

Getting Started on the Road to NC NOVA Designation

A Guide to the North Carolina
New Organizational Vision Award



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- Well Spring Continuing Care Retirement Community, Greensboro (Nursing Facility)

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A Message from the Division of Health Service Regulation, North Carolina Department of Health and Human Services

The Division of Health Service Regulation (DHSR) is excited to be a part of the North Carolina New Organizational Vision Award (NC NOVA). Never in the history of the state has there been a program that designates nursing homes, adult care homes and home care agencies who truly have gone above and beyond to enhance the quality of their services through enhanced support of their direct care workers.

While everyone recognizes that one of the keys to quality care is a stable and competent work force, there has never been a sanctioned and proven program for achieving this. However, with the inception of NC NOVA, providers now have an invaluable guide they can use to work toward better staff retention and therefore, better quality of care.

Although it is not easy to become an NC NOVA designated provider, the effort of doing so provides a direct benefit to the most important person - the customer receiving services. Our agency strongly supports the NC NOVA program and encourages providers to work toward NC NOVA designation. We believe the benefits to the provider and the customer is well worth the time and investment!



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INTRODUCTION

Why NC NOVA?

NC NOVA is a voluntary, raise-the-bar, comprehensive workplace culture change program intended to promote the retention and recruitment of a stable, quality, direct care workforce. A more stable and satisfied direct care staff is also expected to improve the quality of care your organization provides.

The incentive-based program was piloted by dozens of nursing facilities, home care agencies and adult care homes across North Carolina. Our pilot sites have demonstrated that NC NOVA criteria can be implemented effectively whether your organization serves only private-pay customers, a combination of private-pay and publicly funded customers, or primarily Medicaid customers. A key feature of NC NOVA is that it provides organizations the flexibility they need to implement the criteria in a way that works for them.

The High Cost of Turnover

Many home care agencies, adult care homes and nursing facilities struggle with high turnover and vacancies among their direct care staff. High turnover among this essential caregiving staff is a costly proposition, whether the organization is for-profit or not-for-profit. A 2004 national study estimates conservatively that employers incur \$2,500 in direct costs for each turnover of a direct care worker.¹ This estimate is based on numerous expenses associated with staff turnover, including the administrative cost of processing departing workers and conducting exit interviews; the cost of advertising and recruiting to fill the vacant positions; the cost of overtime and/or contract staff to pick up the slack until those positions are filled; the cost of background checks, screening and interviewing of potential new hires; and the cost of processing new employees, including orientation and training.

Of course, organizations can pay dearly for high turnover in other ways. High turnover affects the quality of care and by extension, customer satisfaction and quality of life. Equally important, high turnover lowers morale, raises workload and stress levels, increases the potential for worker injuries and generally harms the workplace culture. All of these factors contribute to what the 2004 report calls a cycle of turnover.² While it's true that not all turnover is bad, your organization has much to gain by improving the retention of your direct care staff, both in terms of reducing

¹ Seavey, Dorie, The Cost of Frontline Turnover in Long-Term Care, Better Jobs Better Care, 2004.

² Ibid.

unnecessary costs and increasing operational capacity and excellence. Improving retention is also likely to lead to improved recruitment when you need replacement and/or additional direct care staff.

NC NOVA can help you fight turnover. To illustrate this point, consider the turnover rate at nursing facilities. The average aggregate statewide data for 2007 showed a direct care worker turnover rate of 110% in North Carolina's nursing facilities; at NC NOVA-designated nursing facilities the 2007 average turnover rate was 35%. Although there are only a limited number of NC NOVA designees, the early data clearly show that their average annual turnover is much lower than the statewide average.

In fact, it is also worth noting that the NC NOVA Partner Team has heard from numerous pilot sites that are still working toward NC NOVA designation that they, too, have seen a dramatic reduction in direct care staff turnover from implementing just one or two program components. Typically, these were a new or improved orientation program, a peer mentor program and/or a coaching supervision implemented in accordance with the NC NOVA criteria.

How to Use This Guide

This document is intended to serve as a guide for organizations interested in seeking NC NOVA designation. Specifically, the NC NOVA Partner Team wanted interested home care agencies, adult care homes and nursing facilities to benefit from the experience, insight and lessons learned from the home care agencies, adult care homes and nursing facilities that were pilot sites prior to statewide implementation of NC NOVA in January 2007.

The information in "Getting Started on the Road to NC NOVA Designation" is based on using survey responses from supervisory, administrative and direct care staff at numerous pilot sites; in-person and/or telephone interviews with administrative, supervisory and direct care staff in pilot organizations that have either attained NC NOVA designation, are working toward applying and/or applied but had not yet received NC NOVA designation. Content includes input from all three settings eligible for NC NOVA designation (home care agencies, adult care homes and nursing facilities).

"Getting Started" covers a broad array of topics and issues that organizations are likely to encounter as they work to meet NC NOVA criteria; prepare and submit the NC NOVA application; and go through the application process and on-site review.

To help your entire staff understand what NC NOVA is all about, the NC NOVA Partner Team also recommends viewing the companion DVD, "NC NOVA: A Guide

to Getting There.” The DVD includes footage from panel discussions by representatives from pilot sites after the close of the pilot phase of the project. Their stories and experiences bring life to the content included in this guide.

In addition to this guide and the DVD, there are additional online tools your organization can use to help implement NC NOVA. These include the NC NOVA Provider Information Manual; NC NOVA Self-Assessment and Readiness tool; information about technical resources pertaining to key NC NOVA criteria such as effective peer mentoring; presentations from panel discussions about NC NOVA; and a “cross-walk” document that matches the application document with criteria outlined in the Provider Information Manual. To view these resources, go to the NC NOVA web site: www.ncnova.org.

Going Forward

Affirming Commitment and Buy-In

Congratulations on your interest in working toward NC NOVA designation! NC NOVA is a **voluntary** and **comprehensive** program of workplace culture change. The culture change program covers four major areas, known as domains:

Reducing turnover can mean big savings

It costs employers an estimated \$2,500 each time they have to replace a direct care worker lost through turnover. For an employer with 25 full-time equivalent direct care workers and an annual average turnover rate of 80% (20 workers per year), the cost comes to \$50,000 a year.

If the employer could cut its average annual turnover rate to just 50%, that would mean a savings of \$18,750 per year. Cutting the turnover rate to 25% would mean savings of \$34,375 per year. The employer could use these savings for initiatives to retain quality direct care workers such as career development and training; recognition and rewards; and wage increases/bonuses for peer mentors.

- **Supportive Workplaces**
- **Training**
- **Career Development**
- **Balanced Workloads**

All the criteria in the four domains focus on known reasons why direct care workers leave their jobs. These criteria apply across home care, adult care home and nursing facility settings. How some criteria are implemented may differ greatly depending upon the setting of care.

NC NOVA is intended to improve the retention, job satisfaction and recruitment of your direct care staff. Better direct care jobs will lead to a more stable workforce, which will result in improved quality of care for the clients/residents you serve. A more stable staff also means lower turnover costs.

But NC NOVA is about more than workforce retention; it's about changing workplace culture. As your organization addresses the specific criteria under each of the four domains, you will find essential themes that support the successful attainment of NC NOVA designation:

- **Supportive and participatory management structure**
- **Worker empowerment**
- **Use of adult learning techniques**
- **A team approach to providing care**

As you embark on the road to NC NOVA designation, it is important to remember that achieving true workplace culture change takes time. The Partner Team created NC NOVA to be a “raise-the-bar” program, a distinction not easily attained. NC NOVA seeks to ensure that the desired workplace changes are systematically and fully incorporated into the daily operations of the organization.

True culture change takes time

If you decide to seek NC NOVA designation, find a pace that works for you. Be patient; it will take time for all of the NC NOVA criteria to become part of your workplace culture and incorporated into how you do business and provide care every day.

Whether your organization is struggling with high turnover and/or compliance issues or well on the way toward implementing the criteria required for the special licensure designation, NC NOVA can make a positive difference.

Deciding to go forward means recognizing that to attain the goals of NC NOVA your organization must:

- ▶ Be committed to empowering your direct care workforce.
- ▶ Include staff from all corners of your organization to provide input in a team approach to NC NOVA.
- ▶ Dedicate the staff time, energy and resources needed to implement the NC NOVA criteria and prepare the special licensure application.

A discussion of these “must have” commitments begins on **page 8**.

Administrator Commitment

The initial spark for NC NOVA may come from a number of different of sources-- direct care worker, supervisor, corporate office, family member or someone else. Regardless of where the interest comes from, one important lesson from the pilot sites is that administrator commitment is essential to make NC NOVA work.

Whether the goal is to apply for NC NOVA designation or merely to implement a few components as a start, administrator support is one major key to success.

Specifically, we know from the pilot sites that the administrator must demonstrate genuine and enthusiastic commitment to the goals of NC NOVA throughout the process and take the lead in building support across the entire organization.

Building Staff Support

Staff support for NC NOVA is vital. When presenting your staff with the idea of pursuing NC NOVA designation, be sure to make clear that NC NOVA is a voluntary and incentive-based opportunity to benefit your organization. **It is not a regulatory requirement.**

“I didn’t believe in NC NOVA until Peer Mentoring was put in place. I still dreaded going to meetings and doing the work but it became worthwhile after that.”

-- Supervisor

Here is how you can start building staff support for NC NOVA:

- ▶ Schedule meetings to introduce NC NOVA to your entire staff. More than one meeting may be needed to accommodate different schedules and shifts. One pilot used its annual awards banquet to kick off NC NOVA; another tied the kick-off to an employee appreciation event.
- ▶ Inform staff that you want to share information about a program you want to pursue that brings about meaningful workplace culture change (and why), but that you will need their support.
- ▶ Start by explaining the key points of NC NOVA.
- ▶ Be honest that there will need to be a commitment of time and energy by all staff and the administration/organization will also be making a commitment of time, energy and resources.
- ▶ Let staff know they will have opportunity to provide input/participate as the organization implements programs to address NC NOVA criteria
- ▶ Let staff know you’ll be keeping everyone informed about progress along the way. One pilot used its company newsletter to keep staff informed about NC NOVA; another marked off its progress on a poster displayed for staff, residents and visitors alike to see.
- ▶ Address the “What’s In It For Me” factor. Highlight the benefits you perceive for your staff and the benefits seen by others who have implemented NC NOVA.

- ▶ Use the “Getting Started” DVD so your staff can hear from people who have successfully gone through the process about what to expect and what difference NC NOVA designation has made in their organizations.
- ▶ Give staff ample opportunity to ask questions and express concerns. Openly address their questions and concerns.
- ▶ Let staff know what the first steps will be.

What the pilots describe as the beauty of NC NOVA:

Organizations can work at their own pace.

Providers have a lot of flexibility and can implement the criteria in ways that work best for their organization.

Most organizations find they have already implemented some or many of the NC NOVA criteria.

Many organizations saw positive retention results early on, particularly from implementing criteria related to orientation, peer mentoring and/or coaching supervision.

Even organizations struggling with very high turnover and/or with some care compliance issues reported positive results.

Pilots that attained NC NOVA designation reported that, in their view, the special license provided a recruitment edge.

It is worth noting that none of the pilot sites or NC NOVA designees indicated there was any resistance from direct care staff with regard to implementing portions or all of the NC NOVA criteria.

Even so, in the face of already heavy workloads, regulatory requirements, and the fact that some people have difficulty with change, you may encounter resistance from some staff in terms of taking on this new program. Following are two challenges reported by NC NOVA designees and pilot sites at the early buy-in stage and how they were addressed.

Challenge: Nurse supervisors were initially resistant to the coaching supervision training they would need to complete.

Solution: The organization quickly worked to have a few nurse supervisors

trained. These supervisors provided very positive feedback about the training to others, which significantly reduced the initial resistance. They continued to share positive impacts from coaching supervision training (and other NC NOVA criteria implemented) with the entire organization to further reinforce progress and the value of implementing NC NOVA on the organization’s operations.

Challenge: Staff concern that implementing a peer mentor program would negatively affect the role of line supervisors.

Solution: This was handled by making sure supervisors and direct care workers understood that under NC NOVA criteria, peer mentors are not supervisors. In addition, at least one supervisor was part of a group including direct care workers and others that was established to recommend a framework for a peer mentor program.

‘Must-Have’ Commitments for Going Forward

Worker Empowerment

“If your philosophy is one of caring for your workers, they will have a caring philosophy toward the residents they care for.”

-- Nursing Facility Administrator

For NC NOVA purposes, empowerment means recognizing, valuing and routinely seeking the input and utilizing the skills, abilities, insights and expertise of direct care staff in planning and decision making about day-to-day and long-range care practices and the work environment.

Whether your initial goal is to implement the entire NC NOVA program or start with a few key components, your organization must believe in the empowerment of direct care workers and the value of direct care staff as essential and insightful members of your care team. This is a core belief of the program.

Direct care worker empowerment and input into the decision-making processes of your organization are over-arching themes that cross all four NC NOVA domains. The concepts of worker empowerment embedded in NC NOVA will have a positive impact not only on your direct care staff but on your entire organization.

“Empowering the direct care workforce is not something that you can decide to do as a part of a requirement. It is also not something that you can do only when it is convenient or safe for management. True empowerment, I believe, develops like respect; it takes time, commitment and consistency. It takes a management staff willing to recognize the potential of the front line staff. The NC NOVA endeavor was an avenue that helped us highlight the direct care workers empowerment and increase the visibility of the valuable contributions and insights that can only come from the people who directly provide care and services.”

-- Administrator, Continuing Care Retirement Community

Based on the experience of the pilot sites and the responses to questionnaires received from supervisory and direct care staff, successfully implementing NC NOVA will require that you inform and involve direct care and other staff through every step of the implementation process.

This includes:

- ▶ Seeking staff input on how your organization stacks up to the criteria. This might be done through surveys, focus groups or other participatory means.
- ▶ Providing meaningful, structured and ongoing opportunities for staff to be involved in and give feedback about the implementation of new programs and practices to meet NC NOVA criteria.
- ▶ Providing information about how the application and review process works, particularly the on-site review.
- ▶ Designing ways, with staff input, to keep the whole organization apprised of progress on meeting NC NOVA criteria and to celebrate that progress.

We know from the pilot experience that lip service or token actions to empower staff will not work. If worker empowerment concepts are not fully implemented or not implemented in a systematic way across your organization, it will become obvious during the on-site review. This is because the Independent Review Organization only interviews direct care workers and supervisors during its on-site visit.

Team Approach

Teamwork is another theme that cuts through the four domains of NC NOVA.

All the NC NOVA designees stress that **implementing NC NOVA and preparing the application cannot be done by one person or by assigning several people to just put documents together for the application. You will have to rely on a core team.** While you will need to assign key staff the responsibility of overseeing the process and preparing the 29-page application, representatives from every part of the organization need to be involved and the entire staff needs to take “ownership” of NC NOVA.

Some pilot sites learned this lesson the hard way and want to be sure that other organizations interested in NC NOVA don't fall into the same trap. As one NC NOVA designee put it, “The first mistake I made, was, ‘I will do it alone.’”

The designees quickly learned it will take a core team to do the nitty-gritty work:

- ▶ Going through the application, page by page, together with the Provider Information Manual.
- ▶ Pulling together the documents needed to demonstrate that the organization has implemented NC NOVA criteria.
- ▶ Tracking progress on areas in which the organization needs to develop and implement missing programs required under NC NOVA.

How one home care agency approached NC NOVA

- A leadership team comprising nurse aides, direct care workers, RNs and management staff was created.
- The team developed a structured way of seeking ongoing staff input from across the organization to develop ideas and practices for meeting NC NOVA criteria.
- Meetings were conducted at least quarterly, either during breakfast or lunch hours with meals provided.
- Employees were paid for their time to attend meetings.

The leadership team, initially used to implement NC NOVA, still exists today. It has evolved to serve an important function, addressing needs and issues as they arise.

For instance, it recently implemented a computerized, telephone-based time verification program that direct care workers requested.

Workers call in from a consumer's home to denote the start and end times of their work.

They no longer have to drop off time sheets at the agency, saving time, gas, and wear and tear on their cars.

In addition to this core team, other staff played important roles by serving on the committees that developed new programs (Peer Mentoring or Rewards and Recognition, for example) or modified existing programs (such as Orientation) as needed to meet the high standards of NC NOVA.

Not only is teamwork important to the processes of becoming a NC NOVA designee, it is also a tool for empowering direct care and other staff by valuing and recognizing them and giving them opportunities to have a “say” in how the organization moves forward with the process.

Time and Resources

To make NC NOVA happen, key staff, including direct care workers, must be involved in developing the program. Your organization will have to make NC NOVA a priority and dedicate the time and resources necessary to implement the criteria and prepare the application.

All the NC NOVA designees said that the time required to implement and apply for NC NOVA special licensure

designation was a major challenge. It took each of the four initial NC NOVA designees at least one year from the time they began to the time they submitted their application. They all agree however, that the time was well worth the effort.

“When our staff are happy, our residents are happy.”

-- Nursing Facility Administrator

It is important to note that all of the designees already had workplace cultures that embodied some of the goals of NC NOVA well before the special licensure program was created. Thus, they were already on their way toward meeting the NC NOVA criteria and were well positioned to apply for the special license when they signed on as pilot sites.

Making time for NC NOVA

Here are some ways that designees and pilots found time for meetings and other essential activities during the NC NOVA process:

- Met during lunch hours, but would reward team members with special meals.
- Extended work days - in some cases with comp time earned or overtime pay for additional work.
- Allowed staff to work from home on certain days.
- Took short breaks from the process but made commitments to return to it - with a date planned to resume.
- Used fax and email to facilitate communication between meetings.
- Used time before or after other regularly scheduled meetings.
- Scheduled retreats to work on major areas.

NC NOVA concepts already part of the culture of these organizations included:

- **Worker empowerment**
- **A sense of team**
- **In-house career development opportunities**
- **Opportunities for staff input into decision-making**

Given this reality, it will likely take many organizations more than a year to fully implement NC NOVA criteria and submit an application - and that is OK! Organizations just need to understand this from the outset.

To illustrate this point, in mid-2008 some organizations that began as pilot sites in 2006 were continuing to work on NC NOVA criteria with the ultimate goal of applying for the special licensure designation. There could be various reasons for this. Some of them may have put their efforts on hold for a time; others, with comprehensive

changes to make, may have been working more or less regularly to implement the criteria.

Your organization will need to determine how you stack up with the NC NOVA criteria. Then you will need to develop a realistic plan for progressing in a manner consistent with the goal of either starting with a few key components or implementing all NC NOVA criteria in order to submit an application for the special license.

Some lessons learned from the pilot sites that were not as far along in meeting the criteria as the NC NOVA designees include:

- ▶ Think about making progress in stages - decide what domain/areas to focus on first. The pilot sites showed that implementing an effective peer mentoring program had a positive impact on retention, as did orientation programs and coaching supervision training.
- ▶ Try to set realistic time goals for various stages and be willing to revise those goals along the way to help facilitate success and avoid frustration or disappointment.
- ▶ Realize that unforeseen circumstances can force you to put your efforts temporarily on hold, but commit to resuming your efforts at a later date with a stated time goal in mind.
- ▶ Start early with getting supervisory staff trained in the coaching approach to supervision, which is the one highly prescriptive requirement of NC NOVA. Getting the necessary percentage of supervisory staff trained can be a lengthy process, particularly for larger organizations. Larger organizations may want to develop an internal capacity to provide the two-day coaching supervision training. (See **page 21** for a resource.)

NC NOVA designees and other pilot sites cited two major challenges and concerns related to the time commitment to implement NC NOVA and complete the application:

- ▶ The time it took to put together the required documentation for the application notebook. The application requires the inclusion of policies, procedures, and/or descriptions of how your organization meets specific criteria. Staff time will need to be dedicated to this task.

- ▶ The duplication of paper, given that many of the policies and procedures an organization has implemented overlap multiple criteria.

While NC NOVA is not a paper process, considerable paper evidence must be submitted with the application. However, organizations can reference a document (i.e., policy, procedure, description) included as evidence in one part of the application if that same document can be used as evidence of a different activity covered later in the application.

All of the NC NOVA designees say it will take much less time and staff effort to prepare their application to continue NC NOVA designation for a second two-year period. This is because, while they continue to improve upon what they already have, NOVA designees will only need to update information to reflect changes or improvements put in place since their first application.

Designees said the programs implemented to meet NC NOVA criteria are a routine way of doing business that continue, even in the event of changes in key personnel.

Some of the positive changes reported by NC NOVA designees and some pilot sites about implementing NC NOVA criteria include reduced turnover and a better work environment

“NC NOVA was a good goal to work for. I always knew we had the best place to work but now everybody knows.”

-- Direct Care Worker

“It put me at ease to have a mentor train the new aide with the special care and equipment I require.”

-- Home Care Consumer

“We, as a family, entrusted our Mother’s care to your caregivers, and they earned our trust and deserve our commendation.”

-- Family Member of a Home Care Client

Involving Staff

It is critical to have meaningful and sustained staff involvement in all facets of work toward NC NOVA designation. It's important to note that involving staff is not achieved through one single activity, but rather a set of strategies and activities.

As the NC NOVA designees and pilots have found, there are many ways to achieve this:

- ▶ Have direct care workers on the NC NOVA core team.
- ▶ Have direct care and other staff on committees charged with developing critical new programs such as peer mentoring or awards and recognition to meet NC NOVA criteria. Give the committee members responsibility for informing their colleagues about the work being done and soliciting their input for discussion at future meetings.
- ▶ Hold organization-wide meetings to explain the concepts and components of NC NOVA and to get staff ideas for its implementation.
- ▶ For home care settings where workers are more isolated, have case managers and social workers visit aides at client homes to explain NC NOVA and to get their feedback about the program.
- ▶ Hold a special event such as a dinner banquet before the on-site review to celebrate accomplishments and remind workers how the on-site review would work.
- ▶ Establish a system for getting input and feedback from direct care staff for continuously improving programs such as peer mentoring and orientation.

“NC NOVA is one of the only programs I am aware of that focuses not just on the employee programs and environment that is present, but also employees’ perceptions of their workplace.”

-- Nursing Facility Administrator

Forming Core Teams

The core team is the nucleus for implementing NC NOVA criteria. The staff comprising the core team must be committed to going forward with NC NOVA because they set the tone for building support for the work that will need to be done across your organization.

Based on the experiences of the NC NOVA designees and other pilot sites, typical roles of the core team are to:

- ▶ Provide leadership, oversee and manage implementation of NC NOVA criteria and the application preparation process.
- ▶ Develop a time frame for completing work while recognizing that the time frame may have to be adjusted periodically.
- ▶ Determine how to keep the entire organization abreast of progress throughout the process.
- ▶ Go through the application and Provider Information Manual to identify criteria being met and areas needing further development, including specific policies, procedures and descriptions.
- ▶ Determine how the organization will address areas needing development through the core team, special committees or other work groups created for certain areas.
- ▶ Set up a system for input and feedback from direct care and other staff as the organization develops policies, procedures or documents needed to address NC NOVA criteria.
- ▶ Coordinate the work of any committees and integrate their work products into the NC NOVA application as appropriate.
- ▶ Put the application document together.
- ▶ Have one or more core team members serve as a liaison with the independent review organization for the application desk review and on-site review process.
- ▶ Designate a core team member to keep the entire organization informed throughout the review and determination process.

Based on the pilot experience and the type and size of the organization, the composition of core teams varied widely. Although not every organization will have the same complement of staff, membership on core teams could include:

- **Direct care worker**
- **Staff development coordinator**
- **Director of nursing/supervisor in charge**
- **Nurse supervisor**
- **Human resources manager**
- **Administrator/director**
- **Receptionist**
- **Social worker/case manager**

The key to forming a core team is making sure that its members are:

- **Flexible**
- **Enthusiastic**
- **Willing to stick with it**
- **Knowledgeable about the organization**
- **Able to engage other staff in the process**
- **Able to develop and promote NC NOVA activities**
- **Open to new ideas**
- **Creative people who can “think outside the box”**
- **Capable of carrying out roles required of the core team**

A tip for corporate providers

If your organization is part of a larger corporation planning to implement NC NOVA at multiple sites, you might consider a core team structure including representatives of affiliated providers or members of the corporate team. This provides for the sharing of implementation ideas, programs, and proposed policies across the corporation.

For example, Provider 1 could work on revising orientation policies while Provider 2 worked on peer mentoring job descriptions. However, it is very important that all sites have input into these efforts.

With regard to new programs, it is also a good idea that there be some flexibility in terms of how they are implemented to accommodate the unique aspects of each site. NC NOVA requires that each individual entity implement and adopt the policies and procedure as its own; merely having a corporate policy is not enough.

“What was important for us about NC NOVA was to give our workers the reward and recognition they deserve.”

-- Home Care Agency Director

How You Stack Up

In all likelihood, your organization is already meeting some of the NC NOVA criteria. To see how you stack up as you begin the implementation process, you can review the detailed criteria for each domain in the NC NOVA Provider Information Manual. The manual - one of the most important tools you will use in your quest for NC NOVA designation - may be downloaded from www.ncnova.org.

As your organization starts to review the domains and criteria, it would help to copy Section V: “Domains and Criteria for NC NOVA Designation” (**pages 12-55**) to use as a working document.

In addition to the Provider Information Manual, your organization can use the “Provider Readiness Assessment Tool”³ to assess the perceptions of your direct care and other staff regarding key workplace culture themes included in the NC NOVA criteria. Direct care and other staff anonymously complete survey questions to give the organization feedback on how they see the workplace culture. An accompanying scoring tool for these surveys has also been developed to help identify the areas that may need more attention. (More information about this tool is on **page 27.**)

“We believe that job satisfaction, reduction in staff turnover and career advancement are best accomplished in work environments that offer respect, support team efforts, embrace diversity and promote effective workplace communication. NC NOVA best exemplifies this core value.”

-- Direct Care Workers Association of North Carolina

³ The Provider Readiness Assessment Tool and Accompanying Scoring Tool were developed for the NC NOVA program by the Institute for the Future of Aging Services (IFAS). IFAS is a policy research institute housed within the American Association of Home and Services for the Aging based in Washington, D.C., and served as the National Program Office for the Better Jobs Better Care grant program.

Reviewing the Provider Information Manual

The NC NOVA Provider Information Manual:

- ▶ Gives a description and general overview of NC NOVA, including history, intent and expected benefits.
- ▶ Describes the four domains and details the NC NOVA criteria and expected outcomes.
- ▶ Outlines eligibility criteria for applying for NC NOVA.
- ▶ Describes the application, review and determination process.
- ▶ Identifies several resource documents for providers and includes a listing of Partner Team members and a copy of the enabling legislation that created NC NOVA.

The manual serves as the guide for implementing the criteria and putting together the evidence needed to show that your organization meets the criteria. Section V: “Domains and Criteria for NC NOVA Designation” (**pages 12-55**) of the Provider Information Manual is the portion of the manual that will be used in conjunction with the NC NOVA application document.

The four domains and criteria were identified by the Partner Team as job practices that applied across all three care settings - home care agencies, adult care homes and nursing facilities - and are expected to improve the job satisfaction and retention direct care workers.

Following the description of each domain, any sub-areas (elements) are also identified and described. For each domain there is a chart listing its specific criteria. Each chart in the Provider Information Manual breaks down each of the criteria into three parts like this:

Activity	Expected Evidence of Structure and Process	Outcome
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- **Activity: The practice to be implemented**
- **Expected evidence of structure and process: Documentation to show the activity has been implemented**
- **Expected outcomes: Verification through interviews that the activity is fully embedded throughout the organization**

Based on feedback from the pilot sites, it is important to reiterate that all of the criteria in the four domains apply to home care agencies, adult care homes and nursing facilities alike. But because the settings and service delivery systems are different, how the criteria are implemented might look very different from one setting to another.

Providers have flexibility in how they meet NC NOVA criteria as long as they successfully implement the activity, have adequate evidence, and meet the expected outcome.

Supportive Workplace Domain

While every organization's experience will be different, the pilot sites spent most of their time, energy and resources on the six elements in the Supportive Workplace domain (**pages 12-40** of the Provider Information Manual). This will likely be the case for most organizations because this domain includes the most criteria and carries the greatest weight (45%) in the review process.

Six elements make up this domain:

- **Orientation**
- **Peer Mentoring**
- **Coaching Supervision**
- **Management Support**
- **Worker Empowerment**
- **Reward and Recognition**

According to NC NOVA designees and pilot sites, the Peer Mentoring and Coaching Supervision elements were the two most difficult to implement with respect to time and resources.

Generally, with regard to the Peer Mentor requirement, this was usually because the organization did not have a formal peer mentor program established, or its existing program did not meet all the criteria included for NC NOVA.

Coaching Supervision is a different case because it is the only highly prescriptive part of NC NOVA. Organizations must use an approved trainer and training curriculum. In addition, at the time of their application for NC NOVA designation, organizations must demonstrate that 50% percent of their existing supervisory/administrative staff has completed the required training.

Peer Mentoring Challenges

Two common challenges that NC NOVA designees and pilots reported were how to compensate peer mentors and how to implement an effective peer mentor program in a home care setting, given the off-site nature of service delivery.

Compensating Peer Mentors

Challenge: Some NC NOVA designated providers and pilots have not been able to give their mentors salary increases or, if they did it, it was minimal because of budgetary restrictions.

Solutions: Some of the successful approaches used to compensate mentors for their valuable work either singularly or in combination included:

- ▶ Asking peer mentors what types of compensation and recognition they would like for serving in this role and incorporating their input in the program design.
- ▶ Using the position of “Peer Mentor” as a career path for direct care workers and rewarding this career path through a meaningful wage increase.
- ▶ Providing a wage differential for the hours spent working as a peer mentor.
- ▶ Granting additional paid time off each month in lieu of a pay increase (this by an organization that had over 95% public pay clients).
- ▶ Granting a small wage increase in conjunction with bonuses at scheduled intervals based on the retention of their mentees.

In addition to some form of extra compensation, the NC NOVA designees also had ways to recognize their peer mentors, including certificates, pins and special appreciation luncheons or dinners.

Effective Peer Mentoring in Home Care

Challenge: Because home care aides work by themselves in private residences rather than in congregate living settings, setting up an effective peer mentoring program is different for a home care agency.

Solutions: A successful approach in a home care setting involved the following:

- ▶ A peer mentor accompanied a new aide to the home of an assigned client (or the homes of several assigned clients) on the first day of the assignment.
- ▶ The number of hours the peer mentor worked with the aide depended upon the needs of the aide and the customer.
- ▶ In addition to accompanying the aide to the home, the peer mentor made phone calls to the aide at least weekly for some period of time until the aide was determined to be proficient to work alone.
- ▶ The aide was encouraged to call the peer mentor as needed between routine weekly contacts.

Home care peer mentor programs included training mentors to address issues related to the unique circumstance of home care aides working in an isolated setting without direct contact with peers or supervisors.

Coaching Supervision – Time and Costs

A coaching approach to supervision is an important skill for successful supervision and for building and sustaining a supportive workplace. Coaching supervision training focuses on developing problem-solving skills, coaching principles and improved interpersonal communications.

Reinforcing coaching supervision

Organizations can reinforce their coaching approach to supervision by building in-house capacity to train supervisors in this method. The trainers can then conduct periodic refresher courses incorporating feedback from supervisors on their experiences of using coaching techniques and feedback from direct care staff through surveys or focus groups to further build supervisory skills.

Unlike many coaching programs, the NC NOVA-approved training program is specific to relationships between direct care workers and their supervisors and the types of issues routinely encountered. It is an interactive program that includes skill building and practice. **Coaching Supervision is the only prescriptive program in NC NOVA, and organizations seeking the special license must use a program and trainers approved by the N.C. Department of Health and Human Services.**

Challenges: The most frequently reported challenges included:

- ▶ Difficulty getting supervisory and administrative staff trained, particularly when the organization also has considerable turnover among the supervisory staff.
- ▶ Difficulty having multiple supervisors attend the same two consecutive days of off-site training.
- ▶ Initial resistance from some supervisory staff about attending this training.

Solutions: Although the state-approved coaching supervision course is offered routinely, it is not always at a convenient location for some interested providers. Strategies for overcoming this and other challenges included:

- ▶ Hiring an approved trainer to come to the organization instead of sending staff to the designated training in another city.
- ▶ Joining forces with other local providers to share the cost of hiring a trainer (the state provider associations can help identify interested providers).
- ▶ Having someone in your organization trained as a “trainer” for coaching supervision. This could have the added benefit of facilitating staff buy-in because it would be a co-worker, rather than an outsider, extolling the virtues of coaching supervision.
- ▶ Training your most resistant or skeptical supervisors first with the expectation that they will see the benefits of the training through improved relationships with their employees and thus become effective advocates for the program.

Off-site training

It was a common philosophy among the NC NOVA sites that it was important to provide opportunities for direct care and other staff to periodically go off site for relevant training or to attend a conference. They provide opportunity for skill building, networking, building morale and for professional and personal development.

Training Domain

Training, defined as “a continuous undertaking that builds upon worker’s demonstrated skills and strengthens their ability to thrive in a positive, problem solving environment,” is covered on **pages 41-46** of the Provider Information Manual.

As identified by the pilot sites, a major challenge to meeting the training criteria was ensuring appropriate staff coverage was provided for consumer care while other staff attended training. Some successful ways the NC NOVA sites addressed this challenge included:

- ▶ Having staff voluntarily switch shifts to ensure coverage.
- ▶ Providing training on-site with staff staying later or coming in earlier with compensation (including shift differential pay, if applicable). There is the expectation that workers will not be interrupted during their training.
- ▶ Using some combination of on-line training and self-study programs.
- ▶ Providing regular pay for direct care staff (and other staff) when in training or attending conferences, as well as covering the cost to attend training and conferences.

Balanced Workloads Domain

The description and criteria for Balanced Workloads are on **pages 47-50** of the Provider Information Manual. Balanced Workloads involve providing flexibility in the scheduling and assignment of direct care workers to support them to the extent possible.

This domain also seeks to ensure that an organization has the right level of qualified staff, equipment and supplies to provide care for ever changing needs of its clients and residents.

One NC NOVA provider uses the concept of a residential neighborhood to put balanced workloads into context:

- ▶ The aides along with nurses are assigned to halls & not to residents.
- ▶ Halls are considered communities or neighborhoods with elected mayors.

- ▶ The halls conduct “town meetings” to address care issues and seek input from the staff about solutions to issues and meeting needs. The meetings also address an array of non-care issues such as decorating the neighborhood (hall) for purposes of working as a team.
- ▶ There are systems to support direct care workers who need a change in assignment. They can switch jobs with one another to avoid burnout with certain tasks like bathing or caring for more difficult residents or to address other work/life scheduling conflicts.

Self-scheduling is another way organizations support direct care staff and help foster balanced workloads.

Career Development Domain

This domain (**pages 51-55** of the Provider Information Manual), is an important factor of better jobs that can help stabilize the workforce. Listed below are some tips to consider as you develop career ladders. Once again, one activity will not meet the criteria; rather an overall approach to career development opportunities across the organization is required.

- ▶ Develop lateral jobs with more perks, such as weekends off or leadership responsibilities.
- ▶ Develop or put into place jobs such as peer mentor, restorative aide, geriatric aide, and medication aide that give the workforce more advanced skills and enable them to use and be rewarded for those skills within the organization.
- ▶ Work with direct care workers and other staff to develop career advancement plans and goals within the organization.
- ▶ Establish an organizational philosophy of advertising all vacant jobs internally first to give existing staff across all work areas the opportunity to seek career advancement opportunities within the organization and across sectors of the organization. Paths and opportunities will vary by setting but might include direct care worker to activities director; direct care worker to scheduling coordinator; direct care worker to peer mentor; or nurse aide to LPN.

Completing the NC Application

Another important tool to use in working toward NC NOVA designation is the 29-page application itself. The application is available online at www.ncnova.org. You should copy the application and use it as a working guide for your core team.

The application serves two purposes: first, obviously, as the mechanism to apply for NC NOVA designation; second as a guide used in conjunction with the Provider Information Manual so your organization can assess whether it has met all of the specific criteria from the perspective of what the manual terms as structure and process (i.e., policies, procedures, descriptions) for each of the four domains.

Activities listed in the application are taken directly from the criteria starting on **page 24** of the Provider Information Manual (Criteria for NOVA Designation). In the next section of “Getting Started” is a specific example of how you can cross-reference activities in the application to the criteria in the Provider Information Manual.

When you review the application, it may seem as though it will be extremely difficult to meet the requirements for NC NOVA. All of the initial NC NOVA designees felt that preparing the hard copy of the application for submission to The Carolinas Center for Medical Excellence (CCME), which is the independent review organization, and the application process itself was intimidating, time consuming, and somewhat redundant.

Tip: You can use documents more than once

When the same document provides evidence of a policy or procedure covered under more than one domain, it is acceptable to include the document just once and refer back to it as needed elsewhere in the application. This will cut down on some unnecessary paper when putting the application together.

Below are suggestions from the NOVA designees to help organizations with their applications:

- **DON'T DO IT BY YOURSELF.**
- **Assign different team members to complete tasks.**
- **Assign time frames for meeting tasks.**
- **Take breaks but come back to it.**
- **Reward your teams with special lunches, breakfasts, and pats on the back for completing tasks.**
- **Call or email CCME anytime you don't understand what is required by the activity.**

In preparing the application, you may find that you are able to use the same documents, policies, procedures, etc., for meeting different program criteria. For example, as the table suggests, a procedure used for worker input into communication under the element of management support may be the same procedure that would be used to provide feedback from direct care workers on care planning in the worker empowerment element.

Domain: Supportive Workplace	
Element: Management Support	Element: Worker Empowerment
Activity 1.17	Activity 1.24
Management creates, develops and supports participatory and collaborative systems for ongoing communication within and between departments with the goal of making sure that all workers on all shifts are kept up to date and have a way to comment on issues that arise. Clear and timely feedback is provided in response to day-to-day communication from direct care workers about patient/resident care and work environment.	Input from direct care workers influences the ongoing process of individualized care planning.
Evidence of Activity 1.17	Evidence of Activity 1.24
Provide a description or a copy of the organizational communication plan and practice that includes description of process for worker input in communication.	Provide description of the licensed personnel's role and responsibility in soliciting input and providing feedback from direct care workers in care planning.

One NC NOVA designee developed a program called ShaNaNa (Sharing Health and Needs Assessments with Nurse Aides) to accomplish this dual purpose.

- ▶ Once a week, direct care workers meet with the care planning nurse or someone else who is not in a supervisory role to discuss resident care issues, employee issues (what works, issues between shifts) and to obtain other employee feedback.
- ▶ The meetings occur at the end and beginning of shifts for each hall.

- ▶ The facility uses this forum because its administrators believe the direct care workers will be more open about problems if their supervisors are not present. In addition, it saves staff time by having dual functions for the meetings.

Identifying Gaps in Meeting NC NOVA Criteria

It is critical that your organization assess your current workforce practices, resources and infrastructure as you begin steps toward becoming a NC NOVA designated provider. As they started the process NC NOVA designees discovered that they already had some of the expected activities and programs in place. They also recognized the need to refine some of their programs as well as develop new ones.

The “Provider Readiness Assessment Tool” is a resource to help organizations see how they stack up to the NC NOVA criteria. It was developed after the pilot sites determined that such a tool would be helpful. Available at www.ncnova.org, the tool can help your organization assess its strengths and needs related to NC NOVA domains by assessing the perceptions of your staff. The tool provides:

- **Assessment of your workforce practices.**
- **Assessment for your organization’s capacity for change.**
- **Benchmarks for how your organization is doing on workforce issues.**
- **A means for tracking changes over time to assess your improvement.**

Together with the application and the Provider Information Manual, the tool can help identify both your organization’s strengths as well as its gaps.

Tracking Your Success

The NC NOVA process can seem daunting and time consuming. To foster success, it is important to track and celebrate milestones throughout the implementation and application process. You can do this by:

- ▶ Holding regular core team meetings and simply checking off tasks completed.
- ▶ Tracking direct care worker turnover rates to help determine program impact.
- ▶ Using the Provider Readiness Assessment Tool to measure successful steps.

When you fill in the gaps and experience success, your entire organization should be made aware of them. This lets staff know there is a commitment to improving the workforce. There are a variety of ways to do this. One organization used a “thermometer” poster, much like the ones United Way organizations use to track donations, to keep their employees apprised. All of the NC NOVA designees had **multiple approaches** for keeping staff abreast of progress toward meeting NC NOVA criteria. Some examples include:

- **Annual banquet**
- **Employee appreciation dinners/luncheons & other recognition events**
- **Small/large group staff meetings**
- **Posters and fliers**
- **Newsletters and bulletins**
- **Telling staff individually or in small groups**

A Home Care Agency had supervisors inform the workforce of successes as they did their in-home visits. The receptionist of this agency routinely kept direct care staff informed about progress when they called into the agency.”

No matter how long an organization has attempted to become a NC NOVA provider, tracking success is important because workplace culture change takes time and it is easy to lose heart. Critical improvements can be seen along the way. For example, pilot organizations that have been in the process for several years have had lower direct care workforce turnover rates after instituting Peer Mentoring and Coaching Supervision programs. The lower turnover rates have given them the energy and motivation to continue working toward NC NOVA.

A workable program

“I’ve been in the long term care industry for over 22 years and this is the first program I think will actually work. Getting through the process of putting all the paper together for the application can be a challenge. It’s time consuming and can sometimes be discouraging. The coaching supervision training was also a difficulty given the need to ultimately train all the supervisory staff. However, actually implementing all the expected criteria will really make a difference.

“The concept of bringing front line staff into the decision making process has been the key all along. It’s been hard to work through given we’ve been so busy with everything else we have to do, and it’s hard to find time to do more. We had gotten bogged down before and had to put work toward NC NOVA on the back burner but we are now back on track. Yes, it’s more work but in the end it will be worth it. We have a ways to go to get all the criteria in place but have already seen positive results.”

-- Administrator, Nursing Facility

WORKING WITH THE CAROLINAS CENTER FOR MEDICAL EXCELLENCE

Submitting the Application

Once your organization has implemented the NC NOVA criteria, you will need to submit a complete application to The Carolinas Center for Medical Excellence (CCME), which is the independent review organization. CCME conducts both desk reviews and on-site reviews.

Based on experiences from the pilot sites, it is important that your organization give serious consideration to the Partner Team's recommendation that all NC NOVA criteria and systems be in place for at least three months before submitting your application to CCME.

As noted in the Provider Information Manual, NC NOVA is a "comprehensive workplace culture change program. True culture change takes time to achieve in a sustained way." Therefore, if all the criteria and systems have not been fully operational for at least three months, it is likely that your on-site review will fall short of expectations.

No names

If you apply for NC NOVA designation, your organization's name will be published ONLY if you attain the special license. Neither CCME nor the Division of Health Service Regulation (DHSR) publishes the names of organizations that apply. Of course, individual organizations are welcome to tell consumers, family members and others if they are working toward NC NOVA designation or have applied, but that decision is solely up to the organization.

If the initial application review does not result in NC NOVA designation, the applicant must wait at least 90 days (but not more than 12 months) to request a "re-review" based on the information previously submitted. (A new application is required after 12 months.) Thus, it is prudent to be sure your organization is as prepared as possible for the review process.

"It was not an easy process but it forced us to look at how we were relating to our staff and helped us to know what we were doing right and what we could improve on."

-- Nursing Facility Administrator

In addition to the operational standard of three months for programs such as Peer Mentoring, there are specific time frames for the training of supervisory and management staff under Coaching Supervision training requirements. These time-frames are detailed on **pages 30-31** of the Provider Information Manual and in the application under Element: Coaching Supervision Activity 1.12 c.

When your organization is ready to submit its application and documentation to CCME:

- ▶ Use three-ring binders with your organization's name on the cover. Put the completed application in front.
- ▶ Use tabs labeled with domain numbers (handwritten tabs are acceptable) to organize your paperwork.
- ▶ Label all documents and attachments and put them under the corresponding criteria items (evidence of activity). CCME will not review an application if a reviewer has to attempt to find a required attachment that has not been labeled.
- ▶ If you wish to refer to a document already included as evidence for an activity elsewhere in the application, clearly indicate the reference, including page and item numbers so that CCME does not mistakenly review an incorrect document. Instead, you may also include a second copy of the same document in the appropriate place.
- ▶ Submit a current organizational chart. This will help CCME know which staff hold which positions within your organization.
- ▶ Submit detailed information on your Peer Mentoring program; CCME has had to ask some applicants for more detail. Reminder: The Partner Team recommends that your Peer Mentoring program be in place for at least three months before applying.
- ▶ Although all names will be held in strict confidence, redact staff names where indicated in the application document.
- ▶ Your documentation needs to clearly show how the direct care workforce is involved with teams within your organization from care planning to input into the organization itself.
- ▶ Be sure to keep at least one complete hard copy of your application document. This will make future revisions easier.

Tip: CCME can be a resource

From the beginning of the NC NOVA process, CCME can be a resource for your organization.

While CCME cannot consult or tell you what to do, it can clarify items in the application that you might find unclear or hard to understand.

Don't wait until the last minute. If you are not sure of what you need to provide with your application, call or send an email to CCME and ask:

Mary Jane McCracken, RN

Director, 3CI

mjmccracken@thecarolinascenter.org

919.380.9860, ext.2019

Joanne C. Mozgo, RN

Senior Associate, 3CI

jmozgo@thecarolinascenter.org

919.380.9860

Pay close attention to what is requested to be submitted. In some cases, the application asks for a description or copy of a policy and procedure. In other cases the application calls for a copy of a policy and procedure.

For example:

- ▶ “Provide a copy of your organization’s policies and procedures...” means provide a copy of your Policy and Procedure for what is being asked. Do not submit a narrative instead.
- ▶ “Provide a description of or a copy of your organization’s policy and procedures...” means you have the choice of submitting either a narrative to describe what is being requested or a copy of the policy and procedures.

Some organizations have confused “description of a policy” with “copy of the policy” and have failed to send the policy with the application.

CCME suggests highlighting in the application those “Evidence of Activity” sections that require a policy and procedure to be submitted.

Tip: Do not submit more than what is requested; it will be more work for you in what is already a lengthy process!

Cross-Walk

The Partner Team has developed a document that is a “cross-walk” between the criteria detailed in the Provider Information Manual and the application document. The Cross-Walk provides a direct link between the information a provider must submit as part of the application and the requirements of the program as noted in the manual. This linkage gives organizations an even better understanding of what it takes to become NC NOVA designee.

Look for this document online at www.ncnova.org.

The “Activities” listed in the application are extracted directly from the Provider Information Manual starting on **page 24** (Criteria for NOVA Designation). CCME suggests transposing “Activities” from the application to “Criteria” in the manual. This will help you understand what both the desk- and on-site reviewers will be looking for. The third column in the manual’s criteria section, “Outcomes,” lists what CCME will be looking for in its review.

Here is an example taken from **page 4** of the Application for NC NOVA:

Activity 1.1: The program has standardized content, sets minimum number of hours for orientation and relies on training techniques geared to the knowledge level of new employees.

Evidence of Activity 1.1

- a) Provide a list of topics and hours of orientation program.
- b) Identify how adult learning principles are incorporated in the orientation program teaching methods.
- c) Provide a copy of the section in the facility Policies & Procedures describing existence of Orientation Program, completed probationary period, and how the orientation program is adjusted based on individual needs if necessary.
- d) Provide an example of the orientation materials provided to a new employee, including the designated contact person for questions and/or clarification. Redact out all employee names.
- e) Provide an example of records that document completion of orientation program.

Now, see how the specific requests under “Evidence of Activity 1.1.” corresponds with “Expected Evidence of Structure and Process” on **page 24** of the Provider Information Manual.

Criteria for NC NOVA Designation: Orientation		
Activity	Expected Evidence of Structure and Process	Outcome
<p>The program has standardized content, sets minimum number of hours for orientation and relies on training techniques geared to the knowledge level of new employees. The program incorporates principles of adult learning including notions that:</p> <ul style="list-style-type: none"> •Adults need to be involved in the planning and evaluation of their instruction. •Experience (including mistakes) provides the basis for learning activities. •Adult are most interested in learning subjects that have immediate relevance to their job or personal life. •Adult learning is problem-centered rather than content-oriented. 	<p>Topics and hours of orientation program (Activity 1.1 a)</p> <p>Adult learning principles incorporated in teaching methods (Activity 1.1 b)</p> <p>Policies & procedures describing existence of Orientation Program completed probationary period and adjusted as needed (Activity 1.1 c)</p> <p>Orientation materials provided to new employees, including designated contact person for questions and/or clarification (Activity 1.1 d)</p> <p>Records that document completion of orientation program (Activity 1.1 e)</p>	<ul style="list-style-type: none"> •Workers become better acquainted with organization and organization policies. •Worker skills are strengthened. •Employees are aware of support system(s) •Improved job satisfaction of newer aides because of support system(s) <p>Workers are:</p> <ul style="list-style-type: none"> •Well-adjusted to structure of organization, its policies and procedures, culture, values and mission •Fully introduced to staff and clients/patients •Welcomed into the team •Well acclimated to tasks and roles expected of them on the job

Desk Review

Tip: Be organized!

The time it will take CCME to complete your desk review will be largely dependent on how well you have organized your application document.

It is important for the information to be as detailed and as organized as possible - which explains the reasoning behind using a three-ring binder with tabs and labeling every document.

Once CCME receives your application, its first step will be to contact the Division of Health Service Regulation (DHSR) to confirm that your organization's operating license is in good standing (no provisional/pending revocation status). Once that is confirmed, CCME will conduct the desk review.

- ▶ Desk review time frames vary, depending upon the application document and the number of applications currently under review. The desk review generally takes several weeks.
- ▶ If CCME needs further clarification and/or more information, it will send portions of the application back to you with comments on the documents.
- ▶ After returning the information, CCME will wait a day or two and then call to see if any clarification is needed.
- ▶ CCME staff will send the results of the desk review to the contact person in your organization.

On-Site Visit

"I met with my staff and told them to answer the questions honestly, tell them what they had been told, and if they didn't know the answer, say you don't know."

-- Home Care Agency Administrator

If the desk review is successful CCME will prepare to do an on-site-visit.

Prior to the review, CCME will ask for a list of your organization's direct care workers, peer mentors and supervisors.

No administrators

Because NC NOVA is a “raise-the-bar” program focusing on the recruitment, retention and job satisfaction of direct care workers, only supervisors and direct care workers are interviewed during an on-site visit - no administrators.

Using that information, CCME’s data specialists will randomly determine staff to be interviewed.

Sixteen direct care workers and supervisors will be chosen for interviews. Your organization chooses the best time of day for the direct care workers to be interviewed.

It is especially important that the direct care workers selected for interviews understand

this is not a regulatory process and that there are no wrong answers to the interview questions.

Direct care workers and peer mentors will be interviewed about 90 minutes each.

Supervisor interviews typically take about 30 minutes.

Up to four CCME interviewers are sent on-site to interview staff:

- ▶ They will need three private rooms for the interviews.
- ▶ A list of the 16 staff members (across shifts, years of experience, etc.) that CCME selects to interview will be forwarded to your organization ahead of time.
- ▶ One of the direct care workers to be interviewed will be someone who has been with your organization for only 6-8 months. This interview will help CCME determine the effectiveness of your Orientation and Peer Mentor programs.
- ▶ The fourth person from CCME will be observing as the other CCME reviewers conduct interviews. The purpose is to ensure that scoring is similar across interviews and to identify any potential training issues for the interviewers.

It is important that your direct care workers are comfortable with the NC NOVA process and understand what will be expected of them during the on-site review. To help their direct care workers get comfortable with the process, NC NOVA organizations have:

- ▶ Had Easter egg or scavenger hunts with clues and questions about the process.

- ▶ Passed out flash cards with “what” and “when” on one side and answers on the other.
- ▶ Met with their workers to go over the on-site review and help them understand that there are no “wrong answers” during the interviews.

(Text of the letter from CCME explaining the on-site review process is found on [page 39](#).)

CCME will not know right away whether your organization has been successful in attaining NC NOVA designation. CCME must take information collected during the on-site review back to its office to compile and analyze before making its decision.

Post On-Site Review

If CCME determines that your organization has met the criteria for NC NOVA designation, it will send an email to the Division of Health Service Regulation (DHSR) recommending that your organization receive the special license. You will receive a copy of the email.

DHSR will then reconfirm that your organization’s license remains in good standing. Once this has been done, DHSR will issue the NC NOVA special license. This occurs within 30 days of CCME’s letter of recommendation. A sample license is on [page 41](#) and online at www.ncnova.org.

Good for two years

Generally speaking, the special licensure designation is effective for two years. NC NOVA designation can only be withdrawn in the event the organization’s license does not remain in good standing or there is a change in ownership and the new owners do not comply with requirements for maintaining NC NOVA designation during the two year award period. (See the Provider Information Manual for details.)

If CCME determines the organization has not met the criteria for NC NOVA designation, it will send the applicant a notification letter that provides a brief summary of areas needing additional attention.

The application remains active, and the applicant may request a one-time re-review between 90 days and 12 months after receiving the notification letter from CCME. If the applicant does not request a re-review during this period, the application will be considered to have been voluntarily withdrawn.

STATE LEVEL PROVIDER ASSOCIATIONS

The provider associations are active members of the NC NOVA Partner Team and have played pivotal roles in the program's design. They also have been responsible for disseminating and collecting information for NC NOVA. The associations can be resources or can direct you to resources as you pursue NC NOVA designation.

For example:

- ▶ The North Carolina Health Care Facilities Association (NCHCFA) is looking at ways to overcome some of the barriers associated with the Coaching Supervision training requirements for NC NOVA. They have contracted with a nurse educator to provide "Train the Trainer" classes in Coaching Supervision geared more to RNs and licensed administrators in nursing facilities.
- ▶ Staff at the Association for Home & Hospice Care of North Carolina offer their members Coaching Supervision training. Association staff is willing to go to home care agencies to conduct the training, and they currently provide this training to organizations at large.
- ▶ A member of the North Carolina Assisted Living Association is a "master trainer" for the coaching supervision training program.
- ▶ The North Carolina Association, Long Term Care Facilities had several individuals representing pilot site organizations for NC NOVA receive coaching supervision training so they could conduct training in their organizations and other pilot sites as needed.
- ▶ The North Carolina Association of Non-Profit Homes for the Aging contracted with a coaching supervision trainer to offer the two-day training to supervisors representing some of their members.

As of the publication date of this guide, this was the contact information for the provider associations:

Association for Home & Hospice Care of North Carolina (AHC)

3101 Industrial Drive, Suite 204
Raleigh, NC 27609

Telephone: (919) 848-3450
NC Toll Free: (800) 999-2357
Fax: (919) 848-2355

The North Carolina Health Care Facilities Association (NCHCFA)

5109 Bur Oak Circle
Raleigh, NC 27612

Phone: (919)782-3827
Fax: (919)787-8418

North Carolina Association, Long Term Care Facilities

4010 Barrett Drive, Suite 102
Raleigh, NC 27609

Phone : (919) 787-3560
Toll-free: 1-888-NCALTCF (622-5823)
Fax: (919) 783-5415

North Carolina Association of Non-Profit Homes for the Aging (NCANPHA)

3700 National Drive, Suite 218
Raleigh, NC 27609

Phone: (919) 571-8333
Fax: (919) 571-1297

North Carolina Assisted Living Association (NCALA)

3392 Six Forks Road
Raleigh, NC 27609

Phone: (919) 467-2486
Fax: (919) 467-5132

APPENDICES

What to expect from the on-site interview

Your facility has applied for the NC NOVA (North Carolina New Organizational Vision Award) which strives to improve the working conditions for and retention of Direct Care Workers in both home care and long term care settings. You have been chosen at random from a list that your employer provided to us of all employees with your same work responsibilities and length of employment. Thank you for considering and/or agreeing to participate in a brief interview session which is part of the NC NOVA application process.

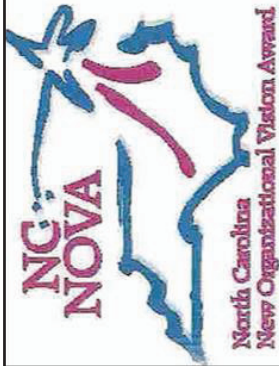
To help you better understand what to expect during this interview process, please review the following points:

- ▶ Staff members from The Carolina's Center for Medical Excellence (CCME) will be conducting the interviews.
- ▶ The interview will take place in a closed room ideally without interior windows and away from your usual work area.
- ▶ All responses will be kept strictly confidential.
- ▶ No responses can be linked back to you in any way.
- ▶ Although you may see the interviewers speaking with management either before or after the interviews, no responses or results will be discussed with them.
- ▶ Your facility will not 'pass' or 'fail' NC NOVA solely on your individual responses to questions. The designation is achieved through a rather extensive process which includes materials that were submitted and reviewed prior to the upcoming interview sessions.
- ▶ Our interviewers are nurses and direct care workers who have either home health or long term care experience.
- ▶ If you do not understand a question presented to you, do not hesitate to ask the interviewer to restate the question or state it in a different way.

- ▶ The interviewer will be entering your responses into a laptop computer and may have to focus on the computer from time to time, this in no way means they are not interested in your responses; they are there specifically to listen to and record your responses.
- ▶ There may be two interviewers in the room with you; should this happen, please note the second person in the room is simply there to observe the interview skills of the person actually conducting the interview.
- ▶ The interview will take approximately 90 minutes if you are a direct care worker, 90 minutes if you are a Peer Mentor and 30 minutes if you are a nursing supervisor during which time your employer will assure that your work assignment is covered if necessary.

Thank you for participating in this portion of the NC NOVA process.

Sample NC NOVA license



The North Carolina Department of Health and Human Services
is proud to issue this
North Carolina New Organizational Vision Award (NC NOVA) to:

XOXOXOXOX

License # _____

This special licensure designation recognizes home care agencies, adult care homes and nursing facilities that meet a voluntary and comprehensive set of higher workforce and workplace standards intended to build and keep a quality direct care workforce. NC NOVA licensure designation is determined through an independent review by The Carolinas Center for Medical Excellence.

This NC NOVA licensure designation is effective for the period

Dates-Dates-Dates-Dates-Dates

NC NOVA licensure designation is issued subject to the statutes of the State of North Carolina and is not transferable.

Authorized by:



Secretary
NC Department of Health and Human Services

Director
Division of Facility Services

NC NOVA Partner Team

Association for Home and Hospice Care of North Carolina

Direct Care Workers Association of North Carolina

Gerontological Nursing Specialty Program, Duke University

Harnett Manor, Lillington

Individual Consumer Representative

North Carolina Assisted Living Association

North Carolina Association, Long Term Care Facilities

North Carolina Association of Non-Profit Homes for the Aging

North Carolina Department of Health and Human Services

North Carolina Foundation for Advanced Health Programs

North Carolina Friends of Residents in Long-Term Care

North Carolina Health Care Facilities Association

North Carolina Institute on Aging, UNC-Chapel Hill

The Carolinas Center for Medical Excellence

