

FOCUS

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inside:

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Workforce initiatives— why the need in New York's home care industry?

By Charissa Ashman

The truth is in the numbers: In 2000, New York had an overall population of nearly 19 million people. The proportion of the State's population aged 65 and over was 13%, compared to 12.4% nationwide for the same period. The population in New York aged 65 and over is expected to grow to over 17.5% by 2015.

New York's population is approximately 16% Black/African American, 15% Hispanic/Latino(a), 6% Asian/Pacific Islander and 63% Caucasian/other. Eighty-two percent of New York's population live in metropolitan areas, although 13% live in rural areas. New York has a somewhat higher poverty rate than the U.S. as a whole (15% versus 12%).

New York's Medicaid home care program provides services to over 179,000 sick and elderly patients throughout the State while over 165,000 New Yorkers receive home care funded by the Federal Medicare Program. In addition, thousands of elderly New Yorkers purchase home care services privately or through private insurance plans. Given the cost advantages of home care and the demographics, the industry is projected to grow at an annual rate of 5 to 10%, making it the fastest growing sector in health care.

The trend in home care utilization is complicated by a shortage of the home care workforce. The U.S. Bureau of Labor Statistics projects a 55.8% rate of employment growth for the home care industry in the next few years. The paraprofessional workforce is expected to grow by 36% between 2000 and 2010, with the largest increase, 62%, in personal and home health aides. In New York, more than 17,000 additional nurses will be needed by 2010. Currently, less than one-third of all RNs and LPNs work in the home care setting with approximately 9,800 registered nurses and 4,000 licensed practical nurses presently employed in home care across New York State. Home care agencies across New York have been grappling with a persistent workforce shortage for some time.

Why a workforce shortage?

In New York, recurring Medicare reductions and Medicaid cuts have made

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Workforce initiatives needed in home care . . .

Medicare reductions and Medicaid cuts have made it more difficult for home care agencies to recruit and retain employees.

CHC seeks funding for workforce projects that would benefit the home care industry and public health as a whole.

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it more difficult for home care agencies to offer wages and benefits that are competitive to other job alternatives. As a result, home care agencies find it difficult to recruit and retain adequate numbers of employees. High turnover and vacancies leave new workers with fewer mentors for on-the-job training, less time for training and less support from others within the organization who are often overstretched.

Working in home care is extremely challenging due to the complexity of care that is delivered in the home and the environmental factors (travel, weather, home environments, etc.). About 78% of the Medicare population has at least one chronic condition while almost 63% have two or more. Due to time and financial constraints, some agencies have difficulty providing ongoing supportive training. The nature of the work also requires independent decision making because each worker is literally “on his or her own” in the patient’s home. Programs that adequately train and support the home care workforce are needed.

Funded initiatives in other states

CHC investigated various initiatives funded in other States to identify what is already being done to remedy the workforce dilemma and to collaborate on ideas:

VNA Care Network, Massachusetts: Developed a 12-month “Home Health Care Preceptor and Intern Program” that utilizes distance learning with video conferencing to prepare nurses (RNs) to practice in the home health specialty. The program targets recent nursing graduates, RNs from non-acute care settings into the specialty role of home health nursing, and RN’s reentering the workforce.

Community of Vermont Elders, Vermont: Collaborating with long-term care providers and state associations to identify training needs and develop training models, focus groups to foster culture change to support the inclusion of staff in all processes and establishment of a statewide clearinghouse for long-term care training activities and resources, all for direct care workers.

Hawaii County Office of Aging and University of Hawaii: Developed the “Paraprofessionals in Aging Project,” a 24-hour interactive classroom curriculum designed to improve the knowledge, skills, and empathy among direct care workers providing home and community-based care to older adults.

VNA of Chittenden, Vermont: Working with home care agencies across Vermont to develop uniform job descriptions and competency checklists for nurse orientation programs. (*See related article.*)

CHC explores grant funding for workforce initiatives

The public depends upon a well-qualified workforce to provide the full array of home care services to the more than 76 million baby boomers who will need home care in the future. Unfortunately, home care agencies often lack the financial and human resources to invest in high-quality supportive education programs and other workforce initiatives.

Home care agencies are continually faced with reductions in Medicare and Medicaid reimbursement while still having to meet State and Federal unfunded mandates and trying to “keep pace” with nursing and paraprofessional salary increases. This dilemma leaves many New York agencies operating on razor-thin margins precluding them from investing in workforce projects. As a result, the home care industry relies on grants and other funding sources to support promising workforce initiatives.

CHC has been in contact with several public and private funding institutions in New York and across the U.S. to discuss workforce projects that would benefit the home care industry and public health as a whole. Proposed projects for funding include the development and evaluation of a distance learning curriculum for home care professionals; telemedicine research for the home care industry; and the development of initiatives and services to better inform the public about providers and services that exist for seniors across New York.

In Vermont, a pilot internship for home care nurses



pilot internship for home care nurses is being implemented at the Visiting Nurse Association of Chittenden and Grand Isle Counties (VNA) in Colchester, VT. The VNA is a participant in the Vermont Nurse Internship Project (VNIP—www.vnip.org) and was allocated a portion of VNIP federal grant funding. This funding supports a part-time position, filled by Jennifer S. Riggs RN, who has been working to adapt the VNIP new graduate nurse internship model for use in home care.

The internship materials adapted for this home care pilot include a home care nurse job description, a skills checklist, and a competency assessment process. The home care nurse orientation curriculum was revised and new delivery methods developed to meet the requirements of this new performance-based system.

The pilot started in June 2004 with four nurses—two new graduates and two experienced nurses new to home care. Orientation to the VNA is held every month. Since June, each nurse that has been hired to work in adult home care has been enrolled in the internship; to date, there are a total of 11 nurses.

The Skills Checklist guides the progress of each nurse through the internship. The experienced nurses in this pilot have different backgrounds and have been in practice for varying lengths of time. This performance-based competency system allows them to move toward the performance expectations of the position at their own pace, using the methods that best suit their learning styles.

Each new nurse, called an “intern,” is assigned a preceptor for the duration of her/his internship. The intern/preceptor team meets weekly to assess progress and plan activities. The Clinical Educator completes required data collection. VNIP acts as a resource to the intern/preceptor teams, conducts competency assessments and also coordinates the

home care preceptor group. The internship is 12 months for newly-graduated nurses. With the two enrolled so far, this format seems to be working well. They are both happy with the choice to begin practice in home care and are meeting the position requirements.

The experienced nurses have been completing the internship in three to six months. There is one nurse enrolled in this pilot program who had previous home care experience. She is expected to complete the internship in about one month. Competency assessments show that nurses have been meeting performance expectations.

Future plans for the home care component of VNIP include determining what approach, resources and activities will best meet the needs of the home health agencies in the state. Program delivery will need to be modified for remote, rural agencies that lack educational support staff. Possible options include independent study and regional workshops.

This article was contributed to Focus by Jennifer S. Riggs, Patricia F. Donehower and Susan Boyer, Registered Nurse involved in the internship.

Technology's working at CHC



HC has ambitious plans for 2005: expanding its use of technology in delivering high-quality education for home care and hospice in New York and expand the innovative Home Care Community Forum (which

offers conferences and workbooks at no cost to providers or participants) to include topics of interest to home care professionals as well as paraprofessionals.

So far—it's working!

Since December, in addition to onsite educational programs, CHC has held three audio conferences for providers, each accompanied by a password-protected website and on May 25 CHC will hold its first actual “webcast” educational program.

All this is in addition to the Home Care Community Forum which has held three audio conferences (each accompanied by a workbook) designed for home care professionals and paraprofessionals. This was a departure for the Forum as the previous 15 programs (still available on the CHC website—www.chcforum.org) were all designed specifically for paraprofessionals.

This year's programs have proven especially popular—the list of Forum participants grows with each program. The unique no-cost aspect of the Forum is of obvious appeal but quality and relevance is really what brings people back again and again. A number of home care-related organizations have generously sponsored individual Forum programs and CHC is actively seeking additional sponsors for programs scheduled for the rest of 2005.

Are you the best teacher you can be?

By Ellen Dollard



t different times we have all attended educational sessions presented in one format or another, led by a variety of speakers, each with his or her own style and delivery method. Certainly all of us possess memories of school with thoughts of teachers and professors we'll never forget.

In reality...each of us is a teacher. Some in home care work in a formal teaching environment but many more are less aware of our teaching opportunities and connections. Think for a minute of all the different relationships we have: patients, family, friends, neighbors, work colleagues and a host of acquaintances as well. The list can be very long and we may not think of these people in relation to teaching experiences and opportunities.

Here are a few common sense ideas of how we can make our "teaching" skills better while reminding and encouraging each of us to be better educators in all our relationships.

Enthusiasm and sincerity. How we deliver information is almost as important as what we say. Sincere enthusiasm or even passion should be projected when we interact with people. This reinforces what we are trying to saying. Most listeners will pick up on a speaker who is being insincere.

Keep it simple. An easy, understandable vocabulary works best for most people.

Be prepared. It's difficult to be confident with a subject you don't know much about. Better to acknowledge you are weak in an area and get correct information which can be communicated later, than try to bluff your way through.

Practice. Practice your presentation with someone you know and are comfortable with, and time your presentation. You may need to run through your presentation several times before you feel really comfortable.

Do you understand? Ask the person you are talking to (your student) if he or she understands what you are saying! This simple exercise will help confirm for you and the listener that you are "on the same page."

Good days and bad days. When people are having a "bad day" they are likely to be distracted and unwilling to pay attention. It may be necessary to repeat your message a few times.

Ask for comments and suggestions. We are all valuable and have something to contribute. Recognizing this in others by asking for suggestions and input acknowledges someone and might result in some great ideas.

Be a good listener. In the bustle of daily life at work and home we are apt to "half-listen." If we are not hearing everything said to us we will not respond in a satisfying manner. Honing your listening skills is a matter of focus and concentration. It can take practice but be extremely valuable.

Ask questions. Many terrific conversations begin with a question and result in a good idea.

We are all different. We all think differently and we learn differently, too. Try to understand the style of the person you are teaching. If you cannot, remembering that we are all different may help.

The "eyes" have it. Body language and eye contact are subtle language tools all their very own. Always maintain eye contact with someone you are speaking to. When talking to a group, try to look at everyone. You may find this awkward at first but this is a valuable skill to acquire. Every member of your audience will feel that his or her presence has been acknowledged.

Have fun. The audience will sense your mood and whether you are having a good time and actually want to be there doing what you are doing. Adding some humor is a good idea and try smiling when you talk—it helps!

Don't take it personally. Do your best to be clear and direct with your message but don't take it personally when it is not well received.

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