Common Sense for Caring Organizations: Results from a Study of High-Performing Home Care Agencies and Nursing Homes

Jane K. Straker, Sarah G. Boehle, Ian M. Nelson and Emily Fox
Scripps Gerontology Center
Miami University

BACKGROUND

Ohio's population is aging, and with increasing age comes an increased likelihood of disability and an accompanying need for assistance with activities of daily living (Mehdizadeh, 2010). While the majority of daily assistance is provided informally by family and friends, paid direct care workers are an integral part of the system of long-term services and supports. For many individuals needing long-term services, the personal care or nursing home aide may be the person providing the most assistance in their daily lives. These direct care workers receive the lowest wages and the least amount of training of all long-term care workers. This study focuses on the best practice strategies used by high-performing organizations to support their direct care workforce.

METHODS

The sampling frame for the study consists of high-performing PASSPORT certified home care (HC) agencies and Medicaid certified nursing homes (NH). Both types of organizations focus primarily on serving older adults. The clinical skills needed by staff in both kinds of organizations are somewhat similar. Choosing high-performers helps us learn from those who are doing things right — both in terms of their staff and the outcomes of care. The first step in our project was to choose high-performing nursing homes and home care agencies for participation in the study.

Nursing homes were chosen on the basis of the following data sources:
1. 2010 Ohio Nursing Home Family Satisfaction Survey overall score
2. 2011 Ohio Nursing Home Resident Satisfaction Survey overall score
3. 2009 Medicaid Cost Report staff retention percentage
4. 2011 Occupancy rate (from resident satisfaction survey data collection)

Twenty-six facilities ranked above the 72nd percentile on all measures. Twenty-one facilities had four or five stars on Medicare Nursing Home Compare. The list of 21 facilities was reduced to 12 that represented a range of small and large, for-profit and not-for-profit and urban and rural. Eleven of the 12 agreed to participate.

Home care agencies in Ohio do not have data similar to what is found for nursing homes. Because our sampling frame was PASSPORT providers we opted to use the PASSPORT Administrative Agency (PAA) staff to select and recruit high-performing agencies. PASSPORT staff were asked to nominate two provider organizations that demonstrated the following characteristics or practices:

1. Immediate address of problems
2. Well-trained staff with good job skills
3. Consistent assignments and schedules.

They were also asked to consider organizations that were able to start services quickly, those that received few complaints, those that exhibited good rule compliance and good performance at monitoring visits, and those that were mission driven by the health and safety of the client as their first priority.

The 13 PAAs nominated 26 home care organizations. From those, twelve organizations were chosen from across the state, representing small and large, for-profit and not-for-profit and urban and rural locations. Nine of the initial 12 agreed to participate; an additional organization was recruited to yield 10 participating agencies. A total of 135 individuals from 21 organizations participated in interviews. The characteristics of the participating organizations are shown below:

Table 1. Characteristics of Participating High-Performing Organizations

Characteristic	Description	Comments
Number of Beds (nursing homes)	50 – 153, Avg. = 93.45	
Number of Employees	25 – 1375	1 HC agency has 1375 employees. All other organizations fall between 25 – 250 employees.
Starting STNA/Aide Wage	$8.00 - $11.00	Avg. for NH = $9.92, Avg. for HC = $9.03 (data for 17 locations)
Turnover Rate	3.8% - 50%, Avg =22.69%	Data from only 11 locations (some organizations do not track turnover)
Cost for Private Room (nursing home)	$180 - $284, Avg. = $225.27	1 facility does not have private rooms. Their semi-private rate is included in this average.
Cost for Home Care Visit (PASSPORT)	$15.08 - $16.88	Varies by location, this data is for only 5 agencies
Ownership	7 of 11 NH are non-profit 7 of 10 HC are for-profit	
Location	Six of 10 HC are urban Eight of 11 NH are urban	

RESULTS

Interviews were transcribed verbatim and a group of initial codes was developed. Additional codes were added according to the constant comparative method. Two researchers coded the interviews. Where code assignment was unclear or where a new code needed to be added, the two coders used ongoing discussions. An initial analysis of code frequency across all NHs and HCs found 10 codes that were most commonly found in the interviews. These were combined into 7 themes described below.

Themes

1. Excellent, person-centered care is expected
2. Appreciate and support your staff
3. Choose good staff members and develop them
4. Build structure that fosters relationships among staff and clients/residents
5. Work as a family and a team
6. Communicate often, and with transparency and honesty
7. Monitor operations and constantly strive to improve

These organizations had **high expectations regarding the delivery of excellent, person-centered care** and they fully expected staff to meet them. They were clearly and regularly stated, often in writing. Mistakes were expected and were seen as opportunities for coaching and mentoring. Those who feel called to do this work want a workplace that will assist them in doing the work successfully.

Showing appreciation toward the staff members built respect for leadership. The value came from the action of thanking staff members, not necessarily the value of gifts or prizes. Aides at these organizations often jokingly suggested that they were certainly not in this work for the money. Over and over they talked about the meaning of being a caregiver, the opportunity and resources to do the job well, and the positive feelings they had when they brought a smile to someone's face. Supporting the needs of staff in terms of flexible schedules or other kinds of assistance was an important managerial strategy in these organizations.

Taking time to select quality staff members, as well as investing in their training and development is the key for building a dedicated workforce. These organizations value education and many host interns, AITs, nurses doing clinical rotations and others, and encourage their staff members who are committed to further education to do so. They also recognize that learning occurs all the time, and are cognizant of the example they set as managers and leaders, and the example set by long-term staff for new staff. Ongoing coaching, in-service training and one-on-one teaching ensure that staff have the skills needed to perform their jobs well.

These organizations discussed the importance of **building relationships between the workforce and the clients/residents,** with consistent assignment being an essential ingredient in relationship development. In nursing homes, low resident to staff ratios were seen as the main foundation upon which relationships were built. Home care organizations focused on minimizing the number of different aides that provided a client's care, and were willing to send numerous caregivers to their clients, allowing them to select (and/or change) caregivers that they felt the most comfortable with.

Staff at all levels of the organizations worked together as part of the caregiving team. There was no tolerance for "that's not my job." In nursing homes, if a call light was on, the next person walking by went in. Home care coordinators or schedulers might get in their car and rush to provide the needed home visit if a fill-in was needed. Staff members in these organizations were valued and many managers talked about the limitations of what they

were able to give them in terms of pay and benefits. Intangible benefits such as being part of a caring community or a "work family" were recognized and developed.

Managers who communicate with employees openly and honestly develop positive relationships with their teams. When employees understand why things are done, and the role they play in executing organizational plans, they feel informed and empowered. Employees appreciate having the chance to make suggestions and propose new ideas.

These organizations have methods for **monitoring operations and they constantly strive to improve their care** and services. They understand that to be successful you cannot become stagnant, but must continually strive for excellence. They share their goals and visions so the staff members understand how their work impacts the organization as a whole.

Managerial Tips

In addition to the themes above, staff at all levels talked about things they did themselves, or things that others in their organizations did on a day-to-day basis that were valued and that worked. The list of tips below provides suggestions for other administrators and directors to apply in their own organizations.

1. Offer frequent verbal thanks and appreciation, written notes of thanks, small tokens of appreciation such as gas cards or free lunches, and formal staff appreciation events. Make a point of noticing and acknowledging when someone goes over and above their own job to help someone else, provide extra care, or take extra time with a resident, client or colleague.
2. Provide a clear outline of your organization's expectations about the work during the interview process, and use team interviews and input from other aides in the hiring process.
3. Invest resources in an excellent orientation, with participation from the administration. This is an opportunity to learn new employees' names, to learn something about them, and to introduce the mission and its importance to the organization.
4. Interact with the staff by circulating and working with them, model respect and caring and support them in all that they do. Treat mistakes as opportunities for teaching, and let them know that asking for extra time or a knowledge refresher is encouraged.
5. In nursing homes, implement low resident to staff ratios. Having the time to give good care and get to know the residents is important to aides feeling successful in their jobs.
6. In home care, take time to assign aides and clients with an eye to personality and personal style as well as availability. Getting a good match is key to good relationships between caregivers and clients.
7. Consistent assignment of aides to residents and clients ensures that relationships can flourish. Encourage staff to become experts on "their" residents and clients and to report subtle changes for early intervention.
8. Ensure that staff know about the needs of their residents and clients through utilization of care plans, client histories, and other resources. In nursing homes, memo books or written notes must be updated daily. Try scheduling shifts that overlap by 15 minutes so that each shift can inform the next about any issues with "their" residents.
9. Know the individual needs of each employee and treat them as individuals. Be consistent and fair—with one aspect of consistence being consideration of individual circumstances when making decisions.
10. Be available. In nursing homes, be present and on the floor or in the office with an open door. Pitch in, help out, and demonstrate that there is no task that managers are unwilling to take on such as answering call lights.
11. When organizational issues arise, be honest and transparent about the situation. Share information and let each person know how changes will impact them individually. Let them know why certain decisions are being made, and ask for input when appropriate. Resolve staff concerns immediately, and follow-up on issues as promised.
12. Put systems in place for critical things such as determining when a nurse or physician must be contacted and when routine tasks (e.g. stocking supplies) are to be accomplished. Reduce the number of routine decisions that must be made allowing staff to focus on the unique situations that occur daily.

POLICY IMPLICATIONS

Leadership matters. The perspectives shared by the leaders in these organizations were clear and consistent. They approached management in a proactive and strategic way. There was no consistent path to successful administration, but several spoke about mentors and colleagues who had modeled strong and effective leadership. A system that provides incentives such as incorporating a model of nursing home administrator training into the quality payment system or other incentives could assist in development of effective mentorship programs. Nursing homes might build on the current Administrator-in-Training program; a similar program for home care agencies could be developed.

Relationships matter. Essential ingredients for success in these organizations were low resident to staff ratios in nursing homes and successful caregiver to client matches in home care. While the quality incentive payment system rewards consistent assignment in nursing homes, an opportunity exists to incorporate this and other quality measures into homecare reimbursement. Staff ratio measures could also be added to the current quality payment incentive plan.

Money matters. All of these managers spoke about the financial challenges of running these organizations. Many spoke about recent changes they had made to accommodate reduced reimbursement, often at the expense of staff. While staff often said they were "not in this for the money", they talked about needing health benefits, mileage reimbursement, a living wage and other financial resources in order to continue doing the work of caregiving. A number of states have instituted staffing pass-through legislation designed to direct increased reimbursement payments to hiring more staff, increasing staff wages, or increasing benefits for staff. Some of these models could prove effective in Ohio.

Mission matters. These organizations are guided by the mission of high quality care for their residents and clients. While some organizations might be motivated by fear of regulatory penalties, these facilities and agencies are motivated by a pursuit for excellence. Home care agencies repeatedly expressed interest in licensure for agencies, credentialing for directors, or other criteria as a strategy for greater oversight to improve their industry as a whole. They also spoke about a reward system based on quality similar to that for nursing homes. A regulatory system that improves similarity across providers, particularly those reimbursed by Medicaid, is an option that Ohio might consider.