

Creating a Legacy of Care[®] Mentorship Program

The Community Health Care Services Foundation, Inc. (CHC) and its affiliate, The NYS Association of Health Care Providers (HCP) implemented a peer-to-peer mentoring program pilot at three home care agencies in New York City and three located in upstate New York starting June 1, 2020 and ending May 31, 2021. The mentoring program was designed to promote personal and professional growth opportunities by partnering experienced caregivers who want to share their knowledge and skills with newly hired caregivers, with the goal of decreasing caregiver turnover rates in the first 90 days of employment—the time frame with the highest level of turnover in home care.¹

The pilot assessed the value of mentoring by analyzing caregiver satisfaction and changes in the caregiver retention rates between aides that were mentored and those that were not, and ultimately compared turnover at the pilot agencies to similar agencies without mentorship programs.

Key Findings

Caregiver turnover rates in the first 90 days of employment (pilot vs. non-pilot agencies) show that non-pilot agencies had a 170% higher caregiver turnover rate in the first 90 days of employment as compared with non-pilot agencies during the research period.

There was minimal statistical difference in the mentored versus non-mentored caregiver groups. Through discussions with pilot program participants, we learned that actions taken by pilot program members to implement and execute a mentoring program impacted all caregivers in those agencies.

Agencies participating in the pilot program shared that the onboarding and/or communication processes for mentored caregivers helped identify changes needed to improve operations generally and were therefore implemented across the organization.

Agencies saw an increase in connectivity between the home office and their aides as well as an increase between the aide workforce which has often felt isolated.

Background

The mentoring pilot program pairs Mentors with Mentees to create relationships that focus on developing the Mentee professionally and personally. The Mentee is provided opportunities to gain experience from the Mentor's perspective, identify long-term professional development needs and realize the value of networking with peers. The Mentor may share information about his or her own career path, as well as provide guidance, motivation, emotional support, and role modeling. A Mentor may help with exploring career paths, setting goals, developing contacts, and identifying resources.

The Mentor does not evaluate the Mentee with respect to his or her current job, does not conduct performance reviews of the Mentee and does not provide input on salary increases and promotions. Participation in this

¹ 2019 Home Care Benchmarking Study, Home Care Pulse, 2019.

program was voluntary for both the Mentor and Mentee. Mentors were paid a weekly stipend for performing their duties. The program provided a safe learning environment where the Mentee was free to discuss issues openly and honestly to foster personal and professional growth. It provided the home health aide with a connection to the organization that is difficult to cultivate given the isolation of home caregivers.

The program pilot was designed to create for the Mentee a sense of importance through “belonging” and “connecting” to the home care agency. The pilot tested the following assumptions.

Mentoring:

- decreases turnover during the first 90 days of employment;
- boosts caregiver confidence and satisfaction;
- offers growth opportunities/retention for the home care workforce;
- produces highly trained and accountable caregivers;
- creates a positive, team-centered culture; and
- becomes a recruiting tool for the agency.

Pilot Structure

Each participating agency identified a Mentor Manager to oversee the pilot program, act as the liaison with the agency’s administrative staff and the Grant Administrator and recruit and manage up to eight Mentors. Mentors were experienced caregivers who mentored 3-5 new caregivers (Mentees) at a given time. Mentees were matched with a Mentor at the time of hire.

- New caregivers were mentored for their first 90 days of employment—the time frame with the highest level of turnover in home care.
- Mentors and Mentor Managers completed initial Mentor training together before Mentors took on their new roles.
- Mentors and Mentor Managers completed additional training together approximately 30-45 days after the start of the mentorship program.
- Documentation was given to Mentors once they completed the training program.
- Mentors connected with their Mentees regularly.

Resources

In addition to training, each agency was provided a Mentorship Tool Kit to assist with implementation. The Tool Kit included Mentor Recruitment materials, Tools for Mentors and Mentor Managers, documentation templates, in addition to other materials. The Tool Kit was available in English and Spanish.

Outcomes

Pilot Program Participation

A total of 349 caregivers across six home care agencies in the state of New York participated in the Legacy of Care[®] Mentorship Pilot Program. These 349 caregivers were divided into two groups as shown in *Figure 1*.

(1) Mentored Caregivers – Those who have been assigned a caregiver Mentor during their first 90 days of employment.

(2) Non-Mentored Caregivers – Those who were hired and who participated in the normal employee onboarding and training programs but were NOT assigned a caregiver Mentor to assist them during their first 90 days of employment.

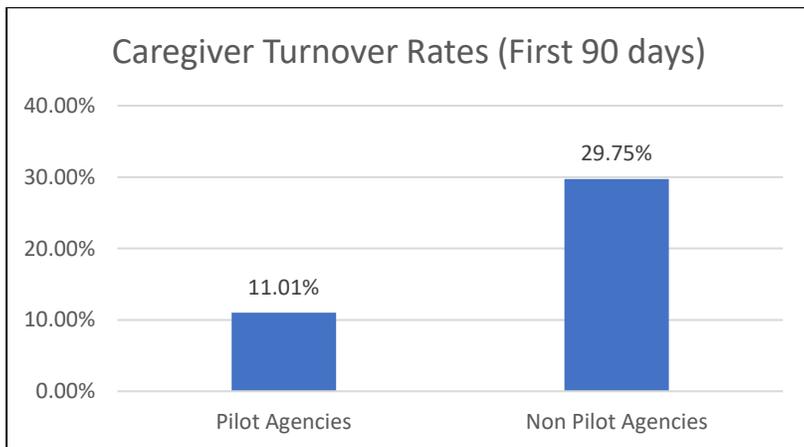
Figure 1: Participating Caregivers by Month

	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Total</i>
Mentored	1	15	26	18	27	29	12	9	23	10	173
Non-Mentored	11	15	9	19	24	29	27	12	12	18	176
	12	30	35	37	51	58	39	21	35	28	349

Caregiver Turnover

Figure 2: Caregiver Turnover Rates in the First 90 days of Eon-employment (Pilot vs. Non-Pilot Agencies) shows that non-pilot agencies had a 170% HIGHER caregiver turnover rate in the first 90 days of employment as compared with pilot agencies during the research period.

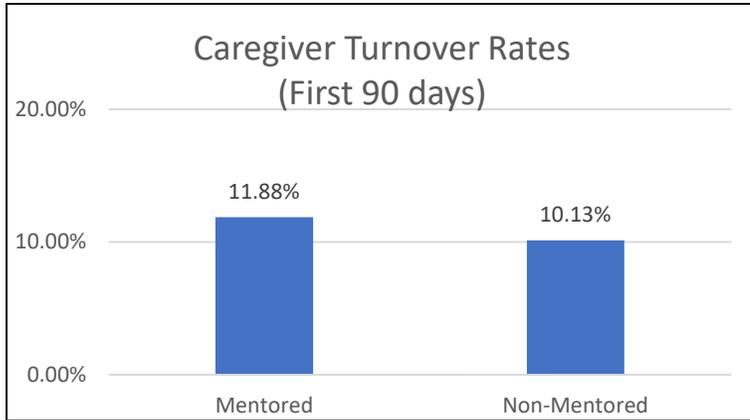
Figure 2: Caregiver Turnover Rates in the First 90 Days of Employment (Pilot vs. Non-Pilot Agencies)



Although there was minimal statistical difference in the mentored versus non-mentored caregiver groups, (see Figure 3) through discussions with pilot program participants, we learned that actions taken by pilot program members to implement and execute a mentoring program impacted all caregivers in the agency.

Pilot program members shared that if a deficiency was identified in the onboarding and/or communication processes for mentored caregivers, then the changes needed to improve the deficiency were implemented across the organization. Such across-the-board changes acted as an external force that negates our ability to maintain a proper A/B test between mentored and non-mentored caregiver groups.

Figure 3: Caregiver Turnover Rates in the First 90 days of Employment (Participating Agencies)²



Caregiver Satisfaction

Mentored and non-mentored caregivers were given three separate opportunities to provide feedback during their first 90 days of employment (at 30, 60, and 90 days) via a caregiver survey conveniently distributed in the caregivers' language of preference (English or Spanish). The mentored caregivers expressed greater satisfaction during their first 90 days of employment in all categories as compared to their non-mentored counterparts.

Figure 4: Likelihood to Recommend Employment to a Friend or Family Member

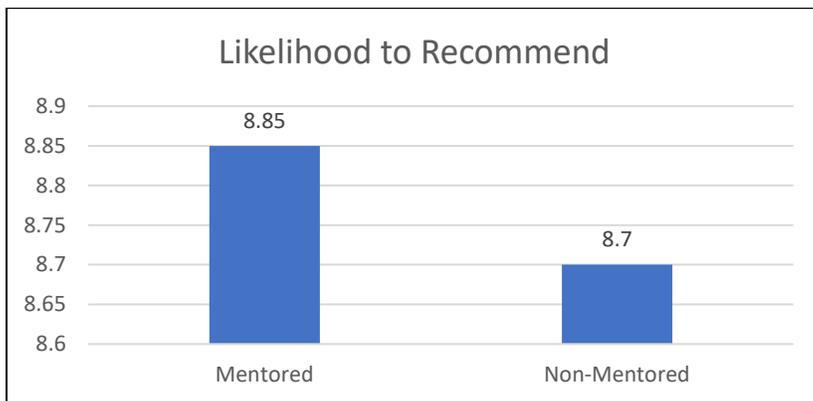
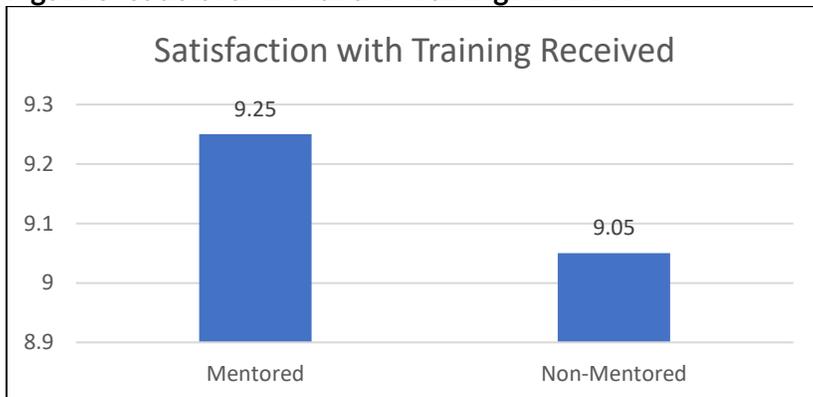


Figure 5: Satisfaction with the Training Received



²Due to the nature of the caregiver mentoring pilot program covering a 90-day timeframe, caregiver turnover was calculated only using caregivers hired between June 1, 2020 and February 28, 2021. This allows for each of the mentored caregivers to complete the full 90-day caregiver mentoring program.

Figure 6: Satisfaction with Your Role as a Caregiver

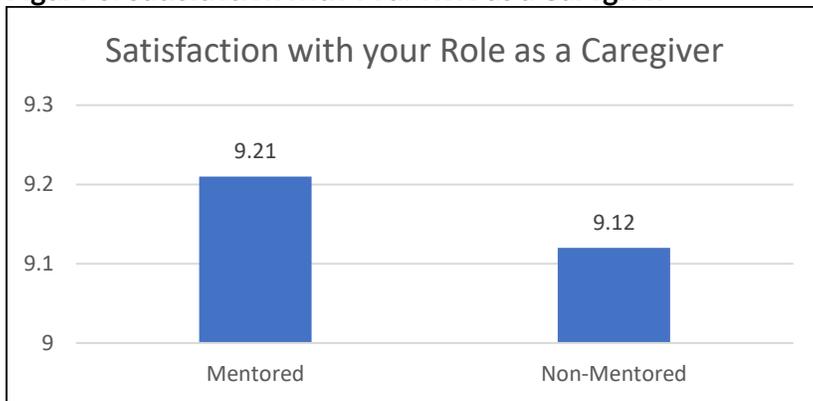
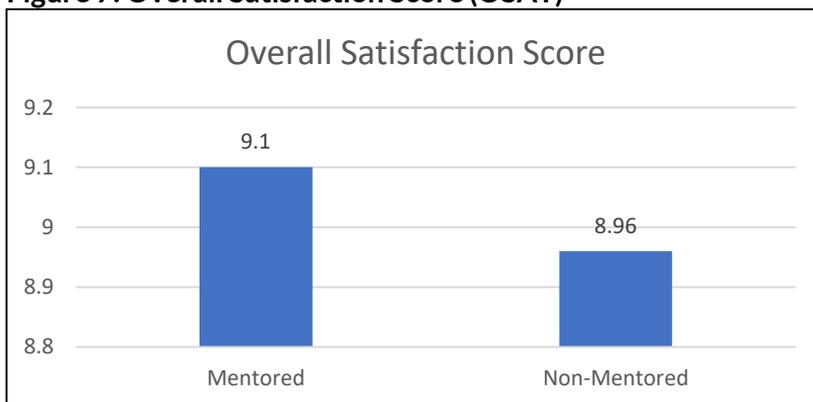


Figure 7: Overall Satisfaction Score (OSAT)



Lessons Learned

In addition to survey results, agencies reported caregivers were very excited that the program was put into practice, providing the frontline staff an opportunity for a stronger connection to the administrative offices, particularly during a pandemic.

Some of the themes that developed over the course of the pilot included:

- Mentees were more comfortable calling their Mentor rather than disturbing someone at the office.
- More communication is preferred and desired. (This was consistently highlighted through caregiver surveys.)
- New employees when provided a mentor have a softer landing after orientation.
- The additional support structure and time devoted to each employee was beneficial to the Mentor and Mentee.
- Mentor Managers reported developing better management skills.
- Agencies made changes to onboarding programs and policies where possible, based on information learned through communication from the field staff, thus benefitting all new hires.
- Mentors learned why some policies and procedures could not be changed and better understood the effect on patients, staff and the agency's compliance with NYS law and regulations.

Training

Holding virtual trainings worked well; however, there is an added benefit of in-person sessions which provide Mentors the opportunity to meet one another.

Training 2 took place sooner after Training 1 than was preferred. Mentors felt that extending that time would have given them more experience to bring to the discussion.

Stipends

Mentors were paid a stipend each week they completed Mentee interactions or participated in Mentor Manager meetings. In addition, they were paid a stipend for each training session they attended.

Agencies would have preferred adjusting the hourly wage of the Mentors (rather than paying a stipend) to better reflect the additional responsibilities of the Mentors, creating the next step in the careers of these individuals.

All agencies recognized the information gathered using the tools supplied in the Tool Kit was invaluable, and captured specifics that could be followed up on and reviewed.

Conclusion

All participating agencies indicated they wished to continue the program but future funding of the program is a challenge.

Home care agencies looking to lower caregiver turnover during the first 90 days of employment would benefit from implementation of a peer-to-peer caregiver mentoring program that addresses caregiver onboarding and effective communication with new caregivers. The reduction in caregiver turnover made possible by employing such a program offers a significant opportunity for those willing to make the investment of time and resources to effectively manage it.

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