

Evaluation Topic Conference Call Series
RWJ Better Jobs Better Care Grantees
CMS Direct Service Community Workforce Grantees
Institute for the Future of Aging Services and The Lewin Group

5/12/04 Call Summary
Measuring Turnover and Retention

Facilitated by Debra Lipson, IFAS

Topic introduction by Teta Barry of Pennsylvania State University

Topic Introduction

The Pennsylvania State University Department of Health Policy and Administration is conducting the evaluation of the Better Jobs, Better Care program. One of the more important outcomes they are interested in for the evaluation of the BJBC program is turnover/retention because of its relationship to job satisfaction and quality of care.

There is a lot in the literature already about measuring turnover and retention. But after an extensive review, they found that there has not been a systematic way of measuring these outcomes, particularly turnover. The main differences occur in how people are counted, not necessarily in how the measures are calculated. There are standard calculations but there is inconsistency in who gets counted. Some studies make a distinction between voluntary and involuntary termination, while some do not think this is a meaningful difference. Some studies include part-time workers as well as full-time, some do not. Some include temporary workers, and some do not.

The BJBC program is breaking new ground in terms of calculating turnover. For this evaluation, they have decided to count voluntary and involuntary terminations, part-time and full-time workers, temporary and agency employees.

Their data collection process is a Management Information System. It is an internal mechanism that the participating organizations can use to track turnover/retention after the demonstration is over. It is designed and has the capability to track turnover at individual level, which is more precise. Then it can aggregate up to agency level.

There are about 120 providers across 5 states in the demonstration. Each provider in the demonstration will be asked to report specific elements to the evaluation team using a web-based reporting system, for the entire course of the demonstration. Providers do not calculate anything themselves. They just report the raw elements. This is important because not every agency calculates rates the same way. For example, different agencies have different ways of counting people who leave and come back. Rehires are sometimes included, sometimes not.

The evaluation team is beta testing the system right now and they have just finished enrolling 8 sites. So far it has worked quite well. The 8 sites are entering data, although there is not enough information to produce a turnover report yet.

Data Elements

The full set of data elements that each agency will be asked to report is still being revised and finalized. It should be ready to share within the next 4-6 weeks.

Basic data elements for the initial upload include:

- A personal identifier for each worker in the agency. To allay fears about privacy, agencies have the option of just providing first names with the last 4 digits of Social Security number. They do not need full names, just a unique identifier.
- Hire date (which gives them length of employment)
- Employment status (full-time, part-time, on-call, or on leave of absence)
- Wage
- Health insurance coverage

Every pay period (every 2 weeks) the agencies are asked to report new hires and any changes (“transitions”) in employment status - basically anyone who left their position as a DCW and why. The different categories for leaving include:

- Quit
- Fired
- Promoted or changed job title (so that someone who is no longer a DCW but still works for the organization will not be counted as part of turnover)
- Other

Every quarter the agencies will report:

- # of hours worked by each worker
- number of temporary workers
- Wage changes
- Job vacancies

The flip side of turnover is retention. The raw data they are gathering will allow them to look at retention. Just looking at turnover can be misleading.

Special issues

How to count people who are on-call or in a pool? There is this phenomenon that on-call workers seem to just fade away, rather than having a firm termination date. When should these workers be counted as having turned over? They have decided to count them to the last day that they were paid. What they found from focus groups with adult day care providers, home care agencies and assisted living administrators was that if an agency called an on-call worker once or twice over the course of a couple of weeks and that person was not available to work, the agency would quit calling them. Providers do not generally let people hang on indefinitely; they terminate them quickly if they are not available to work.

How do they handle rehires? If a person leaves the agency and then comes back, that person is still considered in turnover rate. When they look at retention they look at 2nd hire date, not 1st hire date.

Questions and Answers

Q: Are they taking a baseline measure, prior to start of demonstration?

A: Once a provider is enrolled, their information gets referred to Penn State, and they are enrolled into the MIS. The initial upload will be the baseline. They are most interested in seeing the effects that happen during the demonstration. Right now, demonstration activities have yet to begin – so this is baseline. They cannot ask agencies to report turnover or retention prior to enrolling, because of the lack of consistency in how they are measured.

Q: When they ask about reason for leaving, do they ask about injury?

A: No, they did not include that as a category. That would probably fall under leave of absence.

Q: What about workers in a pool, where people are not hired by an organization but the organization has a block contract with a pool agency to provide CANs or nurses for a one month period? There is a difference between having someone in and out and having someone come and stay for 3 day intervals. Would it be different for long-term contracting with same individuals coming in or different individuals coming in every time?

A: Right now they are only asking about temporary or agency workers. It would be too much to ask for more information from the agencies at this point. Only asking for number of temporary or agency workers they have at a certain time – just looking at proportion.

Q: How much of a range in the turnover rate would you expect to see if you left it to agencies to calculate themselves, in their own different ways?

A: A fairly significant range. One study comparing turnover calculated using Medicaid Cost Reports found a low correlation between rates reported by nursing home administrators and rates calculated using the cost reports. There was a little higher correlation between rates reported by the director of nursing, but they were still very low. All of the rates were relatively crude so you would expect the correlation to be higher.

Q: What about the issue of flow and stock? You have flow employees, people who are in and out, and stock employees, the dedicated pool. You weight the denominator by the full-time hours, but the number of people leaving could be full-time or part-time people. But each person leaving gets counted as one, whether they're flow or stock.

A: By looking at the breakdown of part-time, full-time, and on-call employees, they should get a clear picture of where the turnover is happening. They hope to be able to break it down pretty finely. This is important from management perspective to know where the turnover is happening.

Q: For the BJBC grantees, has there been some effort to get them use the same measures of turnover/retention? Shouldn't we get some consensus for comparative purposes?

A: (Debra Lipson) This issue has been discussed by a subset of the BJBC research and evaluation grantees, but there was no resolution on whether to pool data on turnover and retention. It may be a good idea, but variability across the grantees in the research questions and outcomes of interest makes this impractical to require.

Q: Are you offering the employers any interim reports to give them some feedback, help to sustain their interest in reporting process?

A: Yes, they do plan to give feedback reports. The providers will be able to get some pretty simple feedback right from their initial upload – really just quality checks like # workers reported in each category. But they will also be able to see their retention – current average length of employment. They will also be able to compare themselves to other organizations within their own states, and compare themselves among that particular provider type in the demonstration. After their 1st quarterly upload, they'll get comparisons on proportion of temp., average hourly wage, and vacancy rate. After 2nd quarterly upload, they'll get turnover rate comparisons.

The evaluators realize that the providers do not want to wait 6 months for information. Every quarter after the 2nd quarter they'll get their turnover rates, and the other comparisons, with their state and the other provider types in the demonstration. Hopefully that will maintain their interest in continuing to provide data. They're getting good quality data. This is a long demonstration that will require the commitment of the agencies for a long time. They really want to give providers something back for the effort they're putting in.

Q: Is there a standard category list of the different kinds of long term care settings? What list do they use?

A: Right now they use just 4 categories:

- home care/home health care,
- assisted living (going by each states' definition),
- skilled nursing care, and
- adult day care

This means a lot of lumping together of different provider types. The assisted living definition varies from state to state, some don't use that term at all. Basically, they are looking for places where most of the workers do mainly personal care, anything that's not skilled nursing care. They went and gathered information about what assisted living facilities are called in each of the 5 states. It might also be useful to get a list from the state association of assisted living facilities. Area Agencies on Aging also keep lists, which would be a pretty systematic way of establishing what the state considers as assisted living.

Categorization should be done with the type of intervention in mind. It may or may not be useful to break it down into further categories.

Q: Did they establish a list of job titles, to help define who they were counting as direct care workers?

A: Yes, there is a detailed definition at the beginning of the MIS that says exactly who they are counting and who they are not counting. For example, it instructs the agency not to include LPNs or RNs. They are specifically looking for those who provides hands on care to another person as the majority of their job. This does not include feeding assistants. When collecting information from the agencies, you just have to be specific about who you want to count.

Q: Are you tracking facilities that provide services to adults with mental retardation?

A: No, they are not part of the demonstration.

Q: The degree of technology ranges from agency to agency, some have very limited computer resources. Does everyone need the same web-browser or application? Is there a paper process, too?

A: Interestingly, more facilities had internet access than they expected. But smaller organizations like adult day care centers do not. For these providers, they offer a paper and pencil version. For those with internet access, any type of web-browser they have should work.

Q: Are they tracking the cost associated with turnover?

A: Not in this project.

Additional materials:

(The Lewin Group will make these available on the listserv as they are provided.)

- Finalized data elements from BJBC MIS reporting tool
- Home Health Care Agency Survey from "Operation ABLE of Michigan" (BJBC Research and Evaluation grantee) provided by Melanie Hwalek

Please contact Carrie Blakeway (Carrie.Blakeway@Lewin.com) for more information about this call.