

# **State Culture Change Initiatives**

## **Workforce Improvement Initiatives**

# Georgia Health Care Association Certified Nursing Assistant Career Ladder Program

## Description

A collaboration of several key stakeholders expanded a career lattice program for certified nursing assistants (CNAs). The stakeholders include:

- ♦ Georgia Department of Labor (DOL)
- ♦ U.S. Department of Labor Office of Apprenticeship
- ♦ Local Workforce Investment Act service delivery areas, each of which has a local Workforce Investment Board to administer local WIA activities
- ♦ Four or five employees who work for nursing home operators
- ♦ Council for Adult and Experiential Learning (CAEL)
- ♦ Georgia Alzheimer's Association
- ♦ Georgia Health Care Association (GHCA) (the for-profit association of long-term care providers in Georgia)

The group formed an advisory panel to decide how to run the program, and the Georgia DOL administers it. The program provides experienced CNAs with access to educational development leading to a specialty certificate and/or licensed practical nursing (LPN) certificate, as well as an apprenticeship certification.

Griffin Technical College provides the training. Online learning enables any CNA working for a nursing home to take advantage of the program. CAEL provided a \$96,000 grant, which was used for technical assistance, and the state came up with a match.

Tuition and books are paid for by a Helping Outstanding Pupils Educationally (HOPE) grant, which is available to Georgia residents who meet the criteria and can be used for any certificate program to cover tuition, HOPE-mandatory approved fees and a book allowance. The HOPE grant is funded through the state lottery. Nursing homes pay the difference of what is not covered by the HOPE grant and the application fee.

To be admitted to the program, an individual must be a CNA with a certificate who has been working in a nursing home for at least six months. CNAs who are approved can apply to Griffin Technical College and for a HOPE grant. If accepted by both, they are enrolled in an "advanced practice" certificate program that spans three quarters. Learning and online work can be done at the facility before or after work. The program requires a commitment from the CNAs.

Courses count toward an LPN program. CNAs can choose to apply for the LPN program at a local technical school or college based on successful completion of Phase I, or they can decide to continue in the career ladder program and advanced CNA career training by pursuing a specialty area certification such as dementia, nutrition/hydration, skin care or restorative care. The four specialty areas are not taught online. There is a 2,000-hour requirement, and participants receive 500 credit hours because they are already CNAs. Each specialty area is different, but they make up the 1,500 credit hours between the advanced practice and a single specialty area. GHCA developed a curriculum committee comprised of administrators of nursing homes and others involved in care.

When CNAs enroll in the program, they also are registered with the U.S. Department of Labor Office of Apprenticeship. When they finish, they have a certificate from Griffin Technical College, a specialty certificate (when they finish any of the four areas) and then a certificate from the DOL Office of Apprenticeship that they have competencies. Thus, the program gives them real credentials. When they finish the advanced practice, they also are entitled to a \$0.25 wage increase. When they finish the training areas, they receive another \$0.25 increase. To become an LPN, however, CNAs must find their own funding.

## Resources

Click on [program](#) for more information.

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# Kansas Workforce Enhancement Grants

## Description

The Workforce Enhancement Grants (WEG) provide funds to train unlicensed (and some licensed) nursing home staff. The Kansas Department on Aging (KDOA) administers the grants, which are funded with Civil Monetary Penalties (CMP) money.

The program is designed to improve quality of life and quality of care for residents in licensed nursing homes and long-term care units in hospitals. It provides grants that aid in the development of ongoing statewide educational and training programs for unlicensed and some licensed staff employed in these facilities.

The grants are offered to community colleges, businesses and aging services organizations to provide educational programs at no cost to these long-term care staff. The grant applications for training are often centered about culture change. Since the program's inception in 2004, over \$833,990 in grants have been awarded. From 2005-2007, almost 7,000 staff members were trained, representing over 80 percent of Kansas nursing homes.

Some of the training topics have included:

- ♦ Palliative care, including the role of hospice
- ♦ Person-centered care and culture change
- ♦ Certified nursing assistant involvement in care planning and delivery of service
- ♦ Fall prevention
- ♦ Pain management
- ♦ Working with residents with dementia and Alzheimer's
- ♦ Physiology of aging

KDOA contracted with the University of Kansas to evaluate the impact of the WEG education and training programs on nursing home quality of care, quality of life, culture change and staff retention. The study also evaluated the impact of the programs on the staff who were trained. The study's final report, released in August 2008, showed that WEG-participating facilities had a higher decrease in deficiencies from 2006-2007 than non-participating facilities. While demonstrating a direct cause and effect between WEG trainings and desired outcomes of quality of care, quality of life, resident-centered care and staff retention proved difficult, the data point to the positive impact of the WEG program. Training participants reported that WEG trainings had a direct effect on their practices, increased their job satisfaction, reduced turnover and improved the quality of care they provided, which all had a direct effect on resident quality of life.

## Resources

[Workforce Enhancement Grants](#)

Evaluation of the [program](#) information

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# Kansas Nursing Facility Quality and Efficiency Incentive Factor

## Description

The Nursing Facility Quality and Efficiency Incentive Factor is a component of the Kansas Medicaid nursing home rate-setting methodology and is a program that connects culture change and pay-for-performance.

The quality and efficiency factor was implemented to provide a monetary incentive encouraging quality care and efficiency in nursing homes. The incentive is a per diem add-on, ranging from \$1 to \$3, to their Medicaid per diem rate. Those nursing homes that exceed in five quality outcome measures—case-mix adjusted nurse staffing ratio, operating expense, staff turnover rate, staff retention rate and occupancy rate—are awarded points based on them. The total points for each provider determine the per diem incentive factor included in the provider's rate calculation.

Since the program began in 2005, approximately 38 percent of nursing home providers have received a quality incentive factor during each year of the program.

KDOA completed a case study in 2006 comparing [PEAK](#) nursing home winners with non-PEAK homes from 2002 to 2005, using the quality incentive factor. Overall, a higher percentage of PEAK homes (63 percent) were awarded this incentive compared to non-PEAK homes (36 percent).

## Resources

Click on [Nursing Facility Quality and Efficiency Outcome Incentive Factor](#) for more information.

Click on [PEAK winners to non-PEAK homes using the quality incentive factor](#) for information on the case study comparing PEAK and non-PEAK homes.

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# Massachusetts Extended Care Career Ladder Initiative

## Description

The Extended Care Career Ladder Initiative (ECCLI), a comprehensive workforce training program, is the career ladder grant component of the Massachusetts Nursing Home Quality Initiative, created by the state legislature in 2000. ECCLI is managed by the Commonwealth Corporation, a quasi-governmental entity.

ECCLI has its roots in a certified nursing assistant (CNA) career ladder pilot program funded by the U.S. Department of Labor. The legislation to fund ECCLI grew out of pressure from a broad-based coalition of stakeholders who wanted to improve the quality of care and quality of work life in nursing homes and home health agencies by addressing the high turnover of direct care workers. High turnover creates instability, negatively affecting the quality of care. Basic to this initiative was the idea that good care for consumers relies on good jobs and opportunities for direct care workers.

ECCLI funds are provided through a competitive, multiple-round grant program available to Massachusetts nursing homes and home health agencies to create career ladders and other training initiatives for their frontline direct care workers. ECCLI's primary goal is to enhance the quality and outcomes of resident/client care, while simultaneously addressing the dual problems of recruitment and retention.

In addition to the traditional nursing career tracks, workers are eligible for specialized training in person-centered care, dementia care and other specializations. Many of the providers also have used these funds to engage in more fundamental culture change at the organizational level.

Since 2000, ECCLI has helped more than 160 nursing homes and home health agencies train over 7,500 individuals. Over the past eight years, the state legislature has provided over \$22 million to fund the program. ECCLI is now a line item in the state budget, which moves the initiative from a discretionary project to one that has a greater likelihood of being sustained over time.

## Resources

[ECCLI information](#)

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# Massachusetts Workforce Training Fund

## Description

In 1998, the state legislature established the Massachusetts Workforce Training Fund to provide grants and technical assistance to Massachusetts businesses to recruit, train and retain skilled employees.

The fund, administered by the Division of Career Services at the Massachusetts Department of Workforce Development, is financed by employers in Massachusetts through a surcharge to their unemployment insurance. The surcharge generates \$21 million for the fund each state fiscal year. The funds promote:

- ♦ Projects that will result in job retention, job growth or increased wages.
- ♦ Projects where training would make a difference in the company's productivity, competitiveness and ability to do business in Massachusetts.
- ♦ Projects where the applicant has committed to provide significant private investment in training during and after the grant.

Each potential grantee can apply to one of three grant programs that operate within the training fund. Each grant program is designed to serve the needs of different businesses and organizations. They include the:

- ♦ **General program** for any size company that wants to train employees in job-related skills through a program designed by the company. Training must be completed within a two-year contract. Maximum grant: \$250,000
- ♦ **Express program** that helps small employers (50 employees or less) and labor unions to provide training for employees. The program utilizes existing training courses where a pricing structure already exists. Training must be completed within a one-year contract. Maximum grant: \$15,000
- ♦ **Hiring incentive training grant program**, which assists companies in paying for training for new employees that meet certain criteria. The length of the grant is 12 months. Maximum grant: \$30,000

In addition to these three grant programs, a new **LPN/RN Program** has been created to address the shortage of LPNs and RNs in hospitals, nursing homes and other health care settings. The program pays for the courses, clinical instructor, books, tutoring and prep course for the licensing exam. The matching portion of the grant must include the cost of administering the program, limited paid time-off, mentoring support for those being trained and any student related fees, as well as any insurance, uniforms and exam fees. The employees must complete a LPN or RN program and graduate within two years. Maximum grant: \$250,000

Recently, the program has sought out more health care organizations to apply to the fund. Since 1999, WTF has awarded approximately \$2,646,410 in matching grants to nursing homes and other long-term care organizations—about 28 percent of the amount awarded to the health care sector. Over 1,100 long-term care staff members were trained with the help of these grants. Some of the activities initiated by nursing homes include holding English as a Second Language (ESOL) classes for their staff and trainings to improve customer service. And although the program was not initially designed to support culture change in nursing homes, a nursing home received \$100,000 to implement culture change in 2006.

## Resources

[Workforce Training Fund information](#)

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# Massachusetts Workforce Competitive Trust Fund

## Description

The Workforce Competitiveness Trust Fund (WCTF) is an \$18 million grant program established and funded by the state legislature, overseen by the Executive Office of Labor and Workforce Development and administered by the Commonwealth Corporation, a quasi-governmental entity. The program is designed to enable a broad range of Massachusetts residents—including older workers, low-wage workers, low-income individuals, disabled citizens, vulnerable youth, incumbent workers and the unemployed—to gain access to employment, education and the skills necessary to move forward along a career path leading to economic self-sufficiency.

Since 2007, the WCTF has awarded over \$14.5 million in grants to support sectoral/regional workforce development partnership projects that help fill jobs in “critical” industries within a region while providing good jobs. Current programs are projected to reach over 6,800 workers. Since health care is considered a critical industry in virtually every region of the state, this program is an important resource to the long-term care field. In Round I of the grant awards in 2007, long-term care organizations were included in partnerships that received \$1,343,641, representing about 19 percent of the total funds awarded at the time. In Round II, one partnership that included long-term care organizations was awarded \$474,634, or seven percent of the total funds awarded at the time.

In one example, a collaborative of health care industry and health education organizations created a new online education model, the Health Care Learning Network™ (HCLNTM), which delivers health care industry-specific English language, basic academic and college preparatory coursework to frontline health care workers. As part of this project, three industry partners representing seven long-term care facilities will use the HCLNTM to address critical professional shortages and improve overall customer service. From the employee standpoint, this project will dramatically increase employee wages, allowing many direct care workers to become economically self-sufficient and move up the career ladder.

## Resources

[Workforce Competitive Trust Fund](#) information

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# Michigan Direct Care Workforce Initiative

## Description

The Michigan Office of Services to the Aging (OSA) supported BEAM, Inc. (Bringing the Eden Alternative to Michigan) in assessing recruitment, training and retention methods of certified nursing assistants and home health workers. The researchers at Michigan State University conducted the study. The results were released at a conference entitled the Michigan Direct Care Workforce Initiative (MDCWI) Conference. MDCWI members assisted with the release of the findings and have continued to address Michigan's direct care workforce issues since 2004.

MDCWI works to develop, propose, promote and improve programs, services and policies to ensure a high-quality, well-trained and respected long-term care workforce. It has a strategic plan with the goal to position long-term care workforce issues as key elements in Michigan's long-term care agenda.

There are various organizations dedicating staff time and resources to the MDCWI coalition. Many long-term stakeholders are involved, including advocates, consumers, educators, employers, government representatives, providers, researchers and unions. They have a committed core of 20 members who dedicate their time and resources to improve the recruitment, training and retention of direct care workers statewide. Many subcommittees have been created, including one that focuses solely on culture change. In addition, they are currently working to get additional money to help support MDCWI but have not started fundraising. However, that is part of the strategic planning.

## Resources

*Voices from the Front: Recruitment and Retention of Direct Care Workers in Long-Term Care in Michigan Report*

[Michigan Direct Care Workers Initiative Strategic Plan](#)

[MDCWI Member Directory—September 2008](#)

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# North Carolina Medication Aide

## Description

The medication aide began in 2002 and officially started in 2006 to create career advancement for certified nursing assistants. The North Carolina Department of Health and Human Services and North Carolina Board of Nursing convened a large group of stakeholders that included the nursing home industry, mental health, pharmacists, nurses and nurse educators. The core group included the Division of Health Service Regulation, the Board of Nursing and representatives from the Department of Long-Term Care Services. The group had one taskforce focused on the development of the curriculum and a second taskforce focused on the competency evaluation. A Real Choice Systems Change grant was used to develop the job category. Legislation was passed in 2005 to create a class of medication aide workers. The legislation allowed the medication aide registry and competency to be used only in nursing homes. However, the legislation stated that Division of Health Service Regulation could look at including providers in other settings.

The North Carolina Medication Aide Registry lists all health care personnel in North Carolina who have:

- ♦ Successfully completed a medication aide-training program approved by the North Carolina Board of Nursing (a 24-hour training program).
- ♦ Passed the state medication aide competency exam.
- ♦ Are listed on the Nurse Aide I Registry.
- ♦ Do not have substantiated findings listed on the Health Care Personnel Registry.

The medication aides administer medications and are responsible for ensuring the right dose, at the right time, for the right resident.

The listing on the Medication Aide Registry is valid for two years. Medication aides can renew within the two-year period through qualified work experience that meets the following criteria:

- ♦ Paid work.
- ♦ Work as a medication aide.
- ♦ Supervised by a registered nurse or qualified supervisor.
- ♦ A total of eight hours or more working as a medication aide during the 24-month registry listing period.

One of the initial challenges was resistance among licensed practical nurses (LPNs) and a small group of nurse educators. LPNs did not want the medication aides because they were concerned about the elimination of their jobs. There also was concern that the medication aides would increase the error rates. To address these concerns, the workgroup:

- ♦ Posted information about the position on Web sites.
- ♦ Held discussions with various concerned groups.
- ♦ Implemented a state-run pilot test to determine the impact of the medication aide. The research showed no increase in the error rates and positive nurse reaction because they had approximately four more hours per day for other job responsibilities.

Two other key challenges were working out the details of the program and the cost. Decisions had to be made about which medications non-licensed personnel could administer and the length of the course. The workgroup discussions helped resolve these issues.

The sustainability challenge is that the medication aide role is seen as career advancement for certified nursing assistants. It is not mandatory that organizations increase the pay for medication aides. If nursing homes do not appropriately reward medication aides, this could pose a problem. It is unknown the number of medication aides who receive a wage increase.

A total of \$35,000 in CMP dollars funded the pilots and evaluation. Current resources at the government agency support the registry, and no new funding was appropriated for this effort. A contractor under a no-cost contract to the state provides the state competency exam. The fees students pay to take the exam cover the total cost to administer it. The Real Choice Systems Change grant provided \$65,993 for curriculum development.

## Resources

For more information about the Medication aide, visit the [North Carolina Medication Aide Registry Web site](#)

To read the legislation establishing the medication aide category, click on [131E-114.2](#) and [131E-270](#).

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# North Carolina Geriatric Aide

## Description

The geriatric aide, which began in 2008, is a career ladder effort that allows nurse aides to improve their knowledge, skills and marketability. The Office of Long-Term Care Services, the North Carolina Institute of Medicine and the Division of Health Service Regulation, along with the nursing home industry, advocated for the geriatric aide position within nursing homes. It came about because of employer and worker needs identified by the North Carolina Institute of Medicine Long-Term Care Task Force. The goal is for the geriatric aides to be culture change agents and a resource for other nurse aides within the organizations.

In 2002, a stakeholder group came together to design the structure of the program. The training requires 100 hours of classroom and 40 hours of clinical training. The group determined the topics based on focus groups with nurse aides and input from educators and industry leaders in long-term care on the knowledge and skills for a geriatric aide. The curriculum focuses on innovative nurse aide care and clinical topics such as pressure ulcers, depression, dementia and challenging behaviors, mental health issues and death and dying. Each area incorporates person-centered care concepts. To become a geriatric aide, nurse aides are required to be listed on the Nurse Aide I Registry and complete the state-approved geriatric aide training program. Community colleges provide the training. Geriatric aides are listed on the North Carolina Geriatric Aide Registry, and there is no renewal process.

The Office of Long-Term Care Services is the funding stream and contracted with consultants to develop the curriculum using \$30,000 in CMP funds. The registry is in place with support provided by existing staff and resources from the Division of Health Service Regulation.

## Resources

[Geriatric Aide Curriculum](#)

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# North Carolina Workforce Improvement for Nurse Aides: Supporting Training, Education and Payment for Upgrading Performance Program (WIN A STEP UP)

## Description

WIN A STEP UP was in response to a crisis in nurse aide retention. The state was seeing an alarming trend of a net reduction in the number of nurse aides on the registry. WIN A STEP UP was the first initiative the state undertook. It is a partnership between the state and the University of North Carolina Institute on Aging. The goal is to create a more competitive environment for nurse aides. WIN A STEP UP is a career ladder program that provides additional training with an increase in wages and a commitment by the participants to stay with the sponsoring agency for at least three months after completing the training. The incentives for the participating nurse aides are:

- ♦ A \$35 stipend for completing each module from WIN A STEP UP.
- ♦ A \$75 retention bonus upon completing the curriculum and retention commitment from WIN A STEP UP.
- ♦ A minimum \$0.25 per-hour pay increase or a \$75 retention bonus (or both), as specified in the contract from the employer.

The program has added supervisor training to encourage a better style of supervision and promote active listening to nurse aides.

The program has had three funding sources. Initial funding for the pilot program, 1999-2000, was a Kate B. Reynolds grant. The program has since been funded by CMP monies for a total of \$2,437,629 from 2002-2009. The Better Jobs Better Care program, funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies, funded the evaluation of the program. The state has contributed almost 60 percent of the cost of the program, with the employer share approximately 40 percent.

Since 2001, the program has enrolled over 2,400 frontline nurse aides, and each year the number of enrollees increases. In fiscal year 2008-2009, the program trained 98 nurse aides in 10 nursing homes, and 78 nurse aide supervisors received coaching supervision in 10 nursing homes. The program has demonstrated success. The retention rate for nurse aides has ranged from 74 percent to 85 percent. The evaluation showed lower turnover, higher quality of care and better teamwork among participating facilities compared to non-participating facilities.

## Resources

[WIN A STEP UP](#) information

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# North Carolina New Organizational Vision Award (NC NOVA)

## Description

North Carolina received a grant from the Better Jobs Better Care program, a \$15.5 million national initiative to improve the recruitment and retention of direct care workers funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. As part of the grant, North Carolina developed a state-based coalition that included long-term care provider-related associations, state regulators, educators, researchers, consumers, direct care workers, supervisors and foundations. The coalition developed the NC NOVA program.

NC NOVA is a voluntary, specialty state license that recognizes providers for workplace excellence through their investment in their workers and improved workplace culture. NC NOVA standards fall under four major areas or domains: supportive workplaces, training, career development and balanced workloads. The domains identified for the NC NOVA designation are job practices known to contribute to high turnover in the direct care workforce.

The Carolinas Center for Medical Excellence (CCME), North Carolina's designated quality improvement organization, reviews applications to determine whether the providers have met the standards. The provider must have an operating license in good standing to apply for the NC NOVA designation. The reviewer team from CCME conducts an on-site review and interviews direct care workers and supervisors to ensure consistency between the information in the application and the programs at the organization.

The legislature established NC NOVA as a statewide program effective Jan. 1, 2007. The state helps to administer the program, track the license and advertise the program on the Web site. The goal is to tie NC NOVA to labor enhancement funds or some reimbursement differential. This is consistent with the workforce recommendations in the 2001 Institute of Medicine's Long-Term Care Task Force Report.

## Resources

[NC NOVA](#) information and related materials

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# Oregon Career Ladder and Certified Nursing Assistant (CNA) Level 2 Curriculum

## Description

The Oregon State Board of Nursing developed a career ladder curriculum and state-certification program for new long-term care CNA Level 2 positions. The purpose was to increase public safety by standardizing CNA training and duties, broaden CNA skills and knowledge base and provide recognition to CNAs. This is one of the few state-certified CNA 2 programs in the country.

There are currently three new CNA 2 categories: restorative care, acute care and dementia care. The restorative care curriculum and instructor qualifications were adopted in September 2004, the acute care curriculum and instructor qualifications were adopted in November 2005 and the dementia care curriculum and instructor qualifications were adopted in November 2006.

The program has a built-in competency testing feature. CNA 1s have three years from the time the curriculum is adopted by the state board to test for a CNA 2 position. If they test during this three-year window, CNA 1s do not have to complete the CNA 2 training program.

With the advent of the new CNA 2 positions, the state board also began maintaining a registry for each CNA 2 category for the benefit of both the CNAs and their potential employers.

## Resources

[CNA 2 categories](#) information

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# Vermont Nursing Home Gold Star Employer Program

## Description

The Nursing Home Gold Star Employer Program, which began in 2004, is designed to recognize nursing homes that employ best practices for recruitment and retention of caregivers, particularly direct care staff. It is a voluntary self-nomination program. The quality improvement model is based on research of effective practice and involves the formation of work teams, assessment of need, goal setting, documentation and submission to a member council.

The Gold Star Council, which includes representatives from the Vermont Health Care Association (the Vermont for-profit association representing long-term care providers), Office of Nursing Workforce, consumer and advocacy organizations, the Vermont Department of Labor and the Vermont Department of Disabilities, Aging and Independent Living selected the seven best practices based on evidence of their positive effect on recruitment and retention. The best practices were selected based on a survey of 43 nursing homes, a literature review and a focus group to expand on the survey results (20 participants). The workplace best practices include: staff recruitment, orientation, staffing levels and work hours, professional development and advancement, supervision training and practices, team approaches and staff recognition and support. A workbook was developed that includes the following information for nursing homes interested in applying for the Gold Star Program:

- ♦ Application process.
- ♦ Gold Star application kit, including self-assessment instruction and tools about a nursing home's current practices in each of the best practices categories and planning charts for specific best practices the home health agency plans to develop.
- ♦ Documentation forms for the steps taken and achievement of goals and agency data.
- ♦ Examples of best practice work plans.
- ♦ Application review process.

To win a Gold Star, nursing homes must conduct a self-assessment, select a best practice area and develop a work plan. After one year, a council review team reviews the nursing facility's progress through site visits and telephone interviews. The council awards Gold Star Employer Recognition based on achievement of designated goals or achievement of unanticipated goals that have measurable quality outcome improvements. The recognition is for one year. Council members provide technical assistance to those selected.

The state government expects facilities to publicize the Gold Star awards in their marketing to potential new employees and consumers. The program does not come with a financial reward. It is, however, a requirement for the Nursing Home Quality Award program that provides a \$25,000 reward to improve the quality of life for residents.

The Department of Disabilities, Aging and Independent Living provided a \$30,000 three-year grant to the Vermont Health Care Association to administer the program. Additionally, the state sponsors the conference that recognizes recipients of the Gold Star Employer Program (\$6,000 for each conference). The conference includes sessions on issues related to the program and break-out sessions to discuss different activities in the nursing facilities over the year. The Vermont Health Care Association received a second three-year grant not to exceed \$57,000.

The program has demonstrated modest improvements at the participating facilities. Since 2004, 74 nursing homes in Vermont participated, and 85 best practice projects were completed (two best practice projects were required per facility in 2004 and one subsequently). An evaluation of 14 nursing homes that completed the program in 2004 and 2005 showed that they were most often involved in activities that addressed team approaches, orientation and training and supervision training and practices. These facilities have better retention rates and lower turnover compared to nursing facilities that did not participate in the program. The turnover rate of participating organizations in 2007 was lower compared to those that have not participated (mean 47 percent versus 60 percent). Additionally, the staff vacancy rates were low for the participating facilities, ranging from zero to 40 percent in one facility. There was no association between the Best Practice category chosen to implement and the turnover rates or staff vacancy rates at the facility.

## Resources

To access the Gold Star Manual, visit the [Vermont Health Care Association Web site](#)

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# Vermont Direct Care Worker Registry

## Description

The Community of Vermont Elders, a consumer organization, and the Vermont Association of Professional Care Providers (VAPCP) co-convened a taskforce to examine the need and concept for a Vermont registry. With strong state representation from the Department of Disabilities, Aging and Independent Living and the Department of Labor, the taskforce examined the need and viability of the direct care workforce and assessed the needs and goals for the registry. The members recommended a statewide voluntary Web-based registry. The perceived benefits of the registry include:

- ♦ Providing an employment tool for direct care workers who do not have a network.
- ♦ Assisting consumers who are seeking employees by providing information such as background, experience and training, so they have a better chance for quality control.
- ♦ Providing data that the Department of Labor can use to gain a picture of the workforce.

The Vermont legislature provided financial support for the registry. It allocated \$100,000, of which \$60,000 is a one-time appropriation and \$40,000 is ongoing funding. The \$40,000 is in the base administrative line of the Department of Disabilities, Aging and Independent Living budget. The \$60,000 is a split of state (40 percent) and federal (60 percent) money.

## Resources

[Direct Care Workforce Registry Task Force Summary of Findings](#)

[The Appropriations for the Direct Care Worker Registry](#)

[Direct Care Worker Registry, Sealed Bid Request for Proposals](#)

[Vermont Direct Care Registry information](#)

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