

# The 30/40 club

Faced with labor challenges familiar to many long-term care operators around the country, management at The Glebe decided to pursue an uncommon strategy: pay nursing aides more for doing less. That is, pay for 40 hours of work per week, as long as they show up on time and never skip a day during a 30-hour schedule. Glebe Executive Director Ellen D'Ardenne spoke with Editor James M. Berklan about the new approach, which started in May.

**Q: How did this relatively radical idea come into play?**

**A:** Initially, it came from Jonathan Cook, our president and CEO [of LifeSpire of Virginia]. He had worked as an executive director in a community some years ago in Indiana, and it was successful.

When our company started working on recruitment and retention strategies back in the fall, we knew we had to be different. We saw everybody else in the industry was continuing to see more and more challenges to attract quality staff. This idea kept floating to the top.

**Q: What specific staffing challenges do you face?**

**A:** We're about an hour and half south of Charlottesville, in southwestern Virginia. Mountains surround us. Some would say it's rural. It's a beautiful location [in Daleville], but it's not on a bus line. There are wage wars going on.

**Q: What were initial plans?**

**A:** We wanted to onboard an additional staff of about 13 aides to flip the switch on the program. We went public with it March 23, and we had 25 applicant inquiries in the first two days alone. It was pretty impressive.

We accepted 135 applications through April. Not all were applying for the 30/40 — we had many more apply in other areas of our community.

When I asked what brought them to The Glebe, some stated they recognized

we were taking care of our staff through the 30/40 and they wanted to work for an employer that made things happen.

We now have a wait list of CNAs for the 30/40, with most offering to work PRN [as needed] so they can be at the top of the list.

We had 18 CNAs on our skilled nursing unit before we started this. We needed an additional 13 because we went from three traditional shifts in a 24-hour period to four. It's great because those staff members don't have to take a 30-minute lunch break because it's only six hours of care. It gives more continuity of care.

**Q: Do you worry about getting applicants looking for 'something for nothing'?**

**A:** Our hope is we'll get the best of the best. You have to qualify for this program. Everyone who comes in gets pretty clear directions on what the expectation is.

Basically, you have to come in and work your scheduled shift. Don't arrive even one minute late, don't leave early, don't call off and you'll



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get the incentive pay. It's pretty clear cut. You have to sign an agreement that you have to abide by this and what we do.

We had two individuals during the first week who lost the incentive because they were two minutes late. There were a total of four staff who lost the incentive from May 4 to May 21, but they were given an opportunity to pick up alternate shifts to help fill their week with an additional six hours.

**Q: Will more than aides be able to do this?**

**A:** It really doesn't fit well in the model of nursing and scope of the job for nursing in this environment because of meds administration. There are certain things that have to occur during a shift. Down the road, we might be able to get more creative, but right now, it's only for CNAs.

**Q: How have staff members reacted, especially since many won't be eligible for the 30/40?**

**A:** First, there are other incentive programs we have that affect every department and area. There are other incentives, based on performance.

We had a taskforce in the community working on this program, as well as every employee. Every new hire will be assigned a staff liaison who will basically be their best friend for 90 days to assure they're getting answers and all the tools they need to succeed and understand the program from the get-go.

**Q: Part of this is anchored in social media, right?**

**A:** For every Facebook share or post, or for certain things they [staff] are doing, they're getting an incentive for that.



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## BY THE NUMBERS

The Glebe is one of four CCRCs in the LifeSpire of Virginia company. The others are The Chesapeake, in Newport News; The Culpeper, in Culpeper; and Lakewood, in Richmond.

The Daleville, VA-based community consists of 32 skilled nursing rooms; 32 one-bedroom assisted living apartments; and 154 independent living apartments and cottages. It will be breaking ground on a new memory care neighborhood, which will have 20 rooms.

CNA pay starts at around \$11.50 per hour, with the average rate of \$12 to \$12.50 per hour.

There are a little more than 200 staff at The Glebe, between full-time, part-time, PRN and seasonal workers, according to Executive Director Ellen D'Ardenne.

Company President and CEO Jonathan R. Cook estimated that adding 13 CNA positions will cost about \$130,000 more annually. Savings in recruiting, retention and other soft costs will more than make up for it, he predicted. When the program was used by an Indiana health system where he previously led a CCRC, it cost about \$350,000 more in salaries per year and was a success, he explained. That community also developed waiting lists for people who wanted to become aides there.

We're also tracking all inquiries and responses, to show where the responses are coming from, and from which platforms.

**Q: So is it safe to say there was inspiration to change?**

**A:** It wasn't any one person who stood up and put a first on the table. It was an ongoing concern over the past years. There's been nothing new in the industry [to improve recruitment and retention] even though it's at the forefront of discussions at every conference and every seminar.

**Q: How does it feel to volunteer as the test community within the company, especially since others declined?**

**A:** The Glebe stepped up and said, "We want to be the test." We think it's going to be phenomenal.

We are going to be sharing the process as we move forward with three other communities in the company. It was our president who came to me and said, "We need to look at this program — it worked" [when he led Marquette, a CCRC in Indianapolis]. The guts of this program come from them. [The idea originated in 1994 as a theory from a professor at Baylor University, according to Cook's research.]

**Q: How will you know if the 30/40 program is working well at The Glebe?**

**A:** We'll know if it's a success by the resident, family and staff feedback. And the [staff] turnover ratio. That will be a benchmark.

Turnover with our CNAs was not where we wanted it to be. We were looking at right around 50%. The ongoing cost of recruitment, training and turnover — all of that should improve. ■