

# *Extended Care Career Ladder Initiative*

# ECCLI

## **GROWING YOUR OWN NURSES: BUILDING A CULTURE OF LEARNING THROUGH EFFECTIVE PARTNERSHIPS, EDUCATIONAL PROGRAMS AND CAREER COUNSELING**

"The ECCLI program has helped us reduce dependency on temporary nursing agencies. While the financial investment has a very short time for return, the employee appreciation and relations are worth so much more."

-Katherine Lemay,  
CEO and Administrator,  
Notre Dame Long Term Care Center

ECCLI Promising Practices Case Study,  
Intercare Alliance, June 16, 2005:

Katherine Lemay  
CEO and Administrator,  
Notre Dame Long Term Care Center

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# 1 Executive Summary

In 1996, eleven independent, locally owned and operated long-term nursing care providers in the Worcester area, joined together to work collaboratively to improve patient care and service, develop their workforce and become more efficient. Intercare Alliance members are:

- Christopher House
- Briarwood Community/Knollwood Nursing Home
- Holden Nursing Home
- Holy Trinity Nursing and Rehabilitation Center
- Jewish Healthcare Center
- Lutheran Home of Worcester
- Notre Dame Long Term Care Center
- Oakdale Nursing and Rehabilitation Center
- Odd Fellows Home
- Saint Francis Home
- Wachusett Extended Care

The Intercare Alliance is one of a growing number of alliances being established across the country in the healthcare industry. What began as a cost-containment strategy has evolved into a commitment to provide the medical and general community with a continuum of quality services. By sharing information, ideas and expertise, while remaining independent entities, the Intercare Alliance members maintain their unique identities while enhancing their services to the community.

The case study will document how the members of the Intercare Alliance successfully designed a workforce development partnership model to solve their nursing shortage and build a culture of learning for their employees.

In the first part of the case study, we review the efforts of the Alliance to set up a proprietary Practical Nurse (PN) program partnering with Quinsigamond Community College. The results were very encouraging, but it soon became clear that development efforts were needed at all levels of the organization to prepare employees to move up on nursing career paths and be ready to enter the "LPN program pipeline". We explore the evolution of the Alliance's workforce development effort to what it is today: an integrated career path model which provides educational programming, career counseling and career paths from GED/ESL to LPN.

The focus of the story begins in 2003, when the Alliance expanded its partnership efforts, joining forces with WorkSource Partners, a workforce development firm noted for its work in the healthcare industry. Through the combined efforts of many people and the generous funding of the Extended Care Career Ladder Initiative (ECCLI), the Alliance developed a model to "grow their own nurses." The Intercare Alliance program has three components: leadership commitment, career development and educational programming. Beginning with career outreach sessions, all employees are provided with opportunities to climb steps on a career ladder toward

nursing professions. Educational programming is provided by Quinsigamond Community College and supported by the Notre Dame Educational Bridge Center. Career Counseling is provided by WorkSource Partners and funding is currently provided by Round 5 and 6 ECCLI grants and the financial support of the Alliance members.

The second part of the case study will document the “lessons” the Alliance has learned under four general categories:

**Building Partnerships:** Several key partnerships have supported the efforts: partnerships among the Intercare Alliance member organizations, the partnership with Quinsigamond College for educational programming; the partnership with WorkSource Partners for program design, planning and career counseling; and the partnership with the Notre Dame Educational Bridge Center.

**Leadership:** For any program to succeed, key leaders must step forward and drive the efforts of the team. It should not be expected that all partners will participate equally. Commitment within each organization at all levels needs to be cultivated and managed.

**Organizational Development:** The commitment to education must be part of a larger commitment to improving the workplace. Support systems are important to people’s success. Peers, managers, and even residents can impact the program through day-to-day support for those employees who are pursuing a career plan.

**Financial Impact:** You must have a long-term funding strategy for your programs. ECCLI grant funds have been used extensively to support the Intercare Alliance career ladder efforts. However, in addition, facilities within the Intercare Alliance have committed to funding programs and have realized that within very a short period of time they reap the return on their investment (ROI) in these programs.

**Program Development – An Ongoing Effort:** What works today may not work tomorrow. With each stage of the program, you must continue to look at issues and how to prevent them from repeating, learn from mistakes, and put more effort on ways to measure outcomes.

The combined commitment of the Intercare Alliance, Quinsigamond Community College, Notre Dame Educational Bridge Center and WorkSource Partners has significantly made a difference in many of the lives of the Intercare Alliance employees. Intercare remains committed to investing in the education and future of its employees as a way of increasing their ability to attract and retain a committed workforce, and most importantly, in order to provide better and more consistent care for all Intercare Alliance residents.

## 2 Introduction

In 1996, eleven independent, locally owned and operated long-term nursing care providers in the Worcester area joined together to work collaboratively to improve patient care and service, develop their workforce, and become more efficient. Intercare Alliance members are:

- Christopher House
- Briarwood/Knollwood Community
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- Saint Francis Home
- Wachusett Extended Care

Initially the Alliance was informal and voluntary, but in 1999 the members formed a Limited Liability Corporation (LLC). Collectively these facilities represent over 50% of the skilled facilities in Worcester with 1200 beds and over 1,800 employees. Member facilities offer such services as Adult Day Health, Independent and Assisted Living, Sub-Acute Care, and Skilled Nursing Care.

The Intercare Alliance is mission-driven, and members work collaboratively to:

- Offer referrals and admissions to appropriate care levels in Alliance member facilities
- Control costs
- Network, identify best practices and share expertise among member facilities
- Promote clinical excellence
- Offer the continuum of care model to the medical and the general communities
- Promote workforce development

The Intercare Alliance is one of a growing number of alliances being established across the country in the healthcare industry. What began as a cost-containment strategy has evolved into a commitment to provide the medical and general community with quality services. By sharing information, ideas, and expertise, while remaining independent entities that compete in the same marketplace, the Intercare Alliance members maintain their individual identities while enhancing their services to the community.

This case study documents the efforts of the Alliance to “grow their own nurses” and create a culture of learning in their organizations. The paper will describe how, through a series of

partnership efforts, the Alliance has defined and implemented career ladder programs to meet workforce development, retention and quality of care goals.

### 3 Key Workforce Development Issues

The long-term care industry – locally and nationally – is beset by enormous challenges. Current and projected shortages of licensed nurses compromise the industry’s ability to continue to provide high quality of care. According to the Massachusetts Extended Care Federation 2004 Survey, the Worcester area has one of the highest vacancy rates in the state of Massachusetts for Registered Nurses (RNs) at 17.9% and Licensed Practical Nurses (LPNs) at 13.5%. Combined, nurses accounted for more than 30% of vacant positions.

In 2004 the LPN vacancy rate was 13.5% for the Intercare Alliance member organizations. The growing size of its elder population and the acuity of their care needs, combined with the limitations on the labor supply, will only exacerbate this problem. At the same time, high vacancy rates require the use of outside agencies to fill nursing vacancies on a temporary basis. Because these nurses are not familiar with the facilities’ residents, and lack a commitment to the facilities themselves, the quality of care can be compromised. In addition, using agency nurses is extremely costly. In the 2003-2004 timeframe, the Intercare Alliance homes spent \$2.5 million per year on LPNs and RNs from temporary worker agencies.

The Intercare Alliance employees face their own challenges. Many certified nursing assistants (CNAs) and dietary/housekeeping employees simply do not earn enough to support their families. In Massachusetts, the family self-sufficiency standard is \$44,046 annual earnings for a family including one adult and one child<sup>1</sup>. The median wage for a CNA in Massachusetts is \$11.36 per hour (approximately \$23,600 per year)<sup>2</sup>, well below that. The long-term care industry represents one of the best opportunities the community has to address both employer and employee needs within a reasonable timeframe and at a reasonable investment; and addressing the shortage of licensed nursing staff is perhaps the industry’s most pressing need. These roles can be filled by Associate Degree level RNs and Certificate level LPNs. With a median annual salary of \$51,334 for RNs and \$45,157 for LPNs, employees who advance to these levels will achieve family-sustaining wages.

The workforce in the Worcester area is also changing in terms of its diversity. Between 1990 and 2000, the non-white minority population increased 29% in Worcester. Ethnic diversity is also prevalent with about 26% of the black population, for example, being foreign-born. (Nationwide the figure is 6 %.)<sup>3</sup> Many of the entry-level employees are faced with the challenge of learning English and also understanding the cultural diversity of the many different people with whom they work.

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<sup>1</sup> The Self Sufficiency Standard, developed by Wider Opportunities for Women in partnership with The Women’s Union, calculates the amount of money adults working in Massachusetts need to earn in order to meet their families’ basic needs for housing, food, transportation, childcare, healthcare, miscellaneous expenses, and taxes.

<sup>2</sup> Massachusetts Extended Care Federation. *Employment Trends in Massachusetts Nursing Facilities*. September 2002.

<sup>3</sup> MacQuarrie, Brian. “Ethnic Division Outside Boston.” *Boston Globe*, December 14, 2004.

Many types of barriers exist for an employee who chooses a nursing career path. Many potential candidates cannot imagine the possibilities, or are afraid to try because they lack financial assistance to live while in school, have never received career counseling, or do not have the ability to see the path to becoming a nurse. Comments such as, “I could never afford it” or “I’ll never be able to do this” are often voiced by employees who aspire to be nurses. Further, some students may lose access to employer-funded health insurance if the demands of school require them to decrease their work hours below a minimum number of hours per week. Employees struggle to maintain sufficient working hours to maintain benefits, such as health insurance, which are essential to them and their families.

Access to nursing programs is another problem. Even if someone is accepted into a program, he/she is usually put on a waiting list for two or three years (e.g. accepted in 2003 for a program beginning in 2005). Evening programs are rare; hence, competition to get accepted into any evening program is fierce.

Furthermore, the vast majority of entry-level employees who aspire to become licensed nurses will require a substantial amount of remedial education before they are academically “ready” for professional programs. In addition to college preparatory classes in English, math, and science, many employees will also need assistance in learning English and obtaining their GED. To be successful on this educational track, individuals need assistance in exploring financial aid opportunities and understanding their employer’s tuition reimbursement policies. And most importantly, they need coaching and counseling throughout their career journey to build their confidence and assist them in overcoming the barriers that they may encounter.

## **4 Crafting a Solution: A Building Block Approach**

The Intercare Alliance’s efforts to “grow nurses” and create a “culture of learning” have evolved over time. The five phases of implementation are:

- Phase I: Forming the Intercare Alliance Partnership
- Phase II: 2001-2002 – Implementing CNA Career Ladder Initiatives and Designing the Practical Nurse Program
- Phase III: 2002-2003 – Implementing the PN Program with Quinsigamond Community College
- Phase IV: 2004-2005 – Expanding Partnership Efforts: WorkSource Partners and the Notre Dame Educational Bridge Center
- Phase V: Planning for 2005 and Beyond

In order to explore the evolution of their workforce development efforts, we will describe the development of the model in each phase.

### **4.1 Phase I: Forming the Intercare Alliance**

About 10 years ago, an informal group of colleagues from neighboring independent, freestanding facilities in Worcester decided to identify themselves as an “alliance.” After two years of

informal structure, the group became the Intercare Alliance, a Limited Liability Corporation (LLC), in order to formalize the membership and interact with others as a formal entity.

Initial efforts and reasons for formalizing the alliance focused on working on financial matters. The need to have managed care contracts was an initial issue. Members of the Alliance believed that this group of 1000 beds would have “market power” in their relationships with vendors. This was somewhat true, but the world of managed care never engulfed long-term care to the extent the Alliance anticipated. In the beginning, the partnership brought some financial benefits (for example, group purchasing), but the potential opportunities were realized early on.

As relationships formed and as the Alliance expanded its focus beyond financial objectives, members began to realize the benefits of sharing best practices. The administrators of these facilities saw that key staff members other than themselves would benefit from collegial relationships, mutual support and sharing of resources. Therefore, a structure of sub-groups began to evolve. The Directors of Nursing met regularly to support each other. They shared best practices and advice about regulatory compliance. They obtained group pricing for medical supplies. Soon after that, the Directors of Staff Development began to meet. They shared educational programs and resources. Dietary and Plant operations managers also found these meetings to be beneficial. An administrator was assigned to each sub-group as a liaison.

When the Alliance members began to discuss their retention and career development efforts, they found that they shared many of the same issues. And so they decided to address their concerns collectively as part of their partnership goals. Critical to the workforce development objectives was the Human Resources group. They shared their struggles to recruit and retain qualified staff. They teamed-up with the Directors of Staff Development to review key educational needs. Four of the homes represented in the group decided to apply for grant funds to launch workforce development programs. In 2001, they applied for, and received, grant funds from the Massachusetts Extended Care Career Ladder Initiative (ECCLI). This allowed them to provide “career ladders” for certified nursing assistants. As a result, it became easier to recruit and retain staff. At the time (2001-2002), CNA shortages were the greatest concern of each of the Alliance organizations.

However, it was evident that Alliance members also had staffing challenges further up in their organizations, in particular, a growing shortage of licensed nursing staff. One day, while seated around a conference table, a member said, “Why don’t we train our own LPN’s?” Everyone agreed that educating Intercare Alliance staff to become nurses was a great idea and so began the efforts to reach out to Quinsigamond Community College to form a Partnership to meet this objective.

## **4.2 Phase II: 2001-2002 Implementing CNA Career Ladder Initiatives and Designing the PN Program**

Key to the Intercare Alliance Partnership is the commitment to addressing the current shortage of licensed nursing staff and its effects on its facilities. The Alliance strongly believes that by investing in the education and future of its employees, they can increase their ability to attract and retain a committed workforce and be able to provide better and more consistent care to the residents.

Since its first ECCLI Grant in 2001, the Alliance has been committed to creating a sustainable organization-wide employee development program through which they can open the doors to professional advancement for staff, helping them move from entry-level positions to CNA, and currently from CNA to LPN. The Alliance members want to assist their employees in:

- Obtaining their General Educational Development (GED) Diploma
- Improving English skills
- Improving math and English skills necessary to advance to college level programs
- Developing career plans
- Entering and completing nursing programs while continuing to work at Intercare facilities
- Achieving family-sustaining wages

In 2001 the Alliance began to address staff retention as one of its primary goals. Members believed they needed to invest in their current workforce and not always look externally for solutions to nursing shortages. A team of Administrators and Human Resources Managers from member facilities came together to brainstorm potential solutions to staffing and retention needs. The outcome of these discussions was the proposal to design and implement Intercare Alliance CNA and nursing career ladder programs.

Several of the facilities had received ECCLI grants to provide education for their CNAs. The ECCLI programming provided the funding to build the infrastructure for the CNA Career Ladder. Through this program, the Alliance members were able to raise awareness among the staff around education and its benefits.

The Alliance leadership team pooled their efforts and developed a CNA Career Ladder program that they implemented across the Alliance. The program consisted of four modules:

- Alzheimer's Compassionate Care
- Death and Dying
- Restorative Nursing Care
- Mentoring/Leadership

Each 16-hour module addresses cultural competency issues relevant to the topics. Successful completion of the modules qualifies CNAs for career advancement opportunities within the CNA track, and a wage increase of a specified amount per hour (differs by facility based upon current wage scales) for a total wage increase of between \$.80 and \$1.20 for completing all four modules.

In the second quarter of 2002, the Intercare Alliance negotiated with Quinsigamond Community College (QCC) the development of a proprietary, evening Practical Nurse (PN) Program exclusively for Intercare Alliance employees. At that time, there was a two-year wait for anyone who had been accepted into the existing college LPN day program. Alliance members recognized that the financial barriers for their employees were significant. Therefore, it was agreed that all tuition and fees for the PN program would be paid for by the facility that sponsored each student. In return, the employee is required to sign a contract with a two-year

commitment of employment or 4,160 hours (equivalent of 2 years full time.) If the employee leaves prior to the two-year commitment, he/she is required to pay back the cost of the education on a pro-rated basis.

### **4.3 Phase III: 2002-2003 Implementing the PN Program with Quinsigamond Community College**

Once the mechanics of the PN program were defined, Alliance leaders needed to reach out to their staff and select the 24 candidates for the first program. Each facility was given an opportunity to fill three seats in the program. Administrators, Directors of Nursing, Human Resource Directors, and Staff Development Coordinators began to review their employees to identify potential candidates for the program. Through both formal and informal outreach efforts, potential members of the first PN class were selected and screened to see if they qualified for the program.

The first step was to have each candidate take the College Placement Test (CPT). Early on in the process, it became apparent that other education requirements needed to be addressed. Among all Alliance members, only 9 of 48 of the brightest and best employees were able to pass the College Placement Test at Quinsigamond Community College and enter the PN program. Of these, most potential PN students needed remedial education (i.e. college-level math and English) to “bridge” the gap between their current academic skills and college-level programming. In addition to being “college ready,” the students needed to then take four pre-requisite classes prior to beginning their formal PN program.

Working with its college partner, Alliance members were able to get the students the pre-requisite education and certificates (e.g. CPR for children in addition to adults) they needed to qualify for the PN program. Through focused efforts, they offered remedial college preparatory classes and tutoring, and were able to fill the first class of 24 in September 2003.

**“While our ECCLI grants have helped the entry level workers/CNAs obtain more livable wages, our LPN program enables them to move even further ahead.”**

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

The amount of effort needed to prepare this group made the Alliance members realize that they had some extensive work to do for the next group of 24. They needed a formal plan to target future PN Program candidates and offer education to get them ready for subsequent classes.

### **4.4 Phase IV: 2004-2005 Expanding Partnership Efforts: WorkSource Partners and the Notre Dame Educational Bridge Center**

As the Alliance began to explore their candidate base, they realized that the biggest challenge was to help employees to prepare for, and enter college and certificate programs in nursing. Many of their employees lacked the skills required to pursue higher education, including lack of high school credentials, limited ESOL proficiency of the immigrant employees, as well as limited math and English skills for those who had been out of school for a long time. Without these skills there is no opportunity for professional advancement.

Their programming was designed to address the following challenges students faced, in particular:

- Many students have difficulty in mathematics.
- College-level classes require a level of study discipline that many employees have never experienced. Learning such skills as how to study, take notes, and pace learning are critical to their success.
- The final step to becoming a nurse is passing the licensure exams.
- While no surprise, navigating work, school, family and other “life issues” is a difficult challenge.

In December 2003, the Alliance partnered with WorkSource Partners to continue to refine the design of their career ladder program and to add formal career counseling to their workforce development efforts. At the same time, the Alliance also began to explore opportunities to take advantage of the grant funding provided under the Extended Care Career Ladder Initiative (ECCLI).

In December 2003-January 2004 a team of individuals began to work on the next phase of program design. Numerous meetings were held to design a comprehensive workforce development plan. The WorkSource Partners team led the design efforts and subsequently packaged the plan into two ECCLI grant proposals. The Alliance team consisted of Administrators, Human Resource Directors, and Staff Development Coordinators.

Program components were designed to address programming needs:

- A “Math for Meds” class was designed to address the mathematics need.
- A “Study Skills” class was designed to assist students in learning techniques to succeed as a college student.
- A “Board Review” class was created as part of the program to prepare recent PN graduates for the license board tests.

As part of the program design, WorkSource Partners led the efforts for employee engagement, providing the following Career Development Program services:

- *Outreach Sessions* at all sites to communicate the facilities’ commitment to career development, and to solicit interest in Career Ladder Initiatives
- *Needs Assessments* for those interested in pursuing their education. This data assisted in the selection of candidates for future educational initiatives (both facility and grant-funded).
- *One-on-One Counseling* for candidates participating in the program. Career Development Specialists provide both career and life coaching and are accessible both at the Notre Dame Education Center and on-site at the facilities on a regular schedule. Career Development Specialists also provide information on such topics as financial aid and other case management services.

During this same timeframe (late 2003-early 2004), a commitment to support education was made by the Board of Directors and management of Notre Dame Long Term Care (an Alliance member) in the establishment of the Notre Dame Educational Bridge Center. The vision of the center: *“To create a lasting culture of learning and growth, where all individuals are provided the opportunity and guidance to attain their career dreams”* was aligned with the goals of the Alliance. The Center’s goals are:

- To improve the quality and stability of the front-line workforce
- To help the entry-level employees advance in their careers and improve their earning potential
- To address the ongoing shortage of Licensed Practical Nurses and Registered Nurses by “growing our own”; and
- To continue to increase the quality of care the Alliance member facilities provide.

The Center consists of three classrooms (capacity of one classroom is 50 students), a computer lab, workspace for student study, study materials, and office space for an Educational Program Director and other key staff, such as Career Counselors. Although owned and managed by Notre Dame, the facility supports the overall efforts of the Intercare Alliance.

In April of 2004, the Intercare Alliance received two Extended Care Career Ladder Initiative (ECCLI) grants, one Round V and one Round VI. These funds were critical to the continuation of the workforce development work at all levels.

The career path from entry-level employee to entry into the Practical Nursing (PN) program (see Exhibits A and B) was supported by the ECCLI funds, Alliance members’ funds, and the Notre Dame Educational Bridge Center. In addition, key leaders in the Alliance provided numerous hours of leadership time. Katherine Lemay (CEO and Administrator of Notre Dame Long Term Care Center) and Carol Helander (Director of Human Resources, Jewish Healthcare Center) managed the two grants. Dean Messier (Director of Human Resources, Holy Trinity Nursing and Rehabilitation Center) has managed the PN program from its beginning, acting as the liaison with Quinsigamond Community College. Robert Oriol (Oriol Healthcare) acts as the financial manager for the Alliance. Katherine Lemay also provides the leadership and direction for the Notre Dame Educational Bridge Center.

#### **4.5 Phase V: Planning for 2005 and Beyond**

Over the past ten years, members of the Alliance have continued to investigate, design, and implement educational programs for their staff. With each effort, the Alliance has learned more and more about the challenges of their workforce and has modified the programs as needed. As they prepare for the 2005-2006 PN program, Alliance members are realizing that it might not be realistic to have two or three employees per facility each year ready to start with nursing courses. Therefore, there has been additional outreach to facilities outside of the Alliance to fill the 24 seats.

The next phase of workforce development may be the development of a transitional program to enable the LPN to matriculate into an RN program in the 2006-2007 timeframe.

In addition, the Notre Dame Educational Bridge Center will continue to design and develop programs for all levels of the workforce. It is their hope to be successful in raising funds that will support the Alliance's efforts and provide the infrastructure for the sustainability and growth of current programs.

## 5 Results of the Alliance's Efforts

As the Alliance members look back over the past five years, they can map results to the continued development of their programs. When they began their efforts, they believed that by meeting the educational and support needs of CNAs and entry -level employees and by continuing to provide career paths, they would improve retention, diminish reliance on temporary nursing agencies, and improve the overall quality of care provided for their residents. By offering their employees the opportunity to take classes and develop a career plan, they have:

- Provided career paths for entry-level staff to become CNAs
- Provided career ladders for CNAs, increasing their knowledge, skills, and career opportunities
- Continued to design career ladder strategies for CNAs to become LPNs

Their experience has demonstrated that by investing in employees they can increase retention, improve communication, and increase loyalty. Long-term employees are more vested in the care of their residents, which results in higher quality of care.

The Alliance has seen outstanding success in reaching goals related to their CNA Career Ladder. Over two years (2002-03) they saw the results of their efforts to attract, develop and retain a skilled CNA workforce. Several members of the Alliance have participated in previous rounds of ECCLI and, collectively through their efforts to date, have reduced CNA vacancy rates to less than 5%, while the average in Worcester County is still in excess of 6.4%. They have seen a 30-40% decrease in their CNA turnover. They attribute this success to their ongoing commitment to educational programs and the continuing development of a "culture of learning" in Intercare facilities. In 2004-2005 alone, 141 CNAs have attended a career ladder class and received an increase of \$0.20-\$0.30 per hour as a result. In addition, 94% of the CNAs who have enrolled in these classes have successfully completed the course.

**"We are making a life changing difference for our employees, giving many of them an opportunity that they have dreamed about. Students have said that they can now buy a house because of their new position."**

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

The first PN program graduated 18 LPNs and, to date, 17 have passed their state boards. This has begun to address critical LPN staffing needs.

Members of the Intercare Alliance have continued to share their workforce development experiences with other facilities outside of the Alliance. They have presented at American College of Health Care Administrator (ACHCA) events and have continued to welcome opportunities, such as this case study, to share their ideas and success with other long-term care facilities who are struggling to attract and retain the staff they need to provide high quality care.

The most important success, however, is reflected in several key stories of Intercare Alliance employees. From a business perspective, they have addressed a staffing need through their programs. But it goes well beyond the business need. Through their commitment to education, they continue to help their employees realize their dreams and break down the barriers that keep them from attaining their career goals.

Here are just a few success stories of...

...those who have traveled a long journey, balancing family commitments with their dreams:

*Linda Lessard, from Notre Dame Long Term Care Center (NDLTCC), worked as a CNA for 21 years. She always wanted to become a nurse, but the commitments to her family and raising her children always came first. With the support of her husband, children, and her many friends at the NDLTCC, Linda completed the Intercare Alliance PN program and is now an LPN at Notre Dame.*

...those who have come to the United States (as many of our ancestors did) with a dream for a better life for their families and an unflinching drive to succeed:

*Sam Frempong came to this country from Ghana. When he arrived, Sam lived with his sister, Dora, and her four children, and struggled to provide financial support for himself and his extended family. Dora had worked in long-term care and encouraged Sam to pursue a career as a CNA. However, the cost to take the training was significant to his budget. Then a friend told Sam about the Oakdale Rehabilitation Center, which would pay you while you were training to become a CNA. Sam joined the Oakdale team and steadily progressed up the CNA Career Ladder. Sam consistently demonstrated his leadership skills, sharing what he was learning with other CNAs. So when the PN program was introduced by the Alliance, Sam was selected. Again Sam demonstrated his commitment by graduating the PN program with "Highest Honors" and is now working as an LPN at Oakdale. Oakdale is a family business and now Sam feels very much part of this family and wouldn't want to work anywhere else!*

*Lucidora (Lucy) Egner came to this country from Brazil. She had always been interested in the medical profession. For seven years Lucy demonstrated her compassionate, dependable commitment to caring for the elderly, working as a CNA. When the Notre Dame Long Term Care Center team was identifying candidates for the first PN program, Lucy was high on their list of candidates. With the support of the team at NDLTCC and her husband (who helped care for their 6-year old son), Lucy worked hard and successfully graduated the PN program. Lucy has passed her exams and is now a practicing LPN.*

*Margarita Pano came to this country from Albania in 1997. In her country, Margarita had been a doctor. Unfortunately, without any English skills, she could only find work as a housekeeper at the Jewish Healthcare Center. For four years Margarita studied English, became a CNAI, and prepared herself for the LPN program. Margarita completed the PN program, passed her boards, and now works as an LPN at JHC.*

*Raphael Mungai came to the United States from Kenya in 2000. In Kenya, Raphael had a bachelor's degree in teaching. Raphael joined Jewish Healthcare Center as a CNA. Raphael works 2-3 shifts per week, provides childcare for his three young children when his wife works, and is currently in the Intercare Alliance PN program, slated to graduate in June 2005. Raphael hopes to continue his education with the ultimate goal of obtaining a MSN.*

...those who believe that the opportunities provided by the Intercare Alliance help them realize their full potential and be more confident:

*Jennette Gaudette has been a CNA for 14 years at Christopher House. She felt "stuck" in her job until the Intercare Alliance/ECCLI programs came along. When asked about her success, Jennette said: "They helped me obtain my GED and college credits so I can begin nursing school in September. It's a wonderful opportunity!"*

*Donna Fanion, Activity Aide at Christopher House, expressed her goal: "I feel like I have another chance to get my diploma and look forward to learning experiences."*

*Roberta McCarthy, CNA at Christopher House, sees the Career Ladder classes as a great benefit: "The career ladder gives you more knowledge about the job you are doing and makes you feel good about yourself."*

...those who have not only realized their dreams but have also made a significant impact on the future of others:

*Cindy Firmin always wanted to be a nurse. As a single parent with three children, she faced many challenges. She joined Jewish Healthcare Center in 1994 as a CNA. Over the years she took advantage of educational opportunities, moving up the CNA ladder to become a CNA II and Restorative Aide. Once her youngest child started high school, Cindy was able to pursue her dream of becoming a nurse. She began by taking pre-requisite classes on her own and was selected to participate as one of the first Intercare Alliance PN program participants. Cindy is now a licensed LPN and hopes to pursue her RN in a few years. Cindy believes her success has also influenced her children's future. Cindy's son had dropped out of high school prior to Cindy's going into the LPN program. Since she earned her LPN, he went back to school, earned his GED and is now looking at college programs.*

## **6 Lessons Learned**

**Building Partnerships:** Several key partnerships have supported the efforts: partnerships among the Intercare Alliance member organizations, the partnership with Quinsigamond Community College for educational programming; the partnership with WorkSource Partners for planning and career counseling; and the partnership with the Notre Dame Educational Bridge Center.

The partnerships have taught Alliance members some key points:

- Building the relationship with the key people impacts your success. Although the processes you define are important, it is the *people* that will make or break your program.

You must invest the time and effort to ensure that you are “in-sync” in terms of what you want to accomplish.

- Communication and documentation of expectations are critical success factors to building and sustaining your programs.
- Working with people who are knowledgeable in the field of workforce development can significantly enhance your chances of success. Enlisting consultants to assist you with program design can help you not to repeat common mistakes. Employees who receive career coaching from an external firm are often more open about their hopes and fears, thereby enabling you to break down barriers more quickly and assist people in developing a career plan.
- “Proprietary” programs can cost more than the normal tuition at a community college. Thus, opportunities to negotiate costs should be explored.
- Designing and implementing a proprietary nursing program requires knowledgeable and committed people from the college. Set expectations up-front regarding the time commitment required of the college staff and what they will do for you. Regular meetings with the entire team (representatives from all partners) are important for success.

**Leadership:** For any program to succeed, key leaders must step forward and drive the efforts of the team. It should be expected that not all partners will participate equally. Commitment within each organization at all levels needs to be cultivated and managed.

Some key points:

- Leaders must “step-up” to take on the responsibilities of managing any program.
- Leadership must be evident at many levels of the organization: Administrators, Directors of Nursing, Staff Development Coordinators, Directors of Human Resources, Operations Managers, Supervisors, etc.
- Whenever possible, set both the rules and regulations of participating in the partnership as well as define the ramifications of not meeting responsibilities.

**Organizational Development:** The commitment to education must be a part of a larger commitment to improving the workplace. Support systems are important to people’s success. Peers, managers and even the residents can impact the program through day-to-day support for those employees who are taking classes.

Some key points:

- Alliance leaders found that in order to support new LPNs, they needed to gain commitment from their staff. It is a significant challenge for a new LPN to fit into the facility. Each new LPN needs a significant orientation to successfully assume his/her new role. It is not realistic to assume that a recent graduate can do everything without oversight. It takes almost a full year for the new LPN to be fully functional. Support is necessary through formal and informal programs, such as providing a mentor, extended orientation, and ongoing encouragement and support from management.

- As you continue to develop your employees, you need to have a staffing plan that extends out three to five years. You should ask yourself the following questions:
  1. How many LPNs will you need? What might your turnover be? (Consider potential retirement and turnover of current staff.)
  2. How many “new” (vs. experienced) LPNs can you absorb?
  3. How do you balance the ratio of new LPNs to RNs? (Experienced vs. new)
- Through your commitment to education as demonstrated by your programs, you will realize an increased employee loyalty that will result in increased retention. In addition, the contracts you have with your new LPNs lock them into staying for two years. However, overall employee satisfaction and effective management will ultimately determine your ability to retain staff. Other organizational development efforts will be needed to make your facility “a great place to work.”

**Financial Impact:** You must have a funding strategy for your programs. For the Alliance, ECCLI grant funds have been used extensively to support career ladder efforts. However, the Intercare Alliance has been committed to funding the LPN Program and sustaining the CNA Career Ladder initiatives post-grant. Administrators have realized that there is a very short payback timeframe for the costs of “growing their own nurses.”

- Costs of workforce development programs can be offset by decreases in other budget costs. Before beginning a program you should identify the following costs:
  1. Agency fees
  2. Training
  3. Human Resources
  4. Recruitment
- One Intercare Alliance facility noted that they could recover the cost of “out-of-pocket” expenses for the development of an LPN in just eight weeks.
- In defining the costs of a program with your partners, you need to clearly define the costs from beginning to end. Watch out for hidden costs when you price a program. If you are designing a nursing program, make sure you look at four areas of costs:
  1. What are the costs of preparing a student for college-level courses?
  2. What are the costs of pre-registration requirements (classes, CPR, vaccines, etc.)?
  3. What is the total cost of the program (classes, fees, books, uniforms, graduation, nursing pin, license test prep, license test, etc.)?
  4. What are the costs of support (leaders, career counseling, mentors, tutors, benefits, etc.) from pre-college level to post graduation?

**Program Development - An Ongoing Effort:** What works today may not work tomorrow. With each stage of the program, you must continue to look at issues and how to prevent them from repeating, learn from mistakes and put more effort into ways to measure outcomes.

- If you design a program that has a required number of “seats,” then you should have a well thought-out plan on how to fill these seats with several contingency plans included. The good news is that you have an opportunity for 24 employees. The challenge is to find 24 qualified employees each year. For example, when Intercare defined its LPN

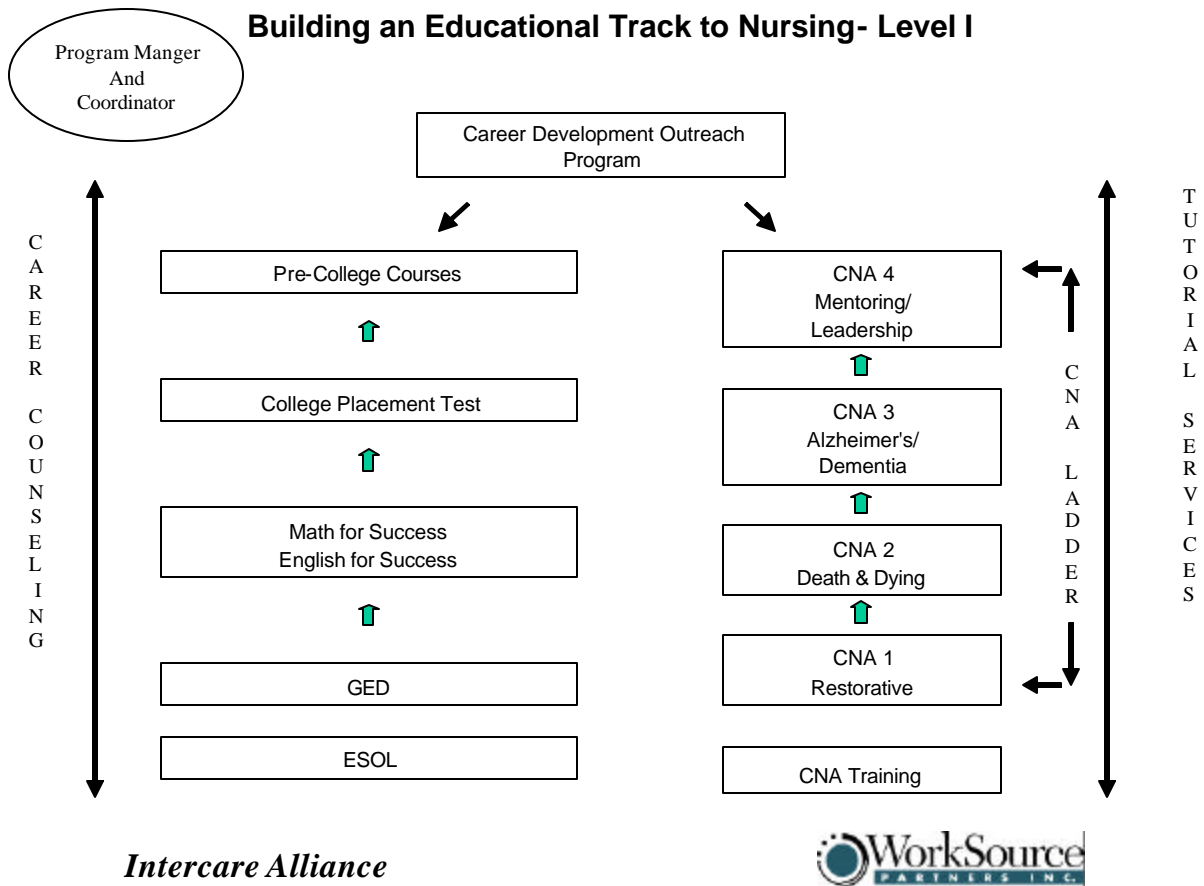
evening program, no evening program existed in the area. Therefore, the demand is great in the Worcester area. If Intercare cannot fill the 24 seats, they will do an outreach to selected facilities outside the Alliance. In addition, as you define the number of potential students, be aware that there exists a required ratio of students to clinical instructors that will determine your class size.

- Measures of success have been difficult to track. More work needs to be done in this area.
- Feedback about the programs is key to redefining needs over time. For example, the ongoing need for mathematics skills led to the development of the “Math for Meds” class.
- Several students who did not graduate from the first LPN class failed because of their challenges with English, as it was their second language. The volume of reading and the fast pace of the LPN program require a full command of the language. Starting early with ESOL classes for all levels is key to the success of future candidates for the programs.
- Even before students take pre-college classes, there is a need for post-high school or GED classes. Intercare provided a hybrid Math/English class aimed at preparing students to take the College Placement Test.

## **7 Closing Comments**

The combined commitment of the Intercare Alliance, Quinsigamond Community College, Notre Dame Educational Bridge Center and WorkSource Partners has made a significant difference in the lives of many Intercare Alliance employees. Intercare remains committed to investing in the education and future of its employees as a way of increasing their ability to attract and retain a committed workforce, and most importantly, in order to provide better and more consistent care for all Intercare Alliance residents.

# Appendix A: Career Ladder Chart I



# Appendix B: Career Ladder Chart II

