2015 Guide

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Long-Term Care News & Assisted Living
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OnShift

Staffing needs accelerate

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Many operators are now at a staffing crossroads

As acuity continually increases in the senior housing sector, the need for skilled clinical personnel is increasing. Operators need to get more creative in attracting and retaining staff if they are to keep pace

By John Andrews

As an industry facing chronic staffing challenges, the need for qualified workers in the seniors housing and care sector continues to grow with rising acuity levels. In order to attract and retain desirable employees, operators will need to get more creative in their efforts, staffing specialists say.

"The rise in acuity levels is having a major impact on how assisted living and memory care units operate," says Mark Woodka, CEO of OnShift. "The staffing profiles at assisted living and memory care are starting to look more and more like the skilled nursing facilities of five to seven years ago. Assisted living and memory care providers are going to start needing larger nursing staffs, which will put pressure on an already inadequate supply."

To be sure, clinical positions are a huge need, agrees Dwight Tew, vice president of recruiting at seniors housing and care giant Brookdale.

"It's no surprise to anyone that nurses and others who work in the clinical field are in high demand," he says. "The projected job growth for nurses is faster than average among all U.S. occupations with aging baby boomers and a growing need for healthcare across the country."

Woodka adds that while high turnover, staff shortages and increasing acuity are resulting in greater job needs across the board, "caregivers remain the most urgently needed vacancies for providers to fill."

One encouraging trend is a renewed focus on improving staffing, Woodka says. In his experience, providers are looking for ways to consistently have staff on hand to meet their residents' needs while rooting out any unnecessary costs.

Photo: Thinkstock

Operators need to take more creative approaches to staffing, experts say.

"We hear from many providers that this is the year to get their arms around staffing costs and to get better at recruiting and retention," he says. "I think there is a renewed focus because many providers have their electronic health record implementations behind them and are now turning their attention away from clinical and revenue management to cost management."

In Brookdale's case, Tew says the staffing situation has remained constant and that the organization has had consistent success at finding and recruiting employees to work at their properties "because the individuals we hire are looking to make a meaningful difference in the lives of our residents. This intrinsic desire to help and impact other people remains a consistent characteristic among applicants."

As the job market becomes more competitive in senior housing, wage pressure will increase and providers also will need to find creative ways to attract and retain talent, Woodka says. One way is to utilize modern staffing and scheduling software to involve employees in planning their own shifts, so that they feel more empowered and engaged in the process, he says.

"As an industry, we have been very resident-centric and that's a good thing, but we also need to focus on the needs of our workforce," Woodka says. "By tracking and catering to employee preferences on when they can and cannot work, it results in improvement in satisfaction and retention." ■

3 TRAITS THAT 'LEAVERS' SHARE

An extensive long-term care workforce research report from the University of California-San Francisco released in January found that job "leavers" show specific patterns in their work habits, economic profiles and exit traits, as opposed to "stayer" indicators. Within the context of studying these behaviors, researchers found that the rate of leaving long-term care is greater than the entry rate.

Among the patterns that "leavers" display:

1. Greater levels of work disability
2. High levels of poverty
3. Becoming unemployed after leaving

"These patterns suggest that there may be challenges to maintaining an adequate and well-trained workforce as the demand for LTC workers grows," researchers said in the report.

Source: Univ. of California-San Francisco, 2015

MARKET UPDATE

Managed care is changing how providers operate

Seen as an effective cost reduction model, more long-term care facilities must now adjust to moving away from fee-for-service and into capitated risk-sharing programs. Expect the change to be dramatic

By John Andrews

If it isn't yet, managed care will soon be considered the "new normal" for all sectors of the long-term care industry, specialists in the field say. Though it is not pervasive at this point, eldercare providers are already seeing forms of managed care arrive in some state Medicaid programs, as well as for Medicare and private insurance plans.

"States are increasingly using managed care as one more strategy in their quest to expand community-based options to people," says Paul Saucier, director of Integrated Care Systems at Truven Health Analytics and co-author of a 2012 study, "The Growth of Managed Long-Term Services and Supports Programs."

"Increasingly, states are finding that by implementing MLTSS programs, they can reduce preventable admissions to nursing homes, avoid redundant services, fill gaps in care and reduce per-person costs. As a result, we project continued growth in terms of the number of states, the number of programs and the number of enrollees."

New York has championed the growth of managed care, forming the Medicaid Redesign Team in 2010 as way to improve care, address causes of poor health and reduce costs. The plan depends on coordinating services and increasingly relies on primary care and preventative care.

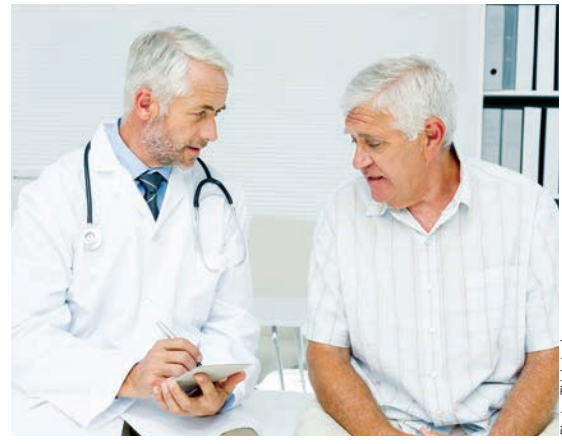

Photo: Thinkstock

Managed care is changing payment structures. As a result, operators must reconsider all aspects of running their organizations.

Because managed care payments come as a fixed fee for providers, it is a risk-sharing model where services are controlled by judicious use of hospitals and long-term care facilities while also utilizing more home and community-based services.

"More patients are cycling through nursing homes in a year and as they cycle through, their coverage is now more influenced by managed care," says Jim Kohler, vice president of national accounts, Extended Care, at McKesson Medical-Surgical. "More states are outsourcing Medicaid and Medicare as well as private managed care. They are finding that managed care with private insurance is the lowest-cost option and we see it as more influential in skilled nursing facilities than custodial environments. Managed care may occupy a small percentage of care plans right now, but its influence is clearly growing rapidly."

Under most managed long-term care contracts, there is no incentive paid to the nursing home for improving care, but if the operator enters into a risk-bearing agreement, there could be care improvement incentives under the New York plan, the Healthcare Education Project explains in a written report. And while there is no official policy that determines rates, HEP anticipates a transition period of about two years where payments are based on existing rates.

"In the future, managed care organizations and nursing homes will need to negotiate a payment rate that satisfies the contracting standards that the New York Department of Health will create," the HEP paper explains. "All industry stakeholders, including the union, will be involved in the development of these standards."

To be sure, dealing with managed care procedures will be a dramatically different experience for providers accustomed to traditional Medicaid and Medicare plans, Kohler says.

"Facilities now have to hire people or work with consultants to figure out how to work with the managed care plans," he says. "It is necessary because managed care follows the patient throughout the healthcare continuum and long-term care plays an important role." ■

THREE GOALS OF MANAGED LONG-TERM CARE

Medicaid, Medicare and private insurance plans are shifting away from the fee-for-service model and into capitated managed care risk-sharing programs. The transition will require providers to undergo a dramatic change in how services are paid for.
By coordinating services and increasing reliance on primary care and preventative care, managed long-term care expects to achieve three primary goals:

1. **Improve quality of care**
2. **Address the root causes of poor health**
3. **Reduce costs**

Because managed long-term care utilizes institutional and community-based providers, long-term care is an essential part of the equation and will be included in more managed care plans in the future.

Adjustments needed to fit into the ACO puzzle

Long-term and post-acute care organizations have the opportunity to assert themselves in partnerships that span the healthcare continuum

By John Andrews

As the traditional fee-for-service payment model fades into the background in favor of new value-based initiatives, long-term and post-acute care providers need to figure out their roles in the new care environment and how they can work within an accountable care organization or similarly organized network to serve patients, ACO advocates say.

In fact, LTPAC organizations that haven't sought ACO participation to date should start exploring their options as the new Medicare payment model gains prominence. The Department of Health and Human Services recently announced that 30% of Medicare dollars will be allocated to "coordinated care" models, such as ACOs and bundled payment programs, by 2016. Up to 50% will be dedicated to them by 2018.

"There will be a significant increase in the sense of urgency from health systems and hospitals who were slow to embrace and engage the initiatives outlined in the Affordable Care Act of 2010," says Josh Luke, Ph.D., founder of the National Readmission Prevention Collaborative. "I suspect it was this colossal 'dragging of our feet to conform' from the acute sector that HHS was hoping to speed up when it upped the ante with this latest announcement to increase penalties for those not in a coordinated care model."

For skilled nursing facilities to become viable ACO participants, Luke says that they need to change their mindset away from gaining incentives for extending length of care and tying it to bonus structures for personnel instead.

Photo: Thinkstock

Many operators must change if they are to fit into an accountable care organization structure.

"SNFs need to transform their methodology to a model where they see themselves as a cost center and that the entire care plan is based on the goal of number of days a patient needs to return home safely," he says. "Rather than the SNF saying, 'We can't survive with a six-day or less length of stay,' they need to start preparing for the fact that they have no choice in the matter and must evolve to a business model that embraces this trend."

While minimizing acute care is a major goal, the plan is not to compensate with longer post-acute care stays, which is "a misnomer," Luke says.

"The true end game is patient-centered care built around the fact that every human being would prefer to age and heal at home, not in an institution," he says. "We all must truly embrace this new model of the future and understand that as providers we have served as cost centers in the old one."

The door is open for both SNFs and assisted living providers to fill network voids and find new business arrangements that allow them to thrive, Luke says. Their leverage for negotiations, he maintains, is to tout their value in "managing and minimizing utilization — that's it. That is what the post-acute sector needs to be focused on for investment or growth." ■

3 KEY FACTS ABOUT INTEROPERABILITY

Technology interoperability has not been a priority for most LTPAC providers, but it is gaining importance as hospitals reach out to community partners for ACOs. Here are three key facts about interoperability:

1. **Achieving interoperability is not expensive.** While there is a cost associated with interoperability, that cost is outweighed by the value of being able to see more information about a resident's care throughout the continuum in order to create better outcomes.

2. **You don't need an EHR.** EHRs simplify matters, but are not necessary. MDS data can be transformed into a Continuity of Care Document that is easily integrated into an EHR.

3. **There are standards.** Many LTPACs often use a perceived lack of standards as an excuse for not working toward interoperability, but standards do exist with MDS and OASIS that providers are already using.

Source: VorroHealth, 2015

MARKET UPDATE

New budget rule: Listen to what market is saying

Preparing for the year ahead takes keen anticipation, acute listening skills and confident projections about challenges and opportunities that your organization will likely face

By John Andrews

Staring at last year's revenues and expenditures is where budget planners usually begin when preparing the numbers for the next 12 months, and it often can be an exercise in frustration.

After all, it can be a tricky procedure to anticipate which areas might need extra dollars, which ones can get by with less and where extra revenue might be generated. But forecasting and allocation can be a less arduous task if budget planners place trust in two sources: data collection and management, says financial consultant Wallace Weeks.

"A good part of next year's decisions will be based on trends and results and relationships of inputs and outputs that can be quantified in this year and previous years," he says. "So at next year's budget, if I have good information on inputs and outputs, if I've got my staffing costs at a contained percentage of revenue and am able to fit into a particular trend line, it is reasonable to expect that trend line to continue with some tolerance."

Data is not collected in a vacuum, so budget planners need to rely on key staff members in the organization to provide the type of information that goes into making sound decisions about projected revenues and expenses, Weeks says.

"You must get the buy-in from your key people because you can't execute a budget without them," he says. "You can't just throw a budget at the director of nursing and say, 'You get this many dollars to spend on clinical staff next year,' and then go to the director of rehab and say the same thing. There needs to be a bottom-up component; you need to really listen to the people who can execute on the budget and trust that they can do it."

Photo: Thinkstock

Budget planning requires solid information and quality input from your staff.

A common tactic is to aim for what Weeks calls a "stretch budget," in which the organization finds a plausible growth rate and aims higher.

"If everyone is comfortable with 10% growth, shoot for 11%," he says. "But a stretch budget needs to have input from the bottom up."

Budget planners also need to look outside the organization to see what influences there are within the marketplace and the industry itself. Regulatory changes, new policy enactments, market force trends and developments within the community can all impact budget decisions.

"Look at what the market is telling you about the time frame of the budget, the pressures on pricing and where is it coming from," he says. "They all play a part in framing the budget."

Some budget issues vary among long-term care organizations, depending on whether they are part of a chain or an independent entity, Weeks says.

"There is a top-down influence at the chain level and that is the expectations from shareholders," he says. "Mom-and-pops don't have that budget constant."

Weeks concedes that not all budget projections pan out, but that "it's always an eye-opening experience to follow it throughout the year." ■

BETTER BUDGETING IN 3 EASY STEPS

Budgeting is critical to the success of any long-term care organization. Here are three principles you need to follow methodically:

1. **Trust your data and department heads.** Information is power when planning a budget and relying on proven performance numbers and recommendations from key staff members will help build a framework for the year ahead.

2. **Stretch your goals.** If your team finds consensus with a reasonable growth rate, shoot a little higher. It costs nothing and can bring bigger rewards.

3. **Consider outside influences.** After looking internally, cast a gaze at forces outside the organization to see what impact new regulations, policies, market trends and community developments might have on the budget.

Making sure that all your bills get paid — on time

Clean claims mean clean receivables, so all the necessary information for each resident's payer profile must be gathered at the time of entry, experts emphasize

By John Andrews

One of the most important indicators of a long-term care organization's financial health is accounts receivable — specifically the days outstanding level. In an industry where cash flow problems are common, gaining control of accounts receivable should be a paramount priority, says Patricia Boyer, a director for Wipfli.

The place to start in shoring up A/R and DSOs is a logical one — at the point of intake. When a resident enters the facility, all relevant information about plan type, coverage, co-pays and deductibles should be collected before that resident is even shown a room.

"When you check into a hotel, they don't give you the room first and then ask for payment," Boyer notes. "Neither should a long-term care facility."

Yet LTC facilities commonly do just that and leave the detail work for someone else to follow up on later, she says.

"From an operational standpoint, it is my philosophy that we need to know more information about the people coming into the facility and that begins at admissions," Boyer says. "If staff are not understanding what the person can pay upfront, they will get themselves into trouble. They need to know what their insurance coverages are, and often they don't. I've seen facilities that will bill Medicare and find out that the patient has a private managed care plan. They're not doing their due diligence."

Photo: Thinkstock

One key to avoiding cash flow challenges is to make sure that accounts receivables don't linger.

If the precise resident information is not being gathered at the time of intake, facilities should put someone of authority, such as the office manager or business manager in charge, on the task, Boyer says.

"When they're not in charge of getting the necessary information up front, it means they are wasting time retrospectively figuring things out," she says. "Precious billing time is lost by not having the essentials to put together a correct claim."

Las Cruces, NM-based financial consultant William Hoppert has worked as a long-term care business manager and says in his experience a decent DSO level is 50 days. Filed electronically, most payers will settle clean claims within that 50-day window, he says.

"Make sure every 'i' is dotted and 't' is crossed," Hoppert says. "Before sending a claim, check to see that everything that needs to be there is included, especially authorization number and continuing authorization."

Another critical piece for Medicaid-certified facilities is to determine where a resident is in the qualification process, and this task is not performed as regularly as it should be, Boyer says.

"I've talked to the people in charge of the Medicaid application and have been told that, 'It is not my job to make sure it is correct,'" she says. "That is the wrong attitude. Once residents arrive, they are your responsibility and you need to make sure where your payments are coming from." ■

3 TIPS FOR GETTING YOUR DUE

Generating and maintaining a healthy accounts receivable and days outstanding level depends on the timeliness, accuracy and consistency of patient claims information. The biggest mistake that long-term care facilities make is not establishing a patient payment profile at the time of admission. Accounts receivable specialists suggest three key tips for ensuring a healthy bottom line:

1. **Don't be shy about asking for all relevant insurance information.** All pertinent staff should be instructed to ask residents for their insurance cards, coverage details, co-pays and deductibles at the time of arrival. Otherwise, office personnel might have to turn to retrospectively trying to piece it together, wasting valuable claims filing time.

2. **Strive for a DSO level of 50 days.** Filed electronically, most clean claims are paid within that period. Check all claims for accuracy before they are filed; otherwise, the longer wait will result in higher DSO levels.

3. **Help residents secure their Medicaid status.** Getting a Medicaid beneficiary's status is imperative, even if it means escorting them to the Medicaid office.

MARKET UPDATE

Effective marketing needs to target diverse groups

As long-term care acuity level grows, so does the number of potential clients in an environment that is growing more competitive. Successful messaging relies on a mixture of old school and new school tactics

By John Andrews

The term "customer" has a multi-tiered meaning in long-term care because the industry serves a wide and varied population. Residents and patients receive the bulk of attention, of course, but also included in the customer spectrum are families, referral sources, potential provider partners and payers.

All of their interests must be served by the long-term care organization.

Which brings up an interesting situation when considering the LTC provider's ideal marketing strategy. Formulating an effective message for a diverse group of customers requires an extensive assessment of an organization's machinations, capabilities and goals. Then it becomes a quest to deliver the message, covering all the specific details for each audience.

While it's a demanding task, it is also a manageable one — if long-term care organizations adhere to two approaches: new school and old school, says Steve Wright, president of Wright Mature Market Services.

"For new school, you must have a technology platform to show clients that you know what they're doing, you know what you're doing and that you can communicate your outcomes successes in an effective manner," he says.

"For old school, it means relationships. Even though you need technology, you also need shoe leather on the street, connecting, developing relationships, networking and helping people understand what you do."

Having a technology infrastructure is especially important for newly emerging customer-partner relationships with community providers for participating in accountable care organizations, says Siva Subramanian, Ph.D., vice president of mobile products for Zynx Health.

Photo: Thinkstock

Senior living organizations need to combine new and old marketing strategies.

"In order to reduce avoidable readmissions and ED visits, hospitals are looking to partner with post-acute care facilities that can clearly show better patient care metrics," he says. "Likewise, LTC facilities must step up their game in terms of having a strong IT infrastructure in place to effectively manage and measure quality of care, particularly for patients deemed high risk. Investing in analytics to review data for patterns of care for and quality improvement programs — with the dual goal of the clinician taking action at the point of care — would be a big advantage in the ACO world."

Effective communication is at the heart of every marketing message, Wright says, whether it is designed for residents and their families, referral sources or payers.

"There is such an alphabet soup of services out there, you need to define your niche," he says. "That's where people come in. If customers don't know what you're doing, if you're not having meaningful relations, your pipeline can dry up quickly."

As long-term care investment ramps up, new companies are coming into the market from outside the industry and Wright sees a lot of technological sophistication and marketing savvy from these people.

"There are organizations putting in new campuses today who really get it — they are building for today's customers and are marketing it effectively," he says.

Marketing to payers is another level that requires expertise in contracts and negotiations to establish effective relations with insurers. Wright says providers need to exercise a fair amount of patience in working with payer effectively.

"It might take two years to get a contract with a managed care payer, but keep at it because it's a long-term gain," he says. "Because if you're outside looking in when a contract comes up, you won't get the business." ■

MARKETING ADVICE THAT RESONATES

"People don't want to be sold. What people do want is news and information about the things they care about."
— Larry Weber, PR and marketing expert

"To me, we're marketing hope."
— Joel Osteen, televangelist and author

"Our job is to connect to people, to interact with them in a way that leaves them better than we found them, more able to get where they'd like to go."
— Seth Godin, marketer and entrepreneur

Staffing: More than just supply and demands

By Julie E. Williamson

Attracting and maintaining quality staff has always been crucial to a senior living operator's success, and it's becoming all the more essential in today's competitive hiring market. Fortunately, some proactive approaches can boost staff satisfaction and give a facility a hiring advantage over the competition, experts say.

Most often, getting the right staff requires having the right managers.

"There's research that people don't leave companies — they leave managers," says Marina Aslanyan, CEO of SmartLinx Solutions. Focusing on management training, and providing competitive benefits and a positive work environment that offers scheduling flexibility matter. So do little perks, such as employee recognition and events, she reasons.

Hiring for clinical skills is certainly important, but behavioral competencies and one's alignment with the organization's mission, vision and values are also essential, says Michael DiPietro, chief marketing officer for HealthcareSource.

"Senior housing communities are committed to providing residents with choices, independence and dignity. To deliver on this promise, organizations must find employees who value service and relationships."

A professionally trained person, such as a human resources manager or hiring manager, can help screen applicants before selecting interview candidates to eliminate time spent interviewing unqualified applicants, Aslanyan adds.

A detailed hiring strategy that is consistent throughout the organization, and for all positions, also is vital, according to Marguerite McLaughlin, senior director of quality improvement for the American Health Care Association. This should involve behavioral-based interview questions; ways to engage employees in interviewing and mentoring; performing 30-, 60- and 90-day reviews; conducting routine rounding; and setting office hours for direct reports.

Photo: Thinkstock

Building the right team takes continual diligence and no small degree of insight and effort.

"Encourage regular visits and appointments by administrators, managers and supervisors in the employee's work space," she says. "This fosters staff job satisfaction, while saving managers time."

Promoting an open environment where managers can share successes and to determine best practices is another beneficial approach, according to Randell Johnson, marketing director for Prime Care Technologies.

Skill assessments and surveys can further ensure that prospective employees are not only able to do the job, but willing to do it.

"That's the real secret to reducing turnover: getting the right people in the door from the start," says Martha Abercrombie, SHRM-SCP, SPHR, VP of strategy at Vikus Corp.

Intuition and experience also factor into the selection and hiring process.

"It's a gut feeling, sometimes," explains Deborah Rosenthal Zemel, MSW, director of Chai Point Senior Living in Milwaukee. "I look to see if there's chemistry. When I walk people around, I pay attention to whether they're smiling and interacting with residents. Some tasks can be taught, but how people relate and interact is a real talent, a gift that can't always be taught."

In the fast-paced senior housing environment, employers who clearly communicate expectations will better attract and keep quality staff, says Julie Osborne, director of recruitment for LeaderStat.

And while negative performance issues must be promptly addressed, finding ways to recognize talents of top performers is equally vital.

"When employees behave in ways that exemplify the organizational culture, be sure to acknowledge their efforts and celebrate their successes," DiPietro advises. "By recognizing consistently high performers, healthcare organizations are reinforcing their positive behaviors and encouraging their peers to emulate these positive actions." ■

WHAT *NOT* TO ASK DURING AN INTERVIEW

Here are a few examples of off-limit inquiries, according to Martha Abercrombie, SHRM-SCP, SPHR, VP of strategy at Vikus Corp.

- "You have an accent. Where are you from?"
- "Have you been arrested?"
- "What's your political affiliation?"
- "We appear to be close in age. Do you think you'll have any problem keeping up with the physical demands of the job?"
- "Are you planning on having more children?"

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MANAGING FOR SUCCESS

Working in harmony doesn't happen by accident

By Julie E. Williamson

Interdepartmental communication and team collaboration are essential to the success of any seniors housing community and its delivery of quality care. It's also one of an operator's greatest challenges.

Silos, which can be so damaging to organizations, are especially prevalent in healthcare. Different professions and areas of expertise often lead to disparate priorities and opinions. Beyond that, limited resources — especially time — sometimes push staff to limit interdepartmental communication and work independently, in the confines of their own discipline. It's an all-too common scenario that can hinder informed decision-making and jeopardize resident care.

"If staff are in separate silos, they will lack understanding of challenges and opportunities to promote collaborative teamwork and person-centered service," says Stella Hatcliffe, RN, MSc, CPHQ, manager of professional education for the Mather Lifeways Institute on Aging.

Hard data underscores the notion that ineffective communication among healthcare professionals is a top cause of medical errors and patient harm. Statistics compiled by The Joint Commission reveal that communication failures lie at the root of more than 70% of sentinel events.

Photo: Thinkstock

A silo mentality can crush teamwork, which is so critical to operational success.

Education and targeted teambuilding methods are a first line of defense for providers aiming to unify departments and teams. Staff "huddles," where a representative from each department or discipline come together daily to discuss challenges, best practices and care plan changes, is one often-effective approach.

Juniper Communities, an assisted living, memory care and skilled nursing provider, created focused communication-building programs to enhance resident and staff experience. Each quarter, interdisciplinary representatives — including those from dietary, activities and marketing — come together via telephone to plan programs and share their ideas for their communities.

"We've also developed our Care Transitions initiative, which brings our director and leadership teams together," says Diane Byrne, VP of Program Development, Training & Operational Oversight for Juniper Communities. "We also use an onboarding process, where new associates are assigned a mentor to help guide them."

Deborah Rosenthal Zemel, MSW, director of Chai Point Senior Living in Milwaukee, has seen firsthand the power of teamwork and its impact on resident care. "Sometimes, housekeeping and laundry staff are the first to notice when something is going on with a resident. We need to rely on their information and instincts so we can proactively address any issues or changing needs of the resident."

Employee shadowing is another effective way to promote greater appreciation and collaboration. An example might be where a social worker spends the day with a CNA, Hatcliffe explains. "Shadow days across disciplines enhance understanding of each other's daily contributions, role responsibilities and how they can communicate collaboratively with one another to promote high quality service." ■

TOP REASONS DEPARTMENTS DON'T SHARE

Communication breakdown comes in many forms and multiple reasons can be to blame. Here are some of the most common contributors, according to authors from the Denver Health Medical Center study "Improving Patient Safety through Providing Communication Strategy Enhancements."

1. Care providers often have their own disciplinary view of what the patient needs, with each provider prioritizing the activities in which he or she acts independently.

2. Healthcare facilities have historically had a hierarchical organizational structure, with significant power distances between or across healthcare professionals. This frequently leads to a culture of inhibition and restraint in communication.

3. Cultural differences — as well as differences in education and training among professions — often result in different communication styles and methods that render communication ineffective.

The full report may be accessed from the Agency for Healthcare Research & Quality website (www.ahrq.org).

Like the field, scheduling gets more complicated

By Julie E. Williamson

Hiring the right staff is undeniably important, but the same can be said of assigning staff appropriately to ensure consistent, timely and top quality resident care.

Finding the right balance isn't always easy. Over-scheduling is frustrating and costly, and under-scheduling can tax on-the-clock staff, rack up overtime hours, contribute to staff resentment, and prompt negative resident outcomes and even survey deficiencies. Fortunately, a number of sophisticated scheduling solutions exist to help facilities tip the scale in their favor.

"Scheduling solutions are vastly different from those offered in the past. For the first time, there are industry-specific solutions," says Mark Woodka, CEO of OnShift. "Providers need a solution designed for long-term care and senior living that takes patient and resident census and acuity into account. It's also important that the system integrate with clinical and time-keeping systems to get a unified view into labor management, and have predictive capabilities to prevent staffing problems before they occur."

According to Woodka, controlling costs starts with a dedicated scheduling person who is trained to see their job as more than just "plugging holes in the schedule" so enough caregivers are on hand to meet residents' needs.

"This can no longer be the only criteria. The most successful organizations have elevated the scheduler position and hold that position responsible for minimizing excess labor costs, such as overtime," he explains.

System integration further aids staffing success. As SmartLinx Solutions CEO Marina Aslanyan explains, "Integration with employee self-service and mobile solutions gives employees anytime access to schedules and speeds the process of filling shift replacements." SmartLinx end-to-end workforce solutions provide access to real-time information. A small team can manage and support a distributed and mobile workforce for a large facility network from a centralized location.

Photo: Thinkstock

Scheduling requires a balanced approach, and ideally an employee dedicated to the task.

"Because of this greater level of communication, automation, and integration across multiple workforce functions, creating monthly schedules is reduced from days and hours to minutes," Aslanyan says. The Schedule Optimizer products, a core solution in the WorkLinx workforce management suite operates with real-time actual time and attendance data, and other related workforce data, and allows more accurate labor need forecasting.

Non-tech approaches, such as employee cross-training, also can alleviate staffing headaches. In the University of Wisconsin-Madison School of Nursing document, "Implementing Change in Long-Term Care: A Practical Guide to Transformation," it's recommended that all staff become certified nursing assistants, so everyone can step in and assist when needed.

The authors also advocate cross-training department heads and frontline workers, so they can assist with dietary, housekeeping, laundry, and activities functions. With these "universal workers," work hours are not increased for the facility. Instead, "they are redistributed and [staff pay] is based on their primary department," the authors note. ■

OUTRAGEOUS EXCUSES FOR MISSING WORK

Last year, CareerBuilder surveyed managers and workers to learn how and why people call off work — and the results ranged from startling to laugh-out-loud funny. Here are the top 10 excuses from 2014:

1. "I just put a casserole in the oven."
2. "My plastic surgery needs some tweaking to get it right."
3. "My feet and legs fell asleep when I was sitting in the bathroom. I stood up and broke my ankle."
4. "I was gambling all weekend and still have money left. I need to win it back."
5. "I'm stuck in the blood pressure machine at the grocery store."
6. "I have a gallstone and I want to heal it holistically."
7. "I put my uniform in the microwave to dry it and it caught fire."
8. "I accidentally got on a plane."
9. "I [was out] last night and don't know where I am."
10. "I woke up in a good mood and don't want to ruin it."

MANAGING FOR SUCCESS

Colleges adapting programs to prepare leaders

By Julie E. Williamson

As the elderly population increases, there's a greater need for professionals with advanced knowledge and expertise to meet residents' wide-ranging care and service needs. It's a need understood by more and more colleges — many of which are now offering a broad scope of courses and degrees that are tailor-made for current and prospective senior housing leaders.

"The demand for professionals with expertise in aging is growing rapidly, and career opportunities in gerontology and geriatrics are numerous and varied," notes the College of Public Health's Institute of Gerontology.

Today, higher education options are virtually endless, with degree focuses ranging from business, financial, legal and health policy to nursing, administration, food sciences, pharmacy, and more.

"Some nursing homes are requiring that their administrators become CNAs, for example," says Philip DuBois, CNHA, FACHCA, program manager of long-term care administration at Saint Joseph's College.

While many programs exist for nursing home administration, until recently, there wasn't a program to cover the full gamut of senior housing — from independent and assisted living to memory care and continuing care retirement communities.

Photo: Thinkstock

Professionals in the field must master a growing number of skills.

"Senior housing requires a unique skill set for not only a philosophically different product, but one operating within a majority private pay — retail — environment," explains Andrew Carle, executive-in-residence for George Mason University's Program in Senior Housing Administration. With its development of the Program in Senior Housing Administration in 2002, GMU became the first to meet this need, offering coursework that focuses on the day-to-day management of senior living. The program curricula include full semester courses in both Senior Housing Management & Operations and Senior Housing Sales & Marketing. Senior housing-specific internships are also offered, with nearly all completed in a senior housing community or related organization, and hosted by many of the industry's largest providers — Brookdale, Sunrise, Erickson — and numerous regional providers.

"While the majority of students complete traditional community-based internships, we can tailor them to maximize their value. When we had a student from China interested in returning to pursue a career in senior housing, we partnered with Aegis Senior Living to complete her internship at Aegis Gardens, the nation's first Asian-American assisting living," Carle notes.

More colleges are seeking accreditation from the National Association of Long Term Care Administrator Boards, too, which is helping elevate program quality, according to DuBois. "The accreditation criteria ensure that programs are aiming at a high target."

Further, more of today's course programs are drawing from the hospitality sector. Later this year, Saint Joseph's College will launch a new degree program in senior living leadership, a program that DuBois says will be infused with a hospitality theme. ■

WHAT'S NEW IN HIGHER LEARNING?

It's a new world in education for those in the gerontology profession — or those seeking a career in the field. Here, Philip DuBois, CNHA, FACHCA, program manager of long-term care administration at Saint Joseph's College, weighs in on some of the biggest and brightest changes.

- Both veteran and novice administrators are realizing they need the skills to manage multiple service lines. College programs and, in fact, the National Association of Long Term Care Administrator Boards' (NAB) accreditation criteria, are beginning to address this.
- Schools are starting to offer courses that go in-depth in more areas, such as offering courses in emergency preparedness, Alzheimer's disease and dementia, spirituality in aging, reimbursement issues, and more.
- Colleges are realizing that the world of aging continues to evolve. I cannot possibly teach a student in four years everything that he or she will need to be a successful leader for the next several decades. Part of my role is to provide networking with leaders in the field — both individuals and organizations — so students can remain current with ongoing developments. We're teaching leadership skills, not factual retention.

Net advantage for online learning

By Julie E. Williamson

These days, senior housing professionals don't have to attend a brick-and-mortar college to get an education. Thanks to the Internet, advancing knowledge and skill sets, and fulfilling continuing education requirements has never been easier — or more cost-effective.

"Providers recognize that face-to-face learning is more of a luxury that few can afford in relation to time, travel and finance," says Marguerite McLaughlin, senior director of quality improvement for the American Health Care Association. "In addition, 'just in time' education is becoming more necessary, meaning at the bedside, in the moment or before a crisis."

Today's online education spans a wide range of modalities, including webinars and podcasts, lesson plans, tool kits, research papers, videos, and more, to meet users' unique needs, learning styles and preferences.

"We need to offer numerous ways for learning to be flexible and happen on a person or organization's own time," notes Kevin Bradley, education development manager at LeadingAge.

Bradley suggests providers offer diverse learning platforms and content-rich opportunities that complement in-person experiences, and appeal to different job titles and categories, generations and parts of the continuum of services. LeadingAge offers live learning webinars that cover timely topics and provide National Association of Nursing Home Administrator Boards credit. LeadingAge also offers Quick Casts, short, pre-recorded PowerPoint presentations; online access to films related to aging services and a downloadable discussion guide; spotlight articles on specific topics; and pay-per-view education, including recorded webinars and some in-person recorded events.

Blended learning approaches are also gaining ground. Redilearning's online learning platform, for example, combines online and in-person learning, where it makes sense. The company also hosts webinars and provides education consulting services to help organizations navigate the potential of online learning.

"An important tip is for managers to get involved in their learners' online learning activities. When managers ask follow-up questions, it lets the learner know that the learning is important from an accountability perspective," says Jan Wilson, M.ED, SPHR, VP of Learning Design & Outcomes at Redilearning.

Photo: Thinkstock

Online learning options continue to expand.

To maximize adult learner attention and content retention, AHCA/NCAL are jointly developing the ahcancalED learning management platform, which will eventually include a learning community where people can build study groups around topics of interest. AHCA currently offers no-cost webinar programs that support education around key policy and advocacy issues, and also around four Quality Initiatives.

Keeping track of continuing education can be a challenge for busy healthcare professionals, and so can finding large stretches of time to complete online learning. More than ever, education providers are simplifying both.

Medline Industries' Medline University offers speaker lectures, articles, presentations with both visual and auditory explanations, as well as interactive competencies. The platform offers courses with "memory," allowing users to log in and out as many times as they need.

"When you have only ten minutes here, fifteen minutes there, and so on, you can complete [CEU courses] as time is available — without having to remember where you left off, or having to scroll back through," explains Jessica L. Taylor, MSN, RN, clinical nurse educator for Medline University. ■

HELPFUL SITES FOR ONLINE LEARNING

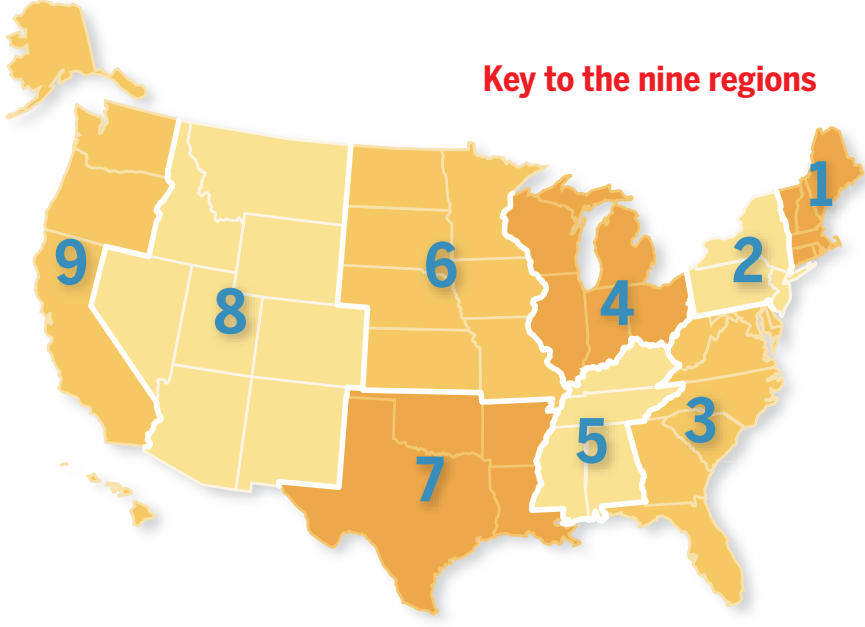
The Internet is overflowing with valuable information to help senior housing professionals of all titles and tenures advance their knowledge, professionalism and skill sets. Here are just a handful of the many available options to keep continuing education at the forefront:

- **Agency for Healthcare Research & Quality**
  www.ahrq.gov/professionals/education/curriculum-tools/index.html
- **American College for Health Care Administrators**
  www.achca.org/index.php/development/education
- **American Health Care Association**
  www.ahcancal.org/quality_improvement/Pages/default.aspx
- **Assisted Living Federation of America**
  www.alfa.org/alfa/continuing_education.asp
- **Institute for Healthcare Improvement**
  www.ihi.org/education/ihiopenschool/pages/default.aspx
- **LeadingAge**
  www.leadingage.org/distance-learning/
- **Medline University**
  www.medlineuniversity.com
- **National Association of Long Term Care Administrator Boards**
  www.nabweb.org
- **National Association Directors of Nursing Administration in Long Term Care**
  www.nadona.org/nadona_university.php

SALARY ANALYSIS

Wages hold steady, but labor costs are volatile

Administrator average salary steady at $95,178; DON average rises to $85,000



The Hospital & Healthcare Compensation Service "Salary & Benefits Report" reveals distinct salary differences among regions.

By Brett Bakshis

As the Great Recession continues to reverberate, the long-term care industry appears to have achieved a sort of tentative stability. For the third year in a row, the "Nursing Home Salary & Benefits Report" from Hospital & Healthcare Compensation Service (HCS) has found modest overall growth in the sector, particularly among management positions.

This is the 37th year for the industry analysis, which is endorsed by LeadingAge and published in cooperation with the American Health Care Association/National Center for Assisted Living.

Roughly 12,500 facilities were surveyed for the report. With a response rate of 16%, more than 2,000 facilities provided information regarding salary and benefits packages.

Directors, admins see gains

The top line numbers from the 2014-2015 report represent every facility that responded to the survey. This could include facilities participating in the survey for the first time, or those that have participated in the past but haven't submitted a response in recent years.

Looking at just these numbers, figures indicate that salaries for nursing home administrators dropped a fraction of a percent, from $95,200 in 2013 to $95,178 this year. But those few lost dollars aren't the whole story.

The top line numbers provide a good snapshot of the industry in a given year, but a more accurate picture of trends in long-term care can be painted with the data collected from facilities that respond year after year, according to Rosanne Zabka, director of reports

Photo: Thinkstock

More granular data in an annual report on long-term care compensation gives a rosier picture of administrator and DON wages than topline figures.

with HCS.

Using that metric, nursing home administrators actually saw a salary increase of 2.65% over last year, taking average annual compensation from $104,191 to $106,953. Similarly, assistant administrators saw a 2.32% bump, climbing from an average of $84,577 to $86,536.

On the clinical side, directors of nursing at facilities participating in the survey year-to-year saw an overall rise of 2.74% (from $84,448 to $86,766). Their assistants, meanwhile, enjoyed a slightly more modest 2.24% increase (from $68,536 to $70,069).

"The good news is, increases are remaining solid," Zabka says, "This is an indication the economy is remaining stable for healthcare jobs."

Fortunately for nursing home managers and staff,

"The good news is, increases are remaining solid"

Rosanne Zabka, Hospital & Healthcare Compensation Service

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

Title	2010	+%	2011	+%	2012	+%	2013	+%	2014	+%
Administrator	91,106	1.67	93,000	2.17	94,785	1.92	95,200	0.43	95,178	(0.00)
Asst. Admin.	65,321	0.49	63,000	(3.55)	65,000	3.17	65,300	0.46	71,050	8.8
DON	79,169	1.6	81,224	2.5	82,186	1.18	82,500	0.38	85,000	3.0
Asst. DON	62,400	0.0	63.442	1.6	65,000	2.46	66,425	2.19	66,560	0.00

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

Fewer than 100 beds

Region	Low	Median	High
1	90,272	97,288	106,995
2	89,209	96,729	105,825
3	86,598	91,450	103,220
4	78,081	86,850	93,725
5	80,045	87,679	93,275
6	65,377	71,985	79,483
7	80,425	92,000	102,000
8	72,015	88,472	99,019
9	93,991	108,014	117,402
Nat'l	**74,650**	**86,710**	**97,616**

100 or more beds

Region	Low	Median	High
1	97,365	109,999	120,058
2	91,172	105,598	121,383
3	95,940	106,700	121,243
4	85,455	96,387	104,667
5	91,806	98,940	105,113
6	79,073	90,242	102,154
7	86,250	95,000	105,000
8	89,516	97,876	112,912
9	109,990	119,138	132,148
Nat'l	**91,319**	**101,119**	**115,000**

All bed sizes

Region	Low	Median	High
1	94,860	104,962	116,713
2	91,101	102,786	120,020
3	91,933	102,988	117,952
4	82,999	91,800	100,329
5	86,892	94,760	103,328
6	67,430	74,995	86,499
7	84,984	93,120	104,418
8	79,997	92,997	107,314
9	99,655	112,200	125,000
Nat'l	**84,106**	**95,178**	**109,813**

Source: "2014-2015 Nursing Home Salary & Benefits Report," published by Hospital & Healthcare Compensation Service in cooperation with the LeadingAge and supported by the American Health Care Association.

National trend of average salaries
(same participating facilities year-to-year)

	2013	2014	+%
Admin	104,191	106,953	2.65
Asst. Admin	84,577	86,536	2.32
DON	84,448	86,766	2.74
Asst. DON	68,536	70,069	2.24

Administrator national median salaries

Facility type	Salary ($)
For-profit <100 beds	89,356
Nonprofit <100 beds	74,104
All <100 beds	86,710
For-profit >100 beds	101,114
Nonprofit >100 beds	102,252
All >100 beds	101,119
All types, sizes	**95,178**

Salaries by facility revenue
(national averages)

$ amount millions	Admin	DON
<3	75,655	68,971
3-5	81,750	74,461
5-10	95,823	83,192
10-15	106,525	92,638
>15	122,945	102,697
All	**98,049**	**85,764**

Bonus payments
(as percent of salary)

(all bed sizes, types)

Region	Admin	DON
1	20.35	7.37
2	6.50	5.56
3	16.37	10.83
4	16.24	11.20
5	14.17	9.66
6	6.03	6.12
7	19.30	19.21
8	19.53	12.99
9	16.77	8.93
Nat'l	**15.16**	**9.89**

this stability appears likely to carry into future years, as well. Among facilities that are planning to give salary increases next year, the average for all positions — management, nonmanagement, RN, LPN and CNA — is about 2.3%.

"I think the industry is comfortable with a 2% to 2.5% increase, and it's going to lock in there for a while," says Paul Gavejian, managing director of Total Compensation Solutions in Armonk, NY.

Quality long-term care executives are constantly in demand, according to Sean De Vore, owner and president of De Vore Recruiting in Sherman Oaks, CA. That could be one reason for the consistency in administrator and DON compensation.

"We find for those candidates that pay is fairly competitive," he says. "There are opportunities and it's a great job market."

New focus in some facilities

For many years, long-term care leaders, healthcare advocates, policymakers and others have been getting ready to deal with a rapidly aging U.S. population and the imminent rise in dementia rates across the country. One way nursing homes have prepared is by adding more dementia managers to their staffs.

According to the HCS salaries report, the number of people in this position has doubled in the last year. Whether this reflects new hires or that facilities are transferring current employees from therapy areas, Gavejian says it's a reflection of the aging population and increased understanding of dementia as a potentially treatable condition.

"That's the changing nature of healthcare," he says. "It's the recognition that you have to work with different types of conditions."

Balancing turnover

There is also another strong indicator of a stable healthcare sector, according to Zabka.

"Turnover rates for most areas have declined," she says.

This is perhaps most noticeable among RNs, LPNs and CNAs, Gavejian adds.

Two years ago, turnover among these workers was incredibly high, topping 38%, 30% and 43%, respectively. The 2014 survey has shown a sharp decline from those lofty numbers, with turnover among RNs falling to roughly 27%, LPNs to 25% and CNAs to just over 30%.

"There seems to be a feeling that either everyone's staying put, or the institutions are doing the kinds of things they need to do to slow down turnover," Gavejian says. "If they're not putting money into actual cash compensation, maybe they're putting it into work-life programs, making it easier to get to work, additional personal days, flex time — doing the kinds of things that employees like to see."

These kinds of fringe benefits don't typically cost very much for companies to provide, he explains, but they add a lot to productivity and overall satisfaction.

> **"There are opportunities and it's a great job market."**
>
> **Sean De Vore, De Vore Recruiting**

It's the economy ...

Improved work-life balance is one possible explanation for the lower turnover rates, but there's another, larger factor at play, according to Anthony Perry, president of Executive Search Solutions. Prevailing wisdom says that during a down economy, when jobs are scarce and jobseekers are plentiful, nursing home hiring tends to benefit.

"People who have left the industry to pursue other interests tend to come back."

Paul Gavejian
Total Compensation Solutions

"People who have left the industry to pursue other interests tend to come back," he explains. "Or when there are fewer jobs in hospitality, travel or retail, it forces lower-income workers into nursing home employment."

Conversely, an improving job market may lead to employees leaving the long-term care industry. But despite incremental gains in the economy over the past six years and a national unemployment rate of 6.2% as of press time, Perry isn't seeing enough improvement to negatively affect these trends.

"You have individual markets that might improve — for example, you might see Portland, Oregon, improving, but you might find that statewide you haven't seen much impact."

Modest annual salary increases coupled with low turnover rates are exactly what the nursing home industry wants to see all the time but traditionally has been unable to maintain during periods of strong economic growth or recovery.

Economists have a number of possible explanations for the gradual U.S. recovery, ranging from turmoil in European markets to cuts in government spending to particularly bad weather this last winter. Whatever the cause, Gavejian says one thing is for sure: "This recovery will be very different than any recovery we've seen in the past."

The fast-food conundrum

For nearly two years, fast-food employees at major chains such as McDonald's and Burger King have been holding protests over low wages. Their goal has been a $15 per hour wage. The protests have spread across the country, and many in other industries have taken up the cause. The powerful Service Employees International Union, long-term care's most prominent union, has lent its support to the cause.

In response to the protests, President Obama in February ordered that federal contractors pay a minimum wage of $10.10 per hour to their employees. He has also called on Congress to raise the federal minimum wage to $10.10 per hour. On a local level, the response in some areas has been more dramatic.

The City Council of Seattle voted in June to raise the minimum hourly wage in that city to $15. For certain larger companies, the new regulation would be phased in over three years, and smaller businesses would have seven years to make the change. Meanwhile, aldermen in Chicago recently voted to increase city's minimum wage to $13 per hour by 2019, up from 2014's $8.25 level.

The HCA report finds that the majority of hourly positions in skilled nursing facilities top Obama's proposed $10.10 per hour, but a number of them fall below the $15 rate that is being discussed in some areas that may soon bear the brunt of significantly increased labor costs. ■

Criteria for granting wage increases

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

Management

Criteria	% of total
COLA	15.8
Merit	65.4
Step	15.1
Other	3.7

Registered Nurses

Criteria	% of total
COLA	17.9
Merit	56.7
Step	2.5
Other	23.0

LPNs

Criteria	% of total
COLA	15.1
Merit	56.5
Step	5.2
Other	23.2

CNAs

Criteria	% of total
COLA	15.1
Merit	56.3
Step	5.4
Other	23.2

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

Fewer than 100 beds

Region	Low	Median	High
1	76,488	88,152	95,847
2	81,256	90,025	98,500
3	76,080	80,749	88,277
4	71,992	77,768	83,525
5	68,002	73,695	78,003
6	60,000	64,368	70,816
7	77,700	84,094	90,000
8	70,875	77,831	85,166
9	87,743	97,843	106,849
Nat'l	**69,094**	**76,824**	**86,700**

100 or more beds

Region	Low	Median	High
1	91,172	95,545	103,072
2	87,250	95,620	105,000
3	85,003	92,330	102,112
4	78,620	84,900	90,409
5	73,440	80,000	86,676
6	66,560	75,416	84,989
7	80,000	87,000	92,602
8	80,000	84,989	91,555
9	96,028	106,496	118,153
Nat'l	**80,061**	**89,250**	**98,666**

All bed sizes

Region	Low	Median	High
1	85,642	93,600	100,360
2	85,031	95,000	104,022
3	82,000	90,000	100,023
4	75,000	81,000	87,976
5	72,010	78,000	85,000
6	60,541	67,152	75,017
7	78,022	86,000	92,041
8	75,676	82,000	89,003
9	93,078	101,646	111,903
Nat'l	**75,000**	**85,000**	**95,000**

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- Named "Best in Business" in 100-500 Employee Category
- Ranked #56 in *Healthcare Informatics'* "Top 100" Healthcare IT Companies in the U.S.
- Named one of "Top 3 Market Movers in Healthcare"
- Ranked "third largest patient satisfaction measurement firm–based on number of engagements" by *Modern Healthcare*

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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**.

At Medline University, you'll find professional resources and more:

- Links to live healthcare news feed right on your homepage
- "Just in Time" videos for quick references on products and procedures
- A wide variety of "on-demand" webinars
- Expert forum videos featuring today's leading healthcare experts sharing their insights on critical issues

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

3 Easy Steps to Get Started Today!

1. Visit *MedlineUniversity.com*
2. Click "Create an Account" in the top, right corner
3. Access courses and resources in multiple subject areas

* 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.

WORKFORCE ISSUES?

RELAX

ONSHIFT HAS YOU COVERED.

OnShift Human Capital Management Software
for Long-Term Care & Senior Living

Insight: analyze patterns
& know where to hire

Hire: manage the applicant lifecycle
& build a candidate pool

Schedule: staff efficiently to resident
needs & services

Solving everyday workforce challenges

New Workforce Research on
Recruiting & Hiring in Senior Care
www.onshift.com/research

OnShift

OnShift.com

OnShift

About OnShift

OnShift delivers cloud-based human capital management software and proactive services to solve everyday workforce challenges in healthcare. Our suite of products for hiring, scheduling and workforce analysis drives quality care, lower costs and higher performance by empowering providers to staff consistently and efficiently. Intuitive design, predictive analytics and customer success management are why thousands of post-acute care and senior living organizations rely on OnShift.

Predictive analytics and intuitive design are foundational to OnShift software. Providers find our cloud- and mobile-based software easy-to-use, with proactive alerts that are embedded throughout our products. Managers get a comprehensive view into staffing across communities and are automatically notified of potential hiring, scheduling and labor cost issues so corrective action can be taken.

OnShift's focus, knowledge and dedication to the post-acute care and senior living industry are what set us apart. Our customer success team works hand-in-hand with our clients to provide best practices and proactive recommendations, monitor usage and to ensure that our clients achieve ongoing success.

Our Philosophy

With OnShift, providers achieve sustainable value by staffing consistently to deliver 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 our core as we continually evolve our products to meet providers' workforce needs.
- We work hand-in-hand with clients to share proven best practices that we have developed based on thousands of experiences in senior care.

Specific solutions we offer

- **OnShift Insight** analyzes staffing patterns and proactively recommends positions to hire.
- **OnShift Hire** streamlines the hiring process with applicant tracking that enables providers to source, attract and engage job-seekers.
- **OnShift Schedule** provides easy-to-use, predictive tools to schedule employees, predict overtime to lower costs, and fill openings to staff properly, each and every shift.
- **Customer Success Management** works hand-in-hand with clients through ongoing communications to report on key measures, and offers advice and best practices every step of the way to help achieve sustainable value.

FastFacts

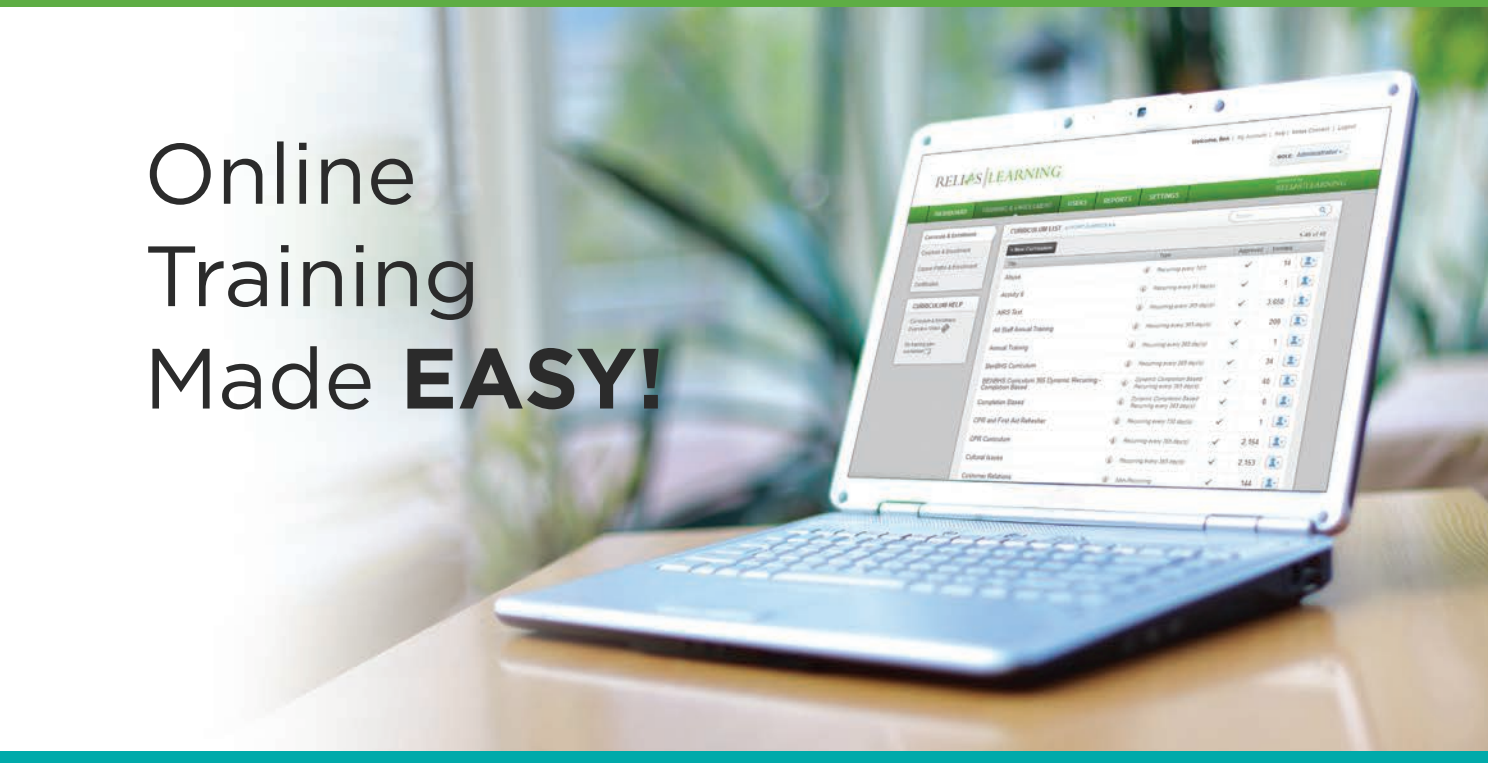
Website: *www.OnShift.com*
Phone: (216) 333-1353
Fax: (216) 920-7801
Email: *info@onshift.com*
Address: 1621 Euclid Ave., Cleveland, OH 44115
Date founded: 2009
Presence: Focused exclusively on post-acute care and senior living, OnShift serves thousands of communities nationwide

How our company services the industry

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

- **Do More:** Be more proactive, productive and efficient by anticipating workforce needs and streamlining recruiting, hiring and scheduling processes
  - Fill jobs faster with proactive hiring recommendations to meet workforce needs
  - Increase efficiencies by automating processes throughout the applicant lifecycle efficiencies
  - Save time by automating scheduling and filling shifts in minutes
- **Save Money:** Reduce costs through targeted recruiting for best-fit hires, balanced schedules that right-size staff, and consistent staffing that minimizes turnover
  - Lower costs by reducing agency use and open shifts
  - Reduce recruiting and hiring costs by condensing time to hire
  - Prevent unnecessary overtime up to 90%
- **Be the Best:** Get higher quality outcomes, improve satisfaction and boost operational performance with a stable, consistent and engaged workforce
  - Right-size staffing by making more informed hiring decisions
  - Improve quality of hires by building a database of qualified candidates
  - Drive consistency and improve care by staffing to residents' needs

RELIAS | LEARNING



Save Time and Money with Online Training Made EASY!

- Extensive online library offering—skilled nursing, assisted living, home health, hospice, supervision management & more
- Supports compliance with national, state and accrediting training standards
- Ability to upload organization policies/procedures/content
- Simplifies training assignment, tracking and reporting
- Convenient training available 24/7

What if your people learned what they love?
What if they lived what they learn?

At Relias, we focus on learning everyday.

Take a test drive of one of our newest adult learning classes at **www.reliaslearning.com/mcknights**

Relias Learning

Company Profile

Relias Learning is the leading provider of online training solutions for senior care organizations. Last year, more than 2 million individuals from more than 4,000 organizations trained on the Relias Learning platform. The company was formed in 2012 by the merger of Silverchair Learning Systems and Care 2 Learn, both of which had provided training solutions for senior care for more than 10 years.

Our mission is to help administrators, directors of nursing and anyone concerned with delivering training have the maximum impact on their organization. This impact may include meeting compliance requirements, improving outcomes, reducing turnover or reducing costs. The Relias platform is highly flexible, customizable to meet organizations unique needs and provides an affordable online training solution that is easy to implement and easy to manage.

Our fully hosted online training solution combines innovative and ever-expanding course content with a user-friendly learning management system designed to make training your healthcare staff as simple and cost-efficient as possible.

Our Philosophy

Relias Learning strives to be the leading training solution for the senior care industry. We built our company by bringing together deep knowledge of senior care, with specialized skills in technology, and a passion for client service.

We invest significantly in making our learning management system as easy, and as powerful, as possible. Additionally, we apply the best in adult learning theory to create courses that increase engagement. This includes interactive courses, video segments, and Spanish language courses.

Ultimately, we aim to help our clients successfully manage their training, empower their employees, and provide the highest level of care to their residents.

How our company services the industry

Relias Learning helps senior care organizations deliver comprehensive, affordable training, in order to improve quality of care, meet compliance requirements, and reduce overall training costs. Relias' content includes accredited online courses for senior care organizations, and providers can offer and manage both live trainings and customized content on our Learning Management System.

Our reporting and tracking programs enable our clients to monitor compliance in real time, and produce reports at the push of a button. Additionally, custom courses and live training events can be managed online, ensuring comprehensive enrollments, tracking and reporting. No more paper sign-up sheets to manage!

Other popular features include skills checklists, to confirm that learners can apply the training that they've received, license tracking, and automated reminders to both learners and managers.

FastFacts

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Website: *www.reliaslearning.com*
Email: solutions@reliaslearning.com
Address: 111 Corning Road, Cary, North Carolina 27518
Date founded: 2010
Presence: Nationwide- serving over 4,000 organizations, in all 50 states.

Specific programs/services/solutions we offer

Relias Learning provides a complete training solution for senior care organizations, consisting of three key components:

1. A learning management system that makes it easy to assign courses, monitor completions, and produce instant reports
2. A comprehensive library of more than 2,500 online courses
3. The ability to integrate custom courses and live training

Sensational Sensible Sassari

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Kwalu's sensational **Sassari** is the obvious choice for viewing your favorite movie. With an optional tablet arm on which to rest snacks or drinks, a cup holder and ottoman, Sassari is also a sensible chair for residents engaged in seated activities in just about any room. Kwalu, Designed to Last.®

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