

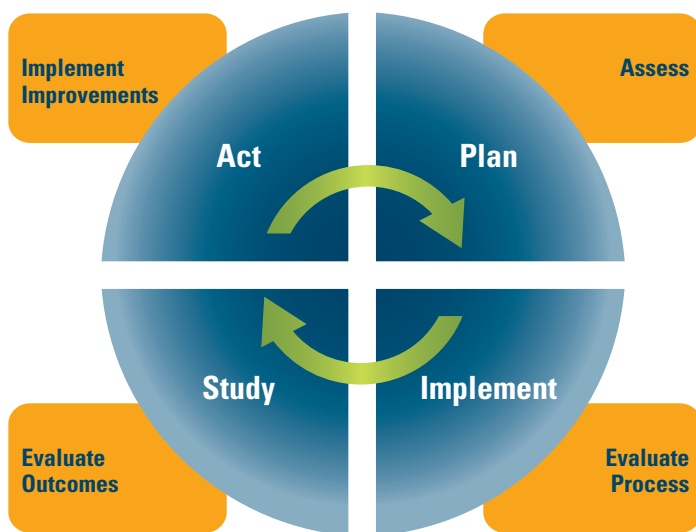


Plan, Implement, Study, Act:

Using the PHI Learning Cycle in Northern New England

For PHI, evaluation is an integral part of both program planning and implementation. Evaluation is a tool to expand our learning and to improve our programs. A continuous process of learning and refinement is informed by evaluation systems that collect and synthesize both quantitative and qualitative information on an ongoing basis. PHI’s learning cycle (see figure below) reflects a standard continuous quality improvement cycle of plan, implement, study and act. At each step, evaluation has a role to play—assessing strengths, challenges, and baseline status; evaluating the process of implementation; evaluating the outcomes of an initiative; and helping to interpret lessons and outcomes in a way that informs program improvement.

PHI’s Learning Cycle



PHI’s recent initiative, the Northern New England, LEADS¹ Institute, demonstrates PHI’s evaluation strategies and how we have used evaluation results to

LEADS Evaluation Summary

PHI carried out a mixed-method evaluation that included qualitative interviews with key stakeholders, pre/post job satisfaction and work environment surveys, pre/post data on turnover and absences, document review, and structured “lessons learned” discussions.

Results from the LEADS evaluation show evidence that, through specific, sustained interventions supported by strong leadership and ongoing commitment, it is possible to achieve greater job satisfaction and improved retention in long-term care settings. It further highlights the importance of going well beyond training to institute systemic changes in organizational culture that support culture change. Qualitative interviews consistently revealed a palpable shift in the way participating organizations viewed the roles of the direct-care worker in decision making and the consumer in shaping his or her daily life. Communication and relationships improved across the board. Sustained public policy work led to legislative outcomes affecting the direct-care workforce.

strengthen our work supporting services and care for elders and people with disabilities.

PHI launched the Northern New England LEADS Institute in three states—Vermont, New Hampshire, and Maine—in 2005, with funding from Jane’s Trust and the Jacob and Valeria Langeloth Foundation. The goal of LEADS was to improve the quality of direct-care jobs in eldercare/disability services by providing training, technical assistance, and cross-learning opportunities among 12 provider partners over the course of three years.

The LEADS evaluation provided measurable evidence that sustained attention, commitment, and resources can lead to improvements in organizational management and the quality of communication and jobs within long-term care settings. It also offered learning opportunities upon which PHI has drawn when establishing other initiatives aimed at improving the quality of jobs and care.

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LEADS Objectives

LEADS participating providers included seven nursing homes and five home care organizations throughout the three states. Project objectives were to:

- **Institutionalize supports for direct-care workers**, by using a train-the-trainer model to create a core of leaders able to deliver peer mentoring and PHI Coaching SupervisionSM training within their organizations.
- **Support the re-design of caregiving practices** focused on the interaction between the caregiver and the consumer.
- **Establish leadership teams** inclusive of direct-care workers within each organization to lead quality improvement efforts.
- **Create a network of support** across the region to facilitate cross learning among long-term care leaders.
- **Move public policy agendas** in each state, designed to improve the quality of jobs for direct-care workers and thereby support quality care for consumers.

The LEADS logic model hypothesized that LEADS initiatives would improve the quality of jobs for direct-care workers, improve their job satisfaction, and ultimately reduce turnover and absences such as call outs.² The evaluation design included pre/post job satisfaction and work environment surveys, in-depth interviews with site leadership and state partners, and collection of monthly data on staffing, terminations and absences.

The LEADS Intervention

Each participating site received training and technical assistance in the PHI Coaching ApproachSM to supervision, peer mentoring, and person-centered care. Each site furthermore received PHI technical support to establish cross-functional leadership teams and work groups aimed at improving specific organizational practices related to quality jobs and quality care identified by the leadership team.

PHI trained 29 PHI Coaching Supervision trainers who in turn trained 350 staff in PHI Coaching Supervision. PHI trained 33 peer mentor trainers, who in turn trained an estimated 39 direct-care workers at their sites. A total of 47 staff representing all 12 LEADS sites attended a day-long workshop on person-directed caregiving practices.

The empowerment of direct-care workers was an important outcome in its own right.

In order to ensure that changes in the quality of direct-care jobs went beyond the reach of the LEADS sites and had a lasting impact, PHI partnered with state-based organizations³ in each state to support LEADS work. This partnership allowed for a home base within each state from which to coordinate PHI's advocacy, policy, and evaluation efforts.

Qualitative Findings

Participation, Cross-Functional Leadership Teams, and Work Groups

We came together as a group and people were... allowed to be heard. We had home care aides and nurses and therapists and social workers. It was widespread and everyone felt like they were a part of the process. People felt a part of the decision making.

So stated an executive leader of a participating home care agency. Respondents highlighted the critical importance of direct-care workers' participation in leadership teams, work groups, and decision making around program implementation and policy. Cross-functional teams included a wide range of staff not traditionally included in decision making. The sharing of power and decision making with these

different levels of staff and the empowerment of direct-care workers were viewed by many respondents as important LEADS outcomes in their own right.

The most important [outcome] was the cross-functional leadership team to get things done. [From] the beginning ... they invited people from other departments. This was very powerful; they had never all sat around one table before.

The PHI Coaching Approach to Supervision, Peer Mentoring, and Person-Centered Care

When asked which LEADS interventions were the most valuable, ten executive leaders identified PHI Coaching Supervision either alone or in combination with other interventions. Coaching Supervision reportedly affected communication and relationships at sites in important ways. Peer mentoring provided a vehicle to improve new-hire orientation, to provide a career ladder for direct-care workers, and to further imbed culture change within the organizations.

PHI Coaching Supervision positively affected communication and relationships at LEADS sites.

Executive leader comments included:

The things we learned in coaching supervision were new. They brought us fresh content that was usable and very practical. The training sessions incorporated enough opportunities to include practice so we could get comfortable with the material.

It made me think about managing people in a more respectful, low-key, non-attacking manner.

Communication was a big issue. We thought we were communicating well but ... we learned we weren't. [PHI Coaching Supervision] gave us tools so everyone was speaking the same language.

[P]eer mentoring is one of the interventions that required minimal management intervention because the staff was engaged and saw immediately the value even beyond the workplace because the peer mentoring worked on communication skills development. Our staff was absolutely thrilled to participate. They saw it as a career ladder.

Work Environment and Job Satisfaction Surveys

PHI partners administered Work Environment Surveys that measured standard scores on elements of the work environment to 760 employees at baseline and 892 employees at end-line. Most relevant to LEADS initiatives were the scales measuring Clarity (in expectations and policies), Supervisor Support, Peer Cohesion (extent to which peers support one another), Involvement (commitment to one's job), and Work Pressure.

- **In the LEADS nursing homes, direct-care workers recorded improvements from baseline to the final survey in all five scales**, with the largest increase in the Clarity scale.
- **Scores for nurses in nursing homes also showed improvements on all five scales**, again with the largest improvement in Clarity.
- **Scores for direct-care workers in home care settings improved in four of the five scales**, with Clarity again registering the largest increase to a score two standard deviations from the norm.
- **Nurses from home care recorded improvements only in Clarity**; however, the number of respondents was quite small, making it difficult to generalize these results.

The Job Satisfaction Survey was comprised of 23 statements measured on a five-point Likert scale and was administered to 768 employees at baseline and 894 employees at end-line. **Statistical significance was demonstrated in the following areas:**

- The percent of **direct-care workers in home care settings** responding positively to: "I am treated fairly by my supervisor," and "I am satisfied with the support I receive from my co-workers and/or peer mentors."
- The percent of **direct-care workers in nursing homes** reporting satisfaction with the opportunities for ongoing or advanced training; those satisfied with the career development opportunities; and a decrease in those reporting "I often feel frustrated at work." (However, there was a statistically significant decrease in the percentage of direct-care workers agreeing that they would like to continue this job for the next two years.)

- **Nurses in nursing homes** indicating they would like to continue to do this job for the next two years; those reporting satisfaction with the opportunities for ongoing or advanced training; and a decrease in those reporting “I often feel frustrated at work.”
- **Nurses in home care** agreeing that “My supervisor provides adequate supervision,” but a decrease in the percentage of those reporting “my work gives me a feeling of personal accomplishment.”

Systemic Change for Sustainability

Executive leaders at participating sites, state partners, and PHI staff alike emphasized the importance of changes in policies and procedures to maximize sustainability of LEADS practices.

Changes in policies and procedures aimed to maximize sustainability of LEADS practices.

- Eleven sites implemented changes in organizational policy or structure during the course of the project.
- Five sites made changes in their hiring process, including involving direct-care workers in interviewing prospective hires; incorporating expectations around communications in job descriptions; expanding orientation to cover communications, coaching, and person-centered care; making peer mentoring a requirement; and providing peer mentors with an hourly bonus.
- Three sites overhauled their disciplinary process, changing their more traditional punitive approach to one that incorporated the principles of PHI Coaching Supervision. Two of these three sites achieved a decrease in turnover rate from 2006–2007.
- Other changes that sites implemented included formalizing the participation of direct-care workers on committees, in organizational policy making, and in care management; changing care planning to include family members and residents; instituting consistent assignment; changing smoking policy; and creating a career ladder for direct-care workers.

Public Policy

In each of the three LEADS states, public policy activities achieved meaningful outcomes. PHI established strong partnerships with similarly committed stakeholders. Policymakers sponsored legislation on behalf of direct-care workers in each of the three states, with significant legislation passing in Maine and Vermont.

LEADS partners made compelling arguments to legislators about the need to learn more about the direct-care workforce and the need to better compensate them for their work. Comprehensive studies of the workforce—resulting from legislation that was initiated by LEADS staff and partners—were completed in two states, and a study was underway in a third at the time of the evaluation.⁴ Vermont established a registry of direct-care workers through legislation promoted by LEADS.⁵

LEADS also raised awareness in the media and among members of the general public about the need to improve the working conditions of the direct-care workforce through newspaper articles, radio, and television shows. A great value of LEADS was bringing resources to established leaders already committed to LEADS public policy objectives and helping to maintain momentum that had been already established through Better Jobs Better Care (www.bjbc.org) and other policy efforts in the states.

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Turnover and Call Outs

PHI collected monthly data on staffing, terminations, call outs, and staffing agency use. Between 2006 and 2007, turnover for direct-care workers decreased for five of the ten sites for which there are complete data.

Four out of nine sites that reported call-out data experienced a decrease in the average annual ratio of call outs to direct-care worker. Only one nursing home chose to focus significant energies and work group time on decreasing call outs; this site reduced its annual call out ratio from 9.5 to 8.5 per worker.

Interpretation of these trends calls for a better understanding of the depth of program implementation. Nine sites were reported by PHI staff and partners to have very strong implementation of one or more LEADS initiatives.

- Two of the three sites with very strong, sustainable coaching supervision and peer mentoring programs achieved reductions in both turnover and call outs.
- Five of the nine sites with strong implementation of one or more LEADS initiatives achieved improvements on at least one of two indicators —turnover or call outs.

Lessons Learned

Programmatic lessons

1. Importance of clearly defining expectations

Lesson: Several participating sites noted that they did not have a full picture initially of the extent of the commitment and time that would be required to implement the LEADS interventions.

Action: In subsequent programs, PHI developed an orientation package for potential sites and developed very clear memoranda of understanding specifying roles, responsibilities, and expectations.

2. Importance of strong leadership engagement and commitment

Lesson: For LEADS initiatives to take root, the leadership at participating sites needed to be committed to the effort, allowing for time and resources to be devoted to cross-functional team meetings, training, and ongoing skills practice within an organization.

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Action: In subsequent programs, PHI expanded its work with executive leadership to ensure that they not only understood the interventions conceptually, but also had a good handle on the skills PHI would be imparting to site staff. Support includes Executive Leader seminars and one-on-one Executive Coaching. Unmotivated leadership is a cause for elimination from the candidate pool of potential participating sites for PHI initiatives.

3. Power of cross-functional decision-making bodies

Lesson: Cross-functional teams played an important role not only in program implementation but also in modeling skills and serving as resources within organizations. They furthermore set a tone of participation within organizations that often was lacking prior to LEADS.

Action: Cross-functional teams remain an important element of PHI's work in organizational change in nursing homes and home health agencies.

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4. Importance of being "local and opportunistic" in public policy work

Lesson: Policy successes are rarely accomplished by one organization, nor in a short period of time; thus, evaluators must be prepared to measure incremental progress. Having a continued and persistent presence at the state and local levels is critical, and can lead to unintended opportunities and partnerships.

Action: PHI continues to focus its policy efforts locally and in partnership with other organizations in order to advance progressive policies that support quality jobs for direct-care workers in specific states.

Evaluation lessons

1. Long-term nature of change within organizations

Lesson: The impact of LEADS on turnover and absences showed mixed results. We theorize two important reasons: first, change happens only incrementally within organizations and impact on turnover and absences is likely to show up only after change has been more fully institutionalized within an organization; second, as shown, the depth of implementation within LEADS sites varied, with deeper implementation being associated with better turnover outcomes.

Action: PHI continues to measure turnover and absences in our programs that aim to improve the quality of jobs. Furthermore, we are developing and testing other indicators that may have a shorter horizon for achievement and that capture

changes in efficiency, productivity, and satisfaction among employees.

2. Quantitative data do not tell the whole story

Lesson: Qualitative data have a powerful role to play in uncovering unexpected results, illuminating the context within which a program is implemented, and allowing participants to define in their own terms what important outcomes an organization has experienced.

Action: Qualitative data collection remains an important tool for PHI evaluation efforts.

3. Gather qualitative data throughout an intervention

Lesson: The LEADS evaluation design did not allow for collection of prospective qualitative data that described program implementation. We therefore relied on document review and interviews/lessons learned discussions with LEADS staff to describe the intervention. Challenges and victories along the way, however, were not fully documented.

Action: Subsequent PHI evaluation plans include ongoing qualitative data collection to inform process evaluation, mid-point reviews, and ongoing programmatic adjustments.

Deeper implementation was associated with better turnover outcomes.

Organizational change is a long-term commitment, and is influenced by economic pressures, changes in leadership, and many other factors, both external and internal. This evaluation highlights the range and depth of implementation at participating provider sites. While many sites were able to achieve quantifiably measurable impacts over the two-year period for which data were gathered, others were not. PHI continues to work with a subset of the LEADS sites that will enable us to track change on a longer-term basis. In the meantime, we have applied both programmatic and evaluation lessons that we learned in order to continuously improve our support to organizations and our evaluation efforts.

For a copy of the complete evaluation report, go to: <http://tinyurl.com/lrsud4>

Endnotes

- 1 Leadership, Education and Advocacy for Direct Care and Support
- 2 Call Out (sometimes called a call off) is an unplanned absence from work where the employee informs the place of employment ahead of time of her/his absence, but with less than 24 hours notice.
- 3 Council of Vermont Elders (COVE); Coastal Enterprises, Inc. (CEI) and the Muskie Institute of Public Policy, both in Maine; New Hampshire Community Loan Fund
- 4 See Vermont: <http://tinyurl.com/n6ldpj>
Maine: <http://tinyurl.com/kpxrx3>
- 5 <http://tinyurl.com/lly7g9>



PHI (www.PHInational.org) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, employers and policy-makers improve long-term care by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.

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