term care facility in St. Clair Shore, Minnesota, developed a wage parity initiative in 1995 to increase the wages and benefits of CNAs. This initiative focused on reducing CNA turnover and reducing dependence on agency nursing staff. The Bon Secours initiative included:

- a new, 14-level pay scale based on experience;
- annual merit raises;
- increased contributions to health plans for CNAs;

- a 403(b) pension plan with a 3 percent employer contribution; and
- a \$25 attendance bonus paid monthly for on-time arrivals and regular attendance.

During the first year of the parity initiative, the facility reduced spending on agency staff by 60 percent. In addition, residents reported enhanced levels of satisfaction. The initiative cost approximately \$1.5 million year. These costs were met by savings from decreased use of agency staff and an increase in private pay residents' daily room rate. More information about this initiative is at www.bshsi.com.

B. Develop the means to support health insurance benefits for frontline nursing staff, including dependent coverage.

Facility and Provider Initiatives

Example – The Pruitt Corporation that operates nursing homes and employs over 6,000 employees in Georgia formalized a culture to help ensure the organization’s continued quality of care, growth and prosperity. The 2003 transformation included a major commitment to the health and social needs of the organization’s workforce by, for example, paying over 80 percent of the employee’s insurance premiums. In addition, the firm’s human resources department works closely with frontline caregivers to assist them in determining whether they or their children are eligible for the state’s subsidized Georgia Peach Care health insurance program and helps caregivers apply for benefits. Information on the Pruitt Corporation is at www.distance-educator.com/dnews/Article12654.phtml.

C. Assist direct-care workers to enroll and participate in public benefit programs to which they are entitled, including Medicaid and state child health insurance programs.

Example – Cooperative Home Care Associates (CHCA) is a worker-owned home care organization located in the South Bronx, New York, that employs nearly 700 home health aides. CHCA employs three full-time employment counselors to assist incumbent HHAs and trainees. One of the counselors’ major duties is to assess the eligibility and needs of trainees and employees for public health and social service benefits and to advocate on behalf of these individuals to obtain entitlements and services. The counselors develop ongoing relationships with public and private health and human service agencies that may be able to assist trainees and employees. Following CHCA’s example, four other home

care organizations and direct-care worker training programs affiliated with CHCA in the Cooperative Healthcare Network have also begun to provide targeted employment counseling for frontline workers. For more information about this program, contact zameer@chcany.org.

D. Improve the attractiveness of long-term care employment by offering nurses and aides benefits directly related to the workplace such as support for child care and transportation.

Example – Providence Mount St. Vincent, a senior care facility in Seattle, Washington, conducted a strategic planning process to reduce the costs of high staff turnover rates. The process led to an initiative that emphasized more autonomy and professional growth for those workers in closest contact with residents to make their jobs more attractive. New benefits for direct-care staff included tuition and transportation costs as well as pay for time spent taking classes in the facility’s CNA training program. Employees were also offered a 30 percent child care subsidy for those who use the onsite center and scholarships for those who received their child care elsewhere. As a result of this initiative, the facility reported significantly lower rates of employee turnover and improved job satisfaction. More information on the Providence Mount St. Vincent initiative can be found at www.directcareclearinghouse.org/practices/r_pp_det.jsp?res_id=52110.

National Initiatives

National partnerships can facilitate partnerships at the state and local levels. Formal and informal working arrangements between the long-term care leaders and those associated with community colleges, nursing colleges, labor unions, the public workforce system and nursing associations can promote similar relationships throughout the United States.

National organizations can play an especially important role as clearinghouses. They can identify effective models and promote their replication in other sites. They can recommend that experienced leaders of such models serve as advisors to new programs.

State and local activities to augment the long-term care workforce sometimes rely on national funding support. For instance, the new federal nursing reinvestment programs managed by the Health Resources and Services Administration (HRSA) support the expansion of nurse education in geriatrics, while the Department of Labor's High Growth Job Training Initiative supports model

programs to improve the long-term care workforce.

Medicaid and Medicare are especially important as the source of more than 50 percent of the financing of nursing home and other long-term care services. The Centers for Medicare and Medicaid Services (CMS) is responsible for the overall administration of the national nursing home quality program administered by the states. Increased attention and support for initiatives that increase financial resources available to the programs and that direct those resources to direct-care workers could significantly improve quality and quantity of the nursing workforce.

National leadership can also be vital to the development of leadership of state and local initiatives. National leadership can expand the focus on an issue by explaining why it is important and that real solutions are possible and feasible.

ISSUE 1 *The national long-term care community should make strengthening the nursing workforce a major priority.*

INITIATIVES

A. Develop and widely circulate written materials that describe why the nursing workforce shortage is a major problem and indicate that efforts to improve the recruitment and retention of nursing workforce should be a major priority.

Example – The Quality First program, developed by the American Health Care Association (AHCA), the American Association of Homes and Services for the Aging (AAHSA) and the Alliance for Quality Nursing Home Care made improving the quality of long-term care a major priority in 2002. The initiative developed and widely circulated reports and other written materials analyzing quality of care issues and describing effective methods to improving quality. The program’s objectives are to improve quality of care outcomes and ratings on consumer satisfaction surveys. The initiative includes a focus on the improvement of employee retention and reduced turnover rates. State and regional nursing facility organizations play a key role in Quality First by:

- facilitating the acquisition of information from quality improvement organizations (QIOs) and other sources;
- providing tools and programs that individual facilities can adopt; and
- presenting information useful for benchmarking and measurement.

Additional materials from the Quality First initiative are available at www.aahsa.org/qualityfirst.

Example – The American Hospital Association (AHA), beginning in 2002, has developed and widely disseminated written materials describing why the nursing workforce shortage is a major problem and indicating that efforts to improve the recruitment and retention of nursing workforce should be a major priority for the health care field. These materials include a report of the AHA Commission on Workforce for Hospitals and Health Systems, *In Our Hands*, and three additional reports. *In Our Hands* recommends five key strategies to solve the workforce crises:

- foster meaningful work by designing work around

patients;

- improve the workplace partnership by supporting a culture that values its workers;
- broaden the base of workers by strategically seeking out racial and ethnic minorities and immigrants;
- collaborate with other hospitals and health care providers, education and workforce organizations and government to attract new entrants; and
- build societal support for the public policies and resources needed to help hospitals recruit and retain a qualified workforce.

The title reflects the perspective that the resolution of the health care workforce shortage is the responsibility of the executives and board members of health care providers who must take the lead in producing the difficult changes needed to overcome the shortage. AHA supported the preparation and circulation of these extensive materials. Additional information on the AHA nursing workforce initiative is available at

www.healthcareworkforce.org/healthcareworkforce/index.jsp.

B. Establish and support staff at long-term care organizations and key related groups dedicated to work to improve the nursing workforce.

Example – The staff of the Institute for the Future of Aging Services (IFAS), located within the AAHSA, conducts policy-oriented and applied research to improve the quality of aging services. Established in 1999, IFAS counts the development of a quality workforce as among its four signal areas of work. Better Jobs Better Care, a \$15.5 million research and demonstration program supported by the Robert Wood Johnson Foundation, is a major example of IFAS efforts in partnership with the Paraprofessional Healthcare Institute to improve the direct-care workforce in long-term care. IFAS has also conducted extensive analysis of nursing workforce issues supported by HHS and DOL. More information on the work conducted by IFAS and its key partners is available at www.futureofaging.org and www.BJBC.org.

Example – The American Association of Community Colleges (AACC) established a Nursing and Allied Health Initiative (NAHI) in 2002 to expand nursing education programs. About 50 percent of new nurses in the United States are trained at community colleges. The AACC hired additional full-time staff to provide information to colleges on the need for and best ways to expand their nursing education programs. This staff evaluates programs and describes best practices by community colleges to expand the training of nurses. This information is presented at national and state meetings of community college leaders. The NAHI activities are supported by additional voluntary payments to AACC by community college members. Additional information on the AACC’s NAHI initiative is at www.aacc.nche.edu/nursing.

C. Significant time at national meetings and conferences of long-term care associations should be allocated to the discussion of nursing workforce problems and initiatives.

Example – Individual facilities and the national associations made the implementation of the new Medicare prospective payment systems for nursing facilities a major priority in the mid-1990s. National and state associations sponsored sessions and specific conferences on how individual facilities could successfully implement the new payment system. These meetings explained the system’s background and the key features. They also provided practical working exercises on the detailed steps needed to carry out the new program.

ISSUE 2 *National long-term care organizations should actively collaborate with partners from the health care, education, organized labor and public workforce communities to develop and support a comprehensive set of policies to address the long-term care nursing shortage.*

INITIATIVES

A. Actively participate with hospital, nurse, labor, nurse education and other health care organizations in current collaboration efforts to increase the overall number of nurses trained and working in the nation.

Example – In April 2004, Beverly Enterprises, Inc., a leading provider of health care services to the elderly, donated \$1 million to the University of Pennsylvania School of Nursing to establish the Penn-Beverly Partnership Fund. The fund provides financial assistance to nursing students interested in joining the long-term care workforce. Through this program, educational loans are forgiven in exchange for a work commitment after graduation. “Quality patient care at our nursing homes requires well-educated, dedicated nurses who have specialized training in the unique health care needs of the elderly,” said William R. Floyd, chairman, president and chief executive officer of Beverly. “The objective of our grant is to stimulate interest in geriatric nursing and attract qualified clinicians into long-term care.” See www.nursing.upenn.edu/news/detail.asp?t=2&id=63.

Example – The Johnson & Johnson Company initiated the Campaign for Nursing’s Future in 2002 as a multiyear campaign to attract additional professionals to serve as nurses in hospitals and extended care facilities. An extensive review of research findings on the nursing shortage and widespread discussions with experts including individuals from nursing organizations, nursing schools, hospitals and long-term care preceded the initiative. Major activities of the campaign include:

- the dissemination of recruitment brochures, posters and videos to high schools, nursing schools and nursing organizations;
- scholarship funds for students; and
- a national advertising campaign to celebrate nurses and their many contributions.

More information on the Campaign for Nursing’s Future is available at www.jnj.com/news/jnj_news/20020418_1558.htm.

National Initiatives

B. Create a long-term care nursing workforce coordinating workgroup of national long-term care, nurse education, nursing, labor, public workforce and other organizations to support development of national policies and programs that specifically address the long-term care nursing shortage.

Example – The National Association for the Support of Long-Term Care (NASL) coordinates a wide range of individuals and organizations associated with the long-term care field in policy-related activities. The association provides a national forum for the discussion of long-term care policy issues and the development of policy options. NASL coordinates efforts to educate the long-term care community about important public policy issues and to generate involvement of members in the policy process. The organization provides an online Website with continually updated information, an annual conference and numerous small topic-specific meetings. Membership dues provide funding for the association with special projects supported by those most affected. More information is available at www.nasl.org.

Example – Long-term care organizations joined with a broad range of nursing, education and health care provider groups to support the enactment and funding of the Nurse Reinvestment Act of 2002, the major national response to the nursing shortage. The act increased federal programs to improve the recruitment and the retention of nurses. It provided support for expanding nursing education programs, establishing partnerships between nursing schools and facilities and establishing scholarships and loans for students and faculty. The group's work included grassroots efforts with providers and direct contact with members of Congress and their staff. Additional information on the Nurse Reinvestment Act is available from the HHS Division of Nursing at bhrp.hrsa.gov/nursing/reinvestmentact.htm and at the American Nurses Association Website www.nursingworld.org.

C. Develop partnerships with nursing education and public workforce organizations to develop and carry out national programs to increase

the attention to and retention of long-term care nursing workforce by state and local organizations, colleges and agencies.

Example – With support from the Hartford Foundation, the American Association of Colleges of Nursing (AACN) has initiated the Geriatric Nursing Education Project to support curriculum development and new clinical experiences in baccalaureate and advanced practice nursing programs. Participating nursing colleges use long-term care providers and a variety of other health care facilities across the continuum of aging as sites for clinical rotations. This program emphasizes the need for nursing colleges and community practice partners, including long-term care providers, to work together to resolve the geriatric workforce shortage. In a parallel Hartford initiative, Creating Careers in Geriatric Advanced Practice Nursing, AACN awards scholarship monies to schools of nursing to expand opportunities for students to establish and build careers in geriatric nursing. This initiative spurs the interest of advanced practice nursing students to careers in long-term care by providing professional leadership opportunities for graduates. Additional information on the AACN geriatric nursing initiatives is available at www.aacn.nche.edu/Education/Hartford.

Example – The Hartford Foundation Institute for Geriatric Nursing at New York University (NYU) developed an initiative to assure that graduates of baccalaureate and advanced practice nursing schools are competent to provide care to geriatric patients. This initiative identifies and develops best practices in nursing care of older adults and works with schools of nursing to infuse these practices into the education of nursing students, and is just one example of many Hartford Foundation programs that support efforts by nursing programs to increase training related to long-term care. The Hartford Institute also supports efforts to enhance the capacity of researchers on issues related to geriatric nursing including the Hartford Institute Scholars Program that brings promising junior nurse researchers to NYU for an intensive and interactive experience developing critical analysis and research skills. Additional information on the Hartford Institute and on the Hartford Foundation and its support for geriatric nursing programs is available at www.hartfordign.org and at www.jhartfound.org.

ISSUE 3 *National long-term care organizations should develop active working relationships with major federal agencies vital to the development of the long-term care workforce including CMS, HRSA, the Employment and Training Administration (ETA) in the Department of Labor and the Agency for Healthcare Research and Quality (AHRQ).*

INITIATIVES

A. Work with CMS to develop policies that would permit states to use portions of Medicaid funds to support state and local programs and projects to improve the recruitment and retention of long-term care nurses and aides and so assure the quality of long-term care.

Example – The long-term care field has worked with CMS on the development and implementation of a number of Medicare and Medicaid policies related to long-term care. Professionals from the long-term care field worked extensively with CMS on the different components of long-term care nursing staffing studies conducted during the early 2000s. Nursing homes provided Abt Associates, the primary consultant to CMS in this area, access to individual facilities to collect data and interview nursing staff. Facilities assisted with the collection of data about their organization and operation. These studies produced a report to Congress on the staff levels in nursing homes in March 2002. The report is available at www.cms.hhs.gov/medicaid/reports/rp700hmp.asp.

B. Work with CMS on the development of new policies to encourage federally supported Quality Improvement Organizations (QIOs) and state long-term care quality agencies to support state and local programs to improve the long-term care nursing workforce.

Example – Up to 10 multistate nursing facility organizations are working collaboratively with the Rhode Island Quality Partners QIO (RIQP) on a CMS-supported initiative to decrease turnover of long-term care nursing workforce. This initiative will focus on efforts to increase nursing staff satisfaction. RIQP will conduct education sessions for senior administrative and direct-care workers from the participating firms. A similar CMS-funded project working with eight large

nursing facility corporations demonstrated a decrease in pain by residents of 50 nursing homes. More information on the long-term care program managed by the Rhode Island QIO is available at www.riqualitypartners.org/index.php.

Example – The long-term care community is working with CMS on the development of nursing home staffing quality measures (QMs) as a part of CMS's current initiative to provide information to the public regarding nursing home quality. Measures for areas such as nursing home staff retention, staff training, use of part-time and contract nurses, use of non-nursing staff to provide care and tenure of the director of nursing and the administrator are under consideration. National organizations involved in the initiative include representatives of the nursing home industry, professional associations and advocacy organizations. Following consultations with a technical expert panel of nursing home practitioners and leaders, relevant data will be collected for the development of model staffing quality measures. Additional information on CMS quality partnerships is available at www.cms.hhs.gov/quality/.

C. Work with the HRSA Division of Nursing to assure that its 2004 focus on geriatric and long-term care nursing is continued and expanded.

Example – The National Advisory Council on Nurse Education and Practice (NACNEP), the advisory council for the Division of Nursing in HRSA, focused in 2004 on the implications of the aging population on the nursing workforce. The council met with national and international experts in geriatrics to discuss future challenges and solutions in geriatric nursing. NACNEP meetings focused on the geriatric and long-term care workforce and considered specific settings including nursing facility and home health care for the ill and disabled elderly. The council discussion with experts and deliberations produced recommendations to be included

National Initiatives

in the Fourth Report to the Secretary and Congress scheduled to be released in spring 2005. Additional information on the nursing shortage and NACNEP is available at bhpr.hrsa.gov/nursing/nacnep.htm and the Division of Nursing at www.bhpr.nursing.

D. Work with the Employment and Training Administration (ETA) to assure that it will continue and expand focus on health care and long-term care workforce initiatives.

Example –ETA provided more than \$24 million in 2004 for projects to address health care labor shortages. The program includes a focus on long-term care workforce. In developing this initiative, ETA organized a series of forums with health care industry leaders, educators and the public workforce system. Projects supported included efforts to: develop alternative training strategies for health care professionals including apprenticeship, distance learning and accelerated training; enhance the capacity of educational institutions with more qualified faculty and new models for clinical training, and develop strategies to retain and help current health care workers move into higher-level positions in shortage areas. An additional set of grants totaling \$10 million was announced in late 2004. Additional information on ETA support for health care workforce development is at

www.doleta.gov/BRG/Indprof/Health.cfm.

E. Work with AHRQ and other federal agencies to expand support for research on health care and long-term care nursing workforce issues and solutions.

Example – AHRQ funded a series of workshops in 2001 for state and local policymakers in the legislative and executive branches of government interested in strengthening the long-term care workforce and improving quality of care and patient safety. The workshop included sessions on:

- the scope of the problem, including factors contributing to the current shortage;
- working conditions for direct-care workers;
- new models of caregiving for nursing homes that are transforming the workplace;
- quality and safety issues;
- wages and benefits; and
- information on new initiatives by states to confront these challenges.

Additional information on the AHRQ conference is available at www.ahrq.gov/news/ulp/lcwork/ulpltcw.htm.

ISSUE 4 *National long-term care organizations should facilitate the description and communication of effective practices to improve the recruitment and retention of nursing workforce by state and local organizations and individual providers.*

INITIATIVES

A. Establish and support clearinghouse activities for state and local efforts to address nursing workforce issues, including communication of the information regarding best practices developed by IFAS and Paraprofessional Healthcare Institute (PHI).

Example – PHI, in cooperation with the Direct Care Alliance, has created a National Clearinghouse on the Direct Care Workforce that supports efforts to improve the quality of jobs

for frontline workers who assist the elderly and disabled. The clearinghouse provides information resources through its Website, research and analysis, designed to help change practice, public policy and public opinion. The clearinghouse includes a “provider practice database,” authored by IFAS and PHI, which provides detailed overviews of more than 50 provider practices relating to the training and retention of direct-care staff. More information on the National Clearinghouse is available at www.directcareclearinghouse.org.

B. Document effective practices by state, local and individual providers and disseminate the documentation to interested leaders and organizations across the nation.

Example – Actions and policies of states regarding direct-care workforce issues, especially actions taken by states to strengthen the direct-care workforce, are described in a detailed report prepared by PHI and the North Carolina Department of Health and Human Services. This report was the result of a 2003 national survey of relevant state agencies. The survey reported the results in six categories:

1. wage/benefit enhancement;
2. training and other initiatives including career ladders;
3. task forces and commissions;
4. staffing ratios;
5. systems change grant workforce initiatives, and
6. other initiatives.

The information is arranged by state with additional analysis on a national level. The results of the 2003 national survey are available at www.directcareclearinghouse.org/download/2003_Nat_Survey_State_Initiatives.pdf.

Example – CAEL conducted a study of practices in health care organizations, *Employee Development: A Prescription for Better Healthcare*. The council designed the study to address the need for organizations to commit to learning initiatives and development of employees to help develop and retain workforce members. The study provided examples of practices that produce employee learning and development. It identified eight exemplary practices:

1. promoting education and training via top-down leadership through vision and commitment;
2. incorporating employee learning and development with business goals;
3. emphasizing learning development at all levels of

the organization;

4. obtaining and growing structured, individual careers for employees;
5. developing internal structures that facilitate informal learning and knowledge management;
6. strategically using technology to meet the learning objectives of employees;
7. partnering with external organizations to structure learning strategies for individual careers, and
8. assessing the impact of learning programs to change if needed.

The study, supported by ETA, emphasizes the need for health care organizations to choose practices that contribute to building an environment that cultivates continuous development of the workforce, supports employee retention and results in better patient care. Additional information on the CAEL study is available at www.cael.org/publications_research_whitepapers.htm. The results of a new national survey will be available on the clearinghouse Website in spring 2005.

C. Identify consulting firms, universities and other entities able to conduct analysis and assist state and local organizations and individual providers in the development and implementation of initiatives to improve the recruitment and retention of the nursing workforce.

Example – The Gerontological Society of America (GSA) provides an expert referral program. This program will provide the name and contact information on an expert in any of hundreds of specific areas of aging. The referral program responds to email and telephone requests for expertise using key words. GSA members sign up to participate in the expert referral program. GSA also provides links to other sources of information on elderly issues. Additional information is available on the GSA program at www.geron.org/referral.htm.



Conclusion

The shortage of nurses and nurse aides faced by long-term care providers stems from factors both outside the long-term care field as well as inside the organization and operation of long-term care. This nursing shortage diminishes the quality of care provided to elderly and disabled people. Nursing staff vacancies and turnover also increase the costs of providing services.

Projections of U.S. long-term care needs and the attendant demand for workforce indicate that current shortfalls will only increase over the next several decades.

The members of the National Commission on Nursing Workforce for Long-Term Care brought a wide range of experience – long-term care, nursing, education, public workforce and quality of care – to their consideration of issues and new initiatives related to the long-term care nursing workforce.

The current challenges of the long-term care nursing workforce can be addressed. Model programs have and can respond to these issues, and should be replicated across the nation. Solutions will not be quick or easy, but they are possible.

Resolution of the long-term nursing workforce challenge will clearly require work

to improve both the recruitment and retention of nurses. Long-term care leaders need to generate interest in the profession. They need to address educational opportunities and finally improve recruitment and retention. These initiatives should be designed and conducted at the state and local, facility and local provider, and national levels.

They must be based on new partnerships between the long-term care community and their counterparts in the nursing, education, workforce and quality-of-care communities. Individuals and resources will need to be drawn from the private sector and from government.

Most important, the leadership for all of the efforts to improve the long-care workforce must come from the long-term care community itself.

Without dedicated and persistent leadership from long-term care leaders throughout the nation, the other necessary partners will not focus their attention in this area. The necessary initiatives will not be implemented. New and sustained leadership for action by long-term care leaders is the critical component of the success of the National Commission on Nursing Workforce for Long-Term Care's work.