PARTICIPATING HOSPITALS

Advocate Lutheran General Hospital
Park Ridge, Illinois

Bassett Medical Center
Cooperstown, New York

Beth Israel Deaconess Medical Center
Boston, Massachusetts

Faxton-St. Luke's Healthcare
Utica, New York

Good Samaritan Hospital Medical Center
West Islip, New York

Group Health Cooperative
Seattle, Washington

Northwestern Memorial Hospital
Chicago, Illinois

Providence St. Peter Hospital
Olympia, Washington

Thompson Health
Canandaigua, New York

UNC Health Care
Chapel Hill, North Carolina

Virginia Mason Medical Center
Seattle, Washington

PIONEER EMPLOYER HOSPITALS:
Getting Ahead by Growing Your Own

CASE STUDY:

UNC HEALTH CARE

The UNC Health Care System is a not-for-profit integrated health care system, owned by the State of North Carolina and based in Chapel Hill. It exists to further the teaching mission of the University of North Carolina and to provide state-of-the-art patient care. UNC Health Care has about 800 hospital beds and includes hospitals for children, women, neurologic and psychiatric patients, and general adult patient care (UNC Hospitals). UNC Health Care has worked with the North Carolina Board of Nursing to develop classes for frontline workers that address organizational workforce needs. The educational programs available through UNC Health Care for frontline health care workers exemplify their commitment to the health care workforce and illustrate the benefits of investing in frontline workers.

OUR PARTNERS

THE HITACHI FOUNDATION

HEALTH WORK FORCE INSTITUTE

HANYS Healthcare Association of New York State

UNC Institute on Aging

How It Began

> "Partners in Practice is about trying to provide excellent care for our patients through a collaborative approach combining the nurse and her nursing skills, working with a partner, the NAII who is able to support the nurse but also do some of the tasks that the nurse used to have to do. The goal is to provide good care with a team approach and increased efficiency and improve patient impressions and perceptions of their care."
>
> KAREN FUTCH, RN

UNC Health Care has a well established clinical advancement system for registered nurses (RN), and administrators were interested in developing a similar career ladder for nursing assistants and other paraprofessionals. They began to look at their organizational needs and determined that there was demand for more highly skilled nursing assistants (NA) who were cross-trained to handle administrative tasks as well. The right approach could lighten the workload, increase the job satisfaction of nursing assistants, improve quality for patients and minimize cost.

Their solution was to pair nurses with nursing assistants, shifting some traditional RN responsibilities to more highly skilled NAs, freeing nurses up for the more skilled tasks. This reorganization, called Partners in Practice, reduces the number of patients that each nursing assistant is responsible for while also increasing their autonomy and responsibility—and makes nurses more effective. The nurses are covering more patients and getting to work up to their scope of practice more regularly.

Partners in Practice. Partners in Practice is a staffing model in which an NA II or clinical support technician (CST) II is paired directly with an RN on the floor for each shift. The team-based model requires that the NA II adopt some of the tasks that the RN used to complete. The RN is then responsible for a greater number of patients during a shift (typically six), while an NA II is responsible for a fewer number of patients (typically 6-8, as compared to 8-12 in previous staffing models). This model allows NA IIs to work up to their full scope of practice and uses a more balanced staffing ratio of RNs and NA IIs, which administrators think leads to higher quality, more efficient, and more cost effective care. Administrators also think it has improved the overall job satisfaction of nursing assistants, who complained about heavy workloads in previous staffing models. The model has been piloted in several units and will soon be implemented across all units (where appropriate) in UNC Hospitals.

Building on these workforce needs, UNC Health Care began developing a career ladder for nursing assistants, called the Clinical Support Staff Development Model. The career ladder is based on two key positions: the nursing assistant II position and the clinical support technician, which UNC Health Care trains in-house. Both positions are described in greater detail below.

How It Works

UNC Health Care has developed a figure (see below) that illustrates the Clinical Support Staff Development Model, which is a career ladder for nursing assistants and other hospital paraprofessionals. Workers who come into the organizations as a nursing assistant I can train to become an NA II or clinical support technician I and II. Health unit coordinators and other hospital paraprofessionals (e.g. mobility technicians, telemetry technicians) can also training to become a clinical support technician I or II.

Clinical Support Technician I. The first phase of the Clinical Support Staff Development Model was to develop a CST role on the care

CLINICAL SUPPORT STAFF DEVELOPMENT MODEL

NA I

Stock Clerk

HUC

Mobility Tech

Telemetry Technician

Clinical Support Tech I

NA II

Unit Monitor Clerk

Clinical Support Tech II

NURSING
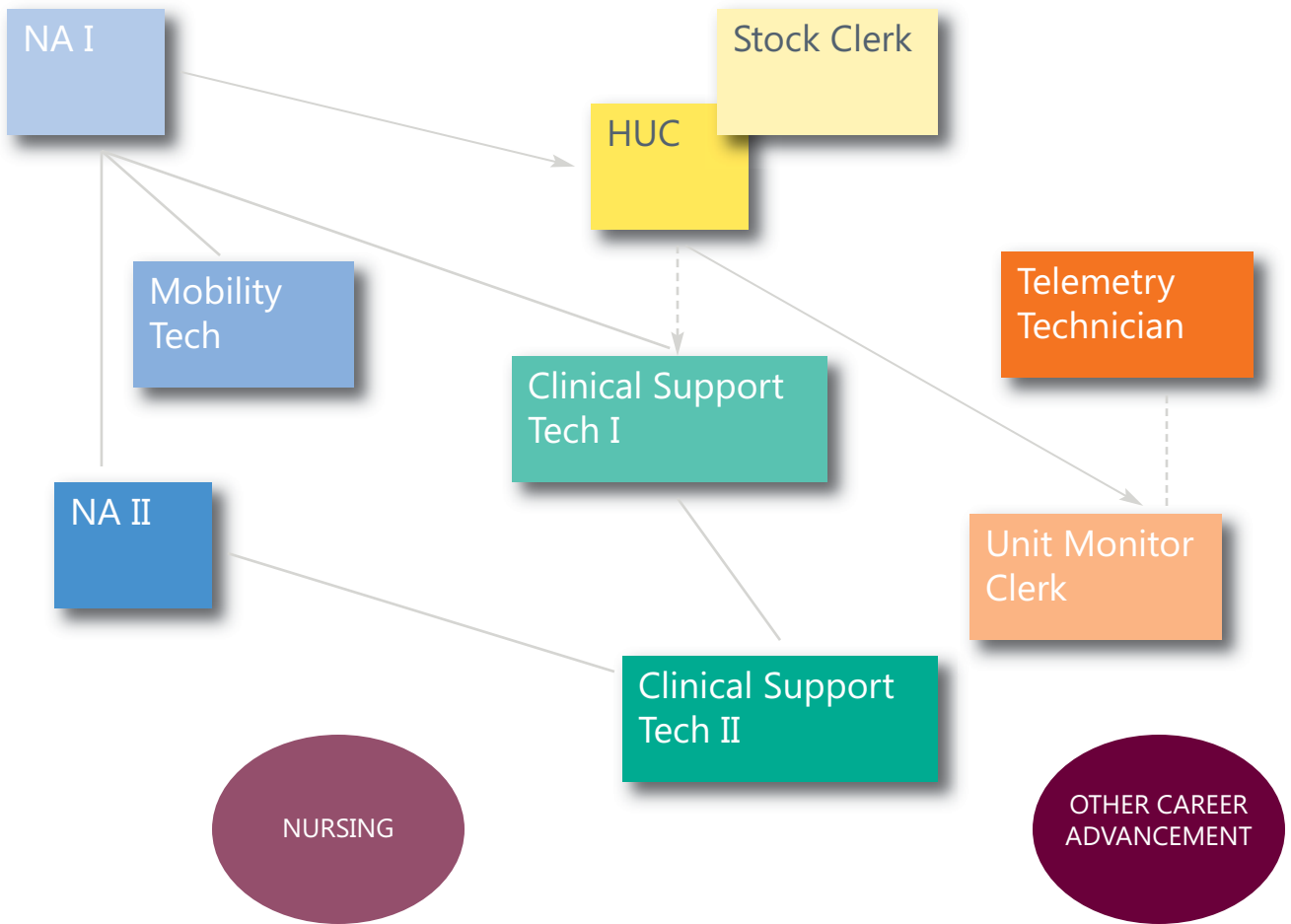
OTHER CAREER ADVANCEMENT

Shonta Davis is an NA II and CST II at UNC Health Care. She decided to participate in the Partners in Practice program because she wanted to see how it was going to work with having one nurse and one NA with five patients. She likes working with one nurse exclusively and finds communication on the floor to be much easier than previously, where she reported to 3-4 nurses. She also enjoys having more time to interact with each patient because of her lower patient load. She reported that earlier she was not able to have conversations with her patients because she was so rushed to finish the required tasks each day. She said she prefers the new staffing model because, "I want the patient care. I want to be able to do things for my patients to make me feel better in a day as I help them with their goals. And they can feel they have that quality time if they need to talk. That's what half of them want you to do, to be able to talk with them and you can do that."

team that merges the skills and knowledge of the nursing assistant I and the health unit coordinator (HUC). CSTs are cross-trained to be able to provide clinical support services (in an NA I capacity), as well as play a more administrative role on the floor when needed (fulfilling the job responsibilities of a HUC). However, the supervisor on the floor negotiates at the beginning of the shift which role the CST will adopt during their shift so that their work-load is not too high.

The CST represents an opportunity for assistive personnel to acquire additional skills and knowledge, to experience variety in their daily work, and to receive a promotion and wage increase. To become a CST, workers first go through NA orientation (if they are new to the organization) and then they go through a two-week HUC training session. Workers can also train to become a CST II, requiring them to receive their NA II certification, which is described below. UNC Health Care reports that after the initial pilot of the CST role, they saw an increase in overall job satisfaction among CST workers and a decrease in turnover. CST turnover during the six month pilot was zero percent compared to NA turnover of 22 per-cent and HUC turnover of 12 per-cent during the same time period.

Nursing Assistant II Training Program. The second phase of the Clinical Support Staff Development Model was to implement the NA II role at UNC Health Care. Prior to the implementation of this phase, even if a nursing assistant was certified as an NA II, they were not used in their full capacity in the hospital setting. In this initiative, changes were made in staffing to use NA IIs to their full scope of practice. To create a pool of workers to enter the new NA II positions, UNC Health Care initially sponsored NA II training at Durham Technical Community College for interested nursing assistants. However, constraints in the semester schedule and difficulty in finding faculty at Durham Technical Community College prompted UNC to work with the NC Board of Nursing to develop a 170-hour in-house training program. Interested employees were asked to submit an application; students were selected from 14 different nursing units within UNC Health Care. UNC Health Care paid tuition, books and fees for the NA II students as well as provided salary support for partici-pants while they were in class (up to 20 hours per week). In return, NA II students were asked to sign an 18 month work commitment.

Critical Success Factors

UNC Health Care has been successful at grooming low-wage incumbent workers for careers in health care. Since 2008, UNC Health Care has sponsored 43 individuals in the NA II training program (100 percent graduation rate to date), and 248 staff members are currently in NA II, CST, unit monitor, or mobility technician roles. UNC Health Care has invested about $200,000 over the last fiscal year to provide the training for NA IIs, which is now offered on-site; the hospital also absorbs the costs associated with training CSTs. The success that UNC has experienced in developing a frontline worker career ladder results from thoughtful planning and strategic implementation of the program. Below, the critical success factors that facilitate the success of their training programs are listed.

A Commitment to Worker Job Satisfaction

Administrators at UNC Health Care indicated that a primary reason for developing a career ladder for frontline health care workers was to improve job satisfaction among these workers. They were committed to giving these workers an opportunity to advance within the organization, take on greater responsibility, and earn higher wages. In practice, UNC Health Care has been able to implement wage increases of eight to ten percent for workers depending on their work experience. Further, administrators realized that the heavy workloads of nursing assistants decreased their job satisfaction because it took away from their ability to interact with patients. In developing the Partners in Practice staff model, administrators were able to reduce the number of patients that each NA is responsible for during a shift, giving the NA more time for completing job tasks and developing relationships with patients. At the same time, the number of patients a nurse is responsible for increases slightly. This recalibration means that everyone is working at the top of their skill set.

Dedicated Educators

UNC Health Care has on-site instructors for both the unit clerk training and NA II certification programs. This allows the organization to provide on-site education for workers, which can be a valuable facilitator for frontline health care workers who often lack transportation or time to attend classes elsewhere. Further, on-site educators allow UNC Health Care the ability to shift course offerings to meet their own workforce and scheduling needs.

> "Before when I had to give patients baths, it was like a rush thing because there were so many patients you had to do. Now there is more time to work with your patients...It's better to be able to spend that quality of time with the patient for what they need done."
>
> SHONTA DAVIS, NA II

Supportive Leadership

The leadership at UNC Health Care is very enthusiastic about the frontline worker training programs that have been implemented at its hospitals. They have made a number of permanent changes to human resource policies and organizational practices to encourage frontline worker training, including changes in job titles and job descriptions needed to create a career ladder, and changes in compensation for workers with additional credentials.

Supervisor/Manager Support

UNC Health Care has worked hard to support supervisors and managers as they implemented the additional training for frontline health care workers and new staffing models. For example, supervisors or managers are allowed to use float pool workers or overtime to fill in staffing needs when workers are attending class. UNC Health Care has also supported managers as they implement the new staffing model, Partners in Practice, by providing a half day orientation to the program and additional training in communication.

The new staffing model has required some adjustments on the part of managers and RNs; many nurses, particularly new nurses, were concerned about their higher patient loads in the Partners in Practice model. Further, the level of communication with NAs has to be higher

since NAs are now adopting greater responsibility for patient care. Finally, administrators have worked to educate RNs on the NA II scope of practice, providing a grid that outlines the job tasks that each type of worker can do. Managers expressed satisfaction with the pilot of the Partners in Practice staffing models after these issues had been addressed, as it helps them to better meet the needs of patients in their departments.

Maximizing Hospital Operations

When developing the training programs for frontline workers, UNC Health Care involved administrators who could represent the operational perspective. For example, they worked with managers who recognized that NA IIs were being underutilized in the hospitals and could play a much larger role in staffing operations. This led to the Partners in Practice, as well as the implementation of Clinical Support Staff Development Model for nursing assistants. This upfront planning and flexibility helped ensure the success of the program by addressing the needs of managers and the organization, as well as workers.

A Culture of Innovation

Administrators at UNC Health Care expressed a willingness and enthusiasm for trying innovative patterns of staffing and management. However, they are careful to be systematic

"Patients essentially have two health care providers. One being a licensed registered nurse and the other being an NA II to care for that group of patients. So the NA II works at a higher level, which frees up the nurse to take an additional one or two patients to give the medications, to do the assessments on anything a licensed nurse is required to do. It also builds a relationship between those two people who get to know each other very well and they get to know their work style, their delegation style. They really get into a routine and know from day-to-day what to expect. The nurse knows what the skill level is of the nursing assistant and can really mentor that nursing assistant to develop those skills at the highest level."

MARILYN MORALES, DIRECTOR OF NURSING, PROFESSIONAL DEVELOPMENT/PRACTICE RESEARCH

and supportive throughout the implementation process in order to support managers and maintain a high level of care. For example, with the Partners in Practice implementation, one hospital piloted the program on one unit during the night shift. After they had worked out the program "kinks," they started using the model during the day shift. The organization is now getting ready to implement the staffing model in other units.

Addressing the Needs of Frontline Workers

UNC Health Care recognizes that many frontline workers have resource-related constraints in pursuing additional training, and they have tried to design their training programs to help them overcome these barriers. Even tuition reimbursement programs can be prohibitive for frontline workers, who may not have the upfront payment needed to enroll in the program. For example, for the NA II certification program, workers did not have to pay for any fees, supplies, or books. Further, these programs allowed workers to attend class during work hours, rather than during their own time. As mentioned by one administrator, many of these workers have more than one job and cannot afford to take time to attend class; providing class during work hours helps overcome this additional logistical barrier to advancement faced by frontline workers.

"The extra personnel on the floor and in patients' rooms is nice. Patients can get a sense that the nurse and NA are on the same page with their care and what the plan is. Patients feel that someone is there to answer their needs. Because of our ability to cover patient needs, communication and round more frequently because we have more bodies, the call lights go off less. Then if the NA goes in before the nurse, they take care of the little things like going to the bathroom, or to get water. By the time I get in there, it helps with time management. If the NA can go in there and anticipate the need before the nurses go in there, then my time can be spent doing the things I need to get done."

KAREN FUTCH, RN

Return on Investment

UNC Health Care invests about $200,000 of its budget into their training programs for frontline health care workers. The hospital staff interviewed generally agreed that the investment is money well spent and continuously advocated to ensure funding each budget year. The outcomes achieved for the workers and the hospital provide the justification and rational to continue providing formal (e.g., financial, human resource policies) and informal (e.g., schedule accommodations) support for the program. Below are the most salient returns on the investment for the hospital.

Retention	Providing a career ladder for workers helps UNC Health Care to retain valued employees. As reported above, clinical support technician turnover during the six month pilot was zero percent compared to NA turnover of 22 percent and HUC turnover of 12 percent during the same time period. Subsequent to the pilot, the decision was made to implement the CST role on other nursing units where it was felt by the nurse manager to have utility; nearly all nursing units have now implemented the role. As a result, 2009 turnover metrics indicated a four quarter cumulative CST turnover rate of 6.6 percent compared to an NA turnover rate of 23.3 percent and an HUC turnover rate of 12.8 percent.
High Worker Satisfaction	After development of the clinical support technician role, two nursing units were selected to pilot it. Following a six month pilot, nurses on both units were asked to complete an evaluation survey. The survey asked five forced choice questions and five free response questions addressing the following areas: (1) the CST role met your expectations, (2) you were satisfied with the role, and (3) you would recommend continuing the CST role. The overwhelming response to the survey was that the role met expectations, staff members were satisfied with the role, and recommended continuing the role.
Increased Efficiency	Supervisors, managers and administrators all noted that workers who have participated in certification programs have greater confidence and improved skills in their positions. Further, the lower NA to patient staffing ratios allow nursing assistants to use more of the skills that they have acquired during their training and assist nurses with more tasks.
Improvements to Care Delivery	Both nursing assistants and managers reported that they are now able to provide higher quality of care for patients because nursing assistants have more time to spend with each individual patient.
Positive Patient Feedback	Administrators have received positive feedback from patients about the Partners in Practice staffing model. Patients report that they like team-based care, where one RN and one NA are responsible for each patient. Further, they appreciate that NAs are able to spend more time caring for patient needs.
Cost-effective Care	The new staffing model is cost- effective because it reduces the amount of RN staffing while increasing the amount of NA II staffing. This may be very important in the future if health care organizations experience another nursing shortage. As stated by Mary Tonges, Chief Nursing Officer, "I do think that we are going to be in another period of nursing shortage, and it is going to be really important…that in the future the less available [RN] time is used to maximum advantage and that other people can do all the things that they can do."

Next Steps

UNC Health Care's support for frontline worker development is ongoing. As mentioned above, it has recently received approval from the North Carolina Board of Nursing to offer the NA II training program on site, which will allow UNC Health Care more flexibility with class schedules and the number of students sponsored by the program. It is also continuing to implement the Partners in Practice staffing model throughout its hospitals, providing more opportunities for workers to move into NA II and CST positions. UNC Health Care recognizes the important role of frontline health care workers and plans to continue to try to improve worker job satisfaction. As Marilyn Morales, Direction of Nursing, Professional Development/Practice Research, states, "Work satisfaction is huge for all health care providers, so you have to figure out what works best for you. Retention is just huge. Research has talked about the longer a nurse is in a facility the more experience they have with the facility, the better the outcomes are. You don't want to be constantly having brand new nurses and nursing assistants learning the system by practicing on your patients." The Partners in Practice and Clinical Support Staff Development Model are efforts that focus on worker job satisfaction and quality of care.