



ACHCA National Mentoring Program

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Introduction

Now in its third year, ACHCA's National Mentoring program is working to build strong leaders through the connection of mentors and protégés in the field of long term care. In 2008 efforts began to create Fellows that would be mentors to young or soon to be administrators and in 2011 a grant commitment from Life Care Centers of America was received. A framework for the program was set up and the ACHCA Mentoring Program was established.

The first cohort of the National Mentoring Program was chosen and paired up in 2012. The group was then introduced at the annual Convocation in Nashville that year. Each year the new mentoring class is introduced at that year's convocation. To date, there have been three cohorts including the initial with the current cohort (2013) coming up on the year marker of their relationship. The third cohort (2014) will be introduced at the 48th annual Convocation in Las Vegas.

Program Approaches

The ACHCA mentoring committee matches mentors and mentees based on a profile that they fill out. Requirements have been set to ensure mentors are eligible; that they have the time to commit to the program, are knowledgeable in their field, and are participating voluntarily. Once matched up the mentor and mentee pairs each complete a state of the art eLearning course focused on mentoring relationships based on Chip Bell's SAGE model.

- S** Surrendering: leveling the learning field
- A** Accepting: creating a safe haven for risk taking
- G** Gifting: core contributions of the mentor
- E** Extending: nurturing protégé independence

In order to solidify the relationship they then complete educational sessions. Only a few matches are within close distance of each other, so ACHCA supports a mentoring distance community and technology resources. The program financially supported eleven protégés in the 2012 cohort and three in the 2013 cohort.

The requirements of the fellows and protégé's are listed below. A fellow is seen as one of the highest recognized roles of an ACHCA member, and are deemed qualified to become the mentors to administrators (protégés) early in their careers.

Fellow

- Complete eLearning
- High knowledge of the field
- 1 hour or two 30 minute mentoring sessions each month
- Mentoring sessions at Convocation
- Get the word out

Protégé

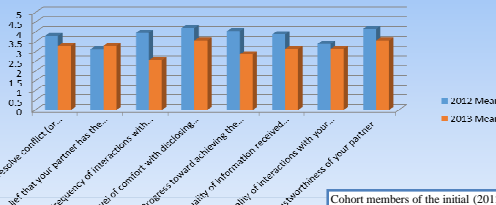
- Complete eLearning
- ACHCA Member
- Not using program as a job search
- Mentoring sessions at Convocation
- Get the word out

Program Results

In the first two years there have been strong mentor mentee relationships to help guide the mentee (or protégé) in the start of their careers. Participation in program events have varied over the years but there has been improvement in several areas. The use of eLearning will be formally required for the program starting this year in 2014. The program hopes to see more use of this very useful resource; in the past less than 50% participation has been recorded. Webinars have seen varied involvement as well with 50%-75% participation. Recently the audience has been broadened for Webinars to include all members that are interested in the topic. Both the mentors and protégés are asked to complete pre, midpoint, and post assessments about their relationships.



Comparison of Aspects in Relationship



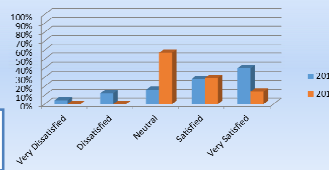
Cohort members of the initial (2012) and current (2013) were asked to rate specific aspects of their relationship on a scale of 0 (very dissatisfied) to 5 (very satisfied) after almost a year.

Those Interested in Continuing Relationship

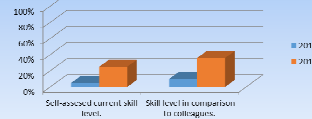


Both cohorts provided their overall satisfaction of the National ACHCA Mentoring Program as well as if they were interested in continuing the relationship once the relationship has been in progress for about a year.

Overall Satisfaction



Percent Change in Management and Leadership Administrative Skills



A very important measurement in the program is the perceived change in reported skills. The mentors and protégés first assess their own management and leadership administrative skills in 17 different areas. They then assess the same set of skills in relation to their colleagues. Then we can measure the amount of change from the beginning of the mentoring relationship to the end for both years separately and then compare the change in both cohorts. The 2012-13 cohort experienced 5% and 10% increases while the 2013 cohort reported 25% and 36% increases in the perception of their skill sets.

Discussion

Overall, the program is showing improvement for mentoring relationships. In the satisfaction in aspects of the relationship the greatest achievements came from progress toward achieving the goals the pairs agreed to at the beginning of the relationship, ability to resolve conflict (or overcome any barriers) encountered in the relationship, and trustworthiness of each other.

From the data we know that there is a high degree of comfort level and trust in ACHCA mentoring relationships. However, a recurring problem that has come up in the evaluations from the comments sections of mentors and mentees is not being able to meet face to face. It has been shown in the first two years that geographic proximity of the pair does in fact make a difference. It is still possible to keep up the relationship with a distance barrier but the cohorts have expressed frustration in getting good, quality information from each other and being able to set aside time to meet. There is a need for a move to a state and/or district program.

- The relationship ran well all year. We had several opportunities to interact because we were geographically close. Many conversations revolved around the little things in everyday practices that can be forgotten. Management and supervisory were points of discussion and more detailed issues during the second half of the year.
- It's challenging to not have the ability to have a face to face conversation. However, we've made it work with technology. I would recommend pairing folks in the future close to geographical area if at all possible.



We also experienced some staff and responsibility transitions, which may have impacted the communication and support, and ultimately the engagement of the current cohort group. This is being addressed by the subcommittee and ACHCA leadership.

Conclusion and Recommendations

A state/district program is in the process of being implemented. The applicants to the program would be able to enroll and begin the program at either the state, district, or national level. Instead of the only starting point for the program being at Convocation there would be entry points at state conferences with scheduled mentor/protégé training session. In the state programs the members would be required to attend at least one national conference within a two year period.

The requirements of the mentors and protégés as well as the matching process would stay the same in the state programs as it was in the national. Educational seminars at the state or national level are required by the matched pairs and each state that participates in this program would have one representative on the subcommittee.

The program is excited to launch three pilots this upcoming year in New Jersey (District 2), Ohio (District 3) and Georgia (District 4). This is based on their initial inquiry, level of interest, number of fellows, potential protégés, identification of a peer trainer(s), geography and the availability of some matching funds. In order to have the best representation of education a train the trainer model is being implemented. This will ensure faculty resources are available in every initial site, along with future prospective states.

Steering Committee

- Jim Farley, Chair
- Dr. David Wolf, Vice Chair
- Members Ron England, Sally Henlepp, Scott Lester (Consultant), Christopher Lynch, Thomas Varghese, Jan Wilson, Keith Knapp
- Doug Olson, Board Liaison & Consultant
- Michelle Berry, Staff Liaison
- Mariana Graciek, ex-officio

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- Center for Health and Aging Services Excellence at UW-Eau Claire
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National Emerging Leadership Summit for Healthcare Administrators in Aging Services

Professionals Leading Passionate Innovation for Quality

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BACKGROUND

Aging services faces an employment cliff. The field is experiencing approximately 40% level of turnover reported in numerous studies and research demonstrates a strong connection between satisfaction and turnover. The looming crisis of availability of good administrators has the potential to negatively impact care and service to our senior population. The National Emerging Leadership Summit (NELS) for Healthcare Administrators in Aging Services are reaching out to this emerging leadership population to hear their "voice" and help drive an agenda that encourages a more positive career outlook for this field.

NELS is a conference held at The George Washington University in Washington, D.C. NELS provides an opportunity to hear from Generation X and Generation Y leaders in the aging services field. This year will be the National Emerging Leadership Summit's fifth year engaging with professionals from across the country.

PURPOSE OF SUMMIT

1. Strategize: Collaborate with other generation X and Y leaders in the post-acute and long term care and support services field and develop strategies on how to increase, improve and support the value of the profession for executives to attract talent.
2. Advocate: Learn about the regulatory and legislative issues facing the profession and how to support innovative change. Professionals Leading Passionate Innovation Engage with fellow emerging leaders in an unrivaled opportunity to strategies, advocate, connect and innovate the future of the health care and aging services administration profession.
3. Connect: Unite with fellow generation X and Y leaders. Network with key leaders of NAB, ACHCA, AHCA, LeadingAge, and the US Senate Special Committee on Aging.
4. Innovate: Gain knowledge on how to effectively lead your organization and the profession through shared learning experiences.

Methods

A survey is sent to attendees before each Summit to gain insight on their personal and professional backgrounds. The Summit combines current best-practices with a facilitated dialogue to provide a new perspective for participants and the broader field. The action plans and recommendations that the attendees develop at the summit focus on improving the quality of the administrative profession in aging service.

A follow-up survey is also sent to check the progress attendees had made on the topics discussed at the NELS.

FINDINGS

The results of the survey were promising because more than 50% of the attendees have made progress on the recommendations and action plans. The survey inquired the NELS attendees on factors (demographics, work experience, work preference, etc.) affecting the quality of current and future aging services:

•The attendees think it is important to a great extent of having a mentor in the field. 88% of attendees have one or more mentors in the LTC field. (Fig. 1)

•Overall, they reported the next generation of workers perceives the field of aging services as challenging, caring and noble. (Fig. 2)

Figure 1

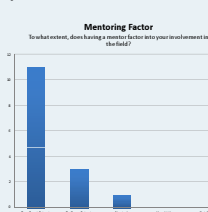
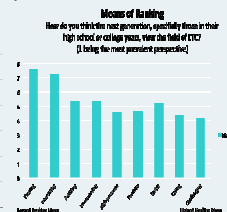


Figure 2



The 2013 Post-Summit quality assessment found the following:

•Overall, they reported that the topics were relevant and timely during the Summit, the speaker was knowledgeable, ideas were practical and the presentation was well organized (Fig. 1)

•Many participants were influenced by the Summit and it excited them to transform the long-term care profession (Fig. 2)

Figure 1

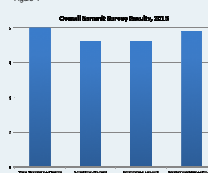
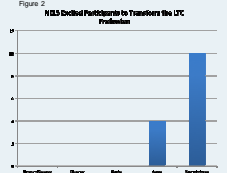


Figure 2



2013 SUMMIT FINDINGS

1. Improving the public perception and image of the LTC administrator profession by developing a more accurate message of the field and determine other outlets to promote this message.
2. Describe the work being done by the Summit participants and outline them in an authoritative report or white paper.
3. Ensuring the accountability of NELS participants and committees through the use of technology by implementing a multimedia platform like basecamp to allow for greater communication between NELS participants.
4. Reduce the barriers for entry into the LTC administrator profession, including advancing standardized licensure requirements and reciprocity agreements.
5. Recruiting and retaining future leaders who are talented and dedicated to excellence in leadership and continuing the positive transformation of the LTC administrator profession.

2014 SUMMIT AGENDA

Tuesday, July 22, 2014	
Location: School of Public Health and Health Services (SPHHS) New Building	
9:00 – 10:00 am	Welcome and Opening Session Lynn Goodman, Dean, School of Public Health and Health Services, Robert Burke, Professor and Chair, HSM, Department, GW Douglas Olson, Associate Professor, University of Wisconsin - Eau Claire
10:00 – 11:30 am	Opening Exercises Douglas Olson, Associate Professor, University of Wisconsin - Eau Claire
1:00 – 2:00 pm	Setting the Stage Douglas Olson, Associate Professor, University of Wisconsin - Eau Claire Past NELS Participants
2:15 – 4:15 pm	Structured Team Activity
Wednesday, July 23, 2014	
Morning Location: Capitol Hill Afternoon Location: SPHHS New Building	
9:00 – 10:15 am	Conversation with Sen. Tommy Baldwin (invited), Oliver Kim, Senate Special Committee on Aging, and other staff of aging related committees
10:30 – 12:00 pm	Legislative Panel on "An exploration of the challenges faced by a profession required to navigate across settings of care and service"
12:30 – 2:30 pm	Keynote Speaker: Understanding and Planning for your Colleagues Mike Houston, MA Marketing
2:30 – 4:15 pm	Structured Team Activity
Thursday, July 24, 2014	
Location: School of Public Health and Health Services (SPHHS) New Building	
9:00 – 10:00 am	Partnering Organization Panel - ACHCA - LeadingAge - ACHCA - NAB
10:15 – 12:00 pm	Partnering Organization Panelist Break Out Session
1:00 – 3:00 pm	2014 Action Planning Mike Houston, MA Marketing
3:15 – 4:15 pm	Conclusion

REFERENCES

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³National Association of Boards of Examiners of Long Term Care Administrators (2000). Decline in licensure exam applicant study. Washington DC: NAB.

⁴National Emerging Leadership Summit Legislative Policy Forum. "Advancing Practices for Raising the Bar for the Senior Care Leaders." United States Senate Special Committee on Aging. 2012. (For testimony of expert panel during the policy forum, please see Appendix E.)

⁵Olson, D. and Olson, D. (2007) Effective Leadership in Long Term Care: The Need and Opportunity. American College of Health Care Administrators Position Paper. www.achca.org.

⁶Supplemental Research Brief: 2009 National Business Ethics Survey, Millennials, Gen X, and Baby Boomers: Who's Working at Your Company and What Do They Think About Ethics? Ethics Resource Center. 2010.

