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Recruiting and retaining the best possible team has never been harder — or more essential

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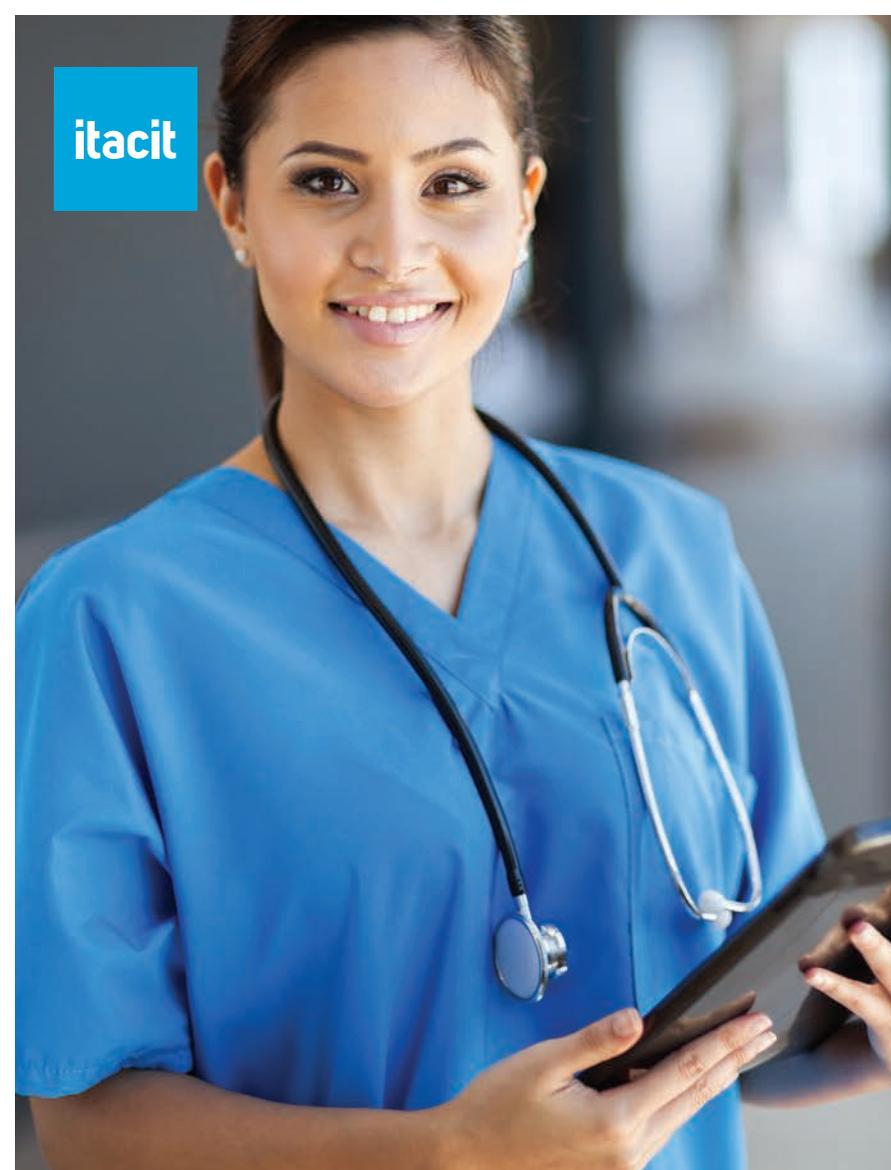
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Demand high for workers, but many spots unfilled

Field's top challenge:
Finding, keeping right
career seekers

By John Andrews

It's an age-old story in long-term care: there are plenty of jobs available for career-seekers who want to work in a field that promises a tremendous amount of personal fulfillment from helping people. Yet chronic shortages exist — even in times of high unemployment — because the negative perceptions of the industry keep getting in the way.

The situation is a paradox that prevents long-term care providers from recruiting and retaining quality employees in a field that theoretically should be a desirable destination for professionals and laborers alike. Though a worker shortage has long been lamented, the industry may finally be identifying ways to win the hearts and minds of job candidates.

A LeadingAge workforce initiative that started 18 months ago has engaged a diverse 12-member cabinet from across the long-term and post-acute care spectrum to study the problem and elevate competencies for three levels of the workforce, says Robyn I. Stone, executive director of the LeadingAge Center for Applied Research and senior vice president of research.

"These are levels of the workforce



Photo: Thinkstock

Many workers want fulfillment, not just a paycheck.

that are under-addressed," she says. "We have pulled together competencies that go across multiple settings and we are about to do some piloting on these competencies."

The three levels being examined are direct care workers, mid-level managers, and care coordination/service workers. Mid-level managers are an especially compelling group because their influence within senior care communities goes deeper than many realize and their retention has been problematic, Stone says.

"They are above the direct care workforce in scope but typically have relationship problems with their superiors," she says. "Our research

has shown a direct link between poor supervision and intent to quit."

Wages too low?

Also historically under-addressed are activities such as transitions and hand-offs between providers in the acute and post-acute sectors, as well as the relevance of home health aides and other positions that serve outside the facility setting.

Though low wages often are mentioned as a dissuasive force to joining the industry, Stone says the issue needs more study.

"Though home health aide wages are low and need to be raised, workers in hospice are paid higher and get benefits," she says. "The jury is out on why this situation exists."

Achieving a high level of industry-wide competency is a major part of the solution and is what will enable facilities to find the best people to hire, Stone says.

"It gives us better criteria for understanding who is out there, what qualities we should look for and how we should develop an environment to attract the best people," she says.

Other than working to improve organizational and workplace culture, "there is no magic solution" to the labor shortage, she concludes. "You have to invest in your staff because that is a major reason why the workforce has issues." ■

LTC DANGERS: REAL OR IMAGINED?

Recent studies like the one from the American Public Health Association that lists long-term care as one of the most "dangerous" occupations are cause for debate in the industry. Is the danger real or perceived? Exactly what is the cause of the danger?

The association's research ranks long-term care with construction, trucking and

meatpacking as the most dangerous work environments due to a high non-fatal injury rate. Researchers attribute the danger to a growing number of elderly and disabled residents in nursing homes whose direct care in turn can cause musculoskeletal problems, worker absenteeism, worker's compensation claims, worker injury and illness.

Even if the findings are accurate, danger is not a reason why people don't seek to work in the field, says Robyn Stone, executive director of the LeadingAge Center for Applied Research.

"It's not the work environment that is inherently dangerous; it is the lack of training on how people can get hurt on the job," she says.

GETTING AHEAD

5 TRAITS OF STRONG LEADERS



As senior living searches for new leaders, it is important to note that quality is more important than quantity, industry officials say. Here are five skills that potential new leaders should exhibit:

- 1.** Implementing best practices of the profession while adhering to and promoting standards affecting practice.
- 2.** Utilizing critical thinking skills to organize and adopt effective strategic plans and communicating those plans effectively.
- 3.** Embracing innovation and change while serving as a champion for both.
- 4.** Showing strong coaching ability and commitment to continued learning.
- 5.** Possessing a dedication to positive customer service.

Source: American Association for Long-Term Care Nursing, 2014

Above photo: Thinkstock

Strong leaders are in hot demand

Filling the leadership gap in senior housing means attracting qualified candidates to serve

By John Andrews

Senior living needs leaders more now than ever. With a burgeoning senior population that continues to expand and an escalating demand for healthcare services, the need for strong administration in every sector becomes more paramount by the day, industry officials say.

This widening gap is spurring groups like the American Association for Long-Term Care Nursing into action so that the leaders of tomorrow can be identified, trained and groomed for their roles. Yet, it's not just bodies that are needed. The evolving senior care field requires high-caliber professionals to manage the challenges that lie ahead, says Charlotte Eliopoulos, executive director of AALTCN.

"We need more leaders, but the quality needs to be considered and not merely quantity," she says. "There is more to 21st century leadership than being able to develop schedules, order supplies, complete reports and do other tasks. Today's leaders must be able to effectively work with a diverse workforce, utilize a variety of strategies to motivate employees and demonstrate creativity in providing a meaningful quality of life for residents."

Moreover, administrators of the future also need to create a satisfying work experience for employees and understand the cost effectiveness and cost benefits of investing in staff and state-of-the-art information technology and equipment, Eliopoulos adds.

The challenge in finding enough of the right people for the job is compounded when considering the gravity of the situation. As more people are reaching an age where long-term care and post-acute services are required, fewer students and job seekers are exploring opportunities in the field. Eliopoulos sees a variety of factors that are responsible for this disconnect, including "insufficient understanding of the competencies required for various long-term care leadership positions, lack of programs to prepare long-term care nurse leaders, and



Photo: Thinkstock

Choosing strong, skilled leaders from large candidate pools has become more important than ever.

often, a pay scale that is not attractive or competitive for nurses with advanced preparation and leadership experience."

Nurturing nursing leaders

Ideally, schools of nursing would offer programs at the undergraduate and graduate levels to prepare nurse leaders, but unfortunately, Eliopoulos says many of the educational programs available for long-term care nurses are difficult to attend due to inconvenient schedules, unaffordable costs or the courses offer content that is not relevant to the profession, she says.

AALTCN, along with developing core competencies for nurse leaders, is one group that has created educational programs, resources and certification programs for various administrative positions in long-term care, including director of nursing, staff development specialist, culture change nurse coordinator and long-term care safety specialist.

"We advocate for a more realistic perspective on requirements for long-term care nurse leadership to policy makers and facility operators to let them know it is good business to invest in proper leadership and staffing," Eliopoulos says. "We also urge schools of nursing to develop career paths and greater content specific to the specialty of long-term care that the current workforce will find meaningful, and encourage schools to make greater use of long-term care settings for students' clinical placements." ■

Managers must now master wide variety of skills

New demands being placed on today's administrators are unprecedented

By John Andrews

To be a successful long-term care administrator today means going beyond handling day-to-day duties and thinking strategically across the entire enterprise. It is a 21st century job that demands 21st century thinking, and the industry needs professionals who understand that, experts say.

The new breed of administrator must have a fresh perspective on healthcare management, be adept at information technology, understand the regulatory climate, have strong communication skills and be proficient at the business end of running a facility, among other traits, says Marianna Kern Grachek, president and CEO of the American College of Healthcare Administrators.

"The face of the industry is changing — independent 'Mom and Pop' organizations are becoming part of networks now," she says. "It is becoming a more corporate environment. The influence of accountable care organizations cannot be ignored and today's administrators need to understand how business relationships work."

Even nonprofit organizations must



Directors of nursing need to be good leaders, in addition to having good clinical skill sets.

become aware of commercial concepts in an industry that is becoming increasingly competitive, Grachek says.

"It is imperative within the ACO to perform an expert hand-off of care, show strong finances and resources and demonstrate positive outcomes," she says.

Negotiation skills are also essential in forging contracts for acceptance into the networks — showing, for instance, concrete measures being taken to prevent rehospitalizations.

"You have to show that you can manage those patients effectively so that they don't go back to the hospital," Grachek says. "This means creating a competent staff with strong skill sets."

Quality Assurance and Performance

Improvement (QAPI), part of the Affordable Care Act, requires that all long-term care facilities develop programs that establish standards and provide technical assistance to facilities on the development of best practices. Administrator candidates must be well-versed on this topic as well, Grachek says.

PPA task force

In order to identify and promote the new image of long-term care administrators, the National Association of Long Term Care Administrator Boards has developed a professional practice analysis to identify the domains of practice, tasks performed, and knowledge and skills needed by long-term care administrators. The practice analysis centers around a 15-member task force charged with studying the domains of practice, required skill sets, knowledge and tasks that form the core competencies of all long-term care administrators, says NAB President Randy Lindner.

All areas of senior living and long-term care are a part of the analysis, including skilled nursing, resident care, assisted living, hospice, homecare, adult day care and independent living. It is a focused effort to yield a comprehensive job description for all industry administrators, Lindner says. ■

Photo: Thinkstock

ACADEMIC OPTIONS

Accredited long-term care administration programs at the academic level show that the schools have been reviewed for content and offer students a comprehensive and specific curriculum for working at skilled nursing facilities, assisted living facilities, CCRCs and other post-acute care sites.

The National Association of Long-Term Care Administrator Boards has accredited the following colleges and universities for baccalaureate and master's degree programs:

- Bowling Green State University (Ohio)
- Concordia College (Minnesota)
- George Washington University (DC)
- Kent State University (Ohio)
- Ohio University
- Shawnee State University (Ohio)
- Southern Adventist University (Tennessee)
- St. Joseph's College (Maine)
- University of Scranton (Pennsylvania)
- University of Wisconsin—Eau Claire

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Staffing For Success: How We Make It Happen

With more than 1,800 employees in 18 post-acute care centers in Ohio and Michigan, executives at Altercare of Ohio know a thing or two about staffing and labor management. For Altercare, staffing and labor management are intertwined with the company's strategic goals to improve quality, customer service and employee satisfaction.

Getting staffing right is critical for the company, especially with cost pressures and the growth of managed care business in post-acute care. Dan Leamon, Vice President at Altercare, acknowledges the difficulties in dealing with these issues. "Our margins are being squeezed. We are facing challenges related to length of stay while more of our business is coming from managed care organizations. We continue to be challenged with the managed care rates as well as reimbursement reductions.

"All of this is going on, so we have to improve our cost management," Leamon adds.

Controlling Labor Costs

Because payroll expenses at Altercare represent more than 50% of the company's costs, executives made the decision to increase their focus on staffing and labor management. That's when they turned to OnShift, which provides staff scheduling and labor management software for long-term care and senior living.

Most of the facilities at Alter-



Altercare employees are all smiles, thanks to OnShift's mobile app.

care were scheduling employees on paper or with a spreadsheet. "There was a main bulletin board with postings. Everyone would stand in front, trying to jot down days to work. They were frustrated, especially when they needed to make a change after the schedule was posted," said Diane Geis, Executive Vice President of Human Resources at Altercare.

With OnShift, schedules are created and managed online. "It's much faster and simpler with OnShift," said Geis. Employees can access their schedules from any computer or right from their smartphones with OnShift's mobile app. "We wanted employees to have their schedules at their fingertips and know in advance

what their schedule is. If they have availability they can easily select additional shifts if they want to pick them up. That's a great thing for employee satisfaction."

Overtime was a major issue with Altercare's manual scheduling processes. Leamon shared an example from Altercare of Hartville. "They were at 6.6% overtime prior to OnShift. Within six weeks of using OnShift, we were down to just 1% overtime. We are saving significantly."

OnShift projects which employees will go into overtime and when, so managers have an opportunity to make changes before the overtime hours and costs are incurred. "In the old days, we would not know the accurate

results of payroll until we actually ran the pay and people got paid. We were almost three weeks behind," said Leamon. "With OnShift, being able to see those employees going into overtime in the future lets our supervisors make changes so they can select the best candidates and avoid unnecessary costs," added Geis. To date, Altercare facilities have reduced their overtime to a facility-wide average of just 1.6%.

Employees punching in early and out late had also increased costs. "We knew it was there but we just couldn't measure it or address it," said Geis. "OnShift has helped us see when staff are getting extra hours before or after the shift. Now we can adjust staff-

ing and it helps with managing our costs and all of our analysis."

Resolving Employee Call-Offs

With OnShift, community supervisors have tools to manage staff and attendance. "We experience more than an acceptable amount of call-offs at times. It is time-consuming trying to find replacements. OnShift helps us have better tracking of those call-offs in order to apply our policy compliance more fairly and consistently. With OnShift's mass text and call message send-out feature we can fill those shift vacancies much easier," said Geis.

Employee overtime due to call-offs has decreased with OnShift. Altercare employees like the ability to select how they want to be communicated with via OnShift — text, email, automated phone call, or mobile push notification. In addition, managers now have more visibility into employee attendance. "We're finding that the call-offs are not buried. They are much more public and we can see who's calling off, when, and how they're trending. They are much more visible to managers of a facility," noted Leamon.

Adjusting Staff to Census

Fluctuations in census are a daily thing at Altercare communities. In 2013, Altercare had 4,585 admissions across communities. With such a high volume, staffing properly for both costs and quality care requires planning along with day-to-day attention.

Prior to OnShift, HR managers at the communities matched hours per patient day (HPPD) with census in the past. "In our world, we have to match payroll with census. With OnShift, they adjust staffing for the second shift based on what happened in the first shift. This has made a big impact on our budgeting

and better compliance with our budget. Adjusting staffing to correct census levels has improved our efficiency, managed costs and still allows us to provide quality care to our customers," said Geis.

At Altercare of Nobles in October, the census in the rehabilitation facility dropped by 10. "What we did there was manage our variance to budget with OnShift," said Leamon. The facility was projected to be 133 hours over in pay. OnShift surfaced the overage from its staffing level calculations that consider census and nursing hours compared to schedules and labor budgets. "When

ulers in advance when part-time workers exceed their hours' thresholds, so assignments can be adjusted. "We think OnShift is a great tool to have for health-care reform. If we didn't have this, it would be difficult," said Geis. "With OnShift, an HR manager can get immediate recognition of who might need a status change, see it before the audit, and be proactive with the change."

Satisfaction and Success

One of the keys to success at Altercare is adoption. Like with any new product, "you don't buy it, turn it on, and hope it works," said

The average Altercare community has nearly 400 logins per week. "This tells us about adaptability. OnShift can be accessed at home, from computers in the break room, and from smart phones," Leamon noted.

The mobile app from OnShift has been a big hit with employees. With just a few taps, they can manage their schedule, pick up and request shifts, and request time off. "The staff was so excited when OnShift's mobile app was released. We have heard great feedback. Most of our employees have smartphones. It's become a way of life. They want an app for everything!" said Geis.

And with happy staff, Altercare communities, residents, and families all benefit. Geis is all for it. "When you have employee satisfaction they will enjoy what they are doing. They are more passionate about their jobs. They want to be there and provide the best quality care that they can. That's better customer satisfaction. With OnShift, employees are more satisfied and we have more efficient and cost-effective labor management. It becomes a complete cycle." ■

"It's much faster and simpler with OnShift."

Diane Geis, Altercare's Executive Vice President of Human Resources

we saw census going down, we reacted quickly and were able to avoid extra hours that weren't required." Altercare effectively reduced costs while still providing the right staff to deliver high quality resident and patient care.

Altercare addresses staffing and labor management with OnShift across all employees in all departments — dietary, housekeeping, laundry, administration — not just those in nursing. "OnShift is not just for HR. It's a facility system. OnShift has empowered all of our department leaders to take control of their employee management. After all, you can't manage a facility to budget as a whole without all departments."

This is also helping Altercare prepare for the Affordable Care Act and the need to manage part-time workers to their part-time hours in light of the employer mandate. OnShift alerts sched-

Leamon. A successful implementation requires people, processes and best practices. A Customer Success Manager from OnShift continues to work with Altercare communities after training. "The ongoing support and weekly phone calls are a very effective approach to make sure it's implemented," added Leamon.

Management involvement has facilitated success, along with a best practice that Altercare developed internally. "Chuck at Altercare of Mentor took OnShift and ran with it. His facility is over 200 employees and he made it easy for his employees to embrace," said Leamon. Altercare of Mentor was one of the first facilities to use OnShift, and Chuck serves as an OnShift expert for the rest of Altercare facilities. He even spent time in other communities during their on-boarding periods. All of this has advanced adoption across communities.

Altercare of Ohio

1,800 employees in Rehabilitation Centers Division

5,974 patients & residents in 2013

18 facilities in Ohio & Michigan
- Post-acute medical care
- Rehabilitation
- Assisted living
- Alzheimer's/dementia care

GETTING AHEAD

5 CLINICAL LEADERSHIP ISSUES



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Leading the clinical team isn't just about medical practice, protocols and procedures anymore. Clinician managers also must demonstrate knowledge in other areas, such as finance, information technology and business strategy. Among the issues with which clinical leaders must be familiar:

- 1. QAPI – the Quality Assurance and Professional Improvement initiative.**
- 2. ACO and Patient-Centered Medical Home –** cultivating relationships with other provider organizations to form care networks.
- 3. Care coordination –** Ensuring the safe transition of residents and patients between acute care and post-acute providers with a focus on alleviating re-hospitalizations.
- 4. EHRs, EMRs and other informatics issues –** Utilizing information technology to manage patient records, staff schedules and medication regimens.
- 5. Changing Medicare and Medicaid policy –** Keeping apprised of the latest reimbursement criteria and the effect on residents and patients.

A new clinical era is emerging

By John Andrews

As all of the sectors in long-term care see their acuity levels rise, clinical directors are having to re-evaluate and re-direct resources commensurate with this new set of care demands. Besides an expanding menu of clinical services, long-term and post-acute care providers also must address their changing role in the healthcare continuum, industry analysts say.

Rosemary Hoffmann, Ph.D., faculty at the University of Pittsburgh School of Health & Rehabilitation Science, sees care coordination as an evolving function of clinical leadership. With community healthcare providers forging relationships as accountable care organizations or patient-centered medical homes, she says care coordination is “the necessary foundation to achieving improved patient experience of care, improved population health, and per capita cost control.”

Hoffmann is analyzing the role and capabilities of the clinical nurse leader, a master-prepared nurse generalist. Previous studies of CNLs have shown that implementation results in improved quality, patient satisfaction and outcomes while maintaining or enhancing efficiency.

The Center for Nursing Excellence in Long-Term Care is touting registered nurses as the front line leaders for the increasingly clinical patient and resident care environment.

“Not only are RNs the supervisors, leaders and coordinators of patient and resident care, they also provide direct care to those patients and residents,” the organization states on its website. “Given the increasingly complex and challenging environment of SNFs and the central role of the RN within the SNF, quality of care is improved when RNs are well prepared in gerontological nursing, highly skilled in leadership, educated and involved in quality improvement processes.”

QAPI — the ongoing Quality Assurance and Professional Improvement initiative — should also be a high priority for clinical administrators because “it is essential that long-term care clinicians get on board ... they need to speak the language of governance,” says Marianna Kern



Photo: Thinkstock

Meshing sophisticated clinical and technical skills is a ‘must’ for today’s leaders..

Grachek, president and CEO of the American College of Healthcare Administrators.

New demands

Blending of clinical and technical acumen is now a prerequisite for clinical team leaders. Information technology in particular is revolutionizing workforce development, says Mollie Condra, Ph.D., vice president of HealthStream.

“Online performance management systems allow clinical team directors to evaluate performance efficiently and cost-effectively, providing flexible tools for measuring, tracking, and reporting results,” Condra says. “A broad range of online solutions helps to facilitate goal management and action planning, manage and mitigate risk, and cultivate best practices recognized by regulatory and accrediting bodies.”

Along with leveraging technology to assess performance, clinical directors are using online solutions to measure and maintain staff competency and train their employees. HealthStream’s competency library allows provider organizations to assess more than 2,200 clinical and non-clinical competencies in a simple way and to build staff skills through a learning application offering more than 6,200 courses.

“By automating performance reviews, competency assessment and training, clinical directors are better able manage workloads while enhancing staff development opportunities,” Condra says. ■

Scheduling need not be impossible

New technology is helping operators take control of their scheduling and develop well-run, efficient staff management programs

By John Andrews

Senior living facilities experiencing a particularly high employee turnover phase may want to check out a somewhat overlooked cause of departures — scheduling problems. Though dissatisfied staff members cite a host of reasons for leaving a particular facility or the industry at large, scheduling conflicts may play a bigger role than expected, experts say.

“Disorganized scheduling leads to higher costs, unbalanced shift assignments, more staff overtime and lower employee satisfaction rates,” says Mark Woodka, president of staffing software company OnShift. “If a worker has two part-time jobs and can’t get a consistent work schedule, it may be a reason for leaving the facility. Remember that a lot of long-term care workers are single mothers who need to find the right work-life balance.”

Manual scheduling processes can be a source of confusion and should be scrapped, Woodka says.

“The problem with pencil and paper is that you don’t have the visibility you need to make informed decisions,” he says. “You need to know who is available to work, what your daily census is, acuity level and number of hours worked by each employee. You need visibility to manage all of that.”

The three main “buckets” of any scheduling system are scheduled overtime, incremental overtime and schedule changes/substitutions, Woodka says.

“You should have no incremental overtime unless you specifically request that someone stays late,” he says. “The prevailing mindset hasn’t adjusted even though acuity levels are rising. That is how baseline schedules are made. If you base your scheduling on a certain occupancy level and the level dips, you are overscheduling.”

Avoiding conflicts

Disorganized scheduling results in staffing and appointment conflicts and wasted time for residents and caregivers, notes Kirby Cun-



Scheduling problems always have unseen costs.

ningham, RN, director of clinical professional services for AOD Software.

“When residents miss appointments, it disrupts the schedule — and perhaps reimbursement — of clinicians and other caregivers both within and outside the facility,” he says. “More importantly, however, a missed appointment disrupts the resident’s continuity of care and may negatively contribute to an unfavorable outcome. These conflicts in the schedule also negatively impact the long-term care facility’s operations and expenses because its providers’ schedules must be corrected when the error is detected, leading to wasted resources that could have been deployed for productive tasks.”

Avoiding these conflicts is the key to effective scheduling, Cunningham says.

“As most caregivers know, schedules can be disrupted by unexpected events,” Cunningham says. “Falls, for example, may cause a domino effect for all the nursing assignments and resident appointments for hours, days or weeks after the incident. Properly configured information systems should assist nursing managers visualize and assess how the schedule will be disrupted and facilitate the reallocation of nursing resources.”

Some firms, including EmLogis, have gone as far as creating custom employee scheduling options for senior living organizations. ■

5 SCHEDULING TIPS



Photo: Thinkstock

Disorganized scheduling can cause unbalanced staffing levels, unnecessary overtime costs and high employee turnover. Here are five things facilities can do to alleviate scheduling headaches:

- 1. Move into the 21st century.** Adopt an automated scheduling system that enables an enterprise-wide view of staff availability, daily census, acuity level and number of hours worked by each employee.
- 2. Think holistically.** The IT system should capture and report data from within the facility and other care settings.
- 3. Create a centralized schedule.** The chief priority for the nurse manager in charge of scheduling should be to avoid conflicts and ensure nursing resources are available for all residents’ appointments.
- 4. Utilize wireless tools.** Younger generation workers are dedicated users of smart phones and iPads. Synchronize scheduling notifications with those devices.
- 5. Fill gaps.** Scheduling is a facet of labor management and technology should provide the coordinator with the right mix of staff and assignments for the lowest cost.

Source: McKnight’s interviews, 2014

GETTING AHEAD

HR managers must clear three universal hurdles

New research outlines challenges for hiring, employee management

By John Andrews

The next decade could prove to be a challenge for senior living operators when it comes to human resource management if the results of a recent survey are any indicator. According to findings from an HR survey from the Society for Human Resource Management, employers will face three major workforce obstacles in the coming years: retaining and rewarding the best employees, developing the next generation of corporate leaders, and creating a corporate culture that attracts the best employees.

These challenges are nothing new for long-term care, but the SHRM research, which sampled professionals from various sectors of the economy, shows that the problems are universal in scope. Of the nearly 500 respondents, more than half believe retaining and rewarding the best employees (59%) and developing the next generation of corporate leaders (52%) will be the greatest challenges. About one-third (36%) predict the challenges will be creating a corporate culture that attracts the best employees. Other key challenges have been identified as remaining



Photo: Thinkstock

Human resources managers are increasingly concerned about developing future leaders.

competitive in the talent marketplace (34%) and finding employees with the increasingly specialized skills the organization needs (33%).

Compared with responses to this question in the 2010 SHRM survey, HR professionals are more concerned with developing future leaders and remaining competitive in the talent marketplace, whereas they are less concerned with finding employees in global markets and breaking down cultural barriers to create a truly global company, researchers said.

Getting it right

Apparently, other industries share the same frustration as long-term care

facilities when it comes to selecting and keeping the right people. More diligence in the hiring phase can help stabilize the high turnover that plagues facilities, says OnShift President Mark Woodka.

“As an industry, we haven’t profiled job candidates well enough to see what they want to do for a living and we’re not training them well enough once they are hired,” he says. “Most turnover happens in the first 90 days, so there needs to be a strong focus on retention during that time. Proper use of mentoring could greatly help retention.”

Proper staffing is another issue that HR needs to closely address, Woodka says. Long-term care facilities should be maximizing their employees, he says, by putting them in the most suitable jobs for their skills sets.

“There should be more consistency in assigning specific staff members to specific residents and their families,” he says. “Proper staffing produces the best outcomes for residents, their families and the employees. Employers should also be regularly getting survey feedback from employees to help give them better job satisfaction.”

Lastly, HR professionals should continually be recruiting new employees instead of just putting out a “Help Wanted” sign when the need arises. ■

5 WAYS HR IS CHANGING

Faced with numerous challenges in a new economy, HR professionals are dealing with changing realities in recruiting, retaining and rewarding employees, the Society for Human Resource Management found in a recent survey. Among the changes and challenges over the next decade:

1. Finding and keeping the best employees.
2. Developing the next generation of corporate leaders.
3. Creating a corporate culture that attracts the best employees.
4. Remaining competitive in the talent marketplace.
5. Finding employees with the specialized skills needed by the organization.

Online learning just getting started

Advancements in technology have enabled senior living operators to greatly expand and improve their distance learning capabilities

By John Andrews

The senior living sector is adequately utilizing online training for staff, but many companies are only scratching the surface, experts in the field say. Electronic capabilities have advanced far in a short time and the industry needs to catch up, says Jan Wilson, vice president of learning design and outcomes for Redilearning.

“While online training is common, I don’t think it is always leveraged to its maximum simply because organizations don’t really think about how to use it most effectively,” she says. “Simply inquiring what your learners took away from a distance course will set the expectation that you want to know what they learned, and it also helps them remember and use the information.”

For example, practical on-the-floor application and follow-up is crucial to cementing online learning opportunities, Wilson says.

“Online learning is a piece of the puzzle, but at the end of the day, we as an industry are responsible for the education we design and provide and we must wisely choose the toolset and partners if we are to keep pace with the change around us,” she says.

Online training is in an evolutionary phase right now, Wilson adds. The changing regulatory and commercial landscape is demanding providers move from a simple “compliance” mindset over to one that leverages training to truly drive outcomes and satisfaction for stakeholders, including employees, administrators, residents and families, she says.

Of all the advantages online training provides, Wilson believes the most important one is uniform messaging.

“You no longer have to worry that each instructor is providing an accurate, complete message,” she says. “The messaging should be up to date and current with all regulations. It allows learners to become accountable for their own education — it is ready and available whenever they are.”

A major part of the online learning evolution



Photo: Thinkstock

More distance learning choices are on the way.

has been continued development of topics and procedures for training, Wilson notes.

Selecting a program

When considering which online training program to use, there are important criteria to review and understand before making a choice, Wilson says.

“First of all, fully vet your vendor,” she says. “If they don’t know your business and can’t understand your pressures, you don’t want them as a partner.”

Medline University — an online portal — allows clinicians to earn free continuing education credits on a wide variety of subjects, stay informed on the latest industry trends and sharpen skills in care advancements, according to the firm.

Another firm, Relias Learning, is a leading provider of verticalized e-learning solutions through SaaS-based software and related course content. This allows organizations to offer continuing education courses to employees. Relias Learning operates under the Silverchair Learning Systems and Essential Learning brands. ■

ONLINE OPTIONS

Here are some options for online professional development, certification and continuing education courses:



1. Long Term Care Education.com provides approved courses and resources for anyone involved or interested in the field of long-term care. <http://www.ltce.com/>



2. NADONA LTC online skilled care certifications for LPNs and DONs. http://www.nadona.org/nadona_university.php

3. Relias Learning (formerly Care2Learn) offers long-term care online continuing education and professional development courses for various LTC disciplines. <http://www.care2learn.com/ltc/default.aspx>



4. The American Association for Long-Term Care Nursing and Relias Learning have launched an online nurse assessment coordinator certification program and director of nursing certification program. <http://ltcnursing.org/continuing-education>



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GETTING AHEAD

Recruitment and retention take on expanded roles

By Julie Williamson

No resource is as valuable as an organization's staff. Recruiting the best employees and then holding onto them isn't always easy, but it's a must for quality-focused seniors housing operators who wish to stay competitive.

Recruitment and retention are top priorities for LifeBridge Health, a Baltimore-based healthcare organization with several facilities, including Levindale Hebrew Geriatric Center and hospital, and Courtland Gardens, a provider of short- and long-term care. To winnow down potential job candidates, applicants must first pass an online assessment. Scoring of this assessment tool is based on aggregated data from the organization's existing staff and serves as a predictor for prospective new-hires' success within the organization, explained Tina Kummelman, LifeBridge Health's human relations manager.

Applicants who pass the online assessment then come to the facility for an initial screening with the HR business partner to determine whether the applicant will go on to meet the unit manager. "From the time the applicant walks through the door, we're looking at behavior and body language that can tell us



Few mistakes are as costly for organizations on a tight budget as hiring the wrong people.

if they'll likely be a good fit," Kummelman said. "Are they friendly? Are they making eye contact? Are they engaged?"

Tap existing staff for hiring

If the initial interviews go well, some LifeBridge applicants — depending upon the position — will shadow a nurse or other applicable member of the care team for four hours to get a better feel for the unit and its intensity. The shadowing experience lets prospective employees see firsthand what a typical workday might involve, and whether they'll be comfortable in that environment.

In meeting with existing employees, Kummelman learned that they wanted to participate in the interviewing process and help choose the people

who would work alongside them. The organization responded by investing in a six-hour training program to ensure staff were competent in that interviewing role. It's been a win for the organization because employees ask pertinent questions and make helpful observations that others might miss. "This has been a great tool for both recruitment and retention," she says.

To further advance those efforts, organizations should share with candidates how the company invests in its staff — both in the short- and long-term. This might mean providing examples of how the organization promotes staff development, according to Jan Wilson, VP of learning design and outcomes for Redilearning Corp.

"Share how your organization values staying current with the latest industry trends and tools to accomplish these goals," she says.

Recognizing that a good retention policy encourages staff to grow their career within the organization is also prudent.

One firm — iTacit Healthcare — offers cloud software specializing in workforce optimization. More than 50,000 employees use iTacit every day for recruitment, compliance and other staff-retention efforts, according to the company. ■

FEEDBACK THAT HELPS

Ongoing feedback is vital for ensuring staff knows how they're performing and where improvements can be made. Here are the essentials, according to Jack Ninemeier, Ph.D., professor at Michigan State University's School of Hospitality Business:

- 1.** Initiate feedback upon hiring and during training. Schedule meetings away from the work area, so the employee can obtain additional information and ask questions privately.
- 2.** If an employee is doing good work, say so. Verbal praise goes a long way.
- 3.** Avoid negative communication. Instead of "Please don't do this again," try "I appreciate your efforts, but you seem to have difficulty with this process."
- 4.** Offer assistance. Consider saying, "I know you want to do a good job. How can I help?"
- 5.** Regularly observe employee behaviors to spot patterns that may inhibit their success.

Targeted staff development well worth the effort

By Julie Williamson

Quality customer service and exceptional resident care starts with skilled employees. Experts agree that ongoing training is essential for every staff member, regardless of their role and tenure. This is especially true in the health-care segment where competent, confident staff translates to better care, and increased employee and resident satisfaction.

There's more to staff development than intermittent training and inservices, and formulaic one-size-fits-all approaches. Effective development hinges on an organization-wide understanding of the importance of well-planned, personalized learning. Put simply, operators "must know their audience" and then plan accordingly, notes Jan Wilson, VP of learning design and outcomes for Redilearning Corp.

Proper planning also will ensure that time, money and other resources dedicated to staff development are spent wisely, adds Jack Ninemeier, Ph.D., professor at Michigan State University's School of Hospitality Business.

Think beyond the basics

Typical workforces have three types of learners. About 20% of them will be early adopters who are eager to try



Photo: Thinkstock

Many facilities pay scant attention to staff development and their workforces suffer because of it.

new things, Wilson explains. Roughly 60% will accept change when accompanied by training and support. The remaining percentage will actively resist change.

"Enlist early adopters as innovators, cheerleaders and teachers. Help them craft success stories to share," Wilson urges, adding that these leaders can more easily help move the 60% to adoption. "By building a culture of acceptance, you can minimize damage to your effort by active resisters."

Front Porch, an organization with seniors housing communities throughout California, takes a top-down approach to staff development. This begins with the cultivation of successful executives and team leaders. In October, it became the first

nonprofit to enroll 70 of its team leaders in the Innovator's Accelerator program, an intensive executive training course that combines an online competency-based learning model with broadcast-quality production and design. The program, developed by Apollo Lightspeed, has been adopted by many Fortune 500 companies.

"Our organization must embrace change and opportunity at every turn. We need every mind and every discipline within our organization engaged in this process," notes Front Porch CEO Gary Wheeler. Although the Innovator's Accelerator is only a six-week program, he sees participation as a jumpstart to his organization's commitment to quality, innovation and professional development.

For most training programs, Wilson encourages a layered learning approach. In the software training world, for example, she reasons that many online and instructor-led training offerings have a "tell me, show me, let me practice" functionality, so users can see what the screen entails, watch someone go through simple steps, and then try the software out for themselves during the training session. Another word of advice, Wilson adds: Organizations should push for prompt implementation. "Training is one of the fastest skills that are lost when allowed to languish." ■

LET YOUR STARS SHINE

Every organization has employees who consistently promote on-the-job excellence, commit to ongoing professional growth, and set a positive example for their peers. In the seniors housing environment, where quality staff translates to quality care, operators must know how to spot these winners and reward them for their efforts.

LifeBridge Health's Superstar Program picks leaders based on their performance, attitude, commitment to core values, and positive feedback from managers, coworkers, residents and family members. Here's how the stars' efforts are rewarded:

1. One paid day off
2. \$100 gift card
3. Superstar certificate presented by executive leadership
4. Commemorative Superstar pin
5. Article about the accomplishment published in the organization's newsletter

GETTING AHEAD

Make a commitment to better communication

By Julie Williamson

Good communication among team members and across disciplines plays a key role in quality care delivery, while also improving satisfaction of residents and staff. Strong verbal and non-verbal skills will become increasingly essential as providers aim to better coordinate care and resources across the continuum.

Unfortunately, experts agree that effective communication — and knowledge of what it entails — continues to elude many providers. Lack of proper communication in any health-care setting, including long-term care and assisted living, is directly tied to medical errors, diminished productivity and other negative outcomes. The Joint Commission links communication failures to medication errors, treatment delays, falls, and more. To address these risks, TJC included the need for effective communication in its 2008 National Patient Safety Goals for Long-term care.

“Good communication is an art form. And like good artists, good communicators are well trained and highly skilled, and they often practice their craft,” The Joint Commission noted in its Guide to Improving Staff Communication.



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Although often shrugged off or not pursued strategically, good communication is an art form, experts say.

Set an example

Successful, consistent communication takes organization-wide commitment. If leaders aren't doing it well, they can't expect their employees to be good communicators, either. “Leaders use every opportunity, touchpoint, and communication channel to reinforce and recognize the organization's commitment to employee engagement,” notes the *Gallup Business Journal*, in a 2013 article on employee engagement.

LifeBridge Health, a Baltimore-based healthcare organization with several facilities, including Levindale Hebrew Geriatric Center and hospital, and Courtland Gardens, a provider of short- and long-term care, seems to have gotten the message. In

addition to having a strong, supportive executive staff, departmental managers routinely round with employees to stay abreast of the goings-on of the team, and see firsthand any challenges that may exist. Open-door policies are commonplace, too, allowing staff an easy way to communicate needs, and a safe haven to discuss challenges taking place within their department, or with other team members.

“My door is always open,” says LifeBridge's Human Relations Manager Tina Kummelman. “If someone is having difficulty with a supervisor, for example, I will sit down with them and coach them on what to say and how to communicate it most effectively.”

Daily team meetings or brief “huddles” at the start of each shift is another effective way to keep staff working as a united front. Interdepartmental huddles are also critical, providing a forum for sharing resident status changes, reiterating policy updates, and outlining specific needs or challenges that can impact the collective team.

While face-to-face communication still reigns supreme, technology can trump it in certain situations (provided the information is shared in a way that doesn't violate HIPAA requirements). ■

COMMUNICATE LIKE A PRO

Want to build stronger communication and a culture of teamwork? Embrace these top strategies from Jan Wilson, VP of Learning Design & Outcomes for Redilearning, and Tina Kummelman, human relations manager for LifeBridge Health.

- 1.** Recruit top communicators to help convey importance messages to other staff.
- 2.** Leverage broadcast technologies to enhance widespread communication. This will help develop timely, compelling and consistent messages, ensure faster execution, track outliers in need of follow-up, and create an improved communication model to help star communicators mentor other staff.
- 3.** Conduct daily team huddles to promote information-sharing and problem-solving.
- 4.** Embrace “open-door” policies and encourage departmental managers to round with staff.

Times change for annual reviews

By Julie Williamson

Performance reviews are evolving in the seniors housing segment. Increasingly, age-old annual appraisals are giving way to more modern methods that let managers more easily and effectively monitor staff performance all year long.

Today's appraisal processes are more data-driven and serve as a far better gauge of employee progress and performance, experts feel.

"Performance assessment has evolved into much more than the one-dimensional annual review," says HealthStream VP Mollie Condra.

Seniors housing organizations can improve quality measures and clinical outcomes by creating a performance management culture built around competency.

"This promotes engagement and produces a workforce equipped to face clinical and business challenges in a dynamically changing healthcare environment," Condra says.

Give it time

The best appraisals allow managers to connect one-on-one with employees and provide valuable feedback to support positive performance, pinpoint problems and strategize for the future.

"Evaluations should be done in an environment where employees can contribute and participate," noted Jack Ninemeier, Ph.D., professor at Michigan State University's School of Hospitality Business.

Effective evaluations require adequate time — both in planning and delivery. Experts stress the importance of effective data gathering to help support matters discussed during the appraisal. This is important for both the employee and manager because it allows each to highlight successes, explore challenges, and come prepared for a productive, mutually beneficial discussion.

During the appraisal, it's best to cover strengths first. When inadequate performance must be discussed and a manager fears the employee may react negatively, Ninemeier recommends taking more time to prepare for the interview. He also advises managers to look for areas of agreement, such as tasks being done well, and then build upon that with



Photo: Thinkstock

More frequent feedback is the new norm.

ways to improve in other areas. "Develop and agree upon an action plan that is specific and measurable, and establish a timeline for task completion or review." This process will engage employees and better align them with the goals of the department and facility, he reasons.

Tapping technology

More than ever, employees are moving to automated versions to transform performance assessment into a more efficient and powerful tool.

LifeBridge Health, a Baltimore-based healthcare organization with several facilities, including Levindale Hebrew Geriatric Center and hospital, and Courtland Gardens, a provider of short- and long-term care, is planning to move its performance evaluations online this summer. An online portal component will allow employees and managers to document and track accomplishments, challenges and short- and longer-range performance goals. The mission is to gather data more continuously, as opposed to hastily pulling together information before the evaluation, explains Tina Kummelman, LifeBridge Health's human relations manager.

Condra sees online evaluations as a valuable tool for empowering employees to assess their own competencies against thousands of clinical and non-clinical procedures and skills checklists. This allows them to measure knowledge, clinical reasoning, judgment and technical skills, she says. ■

BETTER REVIEWS IN 5 EASY STEPS



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Well-planned employee performance reviews can garner big rewards, including boosted morale, more engaged staff and greater insight into employee strengths, weaknesses and long-range goals. Tina Kummelman, human relations manager for LifeBridge Health, offers the following tips for making the most of this vital process:

- 1.** Think beyond yearly reviews. Ideally, managers will perform informal reviews bi-weekly or at least monthly to monitor staff performance and gauge employee needs.
- 2.** Avoid cookie-cutter appraisals. Provide personalized feedback and goal planning for each employee.
- 3.** Use appraisals to pinpoint performance trends that could indicate a need for additional education or career growth opportunities.
- 4.** Have employees self-evaluate, and ask departmental managers to provide feedback on their peers.
- 5.** Consider an interactive appraisal system, with online portals for employees and managers to log accomplishments, challenges and goals.

GETTING AHEAD

BANISH THESE BUDGET BUSTERS

Even the best-laid budget plans can drain valuable dollars if operators aren't careful. Experts weigh in on some of the more common pitfalls.

1. Don't blindly avoid Medicaid residents for higher-pay residents. Empty beds result in zero revenue. "Any marginal revenue is worthy revenue," stresses John Richter, Chief Strategy Officer at CliftonLarsonAllen LLP.

2. Don't cut marketing. "This is where you should be focusing your dollars during tough times," says Bryon Childs, CFO Christian Living Communities.

3. When budgeting construction costs, add at least a 20% contingency as a line item to cover unexpected expenses. "Also, don't forget to plug in land costs and what it will take to develop that land," says Jim Moore, president of Moore Diversified Services Inc. On the operational side, he recommends a 4% to 5% contingency.

4. Cut the fat. Going lean can streamline workflow, cut operational waste, and free up valuable resources, says Richter.

5. In assisted living, determine your market and appropriate charges based on competition. Then use that information to determine cost structure. Many organizations do this in reverse, stresses Richter.

The new bottom line for budgets

By Julie Williamson

In a time of reimbursement cuts and increasing marketplace competition, senior living operators must carefully scrutinize expenses to determine where dollars are best spent — and keep budgets in line.

Some common mistakes can derail operational and capital budgets, and leave operators scrambling to slash expenses on the back end. It's a surefire way to set organizations up for failure, both in terms of resident and staff satisfaction, and investor relations, experts warn.

"You really need a strong executive director in the community who understands financials" and can become responsible for ensuring that they and the departmental managers set and maintain realistic budgets, explains Bryon Childs, CFO, Christian Living Communities.

Asking tough questions

Solid capital and operational budgets can't be had without a keen understanding of census, payer mix, asset requirements, and overall market analysis and predictions. Being overly optimistic with occupancy and revenue predictions is a surefire budget-buster, along with failing to allocate sufficient time on the back end of the budgeting process to fully analyze assumptions and correlations, Childs stresses.

Construction and general upkeep costs can vary widely and require advance budgetary planning. Communities become outdated five to ten years after a construction or renovation project, so facilities should start planning for the next project as soon as construction ends, according to John Richter, Chief Strategy Officer at CliftonLarsonAllen LLP. "Market diminishes as a building ages, so we believe a financial investment should happen when the market position is at its peak. When a construction project is complete you don't need to start meeting with architects right away and going through all those specifics, but you do need to plan ahead to develop a capital planning model that's consistent with the organization's strategic plan and will meet future needs."

Planning for physical asset improvements — such as roofs, boilers, asphalt, and more — is also critical, Childs maintains.



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Budgets still require a deft touch, even for veterans in the long-term care and senior living professions.

Facilities can get a better handle on operational budgets by using reliable benchmarks, such as "The State of Senior Housing," an annual report from the American Seniors Housing Association. "This report covers almost everything. These benchmarks can be used and roughly interpreted by facilities to help guide them with their budgets," says Jim Moore, president of Moore Diversified Services.

Contracting with veteran outside experts, such as Polaris Group Consulting Services, among others, also can prove invaluable.

Monthly meetings matter

Including facility executives in the budget planning process is prudent. Each year, executive directors from all 30 Christian Living Communities submit wish lists for operational and capital budgets. From there, requests are prioritized, with budgets divvied by critical need.

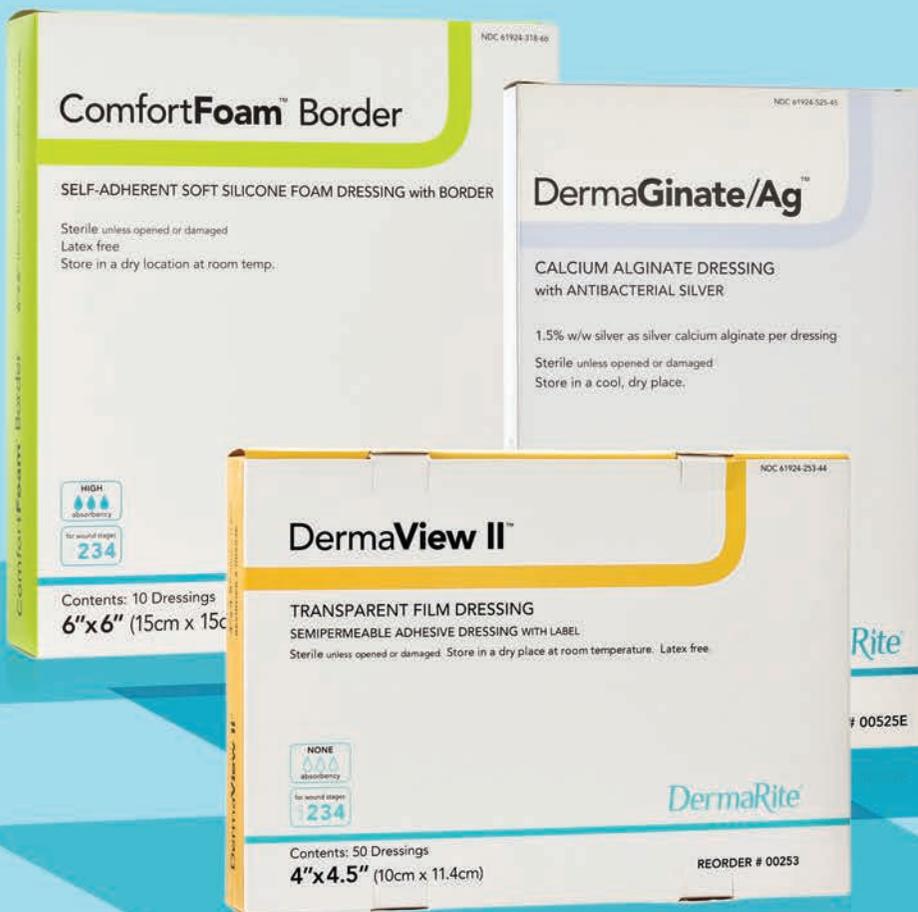
"Having executive directors involved is important because they can see the needs organization-wide and get a better understanding of why a bigger part of the budget is going to one community over another," says Christian Living VP and COO Camille Thompson.

Once budgets are set, each department must become accountable for keeping costs on target. Monthly variance analyses are critical, according to Moore, because they clearly compare the budget with line item actuals. ■

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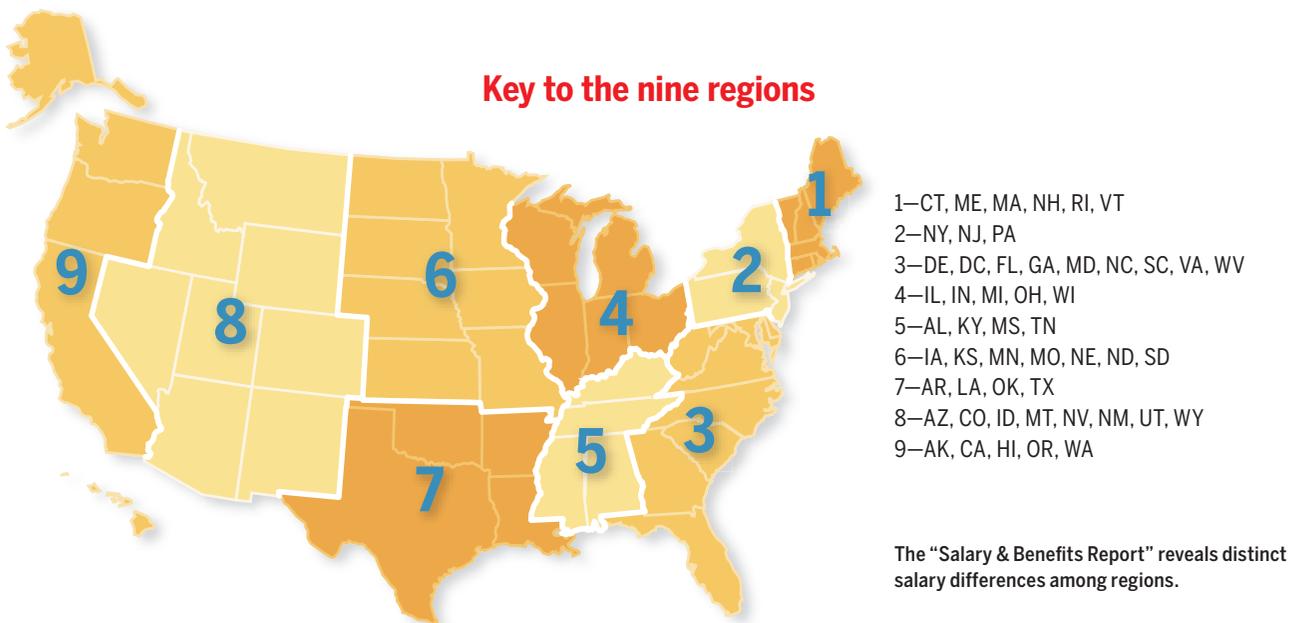
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SALARY ANALYSIS

Admins earn \$95K, while DONs top \$82K

SNF administrators have seen the biggest hike, although all nursing home staff saw increases in their paychecks this year. Economists warn, however, the trend might not stick



By Ashley Carman

The state of the U.S. economy is tough to interpret. Typical of this year, national economists can't decide whether growth rates are signs of a revving economy or reminders of how much ground there is to make up from recession levels.

Luckily for long-term care providers, the lack of consensus hasn't affected industry wage increases, according to the 36th annual “2013-2014 Nursing Home Salary & Benefits Report.”

All salaried and hourly positions received at least a minimal wage increase, the report showed. Last year's growth has continued.

The report, endorsed by LeadingAge and published by Hospital & Healthcare Compensation Services, included responses from more than 2,000 nursing home providers. The majority of respondents came from the Midwest and East Coast.

Good year for management

Nursing home administrators received the highest percentage wage increase this year among salaried positions. Among the same participating facilities as the previous year's survey, the increase, of slightly more than 3%, brings administrators' national average salary up to \$96,625, as compared to last year's \$93,419.

The increase signifies that nursing homes are budgeting additional money for administrators, believes Paul Gavejian, managing director of Total Compensation Solutions in Armonk, NY. These top managers are saving money within the facility, which is ultimately coming back to them in salary form, he says.

“[The increase] is important for retention purposes and an important factor for economic purposes,” Gavejian says. “The company



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The increase in salary for administrators was a modest 0.43%, while assistant directors of nursing said their salary increased by 2.19%. However, in facilities that participated in the survey the last two years, admins saw a 3% hike.

behind the administrators, the board of directors or whoever is controlling the specific facility, is doing a great job of cost control and felt they can loosen up the purse strings a little bit and give them an added salary.”

On the other hand, Anthony Perry, president of Executive Search Solutions, attributes administrators’ wage increases not to cost savings but rather to the reorganization of major companies. During these changes,

regional overhead is decreased, causing a regional director to be made a nursing home administrator. When this happens, he says, the regional director is allowed to keep the same salary, and this could be the driving reason for administrators’ salary increases.

Directors of nursing saw their salaries increase significantly, as well. Their 2.6% increase, among same participating facilities, brings their average salary close

Recent salaries and increases (all facilities by percentage) (\$)

Title	2009	+	2010	+	2011	+	2012	+	2013	+
Administrator	89,606	4.8	91,106	1.67	93,000	2.17	94,785	1.92	95,200	0.43
Asst. Admin.	65,000	4.8	65,321	0.49	63,000	(3.55)	65,000	3.17	65,300	0.46
DON	77,921	3.9	79,169	1.6	81,224	2.5	82,186	1.18	82,500	0.38
Asst. DON	62,400	4.0	62,400	0.0	63,442	1.6	65,000	2.46	66,425	2.19

Nursing home administrator (salary medians by region) (\$)

Fewer than 100 beds				100 or more beds				All bed sizes			
Region	Low	Median	High	Region	Low	Median	High	Region	Low	Median	High
1	87,372	93,600	102,003	1	98,961	108,100	118,374	1	92,807	102,544	116,109
2	85,845	93,055	102,000	2	90,187	102,505	116,164	2	89,040	99,847	115,000
3	85,960	91,233	102,250	3	96,000	107,000	120,688	3	92,414	103,000	119,502
4	76,500	85,005	91,850	4	85,033	94,952	103,693	4	82,741	90,609	100,000
5	80,950	88,119	98,944	5	91,286	100,446	108,534	5	87,137	97,613	107,902
6	63,540	71,386	79,957	6	77,307	90,000	98,141	6	65,275	75,205	85,701
7	76,164	85,990	95,000	7	90,148	95,150	105,131	7	87,750	94,762	103,377
8	80,020	90,376	98,949	8	91,000	100,306	110,000	8	87,870	96,655	107,689
9	90,500	104,155	115,000	9	105,743	115,000	126,750	9	95,007	109,990	120,035
Nat'l	75,823	86,350	96,351	Nat'l	90,718	100,589	114,400	Nat'l	85,000	95,200	109,824

Source: “2013-2014 Nursing Home Salary & Benefits Report,” published by Hospital & Healthcare Compensation Service in cooperation with the LeadingAge and supported by the American Health Care Association.

“The company behind the administrators ... is doing a great job of cost control and felt they can loosen up the purse strings a little bit and give them an added salary.”

Paul Gavejian
Total Compensation Solutions

SALARY ANALYSIS

Administrator national median salaries

Facility type	Salary (\$)
For-profit <100 beds	88,472
Nonprofit <100 beds	78,000
All <100 beds	86,350
For-profit >100 beds	100,996
Nonprofit >100 beds	96,325
All >100 beds	100,589
All types, sizes	95,200

Average length of time to fill a position

	Days
Therapy	45.44
RNs	30.16
Dietary	19.07
LPNs	23.05
Enviro. Services	18.69
CNAs	20.25
Nurse Aides	20.23

Salaries by facility revenue (national averages)

\$ amount millions	Admin	DON
<3	75,722	68,176
3-5	87,074	76,018
5-10	96,632	82,501
10-15	107,171	90,475
>15	118,572	100,291
All	97,816	83,913

Bonus payments (as percent of salary)

(all bed sizes, types)		
Region	Admin	DON
1	17.42	11.52
2	13.73	12.42
3	15.39	12.96
4	18.42	16.04
5	15.20	11.36
6	8.43	8.19
7	18.87	18.24
8	18.31	16.33
9	17.84	13.90
Nat'l	16.26	13.78

to \$83,000. In 2012, they received only a 1% increase. Once again, Gavejian attributes their moderate raise to effective cost-saving measures.

These salary boosts demonstrate a desire for top talent. Big, urban companies are more willing to pay top dollar for it, Perry says.

Assistant directors of nursing and assistant administrators had moderate increases of 1.5% and 1.4% respectively, up to \$67,994 and \$75,542 (also among the same participating facilities).

Increase trends

The even better news for administrators is that planned percent increases as well as the actual percent increases went up this year. Last year, management increases were quoted at 2.39%. In reality, management received 2.47% increases throughout the year, according to HCS.

If the trend of granting higher increases than anticipated continues, nursing home management can expect to receive more than a 2.45% increase this year. Companies tend to create their budgets toward the end of the year, Gavejian says, so it isn't all that surprising they are able to give a higher increase once looking at concrete numbers.

An intriguing find from HCS is that the types of raises facilities use depend on their region. For example, operators on the coasts and in parts of the South tend to grant merit-based increases more than others. The Midwest and segments of the South, on the other hand, disproportionately prefer cost of living adjustment-based (COLA) increases.

The merit increases are predicated on demonstrated work and serve as a reward. COLA looks at the cost of living in a particular area year-to-year and increases are based on that inflation amount.

In the Midwest, where the cost of living is generally less expensive than the coasts, these COLA increases

“You’re better off staying put because you know what your management wants and expects from you.”

Paul Gavejian
Total Compensation Solutions

allow companies to tell employees they're helping them stay on track with the current economy, Gavejian says.

Perry adds that most organizations he works with use COLA, which they say is easier and helps avoid the awkward conversation when someone doesn't perform as well as hoped for.

Unwarranted worries

Turnover rates suggest workers aren't in as much of a hurry to leave their current facility as some fear, according to HCS. There is wide variation from position to position, however. Department heads, for instance, have an annual turnover rate of a little more than 17%, and registered nurses' turnover rate is about 32%.

Unsurprisingly, certified nursing assistants have the highest turnover rate — 35% — which is still substantially lower than last year's 43%.

“People are becoming more appreciative of what they have,” Perry says. “The idea that grass is greener on the other side, and life will be easier, isn't necessarily true anymore.”

Perry sees even unhappy employees sticking at jobs because of fear of not finding another opportunity. He calls it the “hunkering down phase.”

Gavejian agrees, saying once a worker has started in one facility, it's easiest to remain there.

“You're better off staying put because you know what your management wants and expects from you,”

“People are becoming more appreciative of what they have. The idea that grass is greener on the other side, and life will be easier, isn’t necessarily true anymore.”

Anthony Perry
Executive Search Solutions

he says. “And if you go to a new place, it can be a roll of the dice what the new management expects of you. This can also impact your merit raises.”

The economy’s uncertain future has lowered the turnover rate by 7 percentage points, dropping it to 25.2% for all positions in the HCS report.

“When turnover is down like this, it has a very positive effect on the individual facility,” Gavejian says. “But it also reflects that the economy is forcing people to stay with their respective facilities.”

He notes, however, that staff members probably feel a sense of camaraderie with their colleagues. And with effective teamwork comes better care, he says.

Vacancy rates were also lower than last year’s. CNA vacancies dropped to 12.7% from more than 19% last year. Department heads were the only positions that remained at a consistent 10% both in 2012 and 2013.

This could be because more potential workers are training for healthcare positions. Plus, popular media have painted healthcare as a booming industry, Gavejian says, which might encourage people to look into the field. Perry thinks the prevalence of positions available to non-college graduates makes the sector more appealing than food preparation and retail.

“I would probably gravitate toward healthcare because you’re earning the same amount of money, but it’s way more rewarding,” Perry says. “It’s a

blessing to the people you’re treating.”

Hiring takes longer

As fewer workers leave their jobs, the number of days it takes to fill most positions grew, albeit somewhat marginally.

For example, RN positions now take about 70 days to fill, compared to 28 days previously. Nurse aides and CNAs have similar numbers.

Therapy positions take the longest to fill, averaging 40 days per position. This is an improvement from 53 days a year earlier.

An uncertain future

Just as economists can’t agree on the economy’s current state, they also can’t definitively predict its future. For Gavejian, these economic reports are inconclusive.

“Some economists say the economy is going to expand, expand, expand,” he says. “Others say exactly the opposite. We want to wait and see what’s going to happen with this economy right now.”

Both Gavejian and Perry consider these wage increases and low turnover rates to be positive signs for long-term care. However, they remain cautious about pronouncing an economic recovery, especially given the continuing uncertainty around many important aspects of the Affordable Care Act. ■

Criteria for granting wage increases

(Note: Some facilities reported using both cost-of-living-adjustment [COLA] and merit increases.)

Management

Criteria	% of total
Merit	65.1
COLA	24.5
Step	0.5
Other	9.9

Registered Nurses

Criteria	% of total
Merit	47.2
COLA	22.1
Step	10.8
Other	19.9

LPNs

Criteria	% of total
Merit	46.8
COLA	22.2
Step	11.0
Other	20.0

CNAs

Criteria	% of total
Merit	46.2
COLA	22.2
Step	10.9
Other	20.7

Director of nurses (salary medians by region)(\$)

Fewer than 100 beds				100 or more beds				All bed sizes			
Region	Low	Median	High	Region	Low	Median	High	Region	Low	Median	High
1	75,317	87,589	93,600	1	86,296	94,605	99,008	1	84,923	92,000	96,998
2	75,000	84,100	93,994	2	84,477	93,618	101,820	2	81,764	91,520	101,091
3	72,132	78,000	85,000	3	80,000	87,403	99,494	3	77,616	85,266	95,522
4	69,295	74,595	78,571	4	77,500	83,491	90,002	4	73,950	79,996	87,300
5	67,423	74,026	76,779	5	72,092	78,394	84,989	5	71,649	76,396	81,077
6	57,720	62,400	68,910	6	63,949	74,160	82,757	6	59,708	65,013	73,194
7	72,823	80,000	84,755	7	80,049	87,940	92,113	7	78,000	85,750	92,000
8	74,277	78,499	85,000	8	80,094	85,934	93,300	8	76,856	84,000	90,001
9	88,748	97,053	105,000	9	95,000	101,291	114,088	9	92,428	100,000	109,559
Nat'l	67,180	75,000	84,033	Nat'l	79,000	86,873	95,380	Nat'l	73,953	82,500	92,808



Employee retention issues affect everyone in your organization. **Everyone.**

At HealthStream, we understand the workforce challenges you're up against. Since 1990, we've helped approximately 4,000 healthcare organizations improve clinical and business outcomes. We know that a better developed employee is more confident and performs at higher levels, resulting in improved retention rates and better outcomes.

Along with having the number one Learning Management System in healthcare, we also have tools to help you increase

employee engagement, retain your most qualified employees, and develop those who have the most potential.

Today, some of the largest long-term care providers use HealthStream, making it the most widely adopted workforce development suite of products in healthcare.

Become part of the HealthStream community to start improving your workforce today. www.healthstream.com/post-acute



HealthStream

Company Profile

HealthStream is dedicated to improving outcomes through the development of healthcare organizations' greatest asset: *their people*.

HealthStream enables post-acute and long-term care organizations to improve clinical and business outcomes through staff assessment and development. Our healthcare-specific tools are designed specifically for the long-term care market and include learning and competency management systems, continuing education courses, compliance and regulatory preparation, and talent management, research solutions, and self-directed CPR training.

Some of the largest long-term care providers, including assisted living communities, home health agencies, hospice organizations, rehabilitation facilities and skilled nursing facilities, have chosen HealthStream as their partner for improving clinical and business outcomes. In this new era of healthcare reform, meaningful use, and value-based purchasing, hundreds of leading organizations each year are switching to HealthStream to elevate the role of learning and development in addressing these challenges. Why? We have the best tools, content, services, and community in the business.

We have partnered with the leading content developers in the long-term care space to ensure that we bring you the best, evidence-based courseware that exists to address your biggest workforce concerns including turnover, retention, employee competence and performance, engagement, and those related to regulatory requirements.

Over the past 24 years, we have implemented approximately 4,000 organizations, from the largest to the smallest, sometimes where other vendors have failed. Our implementation experts know how to get you from signing to success in the shortest time and with the least amount of effort.

Many of our support team members have spent time in your seat and now manage HealthStream's tools for long-term care communities; thus you have friendly, knowledgeable success managers who understand your goals and challenges.

Our Solutions

HealthStream's solutions are used by long-term care organizations to meet their CMS and Joint Commission training compliance requirements, increase their resident resuscitation rates, prepare their employees for the new ICD-10 coding system migration, expedite employees' clinical orientation processes, and streamline competency and performance management.

FastFacts



Website: www.healthstream.com/post-acute

Phone: (800) 521-0574

Fax: (615) 301-3200

Email: postacute@healthstream.com

Address: 209 10th Avenue South, Suite 450
Nashville, Tennessee 37203

Date founded: 1990

Our solutions comprise an array of innovative products and tools on HealthStream's online platform, creating a unique ecosystem that is 100% focused on supporting the complexities of providing care in long-term care settings.

Our learning application, the HealthStream Learning Center™ (HLC), is the most widely adopted learning management system in the U.S. among healthcare organizations. Over 3.5 million healthcare professionals use the HLC for scheduling, assigning, tracking, delivering and reporting on classroom and online learning to support improved outcomes. Over 130 million online courses have been completed, cumulatively, on our platform. Our workforce development solution helps organizations measure and evaluate performance in support of organizational objectives — and features a fully integrated competency dictionary with over 2,000 clinical and non-clinical competency standards.

Notable achievements

- Ranked #27 in Forbes' "100 Best Small Companies in America" (2012 & 2013)
- Healthcare Informatics — HCI 100: #63
- NEXT Awards – Top 3 Market Movers in Healthcare
- Nashville Business Journal – Best in Business Award

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Medline

Company Profile

Medline is the largest privately held manufacturer and distributor of healthcare supplies in the United States, providing more than 350,000 products that serve the entire continuum of care. Founded in 1910, Medline has grown from a small manufacturer of aprons, surgical gowns and uniforms to a thriving \$6 billion global enterprise because of dedicated people, entrepreneurial spirit and values.

Our Philosophy

Medline's goal is to deliver exceptional value to healthcare customers and provide products that improve patient care and enhance the quality of peoples' lives.

How Our Company Services the Industry

Medline helps customers provide quality healthcare by making the products they want, with the quality they demand and the value they need. In addition, Medline offers programs and solutions clinically proven to help solve some of the most complex issues healthcare organizations face.

Specific Programs/Services/Solutions We Offer

Nurses, CNAs and nursing home administrators can take advantage of the many FREE online clinical education resources available on Medline University®. Founded in 2006, more than 500,000 users are now registered and take an average of 30,000 courses every month. Medline University offers over 240 FREE CE credits covering a broad healthcare curriculum, with courses designed by highly qualified clinical staff and approved as continuing education contact hours by the Florida Board of Nursing and the California Board of Registered Nursing. Many courses are also certified through the American Nurses Credentialing Center (ANCC) and the National Association of Long Term Care Administrator Boards (NAB).

FastFacts



Website: www.MedlineUniversity.com

Phone: (855) 761-6127

Fax: (847) 949-3073

Email: university@medline.com

Address: One Medline Place,
Mundelein, IL 60060

Date founded: 2006

Presence: Providing education for over 6,600 facilities, 500,000 users in the United States, Canada and Australia.

Stay informed and sharpen skills in areas such as:

- Incontinence
- Skin Care
- Respiratory Care
- Wound Care and more!

You can also find the latest care advancements for current industry concerns with exceptional education programs like pressure ulcer prevention, readmission reduction with the INTERACT* eCurriculum and survey readiness with abaqis**.

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Join the thousands of healthcare facilities who are already using the FREE resources of Medline University to educate their staff.

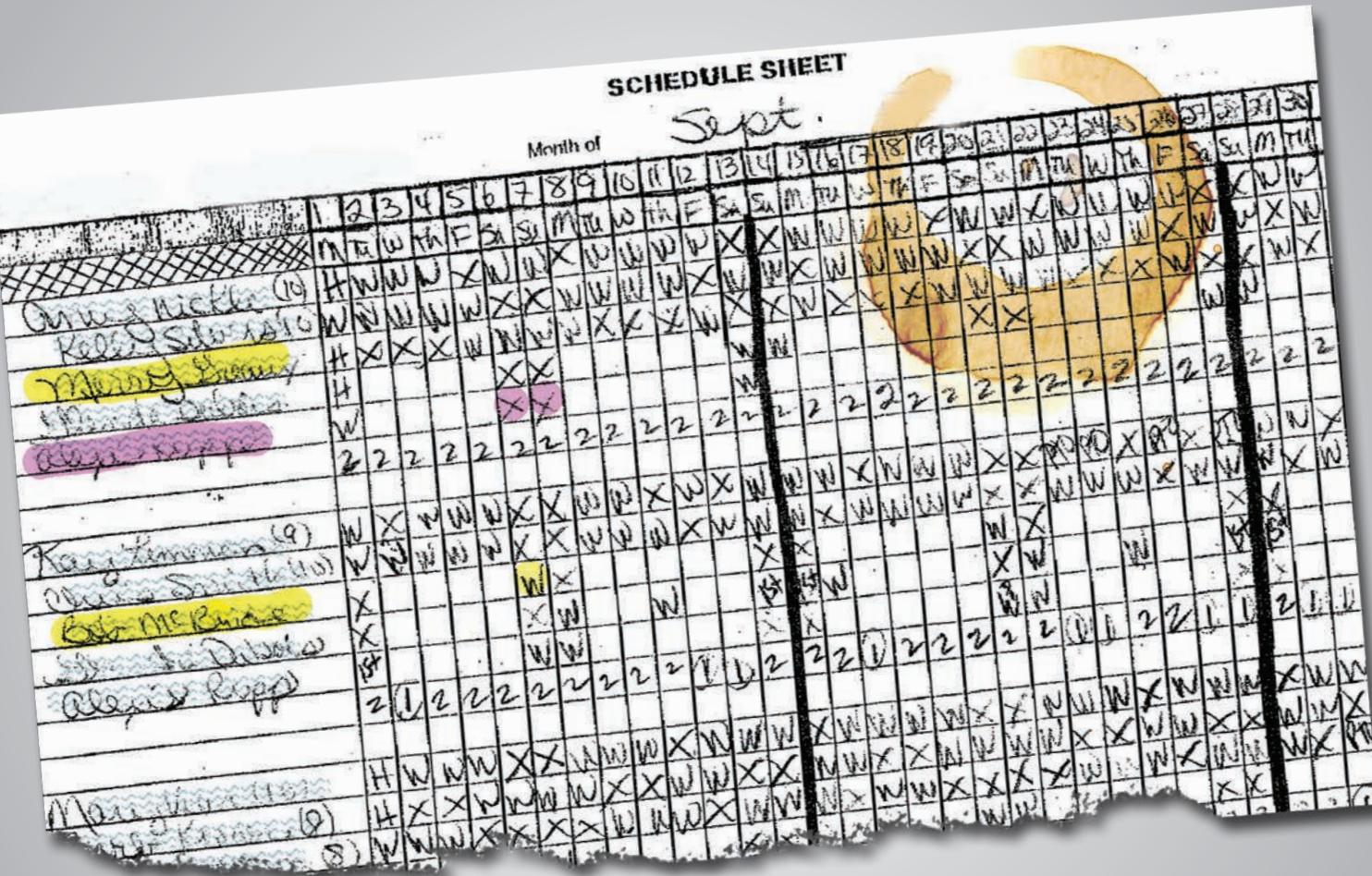
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* INTERACT® (Interventions to Reduce Acute Care Transfers): INTERACT is a quality improvement program that targets key strategies to help reduce potentially avoidable hospitalizations.

** abaqis® helps prepare facilities for either QIS or traditional surveys with proven results. It uses a combination of resident interviews, observations and record reviews to provide actionable data that identifies the regulatory areas where facilities should focus their quality improvement efforts.

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OnShift

About OnShift

OnShift focuses exclusively on long-term care and senior living, helping providers overcome staffing challenges among the senior care workforce.

Providers rely on OnShift staff scheduling and labor management software to control labor costs and increase efficiencies so employees have more time for care. OnShift customers experience rapid ROI, typically cutting overtime 50% to 70%, consistently hitting staffing targets, and improving employee satisfaction.

Providers find our SaaS software easy-to-use, with an intuitive mobile app and web-based interface that significantly reduces time spent on scheduling. With OnShift, providers communicate and fill open shifts in minutes via text, email, automated phone call and push notification.

Predictive analytics are foundational to OnShift, alerting managers of potential overtime and understaffing so corrective action can be taken. Fully integrated with time-keeping, HR, clinical and payroll systems, OnShift provides a unified view into staffing across communities.

Thousands of providers use OnShift and experience significant improvements to their operational, financial and clinical outcomes each and every day.

Our Philosophy

OnShift is committed to partnering with long-term care and senior living organizations in delivering world-class technology, service and support to alleviate the challenges of staffing and labor management.

With OnShift, providers achieve sustainable value and gain more time for what matters most — delivering high quality resident care.

- Developing software that is easy-to-use and readily embraced by senior care professionals is in OnShift's DNA.
- Innovation is at the core of our company as we continually evolve our products and services to meet providers' needs. In just this past year, OnShift released 480 new capabilities focused on driving value every day, every shift and every hour.
- We work hand-in-hand with customers to share proven best practices that we have developed based on thousands of experiences in senior care to facilitate success of their staffing and labor management efforts.

FastFacts



Website: www.OnShift.com

Phone: (216) 333-1353

Fax: (216) 920-7801

Email: info@onshift.com

Address: 1621 Euclid Ave., Cleveland, OH 44115

Date founded: 2009

Presence: Focused exclusively on long-term care and senior living, OnShift serves more than 1,100 communities nationwide

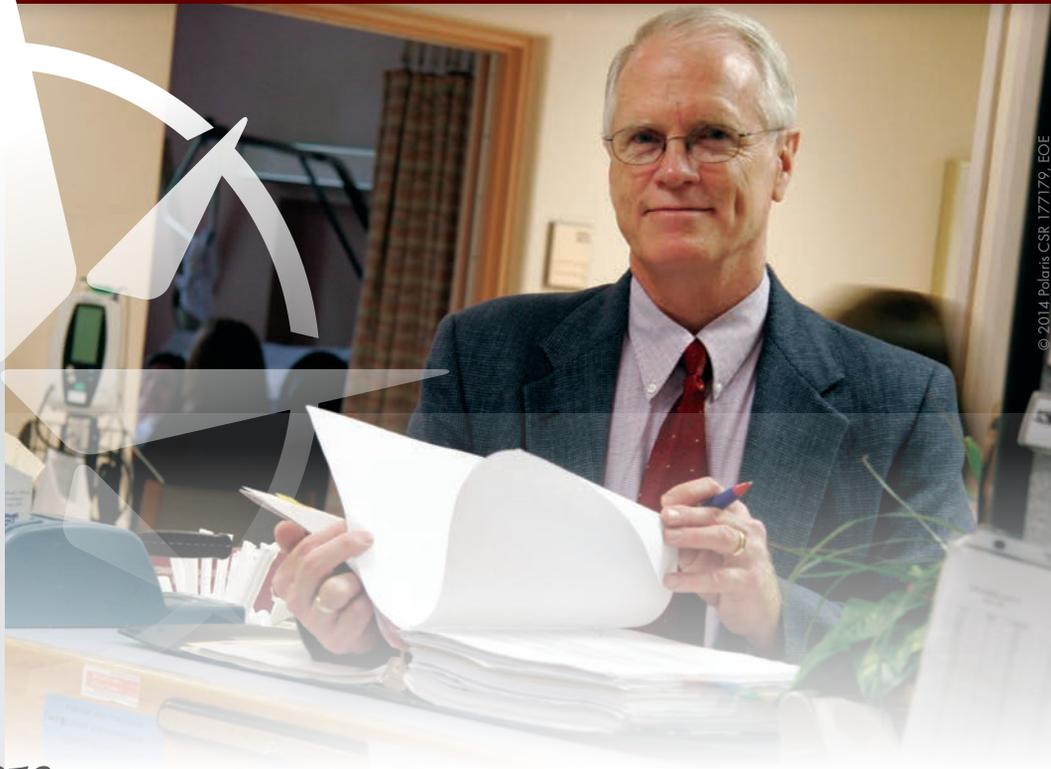
How our company services the industry

OnShift addresses critical workforce challenges in long-term care and senior living by helping providers to:

- **Control Labor Costs:** OnShift's predictive analytics help providers improve their bottom line by reducing overtime, minimizing clock-riding and balancing staffing levels to avoid unnecessary costs.
- **Boost Efficiencies:** Scheduling tasks are simplified online, with access extended to employees through a mobile app. Communities boost worker productivity and spend up to 70% less time on scheduling with OnShift.
- **Increase Consistency & Predictability:** OnShift provides a 360° view into staffing across communities, gives executives tools to manage labor by exception, and facilitates consistent staffing.
- **Improve Satisfaction & Care:** OnShift helps providers staff appropriately to deliver high quality care. With OnShift, employees become more engaged and satisfied with their work schedules, helping to increase satisfaction and reduce turnover while increasing quality of care.

Specific programs/services/solutions we offer

- **Staff Scheduling and Labor Management** software to get off paper and go online.
- **Mobile App for Employees** for 24/7 access to work schedules.
- **Acuity-Based Staffing** to balance staffing plans based on resident acuity and census.
- **Customer Success Management** for ongoing best practices to achieve sustainable value.



We Turn Problems Into Long-Term Solutions.



We bring integrated operational, regulatory, clinical and financial expertise to the long-term care industry.

At Polaris Group, our consultants help our clients achieve compliance and accurate reimbursement while managing costs, improving efficiencies and delivering high-quality care. We also offer up-to-the-minute training programs nationwide.

At the facility level our consultants “roll up their sleeves” and work alongside the leadership team, corporate finance department, clinical staff and internal and external consultants in order to put in place best practices and benchmark results. We offer:

- QIS/OBRA Mock Survey
- Comprehensive Medicare Operations Assessment
- Interim MDS Coordinator/DON Placement
- MDS Accuracy & Medicare Compliance Reviews
- Key Indicator Trend (KIT) Medicare Utilization Reports
- LTC Institute Training Workshops
- Medicare Billing Services
- RUG & MDS Revenue Management
- Medicare Certification Start-up
- Webinar Trainings
- Cost Reporting – Medicare/Medicaid
- Corporate Compliance Programs

To learn more, contact us at:

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Visit us at: www.polaris-group.com

Polaris Group

Company Profile

The mission of Polaris Group is to provide customized clinical, operational and financial solutions with expert implementation to post-acute health care providers. For more than 25 years, Polaris Group has provided compliance, regulatory, clinical, operational and financial expertise to the long-term care industry. Polaris Group was established in 1988 to assist post-acute healthcare providers in realizing accurate reimbursement amid increasing regulatory complexities. As a nationally recognized consulting firm with a solid record of achievement, our clients have come to depend on Polaris Group for the timely and integrated support needed to prosper in this dynamic and competitive industry.

Our Philosophy

From the advent of the Medicare Case Mix and Quality Demonstration Project and the Balanced Budget Act of 1997, Polaris Group has been at the forefront of implementing change and helping our clients succeed under the Prospective Payment System (PPS). Our ultimate goal is to be a strong partner in our clients' success by delivering the highest quality of service, anticipating needed change and demonstrating quantifiable value. Our staff brings a level of expertise unsurpassed in post-acute care consulting companies.

How our company services the industry

At Polaris Group we strive to be the recognized industry specialist, providing our clients with strategies to assist in achieving compliance and accurate reimbursement while managing costs, improving efficiencies and delivering high-quality care. As trusted and recognized industry leaders, Polaris Group Consultants are often featured as speakers at state and national industry association meetings, as well as presenting up-to-the-minute training programs nationwide. At the facility level the consultants "roll up their sleeves" and work alongside the leadership team, corporate finance department, clinical staff, and internal and external consultants in order to put in place best practices and to benchmark results.

FastFacts



POLARIS GROUP™
Strategic solutions for health care

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Tampa, FL 33607

Date founded: 1988

Presence: We currently provide over 20 consulting services to over 2000 SNFs across the country.

Specific programs/services/solutions we offer

Polaris Group specializes in Medicare compliance, as well as customized clinical, operational and financial consulting. We are experts in the area of mock OBRA/QIS surveys, mock RAC/ZPIC audits, MDS accuracy audits, LTC Institute workshops, Medicare operations assessments, and Medicare billing services. We also offer interim MDS nurse and DON placements across the country.

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