Appendix A- Case Study: Achieving Staff Stability

Using Data-Driven Decisions to Re-examine Industry Norms[xiii]

"The first step is that you have to be big enough to say what you're doing isn't working. Then you can fix it, do it better and move forward."

Introduction

Scott West, Administrator, Birchwood Terrace Healthcare [xiv]

This is the story of how one nursing home, Birchwood Terrace Healthcare, achieved and sustained staff stability. It is also the story of how, through a classic improvement process, Birchwood used data to examine its current practices and institute new approaches that led to positive results. Birchwood used the tools in this kit to see how its fiscal incentives were contributing to its instability. By retargeting its resources, Birchwood broke its vicious cycle of turnover and stress and put its money to work to support workplace stability and harmony.

The problems Birchwood faced, and the fiscal and managerial practices it used, are common across the country. What is uncommon is that Scott West, the Administrator, and Sue Fortin, the Director of Nursing, were willing to acknowledge that what they were doing was not working, and they had to do something different. They asked Better Jobs Better Care–Vermont (BJBC-VT)[xv] for assistance to address their high rate of turnover.

Through a six-month BJBC-VT intervention, Birchwood made substantial progress toward stability. Birchwood collected data to determine its current status and the impact of its incentives. Leadership analyzed the data and put new fiscal practices in place that had an immediate impact in stabilizing staffing. At the same time, Birchwood's managers focused on strengthening supervisory and management practices and putting systems in place to solidify relationships among staff. Two years later, the progress has been sustained.

Workers who left	2/15/04 - 2/15/05	2/15/06 - 2/15/07
LNAs	92	30
RNs	18	3
LPNs	10	6

The Problem: Stabilizing Staffing

Located in Burlington, VT, Birchwood Terrace is a Medicare- and Medicaid-certified nursing facility owned by Kindred Nursing Centers East, LLC; a subsidiary of Kindred Healthcare, Inc. Birchwood has a capacity for 160 residents and has 186 employees. It has a sub-acute unit, a dementia unit and a long-term unit. Scott West, the administrator, and Sue Fortin, the director of nursing, are recognized leaders in their field. They asked BJBC-VT for assistance with their high rate of turnover. Contractors B & F Consulting gathered information from staff about the nature of the turnover and then developed an intervention process that included:

- Collecting and analyzing data to determine the nature and extent of the turnover and absenteeism.
- Developing and implementing a three-pronged plan to stabilize staffing by increasing the percentage of full-time and part-time staff, improving attendance and retaining a greater percentage of new employees.
- Providing leadership training for managers and supervisors.

Information Gathering (Qualitative)

The information-gathering process included three days of one-hour meetings with employees on all shifts, units and departments during two weekdays and one weekend day. Employees reported that because of absences and turnover, they often worked short and there was an inconsistent team of co-workers on each shift. Supervisors were feeling extremely stressed, some to the point of tears. The stress was causing conflict, interfering with teamwork, causing some to quit, others to shift to per diem and others to call out the next day after having worked a double or worked shorthanded.

Birchwood's corporate employee opinion survey found similar concerns. It was tabulated for three groups: department heads, licensed staff and non-licensed staff. This separate tabulation allowed management to see differences in how different groups of staff experienced the workplace. Department heads were very aware that there were serious problems and were working diligently to address them. But, as is often the case, management was unaware of just how depleted and demoralized their staff members, and especially their nurses, were. Birchwood management learned from the survey that:

- Department heads had different perceptions than the rest of the staff about the depth and nature of the problems. The managers' responses were much more favorable in areas related to communication, teamwork, and support when working shorthanded and other morale-related areas.
- Nurses' responses indicated their morale was the lowest in the building.
- There were sometimes wide swings, with a significant number of staff responding positively and a significant number responding negatively, indicating unevenness in the work experience in the building.

When employees are absent, there is a strong effort to get replacements.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Department heads	29%	57%	14%	0%	0%
Licensed nurses	14%	36%	14%	29%	7%
Hourly staff	17%	17%	17%	17%	33%

Teamwork in my department is good.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Department heads	57%	43%	0%	0%	0%
Licensed nurses	13%	13%	27%	20%	27%
Hourly staff	33%	33%	0%	0%	33%

Management cares about me as a person.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Department heads	43%	57%	0%	0%	0%
Licensed nurses	7%	13%	27%	13%	40%
Hourly staff	17%	50%	0%	0%	33%

I would recommend this to a friend as a good place to work.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Department heads	43%	43%	14%	0%	0%
Licensed nurses	20%	13%	20%	27%	20%
Hourly staff	33%	17%	0%	17%	33%

Management was trying to provide support, promote morale and plug the holes. West, as administrator, was washing windows, passing trays, making beds, and transporting residents. While staff appreciated his active support, they still felt overwhelmed. Attempts to improve employee morale, such as pizza parties, were unsuccessful and poorly received. Management was consumed by the daily struggle to plug holes in the schedule and unable to step back to develop a strategy to address the big picture.

The practices they were using to plug the holes in the schedule were inadvertently making matters worse:

- **Not taking time to hire right:** Feeling the urgency to hire, they brought on new people they might not have hired had they felt they could wait.
- **Inconsistent assignments:** New employees were often given different assignments each day, to plug that day's hole, without having the opportunity to get to know their co-workers, residents or supervisors. Many new staff left immediately, so the home had to start a new hiring process.
- **Piecemeal hiring:** They tried to fill holes on certain days and shifts and accepted new employees only willing to work certain days and shifts. Their schedule was a daily jigsaw puzzle, filling holes and fitting people in as they could.
- **Sign-on bonuses:** Birchwood offered sign-on bonuses. This was hard for current staff who felt undervalued by comparison. Too many new employees left soon after collecting their bonus.
- **Baylors:** To allow full-time staff to have more weekends off, Birchwood used a Baylor program— staff who worked two 12-hour shifts got paid for 30 hours. Eventually, the program took on a life of its own, expanding to weekday use.
- **Last-minute assignment bonus:** Another common practice used at Birchwood was a bonus of $5 per hour for CNAs and $10 per hour for licensed nurses to cover for staff who called in absent at the last minute. Still, it faced daily instability, with absences, turnover and stress at all-time highs.

These efforts were industry norms meant to stem the tide of instability. They were generating hard feelings among core reliable staff and accelerating the instability.

The Intervention

Data Collection Tools[xvi]: The "Drilldown"

Birchwood collected data to capture a snapshot of the current picture of staff and find any causal links between its financial incentives and its staff instability. The tool asked for the following information for RNs, LPNs, CNAs and non-nursing staff.

The Snapshot of the Current Situation
- Composition of staff.
- Current staff by length of service.
- Terminations by length of service.
- Turnover replacement costs.

Financial Incentives
- Bonus for accepting last-minute assignment.
- Differentials.
- Baylor.
- Per-diem status.
- Perfect attendance bonus.
- Holiday bonus.
- Sign-on and Employee Referral bonuses.
- Annual average wage increase.
- Longevity bonus. Preceptor bonus.

Data Analysis

The data was compiled in June 2005. The next step was to analyze the data to see if there were any links. The data suggested a link between staff instability and financial incentives.

The **Composition of Current Staff** showed that full-time status employees made up the lowest percentage of staff, particularly in supervisory and management positions. Of 57 licensed staff, only 23 were full-time.

Composition of Current Staff (June 2005)

Position	Full-time	Part-time	Per diem	Baylor
RN Total – 30	8 27%	4 13%	14 47%	4 13%
LPN Total – 27	15 55.5%	0 0%	5 18.5%	7 26%
CNA Total – 77	37 48%	8 10%	7 9%	25 32%

Having fewer than half the supervisory staff working full-time helped explain significant problems in leadership, morale and communication. Nurses were not available to follow-up on resident or staff issues or on facility initiatives. CNAs had different supervisors each day, each with their own way of doing things, their own expectations of the staff and, in many cases, limits on the degree to which they engaged with the teamwork and communication issues on the floor.

A third of the CNAs and a quarter of the LPNs were Baylors. Working two 12-hour shifts left many people worn out. Working with people during their second 12-hour shift was often a very trying experience.
Clearly there was a link between the composition of the staff and the instability Birchwood was experiencing.
Was there a link between the composition of the staff and the financial incentives?

The data highlighted that there was no financial benefit to being reliable – working full-time, committing to a schedule the facility could count on, and having good attendance. It was a better financial arrangement to work per diem and get a bonus for taking a last-minute assignment than to have guaranteed hours and good attendance. It was also financially better to work as a Baylor than a regular shift. Birchwood was paying its staff for hours they did not work. Baylor nurses made more per hour than the director of nursing, with far less responsibility.

Financial Incentives – Bonuses (June 2005)

Bonus	Extra Per Hour	Annual
Baylor	Work two 12's, paid for 30 hours	$268,944
Per diem	$1 add-on to regular hourly wage	$51,012
Last-minute assignment	RN, LPN: $10 CNA: $5	$360,000
Perfect attendance	$0	$0

Birchwood was rewarding the behavior it was trying to stop and not rewarding the behavior it sought to encourage. They grappled with the question: *Why should we reward people for doing what they are supposed to do—coming to work?* Until they looked at the data and realized their current system rewarded people for picking up last-minute assignments when it fit into their individual schedule to work. Birchwood had lost control of its schedule as staff had converted from full-time to per diem and Baylor.

When West and Fortin analyzed the data, what they saw "blew our minds!" It was at this point that is was very clear to them that they needed to make a change.

The **Current Staff by Length of Service** and **Terminations by Length of Service** also showed disturbing data that made them question their practices.

Current Staff by Length of Service (June 2005)

Position	< 6 mos.	6 mos. – 1 yr.	1 – 2 yrs.	> 2 yrs.
RN	10%	50%	20%	20%
LPN	11%	41%	33%	15%
CNA	12%	14%	68%	6%

The data showed that:

- Many nurses in charge were new (60 percent of RNs and 52 percent of LPNs had been there less than a year).
- There was greater stability among CNAs than nurses. A
- few long-time staff members were hanging on.
- Non-nursing departments had more longevity than nursing.

The smallest percentage of staff was the long-time core staff. Among the nurses, the largest percentage had been there less than a year.

So, who was leaving and when were they leaving?

Terminations by Length of Service (June 2005)

Position	1 day – 1 mo.	1 – 3 mos.	3 – 6 mos.	6 mos. – 1 yr.	1 – 2 yrs.	> 2 yrs.
RN	18%	18%	18%	27%	18%	0%
LPN	7%	13%	33%	27%	20%	0%
CNA	23%	30%	23%	16%	3%	5%

Of 66 CNAs who had left in the last two years, 15 had left in the first month and another 19 had left within the first three months. Clearly, something was not working well in the hiring process or in the orientation. While some nurses were leaving within the first few months, the bulk of the departures were occurring at or just after the six-month mark.

Could there be financial incentives that were contributing to this?

Financial Incentives – Bonuses (June 2005)

Bonus	Amount Offered	Quarter Paid – Annual Estimate
Sign-on bonus paid after 6 months	RN: $2,000 LPN: $500 CNA: $250	$12,500 – $50,000
Referral bonus paid after 6 months	RN, LPN: $1,000 CNA: $500	$1,500 – $6,000
Longevity	$0	$0
Raises	Average 2%	$90,710

Birchwood's sign-on bonus kicked in at the six-month mark. So did its turnover of licensed nurses. Its data showed it was putting more emphasis on recruitment and hiring than on retention. While it had paid out $50,000 for sign-on bonuses, it had no longevity bonus in place, and it was paying an annual raise averaging two percent. Here again, Birchwood was rewarding behaviors that were hurting its stability and not rewarding behaviors it sought to encourage.

What was all this turnover costing? In 2004, it cost $3,207 for each CNA who left and more than $4,000 for each nurse who left. Its total cost for turnover in 2004, for all positions, was $453,940.

Turnover Costs (calculated in June 2005)

Position	Per Person	Annual Cost
RN	$4,899	$53,889
LPN	$4,193	$62,895
CNA	$3,207	$205,248
Other	$2,692	$131,908
Total 2004		**$453,940**

How did that measure up with what it was spending on retention? What if these funds could be reinvested in retention efforts? Putting all the incentives together, Birchwood was able to look at what its instability was costing compared to what it was spending to increase its stability.

It turned out that Birchwood was ***spending more than $1 million per year on turnover*** and practices that accelerated the turnover. By contrast, it was spending ***one tenth of that amount on   investments in stability***. No wonder it was getting the results it was getting.

Instability vs. Stability (June 2005)

Costs of Instability	Investments in Stability
Last-minute bonus $360,000	Perfect attendance $ 0
Baylors $268,994	Raises at 2% $90,710
Sign-on bonuses $50,000	Referral bonuses $6,000
Turnover costs $453,940	Longevity bonus $0
Total: $1,132,934	**Total: $96,710**

The good news was there were resources available that could be redirected to serve its organizational   goals. The data provided the information necessary to take the next step—develop a plan of action.

New Approach

Once West and Fortin looked at the data, they saw that what they were doing was not working. They needed a new approach. They focused on three goals for a six-month effort (from July 1 to Dec. 31, 2005) to stabilize staffing:

- Increase the percentage of full-time staff.
- Increase the percentage of new employees who stay.
- Improve attendance and decrease the number of shifts with last-minute absences.

Increase the percentage of full-time staff

To increase the percentage of full-time staff, West worked with his district office on a wage package that made working full-time with guaranteed hours the best deal in the house. By eliminating the last-minute assignment bonus and phasing out the Baylor program, West was able to free up considerable resources.

He redirected those resources to a wage increase that only full-time staff and part-time staff in the nursing department were eligible to receive. Staff members who work 24 hours per week are eligible for benefits, so with the wage package, it was a good deal for staff to switch from per diem to become a regular part of the staffing team.

Raises for Full-Time Nursing Department Staff (August 2005)

Position	Old Wage Range	New Wage Range	Raise Amount
CNA	$9.25 to $10.50	$11.50 to 12.75	+ $2.25
LPN	$15.00 to $16.70	$18.00 to $20.50	+ $3.00 to $3.80
RN	$18.00 to $20.50	$23.50 to $26.00	+ $5.50

West and Fortin began an aggressive internal marketing campaign. They sat down one-on-one with each part-time, per diem and Baylor staff member to talk about what the raise plus benefits would mean for them. By December 2005, they had gone from 60 full-time employees in the nursing department to 80. Some staff members converted from per diem to full- or part-time. Some former employees returned. As Birchwood brought on new staff, it almost exclusively hired for full-time positions. A year later, in December 2006, they had 96 full-time employees in nursing, an increase of more than 50 percent.

The shift had been cost-neutral; dollars that were going to Baylors for hours they did not work were now going to full-time employees for hours worked. They had not anticipated the increased cost of benefits for the increased number of full-time employees, yet the investment in their staff was still a better deal than what they were spending before.

Now, not only does Birchwood tell applicants it is looking only for people who can work full-time, but for the first time in her five years as director of nursing, Fortin has applications in her desk drawer of nurses who want to work full-time for her and are waiting for openings.

There were two dynamics to the wage bump that West and Fortin had to deal with. One they anticipated—

that the advantage of the wage increase would be short-lived and their competitors in the area would quickly move to match their wages. The other, they had not been prepared for. While they had the advantage in the labor market, they suddenly had a large pool of applicants, not all of who were well- suited for work at Birchwood and many of whom were attracted primarily to the wage rate. After a few false starts with new employees that led to quick terminations, they revamped their screening and hiring process to increase the percentage of new employees who stay.

Increase the percentage of new employees who stay

Increasing retention of new employees involved both an improved hiring process and welcoming process.

B & F Consulting, along with David Farrell[xvii], facilitated training sessions with department heads to talk about screening and interviews. West changed his screening and hiring system to involve his managers and worked with them to develop their skills.

- **Hiring skills:** To develop their skills, managers did mock interviews with people posing as applicants. Those posing as applicants played out particular scenarios or personalities, so managers had practice managing difficult situations—a shy person, one with latent anger, someone not quite straightforward enough. Together they looked through applications of new employees who had not worked out and discussed red flags to beware of. For example, an applicant whose previous work history involved much sitting might not work out in a job on her feet all day.
- **Hiring system:** West and Fortin decided to focus their hiring efforts on new entries to the field rather than on people who had worked at other facilities in the area and perhaps not performed satisfactorily. So they hired through their own training class.
- To get the right people into the class, they set up a three-part screen, each requiring attendance and timeliness. First is an open house that includes an information session and a tour of the building. Each manager takes two or three applicants on the tour, invites their questions and encourages them to interact with residents. Applicants are told this is their chance to convince the manager to have them back for an interview. While applicants are getting to see the building, managers get to see how the applicants relate to residents.
- After the tours, the managers met and decided which applicants to interview. They made three piles—yes, no and maybe. They looked over the applications, looking for red flags. They identified areas to be probed in the interviews or reference check. Applicants then had two more appointments to keep—the interview and a pre-employment physical. If applicants made it to the class, they were hired.
- **Welcoming system:** Birchwood has worked equally hard to revamp its welcome, so new employees settle in well. On the evening shift, the entire staff takes responsibility for helping new co-workers succeed. The experienced staff members work one-on-one with the new staff and take them on breaks and to meals. Sometimes the staff members have pizza together to welcome their new workmates.

New staff members have a two-day orientation. On day two, the nurse in charge of the mentor program sets up each new employee's schedule, teaches them how to read it, connects them with their mentor and follows up throughout the first few weeks. Managers and supervisors now have it as a priority to check how new staff are doing, the first day and onward. They discuss new staff at morning stand-up.

These efforts were successful in increasing the percentage of new employees who stayed. In June 2005, 34 of the 66 CNAs who had left in the previous 12 months had left within their first three months of employment. By

December 2005, they were still losing new employees. They were attracting more   applicants because of their higher wages and improved reputation as a workplace, but they had not yet   instituted the careful screening process. They put the screening process in place in 2006. As of December   2006, their long-time staff members were staying and their new employees were staying through the first   six months and beyond.

Staff by Length of Service (2004 compared with 2006)

Length of Service	2004	May 2006	Dec 2006
< 6 mos.	12.00%	23.00%	**31.51%**
6 mos. - 1 yr.	14.00%	5.19%	**15.07%**
1 - 2 yrs.	68.00%	35.00%	**20.55%**
> 2 yrs.	6.00%	36.36%	**32.88%**

Reflecting on the change in practice, Fortin remembers their desperation to plug a hole in the schedule,   even when it meant hiring someone who had been "no-call, no show" at another facility. "We'd hire them   and hope they'd work out," she said. Now, they have high standards in their hiring. They do not hire people they have doubts about. They hold each other to the high standard.

It has caught them by surprise how much their reliable staff members supported them and wanted management to hire reliable staff. As they have held to the high standard and hired people they have confidence in, they are no longer facing desperate moments when they have to plug a hole. While their old practice, so common in the field, had perpetuated the instability, their high standards, careful hiring and good welcome, built and maintained stability.

Improve attendance and decrease the number of shifts with last-minute absences

Birchwood began to embrace high standards for attendance. The first step was to **track attendance**, by individual and by department. West, being a firm believer in process improvement, told his managers, "You collect what's important to you. When we focus on something, we make it work."

So they started monitoring employee attendance. Employees received their monthly attendance record   with their paychecks. Managers **analyzed** the absences for patterns and met one-on-one with each   individual with significant absences to **communicate** their concern. Rather than a strictly punitive   approach, managers worked with employees with multiple absences to reduce their hours to a more   manageable schedule or made other adjustments in their assignment to **help them succeed**. They also   took **action** when it became apparent staff could not be depended on, and **rewarded** those with good   attendance.

In June 2005, they were dealing with three to four call-outs every day, they were constantly focused on that day's staffing. Managers, the scheduler and supervisors were playing a daily game of "let's make a deal" to do anything they could to get staff to come in or stay over. They were constantly plugging holes everywhere without getting control of the schedule.

Birchwood's management took control of the schedule, and they now hold each other to their commitment to expect and reward attendance and not tolerate excessive absences. In a meeting to reflect what they accomplished, they could not remember the last time in the previous year that there had been a "no-call, no-show" except for a new staff person who had misread her schedule. "You're never going to get to perfection," Fortin said. "There'll always be staffing issues. But now things are steady enough that when something comes up, we can deal with it." They now have many days without last-minute absences.

They have changed their bonuses to be able to reward attendance and staying power. If an employee works all scheduled hours in a given month, she receives a $25 bonus credit for that month. At the end of the year, all the bonus credits are paid out. The maximum payment is $25 for each month of perfect attendance or $300 for the year. In December 2006, Birchwood paid out $13,000 in attendance bonuses. By contrast, in their June 2005 data, they had paid out $360,000 in bonuses in the previous year for people to pick up last-minute assignments to cover for others who were absent.

By the fall of 2005, Birchwood was already feeling the positive effects of its stabilization efforts. As it slowed its vicious cycle of turnover and absenteeism, West and Fortin asked their managers and supervisors to assume their leadership roles with more confidence. Now that staff could be counted on each day, supervisors needed skills in how to work with staff to bring out the best in them.

Leadership development: Building skills and systems

Birchwood participated in a three-part leadership development training program offered by BJBC-VT and by B & F Consulting. The training drew from two texts: *What a Difference Management Makes!* by Susan Eaton and *The Leadership Challenge* by James Kouzes and Barry Posner. Each identifies key practices for effective leadership that bring out the best in others. The training focused on building skills and systems that support good working relationships.

The training programs included experiential learning opportunities to explore these concepts and homework assignments that guided participants to apply these concepts in their workplaces in between sessions. In addition, B & F provided on-site assistance with teamwork and facilitated problem-solving for Birchwood's nursing management and supervisors. These meetings focused on workforce and workflow issues. As staffing stabilized, supervisors were struggling with how to guide staff to work better together. Supervisors voiced concern that they were either too lenient or too harsh. Talking it through together, nurses explored ways of being neither lenient nor harsh, but instead holding their staff to high expectations and helping them meet those expectations. They also brainstormed ways of resolving problems each was facing.

In their collaborative problem-solving on workforce issues, one nurse discussed a new employee on the short-term rehab unit who was not keeping up. Another nurse volunteered to have the new employee switched to the slower pace of her unit. In problem-solving on workflow issues, a nurse said she cried when she saw the breakfast cart come because she was not ready to pass out the trays. Another nurse offered to have the cart come to her floor first and then Fortin said she would talk with the food service director about holding the trays for that unit until they were ready to receive them. The nurses began to problem-solve together and became a support group to each other, with Fortin playing a key role in facilitating the process.

After one such meeting, in which employees had been particularly creative in brainstorming solutions, West wrote a congratulatory note to all who had participated, saying:

> "We had a great meeting with the people from Better Jobs Better Care Grant. Everyone brought

insight and the reality of what we do. Honest discussion is what will move us forward and improves our system of delivering care for our patients and staff … I am impressed and thankful that we recognize that sometimes our systems are set up because 'it is just the way that we have always done it.' Let's break the mold, think outside the box and make it happen!"

Birchwood was experiencing a new energy. Staff members were able to shine. They were working better together in thinking things through and finding new ways moving forward.

Results

By the following May (2006), Birchwood had created a new norm—daily stability. It had broken the   vicious cycle. It had seen a 33 percent increase in full-time staff. With high retention and attendance, it   was more fully staffed each day, so care became manageable and the environment more positive and supportive. West had begun working with department heads to grow their leadership skills. He said, "I expect more from them, and I'm working with them to meet my expectations." Fortin said she had learned that "leadership is all about relationships. Anyone can be a leader. You have to understand your impact and bring out the best in the staff." Her staff was stable enough that she could invest in helping them develop, and she was supporting a number of her nurses in pursuing further education.

As West and Fortin reflected on what was different a year after the drilldown, they noted:

- Now that we have more staff, people are not as stressed. They are more able to help each other out. We do not hear "not my hall."
- Nurse Managers "modeled teamwork instead of conflict.
- We have trust among the team; we can say "time out, let's look at this."
- Now they are hiring for full-time positions, and they take their time to hire right.
- The schedule runs smoothly now—no favoritism—and now we have consistent attendance.
- Consistent attendance is allowing us to move to block assignments.
- There is better team problem-solving on the units.
- Now we can take on individualized care.

The concurrent efforts of fiscal and management practices paid off. Birchwood broke its vicious cycle of turnover, vacancies and stress. It reduced its overall turnover, as well as its turnover of new employees.

In 2004, its turnover rate was 61.5 percent and by 2006, its turnover had a relative decline of 16 percent, to 50.53 percent.

Turnover	2004	2005	2006
RN	62.6	54.2	50.7
LPN	37.5	30.4	19.5
LNA	84.4	95.8	81.4
Average	61.5	60.13	50.53

Birchwood's staff composition steadily shifted to full-time, long-term employees.

Employment Status	RN			LPN			LNA		
	2005	May 2006	December 2006	2005	May 2006	December 2006	2005	May 2006	December 2006
Full-Time	27.00%	56.00%	**70.83%**	55.50%	67.88%	**84.38%**	48.00%	65.75%	**82.61%**
Part-Time	13.00%	18.75%	**16.67%**	0.00%	7.14%	**3.13%**	10.00%	13.70%	**2.90%**
Per Diem	47.00%	18.75%	**8.33%**	18.50%	7.14%	**3.13%**	9.00%	5.48%	**4.35%**
Baylor	13.00%	6.25%	**4.17%**	26.00%	17.86%	**9.44%**	32.00%	15.07%	**10.14%**

Length of Service	RN			LPN			LNA		
	2004	May 2006	December 2006	2004	May 2006	December 2006	2004	May 2006	December 2006
< 6 mos.	10.00%	6.25%	**22.73%**	11.00%	16.67%	**24.24%**	12.00%	23.00%	**31.51%**
6 mos. - to 1 yr.	50.00%	0.00%	**4.55%**	41.00%	0.00%	**18.18%**	14.00%	5.19%	**15.07%**
1 yr. - 2 yrs.	20.00%	18.75%	**18.18%**	33.00%	16.67%	**12.12%**	68.00%	35.00%	**20.55%**
> 2 yrs.	20.00%	75.00%	**68.18%**	15.00%	66.60%	**45.45%**	6.00%	36.36%	**32.88%**

In 2005, its licensed nursing staff, who had been there less than a year, was predominantly per-diem and Baylor. Eighteen months later, its licensed nursing staff is predominantly full-time and staying for the long term. Birchwood is now a place people want to work. Their experience debunks the myth that nurses   really prefer part-time work. Once it is a good place to work, nurses are eager for full-time positions.

Birchwood's most recent numbers reflect that their positive results have been sustained.

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