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Reflections of the Seniors Care Human Resource Sector Committee:

An Evaluation Report

Report to the Seniors Care
Human Resource Sector Committee
May 15, 2013

Acknowledgements

The Howegroup gratefully acknowledges the dedication of the **Seniors Care Human Resource Sector Committee** throughout the duration of this project:

Anita Zaenker

Staff Representative, Research and Campaigns,
BC Government and Service Employees' Union

Bob Attfield

Regional Director, Western Canada, We Care
Home Health Services

Bruce Bell

Manager, BC Care Aide and Community Health
Worker Registry

Carla Dempsey

Chair, Community Health Component, BC
Government and Service Employees' Union

Chris Kinkaid

Research and Policy Director, Hospital
Employees' Union

Cindy Corcoran

BC Recruitment Specialist, Good Samaritan
Society, Kelowna

Daniel Fontaine,

Chief Executive Officer, BC Care Providers
Association (January 2013 ongoing)

David Hurford

Past Director of PR + Member Services, BC Care
Providers Association

David McDowell

Administrator, Arrowsmith Lodge, Parksville

Ed Helfrich

Past Chief Executive Officer, BC Care Providers
Association (until December 2012)

Elaine Price

Administrator/Director of Operations, Eden
Care Centre

Geoff Stevens

Committee Chair

Katelyn Ranger

Policy Analyst, Health Human Resources
Planning, BC Ministry of Health

Linda Wong

Human Resources Advisor, Revera Long Term
Care

Lori Mackenzie

Director, Post Secondary Programs, Ministry of
Advanced Education, Innovation & Technology
and Responsible for Multiculturalism

Maria Capostinsky

Administrative Services Coordinator, BC Care
Providers Association

Pat Bawtinheimer

Past Dean, Health Sciences Programs,
Vancouver Community College

Robin Hancock

Recruitment Services Manager, Retirement
Concepts

The following partners are recognized for their work with specific Subcommittees:

Communications Subcommittee

Jag Tak

Practice Education Faculty and Student
Manager, Stenberg College

Jim Olson

Department Head, Continuing Care, VCC

Megan Halkett

Principal, Patio Social

Residential Care Subcommittee

Joanne Dickie

LPN and chair of the HEU Provincial Bargaining
Committee

LPN mentors, mentees and site liaisons

LPN Mentorship Project Lead:

Janet Williams - MacKinnon Williams

Home Support Subcommittee

Andrew Evans

Past Client Service Manager, Vancouver/North Fraser, Bayshore Home Health (until July 2012)

Bea Desroches

Client Service Manager, Bayshore Home Health (July 2012 ongoing)

Isobel Mackenzie

Chief Executive Officer, Beacon Community Service

Isabel Sum

Director, Home Support Operations, Greater Vancouver Community Services Society

Jas Khun-Khun

Senior Regional Operations Director, Western Canada, Revera Home Health

Kim Duffus

Regional Director, St. Elizabeth

Stephen Symon

Manager of Industry and Labour Services, WorkSafeBC

Scheduler Training Curriculum Development Team:

Lovey Sidhu - Curriculum Developer

Yvonne Muir - Stakeholder Relations

Michael Izen - Project Manager

About the Evaluators

This evaluation report has been prepared by the **Howegroup Public Sector Consultants Inc.**
Wynona Giannasi & Jennifer Hystad

Executive Summary

About the Project

The Seniors Care Human Resource Sector Committee (the Committee) was established in 2009 to oversee the development and implementation of a comprehensive human resource strategy for the not-for-profit and private seniors care sector in the province. Funding for the full spectrum of the project, from research, planning, implementation to evaluation has been provided by the Labour Market Partnership Program of the Ministry of Jobs, Tourism and Innovation, under an Agreement with the host agency, the BC Care Providers Association (BCCPA).

In 2010 a recruitment and retention survey of sector employers was conducted by the Health Employers Association of BC (HEABC). The ensuing *Labour Market Information Report: Licensed Practical Nurses, Resident Care Aides & Home Care Aides in Non-Health Authority Facilities* was released in June of that year and provided the foundation for the subsequent Human Resource Strategy report.

The Human Resource Strategy report - *Planning, Attracting, Engaging, and Sharing Knowledge: A Human Resource Strategy for the Community Health Workers, Residential Care Aides and Licensed Practical Nurses in BC's Private and Not-for-Profit Seniors Care Sector* (Howegroup 2011) was developed with a goal of strengthening the sector's ability to retain and recruit Community Health Workers (CHWs), Residential Care Aides (RCAs), and Licensed Practical Nurses (LPNS).

The Committee prioritized the recommendations from the Human Resource Strategy and hired the Howegroup to manage the implementation of the key initiatives and evaluate their successes aimed at improving recruitment and retention of valued senior's care workers. While several other initiatives have been implemented under the guidance of the Committee, the five key initiatives evaluated throughout this report include the following:

- Home Support Summit
- Thank You Campaign
- Scheduler Training Curriculum
- 80/20 LPN Mentorship Project
- Health and Safety Review Survey

About the Evaluation

The purpose of the evaluation was to systematically evaluate the short term impact of the implementation of the key initiatives recommended in the Human Resource Strategy. The evaluation considers activities completed from April 2012 to March 2013, but does not include a financial evaluation of the effective use of funds. This may be found in the Chair's report of the Committee's work from 2009-2013. The methodology of the evaluation was linked to the intended use of the results and included the Committee, Project Coordinators and end-users as participants. The evaluation uses Logic Model theory linking activities and inputs (human and financial resources) to intended outcomes. The outcomes from this project that were identified from the onset include:

- Increased collaboration in the sector.
- Improved perception of home care; increased respect for CHWs.
- Improved scheduling practices; improved satisfaction with respect to scheduling.

- Increased understanding of the realities of working with seniors; improved reputation of seniors care workers.
- Increased knowledge, skills and confidence of LPN participants in the mentorship project.
- Increased awareness/understanding of health and safety roles and responsibilities.

Success Factors

Nearly all of the above outcomes have all been met over the past year. For those that have not (i.e. improved scheduling practices) it is only because the project ended before outcomes could be measured. The intention to utilize training materials from partners may be promising with the right supports in place. Several key success factors, identified by the Committee members, that were instrumental in enabling the success of the initiatives, include:

- Developing common goals at the onset of the project.
- Establishing trust among a dynamic group of Committee members.
- Promoting a collective view of recruitment and retention issues which set aside standard labour management issues.
- Securing strong leadership through the role of the Committee Chair.
- Demonstrating strong leadership, project administration and commitment by the host agency, the BCCPA.
- Utilizing sector evidence to shape project initiatives.
- Leveraging knowledge and dedication from the Committee members. Over a three-year period Committee members attended 25 meetings.
- Securing sufficient funding from the Ministry of Jobs, Tourism and Innovation to deliver on the full scope of the project, from research, planning, implementation to evaluation.
- Maintaining continuity of the consultants who developed the Human Resource Strategy and then moved forward to project management and evaluation.

“BCCPA reached out and described a collaborative project. I wondered how we would do this outside of labour relations. The BCCPA established trust, and that’s why I got involved”.

“We defined the project in a way that unions, employers and others came together. We were able to talk about real issues without getting side tracked into regular communication patterns”.

“We have a much better understanding of the recruitment and retention issues now because of the Committee work. The initial survey [by HEABC] was key in having evidence for the industry challenges”.

– Committee members

Reflections

- The initiatives that were resourced and managed completely external to the sites (i.e. the *Thank You Campaign* and *Home Support Summit*) realized greater success than those that required resource support from employer organizations (i.e. the *80/20 LPN Mentorship Project* and the *Scheduler Training Curriculum*). This was not because of a lack of interest or agreement with the priorities, but rather a reflection of the lean operating budgets and a lack of human resources available for ‘extra’ projects. The biggest issue was about having the right person in the right role(s) from within employer organizations rather than having more financial resources.
- The fact that such a cross section of organizations came together to focus on this sector specifically, was momentous.

- This work acknowledged an often overlooked segment of the workforce. Throughout all the initiatives it was clear from front line staff that they were grateful for finally being recognized for the work that they do.
- The Committee has made a solid impact on the retention, specifically, of this workforce by:
 - Valuing and acknowledging front line staff.
 - Enhancing the skill sets of front line workers.
 - Leaving a legacy through tangible initiatives such as the *Thank you Campaign* and the *Scheduler Training Curriculum*.
 - Promoting safer environments to enhance commitment to front line workers' health and safety.
 - Building internal capacity within employer organizations.
 - Creating the foundation for the BC Continuing Care Safety Association.

Table of Contents

Introduction	8
Project Description	8
Objectives	9
Key Initiatives	10
About the Evaluation	10
About this Report	10
Evaluation Framework	11
Purpose of the Evaluation	11
Outcomes	11
Logic Model	11
Methodology	13
Overview	13
Limitations of the Evaluation	14
Key Committee Outcomes: Collaboration & Trust	15
Overview	15
Barriers to Success	16
Success Factors	16
Initiative #1: Home Support Summit	17
Initiative #2: Thank You Campaign	21
Initiative #3: Scheduler Training Curriculum	25
Initiative #4: 80/20 LPN Mentorship Project	29
Initiative #5: Health and Safety Review Survey	33
Conclusion	36
Appendix A: Detailed Logic Model	

Introduction

Project Description

The Seniors Care Human Resource Sector Committee (the Committee) was established in 2009 under the provincial Labour Market Partnership Program to oversee the development and implementation of a comprehensive Human Resource Strategy for the not-for-profit and private seniors care sector in the province. Funding has been provided for this initiative under a formal agreement between the Province of BC (Ministry of Jobs, Tourism and Innovation) and the BC Care Providers Association (BCCPA) to deliver on the full spectrum of the project, from research, planning, implementation to evaluation.

The Howegroup was engaged by the Committee in June 2010 to develop a Human Resource Strategy for the sector with the purpose being:

- To identify emerging issues, gaps and barriers to hiring and retaining appropriate senior's care workers, namely: Community Health Workers (CHWs), Residential Care Aides (RCAs) and Licensed Practical Nurses (LPNs).
- To develop recommendations, inclusive of implementation strategies and key performance indicators, to address and positively impact recruitment and retention issues within the sector.

To devise the Human Resource Strategy:

- Current labour market information was reviewed, including a labour market analysis of the non Health Authority sector conducted by the Health Employers Association of BC (HEABC) – *Labour Market Information Report: Licensed Practical Nurses, Resident Care Aides & Home Care Aides in Non-Health Authority Facilities*.
- A Human Resource needs assessment and best practice/literature review was conducted with key stakeholders from across the province, including industry, government, union and education representatives.
- Action planning sessions were facilitated with key stakeholders (as identified above).
- Draft recommendations and implementation requirements were validated with Committee members.

Key findings from the Human Resource Strategy (including the HEABC report) indicated:

- A sufficient supply of RCAs and CHWs in the majority of regions in the province.
- A sufficient supply of LPNs with the possibility of an oversupply of new LPNs.
- Challenges with retention of *casual* CHWs, RCAs and LPNs (that is expected to become more problematic among CHWs).
- More problems with retention of CHWs, RCAs and LPNs than recruitment, suggestive of turnover within residential care and home care.

The recommendations clustered around four motivations:

- Planning for the future with the *right* partners.
- Attracting the *right* seniors care workers.
- Engaging seniors care workers in the *right* way.
- Ensuring sector employers have the *right* knowledge to do so.

The report concluded with a project management plan with suggested implementation timelines and key performance indicators.

In December 2011 the Committee underwent a prioritization process to determine which initiatives should be implemented, and when, within the allotted budget. After an initial voting process with Committee members it was determined that a solid project management approach would be needed to implement and evaluate the recommendations set forth in the Human Resource Strategy. While two recommendations were implemented immediately in December (the Responsive Shift Scheduling Project, by MacKinnon Williams Consulting and a review of Home Care by the Howegroup), the Howegroup was formally hired in March 2012 to oversee the implementation of key five initiatives (see Figure 1).

The Howegroup then worked with the Committee to re-prioritize the recommended initiatives, taking into consideration the timeframe (one year), the budget, alignment with other organizations' initiatives and Committee expectations. Other important prioritization criteria included providing a balance between home and residential care and ensuring equity among RCAs, CHWs and LPNs' potential to benefit from the initiatives.

Initially the Howegroup developed a master workplan which saw the bundling of recommendations into home care, residential care and communications. Subsequently, four Subcommittees were formed, all of which included membership from industry and union representatives and some of which included interest and/or membership from education representatives and WorkSafeBC. Terms of Reference were developed for all Subcommittees with clear deliverables and timelines. The Subcommittees were chaired throughout the duration of the implementation phase by two project managers from the Howegroup.

Objectives

The objective of the engagement with the Howegroup was to systematically implement and evaluate five initiatives (four which were determined at the onset in March 2012 and one which was later determined in December 2012). Specifically, the project managers were to:

- Bundle recommendations as appropriate.
- Develop and maintain a master workplan for the initiatives.
- Develop an infrastructure for the implementation of the initiatives, including the creation of Subcommittees, each with their own Terms of Reference and specific goals.
- Chair Subcommittee meetings and keep activities and milestones on track (on time and on budget).
- Lead the Request for Proposal process for hiring subcontractors as necessary (for three of the projects).
- Maintain financial oversight for the initiatives.
- Troubleshoot as necessary.
- Provide an account of deliverables during quarterly reports.

Key Initiatives

The five key initiatives that were implemented from April 2012 to March 2013 are shown in Figure 1:

Figure 1. Five Committee Initiatives

Home Support Summit	•Designed to increase the profile of home care and the work that CHWs provide <i>[impact on retention of CHWs]</i>
Thank You Campaign	•Developed to acknowledge the valued contributions of front line workers in caring for BC's seniors <i>[impact on retention and appropriate recruitment of RCAs, CHWs and LPNs]</i>
Scheduler Curriculum Development	•Developed for schedulers to enhance their ability to balance the competing demands of scheduling CHWs <i>[impact on retention of CHWs and increased efficiencies within home care organizations]</i>
80/20 LPN Mentorship Project	•Designed to enhance the knowledge and skills of LPNs through knowledge sharing with new LPNs <i>[impact on retention of new and experienced LPNs]</i>
Health and Safety Review Survey	•Developed to address gaps in understanding the rights, roles and responsibilities of employers, supervisors and front line staff with respect to the priority of workplace health and safety and examining how to create a safer workplace for seniors care workers <i>[impact on retention of RCAs, CHWs and LPNs]</i>

Each initiative is described in detail in its own section, complete with evaluation findings and reflections.

About the Evaluation

The purpose of the evaluation was to systematically evaluate the short term impact of the implementation of the key initiatives recommended in the Human Resource Strategy. The next section, the Evaluation Framework, further details the purpose and intended use of this evaluation.

About this Report

An evaluation framework is first described to detail the evaluation strategy, followed by an overview of the methodology used to evaluate the five key initiatives. Next, key outcomes are highlighted, the impact of Committee collaboration is emphasized and then each initiative is described in its own section, inclusive of reflections, considering the sustainability of the initiative and ongoing impact within the sector. The report then wraps up with concluding thoughts from the evaluators.

Evaluation Framework

Purpose of the Evaluation

The purpose of the evaluation was to systematically evaluate the short term impact on the recruitment and retention of seniors care workers as a result of the implementation of the key initiatives recommended in the Human Resource Strategy. The evaluation addresses if the work of the Committee met the objectives identified in the Human Resource Strategy including planning for the future with the right partners, attracting the right seniors care workers, engaging seniors care workers in the right way, and ensuring sector employers have the right knowledge.

Reliability and validity in the evaluation were improved by ensuring methodology was linked to the intended use of the evaluation results. Uses were identified by the Committee at the onset of the evaluation as determining the effectiveness of the project in meeting the stated goals, ensuring accountability for the resources dedicated, generating 'lessons learned' to inform quality improvement, and informing the sustainability of the initiatives through the BC Continuing Care Safety Association.

Participants in the evaluation are the Committee, Project Coordinators responsible for implementing key initiatives, and participants or end-users.

The evaluation primarily considered activities and outputs (accomplishments) completed from April 2012 to March 2013, but does not include a financial evaluation of the effective use of funds. This may be found in the Chair's report of the Committee's work from 2009-2013. Due to the project timeline, the evaluation did not measure the long-term impact of the strategy, but measured the short- and medium term outcomes as outlined below. In addition to outcomes, the evaluation captured successes, accomplishments and barriers to success.

Outcomes

The five key outcomes as identified in the logic model (see Figure 2 for an abridged logic model and Appendix A for a detailed logic model) are:

- Increased collaboration in the sector.
- Improved perception of home care; increased respect for CHWs.
- Improved scheduling practices; improved satisfaction with respect to scheduling.
- Increased understanding of the realities of working with seniors; improved reputation of seniors care workers.
- Increased knowledge, skills and confidence of LPN participants in the mentorship project.
- Increased awareness/understanding of health and safety roles and responsibilities.

Logic Model

A logic model was developed to demonstrate the linkages between activities and resources committed to the project, such as funding and human resources, to project outputs and outcomes. The model demonstrates how the work of the Committee met the overall objectives of the strategy through strategic funding and co-funding, collaborative partnerships and project efficiencies. An abridged logic model is presented below (Figure 2) and a complete logic model may be found in appendix A.

Figure 2. Abridged Logic Model

Inputs	Outputs	Outcomes		
		Short-term	Intermediate	Long-term
Committee Chair; participation in meetings; LMP Funding	#of Committee meetings; # participating in Subcommittees; diversity of members	Satisfaction with overall process; increased (new) contacts	Improved relationships; new initiatives	Improved collaboration
Home Support LMP funding; Summit Project Manager; Sponsorships	#/type attendees #/type topics #/type sponsors	Attendee satisfaction	Increased opportunities for collaboration; Improved perception of home care; Increased respect for the role of home support workers	Improved collaboration; Improved retention; Increased recruitment
Scheduler Training LMP funding; Co-funding from union partners	# schedulers trained (super users); # hours of training; #/type of employers participating	Scheduler and employer satisfaction with training; Increased capacity to train	Improved scheduling practices; Increased scheduler job satisfaction; Improved satisfaction with respect to scheduling	Improved retention of 'the right' schedulers
Thank you campaign LMP Funding; existing media channels/relationships	key messages # videos # brochures # posters Social media	Key performance indicators	Improved understanding of realities of seniors care; Increased understanding of intrinsic value of work;	Improved recruitment; Improved retention
80/20 LPN Mentorship LMP funding; HEU funding for workshop travel; Project Manager; Project Coordinator	# sites variety of sites # of participants #/type lessons learned #/type professional development workshops held	Increased knowledge, skills and confidence and leadership capacity of mentors	Improved knowledge& skills of mentors/mentees; increased intention to stay in residential care by late career mentors	Improved retention of LPNs in residential care

Methodology

Overview

The Howegroup applied a mixed-methodology approach to this evaluation including satisfaction surveys, focus groups, semi-structured interviews as well as the collection and reporting of key performance indicators (for the on-line social media campaign). Data was collected and results were linked to the activities and the overall objectives of the Human Resource Strategy (see Table 1 for an overview of the evaluation methodology for each initiative). Results and conclusions were confirmed with stakeholders and Committee members where appropriate. Steps were taken throughout the evaluation process to ensure the methodology was appropriate and practical, and generated credible and accurate results. In all cases, the methodology was linked to the utility of the evaluation results.

Where possible, participants were selected as those who could best inform the evaluation process and an adequate number of participants were used to provide a rich description of the experience.

Table 1. Initiative Methodologies

Initiative	Methodology	Participants
Committee collaboration	2 Focus groups	The Committee
	Telephone interview	Past Committee member
	On-line survey	The Committee
Home Support Summit	Satisfaction survey	Summit participants
Thank You Campaign	YouTube Analytics, Sprout Social Metrics, Facebook Ad Manager, Network Reporting	N/A
Scheduler Curriculum Training	On-line Super User Satisfaction Survey Paper Pilot site Staff Satisfaction Survey	Training recipients (Super Users and staff trainers at one site)
80/20 LPN Mentorship Project	Monthly Mentor Logs	Mentors
	Mentor Focus Group	Mentors
	Mentee Survey	Mentees
	Site Liaison Interviews	Site Liaison
Health and Safety Review Survey	On-line survey Interviews with key stakeholders	Front line staff, supervisors and managers/owners

Limitations of the Evaluation

The evaluation was limited most notably by the short duration of the project. The ten-month time frame provided enough to implement the initiatives and measure process indicators as well as short and medium term outcomes but did not permit measurement of the long term impact. Other limitations include:

- The impact of the implementation strategy was not quantified through a repeat labour market analysis conducted by HEABC. A follow up to the baseline study “*Labour Market Information Report: Licensed Practical Nurses, Resident Care Aides & Home Care Aides in Non-Health Authority Facilities*” conducted in 2010 would have enabled a comparison of pre and post Human Resource Strategy recruitment and retention indicators.
- Indicators from the on-line *Thank You Campaign* captured the reach of the campaign; however the evaluation did not demonstrate how these messages were received. We were not able to demonstrate the impact of these messages on the target audience.
- The limited scope of the *80/20 LPN Mentorship Project* (4 sites) limits the ability to generalize the results of the initiative across the sector.
- The fact that only one site conducted training in their own site after the Scheduler Curriculum Super User Training limits the ability to generalize the results of the initiative across the sector. The ability to measure the spread and the impact of the training is therefore also limited.
- Looking for project efficiencies, the Project Managers were invited to conduct the evaluation and as such, limited the neutrality of the evaluation. The PMs brought subject matter knowledge and the momentum of previous work with the Committee. Attempts were made to minimize this bias by:
 - Acknowledging the conflicting role of PM as evaluators.
 - Involving others in the evaluation design and data collection (Patio Social Inc., Izen Consulting and MacKinnon Williams Consulting).
 - Reviewing results with key stakeholders and the Committee prior to finalization.

Key Committee Outcomes: Collaboration & Trust

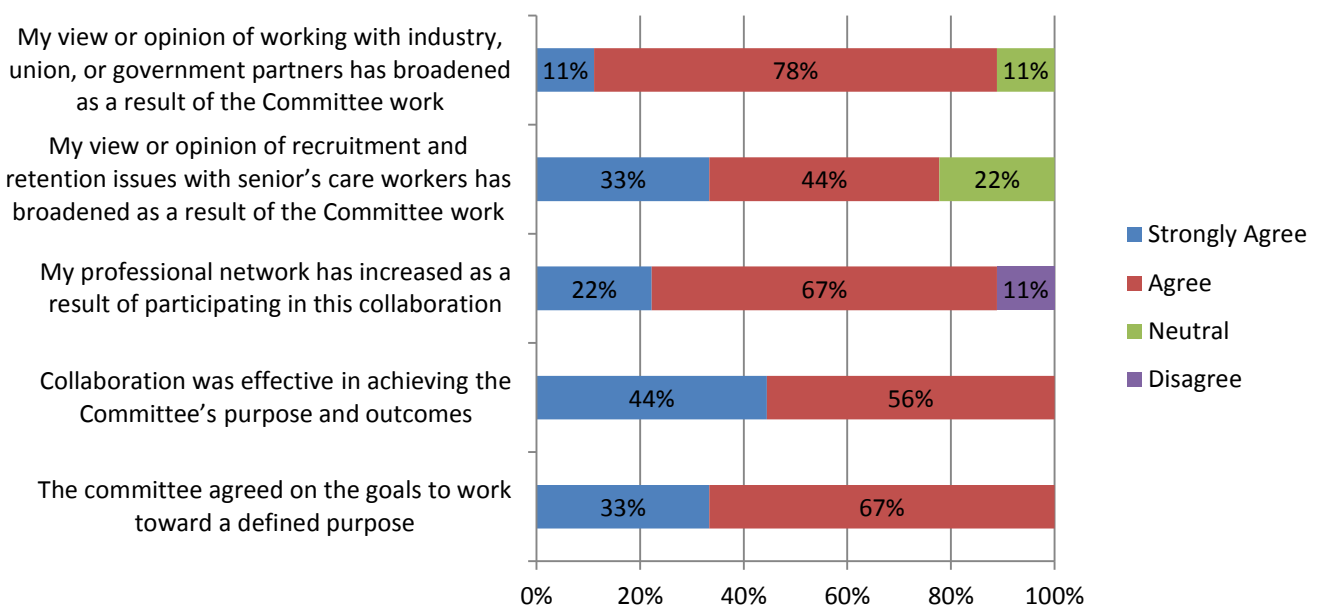
Overview

Committee members participated in two focus groups and were also asked to complete a brief survey examining the impact of collaboration. The survey focused on quantifying the impact of collaboration (see Figure 3 for a graphical representation of key findings) and the focus groups enabled discussions regarding barriers and success factors.

All Committee members agreed the quality of the working relationships that developed as a result of this collaboration were positive and all but one felt there was good trust within the Committee. All agreed that the Committee agreed on the goals to work toward a defined purpose and that collaboration was effective in achieving the Committee’s purpose of outcomes. One Committee member states, *“It was beneficial to identify and pursue those goals that all partners shared an interest in”*. The majority agreed that their view or opinion of recruitment and retention issues with senior’s care workers had broadened as a result of the Committee work and that their view or opinion of working with industry, union, or government partners had broadened as a result of the Committee work.

Nearly all Committee members agreed that their professional network had increased as a result of participating in this collaboration, with a reported average of 6 new contacts being developed through the Committee (range 2-15). As one Committee members reports, *“Some of these contacts I already cross paths with, but now that we have had successful collaborative efforts on this Committee, there is more trust and I imagine more likelihood of collaboration in the future on those other paths.”* A couple indicated hoping to work together again specifically on a subsequent Home Support Summit and another states, *“I learned a bit about the interests of the other members of the Committee, and know a few more people in the sector who are committed to making a difference in specific areas. I could see reaching out to one or two on some key issues”*.

Figure 3. Committee Collaboration Indicators (N=9)



Overall the Committee was seen as a success with the most notable tangible achievements being the *Home Support Summit*, the *Thank You Campaign*, and the legacy of the Committee through the anticipated BC Continuing Care Safety Association. The recognition that the sector needs more resourcing to build and enhance capacity to jointly plan and share services, and enhance cooperation between industry and unions were also cited as key outcomes of the Committee.

"[it was a] great experience all around that should be promoted as success story and best practice of how these groups can achieve real [and] positive results".

Barriers to Success

A few barriers to the success of the project were identified by Committee members as:

- Human and financial resources limitations within employer organizations to implement initiatives. As one employer said, *"Our facilities are run pretty lean we don't have the personnel to dedicate to managing a project. Everyone is already committed to doing their daily tasks"*.
- Project implementation coinciding with Collective Bargaining delayed specific elements of the Committee work, such as the opportunity for HEABC to conduct a subsequent recruitment and retention survey of sector employers as a follow up to the 2010 *Labour Market Information Report: Licensed Practical Nurses, Resident Care Aides & Home Care Aides in Non-Health Authority Facilities*.
- The Committee was potentially ambitious in the range of strategies that were implemented. Greater results may have been realized by focusing resources on fewer initiatives.

Success Factors

Several key success factors pointed to good chairing and resourcing of the Committee. Specific success factors identified by Committee members include:

- Developing common goals at the onset of the project.
- Establishing trust among a dynamic group of Committee members. *"BCCPA reached out and described a collaborative project. I wondered how we would do this outside of labour relations. The BCCPA established trust, that's why I got involved."*
- Promoting a collective view of recruitment and retention issues which set aside standard labour management issues. *"We defined the project in a way that unions, employers and others came together. We were able to talk about real issues without getting side tracked into regular communication patterns."*
- Securing strong leadership through the role of the Committee Chair.
- Demonstrating strong leadership, project administration and commitment by the host agency, the BCCPA.
- Utilizing sector evidence to shape project initiatives. *"We have a much better understanding of the recruitment and retention issues now because of the Committee work. The initial survey [by HEABC] was key in having evidence for the industry challenges."*
- Leveraging knowledge and dedication from the Committee members. Over a three-year period Committee members attended 25 meetings.
- Securing sufficient funding from the Ministry of Jobs, Tourism and Innovation to deliver on the full scope, from research, planning, implementation to evaluation.
- Maintaining continuity of the consultants who developed the Human Resource Strategy and then moved forward to project management and evaluation.

Going forward, the Committee would benefit from continuing, and from deepening the relationship amongst participants, as well as having a closer relationship with government priorities.

Initiative #1: Home Support Summit

About the Home Support Summit

With the need identified to raise the profile of home support in the Human Resource Strategy, a Subcommittee was formed to oversee the planning and execution of the first BC home support summit. The theme of the summit was 'A Day in the Life of Community Health Workers' and was held at the Hilton Vancouver Metrotown on October 16th, 2012. The summit was designed for decision makers and front line staff to come together to appreciate each other's contributions to the home support sector by profiling CHWs, focusing on the differences they make to clients and families. The goal was to enhance collaboration with the long-term impact being to create a competitive advantage within the labour market for home support human resources, specifically to enhance the retention of valued CHWs. The date was purposefully chosen to align with BC's proclaimed Health Care Assistant Day on October 18th.

The *Home Support Summit* was attended by 121 individuals from a variety of backgrounds, including CHWs, managers, educators, clinical supervisors, union representatives, health authority representatives and government representatives. The goal of ensuring front line staff were well represented was achieved as 50% of the attendees were CHWs.

As a way of encouraging attendance by CHWs, in part to appreciate their time and also to provide back-fill for those scheduled to work on the day of the summit, an honorarium of \$100 was paid to each CHW who attended. As well, all travel expenses for front line staff were covered from the Committee and/or union (BCGEU and HEU) funding.

Speakers from varied backgrounds facilitated and presented at the summit:

- **CHW Panel**
 - Facilitated by Dr. Art Hister, a panel of CHWs shared their personal experiences from how they began their journey as CHWs, to what they love about their jobs and some of their biggest challenges. Panel members included:
 - Judy Wendover , CHW, Beacon Community Services
 - Mona Morgan, CHW, Fraser Health Authority
 - Karen Reeves-Mitchell, CHW, Revera
 - Jacquie Baker, CHW, We Care Home Health Services
 - Mary Ann Marin, CHW student, St. Elizabeth
 - Highlights from the panel can be found at: <http://youtu.be/cPS6LjckP9I>. This video is being shared with schools providing health care assistant training across BC to promote a realistic picture of what CHWs do with the goal of impacting appropriate recruitment of CHWs into the field. Additionally, the Ministry of Advanced Education, Innovation & Technology and Responsible for Multiculturalism has committed to posting this video on the Health Care Assistant Training listserve.
- **Palliative Care Education Session**
 - Facilitated by Kath Murray, Principal and Program Director, Life and Death Matters, information was shared with attendees on what it means to provide palliative care. Several examples of end-of-life care stories were shared by attendees.

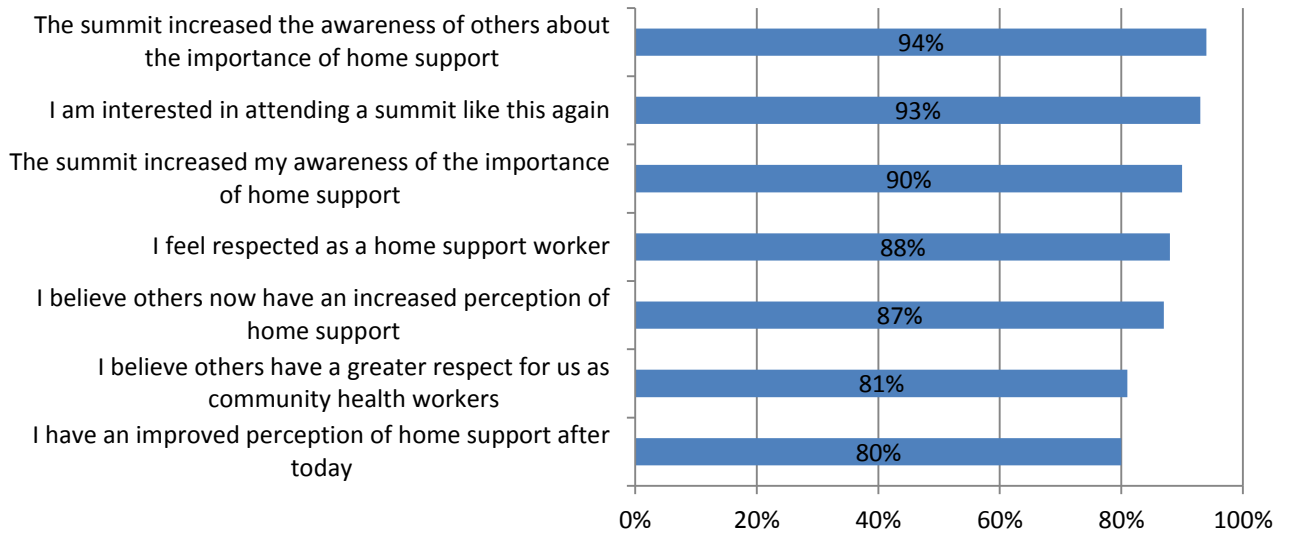
- **Overview of the Ombudsperson’s Report**
 - The Ombudsperson, Kim Carter, provided a factual presentation on the most recent investigation into home and community care services provided to seniors. Key issues were reviewed regarding home and community care, front line care workers, protecting seniors and the Ministry of Health’s role in continuing to investigate the recommendations made in the report was emphasized.
- **Provincial Representative Acknowledgements**
 - Colin Hansen, MLA, Vancouver-Quilchena and Katrine Conroy, MLA, Kootenay-West, formally acknowledged Health Care Assistants’ Day and emphasized their gratitude for home support and the valuable work CHWs do every day across the province.
- **Safety in the Home**
 - Representatives presented on varying aspects of safety:
 - WorkSafe BC (Stephen Symon, Manager of Industry and Labour Services) highlighted the prevalence of injuries associated with direct patient care (i.e. lifting and transferring patients, slips, trips, violence and spread of infectious diseases), spoke of the issues surrounding assessing and controlling risk and highlighted the multitude of resources available to support worker safety.
 - Beacon Community Services (Isobel Mackenzie, CEO) presented findings from a safety audit as an example of an employer’s commitment to workplace safety.
 - The BC Care Aide and Community Health Worker Registry (Bruce Bell, Manager) presented an overview of the Registry, including the role and mandate as well as employers’ and the Registry’s responsibilities.
- **Innovations in Home Care**
 - Bob Atfield, Regional Director, We Care Home Health Services, provided an overview of how technology is being used to promote worker safety and how this in turn promotes improved care for seniors.
 - Olecia Walker, Director of Clinical Management, Bayshore Home Health, provided an overview of four distinct generational cohorts and noted the inherent tendencies within each age group, with an intention to improving communication and collaboration in the workplace.
- **Strengthening Home Support**
 - Led by Mary Ellen Sanajko and Wynona Giannasi a hands-on session was facilitated, designed to hear from CHWs to provide information to decision makers going forward regarding what is working in Home Support, what is most enjoyed about the work, what is not working, the challenges that get in the way of doing good work, and what needs to be improved.

Evaluation Results

The Summit was reported as a successful event by attendees. With a high evaluation questionnaire response rate of 60%:

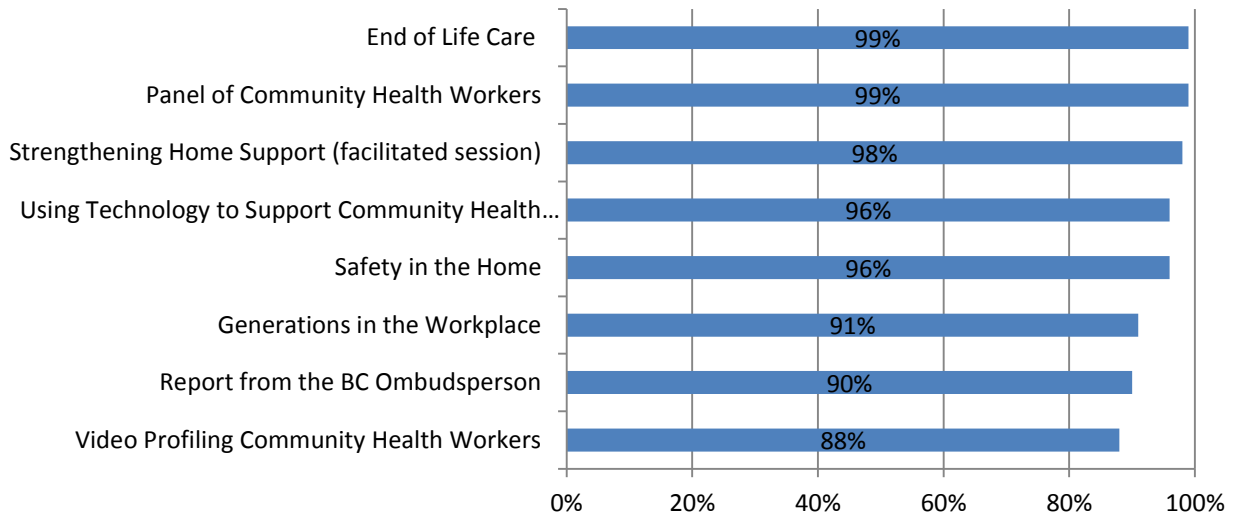
- 85% of attendees said the summit was excellent or very good and another 15% stated it was good.
- Satisfaction with specific elements of the summit was also high (Figure 4), including increasing awareness of the importance of home support and feeling respected as a CHW.

Figure 4. Overall Summit Satisfaction



- 93% of attendees reported being interested in attending the summit again. Significant interest was raised with respect to having the summit become an annual event.
- All sessions were reported as having met expectations (See Figure 5).

Figure 5: Session Topic Expectations Met



- Suggestions for improvement centered on starting earlier, having longer breaks, considering making a future summit two days, having fewer presentations and more interactive sessions and including topics such as dementia care and cross cultural communication.

“It exceeded my expectations. The Summit increased my awareness of the importance of home support.”

“Great first time Summit. Make an annual Summit. Thank you!”

“I felt respected and my attendance appreciated.”

"I enjoyed the summit, for we are being praised for the job well done and Oct 18th has been made as health care assistant day!!!!"

"I was very grateful for the chance to come and it's amazing to hear the others saying what Community Health Workers and Care Aides have been saying for years."

"As a Community Health Worker I am often thanked by grateful clients, and just knowing I am improving someone's quality of life is thanks in itself. Being recognized has never been a focal point for me, but, I must admit the support from you, the BC Senior's Human Resource Planning Committee and the BC Care Providers Association feels great."

"It was amazing to see so many wonderful people recognize the work Community Health Workers do. I was surprised by the level of understanding displayed by the speakers. It is such a good feeling to know so many people really care, and they "get it". The work dynamic for a typical Community Health Worker is isolating with very little and in some cases no communication with other workers. Attending the Home Support Summit has left me energized to say the least, and I would love to volunteer my time in any way possible to help make sure that the Home Support Summit happens again. The Home Support Summit is a huge step in getting the Community Health Worker recognized as integral part of the health care team. I cannot thank you enough for the hard work that it obviously required to pull off such a successful event. I am still feeling overwhelmed by the care and attention shown by all the folks at the Community Health Worker Summit and I want you to know you have improved this CHW's quality of life. (This just might be similar to what our clients experience.)"

Reflections

Starting with a multidisciplinary and dedicated Subcommittee, the *Home Support Summit* was a well planned event that maintained its focus on improving the profile of home support. The Subcommittee contributed to the development of the session topics and speakers, and provided hands on input and support throughout the planning phase.

A significant aspect of the success of this event, in addition to the planning committee, was the fact that employers were reimbursed for the honorarium and travel expenses for front line staff to attend the event. The original budget for the summit was \$15,000. With sponsorship from WorkSafe BC, Procura, and Shoppers Home Health, and paid registrations from health authorities and two independent home care and education consultants, an addition \$6,150 in revenue was received, bringing the total available budget to \$21,150. These additional funds made improved food and beverage options, attendee bags, and photography possible. The BCGEU is recognized for covering the cost of the video production for the event. There is a positive variance of almost \$2,000 due to lower than anticipated reimbursed honorarium and travel expenses. While the cost of the event planning was rolled into the overall project management budget for all the initiatives, the actual cost of the event planning was close to \$25,000 (estimated at a day and a half a week for five months). A realistic budget to consider for a subsequent summit is \$50,000.

The *Home Support Summit* was well received by attendees and speakers and there is a clear desire to see the summit become an annual event. As the Committee funding has come to an end as of March 31, 2013, the extent to which this may be possible will reside with the host agency, the BCCPA. BCCPA may wish to collaborate with other education and government organizations, employers and unions which have expressed a desire to participate/co-fund a future summit.

Initiative #2: Thank You Campaign

About the Thank You Campaign

Originally named a “Warts and All Campaign” the purpose of the on-line social media campaign was to attract the right people to seniors care by communicating the realities the work. The campaign was redefined as a *Thank You Campaign* to acknowledge both the realities of the work and the contribution of seniors care workers to the lives of BC seniors and their families, as well as to BC’s economy. The purpose was therefore expanded to attract the right people to the care as well as impacting retention.

The campaign was launched on the www.bccares.ca website on BC’s Health Care Assistant Day of October 18th, 2013 and ran through to March 31, 2013. The target audience included current and potential seniors care providers (students), BC seniors and their families.

Social media expertise was provided by Patio Social Inc, guided by a Subcommittee comprised of seniors care employers, BCCPA and representatives from the union and education sectors. Initial messaging was reviewed by the Subcommittee and a sample from the target audience.

Key messages of the *Thank You Campaign* included:

- Thank you for your skill and dedication to BC Seniors
- BC care workers are essential to the community and economy of BC
- As the BC population ages, we need skilled care workers to help BC seniors
- BC Care workers improve the quality of life of BC seniors

Key activities of the *Thank You Campaign* included:

- Development of nine videos available through YouTube and featured on the BC Cares microsite:
 1. BC Says Thank You to LPNs and Home Care Assistants
 2. Say Thank You to Seniors’ Health Care Assistants & LPNs
 3. Meet BC’s Seniors Care Workers
 4. BC Says Thank You: Dr Art Hister
 5. BC Says Thank You: Terri-Anne Bergen & Mona Morgan
 6. BC Says Thank You: Sam Sullivan
 7. BC Says Thank You To Seniors’ HCAs &LPNs
 8. Say in the Life of a BC Seniors’ Care Worker
 9. Becoming a BC Seniors’ Care Worker
- 15 second “BC Says Thank You” pre-roll video ads featured on www.CTV.bc.ca and www.global.bc.ca
- Creation and launch of a microsite housed on the www.bccares.ca website
- Design of a series of posters for use in care homes, health authority offices, hospitals and schools. The posters were housed on the www.bccares.ca website and available for download. The print media was translated into Chinese, Tagalog and Punjabi.
 - Message board for thank you messages posted by employers and families of BC Seniors in care
- Social media including Twitter posts and Facebook advertising
- Regional media pitches

Evaluation Results

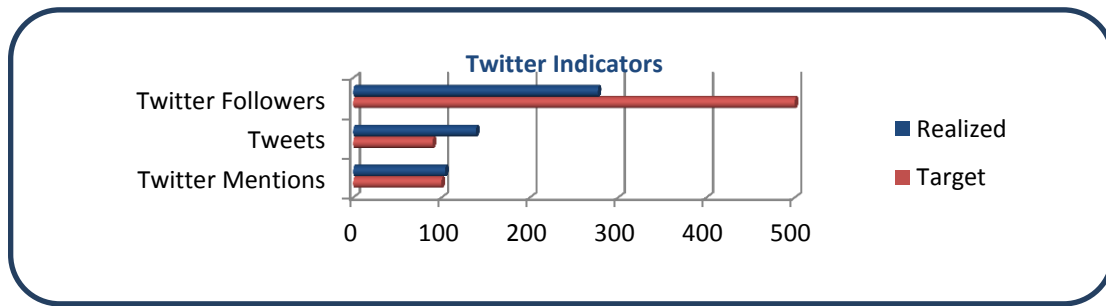
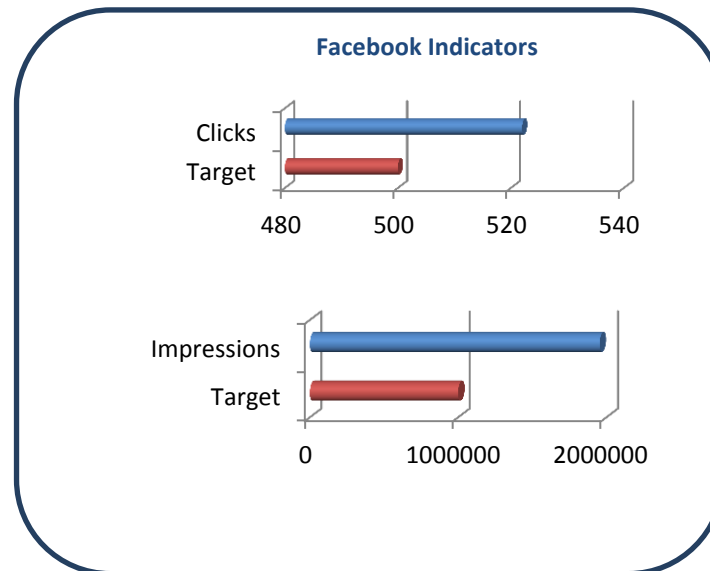
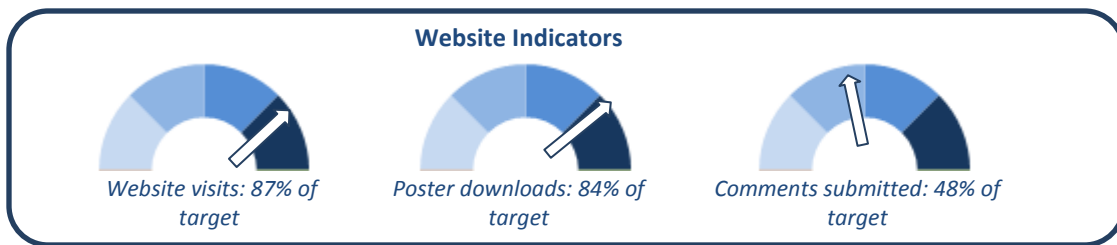
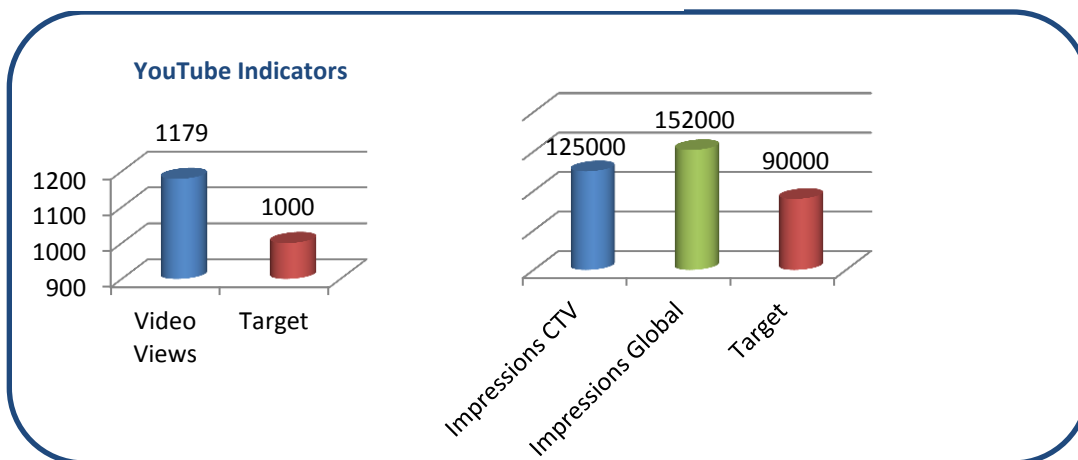
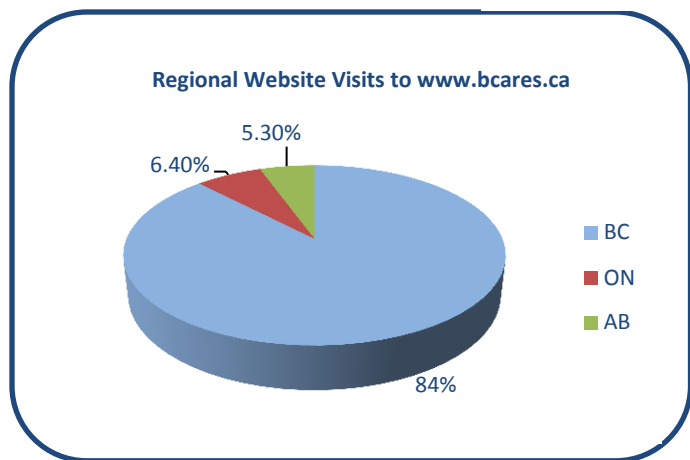
The *Thank You Campaign* used the existing BCCPA site www.bccares.ca to host a new campaign microsite, created to host videos, posters and capture messages from the public. The pre-roll advertising campaign reached over 250,000 British Columbians directly, and Facebook ads helped to reinforce the campaign message resulting in over 1.9 million ads being served. The campaign came close but did not reach the target number of website visits to the site (4,367 of the target 5,000) yet did record visits from each region of the province demonstrating the provincial reach of the messages (see Table 2).

The *Thank You Campaign* was successful in capturing thank you messages on the website to acknowledge the contribution of front-line staff. The number of comments posted on the website (24) did not meet the target number of 50 posts and the media uptake was lower than anticipated. See the Reflections in this sections for possible explanations. Table 2 provides an overview of the key performance indicators. This information is also displayed as a dashboard in Figure 6.

Table 2. Key Performance Indicators

Channel	Campaign Target	Campaign Total March 15, 2013
Website		
Website Visits	5000	4,367
Regional Breakdown	All regions in BC covered	BC-84% ON-6.41% AB-5.32%
		Within BC: Site visits from all regions in the province with 53.27% from the Lower Mainland
Poster Downloads	200	168
Comments Submitted on Website	50	24
Social Media		
Twitter Followers	500	277
Twitter Mentions	100	104
Tweets	90	139
Impressions from Twitter	100,000	71,200
Facebook Ads		
Impressions in BC	1,000,000	1,954,074
Clicks	500	522
Video		
YouTube Video Views	1,000	1,179
Impressions on CTV (pre-roll)	90,000	125,000
Impressions on Global and affiliates (pre-roll)	90,000	152,697
Media Relations		
Media Pitched	50	19
Media Pick up	5	1 Vancity Buzz article

Figure 6. Thank You Campaign Evaluation Results Dashboard



"BC Seniors' Care workers are our front line workers in health care. Thank you for working with your "Hearts and Hands" for our elderly in British Columbia. Thank you for your skills and dedication to this honorable career".

-Jag Tak, Practice and Education Manager, Stenberg College, Surrey



"I give my heartfelt thanks and appreciation to B.C. care providers, for the work they do every day makes a difference in the lives of so many seniors and families in our communities. They lend a personal hand to enable seniors to live fuller, more independent lives and I can tell you from stories I hear from seniors across the province that their work has a tremendous impact."

- Ralph Sultan, Minister of State for Seniors, Province of BC, West Vancouver

Reflections

The dedicated and interdisciplinary Subcommittee was a key success factor in campaign. The decision to move away from a *warts and all* campaign to a *Thank You Campaign* was instrumental to the front line staff feeling acknowledged and communicating the important contribution made by front line workers in seniors care. Further, capturing the realistic messages and images of the workers themselves ensured the campaign remained true and meaningful to the target audience.

“My mother has Parkinson’s; while she lived in Lillooet her mobility deteriorated. BC Seniors Care workers in Lillooet took care of her with dignity and respect and were able to get her into a care facility close to me in the Lower Mainland. The BC Seniors Care workers at her facility in Coquitlam are amazing. To the BC Seniors Care workers in Lillooet and Coquitlam, thank-you so much! Mom and I are so lucky to have you!”

Tara Weiszback,
Lillooet and Coquitlam

Two firsts were realized with this campaign:

- The collaborative nature of the Subcommittee brought together a diverse group of stakeholders who were all interested in the recruitment and retention of seniors care workers. Union representatives, educational leaders, employers and the BCCPA provided valuable input to shape the campaign.
- Secondly, it is monumental that this segment of the labour market, front-line seniors care workers, was acknowledged in the media as important contributors to our families, communities and the economy of British Columbia.

The public relations numbers were considerably lower than anticipated. Framing the campaign as a *Thank You Campaign* created positive messaging for the target audience however may have made the campaign less attractive as a media story.

Communicating the release of the media may have been improved through better coordination. The launch of the videos and content on the www.bccares.ca website was shared through the professional networks of the Subcommittee members and the BCCPA membership without receiving feedback to identify gaps and missed opportunities. The second release of videos in March 2013 used a more coordinated approach however this impact was not measured.

The legacy of the campaign includes the material developed and housed on the www.bccares.ca website. These items will remain available for download and use after the official end of the project. Some messaging will be re-purposed on the newly revamped website of the BCCPA to be launched in May 2013. All communications materials will be owned by the BCCPA.

The subcommittee acknowledged the success of the campaign and the high quality video and graphic design is attributed to the professional work of the contracted social media agency, Patio Social Inc.

Initiative #3: Scheduler Training Curriculum

About the Scheduler Training Curriculum

With the goal of enhancing Schedulers' ability to support CHWs (and positively impact CHW retention), the Committee determined that developing and piloting training curriculum for private and not-for-profit providers was a priority. Train-the-trainer methodology was deemed as most appropriate, not only for fiscal constraints within the sector, but also to develop and enhance capacity within home care providers. A Subcommittee was formed to see the scoping of the project, including the hiring of a curriculum developer team. After a thorough RFP process the Izen Consulting was contracted to deliver the curriculum development and training.

The objectives of this project were:

- To develop a comprehensive curriculum to train Schedulers of CHWs in the not-for-profit and private component of the seniors care sector in BC.
- To provide a complete set of print-ready and online-accessible learning resources in a modular format to be used as a core curriculum which can be modified as necessary by employers throughout the health care sector in BC.

Key activities undertaken for this project included:

- Review of performance descriptions for practical skills to be learned in scheduler training and on the job.
- Compilation of available instructional materials from similar programs and other sources, as appropriate.
- Preparation of learner manuals and instructor guides for training, to include handouts, activities, quizzes, case scenarios, and practical assessment tools.

The project consisted of the following deliverables:

- **Scheduler Training Curriculum** – a core curriculum in a modular format, incorporating form and content as directed by the Committee.
- **Support Materials** – instructor and learner objectives, including strategies for instruction.
- **Online Resources** – printable curriculum and support.
- **Subject Matter Expert Session** – a focus group consisting of working Schedulers, as subject matter experts, to help build the foundations of the training program.
- **Training Session(s)** – a training sessions consisting of Super Users, experienced Schedulers, to assist in the development of case scenarios and instructional materials.

Context

Building on the recommendations from the Human Resource Strategy, a subsequent project ensued to review scheduling practices in the 'non-Health Authority Home Care Sector'. The project was originally designed to analyze the feasibility of alternative scheduling models in improving the retention of sector CHWs. However, the scope and focus of the project was adjusted after stakeholders revealed critical system-wide issues that needed to be addressed (before focusing on improving models of scheduling) and confirmed that pilots of specific scheduling models were no longer needed (as cluster care is used extensively where appropriate) and no longer seen as an innovative model to support scheduling.

The intent of the project then evolved into uncovering systemic barriers to scheduling CHWs and developing strategies for improving the retention situation of CHWs through improvements to systemic factors impacting scheduling practices. The report leverages findings from the Human Resource Strategy, particularly with respect to the current state of the CHW labour force and issues facing key stakeholders.

A review of systemic issues occurred with a comprehensive stakeholder consultation. The main finding focused on the notion that scheduling of CHWs to service clients is a complex task that has become increasingly multifaceted and stands to have a direct impact on the retention of CHWs if improved. A key recommendation pointed to the need for enhanced Scheduler training to accommodate the increasingly complex position in home care.

The approach for developing the curriculum was conducted through a comprehensive and integrated methodology, involving both secondary research of existing training materials and resources, through consultations with health sector stakeholders, and direction from the Committee. The curriculum and learning materials were developed in accordance with the approved program profile and program outline as directed by the Committee and in conjunction with guidance obtained during focus group sessions with subject matter experts. The final industry-validated and Committee-approved materials were developed in a print-ready format, complete with layout and graphics. The curriculum was revealed and tested during a Super User Training session where learning materials were further developed and refined.

Schedulers (“industry experts”) were invited to attend two group sessions to provide input and assistance in the development of the *Scheduler Training Curriculum*. Two sessions were held:

1. Subject Matter Expert (SME) Session – August 14, 2012
2. Super User Training Session – January 25, 2013

Representatives from five home care agencies sent experienced Schedulers to attend the SME and Super User sessions (Bayshore Home Health, Beacon Community Services, Greater Vancouver Community Services Society, Revera Home Health and Saint Elizabeth’s). Additionally, an experienced Scheduler with Fraser Health was invited by the BCGEU to attend. Eight SMEs participated in each session representing six of the seven agencies contacted. The SMEs represented a wide range of Scheduler experience (1.5 years to 20+ years), and diverse array of ages, backgrounds and current positions held at each of the organizations.

The final product consisted of:

- A modular *Scheduler Training Curriculum* manual in print, interactive and flipbook versions. The six modules were:
 - A. Health Care Industry Orientation and Overview
 - B. Common Medical Terminology, Diseases and Disorders in Home Support
 - C. The Art of Scheduling
 - D. Communication and Interpersonal Skills
 - E. Prioritization & Time Management
 - F. Stress Management
- An instructor’s guide
- Three powerpoints for specific modules (A, C and D)

Evaluation Results

All participants of the SME sessions were asked to complete an online survey. The intent was to determine satisfaction with the session and most importantly to provide feedback on the curriculum content. Participants were highly satisfied with the session and the results informed the direction of the Scheduler Curriculum and learning materials, as well as aided in the selection of a Super User training session in January 2013.

Participants were also asked to complete a questionnaire for the Super User Training Session held January 25, 2013. Questions focused on overall satisfaction and usefulness of the training, as well as incorporated additional questions designed by the project manager to evaluate the training session (i.e. anticipated outcomes such as improved knowledge and skills, impact on retention, intent to spread knowledge and build local capacity).

- Participants rated the session as excellent:
 - Schedulers felt that they had the opportunity to share their ideas and that their comments were heard by the facilitators.

- They commented on enjoying the teamwork and interaction with fellow schedulers, as well as the ability to share ideas and learn from each other.
- Schedulers found the manual provided an accurate account of their day-to-day activities.
- They also appreciated being given the opportunity to participate in the development of the Curriculum, providing their insights and experience and enjoyed the interaction with fellow Schedulers.
- All of the Schedulers felt that the Scheduler Curriculum would improve scheduling practices in their organizations.
- All of the respondents believed that they would be able to better support CHW needs after taking this training.
- Due to their involvement with the development of the Scheduler Curriculum, most of the respondents felt motivated to stay with their current employer.
- All respondents felt that the Scheduler Curriculum would increase job satisfaction for themselves, their colleagues and for the CHWs. As one Scheduler said, *“If schedulers know ‘the facts’, they can relay them to the CHW more confidently.”*
- All of the respondents felt that they were ready to teach the Scheduler Curriculum to their colleagues though the majority would appreciate additional support such as a resource person for further 1:1 assistance.
- At the time of the satisfaction survey there were no schedulers who were aware of conducting any in-house training sessions with their colleagues.
 - Since the survey was conducted one employer hosted two lunch and learn training sessions with 16 Schedulers. In this case it was the client services manager who actually conducted the training though, not the Scheduler who partook in the Super User training. The focus of the training was on communication and interpersonal skills. A brief staff survey found that:
 - Staff reported that the training would improve scheduling practices within their organization and felt they would be better able to support CHW needs.
 - Nearly all who responded to the survey (9/10) indicated that they intend to use what they have learned. One Scheduler states, *“I plan to improve my knowledge of scheduling and become more aware of my personality traits and be able to adjust them to other people’s personalities”*. Another Scheduler comments, *“I will refer back to this module when there is a question I cannot answer or when I am in need of a refresher”*.
- The following organizations and channels are being used to spread the curriculum:
 - The BCGEU has committed to providing hard copies plus DVD copies to all Home Support Component Executive Members (approximately 25 individuals from across the Province) as well as copies to members of the Joint Community Health Retraining Fund, with encouragement that they share it with their employers and participate in the implementation.
 - Fraser Health has committed to printing copies and disseminating along with DVDs to their Scheduling leaders to promote the work and to utilize the curriculum.
 - The consulting group who developed the curriculum is also leveraging their contacts by spreading to leaders developing the Community-Wide Scheduling Program in BC as well as the private-post secondary schools delivering this Community-Wide Scheduling Program.

Reflections

While it is apparent the materials have been systematically developed and the SME and training sessions well received the extent to which this initiative will be adopted throughout the sector, and utilized as a training tool, remains to be seen. To date, only one employer has conducted a subsequent in-house training session (as detailed above). This is even with the offer of reimbursing employers for backfilling their Scheduler to attend the training session. It is therefore too early to determine the impact of this initiative.

Additionally, the dissemination strategy is in its early days and is relying solely on the word of Committee members and contractors to spread the information. This tool stands to be an excellent resource if shared with the right people and with sufficient leadership to ensure the curriculum is used in the way it was intended, which is via a train-the-trainer approach to develop and enhance capacity within home care providers and to subsequently impact CHW retention through improved scheduling.

Initiative #4: 80/20 LPN Mentorship Project

About the 80/20 LPN Mentorship Project in BC Residential Care Sites

Guided by a Subcommittee comprised of employers, union representatives and BCCPA, the *80/20 LPN Mentorship Project* was implemented with the overall goal of improving retention of LPNs working in Residential Care in BC. The project received financial support from the Labour Market Partnership Agreement with training support provided by the Hospital Employee's Union. MacKinnon Williams Consulting was hired to implement and support the project and source training opportunities.

Mentors were defined as a late career LPNs, 55 years or older or within three years of retirement and working full-time or close to full-time in residential care. Mentees were expected to be new graduates or new to residential care (within the previous six months), regular staff or in a temporary position working until at least March 31, 2013 (the project end date) and, to accommodate scheduling demands, in a full time or part time position (but not casual). Each participating site was expected to cover the cost of backfilling the shift for the release of the mentor (estimated to cost \$6,000 over the six months of the project); however each participating site was granted a \$2,000 honorarium to ease this burden.

A key component of the project was to release the Mentor from psychologically and physically demanding tasks for 20% of their time, or essentially one shift per week over the six-month duration of the project. Upon release from their regular duties, Mentors would attend training provided by the project, shadow their Mentee on the job, participate in professional development of their choosing and spend time journaling and reflecting on their experience. It was anticipated that the Mentor and Mentee would communicate through a variety of means including in-person, telephone, texting and e-mailing.

Four sites from across BC participated in the project including Penticton, Kamloops, White Rock and Vancouver. One Mentor was selected from each site and, although experienced, not all were late-career LPNs. In two sites, Mentees self-identified and in the remaining two sites the Mentees were selected by the site liaison. The two sites in which the Mentees chose to participate in the project had greater success keeping the Mentee engaged than the sites where the mentee was assigned to the project.

Of the four locations, only one site released the Mentor for one shift per week as planned. Two Mentors worked with Mentees without being released from their job one shift per week. The remaining Mentor

Context: 80/20 Mentorship Projects in Canada

Several Mentorship initiatives, including those affiliated with the 80/20 model, have been completed and evaluated to support the retention of nurses in sites in British Columbia, Newfoundland and Labrador, Nova Scotia, Manitoba and Ontario.

All of the aforementioned Mentorship programs granted release from psychologically or physically demanding work to late-career nurses, allowing them to pursue enriching employment experiences including professional development. Sites for the Mentorship programs included hospitals and long term care sites with the duration of programs ranging from 9 months to 27 months.

Within the projects, late career nurses were defined as within 3 years of retirement with unreduced pensions or over the age of 55. Key outcomes identified in the mentorship projects included improved retention, increased quality of care, increased Intersectoral collaboration as well as personal growth, improved confidence, skills and leadership for mentors.

Reference:

<http://www.thinknursing.ca/rta>

did not support a Mentee throughout the duration of the project, but did participate in the training. Throughout the project, three of the Mentors worked with either a second Mentee or orientated new hires to their site. The Mentors participated in three training sessions focusing on leadership, decision-making and communication.

The Mentors participated in three training sessions provided by Vancouver Coastal Health:

- **Level 1 Foundational Preceptorship (8 hours)**
Provided participants with the basic skills and confidence needed to support students and/or new staff in a variety of environments including: clarifying the preceptor role (what it is and is not), the teacher/learner relationship, feedback fundamentals and teaching / learning strategies.
- **Supporting the Development of Clinical Decision-making (4 hours)**
Introduced a framework for clinical decision making that may be helpful in assessing where in the process weaknesses may exist, allowing educators to determine strategies to help the learner further develop their clinical decision making skills.
- **Level 1 Advanced Preceptorship (8hours)**
Building on the Foundational Preceptor workshop this workshop included the application of basic educational theories/concepts, using questioning to promote clinical decision making, developing a collaborative learning plan and providing leadership related to supporting learning and professional practice.

Evaluation Results

To determine the effectiveness of the project to improve the retention of LPNs working in residential care, short-term and intermediate outcomes were identified. Specifically, it was expected that Mentors would increase their leadership capacity, knowledge, skills and confidence and Mentees would improve their clinical knowledge, skills and confidence. Process measures were also captured to evaluate the implementation of the project and to generate recommendations.

Unfortunately, despite reminders and follow-up from the Project Coordinator, none of the Mentors completed their final evaluative journal entries (some did submit monthly journals) nor did the Mentees submit their journals or surveys. Results presented below must be interpreted with consideration due to the limited number of responses provided.

On average the Mentors spent 2.5 shifts per month on the Mentorship Project (range 1-4 shifts per month) for an average of 22.5 hours per month working with their Mentees (in various ways such as in-person, texting, e-mailing, etc.). The range of time spent in the Mentorship Project was 2-46 hours per month.

Mentors connected with their Mentees by job shadowing, phoning, texting, e-mailing and participating in care conferences. Common topics included care plans, safe medication practices, time management, professional responsibilities, documentation, processing orders, trouble shooting, falls assessment, wound care and orientation for new hires.

Two of the Mentor/Mentee pairs developed resources for use at their site (i.e. a wound care resource binder and resources on Gastro-Intestinal infections) and one Mentor/Mentee pair developed and offered an in-service.

The mentors reported an increase in knowledge including:

- Improved communication strategies
- Understanding of personal learning styles and those of others

- Understanding body language
- Improved critical thinking - 'thinking outside the box'

Although we did not hear directly from the Mentees we were told that the Mentees:

- Increased confidence in clinical skills
- Increased experience (exposed to new areas of care)

Only one Mentor **experienced the 'release'** of one shift/week from her job as intended by the project. This Mentor did appreciate the release and felt it also benefited the Mentee by providing extra support in her job. The benefit was felt by others on the floor who called on the 'extra set of hands' with certain tasks. The Mentor reported this led to an overall 'boost in morale' on the floor when shadowing her Mentee. The other Mentors did not experience the benefit of being released from their tasks for one shift per week however did report the role of mentor was self-rewarding.

The project did **impact retention** for the Mentors participating in the project. The Mentors realized their capabilities and were able to apply new learning and leadership skills at their sites. A project focusing on LPNs also immediately signals to the participants that they are a valued member of the leadership team and underscored tasks they could take ownership in. As was the experience of one Mentor, although she would like to work toward a leadership position, none currently exist for LPNs at her site.

"I now have a better understanding that I can work toward a management job in the future. I don't think I would have made that realization without the mentorship project" - Mentor

"We are in the middle (of RNs and Care Aides), it is nice to be recognized" - Mentor

Project success was limited by the lack of resources at the site to release the Mentor from her shift, backfill her release and provide on-site management support. Moving forward, an LPN mentorship project may be sustainable by providing training support without the releasing the Mentor from a shift per week.

"It would be great if we could see the unions, employers and training institutions working together keep the project going. With a small pot of money and an understanding we could keep the training and mentorship going, even without the 80/20 component" – Site Liaison

Reflections

The teleconference held at the onset of the project clearly described the purpose and expectations of the project as well as the planned activities. Monthly teleconferences including the site managers, Mentors, union representatives and the Project Coordinator facilitated sharing at the provincial level.

The project focused on the experience and support of the Mentor and could have benefited from more communication with the Mentee, especially during the initial set-up. In some cases, the Mentee felt their involvement in the project was the result of something they had 'done wrong'. Initial communication with the Mentee should have included an information/orientation sheet outlining the purpose, experience and activities tied to the project and ideally a face-to-face meeting between the site liaison, Mentor and Mentee(s).

Deemed important by the subcommittee, the project targeted sites from across BC to participate in the project. Meeting this expectation, sites were recruited from Vancouver, White Rock, Penticton and Kamloops. The regional diversity of the sites led to difficulties implementing the project. Future projects

may have greater success recruiting multiple mentors from one site and providing on-site project coordination.

The initial invitation to participate in the project generated interest with a large number of sites, many of whom participated in an introductory teleconference call. Unfortunately, anticipated difficulties scheduling new Mentees into shifts traditionally held by senior Mentors (for the purposes of shadowing) created a perceived barrier to participating in the project.

With an eye to sustainability and project efficiency, the Project Coordinator sourced training for the mentors from Vancouver Coastal Health Authority. The training was selected primarily for its content (leadership and communication), followed by its accessibility and finally the reasonable cost. The training provided an opportunity for the Mentors to share experiences with one another and provided exposure to health professionals outside of residential care. Additionally, the training created access to ongoing, affordable training for residential care sites that do not have on-site clinical educators.

Overall, the Mentorship Project was not implemented consistently at each of the participating sites with considerable deviation from the original project plan. Project support included coordination at a provincial level, on-site support via a project liaison, and opportunities for ongoing open communication throughout the project. Despite these supports, the on-site time demands and scheduling challenges created barriers to releasing the mentors for one shift per week.

Building on the evaluation framework to link project activities and outcomes, multiple lines of data collection included mentor journals, a Mentor focus group, site manager interviews, Mentee journals and a Mentee survey. Despite ongoing reminders, journals and surveys were incomplete and only one site manager agreed to be interviewed limiting the overall reliability of the evaluation.

Overall, the Mentorship Project demonstrated limited capacity (personnel or financial) in public and not-for-profit residential care sites to manage additional projects beyond regular operations. Additionally, the six-month time frame was too short to demonstrate an overall impact on retention.

The one residential care site that completely embraced the project, releasing the mentor for 20% of her time and providing on-site support, demonstrated improvements in retention indicators. The Mentor reported increasing her self-confidence, leadership skills and interest in working toward a management position within the site.

In closing, the *80/20 LPN Mentorship Project* successfully engaged four LPNs in the project, positively impacting their self-efficacy. The Mentors received training in leadership, decision-making and communication and all felt the training was beneficial to their work. The project impacted the retention of one Mentor as she realized she may be suitable for a management position. Based on the evaluation results, the project may have been improved if offered to multiple Mentors at one site, with an external Project Coordinator supporting the project. Additionally, clear communication with the Mentees throughout the project, possibly via an on-line journaling tool, may have improved Mentees' commitment to and understanding of the project.

“The Mentee has really blossomed in her confidence; insight & accountability and she has initiated several mentoring/leadership actions on her own. This growth has been almost exponential. I believe the mentorship and dedicated time with a peer was critical to this growth. This is a huge win in terms of the acceleration of her practice maturation; which is the beauty of peer-based mentorship that is lacking so greatly due to lack of resources throughout the system.” - Site Liaison

Initiative #5: Health and Safety Review Survey

Background

With the determination by the Committee that a review of the current health and safety environment within private and not-for-profit organizations was a priority, this *Health and Safety Review Survey* became the final initiative to be carried out during the implementation phase of the Human Resource Strategy. A small Subcommittee was formed and a review of existing survey materials ensued (i.e. Joint Health and Safety Committee checklists, other industry safety surveys, patient safety culture surveys). A draft survey was then developed and with Subcommittee input, the survey tool was finalized.

An online survey was then programmed using FluidSurveys, a Canadian survey tool. The BCCPA and WorkSafeBC provided a database of over 4,000 contacts to send the survey to, comprised of home and community and residential care providers. Many of these contacts were duplicates and/or did not have email addresses. There ended up being 1,600 unique contacts with email addresses.

An email invitation was sent on February 28th, 2013 to 1,600 contacts. Taking into account bounce backs, extended out of office notifications and requests to be removed from the list as the recipient was no longer affiliated with seniors care, the final sample was 1,556 contacts. Reminders were sent on March 7th and 13th to those who had not opened or completed the survey. The survey closed after being open for three weeks on March 18th. There were 255 responses to the survey, yielding a 17% response rate. For a population of 1,556, with a confidence level of 95% and a confidence interval of 5.5%, this response rate represents a statistically significant sample size.

Evaluation Results

Nearly one fifth of the respondents (17%) were front line staff. A quarter (23%) identified themselves as supervisors and the majority of respondents (60%) were managers.

While a detailed account of findings will be found in the full *Health and Safety Review Survey* report (being released April 2013) highlights are as follows:

- Supervisors and managers report a higher agreement that they are aware of their rights and responsibilities, as well as that of their staff, as compared with front line staff.
- While 94% of staff report knowing their *responsibilities* and

Context

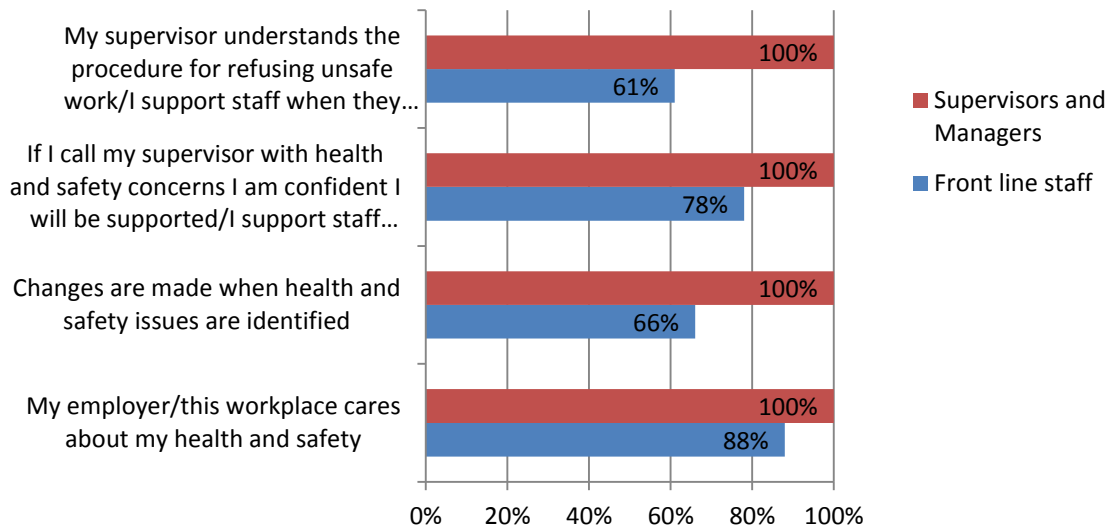
When the Committee reviewed the remaining budget in December 2012 it became apparent that there was an opportunity to deliver on one further initiative either recommended in the Human Resource Strategy or that had since become an apparent need. Several suggestions were brought forward by the Committee and a voting process took place to select one final initiative. Suggestions included expanding the communications campaign, developing a repository of information for sector employers or addressing gaps in understanding the rights, roles and responsibilities of employers, supervisors and front line staff with respect to the priority of workplace health and safety and examining how to create a safer workplace for seniors care workers.

The latter was chosen due to the opportunity to have a direct impact on retention of RCAs, CHWs and LPNs, as well as to provide evidence-based information to the legacy body of the Committee, the BC Continuing Care Safety Association. The Howegroup was hired to conduct the survey due to the existing knowledge of the sector and the subject matter.

90% report knowing their *roles*, fewer (80%) report fully knowing their *rights*. Front line staff report not being very aware of their supervisor’s role with respect to health and safety (61%).

- Only two thirds (67%) of staff know the procedure to follow to refuse unsafe work. This is compared with 87% of supervisors and 82% of managers who say they know the procedure.
- There are some discrepancies in how front line staff versus how supervisors and managers view the health and safety culture within their organizations:
 - Fewer front line staff report safety being a top priority in their workplace (59%) as compared with supervisors and managers (81%).
 - Front line staff report having a higher ability to identify safety hazards (82%) than supervisors and employers think they do (63%), whereas staff report a lower understanding of how to report safety hazards (59%) than what supervisors and managers think they do (71%).
 - Overall, supervisors and managers have a higher perception of the care and support they provide to staff than staff report (Figure 7). In a follow up interview with a supervisor it was suggested that this could be as a result of the fact that supervisors and managers discuss health and safety concerns quite frequently, but often at venues where front line staff are not in attendance. As a result, staff may not be aware of the attention that health and safety receives within their organizations. From the perspective of front line staff, on the other hand, it appears that the communication channels to ensure open and transparent information could be improved.

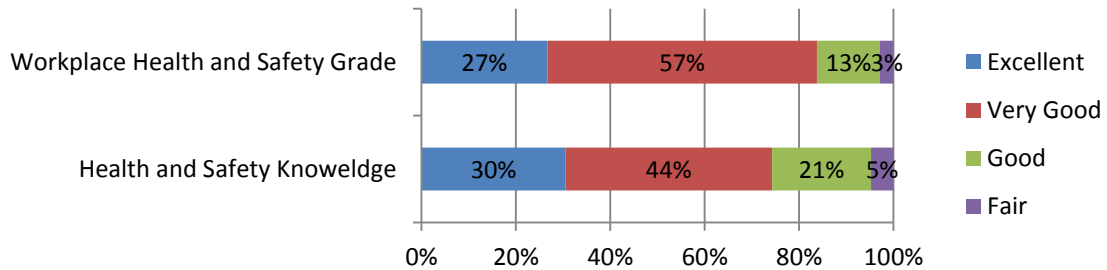
Figure 7. Perceptions of Care and Support to Staff



- Front line staff, supervisors and managers appear to be more on the same page with respect to perceptions of following health and safety procedures to care for residents/clients, staff not putting their health and safety at risk and being aware of the importance of staff safety when providing care. Each rate their agreement as high (93% vs 100%; 94% vs 100% and both 100%, respectively).
- Front line staff report a lesser agreement that they are told what they need to know before taking care of residents/clients for the first time than what supervisors and managers believe to be the case. As one supervisor pointed out this may be because it’s challenging to know what clients needs will be before they are actually seen for the first time.
- Front line staff appear to have a higher comfort level working with clients/residents with dementia and/or mental health needs than what their supervisors or managers think they do.

- Front line staff, supervisors and managers all agree that there is inadequate training about workplace health and safety. This is particularly the case for dealing with challenging clients.
- Respondents were asked to self rate their own knowledge of health and safety and also provide a rating of the health and safety within their workplace. As Figure 8 demonstrates the health and safety grade tended to align with respondent knowledge.

Figure 8. Perceptions of Care and Support to Staff



- Interviews are currently being conducted with a sampling of front line staff, supervisors and managers to provide further depth into the survey finding, including the most significant concerns with respect to health and safety and suggestions for improvement.

Reflections

As the survey has just closed, with preliminary analyses provided in this report and more interviews to come, subsequent findings will shed further light on the reasons behind respondent responses. A detailed qualitative analysis will also follow in the full *Health and Safety Review Survey* report. It is consequently too early to determine the impact of this work. That said, the intent of the survey was to conduct a review of the current health and safety environment, from multiple perspectives (front line, supervisors and managers/owners) to provide baseline data to the legacy of the Committee – the BC Continuing Care Safety Association. This outcome has been achieved. The results will be shared with the BCCPA as the direct link to the BC Continuing Care Safety Association until it officially launches in the coming months. It will then be up to the new Association to review this work, develop strategies, as appropriate, with industry, health and safety, union and education partners and then re-evaluate to measure the impact using this data as a baseline. It is recommended that a follow up survey be conducted in two years.

Conclusion

In the four years since the Committee has been in existence, a multitude of projects have been successfully implemented, as envisioned by the Committee, including:

- *BC's Non-Health Authorities Recruitment and Retention Survey* of sector employers (as detailed in the *Labour Market Information Report: Licensed Practical Nurses, Resident Care Aides & Home Care Aides in Non-Health Authority Facilities* released in June 2010), which provided the foundation for the Human Resource Strategy.
- A comprehensive Human Resource Strategy for the not-for-profit and private seniors care sector in the province, which outlined several recommendations focused on planning for the future with the *right* partners; attracting the *right* seniors care workers; engaging seniors care workers in the *right* way, and ensuring sector employers have the *right* knowledge to do so.
- The implementation of several initiatives outlined in the Human Resource Strategy, including:
 - A review of scheduling in home care - A Review of the Non-Health Authority Home Care Sector: A Review of Systemic Issues and Recommendations for Improvement
 - A Responsive Shift Scheduling review
 - The five key initiatives described in detail throughout this report:
 - 80/20 LPN Mentorship Project
 - Thank You Campaign
 - Home Support Summit
 - Scheduler Training Curriculum
 - Health and Safety Review Survey

It is with the funding from the Labour Market Partnership Program of the Ministry of Jobs, Tourism and Innovation, leadership and support from the host agency, the BCCPA and the Committee Chair, and tremendous dedication from the Committee that these initiatives were possible.

In considering a few lessons learned:

- Implementing fewer initiatives may have had more impact on the long-term retention and recruitment environment for the sector as greater results may have been realized by focusing resources on fewer initiatives.
- Enhancing human (and financial) resources *within* employer organizations would have helped with the adoption and sustainability of several initiatives, most notably the *Scheduler Training Curriculum* and the *80/20 LPN Mentorship Project*.
- A follow up to the baseline study "*Labour Market Information Report: Licensed Practical Nurses, Resident Care Aides & Home Care Aides in Non-Health Authority Facilities*" conducted in 2010 would have enabled a comparison of pre and post Human Resource Strategy recruitment and retention indicators to further understand the impact of the strategy.

The Committee successfully implemented the five initiatives identified as priorities in 2012. Limited by the short timeline of the project, the long-term impact of these initiatives was not measured, however short and medium term outcomes were achieved, most notably:

- Increased collaboration in the sector.
- Improved perception of home care; increased respect for CHWs.

- Increased understanding of the realities of working with seniors; improved reputation of seniors care workers.

Collaboration within the sector was improved through the work of the Committee. The Committee agreed that their professional network increased as did their view of recruitment and retention of issues within seniors care.

The work of the Committee resulted in the following significant achievements:

- ✓ *Home Support Summit*, which increased the profile of home care and the work that CHWs provide.
- ✓ *Thank You Campaign*, which acknowledged the valued contributions of front line workers in caring for BC's seniors.
- ✓ Legacy through BC Continuing Care Safety Association - ability to sustain the work of the Committee.
- ✓ Recognition that the sector needs resources to enhance recruitment and retention of workers.

A summary of the initiatives and key deliverables/outcomes is provided in Table 3.

Table 3. Summary of Key Initiative Deliverables

Initiative	Key Deliverables/Outcomes
Home Support Summit	<ul style="list-style-type: none"> – Video of the front line panel – Increased profile of CHWs, in alignment with the <i>Thank You Campaign</i> and the Health Care Assistant Day that was recognized two days after the Summit
Thank You Campaign	<ul style="list-style-type: none"> – Campaign had provincial coverage, reaching over 250,000 British Columbians – Positive and realistic messaging of the campaign was key to communicating the important work of seniors care workers – Videos, posters and website will 'live on' beyond end of project through www.bccares.ca website and through BCCPA – Supporting a campaign targeting seniors care workers is a first of its kind, demonstrating a shift in thinking toward this segment of BCs labour market
Scheduler Training Curriculum	<ul style="list-style-type: none"> – Modular format curriculum, with relevant exercises and handouts, available electronically, which has been shared with home care employers and is being circulated to training providers via the Ministry of Advanced Education, Innovation & Technology and Responsible for Multiculturalism and the BCGEU.
80/20 LPN Mentorship Project	<ul style="list-style-type: none"> – Mentors attended 3 leadership/skills building training sessions – Increased skills, confidence and leadership abilities of mentors – Signaled to LPNs the important role they play in seniors care
Health and Safety Review Survey	<ul style="list-style-type: none"> – A review of the current health and safety environment, from multiple perspectives (front line, supervisors and managers/owners) to provide baseline data to the legacy of the Committee – the BC Continuing Care Safety Association

“[The Committee was a] great experience all around that should be promoted as success story and best practice of how these groups can achieve real [and] positive results”.

Appendix A: Detailed Logic Model

Seniors Human Resource Strategy Implementation Logic Model

Inputs	Outputs - Activities	Participants	Outputs	Outcomes - short term	Outcomes - Intermediate	Outcomes - Long Term	Data Source
Committee Chair; participation in meetings; LMP Funding	Committee meetings; Participation on subcmtes	Committee members	#of cmte meetings; # participating in subcmtes; diversity of members;	satisfaction with overall process; increased (new)contacts/ relationships with others in the sector	Improved relationships with others working in sector; new initiatives that reflect diversity and input from participants; degree of trust among members	Improved collaboration among partners	Interviews with cmte members; means for sustaining HR Cmte work beyond March 2013
Project Manager; Sponsorships	Home Support Summit	CHWs, Employers, Unions, Education partners, health authorities, government partners, sponsors, clients/families	#/type attendees #/type topics #/type sponsors	Attendee satisfaction with summit (relevance of topics, usefulness in practice, willingness to attend/speak again)	Increased opportunities for collaboration among partners (i.e. CoP)	Improved collaboration among partners	Attendee survey
				Increased awareness of importance of home support work	Improved perception of home care	Improved retention of health care aides working in home support	Attendee survey

Inputs	Outputs - Activities	Participants	Outputs	Outcomes - short term	Outcomes - Intermediate	Outcomes - Long Term	Data Source
				Increased awareness of Health Care Aid Day	Increased respect for the role of home support workers	Increased recruitment of the 'right' workers in the Seniors Care Industry	Attendee survey
Co-funding from union partners	Curriculum development for schedulers	Schedulers, employers, unions,	# schedulers trained (super users); # hours of training; #/type of employers participating	Scheduler and employer satisfaction with training	Improved scheduling practices	Improved retention of health care aides working in home support	
				Increased desire to change scheduling practices	Increased scheduler job satisfaction	Improved retention of 'the right' schedulers	
				Increased capacity within employer agencies to train schedulers (spread of knowledge via TTT model)	Improved satisfaction from CHWs with respect to scheduling		

Inputs	Outputs - Activities	Participants	Outputs	Outcomes - short term	Outcomes - Intermediate	Outcomes - Long Term	Data Source
LMP Funding; existing media channels/ relationships; Canada Cares Campaign strategies	'Warts and All' Campaign	CHW, RCA and LPNs; those in training; subcmte members; educators	key messages; # videos; # brochures; # posters; social media	On-line key performance indicators	improved understanding of realities of working in seniors care (by students); Increased understanding of intrinsic values of working in seniors care; Improved reputation of Seniors Care Workers;	Improved recruitment of the 'right' workers; Improved retention of CHW, RCA and LPNs	Website Views (new/returning) Email Open Rate Video views Click-through Rates Tweet reach Tweets by "celebrities" and reporters % of reach of our letters published in newspapers Number of submissions to the website
LMP funding; HEU funding for workshop travel, Project Manager, Project Coordinator	80/20 LPN Mentorship Project	LPN Mentors/ mentees; Project Coordinator; Subcmte members	# sites; variety of sites (BCGEU, HEU)/location of sites; # of participants (mentor/mentee); lessons learned; professional development workshops held	Increased knowledge and leadership capacity of mentors; increased knowledge & confidence of mentees; increased awareness of retention issues among sites	Improved knowledge& skills of mentors/ mentees; increased intention to stay in residential care by late career mentors	Improved retention of LPNs in residential care;	Satisfaction & knowledge surveys with mentors and mentees; Mentor focus group; retention surveys; interviews with Project Coordinator & Subcmte members

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