



Referral & Workforce
Resource Center

Your Future is Our Priority

A Preliminary Analysis of the Professional Development Program in Six Washington Counties

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Introduction and Background

Home Care Quality Authority

The Home Care Quality Authority (HCQA) was established by a citizen initiative in November, 2001 to improve the quality of long term in-home care services. The HCQA is a Washington state agency governed by a nine-member board. The HCQA board is appointed by the governor and the agency is comprised of four full-time staff.

The HCQA's *mission* is to improve the quality of long-term in-home care services provided to the state's seniors and persons with disabilities who wish to live independently in their own home. Standards and accountability for the individual provider workforce have been increased through regulations and the development of Referral and Workforce Resource Centers (RWRC). The HCQA also encourages stability in the individual provider work force through collective bargaining and enhanced training opportunities. The HCQA represents consumer/employer issues during the collective bargaining process. It has also developed several employer and worker curricula with plans for more in the near future.

The HCQA's *vision* for Washington's home care system is to support individuals who need long-term, in-home care according to their needs and preferences and will provide consumers with the ability to access service providers. To accomplish this, the HCQA provides assistance in locating qualified individual providers through the RWRCs. These centers also help individual providers find new job opportunities through a Referral Registry database.

Referral and Workforce Resource Centers

Along with the Referral Registry, several support programs were implemented to improve recruitment and retention of individual providers. The database and support programs make up Referral and Workforce Resource Centers (RWRC), which are operated by local organizations in various areas of the state. RWRCs are fully operational at four sites serving the following Washington counties: Ferry, Stevens, Pend Oreille, Spokane, Whitman, Snohomish, Thurston, Mason and Lewis. Plans are underway to implement Referral Registry services in other areas of the state.

The initial RWRC sites were supported through a grant from the Centers for Medicare and Medicaid Services, Department of Health and Human Services to Improve the Direct Services Community Workforce. Grant funds have been used to implement the Referral Registry, and to develop and deliver support programs for individual providers. Support programs included a peer mentor program, employee recognition, increased emphasis on recruitment, worker orientation training, professional development opportunities and a resource clearinghouse. Additionally, the RWRCs deliver consumer supervisory training to support and enhance the employer-employee relationship.

Professional Development Program

The professional development program currently operates in six Washington counties: Ferry, Pend Oreille, Snohomish, Spokane, Stevens and Whitman. In these counties, the professional development program is individualized to meet community needs as well as those of each worker in the program, utilizing local training entities.

Snohomish county uses a more formal approach to professional development, wherein an application process occurs, a face-to-face guidance interview and professional development planning on both short-term and long-term bases. The worker is personally assisted in enrolling in college classes at either Everett Community College or Edmonds Community College. Staff either coordinate or conduct an orientation to the college, and purchase textbooks and classroom supplies for each participant. In this program, the worker is given in-depth guidance and personal assistance in all phases of registration, enrollment and coursework.

In the five other counties (Ferry, Pend Oreille, Spokane, Stevens and Whitman), a program application process is the main mechanism for selecting participants. Workers typically choose courses that meet their own interests and needs from a variety of training entities, including Spokane Falls Community College, Spokane Community College, and Catholic Community Services. Staff pay tuition and books, and assist in registration. In these counties, workers are empowered to make their own training and education decisions and staff are there to assist in fulfilling those needs.

A third professional development program is in planning and development that covers three additional Washington counties: Lewis, Mason and Thurston. The program is a highly structured program wherein participants follow a proscribed course of study as a cohort. Participants complete core, specialty and electives courses over a ten month period. For evaluation purposes, this structured professional development program is not included as part of this study for two reasons: because it is so different from the other programs that results might be skewed, and, this program begins nearly six months later than the first two programs and there is a need for a preliminary analysis.

Methodology and Sample

This report examines the first two academic quarters (fall and winter, 2005-2006) of the professional development program in six Washington counties: Ferry, Stevens, Pend Oreille, Spokane, Whitman, Snohomish, Thurston, Mason and Lewis.

All participants in the program (100 percent) were called by telephone in February and March, 2006 utilizing a standardized survey instrument developed by Home Care Quality Authority staff. Participants were called up to three times at varying times of day and week. Those who were not reached after three attempts were mailed the survey, a short cover note requesting participation and a postage-paid return envelope.

The sample size was 38 participants who completed coursework in the following academic quarters:

- 19 program participants from fall quarter, 2005
- 16 program participants from winter quarter, 2006
- 3 program participants from both fall and winter quarters, 2005-2006

Of the 38 participants in the initial sample, six were removed from the sample because they were unreachable—they had moved or had no current phone number. Of the 32 remaining in the

sample, 17 completed the survey by phone (51%). Seven completed the survey by mail (22%). Thus, with 24 total respondents, the overall response rate was 75%.

The survey involved eight questions requiring a true, false or unsure response. Two open-ended questions provided an opportunity to give responses with more depth and breadth about the affects and preferences of the program:

- Please tell us how you feel the professional development program improves the quality of in-home care for consumers/employers;
- Which courses MOST helped you?

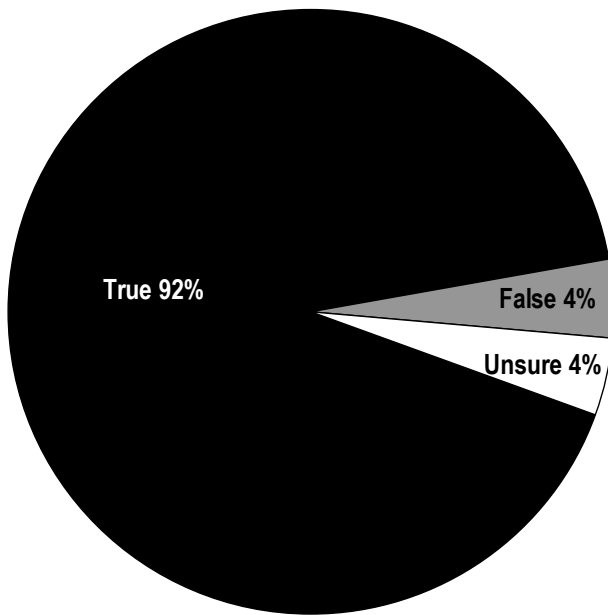
A copy of the survey instrument is included as Appendix 1.

The telephone survey will continue on a rolling basis following each academic quarter to ensure every program participant is surveyed. More detailed analysis that includes these findings and those gathered in the coming months will be reported in fall, 2006 and fall 2007.

Findings and Analysis

Overwhelming support for the program by participants was noted. *Every single person* interviewed felt the program was valuable to them personally, and was a valuable opportunity for other individual providers. 23 of 24 believe the professional development program improves the quality of in-home care in Washington state (96%). Many provided detailed responses to open-ended questions and they are identified below. Following is a detailed reporting of responses to each survey question.

I have already used knowledge and skills I learned through my professional development courses.



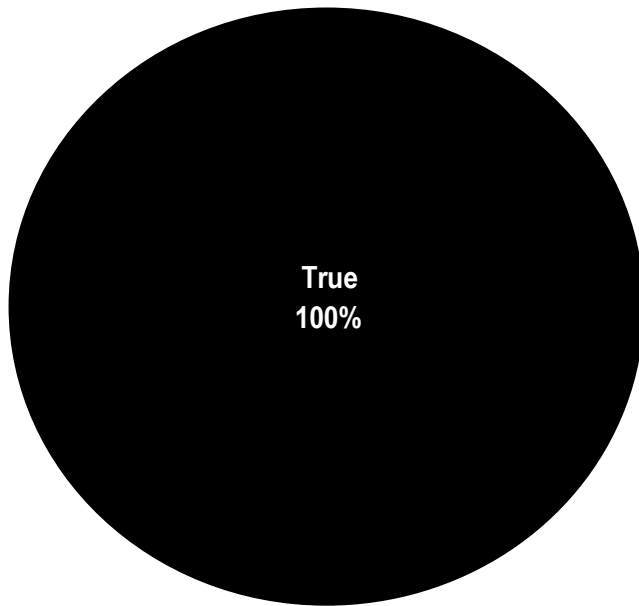
N = 24

“Now I don’t have to wait for a problem to occur and then learn how to handle it.”

“Because I can choose from a wider variety of classes I can pick courses that meet my needs and my (employer’s) needs.”

“This program helped prepare me for further study in communication and sociology.”

The training I received through the professional development program will help me do a better job for my CURRENT employer.



N = 24

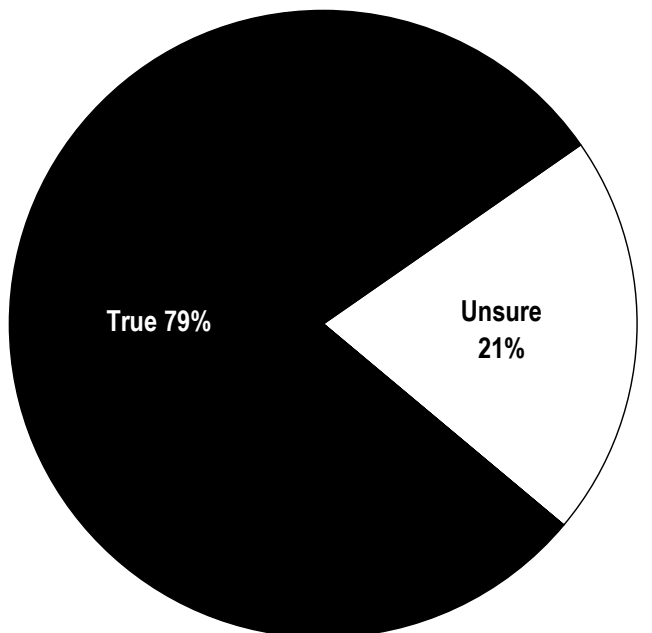
“I can identify changes in my (employer)—good and bad. I can communicate better and I am more organized and efficient.”

“I love it because I can become a GREAT employee.”

“The program gives me better skills to care for my (employer).”

“I was so excited to get additional training. I love my job and this makes me a better individual provider.”

The training I received through the professional development program will help me do a better job for my FUTURE employer.

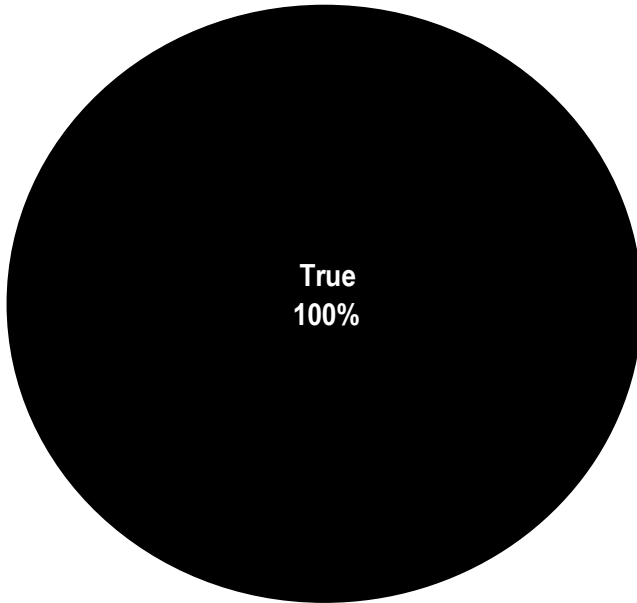


N = 24

“We always need more training. This is the first time I got a chance to take a class that I KNEW would benefit me later.”

“I took (an) Adult Basic Education course so I can go to college later. In spring, I’ll take my first college class. I never thought I’d be going (to college). Now I have a reason to stay in this career field.”

The professional development program is a valuable opportunity for me.

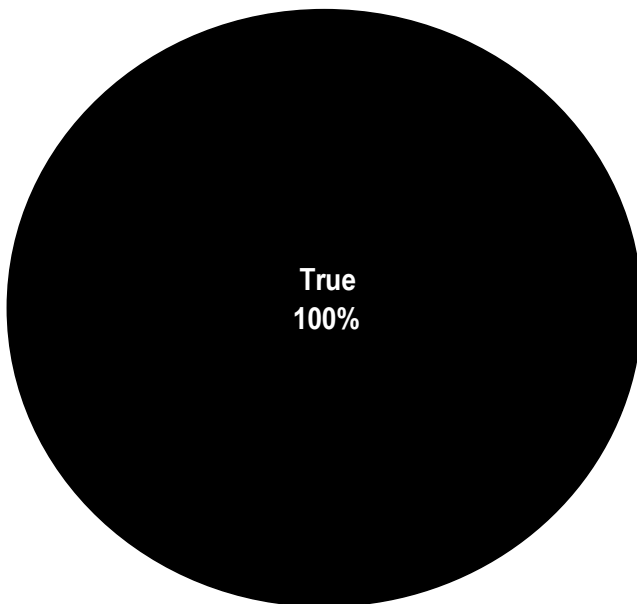


N = 24

“The professional development program is GREAT because I can pick the best courses for me.”

“It totally changes how I do my work because now I have the training I need to really make a difference for someone else.”

The professional development program is a valuable opportunity for OTHER individual providers.



N = 24

“It makes us more professional...it gives us the kind of information we need when we need it.”

“Professional development is a positive step towards improving the in-home care workforce.”

“When we are better trained, we can do better work.”

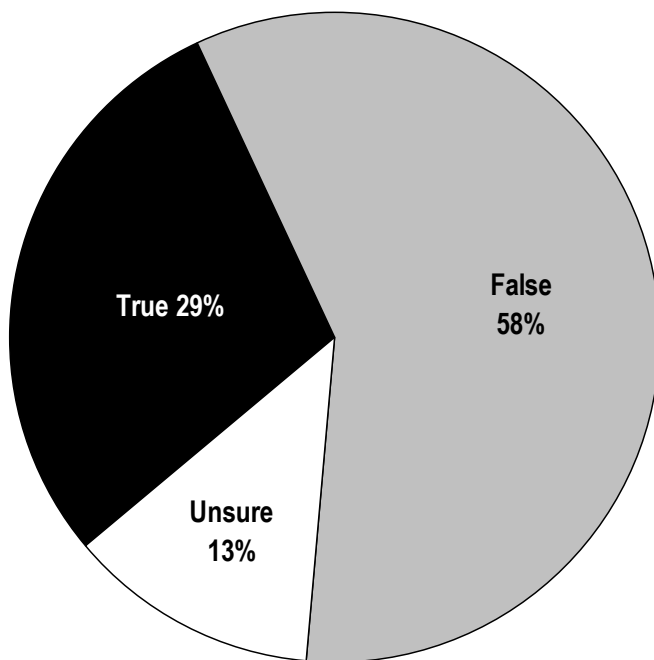
The responses to the following two questions pose an interesting policy dilemma: does the professional development program affect retention? One could say that offering professional development doesn't necessarily improve retention because responses below indicate workers wouldn't change employers or careers without the opportunities afforded through professional development. However, another strong argument is also supported by this data--workers don't take their training and leave the employer or profession, as originally feared.

While in this sample, over half of the respondents said they probably would not leave their current employer if it weren't for the professional development program, only about one-third said they might have. While this doesn't fully support the idea that professional development improves retention *for this sample*, it does point to a larger issue about commitment to employers and the career field that has become increasingly evident through other research conducted by the Home Care Quality Authority.

Individual providers develop very close relationships with their employers and they typically perform very personal tasks; both contribute to a higher commitment to the employment relationship. Those who remain in the profession for a longer period of time tend to embody and personally validate those notions of commitment and loyalty.

From this perspective, even though the professional development program may not have a large effect on retention in this sample, it invariably increases the quality of care provided by these workers.

If it weren't for the professional development program, I may have changed employers.

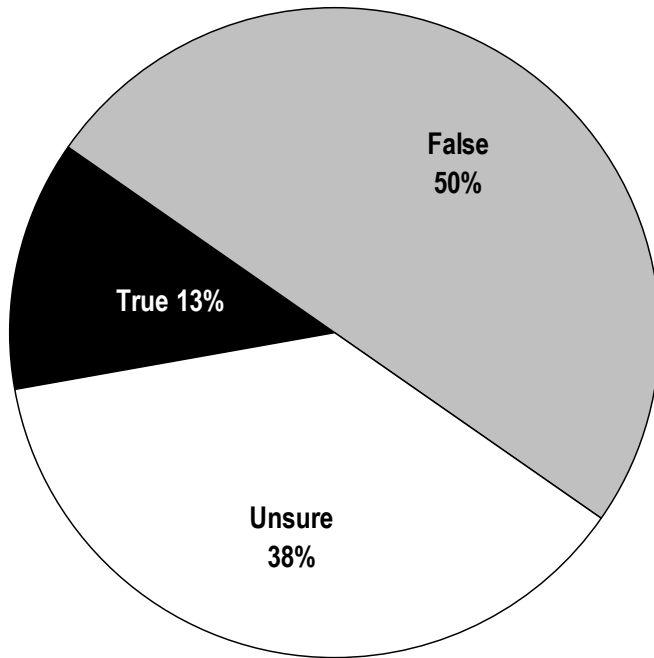


“My client gets the kind of help she needs because I’ve already been trained.”

“I wouldn’t leave my client, but I could see how someone might not be satisfied with their situation and without something like this to look forward to, they would probably leave. I know I’ve been there before.”

N = 24

If it weren't for the professional development program, I may have changed careers.

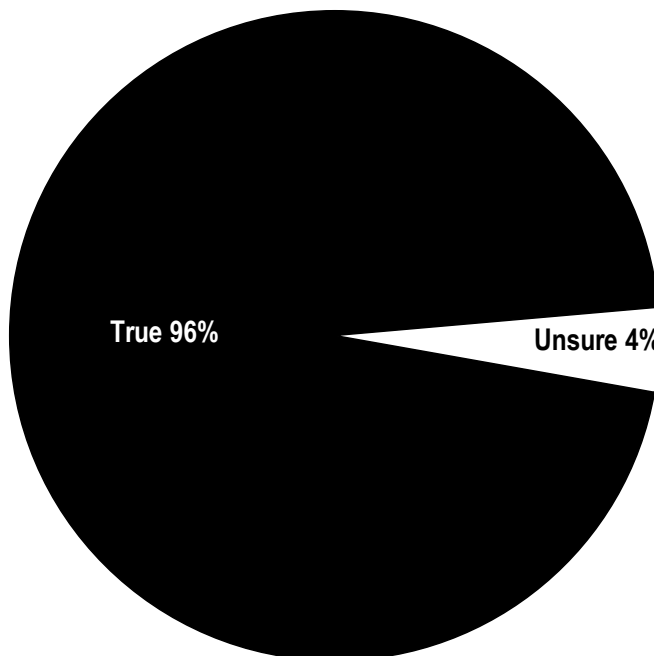


“I was not exactly satisfied with my job before starting the program. I appreciate and embrace the day-to-day challenges now.”

“Actually, I was considering working for a home care agency because the work seemed more steady. But I know I couldn't get this kind of training at an agency.”

N = 24

The professional development program improves the quality of in-home care.



“Individual providers need to get more training because more people with more complex issues are now at home under our care. We need to be able to identify and help improve those issues.”

“Our clients need more involved care sometimes but we can't provide it without the proper tools.”

N = 24

Nearly one-third of all respondents indicated that certified nursing assistant training courses were most helpful to them (29%). Two people mentioned preparatory coursework, such as adult basic education, were most helpful and they further expressed that they planned to pursue further training. Other courses mentioned individually included:

- Bloodborne pathogens
- Health and Wellness
- Nutrition

Six respondents said that all courses were helpful and were reluctant to choose just one as MOST helpful. To get a better picture of professional development needs, this question should be re-phrased because it is inherently biased--course selection depends on schedule, class availability, if there are enough student spaces, and a host of other issues besides student interest. Asking what courses should be offered through the professional development program would improve the information rather than limit recommendations.

Recommendations and Next Steps

Clearly, participants strongly feel that the professional development program is valuable. Most expressed sincere appreciation for an opportunity to learn more about their profession; there was no constructive criticism offered.

Preliminary analysis reveals a strong need to continue the professional development program; although future study may provide more guidance on what form that professional development program should take. Comparing the results of these surveys to results from the soon-to-be implemented structured professional development program will provide more insight on recommended program design.

It is simply too early to tell whether the professional development program actually improves the quality of in-home care—respondents felt it did, but in the context of their own situation rather than in a broader sense. Quantitative and qualitative data drawn from the employer population would further help to answer this question.

It is strongly recommended to continue conducting surveys after each academic quarter to further develop data. However, more study in areas related to whether the professional development program improves quality of care is necessary.

For more information on the survey or this report, contact:

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7. If it weren't for the professional development program, I may have changed careers.

True

False

Unsure

8. The professional development program improves the quality of in-home care.

True

False

Unsure

9. Please tell us how you feel the professional development program improves the quality of in-home care for consumers/employers:

10. Which courses MOST helped you?

Thank you for completing our survey! *If you have any questions about this survey, call Jane Wood toll-free at 1-866-580-4272.*