A Closer Look
A Guide to Developing Partnerships Between the Massachusetts Community Colleges and the Extended Care Industry
A Closer Look

A Guide to Developing Partnerships Between the Massachusetts Community Colleges and the Extended Care Industry

Prepared by Sharon A. Grundel, M.Ed. and Lisa Young, M.Ed.

Extended Care Career Ladder Initiative

Massachusetts Community Colleges

Commonwealth Corporation
Empowering People and Businesses to Learn, Earn, and Succeed
ECCLI: What We’ve Learned

A Guide to Developing Partnerships Between the Massachusetts Community Colleges and the Extended Care Industry

Executive Summary

For the past several years, the extended care industry—including nursing homes, skilled nursing facilities, and home health agencies—has struggled with the recruitment and retention of entry-level workers, particularly Certified Nursing Assistants (CNAs.) In light of the aging baby boomer population, these workforce issues, if left unresolved, are likely to result in a worsening shortage of workers to care for a large and growing elderly population. During the fall of 2000, the Massachusetts State Legislature approved the first in a series of multi-million dollar demonstration projects to address these issues. Part of the Nursing Home Quality Initiative, these projects became known as the Extended Care Career Ladder Initiative (ECCLI).

Since that time, over 120 of the more than 400 extended care facilities and 11 out of approximately 200 home health care organizations across the state have received grant funding through ECCLI to develop and implement various models of career ladder trainings for their entry-level employees. Many of these funded projects have included community colleges as key partners. To date, the Massachusetts Community Colleges have been involved in nearly every aspect of project planning, development, and implementation of career ladder programs within these facilities. Representatives from the community colleges have initiated, convened, and brokered ECCLI partnerships; assisted with grant writing activities; conducted employee assessments; developed specialized curriculum; delivered trainings; designed innovative teaching approaches for adult learners; and offered student support services.

The main purpose of this Guide is to provide information to ECCLI and non-ECCLI sites about how to develop strong working partnerships with the various Massachusetts community colleges based on information gathered from projects to date. This Guide
describes the key phases for developing a career ladder program within an extended care facility and indicates the manner in which community colleges can contribute to the success of each phase.

**The Phases of Developing and Implementing a Successful Career Ladder Program within an Extended Care Facility**

1. Building Executive Level Support for Career Ladders
2. Initiating the Relationship with the Community College
3. Assessing the Organization and Employees
4. Designing the Project
5. Implementing the Training and Education Component
6. Developing Seamless Communication Loops
7. Evaluating the Project
8. Working Toward Sustainability

The individual community colleges have brought their expertise in teaching, curriculum development, assessment, and student support to each of the ECCLI projects with which they have been involved. They have also brought their experience in developing similar programs with other business and industry partners within their particular regions.

In many instances, the relationships between community colleges and extended care facilities that began with ECCLI funds have continued beyond the grant period. Many facilities continue to seek out their community college partners to provide career ladder trainings and services related to their entry-level employees. Other partnerships have expanded to include coursework and activities related to preparing CNAs to become licensed nurses.

This Guide is one of several publications being written to highlight promising practices developed through ECCLI. The full text of this Guide and other publications referenced will be available at www.commcorp.org/programs/eccli and at www.masscc.org.
# Table of Contents

- Introduction 5
- Background 5
- Developing Career Ladders in Partnership with the Community Colleges 10
- Major Phases of Developing Career Ladders 11
  - Building Executive Level Support for Career Ladders 11
  - Initiating the Relationship with the Community College 13
  - Assessing the Institution and the Employees 16
  - Designing the Project 18
  - Implementing the Training and Education Component 27
  - Developing Seamless Communication LoopsWhat We’ve Learned 31
  - Evaluating the Project 34
  - Working Toward Sustainability 39
- Conclusion 41
- Case Studies 45
- Resources 62
- Community College Contacts
Acknowledgments

The Extended Care Career Ladder Initiative has been operating in Massachusetts as a series of demonstration projects since fall of 2000. The real pioneers of this work are those administrators and executive directors in the Extended Care and Home Health Care Based Industry that initiated the development of workplace education programs in their facilities. Though data supports the success of these types of programs by and large, anecdotal stories that have been shared add real value and a human component to these endeavors. Much appreciation is owed to the following individuals for their insight and guidance:

- Barbara Corrigan, R.N., M.S.N., Director of Career Development, Heritage Hall, Genesis Healthcare Corporation, Agawam
- Dean Messier, Director of Human Resources, Holy Trinity, Worcester
- Bonnie Pensivy, R.N., Staff Development Coordinator, Springside of Pittsfield
- Wendy LaBate, R.N., M.H.A., V.P. Clinical Services, Genesis Eldercare/Westford House
- Lori Savlon, Human Resource Director, Maristhill Nursing and Rehabilitation, Waltham
- Bernadette Oininen, R.N., M.S. (former) Director of Nursing
- Dennis Lopata, Administrator, Leo P. LaChance Center for Rehabilitation and Nursing, Gardner
- Karen Jackson, Director of Operations, Loomis Communities, Holyoke
- Diana Kennedy, Senior Manager of Education, Cape Cod Healthcare, Falmouth

Our sincere thanks to each and every person at the Massachusetts community colleges who contributed valuable input about their ECCLI experiences and projects. A complete list of community college contacts is listed at the end of the guide as reference.
Section One

Introduction

As of January 2005, over 120 of the more than 400 extended care facilities and 11 of approximately 200 home health care organizations in Massachusetts have received grant funding through ECCLI to develop and implement various models of career ladder training for their entry-level employees, particularly Certified Nursing Assistants (CNAs.) Many of these funded projects have included community colleges as important partners. The main purpose of this Guide is to provide information to ECCLI and non-ECCLI sites about how to develop strong working partnerships with the various Massachusetts community colleges based on information gathered from projects to date. In the context of outlining the phases of developing such partnerships, this guide describes effective career ladder programs which might be replicated in whole or in part by a facility seeking to provide career ladder opportunities to its entry-level employees.

Background

For the past several years, the extended care industry has struggled with recruitment and retention issues related to entry-level workers, particularly CNAs. Within the next two decades, the first of the “Baby Boom” generation will reach their mid-80s; as this happens the population of people 85 years of age and older will double. At the same time, sophisticated advances in medicine and technology now allow people to live much longer. The Bureau of Labor Statistics (DOL) projects the need for long term care services to more than double in the next fifty years. By 2012 the need for Home Health Aides will increase by 48%, Home Care and Personal Aides by 40% and Certified Nursing Assistants by 25%. If not addressed immediately, these labor shortage issues, coupled with the expected demographic changes, will lead to a crisis situation. The role of the CNA in extended care is especially fundamental because CNAs are the backbone of the formal extended care delivery system and provide the majority of paid assistance to its resident patients. This central role of providing “hands on” services makes them a key factor in determining the quality of paid long-term care.
During the fall of 2000, the Massachusetts State Legislature approved the first in a series of multi-million dollar demonstration projects to address workforce issues within the extended care industry. Part of the Nursing Home Quality Initiative, it became known as the **Extended Care Career Ladder Initiative** (ECCLI), administered by Commonwealth Corporation of Boston. Ultimately, the aim was improvement in the quality of care given to resident patients living in skilled nursing settings. The premise was that career mobility training would not only retain good employees but would also attract new candidates for available positions. Theoretically, this would lead to a reduction in staff turnover rates, help stabilize the workforce, and in turn lead to improvements in the quality of care.

Since its inception, over 137 extended care facilities and 11 home health care agencies have developed and implemented career ladder projects within their own facilities and partnered with other similar facilities to pool and share resources. As business entities, they include not-for-profit and for-profit organizations. Many are stand-alone sites while others are part of multi-site state or national organizations. Some are family owned and operated, with others managed by unions. They are located in urban and rural settings across the state. They range in size from 50 to 250 beds. All employ CNAs or similarly trained entry-level workers to provide the majority of daily care needs for their residents and clients.

Baseline data from many of the projects has confirmed that high CNA turnover rates are a major hindrance in operating a successful extended term care facility. For employers, recruitment and training expenses for each CNA can be as high as $5,000 per person. Furthermore, statistics show that a sizeable percentage of new CNA hires leave within the first six months of employment.

Demographically, CNAs in Massachusetts share many characteristics with their nationwide counterparts:
- Starting, entry-level wages tend to be low, averaging $8.50/hr. Compared nationally to all other full-time workers, median earnings for full-time CNAs are about half of all others, ($17,000 compared to $30,663) (Scanlon, 2001).
- Nearly 90% of all CNAs are women, with an average age of approximately 40 years.
• CNAs are disproportionately minorities and many of them are immigrants with limited English proficiency.
• The majority have a high school education or less.
• More than half (56%) are single mothers and the sole support for children under 18 years old.
• Many cannot access employee benefits such as health insurance coverage, paid time off, or holidays.
• Few employers offer any type of career mobility training to improve the CNA role or to encourage the advancement of CNAs toward licensed nursing.

There are many less difficult entry-level positions to choose than a CNA. Retail, fast-food, and other service industries do not involve extensive training or hiring requirements. By comparison, a CNA is required to attend a minimum of 75 hours of training, (an expense often incurred by the CNA applicant), intern for a period of time on the job, and then successfully pass the state CNA exam. Many employers also require a criminal background check and drug testing as conditions of employment. The work can also be physically demanding and emotionally draining.

Despite the demanding nature of this type of work, those who stay in the field say their work is a “calling.” In a statewide survey of CNAs in Massachusetts, nearly 90% of employees interviewed and surveyed said they were highly committed to their jobs and their facilities’ success and were motivated to do a good job. Remarkably however, only about half of those participants are satisfied with their jobs, often citing a lack of appreciation and room for advancement (ECCLI Round 2 Evaluation Report). These survey results and other data gathered formally and informally support the need to provide opportunities for CNAs to grow within their role and/or to advance to the next professional level.

**Workforce Development and Career Ladders**

Workforce development involves building the workforce through recruitment, placement, and training and extends to the supports that make job training and mobility possible. It may include skills training and education; career advising; access to higher education; and referral to services like childcare, transportation and financial assistance. Workforce development undertakings, whether by demonstration project, sectoral initiative, or
even by a single employer initiating the development and implementation of an employee training program provide opportunities for workers to improve their knowledge and skills and perform at higher levels with better productivity.

Career ladders are intentional and planned methods an organization develops to promote advancement of entry-level workers by offering education and skills training opportunities. Career ladders serve as a blueprint for the skills, qualifications and credentials an employee needs to advance along the career continuum within the organization or field. Job advancement is recognized with associated wage increases and can be an important route to a better standard of living.

**ECCLI Career Ladder programs include, but are not limited to:**

- Assessment of workers for basic education and language skills
- Provision of Adult Basic Education (ABE), English as a Second Language (ESL), and GED preparation for workers transitioning into post-secondary education
- CNA training for state certification (minimum 75 hours class time)
- Advanced CNA clinical skills training
- Interpersonal skills training
- Career advising
- Related personal supports such as childcare referrals and/or vouchers, food stamps, fuel assistance, scholarships for further education and more.
- Supervisory and management training to nursing and other departments.

**Why Partner with a Community College?**

Across the Commonwealth, the fifteen Massachusetts community colleges work with business and industry partners of all types to address their workforce development needs. With their expertise in teaching, curriculum development, assessment, and student support, the community colleges are uniquely positioned to link the on-going workforce needs of business and industry to the education and training necessary to keep them competitive in this global economy. As important members of their regional development networks, the community colleges have an influential voice regarding workforce development initiatives. These connections and their ability to successfully
secure both public and private financial resources make the community colleges a choice business partner for industries seeking solutions to their labor force issues.

To date, the Massachusetts Community Colleges have been involved in nearly every aspect of planning, developing and implementing ECCLI career ladders with extended care facilities. Representatives from the community colleges have initiated, convened, and brokered ECCLI partnerships; assisted with grant writing activities; conducted employee assessments; developed specialized curriculum and materials for students; designed innovative teaching approaches for adult learners; and offered student support services. Based on experience with other industries, the colleges realize that bringing career ladder-type education and training directly to the workplace eases the transition for workers into higher education; and higher education is often essential to a person’s ability to earn a self-sufficient wage.

By and large, the outcomes from the initial rounds of funding have been very positive. The consensus among employers who have received ECCLI funding to test the career ladder approach in their facilities is that just the presence of a career ladder program in a work setting can and has served them well as a recruitment and retention tool for incumbent and prospective front-line workers. Nearly all have reported savings in recruitment costs and agency fees and improved retention of their front-line employees.

Setting up a successful career ladder program takes time, careful planning, and energy. However, the pay-off of this type of endeavor is far-reaching and can benefit all stakeholders significantly. There are many models that work well. Experiences from each of the projects have taught us a great deal about what works and what does not. Each lesson learned has contributed to the many promising practices emerging within the extended care industry in Massachusetts today.
Section Two

Developing Career Ladders in Partnership with the Community Colleges

The Extended Care/Skilled Nursing industry provides an essential service to elderly and disabled people requiring continuing care or short term sub-acute care. Advances in medical technology and care-giving practices now require more highly trained workers at the entry level to support these advances. Although extended care and home health care sites can and do provide staff development opportunities through industry-specific training, many do not have the capacity to develop and implement a comprehensive career ladder program for their entry-level employees. Organizations which are able to do this tend to be larger multi-site entities, such as the Genesis Corporation or Cape Cod Healthcare, which are able to use their own internal resources to teach and implement career ladders within the workplace. (Please see Cape Cod Healthcare’s ECCLI Case Study: Community Partnership for the Development of Nurses on Cape Cod available July 2005 at www.commcorp.org/cwi )

Teaming up with partners who can assist in developing and carrying out workplace education programs can build the networks necessary to sustain the mission over time. Through ECCLI funding, many smaller organizations (or groups of non-affiliated extended care facilities) teamed up with community colleges to develop curriculum and teach career ladder components. In Round 2, long term care sites were required to partner with other extended care sites and workforce development partners, including the community colleges. Many unique and innovative courses were developed through the colleges, some of which were said to have “changed lives,” like the Aging and Wellness course that Bunker Hill and Roxbury Community Colleges developed for Sherrill House in collaboration with the American Red Cross.

The data from the ECCLI sites that collaborated with community colleges offer valuable lessons learned and promising practices that have been put into place. Some of the community colleges were part of the original vision and planning and other colleges were brought in later to provide education and customized training to entry workers and management staff.
Major Phases of Developing Career Ladders

Each extended care site or group of sites described in this guide has designed and implemented a career ladder program based on their specific institutional culture, resident demographics, and employee needs. Although the specific content and implementation strategy may vary amongst projects, there are similar phases that each organization moves through when developing and implementing this type of program.

Typical Phases

1. Building Executive Level Support for Career Ladders
2. Initiating the Relationship with the Community College
3. Assessing the Organization and Employees
4. Designing the Project
5. Implementing the Training and Education Component
6. Developing Seamless Communication Loops
7. Evaluating the Project
8. Working Toward Sustainability

1. Building Executive Level Support for Career Ladders

Most nursing home administrators would support the premise that providing education and training to entry-level workers would have a positive impact on employee retention and subsequently on the quality of care provided to residents. Considering the budgetary constraints under which most extended care sites operate, however, before most administrators could allocate funds for this, they would also need to be able to demonstrate or at least predict some type of financial benefit to providing this education and training. Before ECCLI, administrators could suggest that providing these benefits to entry-level workers might lead to increased savings in terms of recruitment and retention, but other senior staff might see it as too much of a risk. Projects funded through ECCLI provided the opportunity for long term care sites to experiment with the idea that implementing a career ladder might lead to reduced costs and improvement in the quality of care.

In most cases, administrators from successful projects engaged line managers and
supervisors early on to get ideas for the program’s design. In some instances, administrators chose to partner with other extended care sites in order to share costs and potential risks. Some of the most successful programs in Massachusetts were initiated by industry leaders who had common goals and were willing to team up to pool resources to maximize returns.

As employers are able to articulate an organizational vision based on a more highly-skilled workforce, business needs should be evaluated and financial parameters identified through a formal assessment process. An organizational assessment calls for participation from all levels within the company. Ideas and concerns gathered from executive and management level personnel (administrators, directors of nursing, staff development coordinators, and human resources representatives) will ensure that preliminary plans will mesh with corporate or facility policies and budgetary constraints.

In addition, active and early participation from the management and supervisory staff from all departments, especially nursing, is crucial for developing commitment across the organization. The site administrator or a project coordinator, if hired, can encourage support from this group by organizing a working committee to map out a preliminary plan. These initial discussions should include ideas for the focus of the career ladder trainings (based on the mission of the facility), the employee groups to be targeted, the number of employees to be trained and the possible scope of the project in terms of dollars.

**Examples of Building Corporate and Organizational Support**

- At Loomis House in Holyoke, the director of operations needed the approval of the CEO and the CFO to initiate a program addressing the concepts of culture change in the workplace. She was able to persuade them and several of the nursing supervisors to attend a three-day Eden Associate training program. That experience helped to solidify Loomis’ executive level backing for a career training pro-
gram. With guidance from the Center for Business and Professional Development at Holyoke Community College, the Pioneer Valley ECCLI Consortium, comprised of three long-term care facilities; Holyoke, Greenfield, and Springfield Technical Community Colleges and two One Stop Career Centers was established.

- Before the ECCLI initiative began, the Director of Human Resources at Holy Trinity in Worcester initiated a partnership with nine facilities which became known as the “Intercare Alliance.” The original purpose of the Alliance was to combine resources and contract with HMOs for better rates, and qualify for pharmacy and food purchasing discounts. A return-on-investment was realized early and the group became focused on improving the quality of resident care and reducing turnover costs. They believed they would be able to address the issues directly through the education and training of direct-care workers. When ECCLI funding became available, these sites had a solid working relationship from which to launch career ladder projects.

- Executives at Genesis Healthcare Corporation, which operates three separately funded ECCLI projects, Heritage Hall in Agawam, Sutton Hill in Andover and Genesis Eldercare in Westford, understand the value of developing the skills of its employees. All three facilities have full fledged support at the executive level and sought out their regional community colleges—Holyoke Community College, Springfield Technical Community College, Northern Essex Community College and Middlesex Community College—to collaborate in planning comprehensive career ladder program.

2. Initiating the Relationship with the Community College

In some instances, large multi-site organizations may have the internal resources necessary to develop and implement a career ladder program without external assistance. These would include, at a minimum, staff development professionals with both teaching and curriculum development expertise. Most however, recognize that their expertise lies in providing quality care to their residents not in workforce development. When an extended care long term site decides to collaborate with workforce development organi-
izations in order to develop and implement an effective career ladder, their local community college can help them to determine what they may need and in many instances, provide services to meet those needs. The community colleges can analyze current industry trends and provide high quality advice about program planning. They can assist with assessment of business needs, clarify and prioritize goals and guide the planning process. They typically offer a wide network of resources and experience to draw from and can provide comprehensive information upfront.

Community college partners can also provide information related to services unfamiliar to most extended care employers such as career development, English as a Second Language (ESL), and Adult Basic Education (ABE) and community based supports for individuals. Other community-based workforce development partners might include the One Stop Career Centers, union education programs, and Community Based Organizations (CBOs). CBOs are often knowledgeable about the needs of low-income citizens and can provide support services that range from education and training scholarships for ABE, ESL, and GED preparation to referrals for childcare, affordable housing, transportation, counseling and life skills guidance. In some instances, community colleges have provided basic information on these programs and then introduced employers to other industry associates for potential collaboration. Sharing the costs and coordination of instruction, administration and assessment promotes efficiency and makes the investment in staff more feasible, especially for financially vulnerable members.

With the initial rounds of ECCLI funding, nursing home administrators typically approached their local community college for assistance and participation. As activities of ECCLI projects became better known, community colleges began to reach out to extended care sites within their regions to discuss potential partnership opportunities.

How Partnerships with Community College Have Been Formed

- Life Care Centers of West Bridgewater had an established clinical relationship with the School of Nursing at Massasoit Community College. They used that connection to approach the college for technical assistance and planning with their ECCLI grant applications.
• Prior to ECCLI, the Nursing Department at Mt. Wachusett Community College and the Leo LaChance Center of Gardner were collaborating on a project to address the nursing shortage via training and education. Because of this pre-existing relationship, the Administrator at Leo LaChance approached the college for assistance with grant writing activities for ECCLI funding. When funding was awarded, Leo LaChance contracted with MWCC to manage the administrative and fiscal duties required of the grant for the consortium of four nursing homes and two hospitals.

• During the initial rounds of funding, Holyoke Community College was asked to be part of planning and grant writing activities for the Pioneer Valley ECCLI Consortium. When Funding Rounds 5, 6 and 7 were announced, HCC convened a meeting of extended care facilities in the Western region to announce the launch of the Extended Care Center for Excellence. The Center was developed specifically in response to industry training and education needs and offers a full range of resources and programming.

• Middlesex Community College worked closely with the Maristhill Consortium, a collaboration of two extended care facilities and two additional colleges: Massachusetts Bay and Massasoit Community Colleges. Using input from all of these partners, Middlesex and Maristhill drafted the grant proposal together.

• After success in the initial rounds of ECCLI funding, Northern Essex Community Colleges launched a formal outreach campaign to extended care facilities in their area. Since the inception of ECCLI, NECC has worked closely with five separately funded projects, providing assistance with the application and planning process and offering a full range of clinical, ABE, ESL, interpersonal and supervisory skills trainings.

• Roxbury Community College participated from inception in planning activities with the Boston-based Benjamin Healthcare Consortium.

• North Shore Community College assisted several extended care facilities with grant writing and planning activities during different rounds of ECCLI funding.
3. Assessing the Institution and the Employees

Institutional Assessment

The most successful career ladder projects include a thorough assessment of both the needs and resources of the institution and the interests and skills of individual employees. Across the organization, information and input should be gathered regarding options for appropriate clinical topics, the need for soft skills development and a clear sense of the size and length of potential program components. The direction for the career ladder components may have been chosen through preliminary discussions by senior management but a comprehensive assessment will verify whether the plan is on target. Input should be obtained from all stakeholders including senior management, nurse managers and supervisors, CNAs and other entry-level staff. As ideas are evaluated, administrators will need to determine the level of resources including capital and personnel time that the organization can afford to allocate to each component.

An important aspect of the capital resource discussion involves providing monetary incentives for employee participation. Decisions to be made include whether time spent in training will be compensated or not. If so, will workers be released during a shift, or paid to come in on their time off? (ECCLI requires 50% paid release time.) Management will also need to decide how wage increases will be awarded.

- At the assessment stage of their project, the Intercare Alliance sought input from Nurse Managers, Staff Development Coordinators, CNAs and other entry-level staff. Meetings were conducted to identify what type of clinical, academic and interpersonal skills training would be most suitable to reach the desired outcomes. When ECCLI funding became available, the consortium, representing six of the facilities, had already completed an evaluation of business needs and employee assessments and was developing a career ladder program. ECCLI funds allowed them to expand the original vision of the program and offer advancement opportunities to even more employees.

As clinical topics are chosen, targeted employees need to be asked early on whether these topics are of interest. The more they are involved in determining the specific plan, the more successful it is likely to be. This is true for staff at all levels of the organization.
Employee Assessments

Although the focus and scope of a career ladder project will be determined by the needs and resources of the institution, the training and education provided must take into account the needs and abilities of the staff meant to participate. A thorough assessment will identify the interests and motivation of employees as well as their education levels and the supports that will be necessary to make the education and training successful. The community colleges are well-positioned to provide academic assessments for individuals at all levels and have accommodated extended care facilities by conducting these activities on-site.

Key Steps

• Survey employees at all levels of the organization about their career interests, personal needs and satisfaction with work. Offering employees a chance to speak confidentially and to offer input into a training program will send a message that they valued team members.

• Assess the current academic aptitude and interpersonal skills of the employees interested in pursuing career ladder training and further education. Consider whether workers are adequately prepared for higher level clinical skills training (career ladder) or whether remedial work in Adult Basic Education and/or ESL will benefit them best and first.

• Evaluate what supports employees will need to succeed in training and education. Training programs usually take place during daytime hours but may need to be adjusted to accommodate second and third shifts workers. To ensure better attendance and course completion, flexible scheduling and adequate childcare supports may be necessary.

• Invite feedback from residents and their families. Open-ended questionnaires encouraging fair and honest feedback can yield rich assessment information to plan the details of a training program.
The institutional and employee assessments may be done concurrently, with the results of each informing the other. Based on the organizational assessment and the information gathered from the employees, residents and their families, a customized program can be set up that will accomplish the stated business purposes while providing incentive to employees to develop their own career potential.

### 4. Designing the Project

Planning is a strategic process that involves on-going networking and dialogue, assessment of the organizations’ and employees’ needs and pulling together resources. A thorough plan should outline a ‘map’ for employees to follow, showing the skills needed to advance in the workplace and the sequence of steps needed to get there. Since even the best laid plans may go awry, flexibility is crucial as program activities roll out.

Comprehensive employee assessment results and the parameters set by the organization in terms of resource availability and program capacity will provide the information needed to plan the details of a strong career ladder training program and set realistic criteria for participant selection. While the CNA certification training provides CNAs with the basic skills to work with the populations they serve, most CNAs and others believe that they could do their jobs more effectively if they had more training and a better understanding of the physical, mental and emotional challenges that their residents face. Furthermore, in light of the
time they spend with residents, their role as a member of the care giving team also needs to be recognized and more effectively integrated. CNAs themselves also need to learn how to work more effectively as team members, manage their time better and acknowledge and deal with issues such as diversity amongst co-workers and residents.

Recognition of the additional time and energy that workers are contributing to improve their job performance is important. During the training segments, sites may consider offering employees paid release time during working hours or compensating them to attend training during scheduled time off. Once an employee has completed each step of the career ladder, an appropriate wage increase should take effect.

As CNAs obtain more skills and knowledge and aim to apply these in their work, it will be necessary for their supervisors and managers to adapt to and encourage these changes.

Changing how one group of workers functions within an organization can have a profound impact on the working environment as a whole, especially within the typical hierarchical setting of the traditional nursing home. Resulting changes related to the working environment have been acknowledged to varying degrees by participating ECCLI sites. Some organizations have taken the opportunity within this atmosphere of change to address the culture of the facility as a whole, as it relates to workers and residents and their families, and have adopted sweeping changes to the medical model upon which they are based. Others have recognized the changes in less direct ways. More discussion on this topic appears below.

CNA Levels I, II, & III

Typically, career ladders designed by ECCLI sites have included two or three levels for
CNAs. In limited cases, where organizations were particularly challenged with recruitment of CNAs, some of their ECCLI funds were used to supplement basic CNA training and the remainder used to introduce at least one other career ladder as a progressive step. Most organizations however, identified retention of CNAs as their critical issue. Utilizing ECCLI funds, they developed and implemented multiple career ladder tiers beyond basic certification to introduce specialty tracks.

CNA I is the basic CNA certification course and may or may not be expanded by the employer. It is often taught on-site at the facility either by in-house staff or by an outside vendor, such as a community college, the American Red Cross or a vocational technical school. Existing entry-level staff from other departments, such as housekeeping and dietary staff may be recruited to become CNAs. If included at all, CNA I has been a relatively small component of the majority of ECCLI projects.

CNA II training typically focuses on one or more clinical topics related to the needs of the specific residents of the facility. The subject areas of CNA II components provide the theoretical underpinning for tasks that CNAs learn in their basic certification training, such as skin care and fall prevention, and may include training that focuses on understanding aging, disease process, physical, social and mental issues; mastery of specific conditions such as Alzheimer’s, dementia, stroke, Parkinson’s, prevention of falls, restorative care and rehabilitation.

Organizations which serve one specific population such as elders with Alzheimer’s might offer only one ‘track’ (or core curriculum) of CNA II because advanced knowledge in this area is really key to providing improved quality of care to their residents. Other sites with more varied populations may offer two or three tracks for level two training. Nearly all the Massachusetts community colleges have developed and taught CNA II courses, mostly in the areas of Restorative Care and Rehabilitation, Alzheimer’s and Dementia, the Aging Process, and Death and Dying.

CNA III trainings have primarily concentrated on teaching leadership skills to CNAs who have performed exceptionally well in level II trainings. CNA III curriculum often includes mentoring skills, practice in teaching clinical skills to peers and opportunities to provide administrative oversight of various activities.
Training for clinical specialties typically includes 20-40 hours of in-class instruction over a period of several weeks and hands-on practice under the supervision of a licensed nurse or CNA trained as a preceptor and mentor. Effective curriculum includes clear learning objectives with corresponding goals and a detailed syllabus so participants know what they will accomplish during each session and overall. Materials should be relevant and clear and class time should allow for discussion and practice, as appropriate. The community colleges are adept at developing learner-centered, customized curriculum designed to be realistic, interactive and appropriate for adult learners. Depending on the need, they can develop new materials or help a facility adapt curriculum that it already has.

- Holyoke Community College has created and delivered instruction for CNA I, II, and III career ladder tracks. Basic career ladder instruction appropriate for all entry level employees consists of 24 hours of instruction addressing critical work skills: Introduction to Aging, Communication Skills, Teamwork, Death and Dying and Managing Multiple Priorities. CNA II involves 16 hours of instruction in Rehabilitation and Dementia. CNA III includes 24 hours of instruction in Physical Assessment, Leadership and Mentor training. The college also offers two other career tracks for Food and Environmental Services departments, each involving 20 hours of instruction.

- At the Farren Care Center in Turner’s Falls, the CNA II curriculum included 20 hours of Psychiatric Education and 20 hours of Restorative Care. The Psychiatric Education component was developed and taught in-house. The Restorative Care portion was developed and taught by staff at Holyoke Community College and included curriculum on Death & Dying, Advanced Alzheimer’s and Dementia Care and Restorative Care Techniques.

- Mount Wachusett Community College developed and teaches a Hospice Care component for CNA II.

- Massasoit Community College created coursework in three separate areas for CNA II: Neurological Impairment, Osteoporosis and Respiratory Care.
• Massachusetts Bay Community College offers four segments of CNA III: Orthopedic Care, Neurological Impairment, Infection Control and Alzheimer’s Disease

**Basic Skills Training**

Employee assessments, conducted by ECCLI and similar statewide demonstration projects related to entry-level workers consistently reveal that a portion of these employees will require foundational education and literacy skills before they can participate in advanced clinical career ladder education. The extent of the services which may be offered may depend upon the available resources of the facility. If the employee assessments indicate that a majority of employees are sufficiently prepared academically and resources are limited, the organization(s) may concentrate on offering clinical skills training only to employees that are already academically prepared. If this is not the case and/or the organization does have resources available, it should consider providing basic skills training to workers who need them.

Research suggests that improving employee basic skills, such as literacy, math, and ESL, creates employees who work smarter and are better able to cope with changes in the workplace. Supporting skill development also improves union/management relations.

“At the Intercare Alliance in Worcester, offering CNAs training at level II in Restorative Care, Alzheimer’s Disease and a class on Death and Dying had a noticeable impact on job performance. Some of those trained at level II were chosen to continue on to level III and received training in Mentoring, Precepting and Leadership skills. These trainings have proven well worth the investment.”

Dean Messier, Director of Human Resources, Holy Trinity Nursing and Rehabilitation Center

About ESL training… “One of my Dietary Aides was cross-trained to become a Prep Cook and was then promoted to a full time cook. Without the ESL training she never would have been able to do this. Her earnings increased by approximately $2/hr.”

Dean Messier, Director of Human Resources, Holy Trinity Nursing and Rehabilitation Center
and increases output and profitability. Employers overwhelmingly report increased profits and other bottom-line benefits when their employees gain basic skills that enable them to work more effectively.

“All of the Massachusetts Community Colleges offer comprehensive academic assessment and coursework in ABE, ESL and GED preparation, and many ECCLI sites have partnered with their local colleges for these services. If financial support from the employer is not possible, adults without a high school diploma or GED credential, or adequate math and literacy skills, should be encouraged to continue their education through workplace, union, adult basic education programs or their community colleges.

**Interpersonal Skills Training**

In addition to clinical trainings, all the ECCLI projects have included classes related to interpersonal skills. Interpersonal or ‘soft skills’ trainings address the issues of how people communicate and work with one another and include topics such as team building, effective communication, problem solving, critical thinking, customer service, and cultural diversity. Soft skills training helps employees handle and diffuse difficult situations more effectively at work and in their personal lives. Coursework is designed to assist people with balancing multiple priorities including family, work, and school. Some classes specifically address mentoring and leadership skills which may build self confidence. Many facilities have offered or even required soft skills training for all entry level workers including those not participating in the clinical components of the career ladder.
trainings. Indications are that employees who have participated in these types of workshops have improved their performance at work and become more effective in interacting with peers, supervisors and residents.

- At Maristhill Nursing and Rehabilitation, Mass Bay Community College implemented ‘innovation teams and a unit-based facilitation program.’ Instructors from the college worked with the Nurse Managers to create teams of 6-7 CNAs working together on the same units in the facility and conducted small group trainings in Team Building, Customer Service and Cultural Diversity. Grouping CNAs who work closely together in this type of forum proved to be very effective in building cohesion among team members.

- The Life Skills Course designed for the direct healthcare worker by Berkshire Community College is a 32 hour, 2 credit course focusing on developing work skills and communication, time management, teamwork and career development. At its conclusion, each participant makes a clinical presentation for the class and Senior Managers.

Management Training

Most of the ECCLI projects offer training for nurses and mid-level supervisors to support the concepts their employees are learning. As the career ladder is implemented for entry-level workers, this training for supervisors is necessary so that they will encourage CNAs and other workers to use their new-found knowledge and skills. Managers who actively participate are more likely to support their staff in the learning process and adopt more of a mentoring approach as supervisors. Offering management level educa-

At Springside in Pittsfield, the Life Skills Course was the impetus for growth in many ways. “Participants showed motivation to do a better job, increased confidence levels and a greater ability to handle frustration. Both teamwork and cross-department communication improved. We plan to continue this offering [even without grant funds].”

Bonnie Pensivy, RN, ECCLI Project Coordinator
tion that addresses supervisory and coaching techniques also demonstrates leadership's commitment to a learning-centered environment that includes everyone's participation. Management training for supervisory staff has been incorporated into ECCLI projects since inception and provided by many of the community colleges. Among others, Northern Essex, Greenfield, Massasoit and Middlesex Community Colleges have developed and delivered coursework on Coaching, Leadership and Train-the-Trainer techniques. Holyoke Community College offers credit coursework through the American Management Association; completion of each of these six 15-hour courses earns students a nationally recognized certificate.

**Culture Change**

The concept of culture change has been a confusing one for many participating ECCLI sites. It is important to understand that the term is used to describe two different experiences. The first one focuses on changes primarily within the facility’s working environment and involves the issues that might arise as a facility empowers CNAs through education and the acknowledgement of their value to the care-giving team. How these CNAs then interact with other members of the care-giving team, as well as the residents, can have a profound impact throughout the facility. This underscores the need for effective management training for supervisors. Some administrators recognize the potential issues that may arise and face them head on with activities and learning opportunities structured to help to address and resolve issues as they arise. In other facilities, organizational culture change has evolved gradually and less formally as employees become more educated, insight is developed and conscious changes begin to happen in the ways that people behave and relate to one another.

“Whenever you offer education, it changes the culture. The LaChance Center is redefining how work is done. These kinds of changes are a direct outgrowth of the progressive and continuing education offered to employees that really took off with ECCLI funding.”

Bernadette Oinonen, RN, MS  
(former) Director of Nursing  
Leo P. LaChance Center for Nursing & Rehabilitation
The second type of culture change involves facilities which opt to change the whole culture of care-giving across the facility by moving from a medical rehabilitative model of care-giving to a more resident and community-centered setting that emphasizes quality of life. One model for culture change, the Eden Alternative, openly addresses the ‘culture’ in which care is given and offers guidance on restructuring the physical surroundings, daily routines and the role of the staff to reflect a more homelike environment.

These changes, supported by the site’s administration and coupled with a career ladder program for entry level staff can have a profound impact on all who live and work in the facility.

At Loomis House in Holyoke, culture change is the cornerstone of their efforts. As an initial step, a consultant was hired to assess organizational and employee values and structure training guidelines. A three-day Eden Alternative training attended by executive level personnel motivated the facility to design a career ladder training curriculum around that philosophy. As a result, Holyoke Community College worked closely with Loomis and developed a course for the ‘Neighborhood Coordinator’, a new and specialized position for CNAs within the facility. The curriculum for the Neighborhood Coordinator included defining differences between a medical model and a community model nursing home, defining the characteristics of a ‘neighborhood’ and expanding the role of a Unit Coordinator. It also stressed communication with residents, families, co-workers and supervisors, principles of adult learning theory, written report guidelines and physical assessment. On the job, the Neighborhood Coordinators handle the day-to-day needs of the residents and families, while nurses focus on mentoring, team building and providing clinical expertise. (Please see the Loomis House ECCLI Case Study: A Continuous Journey in Culture Change available July 2005 at www.commcorp.org/cwi)

“While this may sound simple, it is a huge change from the hierarchical structure of a nursing home that is generally based on a medical, hospital-like structure.”

Karen Jackson, Director of Operations, Loomis Communities
**Staff Incentives**

As mentioned, ECCLI guidelines require employers to compensate entry-level employees who are participating in career ladder education a minimum of 50% of their regular wages for time spent in-class. Some employers choose to pay as much as 100%. More than a few employers believe that employee participation would not be as strong if wages for training time were not equally matched; others believe that asking their employees to dedicate some of their own time to training demonstrates a higher level of personal commitment to the endeavor.

Another key incentive involves wage increases. For individuals already hard pressed to balance work and family obligations, incentives need to be meaningful enough to take on the extra challenge of education and training. At the completion of training, employees have received associated wage increases ranging generally between 3 and 4%, ($.30-.50/hr.) Some have received wage increases as high as $1.00/hr. Whatever the agreement is with employees, it is important to be clear about the amount they can expect to receive and when.

Incentives at the professional level include obtaining Continuing Education Units (CEUs) for licensure requirements for professional staff attending specific management level supervisory training. Both Greenfield Community College and Holyoke Community College have granted CEUs to nursing and social work staff from extended care facilities. The incentive is multifold for professionals who need to maintain licensure requirements; they can attend training during work hours and the training fee is covered by the employer (who is then reimbursed with ECCLI funding). Higher education institutions, like the Massachusetts Community Colleges are well-versed in administrative procedures and guidelines associated with granting CEUs.

**5. Implementing the Training and Education Component**

Once the components of the career ladder have been developed, the logistics of implementing the program need to be addressed. To handle these issues, most projects have a dedicated Program Coordinator (PC) assigned either full or part time to the project. This person is responsible for choosing participants based on established
criteria, securing either internal or external trainers and determining the time and location of classes. The PC should also work with supervisory staff to ensure that there will be adequate coverage on the floor so that participants will be released for trainings. In addition to the day-to-day program activities the PC is also responsible for on-going data collection for reporting and evaluation purposes. Due to the complexity of implementing this type of career ladder in an organization which operates 24 hours per day, 7 days per week, the PC must be aware of issues as they arise and be able to make adjustments as necessary.

In some cases, even before a Program Coordinator is in place, the administration may have pulled together an ‘Implementation Team’ to provide input into the career ladder curriculum and related trainings and to begin to design the implementation strategy. This group serves as the link between entry-level employees and supervisory staff. Members of this group might include Department Heads, Unit Managers, Charge Nurses, the Director of Nursing, Staff Development Coordinator and selected CNAs. This team can provide keen insight into daily operations and will be able to encourage participation by both entry-level and supervisory level staff. Initially, the Program Coordinator will work closely with this group. Over time, the group may continue to meet periodically as changes are made or new phases of the project are implemented. (Please see Making Training Work for Your Staff by Neil Silverston available June 2005 at www.commcorp.org/cwi)

**Participant Selection for Training**

At least in the beginning, most facilities are unable, both financially and logistically to involve all entry-level workers in comprehensive career ladder activities. The process of determining which employees qualify for participation will depend on the organizational assessment findings related to needs and resources as well as the results of the individual employee assessments. The specific components that will be implemented will determine which groups of entry-level workers will be targeted. For example, if the assessments determine that recruitment of CNAs is the major focus of the project, then housekeeping, dietary and maintenance workers may be a viable pool to draw from. On the other hand, if retention of CNAs is the focus, then current CNAs will most likely be the primary group encouraged to participate.
Within each group, criteria for participant selection training may include, but is not limited to, the following factors:

- Level of interest
- Employee performance evaluations
- Highest level of education completed
- Aptitude testing if a candidate lacks a HS diploma or GED equivalent
- Longevity with the employer
- Attendance record
- Supervisory recommendations

Part of the selection process for career ladder candidates should include individual interviews and group meetings to clearly communicate the expectations for class participation, attendance and job duties following successful completion of training. All of the criteria and expectations for participation should be well publicized to both targeted groups and supervisory staff. For reasons of fairness, it is important that advancement opportunities not be restricted to only the highest performers. Otherwise, it may create dissension among workers, negatively impact the environment and defeat the purpose of providing improved quality of care to residents. Preferably, prior to the start of training, new job descriptions that correlate with the acquisition of specific advanced clinical and interpersonal skills should be made available to employees and reviewed with interested workers. Associated wage increases need to be clear and meaningful enough to make a tangible difference in people’s lives.

**Scheduling Classes and Staffing Coverage**

One hallmark of good program planning is making the issue of ‘staff scheduling’ a priority. Inadequate coverage on the floor when trainings are scheduled can mean the difference between success and failure of the whole project. Supervisors and schedulers must be aware of the time and date for classes as well as the intended participants well in advance. To the extent possible, the administration must be willing to provide resources for overtime or agency use, as needed. Encouraging team building amongst CNAs will be very difficult if those not participating in trainings are left to work on the floors without adequate support. Important lessons have been learned the hard way when staffing shortages on the floor arose because individuals were in training classes.
Scheduling tips that have worked well for some sites:

- Include the ‘Scheduler’ consistently in meetings for input and agreement on the plan.
- Plan career ladder training in full day seminars so the Scheduler can find a replacement for the entire shift, instead of breaking up the day with two or more employees.
- Some facilities, hard pressed to pay full staff wages for training time in class have required employees to use their personal time to attend career ladder training and as an incentive have paid them 50% of their regular wages for the time spent in class. In essence, the employer and the employee each contribute a portion of time and wages.
- Schedule interpersonal skills workshops from 2-4pm so that shifts overlap and direct coverage on nursing floors is more smoothly maintained.
- When large classes are anticipated, coordinate with the Activities Department to plan an event or some group entertainment for residents. This will relieve the need for intensive staff services on the floor and minimize any work disruption caused by employees who are in class.
- Establish a registration system for the interpersonal skills workshops that require participants to have a signed consent form completed by the Staff Development Coordinator who manages the process with the Supervisor’s input.
- Consider imposing a cut-off date for class registration that will allow the Scheduler enough time to adequately plan staff coverage.
- Ask supervisory staff to cover for employees when they are in class.

Deciding whether to conduct trainings and classes on-site or at another location raises several issues. For the convenience of the participants and to minimize the amount of floor coverage needed, it is often preferable to conduct most of the trainings on-site. This tends to help those employees who are hesitant about participating in career ladder activities to be more comfortable. All of the community

“The college vision is to extend beyond college walls and take that coursework on-site to the employee’s location.”

Carol Bliss Furr, Assistant Dean, Corporate College Education, Roxbury Community College
colleges have worked with facilities to deliver training and education programs at the work site. This arrangement also makes it easier for instructors to incorporate workplace practices and work-related concerns into class materials. The community colleges are especially adept at adapting curriculum to a specific industry, particularly in terms of ABE, GED preparation and ESL training.

Some activities however, need to take place on campus. In these instances, arrangements can be made to assist employees with transportation and logistics. For example, Massasoit Community College arranged for a van to pick up the ECCLI participants at their employer partner sites and bring them to the college for placement testing. For many, exposure to the actual campus setting can be beneficial. Hopefully, as career ladder activities continue, workers will consider options to further their education more formally. For these workers, any opportunity to have visited their local community college will help to make such an endeavor more successful.

- Holyoke Community College proposed to the SunBridge of Hadley partnership that their Basic Career Ladder and CNAII training be delivered to employees on-site, and that classes for CNA III training in Leadership and Mentoring be held on the college campus. This arrangement has proven to be very effective in shifting individual mindsets toward continuing education and in the process, building personal self-esteem, and confidence levels. Several of the participants who were not originally interested in pursuing nursing or allied health occupations are now actively taking those steps.

6. Developing Seamless Communication Loops

The need to develop and maintain effective external and internal communication systems with extended care and training partners, training partners and within the facility between the Program Coordinator, all participants and their supervisors cannot be overstated. Communication starts during the initial phases of program development while ‘Building Support’ and continues throughout every phase of activity. Although there may be a logical sequence for planning and implementing activities, there is a continuous need to review systems with external partners and internal staff at all levels of the organization and revise them as needed.
However systems are established to communicate internally and externally with one another, it is important to choose a central point person. At the lead site, this would be the PC. He/she should develop and maintain an on-going relationship with the lead contact at other partner sites and training vendors. The PC is also responsible for keeping all staff within the facility apprised of project activities on an on-going basis.

**External Communication**

Initially, when one or more extended care sites decide to work together to develop a career ladder program, there is a lot of enthusiasm and buy-in, particularly from the administrators from each site. As the project moves forward, other management level staff from each site will need to be involved in order to implement the actual project components. Having a system to inform, solicit input and collect data from each partner will make it easier to keep the momentum going. Regular e-mail correspondence and monthly meetings, at least to start, may be all that is necessary, so long as the right people within each site are involved. Several ECCLI projects did not have formal mechanisms to communicate with their external partners. Many of them discovered that whatever initial support there was for the project waned as components were implemented and people necessary to the process were left out of the loop or were given inadequate information.

In terms of educational partners, particularly the community colleges, the experience of many ECCLI projects has shown that it can be most beneficial to involve the colleges early in the development of the career ladder segments. If the college is providing the curriculum and class materials for specific trainings, the PC should meet with the class instructors and trainers and be certain to review a written outline of the curriculum prior to training. Having strong communication between the PC and their contact at the community college can minimize some of the logistical problems of providing on-going trainings and also provide an avenue for the facility to access other services from the college, such as placement testing and career advising.

**Internal Communication**

Within the facility, coordinating communication regarding career ladder programming is the responsibility of the PC. Depending on when he/she is hired, the PC may coordi-
nate either or both of the institutional and employee assessments. He/she will also notify employees who have been chosen to participate. As trainings are scheduled, the PC must be sure that participants and supervisors are aware of the schedule so that adequate floor coverage will be arranged. On an on-going basis, all employees in the facility should be kept aware of career ladder activities. Newsletters serve as an excellent vehicle to share program updates, a calendar of classes and events, support service announcements, individual success stories and more. Newsletters should be readily available to all employees by placing them in strategic locations in the facility and/or mailing them out with paychecks. Copies should be sent to all external partners too. All members of the workforce should be encouraged to attend open information sessions as new activities start and celebrations as milestones are reached. A ‘Suggestion Box’ in the workplace may encourage employees to get involved if they can be assured their contributions are anonymous and confidential. In terms of feedback from participants, at the mid point and end of the project, the PC can distribute surveys and questionnaires similar to those used in the initials assessments.

• At the Farren Care Center in Turner’s Falls, MA, monthly Employee Forums hosted by the Administrator invite workers to share thoughts and suggestions about numerous internal issues including educational and advancement opportunities under ECCLI.

Accurate recordkeeping regarding attendance and the progress of individual participants must take place from the initial employee assessment through training completion. These records will be used to support wage increases as well as program review and evaluation activities. Ideally, a central and standardized case management file should be established for all individuals receiving any program service. Files should be kept locked to secure confidential information and can include data on all services provided, copies of signed consent forms, progress notes, a plan of action, etc.

**Here is one example of a successful working model:**

The Heritage Hall ‘campus’ is comprised of five separate buildings all participating in ECCLI activities. Each building is represented on different committees which serve as a formal communication infrastructure for the Career Ladder training program.
• The **Advisory Board** meets bimonthly and is comprised of the central Project Director, the Administrator, Director of Nursing, Staff Development Coordinator from each building, the Regional Director of Human Resources, and representatives from the Grant Administrator (Commonwealth Corporation) and the local Workforce Investment Board. They are charged with ensuring that the actions of the project fit into corporate policies and budgetary parameters. The Advisory Group serves as an important vehicle for developing and maintaining commitment across the organization. Members of this group also make recommendations for programs or events.

• The **Steering Committee** is comprised of the Project Director, a representative from the Grant Administrator and key external partner members. Their purpose is to identify needs and opportunities, and to develop criteria for measuring success and evaluating results. This is the operational group for developing the program.

• The **Implementation Team** consists of the Project Director, front line managers, department heads and any other member of the Management Team impacted by the program, such as staffing coordinators and administrative assistants. They meet quarterly to oversee scheduling, staffing and other issues that arise as a result of individuals attending educational training programs.

7. **Evaluating the Project**

The overarching goals of ECCLI, to improve recruitment and retention rates of CNAs and to improve the quality of care, form the basis for all individual ECCLI projects.

“The Advisory Board acts as a Stamp of Approval. To assure a good line of communication: schedule regular meetings, same time, same day of the week, always review minutes from the previous meeting, keep a tight agenda and stick with your allotted timeframe.”

Barbara Corrigan, RN, Director of Career Development, Heritage Hall, Genesis Healthcare Corporation
Success of an individual project will be determined by reviewing its specific goals and evaluating how well these goals were met. Some outcomes can be quantified and compared to pre-project figures while others are based on qualitative or anecdotal evidence. Results of activities aimed at recruitment and retention have generally been measured in terms of business impact and/or increased job skills and improved job performance for entry-level workers. Data regarding each of these outcomes has been gathered by all projects. Attempts have also been made to demonstrate improvements in the quality of care received by residents. An evaluation of the project should also include a review of the contributions of external partners including training vendors and where applicable, other long term care facilities.

Data Collection

Even before career ladder activities begin it is important to identify how program and individual success will be measured. For ECCLI, baseline and quarterly measurements include CNA retention rates, associated recruitment costs and contracted agency fees. For individual employees, progress related to clinical career ladder coursework can be objectively measured by administering pre and post tests in class. Many other improvement indicators can be tracked and measured with respect to resident care, such as frequency of falls, bed sores, medication errors, ambulation and mobility progress. For these indicators, however, a causal connection to ECCLI activities can be difficult to establish.

Business Impact

Extended care facilities operate to provide quality care to the people who need their services. Unfortunately, most sites struggle with limited resources to provide this care. Most, if not all of the ECCLI participating sites developed career ladder programs with the belief that these activities would lead to a reduction in recruitment and retention costs. Beyond these specific costs, it was hoped that improvements in the way that CNAs perform their job functions could have an overall positive impact on the way that the facility operates as a business. ECCLI sites are required to collect and report recruitment costs, agency fees and employee retention rates so that figures from before and
after ECCLI projects were implemented could be compared. Based on these measures, nearly every ECCLI project can show a positive business impact as a result of their career ladder projects. Here are some examples:

- At Leo P. LaChance, the turnover of entry-level staff was nearly 100% prior to ECCLI and decreased to 45% as their project was implemented. Recruitment costs and agency fees also decreased.
- At Loomis Communities, the turnover rate of CNAs decreased from 85% to 52% in just the first few months of their ECCLI training program.
- Although we cannot make definitive connections, it is interesting to note that several facilities have reported deficiency-free surveys since beginning their ECCLI projects.

**Impact on Entry-Level Workers**

A lack of advancement options and a lack of appreciation for their role within the care-giving environment have been two of the major causes of dissatisfaction among CNAs. As ECCLI projects were implemented and workers attended and completed career ladder steps, both administrators and CNAs themselves report positive impacts. CNAs are gaining valuable skills that make them more effective at their work and are being accepted and encouraged to embrace their valuable role within the care giving team.

---

"The CNAs play a pivotal role in orienting and mentoring new employees. Their valuable contributions can be directly attributed to increased retention rates of new-hires, resulting in lower recruitment costs and agency fees to the facility."

Dean Messier, Director of Human Resources, Holy Trinity Nursing and Rehabilitation Center

"ECCLI funding has served as a great retention tool.... The humanity piece of investing in the workforce has really built up morale."

Wendy LaBate, VP Clinical Services, Genesis Westford
CNAs have reported feeling more comfortable taking initiative and speaking up with their ideas. For example, in one facility a CNA had the idea to move the food cart outside each resident’s room in order to keep the food warmer rather than keeping it by the nurses’ station - this after the facility had been cited in a DPH survey for cold food. The facility adopted the practice and the CNA felt that her contribution was valuable for residents and managers. According to supervisors, CNAs are taking on more leadership roles, have improved their assessment skills, serve as role models, mentor new employees and initiate basic but vital teamwork, like covering for each other on breaks. As a result, some nurses have been able to spend more time on resident care since aides have taken over some coordination and leadership functions.

Diversity training was a popular program in both urban and suburban areas and has also reportedly helped make cul-

“...The most outstanding component of the project is the impact that outreach, career counseling and advising has had on motivating staff to develop their careers. The most cost-effective coursework has been the computer based assessment and learning. We use the Plato Learning System and we also have GED assessment and practice test software. The initial investment was $4000 for 3 Plato licenses, approximately $4000 for computer equipment and $450 for GED software. However, there is no additional cost since these have been purchased and any employee can utilize the software as needed...”

Barbara Corrigan, RN, Director of Career Development, Heritage Hall, Genesis Healthcare Corporation

“The one [course] I liked the most was Palliative Care. I learned more about the residents and their families, like when a resident is almost dying, sometimes all they need is somebody to come in and say, 'It's ok to let go.'”

Enis, CNA III (Boston)

“The class on Death and Dying was very helpful. I could immediately relate what I learned to my work when residents are dying. I learned things that I am doing that I shouldn't and that why you say something is as important as how to do it.”

Charlene, CNA II (Boston)
One HR Director stated that ‘working relationships have improved in concrete ways to enhance teamwork, communication and understanding of diverse backgrounds and cultures.’ Also, supportive case management services for issues related to childcare, transportation, health insurance, literacy and language skills and career counseling had noticeable outcomes in employee attitude changes and motivation to do a better job.

Where effective supervisory or leadership training is part of ECCLI programs, managers have become more understanding of the goals of ECCLI and more reflective about their own handling of conflict, discipline and training. Through this training supervisors had become more reflective about their own disciplinary styles and have adopted a more positive coaching approach to supervision.

Quality of Care

Improvements in the quality of care can be difficult to measure and evaluate. For specific measurable impacts, a site could study the effects of training and education by reviewing data collected pre- and post ECCLI activities related to issues such as the

The Death and Dying training was especially well received by the participants and proved to be effective on the job, as were Restorative Care and Alzheimer’s Disease trainings. All are said to have noticeable impact on how CNAs are able to perform at a higher level and are more motivated to do a better job. The CNA level III training consisted of Mentoring, Precepting and Leadership skills building. CNA IIIIs play pivotal roles in orienting and mentoring new employees. Their valuable contributions can be directly attributed to increased retention rates of new-hires, resulting in lower recruitment costs and agency fees to the facility.”

Dean Messier, Director of Human Resources, Holy Trinity Nursing and Rehabilitation Center

Lori Savlon, HR Director, Maristhill Nursing and Rehabilitation

“Employee Surveys are more positive in terms of CNAs them feeling recognized and respected since implementing ECCLI. Satisfaction ratings for this group increased from 50% to 90%. ECCLI has strengthened the importance of education to the CEOs.”
number of falls, bed sores and medication errors. Sometimes, determining a causal connection between these events is difficult. An on-going analysis by Commonwealth Corporation may provide insight. (Please go to http://www.commcorp.org/cwi/programs/eccli/evaluation.html for more information.) Other improvements or changes in practice, even if difficult to quantify should be noted and reported.

- At one ECCLI site, changes in care giving practices related to an individualized bathing initiative were implemented. They were intended to reduce anxiety and distress in residents with dementia. As a result, formerly combative residents now have a more calm and pleasurable bathing experience.

Quality improvements in the working and living environment of many facilities have also been reported since the implementation of ECCLI projects. Based on the data gathered at that time, the Interim ECCLI Evaluation Report on Round II sites, published in December 2002, stated that ‘improved retention in and of itself improves quality of care to residents.’ This report is available at http://www.commcorp.org/cwi/programs/eccli/evaluation.html

**Evaluate the Partners**

In many instances, as a way to maximize their returns on investment, extended care facilities partnered with other facilities to implement career ladder projects. Typically, these partners contributed financial resources and staff time to the endeavor. Their contributions to the partnership as a whole should be reviewed based on the following: Did they support the mutual needs of all partners? Did they stay involved as activities rolled out? Were they able to adapt to changes as needed? Did they fulfill the administrative obligations related to the project?

As outlined in this guide, the community colleges provided important contributions to many projects, including but not limited to the following: program development, curriculum design, instruction, case management and career advising. Their contributions should be reviewed based on needs of the facility, related to the following: Was the college helpful during the developmental phases of the project? Did the college develop and deliver effective instruction to career ladder participants? Were the college’s services well-received by participants? Were instructors available to the Project Coordina-
tor (or designated person) to review curriculum, agenda, evaluations, schedules and class feedback? Was the college responsive to the facilities needs even as they may have changed? And finally, did the college fulfill its administrative responsibilities within the project including data collection related to student outcomes?

8. Working Toward Sustainability

Sustainability means more than determining which components the facility will be able to afford to continue once grant funding has ended. It involves a review of the impact of the various program components in light of their final costs to the site. Did the components which required funding achieve the intended objectives? Should they be replicated and supported for future entry-level workers? Did they result in savings in other areas which could be directed toward continued career ladder trainings? Hopefully, savings from decreased recruitment costs can be moved to training and education programs. On the other hand, some changes don’t cost money; they just need to be integrated into standard procedures. These changes might include small or large culture change projects or supporting the practice of bringing CNAs more fully into care plan development.

Furthermore, a site does not have to commit to repeat an entire project to experience on-going positive outcomes. Some facilities which have run a comprehensive career ladder program through a few cycles may have reached the majority of their entry-level workforce and integrated many new practices into their care giving strategies. They might choose to continue just one or two components, such as the interpersonal skills trainings that worked well and could stand on their own.

For Administrators and Executive Directors who are considering a career ladder project for the first time, the demands of developing and sustaining a career ladder training program can be daunting. Some organizations may be able to implement incremental changes, but do not have the capacity or desire to adopt entire models. A careful review of the outcomes of many of the previous ECCLI projects can provide insight into which components might be effective on their own and yield the highest return on investment. As an administrator seeks to get support to implement or continue components, she/he should focus on positive outcomes appropriate to the audience. With administrative staff, one might stress positive business impacts. With supervisory staff
one might start with improvements in job performance of CNAs and how this impacted the jobs of all.

**Creating a Learning Centered Culture**

ECCLI grant funds have provided the start-up funds that many organizations needed to finance a comprehensive training and education program. As positive results were obtained, facilities recognized the relationship between supporting their entry-level workers and meeting their other organizational goals. The long-term impact of these activities is not yet known. In the final analysis, the real test of an effective training and education initiative lies in the ability of the workplace to draw on the newly acquired skills of its employees and to support their growth with corresponding changes in supervision, work organization, job content and compensation.

**Some observations:**

- The cornerstone of many ECCLI projects has been Mentoring training for senior level CNAs, intended to create changes in how new hires are oriented and trained at work. CNAs who attended leadership training in mentoring techniques have had a direct impact on retention rates of new hires into the facility and have consequently lowered recruitment and agency costs.

- Some projects incorporated a ‘Train-the-Trainer’ course into their program to teach supervisory staff the principles of adult learning, coaching and teaching methods. This type of training allows supervisory staff to train other supervisory staff new to the facility and encourages their support.

- Training has created opportunities for employees to participate in organizational tasks that were previously closed to them. Reports are that CNAs who have been actively included in resident care planning add concrete value to those plans and demonstrate better assessment skills on the job.
Conclusion

Entry level workers in the extended care and home health industries face multiple challenges often stemming from a lack of educational advancement opportunities. The quantitative data and anecdotal information collected from the ECCLI funded projects provide insight and guidance about how and why workplace education programs can be effective. In the facilities which have implemented career ladder training and adult basic education programs, the following is clear:

- staff retention levels have improved significantly,
- direct care workers, including CNAs, are working more effectively together, and
- CNAs have gained useful clinical knowledge and skills that improve the care that they provide to the people with whom they work.

ECCLI funding has had a profound effect on the extended care facilities and home health agencies that have worked with their regional community colleges. To date, however, only one third of the extended care sites and just a few of the home health agencies in Massachusetts have been involved in ECCLI career ladder projects. To reach non-ECCLI facilities and make true and lasting change within the industry, on-
“The sustainability factor is the most outstanding part of our project. We’ve moved forward in ways we couldn’t imagine a few years back. Education and training have resulted in good changes in the culture and atmosphere among employees. It is important to recognize that this is a door that is opening for a lot of people who would not have otherwise crossed the threshold. The career ladder training Restorative Care track is continuing and being taught by internal staff. ECCLI has proven to be positive for just about everyone.”

Bernadette Oinonen, RN, MS  
(former) Director of Nursing, Leo P. LaChance Center for Nursing & Rehabilitation

Going collaboration between these healthcare providers and public higher education, including the community colleges, will be important. As funding continues through Round VII and hopefully beyond, data related to partnerships between ECCLI sites and the community colleges must continue to be collected and analyzed to assess both promising practices and lessons that are being learned. This information should then be shared with all stakeholders, including Commonwealth Corporation, all current and former ECCLI sites, trade associations and the fifteen Massachusetts Community Colleges. As this sharing occurs, strategies should be developed to disseminate this information to all of the extended care facilities and home health agencies in Massachusetts that might benefit from partnering with a community college to develop and implement a career ladder program.
ECCLI Case Studies

Heritage Hall East Partnership 46
Springside Partnership 49
Loomis House Partnership 51
Leo P. LaChance Center Partnership 54
Holy Trinity/Intercare Alliance Partnership 57
Maristhill Partnership 60
Heritage Hall East Partnership

Introduction

Heritage Hall, located in Agawam, Massachusetts is a part of Genesis HealthCare Corporation, one of the nation’s largest extended care and rehabilitation therapy providers. The Heritage Hall campus encompasses five facilities: four licensed extended care centers and one assisted living facility. They serve approximately 645 residents and have more than 600 employees.

Focus

Genesis Healthcare Corporation had an existing career ladder program in place when ECCLI funds became available. Their Geriatric Nursing Assistant Specialist (GNAS) curriculum (108 hours) was developed and taught by Genesis staff. ECCLI funding was initially used to create a broader interdepartmental career ladder initiative that would support readiness for higher education. Genesis’ philosophy is that mentoring new employees is a vital part of building and maintaining a viable healthcare workforce. When Heritage Hall East was awarded ECCLI funds in the spring of 2001, the original intent was to begin the creation of a campus-wide employee development program, the backbone of which was to build a permanent, sustainable satellite site for Holyoke Community College. The ‘campus on a campus’ would be open to the community at large, offering developmental (non-degree ESL and GED preparation) and college-level courses each semester.

Implementation and Impact

The first year of the ECCLI initiative was both successful and a learning experience. Employee job satisfaction increased and employer support for career development was more solidified. However, because the GED assessment test was not available prior to the GED preparation course, planners were unaware that many employees did not have the basic knowledge needed to succeed particularly in math. As a result, student attrition rates were nearly 60%. GED assessment software was purchased and used to determine the focus of further education. Holyoke Community College then developed ‘pre-GED’ coursework called Math for Success and Reading and Writing for Success to
serve as a foundation for the GED prep course. Relative to that issue, planners recognized that students were also insufficiently prepared for the general reading and writing course needed to pass the College Placement Test. HCC also designed two more basic courses called Reading Efficiency and Fundamentals of Writing that readied students for the more advanced coursework needed to prepare for of the College Placement Test.

The PLATO software learning system, designed to be an independent, self-paced tool to supplement preparation for the GED test and the College Placement Test proved highly useful when employees were given ample support and instruction on how to use it and when it, particularly when it was available for use in an area with few distractions.

Heritage Hall also successfully proposed to the Massachusetts State Department of Public Education a piloted role within extended care Patient Care Associate (PCA). A 26 college credit course taught by the Nursing Department at Springfield Technical Community College prepared CNAs for the expanded role, applying clinical skills beyond those of a CNA or GNAS. For Heritage Hall, developing a comprehensive career ladder training program also meant offering training to the management staff that would support entry-level employees in their educational pursuits. They chose the American Management Associations’ Certificate in Management track, offered in Western MA exclusively at Holyoke Community College. The certificate program offered at Heritage Hall consists of six-courses, each 15 hours and designed specifically for supervisors. Feedback from participants has been very positive and the outcomes demonstrate improved and more effective supervisory and management techniques to support and mentor line staff.

Within the first year of ECCLI funded activities, Heritage reported that agency fees had been reduced by 75%; and that CNA retention had improved. During that time frame they went from 17 full time and 17 part time openings to one full time and two part time CNA openings. They began to promote and recruit for CNA positions from within and several housekeepers successfully transitioned into CNA positions after completing necessary developmental courses. They have also supported employees to begin coursework to become licensed nurses.
**Sustainable Activity**

Heritage Hall currently has 23 of their employees enrolled in the LPN program and one graduate of the LPN program is currently in a bridge to RN program. Many others are taking pre-nursing courses for LPN and RN.

Heritage Hall exemplifies an extended care facility that truly capitalizes on the resources the community college system has to offer.

**Key Point**

Other ECCLI partnerships have studied the implementation of this ‘campus on a campus’ model and are interested in replicating it.
Springside Partnership

Introduction

Springside, located in a remote area of Pittsfield, MA, is a 112-bed skilled nursing facility specializing in hospice and respite care. Springside was awarded ECCLI funding as a stand alone facility during the Round I. They applied for supplemental funding the following year and expanded their project to include Berkshire Community College as a workforce development partner.

Focus

At the time funding became available, Springside was experiencing difficulty recruiting qualified candidates due to the remote location of the facility which is inaccessible by public transportation. Also, turnover was high during the early months of employment for CNAs. Staff morale was low and being chronically short-staffed placed additional strain on the existing employees. The critical need was to reduce turnover of CNAs, thereby improving retention. Additional goals were to increase employee motivation to participate in advanced clinical skills training, increase individual employee confidence levels and ultimately to improve quality of resident care.

Implementation and Impact

Funding was used to recruit new employees and certify them as CNAs and to create a basic career pathway with advanced CNA skills leading to CNA II status. The project was moderately successful in the first year. However, key components were lacking, such as a dedicated Project Coordinator, requisite acknowledgement of the importance of interpersonal skills training for CNAs, and the need to provide structured training and guidance to the supervisory nursing staff.

With supplemental funding during the second year, the current Staff Development Coordinator was hired and the project turned around. This Coordinator had worked with another ECCLI funded project which had contracted with Berkshire Community College (BCC) for coursework. Based on that experience, she sought out BCC to assist with the Springside project. Consequently, the ‘Life Skills Management’ course, developed and
taught by the college was introduced at Springside for CNAs. The Life Skills course is
designed for direct healthcare workers and focuses on developing work skills specific to
communication and teamwork, managing time and multiple priorities, and career develop-
ment. At the conclusion, each student makes a clinical presentation for the class and
the nursing managers and supervisors. The 32-hour Life Skills course was a standard
two credit course at Berkshire Community College which customized it to meet the
needs and experiences of workers in extended care facilities.

The Staff Development Coordinator believes the Life Skills course was the impetus for
growth in many ways. Participants showed motivation to do a better job, their confi-
dence levels increased, and teamwork and cross-department communication improved.
Moreover, employees became interested in additional career ladder programs and
encouraged their peers to also attend.

**Sustainable Activity**

The impact on employee motivation, supervisory attitudes and the improved quality of
care was so significant after the class of 19 students completed the initial offering of the
Life Skills course that Springside has dedicated their own financial resources to continu-
ing to offer the course. In addition, several CNAs have begun pre-requisite coursework
for LPN studies and one has transferred to an RN program. Springside plans to provide
financial support to three CNAs each year to enter Bridge-to-LPN studies at Berkshire
Community College.

In order to support ongoing career ladder opportunities, providing the trainings has been
incorporated into the job responsibilities of the Staff Development Coordinator. This
approach, coupled with the financial commitment that Springside is making to provide
the Life Skills course and support for nursing studies indicates a recognition of the
importance of providing ongoing training and education opportunities to entry-level
workers that did not exist prior to the ECCLI funded program.

**Key Point**

Training and education programs specifically dedicated to the supervisory nursing staff
will be needed to take this initiative to the next level.
Loomis House Partnership

Introduction

Loomis House, located in Holyoke, MA is a continuing care retirement community with a 92 bed skilled nursing facility specializing in long term and dementia care. Loomis House was the first continuing care retirement community in Massachusetts and is one of three separate retirement communities associated with the Loomis Communities.

Focus

Loomis House was awarded ECCLI funding during the initial round in 2000 to establish a career ladder for CNAs that would address high turnover rates and agency replacement costs. They worked closely with Holyoke Community College (HCC) to design and teach a full-scale career ladder curriculum and to provide assessment and education in ESL, ABE and GED preparation. Midway into the first round, Loomis applied for subsequent ECCLI funding under Round Two which emphasized regional workforce development partnerships. The partnership grew to include two other extended care facilities, two home-based care facilities, Greenfield Community College, Springfield Technical Community College, in addition to HCC and two One Stop Career Centers. The project became known as the Pioneer Valley ECCLI Consortium. The extended care facilities were selected based on their business management structures (union and non-union) and geographic locations (Hampden and Hampshire Counties), so that in evaluating promising practices, a variety of facility types would be represented.

For Loomis, the goals of Round Two were twofold: to bring other long term care facilities into the partnership with Holyoke Community college to promote the career ladders training and to address system-wide culture change at Loomis House. To do this, the values, principles and practices of various nursing home culture change philosophies were researched and incorporated into daily life at Loomis.

Implementation and Impact

In all, three tiers of CNA training were developed for Round One. They included the Basic Career Ladders Training (24 hours) which covered Introduction to Aging, Commu-
nication Skills and Teamwork, Managing Multiple Priorities and Death and Dying. CNA II (16 hours) covered Rehabilitation and Dementia. CNA III (24 hours) was divided between Advanced Physical Assessment skills and a Leadership/Mentor Training component. Assessment and testing in ABE, ESL and GED preparedness were conducted through Holyoke Community College and appropriate coursework was provided to employees who wanted it.

In Round Two, the two additional extended care facilities, which joined the partnership, used the established curriculum developed by HCC to implement their own career ladders program. Both facilities had positive outcomes associated with their career ladder programs. During this round of funding, the colleges also developed and delivered career ladder programs for Food Service and Environmental Service workers, each consisting of 20 hours of training.

During Round II, Loomis House also introduced a specific culture change component to their facility. They dedicated resources to train all staff in workplace practices that promoted the Eden Alternative and other culture change philosophies and implemented them system-wide. While these culture change principles were gradually being implemented at Loomis, HCC developed curriculum for a CNA position: the Neighborhood Coordinator (30 hours classroom time) that was central to making the process work at the resident level. The Neighborhood Coordinator position was introduced as a central coordinator of activities for all other CNAs in the Neighborhood (formerly units) during that shift. Responsibilities include managing CNA work assignments, oversight of care planning, mentoring peers to work conscientiously, and acting as the liaison between families and the interdisciplinary team.

Initially, the concept of ‘culture change’ was not readily accepted by many employees. Most did not understand what it was or why it was needed. At the executive level, conceptual commitment became more solidified after key staff attended a three-day Eden Associate training. Loomis House then contracted with a Change Consultant to work with management staff to identify core values and ensure that a plan would be implemented that was in alignment with the executive mission and vision for the future.

The career ladders program has attracted good people to apply and work at Loomis House. Turnover rates have dropped dramatically as have agency fees for CNA re-
placements. In addition, key principles of culture change have been incorporated into daily operations at Loomis House. The Neighborhood Coordinator positions are fully operational and the environment has been restructured to become more home-like; plants were added, the colors of the décor were modified and sitting rooms with comfortable furniture were created so people can interact more naturally.

**Sustained Activity**

Loomis House will continue to work with HCC to expand program offerings. Karen Jackson, Director of Operations at Loomis House has stated that “Working together with Holyoke Community College, we hope to build a sustainable program to provide training to long term care and community-based organizations in Western Massachusetts.” To accomplish this, in fall of 2004, Holyoke Community College launched the Center for Excellence in Long-Term Care, offering a full menu of training and education services for employees in the industry. Along with career ladders training, for management level staff, American Management Association training is offered and CEUs are provided to fulfill licensure requirements.

**Key Points**

Loomis established a close partnership with HCC starting with the initial ECCLI RFP phase in 2000. Together, they developed, taught and implemented three separate and successful career ladders programs for entry-level staff and American Management Association training for management staff at Loomis. In Round VI, Loomis teamed up with Heritage Hall in Agawam to pool resources and expand training opportunities for their staff up to and including access to programs for workers to become licensed nurses.
Leo P. LaChance Center Partnership

Introduction

The Leo P. LaChance Center for Rehabilitation & Nursing, located in rural Gardner, MA is a privately owned, 120 bed skilled nursing facility. The LaChance Center provides expertise in transitional care, skilled rehabilitation, sub-acute nursing services and extended care.

Focus

As the lead partner, the LaChance Center was awarded Round Two ECCLI funding and brought together a consortium including three other skilled nursing facilities, and Mt. Wachusett Community College. The primary goal was to improve quality of care by stabilizing the CNA workforces within each facility. To do this, they created career pathways within their organizations and refined new employee orientation processes.

Implementation and Impact

At the time of implementation, the turnover rate of CNAs at each site was quite high. (At Leo LaChance, the main site, turnover of CNAs during the first 90 days of employment was nearly 100 %) For all the facilities, the greatest number of CNA openings was on the second shift (3-11pm). ECCLI funding was used to provide basic CNA certification during those hours to attract a pool of eligible candidates. A key feature of the CNA I training program was the incorporation of coursework developed by Mt. Wachusett Community College called ‘Study Skills and Confidence Building’ and ‘How to be a Better Worker.’ This enhanced CNA certification course constituted CNAI on the career ladder.

Those who successfully completed the enhanced course and passed the state certification exam were offered the opportunity to apply for career ladders training by first participating in a 16 hour course entitled Career Advancement Program. The course was developed by the Institute for Caregiver Education, Inc, and taught by staff from Mt. Wachusett Community College. This course served two purposes: to provide life skills enhancement (time and money management, team building and conflict resolution) to
CNAs and to allow individual assessment of potential career ladder candidates for the facilities.

CNA II training included studies in restorative care, Alzheimer’s, ergonomics and medical terminology. Level III CNA prepared candidates for a leadership role among their peers through formal mentor/preceptor training.

Recognizing that many CNAs were motivated but not qualified to pursue higher education, the Educational Enhancement Pathway program was integrated into the offerings to provide GED, ABE and ESL skills training. This Pathway program positioned employees for the Student Success Series (10 hours), also offered by Mt. Wachusett Community College which covered topics in study skills, learning styles, test anxiety and how to conduct research. Both the Pathway program and the Success Series acted as foundational support for college pre-requisite courses. At the end of the grant cycle, the turnover rate had been reduced by more than 50%; recruitment costs and agency fees had dramatically decreased and as a ‘bonus outcome’, the career ladders programs became a very effective marketing tool.

**Sustainability Activity**

To support sustainability, grant resources were used to furnish a Resource Center at each site. Each Resource Center offers a variety of training videos, educational materials, industry magazines and journals along with information from area community agencies on childcare resources, crisis intervention information and counseling. In addition, to support the continued growth of CNAs, managers and other licensed staff were offered coursework in a Leadership Development Series for Nurses as a means of promoting sustainability and culture change. The (former) Director of Nursing said that “The sustainability factor is the most outstanding part of the project because we’ve moved forward in ways we didn’t think imaginable a few years back. Education and training have resulted in good changes in the culture and atmosphere among employees.”

**Key Points**

In addition to providing planning, grant writing, curriculum development and teaching
services to the consortium, Mt. Wachusett Community College was unique in that it acted as the administrative agent for the project and assigned one of its staff people to the role of Project Coordinator. At the beginning of the project, the Project Coordinator developed a comprehensive Employee Survey which was administered individually to all CNAs. It served as an on-going assessment tool. The information collected from these surveys was used both to plan program activities and as the basis for individual career planning with employees.
Holy Trinity/Intercare Alliance Partnership

Introduction
The Intercare Alliance is a consortium of nine extended care facilities representing seven separate entities in the greater Worcester area. The group initially came together, prior to ECCLI, to consider ways to pool resources to save money. Collectively, they were able to negotiate favorable contracts with organizations that offered pharmacy and food purchasing discounts. The business impact was strong enough for the Consortium to consider other areas of quality improvement to approach as a group. Agreement was unanimous that high turnover rates among CNAs were costly and that the associated costs of training new CNAs and the high use of agency staffing were negatively impacting the quality of care of residents. When Round Two ECCLI funding became available, the Consortium had already begun to assess their needs and consider a plan of action for training and education. Holy Trinity took on the role as the lead applicant for ECCLI Round Two and was awarded a grant shortly thereafter.

Focus
The goals of the Consortium were to attract new entry-level workers into the extended care field and to enhance the knowledge and skills base of the incumbent workforce by offering career paths and wage increases. They also hoped that their collaborative efforts would yield positive results such that other extended care facilities would be encouraged to develop similar collaborative relationships. Several of the individual sites within the Consortium were also seeking effective means to change the work and life cultures within their facilities.

Implementation and Impact
The assessment conducted by the Consortium made it clear that ESL training was a pressing need for CNAs and other entry-level employees. In addition, many had not earned H.S. diplomas or a GED equivalent. Quinsigamond Community College worked with the Consortium to establish an ESL program for employees and to conduct assessment testing and provide ABE and GED preparation courses.
Three separate tracks of career ladder trainings were offered to CNAs, Housekeeping and Dietary Department workers and taught by Consortium staff or other vendor partners. CNA II tracks included Restorative Care and Alzheimer's while CNA III provided training in Mentoring, Preceptor Skills and Leadership. The course, “Death and Dying and the Natural Aging Process” had a particularly strong impact on staff. The course covered topics including spirituality, culture, care of the caregiver, advanced directives and activities of daily living, comfort care, hydration and nutrition. Additionally, a leadership program designed to assist supervisory staff inter-departmentally and across the Consortium was instituted to support entry-level staff.

**Sustainable Activity**

Most of the Consortium partners continue to offer the career ladders, ESL, ABE and GED trainings and supervisory education components at their facilities. Since ECCLI funding, retention among CNAs and other entry-level staff has increased significantly and agency fees are down. Surveys used across the Consortium and distributed to employees, residents and families, indicate greater satisfaction since before the training and education program was implemented. Furthermore, the Intercare Alliance is now actively working with the Nursing Department of Quinsigamond Community College (QCC) to offer a full-scale proprietary LPN program to Consortium employees. Over a dozen employees have successfully graduated from this program and continue to work at their respective facilities. It is interesting to note that the overall student retention rate in this proprietary program is higher than the college has reported in the past among all other LPN students.

**Key Points**

The Intercare Alliance came together in large part because the HR Director of Holy Trinity had collaborated on an earlier project with North Shore Community College when he was working in that region. That previous working relationship encouraged him to reach out to QCC and engage the college to work on the career ladder project.

To date the Intercare Alliance has grown to nearly a dozen facilities. The relationship between the Intercare Alliance and Quinsigamond Community College portrays how well the college can respond to the increasingly complex needs of the Long Term Health
Care industry. Dean Messier, Human Resources Director at Holy Trinity states that, “The community colleges are the training [partner] that employers need. The colleges are designed to work with employers on a one to two year scale as opposed to a four to five year degree. Our staff, in many cases cannot, plan their lives that far ahead. Typically, they cannot afford to go to school that long.”
Maristhill Partnership

Introduction

Maristhill Nursing and Rehabilitation Center in Waltham is a 123-bed skilled nursing, extended care facility with employees who are union represented. They applied for and received ECCLI Round Two funding in 2001, in partnership with St Joseph's Manor Healthcare of Brockton. The partnership is remarkable because they teamed up with three separate community colleges that worked together to carry out the partnership objectives. The colleges were Middlesex, Massachusetts Bay and Massasoit Community Colleges.

Maristhill initiated the relationship with Middlesex Community College based on a referral from the Metro North Workforce Investment Board to the Dean of Workforce Development at Middlesex Community College. Middlesex Community College then provided grant writing services to the partnership. Once funding was secured, the other two colleges were brought in for project planning and implementation. In light of their locations, Massasoit Community College worked primarily with St. Joseph’s Manor while Middlesex and Massachusetts Bay Community Colleges worked primarily with Maristhill.

Focus

Each facility needed to improve retention rates among CNAs to stabilize the work setting, improve employee satisfaction and ultimately improve the quality of resident care. ECCLI Round Two objectives included the need to build larger partnerships for the purpose of sharing resources and creating systems that would sustain the objectives over time once grant funding ended.

Implementation and Impact

Both Maristhill and St. Joseph’s offered career ladders training in Restorative Nursing to CNAs at Level II and Orthopedic Care, Neurological Disorders, Alzheimer’s and Infection Control at Level III. The community colleges also provided ESOL assessment and coursework to employees at both sites. Interpersonal skills training, an important com-
ponent for entry-level employees was offered by the colleges and included the following topics: Team Building and Effective Communication, Cultural Diversity, Customer Service and Stress Management. Both sites also received leadership training for nursing administrators and supervisors to support the training and education taking place at the direct-care level.

The Customer Service, Cultural Diversity and Team Building workshops taught by MassBay Community College had a very positive impact. At Maristhill the workshops were structured in groups of six-seven CNAs working on the same unit together. They were taught in seminar format on the unit itself using a method that has become known as ‘unit-based facilitation.’

Sustainable Activity

Career Ladders training continued throughout 2001, 2002, and 2003. In 2004, as a developmental outgrowth of the career ladders training, a proprietary LPN program with Mass Bay Community College was started.

Key Points

This sizeable project was successful in large part because the three community colleges were able to work collaboratively to understand and address the goals of the two facilities.
Resources

Commonwealth Corporation on behalf of Governor Mitt Romney. (2003). A Proposal from the Governor of Massachusetts to the National Governor’s Association Center for Best Practices. Boston: Reach Higher Initiative.


Department of Health and Human Services’ Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Centers for Medicare and Medicaid Services (CMS), and Health Resource and Services Administration (HRSA) and from the Department of Labor’s Office of the Assistant Secretary for Policy, Bureau of Labor Statistics (BLS) and Employment and Training Administration (ETA). (2003). Report: The Future Supply of Long-Term Care Workers in Relation to the Aging Baby Boom Generation: Report to Congress. Washington, DC.: Department of Health and Human Services.


Community College Contacts

Berkshire Community College
Bill Mulholland
Lifelong Learning & Workforce Development
Pittsfield, MA
(413)499-4660 x 217
wmulholl@berkshirecc.edu

Bristol Community College
Robin Smith
Center for Business and Industry
Fall River, MA
(508)678-2811 x 2158
rsmith@bristol.mass.edu

Bunker Hill Community College
Susan Walling
Allied Health Certificate Programs
Boston, MA
(617)228-2465
swalling@bhcc.mass.edu

Cape Cod Community College
Rosemary Dillon
Allied Health Programs
West Barnstable, MA
(508)362-2131 x 4451
rdillon@capecod.mass.edu

Lois Andre
Workforce Education
West Barnstable, MA
(508)362-2131 x 4505
landre@capecod.mass.edu
Greenfield Community College
Nancy Bair  Workforce Development
Greenfield, MA
(413)775-1607
bair@gcc.mass.edu

Jean Simmons  Building Bridges Program
Greenfield, MA
(413)775-1631
simmons@gcc.mass.edu

Holyoke Community College
Keith Hensley  Center for Business & Professional Development
Holyoke, MA
(413)552-2506
khensley@hcc.mass.edu

Massachusetts Bay Community College
Carol Staffier  Community and Corporate Education
Wellesley, MA
(508)270-4101
staffier@massbay.edu

Massasoit Community College
Elaine Stewart  Workforce Development
Brockton, MA
(508)588-9100 x1560
estewart@massasoit.mass.edu
Middlesex Community College
Judy Burke  Business & Industry Program
Lowell, MA
(978)656-3143
burkej@middlesex.mass.edu

Mt. Wachusett Community College
Robin Duncan  HealthCare Pathway Program
Gardner, MA
(978)630-9293
rduncan@mwcc.mass.edu

Northern Essex Community College
Alan McGregor  Center for Business and Industry
Haverhill, MA
(978)738-7470
amacgregor@necc.mass.edu

North Shore Community College
Dianne Palter Gill  Workforce Development & Community Education
Danvers, MA
(978)236-1225
dpalterg@nscc.mass.edu

Quinsigamond Community College
Jane Shea  Adult Basic and Occupational Education
Worcester, MA
(508)854-4358
shea@qcc.mass.edu
Roxbury Community College
Carol Bliss-Furr Corporate & Continuing Education
Boston, MA
(617)541-5394
cbliss@rcc.mass.edu

Springfield Technical Community College
Mary Breeding Center for Business and Technology
Springfield, MA
(413)755-4501
breeding@stcc.edu