

Year 2 Progress Report

Organization Name:	Foundation for Quality Care
Project Title:	Geriatric Nursing Assistant Career Development (GNACD) Program
Project Number:	
Report Submission Date:	January 31, 2010
Report Period:	January 1, 2009 – December 31, 2009
Description:	The project will improve quality of long term care through increased recruitment and retention of frontline geriatric caregivers (certified nursing assistants or CNAs). Significant improvements in staff recruitment and retention will be accomplished through collaborative recruitment activities and an innovative, career ladder education program that is academically credentialed and will provide for compensatory and title enhancements upon successful completion.
Total Funding Amount:	\$475,565
Funding Duration:	July 1, 2008 – June 30, 2011
Last Installment Amount:	\$151,510
Cumulative Expenditures Through Report Period:	\$257,447
Contact Person:	Bryan E. Boeskin, Grant Manager
Telephone:	(518) 462 -4800 ext. 34
E-mail:	bboeskin@thefqc.org
Website:	www.thefqc.org

1. Project Summary

This second year progress report covers months 7 through 19 of a 36 month grant. Much of the work performed during this period involved implementation, graduation, data collection, evaluation and follow-up booster sessions with the initial cohort of training participants from 23 participating long term care facilities from the Western New York and Northeast New York regions that began the program in Year 1. All of the 23 facilities completed their first GNACD education program and 114 CNAs graduated from the program. Nearly all of the graduating CNAs received wage increases and/or promotions within their job classification. Participating facilities reported significant reduction in CNA turnover rates at the 3, 6 and 12 month marks. A considerable amount of work was also done this period to recruit the second training cohort from 16 facilities in New York City (NYC) and Long Island (LI) regions. This work included project ramp-up, logistics, kick-off meetings and train-the-trainer sessions for the NYC and LI regions.

2. Background

Direct care workers, such as certified nursing assistants (CNAs), are the backbone of the long term health care system and they are responsible for providing about 90% of the direct care services in long term care facilities. Through proven strategies of career ladder development this important program offers CNAs opportunities to learn new skills that are vital in the long term care workplace. The *Geriatric Nursing Assistant Career Development Program* provides new pathways for career advancement and will allow CNAs to receive an industry recognized credential when they successfully complete the program. The program will also benefit long term care providers by significantly improving CNA recruitment and retention rates and reduce the significant replacement costs associated with high staff turnover. The program will further assist long term care (LTC) providers by more fully engaging the range of services, support and resources that are available from the state and regional workforce investment system and educational partners. This project features a strong network of strategic partners including LTC providers, educational institutions, health care associations, state and local workforce investment agencies, and the New York State Department of Health (NYSDOH).

The key objectives of the GNACD program are:

- (1) Improve recruitment of nursing assistants to work in the geriatric care through engaging LTC employers with the workforce investment system and educational institutions.
- (2) Improve geriatric nursing assistant (NA) retention through 27 hours, nine-module career ladder education program.
- (3) Enhance NA skills and competencies that have been identified as critical to geriatric care.
- (4) Provide an advanced credential for geriatric NAs that is generally recognized by LTC employers and ultimately by the NYSDOH.
- (5) Institutionalize pathways for career advancement and increase compensatory rewards for NAs working in geriatric care.

While none of the objectives of the project require substantive change, some of the data and program outcomes related to CNA recruitment have led program staff to consider refining some of the program targets related to recruitment. What our initial outcomes have indicated is that in many of the participating facilities, there has been an inverse relationship between reductions in CNA turnover rates and the need for increased CNA recruitment, i.e. as more CNAs are retained the need to recruit and hire new CNAs is reduced. This makes perfect sense, but this was not anticipated when our team originally developed our project benchmarks. Our originally stated project goals were to both *reduce* CNA turnover *and increase* CNA recruitment, but our findings to this point indicate these goals may be contradictory. While there is always a need for CNA recruitment to fill existing vacancies and account for new positions that may be needed, there is not necessarily a need to *increase the rate of recruitment* particularly when turnover rates are being reduced. It is also likely that facilities that have developed clear career pathways for advancement for entry-level CNAs will be viewed as more desirable workplaces by CNAs seeking employment and this could have a beneficial impact on recruitment. We will continue to monitor this trend in our second program cohort in the downstate regions. If the trend continues, it is probable that the targets/benchmarks set for CNA recruitment will be modified.

3. Project Overview

Goals/Objectives/Activities

Much of the first year of the project was spent in ramping up, and establishing all of the program systems and organizational relationships to carry out the program. This second year of the project has been firmly focused on the implementation, execution, evaluation and refinement of the program and roll-out of the second project cohort in the New York City and Long Island region. The project has moved forward smoothly and steadily in close conformance to all of the objectives, activities and benchmarks outlined in the project work plan. During this period there have been no substantive modifications to the project goals or objectives. Specific activities during the project period are described below.

The **applicant organization** has accomplished the following implementation tasks during this period:

- 1) Organized and conducted 2 meetings (April 2009 and November 2009) of the GNACD Advisory committee.
- 2) Developed and distributed collateral marketing and promotional materials for the program, which include two full-color program brochures (one for the employer/providers and one for the nursing assistants), program recruitment posters, several electronic newsletter and conventional newsletter articles and general correspondence; A website portal for the GNACD program on the applicant's website which contains program and collateral materials.
- 3) Worked with project team to maintain and refine program evaluation tools and systems for data collection.
- 4) Collected and compiled data from approximately 100 project evaluation instruments
- 5) Procured program educational materials such as textbooks, equipment and supplies.
- 6) Maintain contact database for GNACD Implementation teams which includes 160 staff members.
- 7) Executed memorandums of agreement to participate in the program with 4 facilities in the Northeast Region, 10 facilities in the Long Island Region and 7 facilities in the New York City region.
- 8) Held meetings with long term care employers and regional workforce investment agencies in Rochester and Niagara County to connect provider/employers with workforce system and to discuss CNA recruitment, training and other workforce issues.
- 9) Published several newsletter articles on GNACD Program (articles are included in the attachments).

The **project team** has completed the following program tasks and benchmarks:

- 1) In May through December 2009 conducted 23 facility site visits and numerous consultations with participating facilities in Northeast and Western regions (completed site visit checklists in attachments)
- 2) Attended and presented at approximately 10 GNACD graduation ceremonies.
- 3) In July 2009 conducted special ½ day GNACD train-the-trainer session for 4 facilities in the Northeast region
- 4) In September 2009 conducted 2 regional, half-day kick-off meetings (1 in Long Island and 1 in New York City) and 2 follow-up conference calls with participation from 62 staff members from 37 facilities and one representative from the SEIU 1999.
- 5) In October 2009 conducted 2 GNACD Booster Session one in the Northeast and one in Western region (more information provided below)
- 6) On October 5, 2009 program staff and a GNACD graduate presented; *Successful Implementation of a CNA Career Ladder Program* at a national convention of the American Health Care Association in Chicago, IL (see excerpt from convention catalog in attachments) .
- 7) In November 2009 conducted one GNACD train-the-trainer session for the New York City and Long Island Region

8) In December 2009 conducted Day of Education and Recruitment for Geriatric Nursing hosted by the SUNY-Institute of Technology which was attended by approximately 80 students, faculty and long term care providers.

9) Beginning to schedule site visits and consultations with facilities from second project cohort, i.e. Long Island and NYC

Outcomes

Initial Project Cohort (Western NY and Northeastern NY regions)

Twenty-two (22) long term care facilities entered the GNACD program during Year 1 and four (4) additional facilities from these two regions joined during Year 2 for a total of 26 facilities. A total of 23 facilities completed the program. From the target regions there were 10 facilities in Western NY and 13 in Northeastern. From the 23 participating facilities, 195 CNAs applied to the GNACD program, 117 CNAs were selected to participate in GNACD and 114 CNAs actually graduated, i.e. a graduation rate of 97%. The aggregated CNA turnover rate by participating facilities who reported was reduced significantly at 3 months, 6 months and 12 months. The 12 month aggregated turnover rate for participating facilities that reported was reduced by 16.61% from the aggregated baseline turnover rate. Of the 114 CNAs that graduated 82% were promoted and received title changes. 92% of the graduates received wage increases and the 8% that did not receive wage increases received other types of compensatory rewards such as recurring bonuses, gift certificates and subscriptions to nursing publications. The mean (average) wage increase was \$.86/hour and the mode was \$1.00/hr. In terms of skill development, Table 1 below indicates the self-reported increase in expert knowledge related to the 9 key training topics additional data on skill development is provided in the attachment titled, *Skills Assessment Summary*. Additional quantitative and qualitative details on the program results are provided in various attached documents which are identified in Section 8 of this report.

Aggregated Average	23%	50%	27%
GNACD Program Results Pre & Post Evaluation	Expert Knowledge		
Competencies Evaluated	Pre	Post	%Change
Patient Safety	20%	49%	29%
Teamwork and Cooperation	41%	60%	19%
Aging and Illness	16%	41%	25%
Tactics for Communication	25%	51%	26%
Nutrition for Older Adults	21%	48%	27%
Spirituality and Dying	25%	51%	26%
Resident's Quality of Life	16%	43%	27%
Dementia Care	14%	52%	38%
Importance of Family	25%	54%	29%

Two (2) GNACD Booster sessions were conducted in November 2009 to provide feedback, networking and to share program results and best practices among GNACD implementation teams that completed their first training cohort. The Booster Sessions were attended by 20 staff (9 from the Northeast region and 11 in the Western region) from 13 facilities (7 in Northeast region and 6 in Western). Nearly every participating facility indicated that they would be sustaining the GNACD program in their facility and most of the facilities had already scheduled the next education program. As of the preparation of this report, six (6) of the participating facilities have already completed their second GNACD education program and have graduated an additional 16 CNAs (these numbers are in addition to the totals cited above and were not include because these facilities have not yet provided their completed organizational data form for year 2 which includes other important data such as number of applicants, wage increases, job title changes etc.). Other important feedback and participant information gleaned from the Booster Sessions are summarized in a document identified in Section 8 of this report.

Initial Analysis and Findings for Initial Project Cohort

The results from the initial project cohort indicate that nearly all of the key targets, benchmarks and outcomes that were projected for this program have either been met or exceeded. In general, the results of the project so far have exceeded the project team's highest expectations. One multi-facility health system that had three of their facilities participate in the initial project cohort in the Northeast Region was so impressed with the program results that following the first graduations they immediately entered memorandums of agreement for four additional facilities to enter the program. The Chief Executive Officer of the health system indicated that there was a tangible change in CNA morale and performance in the facilities that participated in GNACD program. The overall results to this point, not only seem to validate the usefulness of our methods and approach which is built upon the **CNA Career Ladder Made Easy** curriculum, but we have also broken some new ground in terms of project scope and delivery. When the training curriculum was initially developed and field tested, it was tested in about 100 facilities in different areas of the U.S. However, all of the facilities where the program was originally tested were affiliated with a single corporate owner. This allowed for a high degree of corporate "command and control", i.e. once the corporate leadership decided to participate in the program, all key program decisions such as selection criteria, compensatory rewards, job title changes were centralized and executed at the corporate level and then disseminated to the affiliated facilities for uniform execution at the operational level. Another key difference in the original pilot program is that it followed more of a pure train-the-trainer model, i.e. once the initial trainers were trained, they had sole responsibility for implementing CNA in-service training component.

What this project is beginning to demonstrate is that; 1) the program can be successfully implemented in decentralized way, in a wide variety of different size facilities, with different ownership structures (i.e. sole proprietor or corporate), and with different employee/labor relationships (i.e. union vs. non-union facilities) (2) that by using a hybrid train-the-trainer model that provides additional trainer coaching and support, there is greater assurance of success and sustainability of the program over time. Our primary program partner, LifeWorks Inc. which consists of faculty and researchers from the Cornell Institute for Translational Research on Aging (CITRA) are analyzing the program data more closely and it is anticipated that when the project is near completion there will be sufficient data, and the outcomes will be compelling enough to provide the basis for a scholarly paper, or article for publication.

Summary Results of Second Training Cohort (New York City and Long Island regions)

One (1) project kick-off meeting was held in each region in September 2009 to solicit interested facilities. In the New York City (NYC) region 42 staff members from 17 facilities and one (1) representative from Service Employee International

Union (SEIU) 1199 attended the kick-off meeting. In the Long Island (LI) region 30 staff members from 21 facilities and one (1) SEIU 1199 representative attended the kick-off. Of the 38 facilities that attended the kick-off meetings, 17 (10 from LI and 7 from NYC) signed agreements to participate in the program. Two (2) follow-up conference calls were held in October with uncommitted facilities and participating facility-based GNACD implementation teams to reinforce the program benefits and obligations and to insure facility leadership buy-in to the program. In October 2009, a GNACD train-the-trainer program was held in NYC to serve both regions. A total of 35 staff from 16 facilities (10 from LI and 6 from NYC) one representative of SEIU 1199 attended the train-the-trainer session. One facility recently dropped-out of the program. The 16 participating facilities are in the process of implementing their in-service education programs and the program staff is beginning to schedule site visits and coaching consultations for the participating facilities.

Initial Analysis and Findings for Second Project Cohort

It was anticipated by the project team that implementation of the project in the New York City and Long Island area would be more challenging due primarily to the ubiquitous presence of strong and active healthcare unions and collective bargaining units in these regions and the fact that CNA turnover is significantly lower in these regions than the rest of the

state, another contributing factor is the current economy and the fact that many facilities may have hiring freezes and the opportunities for CNAs to leave, or change employers has been significantly diminished. In the initial project cohort held in the upstate regions of New York, only 3 of the 23 participating facilities were unionized and in one case the union was a small, relatively weak union and in the other case, the union was not formalized in the facility until after the project was nearly complete. Conversely, 19 of the 38 (i.e. 50%) of the facilities that attended the kick-off meeting in the New York City and Long Island region were unionized. Of the 16 downstate facilities that are participating in the program there are a total of 10 which are unionized, including 4 from the Long Island region and from the 6 from the New York City region. During the kick-off meetings and the train-the-trainer sessions in New York City and Long Island there was considerable discussion about what the criteria would be for CNAs to be selected for the program and how job title changes and salary increases could be implemented without reentering full scale renegotiations of existing bargaining agreements. These issues are discussed further in the following section on project challenges.

Challenges

The primary challenge that the project is facing in the second year is meeting the facility participation targets that we have established for the New York City and Long Island regions. Our targets for each region were 12 facilities. Currently, we are 16% percent below the target in Long Island and 50% below the target in New York City. The key factors that we think are contributing to this challenge were noted above, i.e. lower turnover CNA turnover rates than other areas, high percentage of unionized facilities with established bargaining agreements. Both of the factors seem to negatively influence facility's interest in participating in the program. These assertions were corroborated by the facilities that decided to participate. For example, during the train-the-trainer session a number of staff participants indicated that the goals they anticipated to be accrued from the program were not driven by the need to reduce CNA turnover, but more focused on providing additional education and skills to the frontline caregivers. Many participating facilities attending the train-the-trainer session also expressed serious reservations that their organizations would be able to provide any compensatory rewards or job title changes to their participating CNAs because established bargaining agreements did not provide for this. There was also considerable concern by the providers that the bargaining units and union representatives would push for program selection criteria that was based primarily on seniority.

The steps that program staff has taken to try to address these challenges are as follows. In terms of the issues related to organized labor, early in the process, i.e. before the kick-off meetings, program staff reached out to the leadership of SEIU 1199 to provide them with detailed information about our program, the proposed roll-out in the NYC and Long Island area and requested their support and cooperation. The initial meeting resulted in an informal understanding that SEIU 1999 would support the program in principle. As noted, representatives of SEIU were invited to and attended both of the kick-off meetings and the train-the-trainer session and in some cases responded to inquires from provider partners at these meetings. During the trainer sessions with the facility implementation teams, program staff also pointed out the importance of facilities including union representatives on their teams. A second follow-up meeting of program staff and key SEIU leadership occurred after the kick-off meetings and train-the-trainer session to discuss potential issues and areas of agreement. The results of the meeting reaffirmed that the SEIU leadership would support the program in principle, however they noted that the labor representatives from each facility would play an important role in the acceptance of the program at the facility level. The also pointed out that the "devil is in the details" of the facility's bargaining agreements and further noted that there is limited flexibility for arrangements outside the bargaining agreements. The fact that 63% of the participating facilities in New York City and Long Island are unionized seems to indicate that the SEIU leadership has in fact been generally supportive of the program. Our team is very interested in seeing the outcomes in these regions and we believe this will ultimately demonstrate the universal applicability of this program effectiveness in both union and non-union environments.

In terms of meeting the challenge of the reduced facility participation, our team strategy we had four highly publicized opportunities for facilities to learn about the program (2 in person half-day kick-off meetings and 2, 2-hour conference calls) and we followed-up with many of the 38 facilities that attended the original kick-off meetings to try and persuade them to participate. At this point we believe we have exhausted our outreach efforts to the facilities. Our secondary strategy is to still try to meet the participant targets, even though we will be working with fewer facilities. The reason we think this target is still achievable is that some of the participating facilities in these regions are extremely large and employ hundreds of CNAs. We will be encouraging the larger facilities to train larger cohorts than the 5 CNAs we have suggested for the other more modestly sized facilities.

4. Lessons Learned from Project Implementation

Most of the problems/challenges and the proposed have been discussed in the "Challenges" section above. One activity that was not seriously contemplated in the development of this project was the importance of the CNA graduation ceremony in the supporting the success and effectiveness of the program. This was a key lessons learned during this initial project cohort. All of the participating facilities had some types of graduation ceremony for the CNAs who successfully completed the training and our program staff has attended several of the graduations, even though resources

were not specifically allocated for this purpose in the grant. At the ceremonies the graduates would be presented with their certificates of completion and with a small brass GNACD pin that they could wear on their lapel. A number of the ceremonies were elaborate lunch or dinner affairs in which family, friends, other staff and in some cases residents were invited to attend. In a number of cases high-level corporate officials and Chief Executive Officers were also in attendance. In a number of cases graduates were provided with special name tags with their new title, and many facilities provided other small gifts and one facility even provided new identifying scrubs to the graduates. The importance of these events to the CNAs in terms of public recognition and appreciation, confidence building and their ability to take genuine pride in their vocation and their accomplishment was immeasurable. It was apparent that some of the CNAs had never really attended any type of formal graduation ceremony before and this was a new and empowering experience for them.

From the program staff perspective, we were able to actually talk face-to-face with the graduates and they would share with us directly what they had learned and what was of value to them in the program. Some of the common themes that we heard were that the program provided them with a new depth of knowledge that allowed them to understand the jobs more from the system level than from the task level. Schreen Carter, a GNACD graduate from Mountainview Nursing and Rehabilitation Center in New Paltz, NY who was one of the presenters at the National Convention of the American Health Care Association stated, "I always understood how to do the tasks of my job, but now I understand why they are important". The themes of new confidence in their abilities, empowerment and a better understanding of the interdisciplinary nature of long term health care were also noted. The graduates also commented on the program delivery method versus conventional in-service education. The general theme of these comments was that having the small training groups and having education which was experiential as well as didactic allowed for bonding between co-workers and stimulated greater interest and depth of understanding for the subject matter. A number of valuable lessons and sharing of best practices at the program operational level were gained through the Booster Sessions that took place last fall. In the attachments we have included a summary of the ideas, comments and best practices that were collected through the booster sessions. The Booster Session summary covers the following key topic areas: Implementation Team Operations and Program Logistics, Training and Education and Rewards and Recognition.

Logic Model - See attached.

5. Clients Served

The primary clients being served by this project are Certified Nursing Assistants (CNAs) working in residential geriatric care settings, i.e. skilled nursing facilities. Details of key demographics that have been self-reported by the participants and collected and compiled by the applicant are attached in document titled *Demographic Summary*. Some of the highlights are discussed here. Just under 90% of the participants were female. In terms of ethnicity, 53% identified themselves as White, 28% identified as Black and just under 6% identified as Hispanic. Of the respondents slightly over 10% identified as "other" but did not specify and 3% did not respond. In terms of age, the largest cohort of participants, 38%, were in the 40-49 age range.

6. Post Funding Plans and Dissemination

The next phase of the project is focused on the delivery of the core program services to the primary clients, including the 27 hour in-service education component and establishing CNA recruitment pipelines, activities and opportunities with the regional workforce agencies. As the second cohorts of CNAs complete the in-service programs by May 2010, we will be focused on continued analysis of evaluative data and establishing feedback loops through the second round of booster sessions. The program staff will be preparing the Year 1 and 2 data and analysis for presentation and dissemination to the academic and provider communities, as well as other interested stakeholders. Additional work will be done with the GNACD Advisory Committee to disseminate the program results to policy makers, national provider associations, and regulator bodies, such as the Department of Health and Education and to establish processes for portability of credentials and replication of the program and national scale. The Year III program cycle will be beginning in Fall 2010 with new programs being ramped-up in the Syracuse and Rochester regions.

As noted in the *Outcomes* section of this report, all of the participating facilities in the initial project cohort will be continuing on with GNACD program in their facility, in fact a number of facilities have already completed a second training cohort. These activities are all being sustained by resources from the participating facilities. The only continuing support that the applicant organization is providing is to provide the facility based programs are brochures and recruitment posters and graduation certificates and pins. These facilities are also continuing to provide program related data to the applicant. As also noted, in the *Project Overview* section of the proposal the program staff has already begun the results dissemination process and in October 2009 presented preliminary results of the GNACD program at a national convention of the American Health Care Association. The applicant has already received inquiries from other long term health care associations about replicating the program in other state including the Texas Health Care Association. In our discussions with members organized labor leadership from SEIU 1199, they also expressed serious interest in the program and its delivery to more CNAs. Our program staff will continue to seek other state and national venues to disseminate the

program results and the applicant and our primary partner, Lifeworks, Inc. are beginning to collect and compile program data to develop an article for publication in scholarly and industry publications.

Some of the ways that this work will be break new ground and add to the development of the direct care workforce described in the *Outcomes* and analysis section. The initial findings are that this program successfully provides CNAs working in long term care facilities with skill development and pathways for advancement and tangible benefits such as increased wages, new job titles, and an enhanced skill sets that are portable. The initial findings also indicate that various types, sizes and ownership structures of long term care provider/employers can successfully implement this program which will result in reduced CNA turnover, a better trained direct care workforce, a more stable direct care workforce and can save money resulting from reduced turnover.

7. Project Director's Opinion and Reactions

The GNACD program has generated considerable excitement and momentum at every level; participant, facility, state and national. The initial results from our first 2 regional cohorts are extremely promising and we are eager to see if these results will carry over into our Year 2 program regions which are highly urbanized, less prone to high rates of CNA turnover, and have a strong organized labor presence. To this point, the program outcomes and results have exceeded our original expectations. Our project team has invested considerable time in developing strong systems for data collection, reporting and analysis and we believe that these efforts will provide a strong and defensible evidence base for the efficacy of the GNACD program. In our third and finally year of the program, we expect to expend considerable effort with members of Advisory Committee to further develop the credentialing and skills portability elements of the program by reaching out to additional state and national stakeholders and building a consensus around the concept of uniformly defined CNA career ladders. We are also planning to devote some effort this year to better documenting our findings in ways that can be more broadly disseminated to the scholarly, regulatory and health care industry communities.

8. Attachments

Listed below are the attachments that have been noted throughout this report. These attachments will be included in the hard copy mailing and will not be part of the electronic submission:

- GNACD Logic Model
- The Geriatric Nursing Assistant Career Development (GNACD) Program Committee Meeting minutes from April 14, 2009.
- GNACD Program Site Visit Checklists
- Newspaper Article exert from The Times Herald Record (Middletown, NY) published on July 9, 2009
- Article published in The New York State Health Facilities Association (NYSHFA) April 2009 Newsletter
- Article published in The New York State Health Facilities Association (NYSHFA) August 2009 Newsletter
- Article published in The New York State Health Facilities Association (NYSHFA) October 2009 Newsletter
- Article published in The New York State Health Facilities Association (NYSHFA) December 2009Newsletter
- Skills Assessment Summary Table
- GNACD Program Demographic Data Summary
- American Health Care Association 60Th Annual Convention & Expo Program
- GNACD Booster Session Comments and Ideas

9. Financial Report Narrative

Cumulative project expenditures to date total \$260,150. These expenditures cover an 18 month period from July 1, 2008 (grant start date) through December 31, 2009, i.e. exactly midway through the 36 month project period. The cumulative expenses to date represent slightly less than 55% of the total project award. The unexpended funds to date total \$62,871 which represent just less than 42% of funds remaining in the Year 2 award amount. There are two line items in the budget that have been overspent in the personnel category, however these overages are offset by under expenditures of other line-items within that budget category. Despite the two line-item overages, the overall personnel budget and project budget have not been compromised and the work will be accomplished within the established budget. The personnel line items that were exceeded are the Grant Manager and the Program Assistant. These two positions committed considerably more time than anticipated in the delivery aspects of the program, as well as in the development, refinement and maintenance of the program evaluation and data collection systems. Additionally, the amount of follow-up required with the participating facilities to collect the program data was much greater than anticipated. The program evaluation and

data systems that have been put in place are robust and will be well worth the investment of time and resources as our project team begins to prepare for the results dissemination phase of the project in Year 3.

In terms of other funding sources, the project has received \$5,600 in program income related to a \$200 per facility fee that was charged to each participating facility to assist in covering the costs of certain supplies and textbooks. There is an additional \$3,200 in program income in accounts receivable from facilities that have not yet paid the fee. The program also received just under \$3,000 in interest income which has also been applied to the purchase of program-related supplies. There have also been considerable in-kind staff contributions from participating facility's GNACD implementation teams. It is estimated that the 23 participating facilities in the initial project cohort contributed more than 3,000 staff hours to the project which is valued at more than \$50,000. Our program staff is currently developing a facility level certification tool to capture the specific contributions of each participating facility. We anticipate that the tool will be developed in the next few weeks and the certified information for the initial project cohort will be reported to us by early in the second quarter of 2010.