GRANT PARTNERSHIPS
HELP PROVIDERS LAUNCH NEW PROGRAMS

LYNN WAGNER

Isabella Geriatric Center in New York City is gearing up for a program that will test the efficacy of physical exercise for easing the anxiety and agitation of patients with Alzheimer's disease.

The program, which is expected to get under way this fall, will be offered for 60 to 90 minutes three times a week by a dance therapist, says Patrice Ranellone, a physical therapist and director of rehabilitation at the 705-bed facility. The program will be held on two Alzheimer's units, each of which cares for 45 ambulatory patients. The focus of the activity will be on building strength, flexibility, and range of motion, Ranellone says. Recreational activities, such as playing ball and jumping rope, will be included in the routine. Patients will also incorporate stair climbing, which is an activity that people with Alzheimer's disease frequently forget how to do, says Ranellone.

Clinicians monitoring the effects of the program will use an assessment instrument called a neuropsychiatric inventory to measure patients' level of agitation and behaviors before the exercise program begins and at several subsequent intervals over a six-month period. The data will be gathered by the facility's psychologist and analyzed by the Taubb Institute for Research on Alzheimer's disease and the Aging Brain at Columbia University.

While exercise is "universally accepted as a good intervention," Isabella's program will determine the specific impact of exercise on Alzheimer's-related agitation and behaviors, says Ranellone.

Improving Quality Of Life

The project is one of several nursing facility initiatives funded through a grant from the United Hospital Fund (UHF) in New York. Since 1998, UHF's Nursing Home Grants Program has awarded $2.4 million to 73 projects in New York City. Isabella received $30,000 for its project.

A second UHF-funded project at the pediatric skilled nursing wing of the New York Foundling Hospital is using a $35,000 grant to provide art therapy for children who suffer from conditions ranging from diabetes to cerebral palsy and spina bifida.

The program "enables [the children] to express themselves through creative arts, to experience visual arts in a new and different way, and to build skills," says Pamela Ullmann, a certified art therapist who was hired to implement the program. Art offers a "way to reach all levels" of patients through painting, sculpture, photography, or, in the case of children who are unable to work with the materials due to physical limitations, simply experiencing the tactile feeling of clay or paint.

"The goal of the nursing home grant program was to improve the quality of life for nursing home residents," says Deborah Halper, UHF vice president and director of education and program initiatives. Nursing facility awards are being integrated this year into the general grants fund, as opposed to being organized as a separate program. But nursing facilities will continue to be able to apply for grants as they have in the past, and long term care will remain integral to UHF's mission, says Halper.

With more than 44,000 nursing facility beds in New York City, UHF funds a wide variety of projects in areas such as palliative care, staff training and development, food and nutrition service, alternative therapies, and other clinical and social services. The program is not "too prescriptive" in its requirements and seeks to attract proposals from nursing facilities that may not be

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PROVIDERS ARE TAPPING INTO A BROAD ARRAY OF HEALTH CARE FUNDING SOURCES TO CONDUCT RESEARCH IN AREAS AS DIVERSE AS ART THERAPY, WORKFORCE STABILITY, AND THE EDEN ALTERNATIVE.

STATE TRAINING GRANTS CUT CNA TURNOVER, VACANCY RATES

Since 2001, the Massachusetts state government has fought turnover in long term care settings with a series of workforce development grants totaling $10 million for the creation of career ladders for certified nurse assistants (CNAs) and other entry-level staff.

The goal of the grants, which have so far been awarded to 72 nursing facilities and home health agencies, is to improve patient care by bolstering the continuity of staff. The impact has been "phenomenal," says Carolyn Blanks, vice president of labor and workforce development at the Massachusetts Extended Care Federation (MECF) in Newton Lower Falls, Mass.

So far, more than 2,000 entry-level workers, including CNAs and dietary and housekeeping staff, have received career ladder training, says Blanks. Nearly 600 managers have also been trained to help support CNAs in their role and improve supervisory and managerial skills.

MECF has participated directly in the project through a separate grant made available by the state to cover the cost of basic CNA and home health aide licensure training. That initiative, like the career ladder grant program, is in its fourth round of funding, says Blanks. In the first two years, MECF received $1 million to train CNAs and home health aides. The organization provides no direct training, but instead funnels funds to nonprofits—including the Red Cross and local colleges—that offer the 100-hour course. The state provided $650,000 for training in the third year, and this year appropriated $250,000. That program has provided basic training for about 3,000 CNAs and home health aides, says Blanks.

Program Reduces Vacancies

The initiative has contributed to an "overall reduction in CNA vacancies" in the state and complements the career ladder program by contributing to the supply of newly trained CNAs as those with advanced training move up, says Blanks.

Most of the career ladder grants are for a one-year period, and some facilities have received more than one round of funding. While career ladder programs have taken different forms, they generally include intensive training in specific clinical areas such as restorative care, dementia care, mentoring, and leadership.

In the first round of grants, facilities were eligible for up to $100,000. Round two, issued last year, offered up to $250,000 and required applicants to work together through a consortium to focus on broad-based cultural change. That was followed by a third funding round, similar to the first. This spring a fourth round targeted home health agencies.

Despite a state budget crunch, the legislature appropriated $4.1 million for the program this year, says Blanks.

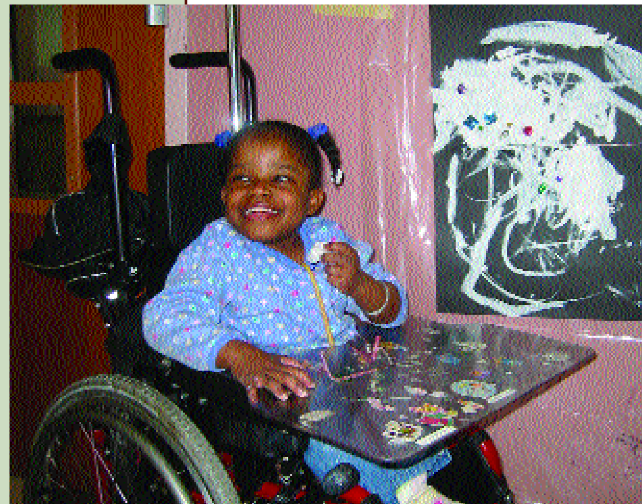
To be eligible for grant funds, ➤

skilled grant seekers, but nevertheless have good ideas about how to enhance patient care and services, Halper says.

UHF is one of several sources of private and public grants available to long term care providers nationwide. Grants run the gamut in size and scope, funding initiatives that range from modest clinical and service enhancements to extensive workforce development projects and facility construction.

Uphill Battle

Long term care providers often face an uphill battle, however, when it comes to seeking and competing for money.



A program at the New York Foundling Hospital builds skills and allows children to express themselves creatively.

"There is a lot of research in aging, but a small percentage is taking place in nursing homes," says Neville Strumpf, professor of gerontology and director of the Center for Gerontologic Nursing Science at the University of Pennsylvania. High staff turnover and the complexity of patients in nursing facilities can make it difficult to attract researchers to grant projects in these settings, says Strumpf. "It's not an area a lot of researchers rush to."

The "industry as a whole probably has received a smaller share of the pot than most segments of the health care arena," says Rich Wiscott, president and chief executive officer of the Institute for Caregiver Education in Chambersburg, Pa., which specializes in long term care professional development programs.

That's due in part to the "general ageist attitudes" of a society reluctant to grapple with the issues and impending demands of an aging population, says Wiscott, a research psychologist specializing in aging who has worked in academia and written many grant proposals. The dearth of long term care grants is also due to the "negative publicity" generated by a small number of poor-performing providers, Wiscott adds.

"You always hear of the one-tenth of 1 percent, and that overwhelms the 99.9 percent of good work we do," he says. "Policy makers and consumers hear all of those negative things, and then when they ask, 'What are we going to fund research-wise?'" long term care doesn't get the attention it deserves, he says.

Furthermore, long term care providers are often reluctant to contend with the research demands of a grant, Wiscott says. Most applications, especially those for large federal grants, require evidence in the form of research-based outcomes to determine whether a proposed project is working. For example, if a nursing facility seeks federal funds for a quality-of-life initia-

facilities must agree to certain guidelines, including a wage increase for each rung of training completed by CNAs. This has so far resulted in an average pay increase of 7.5 percent statewide for participating CNAs, Blanks says. Preliminary data on the impact of the program show that more than one-third of the sites reported reduction in recruitment and staffing-agency costs, she says. More than half of the facilities in the program have reported a reduction in turnover.

TO BE ELIGIBLE FOR GRANT FUNDS, FACILITIES MUST AGREE TO CERTAIN GUIDELINES, INCLUDING A WAGE INCREASE FOR EACH RUNG OF TRAINING COMPLETED BY CNAS.

At the 113-bed Holy Trinity Nursing & Rehabilitation Center in Worcester, Mass., overall turnover was 32 percent last year, down from between 40 and 50 percent in previous years, says Dean Messier, human resources director. The lowest turnover is among CNAs, with dietary and housekeeping staff accounting for a higher portion.

"We rarely lose a CNA now," says Messier. At press time, the facility had only one part-time CNA opening for which there were 50 applicants.

Holy Trinity received its first grant funds in March 2001. It was one of four nursing facilities in the Intercare Alliance that applied jointly to the program and received a total of $150,000. At the time, turnover and CNA vacancy rates at Holy Trinity were high, says Messier. Supply lagged behind demand, and many CNAs who were on the job were not satisfied.

"Several wanted more training and education, and many had expressed an interest in going on to become nurses, but we didn't have the means or ability to provide that training and education for them," says Messier. The first grant funded multiple training programs, which were rotated through the four sites, in addition to the hiring of a coordinator who spent about 32 hours a week putting the program together.

Training consisted of a series of five modules aimed at providing CNAs intensive clinical and career development. The first modules were on Alzheimer's disease, death and dying, and restorative nursing. Each ran for eight weeks, two hours per week. Staff who completed a module received a 30-cent hourly wage increase, and those who finished the series became a CNA2.

CNA2s could then opt for an additional eight-week CNA3 training in precepting and mentoring, in which they learned to help train, monitor, and mentor new employees. The objective was to shepherd new employees in a way that would help to keep them on the job.

Among the CNA3 graduates, a select few were offered a fifth training module in leadership development, aimed at preparing them to become nurses.

In the first year of the program, 140 staff from the four facilities went through training, with some CNAs taking all five modules, says Messier. Dietary and housekeeping staff were included in the program by offering them the opportunity to take the basic CNA certification training, after which they were eligible for enhanced CNA training. The average salary increase for CNAs who took the training in the first year was 63 cents an ➤

hour. The Holy Trinity Consortium of the Intercare Alliance also received an award from the Commonwealth Corp. at the Statehouse for excellence in workforce development.

Impact On Salaries

The program has had a widespread impact on salaries. In 2001, the average hourly wage was $8.75 to $9.75, and the average annual increase was 3 percent to 4 percent, says Messier. Currently, the rate is about $11, an increase of 13 percent to 25 percent over 2001 rates.

Since the first year of training, an additional 81 staff have been trained, and the number of Worcester-area nursing facilities participating in the alliance has grown to 10, says Messier.

The Intercare Alliance has received a second funding round of $59,000, which it will use to focus on culture change. In the case of Holy Trinity, this means involving CNAs more directly in the care planning process.

Perhaps the most impressive development, however, is the commitment facilities have made outside the grant project to sustain its impact on CNAs by helping to advance their nursing education.

The state grant could not be used to fund tuition costs for CNAs who wanted to pursue a nursing career, so in an unusual move coordinated by Messier, the alliance contracted with Quinsigamond Community College in Worcester for the outright purchase of a nursing class for 24 students. The arrangement allows the alliance to bypass the two-year waiting list for individual nursing school applicants and to offer classes at night so that CNAs can continue to work while they are in school. Holy Trinity took three of the 24 slots, at a cost of $7,000 per student, which covers all expenses. The first class will graduate next June, and applicants are already in place for the class of 2005.

Loomis House staff gather for graduation photo following career ladder class.

"We felt we had brought CNAs to this point, and we had to continue," says Messier. The program had "dangled the carrot of becoming nurses" in front of CNAs, making it necessary to follow through. A few other community colleges around the state now offer similar arrangements in their areas.

The Case Of Loomis House

A second grant facility is Loomis House, in Holyoke, Mass., which also developed a variety of training programs for CNAs and housekeeping and dietary staff. The facility is part of Loomis Communities, a nonprofit that operates three continuing care retirement communities. Loomis ➤

tive, the government will want to know what the quality of life is, what the proposal will do, and how it will impact quality of life, Wiscott says.

"It's not brain surgery, but most people hear the word 'research' and they run," Wiscott says. "They say they don't know what to do, it's time-consuming and expensive."

The American Health Care Association (AHCA) expects to have a positive impact on the long term care grant environment with the launch this year of a foundation that will focus on research related to long term care public policy, care delivery, education, and workforce development. The National Foundation for the Advancement of Elder and Disabled Care in America will also fund projects and scholarships.

"The foundation will provide a definable impact for long term care on national policy and practical facility issues, with a mechanism for funding studies and real-world applications that will benefit patients and providers alike," Says Charles Roadman II, MD, CNA, AHCA president and chief executive officer. "More work in these areas has long been needed, and I am pleased that the foundation is seizing this initiative."

Collaboration Key

One of the easiest things providers can do to satisfy the research requirements of a grant is to use their own minimum data set data, experts say.

"Because we are the most regulated segment of the health care field, there are gold mines of data sitting in every nursing home," Wiscott says. Long term care providers "should be working with local universities and colleges to come in and help sift through some of that data. That will at least give them a starting place that will make them more competitive in the grant process."

Universities are not only good partners for research purposes, they are often the gateway to grant funds,

which are frequently funneled through nonprofits and educational institutions.

Nursing facilities can and should take the lead in seeking out grant funds, as providers understand best the challenges they face and how to solve them, Wiscott says. They should then solicit universities to partner with them on fulfilling research needs for the project. Educational institutions are frequently looking for opportunities to advance their research agenda, and it is easier than providers might think to develop partnerships, he says.

"Helping nursing homes design research projects is a great way for professors to make an impact on the field," Wiscott says. Launching a collaboration can be as easy as placing a phone call to a faculty member who specializes in aging and long term care, he adds. "I can't overemphasize enough" the importance of integrating research into a grant application, says Wiscott. "With no data, you can have the best idea in the world and funders won't take you seriously."

Palliative Care Project

The Robert Wood Johnson Foundation, a primary source of private grants for long term care projects, took a palliative care collaboration between Genesis Health Ventures in Kennet Square, Pa., and the University of Pennsylvania very seriously, providing a total of $650,000 in funding for the initiative.

Six Genesis facilities in Maryland participated in the project, which was designed to test the impact of palliative care interventions on pain management, assessment, and documentation.

"We wanted to demonstrate that a palliative care program could be implemented in a nursing home, and that it would improve certain outcomes for patients and staff," says the University of Pennsylvania's Strumpf, lead investigator for the study.

Two of the Genesis facilities were control sites and received no intervention. Two facilities received education

House is the only campus with a nursing facility.

The facility had started developing a career ladder for CNAs prior to the state grant program by applying in the spring of 2000 for a $5,000 grant in conjunction with the Holyoke Chamber of Commerce. The funds were used to purchase career ladder curriculum and training tapes, says Karen Jackson, director of operations for Loomis Communities.

Shortly after, the state offered the first round of grants, and Loomis got $24,000, which it used to boost its fledgling program. The career ladder starts with a 24-hour core curriculum consisting of an introduction to aging, communication skills, teamwork, managing priorities, and death and dying, says Jackson.

"Anyone in any career ladder had to go through that," Jackson says. CNAs took the introductory course alongside housekeeping and dietary workers, for whom there was also a career ladder program. For CNAs, there was additional training in the areas of dementia care, restorative nursing, and mentoring new employees. Each rung of the ladder was associated with a 30-cent pay raise.

Loomis House later teamed with two other nursing facilities to apply for a second round of state funds, this time focusing on culture-change initiatives. Loomis was designated the lead agency and received a $380,000 grant to be distributed among the facilities. Part of Loomis' grant funds were used to send 20 employees to New York, where they trained with Eden Alternative founder Bill Thomas and became certified in that approach to care.

Jackson says she hopes to sustain the training and impact of the grant program by making a similar training regimen available to other long term care providers in the region at an affordable cost. The local community college, where much of the grant-related training has been provided, has evolved as a long term care "center of excellence," Jackson says. She hopes an arrangement can be made for nursing facilities, to purchase career ladder slots at the college she says.

Loomis House plans to offer technical assistance in culture change to all area nursing facilities, she says.

"Most nursing homes really can't sustain this level of training, not at least in western Massachusetts," says Jackson, noting that most facilities are small and lack the training budgets to pursue extensive training. "One of the goals of the project was to develop something sustainable after the [grant] money dried up," she adds.

PART OF LOOMIS' GRANT FUNDS WERE USED TO SEND 20 EMPLOYEES TO NEW YORK, WHERE THEY TRAINED WITH EDEN ALTERNATIVE FOUNDER BILL THOMAS.

For Loomis House, the results of the program have been dramatic. In 2000, the 82-bed facility projected 85 percent CNA turnover. In 2003, turnover is expected to be 45 percent. Overall turnover is down to a projected 37 percent this year, from 66 percent in 2000. From May 2000 to July 2003, recruitment costs have dropped 15 percent, agency fees for temporary CNAs have plummeted 97 percent, and overtime costs have been cut by 62 percent.

The grant program "was a tremendous amount of work, but there was a tremendous of payoff," Jackson says.

GRANT-WRITING TIPS

Successful grant writing involves solid advanced planning and preparation. It takes time to coordinate your planning and research; organize, write, and package your proposal; submit your proposal to the funder; and follow-up. Use these basic steps to guide you:

- Prove that you have a significant need or problem in your proposal;
- Deliver an answer to the need, or solution to the problem, based on experience, ability, logic, and imagination throughout your proposal;
- Reflect planning, research, and vision throughout your proposal;
- Research grant makers, including funding purposes and priorities and applicant eligibility;
- Determine whether the grant makers' goals and objectives match your grant-seeking purposes;
- Target your proposal to grant makers appropriate to your field and project, but do not limit your funding request to one source;
- Contact the grant maker before you write your proposal to be sure you clearly understand the grant maker's guidelines;
- Present your proposal in the appropriate and complete format, and include all required attachments;
- State clearly and concisely your organization's needs and objectives;
- Write well; use proper grammar and correct spelling; and prepare an interesting, unique proposal;
- Always cover the following important criteria: project purpose, feasibility, community need, funds needed, applicant accountability, and competence;
- Answer these questions: Who are you? How do you qualify? What do you want? What problem will you address and how? Who will benefit and how? What specific objectives will you accomplish and how? How will you measure your results? How does your funding request comply with the grant maker's purpose, goals, and objectives?
- Demonstrate project logic and outcome, impact of funds, and community support;
- Always follow the exact specifications of the grant makers in their applications, requests for proposals, and guidelines; and
- Contact the grant maker about the status, evaluation, and outcome of your proposal after it is submitted. Request feedback about your proposal's strengths and weaknesses.

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in palliative care, including a two-day workshop covering such topics as pain management, symptom management, and bereavement. Two facilities received education and developed multidisciplinary teams that focused on palliative care. A palliative care nurse provided ongoing mentoring for all but the control sites.

The study, which measured how well pain symptoms were assessed and documented in each of the palliative care models, found that interventions were most effective at facilities with stable staffing and strong leadership.

"Nursing homes are complex places," Strumpf says. "It's not a matter of saying if we follow this education program and fill in this form and follow this protocol, we will have better care. Other ingredients are leadership, stable staff, and staff that are supported. We weren't measuring all those things, but we were observing them."

Though the grant ended in 2001, Genesis continues to expand the program to additional facilities, says Pamela Parrish, regional clinical educator in the Chesapeake Allegheny region, who was a nurse consultant from the University of Pennsylvania during the grant project and was later hired by Genesis. Three new centers are "up and running" with a palliative care program, and two more are in the process of rolling it out.

"Even centers that don't have a formalized palliative care program are much more aware of palliative care needs and more prone to ask for additional resources," Parrish says.

Genesis developed educational materials and a "how-to" manual on implementing a palliative care program that is available to its 200 facilities upon request, says Nancy Morrison, regional director for quality improvement.

There is a companywide pain-management policy in place, and Genesis is one of seven national long term care providers working with the Centers for Medicare & Medicaid Services on an initiative to improve pain management. Prior to the grant project, Genesis had a pain policy in place, says Morrison, "but it was enhanced to meet the needs of a palliative care program."

Larger Grants Spur Networking

Long term care providers that participate in large grant programs often team with a network, including nonprofits, universities, government agencies, and other providers, to address complex issues.

A $6.5 million Robert Wood Johnson (RWJ) Foundation grant, for example, brings together lenders, government agencies, providers, and community-based nonprofits to demonstrate the viability of developing affordable assisted living in rural areas for low-income seniors. The project, which has been launched in nine states—Alaska, Arkansas, Florida, Iowa, Maine, Massachusetts, Vermont, Washington, and Wisconsin—has two

prongs, says Robert Jenkens, vice president of NCB Development Corp. and deputy director of the project, called "Coming Home." First, it provides an initial grant of up to $300,000 over three years for each state to identify and overcome public policy obstacles to affordable assisted living.

"Sometimes that means creating new programs," says Jenkens. Two of the nine states, Vermont and Arkansas, for example, created Medicaid waiver programs enabling low-income seniors to receive assisted living coverage. The policy review may lead to a regulatory or legislative change needed to make assisted living a greater priority, or it could underscore the need for educating the various agencies about their role in making affordable projects work, Jenkens says. Housing finance agencies, for example, may be encouraged to set aside a certain amount of federal funds or tax credits for affordable assisted living projects.

The larger share of the RWJ grant is invested in the research and partnership-building process needed to bring an assisted living project from conception to fruition. Coming Home does not finance the building of the project but funds the groundwork that makes development possible. Grantees for this portion of the program—nonprofit organizations that range from small community-based groups to larger, more experienced entities—receive a predevelopment loan that is used to fund a feasibility study for the project, architectural plans and other vital materials, cost studies, and various applications for the grant and loan needed to finance the project.

"Typically, a project is financed with five different financing sources," says Jenkens. "This makes them a little more complex than a typical [assisted living] project."

Further complicating the financing are the special needs of lenders, who want to know that they will not be left with a "white elephant" if a state cuts Medicaid spending or other subsidies for assisted living. Projects are therefore built so that they can be reused and sold as independent seniors housing if public support for low-income seniors in the project dries up. A reserve fund of $300,000 to $400,000 is set aside in the event such a transition is necessary, adding to the cost of each project.

Once the funding is in place, construction begins, along with the process of getting management and operations on board. Projects usually rely on a donation of land from the city or nonprofit organization.

'TYPICALLY, A PROJECT IS FINANCED WITH FIVE DIFFERENT FINANCING SOURCES. THIS MAKES THEM A LITTLE MORE COMPLEX THAN A TYPICAL ASSISTED LIVING PROJECT.'

The next phase, finding providers willing to operate under the cost constraints and quality standards of the project, presents an added challenge. Facilities are a mix of low-, moderate-, and upper-income units, making it possible for private-pay residents to subsidize the rates paid for low-income seniors, Jenkens says. Most projects comprise 30 to 40 units and are built for $3 million to $5 million. Typically, it takes three years from initial planning to opening a facility to residents, Jenkens says.

Currently, 11 demonstration projects are open, with another 70 in various stages of planning. Many of these will drop out, Jenkens says, but a "sizeable number" will be completed or under way when the program winds down in "about a year."

Coming Home was launched in September 1999, and the first grant was awarded in January 2001. It built on the success of an earlier RWJ program that funded five demonstration projects. The overarching goal of the program is to show that such projects are viable and to create demonstrations that "will become examples and resources to other communities in the state to do the same thing," Jenkens says. A project in Arkansas that opened in January, for example, is serving as a model for three other projects in the states that have been awarded tax credits. "We expect these [projects] to be a catalyst for many more in other states," Jenkens says.

Grant Coalitions Target Workforce Crisis

A three-year, $7 million grant from RWJ and the Atlantic Philanthropies, called "Better Jobs, Better Care," is taking aim at initiatives to strengthen recruitment and retention of certified nurse assistants (CNAs) in long term care settings. The program, still in the planning stages, will be launched in five states: Iowa, North Carolina, Oregon, Pennsylvania, and Vermont. Individual states will get about $1.3 million, and funds will be administered by a nonprofit grantee in each state. The five grantees have formed large coalitions with provider groups, professional organizations, government agencies, and other stakeholders to help shape the program.

In Oregon, a coalition of 19 participants has come together to form a steering committee and design a program that will meet four key objectives, says Linda Kirschbaum, director of assisted living and residential care facilities services at the Oregon Health Care Association in Wilsonville, Ore. The program will seek to improve

relationships between direct-care workers and their supervisors; promote opportunities for relationship development between direct caregivers, patients, and family members; provide opportunities for career advancement; and increase diversity among direct-care workers and long term care nurses. Oregon's board of nursing is creating curriculum and certification criteria for CNA specialty categories to recognize advanced skills in areas such as Alzheimer's care and to support the goal of CNA career development, says Kirschbaum.

Oregon is unique among the five states in choosing diversity as an objective, says Jean Tuller, executive director of the Oregon Technical Assistance Corp. in Salem, the grantee organization. Some of the goals in this area will include "more bicultural and bilingual people in supervisory and management positions, better communication between nursing staff and workers who are bilingual and bicultural, and more training opportunities," says Tuller.

The Vermont Health Care Association (VHCA) is one of eight key partners on the executive committee for the state's "Better Jobs, Better Care" project, and one of 20-plus organizations serving on a broader advisory committee, says Mary Shriver, executive director of VHCA. "We have a big coalition in the state working on this. It's not just nursing homes," she says. Shriver hopes the program will facilitate the development of best practices in the area of recruitment and retention, an effort she has been working on for about a year. Nursing facilities that adopt these practices would get a citation for their efforts in this arena, similar to a "Good Housekeeping seal of approval," Shriver says.

In North Carolina, the program will focus on development of incentives for long term care providers to voluntarily meet workforce standards, such as recruitment and retention rates. The state is working on a special licensure designation for providers—nursing facilities, home health agencies, and residential facilities—that adhere to the standards, says Susan Harmuth, senior project director of the North Carolina Foundation for Advanced Health Programs, the Raleigh-based grantee, which has close ties to the North Carolina Department of Health and Human Services. The designation would entitle providers to a labor enhancement in their reimbursement rate, Harmuth says.

A "broad-based" team of partners, including provider organizations, has been formed to achieve a consensus on the standards and practices that

providers would have to meet—such as staff empowerment, career advancement, and peer mentoring—to be eligible for the special designation, Harmuth says. The program will be piloted in 20 nursing facilities, home health agencies, and residential facilities, for a total of 60 sites.

Polly Welsh, director of regulatory systems and quality initiatives at the North Carolina Health Care Facilities Association, a partner in the project, says it is "still very early in development." Welsh expects the criteria to be developed sometime before the end of the year and to focus on areas such as career ladders and training, recruitment and retention, caregiving practices, and staff empowerment. She hopes the program will enhance providers' opportunities to "reward and develop good workers," improve retention by recognizing the demands and specialized skills required for long term care, and have a positive impact on new CNAs who "get frustrated early in their careers and leave."

Smaller Grants Fund Critical Programs

Grant programs don't have to be large to fill a critical need. A South Carolina grant program uses funds collected from survey fines to promote the implementation of the Eden Alternative and other quality-improvement methodologies in nursing facilities. One recipient is Laurel Baye Health Care, based in Mount Pleasant, S.C. The company's four South Carolina facilities have received grants ranging from $5,000 to $23,000 for a range of Eden-related activities, including a weeklong training program for facility administrators; staff education programs; capital improvements such as the addition of gardens, where residents plant and harvest their own vegetables; recreational areas; and the incorporation of animals and intergenerational programs into facilities.

"These state grants have allowed Laurel Baye Healthcare to move more aggressively in changing from a traditional nursing home to a more interactive environment in which our residents experience less of a loss or separation from their homes, lifestyles, and families," says Dennis Wheeler, president and owner of the company.

"The whole point is to truly make this a home" and to give patients greater choice and sense of purpose in their lives, says Karl Eleazer, vice president of organizational compliance at the Mount Pleasant, S.C.-based company.

Patients in Edenizing facilities are less withdrawn, display fewer behav-

ioral problems, and participate more in the life of the facility, she adds.

One patient in a dementia unit, for example, had never spoken, communicating only with "noises and gestures," until the facility put a day care center on the premises, Eleazer says. Now, the patient goes to the center every afternoon and tells stories to the children.

"There are people who maybe won't respond to me as an adult or interact with an administrator, nurse, or CNA," she says. "But they will interact with a child or animal." Even the simple act of giving a patient charge of a tomato plant can make a dramatic difference, she adds. "It gives people a sense of purpose."

Putting Penalty Moneys To Use

South Carolina issued an initial round of grants in 1998, when it awarded 25 grants totaling about $419,000, says Brenda Hyleman, division director of community and facility services at the state's Department of Health and Human Services in Columbia. This second round, awarded last July, totaled $600,000 to 39 facilities. Grants averaged $12,000 to $15,000.

Prior to 1998, South Carolina had accumulated a little over $1 million in survey fines, says Nicole Threatt, program coordinator.

The state is required to hold a certain amount in reserve to cover the potential cost of a nursing facility closure, and the federal government receives the portion of those funds related to the number of Medicare patients in the facility. South Carolina's effort to funnel a portion of the funds into quality-improvement grants, however, remains unique, with only a couple of states making similar use of the funds, says Threatt.

Despite the modest size of the grants, recipients still must collect and report data to the state whenever they submit a grant-related invoice. The state uses a data-collection form to determine whether a grant initiative is having an impact in areas such as staff turnover, patient falls, pressure ulcers, and weight loss, says Threatt.

Overcoming Hurdles

Despite the success of long term care grant projects, providers face ongoing barriers to funding opportunities, observers say. In Pennsylvania, for example, the state awarded more than $200,000 for a Critical Job Training program in eight long term care facilities. Training focused on culture change to improve choices for patients and bolster staff commitment to customer service, says Betty Frandsen, director of relationship development and government affairs for the Institute of Caregiver Education and vice president, acting president, and legislative coordinator for the National Association of Directors of Nursing Administration in Long Term Care.

> 'THERE ARE PEOPLE WHO MAYBE WON'T INTERACT WITH AN ADMINISTRATOR, NURSE, OR CNA. BUT THEY WILL INTERACT WITH A CHILD OR ANIMAL.'

The goal of the program was to impact retention by boosting employee satisfaction. While staff surveys reflected improved satisfaction, the time frame for the project was a short 10 months, with only seven months of training, Frandsen says. To build on that experience, the institute applied for two federal grants targeting career ladder and geriatric education programs.

The applications for in-depth training of registered nurses (RNs) and CNAs in long term care settings were both rejected, says Frandsen, who sees a "bias against nursing homes" in the federal grant review process.

The institute's proposals, drafted by Wiscott, a gerontologist and experienced grant writer, included a 26-hour career development series to help nurses and CNAs work together more effectively as a team, 84 hours of advanced clinical training for CNAs, and a leadership development series for RNs.

The curriculum covered in-depth training for RNs on the "physiology of elders and their chronic conditions to better prepare them to supervise licensed practical nurses and CNAs in long term care settings; understand the expectations of state surveyors in caring for elders; and teach them about quality indicators, quality measures, and investigative protocols, which all relate to the details of care for elders," says Frandsen.

Yet the reviewers had difficulty connecting the proposal to geriatrics, she adds, underscoring a disconnect between the real-world challenges in long term care settings and the limited understanding of those challenges by reviewers, many of whom are in academia.

Frandsen hopes to address and have a positive impact on the availability of federal grants to long term care settings as a member of the National Commission on Nursing Workforce for Long-term Care, a yearlong project, funded by AHCA, of the Center for Health Services Research and Policy at George Washington University Medical Center, Washington, D.C. The panel, scheduled to begin work this fall, will develop recommendations for improving recruitment and retention of the nursing workforce in long term care settings. ■