

2016 Guide **McKnight's** **Professional Development**

SUPPLEMENT TO

McKnight's
Long-Term Care News & Senior Living

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Many operators are now at a staffing crossroads

As the field moves away from a fee-for-service mindset, team members will need new skills and a new mindset that puts a premium on delivering the best possible care as efficiently as possible

By John Andrews

The advent of accountable care organizations hasn't just changed long-term care organizations' roles within the healthcare continuum – it is causing operators to look inward at their staffing levels and whether team members have the requisite skill sets for the road ahead.

The ACO movement is gathering steam and coalescing as hospitals, physician practices and other community-based providers are establishing networks of coordinated care. It's an important part of the new value-based healthcare business model that demands more accountability and transparency from all players in the continuum. And while it has elevated long-term care's role into being a more active participant in the care spectrum, it is also placing more demands on fiscally challenged organizations already burdened with filling job vacancies.

Tulsa, OK-based Chris Murphy, a healthcare consultant with BKD Partners, understands the challenge and opportunity for long-term care providers with ACOs, and says the situation is still very much a work in progress.

"We're still living under a fee-for-service model, so we thrive on providing as much service as we can," he says. "When we redefine services to meet outcomes, what we're talking about is maximum quality for minimum service. That will require a shuffling of skills."

The nursing staff — especially RNs — will be asked "to practice at the top of their license" under the ACO model, Murphy says, because they have the training to oversee patient conditions and design care plans for them.

"They will have to be clinically



Wanted: new skills and the ability to use more of them at higher levels of competence.

stronger, make decisions more quickly and be more well-rounded so they understand the information available to them," Murphy notes.

And while the current SNF focus on rehab "has diminished the importance of the RN, they will be more important than ever under the ACO model."

Jobs could be redesigned and repurposed under different scenarios, Murphy says, such as with rehab and patient intake.

"We could see physical and occupational therapists get supplemented along with a shift from registered therapists to restorative nurses to a degree," he says. "The intake coordinator role will take on more importance, which will raise the question about which patients need to be admitted and if the care setting is appropriate for the condition."

Another potential staff issue is scheduling, Murphy says, which could drastically change for workers as round-the-clock admissions become more commonplace. ■

NURSES FEELING THE STRESS

As acuity levels grow throughout the eldercare spectrum, the onus is increasingly being placed on staff nurses to carry the heavier load. It is creating a more stressful work environment throughout the industry, the American Association for Long Term Care Nursing reports.

As residents with multiple conditions and complex treatment plans enter the long-term care sector, they are creating an environment of higher dependency on staff, stressing an already overtaxed labor force, says Charlotte Eliopoulos, RN, PhD, executive director of the AALTCN.

"Not only are the current daily hours of nursing care insufficient to meet the growing demands of residents in most nursing homes, but the level of nursing staff is also inadequate," she says in an article in the *Annals of Long Term Care*.

Currently, only 10% of the nursing staff in nursing homes is comprised of registered nurses.

NEW HORIZONS

Demand for online coursework continues to grow

By John Andrews

Acceptance and participation in online courses has grown tremendously in the past few years, program sponsors say. Long-term care professionals have become more appreciative of cyber-learning options as they've gained technology skills and realize how webinars, online courses and videoconferencing saves valuable time, money and effort.

Tailoring courses that meet busy professionals' needs is paramount for Kimberly Owen, LPN, team lead for the Prevail eNurse program. In essence, course-takers want subjects that are relevant, compelling and engaging, she says.

Online education can involve various media, whether it's for individuals on computers or webinars for groups. Live videoconferencing over Skype is also growing in popularity. Owen puts together customized sessions for clients just as if they were an on-site workshops.

"Our goal is to provide the education via webinar and conferencing and to customize it to optimize technology," she says.

Developed in conjunction with First Quality, the eNurse program content focuses on incontinence. While designed specifically for RNs and LPNs, the program is also pertinent for CNAs and wound care specialists, Owen says.

Along with best practices for treating incontinent residents, the program addresses various facets of resident assessment, product selection and utilization, quality of care and individualized plans of care.

"It relates to everything incontinence-based," Owen says. "The more educated everyone is, the more beneficial it is."

Skin health and urinary tract infections are key factors in hospital



Nurses, aides, pharmacists and administration leaders all can benefit from online courses that foster breadth of learning and cross-training.

readmissions, so one of the program's main themes is preventing the occurrence of UTIs and how to incorporate the process into the organization's quality management system.

Another emphasis is a restorative toileting program, a seven-step guide for facilities to adopt a care plan for each resident starting at admission.

"Many struggle with this concept because it is time-consuming and difficult," Owen says. "Our program will help facilities overcome those reservations."

The American Society of Consultant Pharmacists also has developed a wide range of clinical courses for the long-term care industry. And while the information is intended for consultant pharmacists, "it is also geared for long-term care professionals" in general, says Christine Polite, senior director of marketing.

Among the topics offered through the ASCP online professionals development center that are germane to long-term care: building a collaborative team for improved transitions of care, the nursing home operator's view of bundled payments, managing *clostridium difficile*, treating skin and soft tissue infections, pathophysiology of aging and health and wellness promotion. ■

HELPFUL ONLINE RESOURCES

ASCP

Online self-study courses aimed at pharmacists but also highly relevant for long-term care professionals. <https://education.ascp.com/groups>

Prevail eNurse

Incontinence management includes live video conferencing, webinars and specialized topics to help professionals maximize their residents' comfort, care and protection. <https://prevail.com/enurse>

Relias Learning

All facets of post-acute senior care. Includes courses for skilled nursing, assisted living, independent living, home care and hospice, and therapy and rehab. <https://reliaslearning.com/courses/industry/senior-care-293>

SeniorLivingU

Offers a wide variety of e-learning courses, including Administrator Level 1. Additionally, SLU's clinical series allows nurse managers and licensed staff to review and refresh their knowledge. <http://www.seniorlivingu.com/assisted-living-elearning-courses>

Rising wages making it harder to meet payroll

By John Andrews

In a margin-tight environment like long-term care and seniors housing, any spike in costs is a concern. So the burgeoning market pressure to raise wages in the industry has facility operators straddling the line between retaining good employees and staving off potentially damaging cost increases.

“The rising minimum wage is a major concern for senior care providers,” says Mark Woodka, CEO of OnShift. “Margins are already very slim in skilled nursing so even a modest increase to hourly wages can have a devastating impact.”

The dilemma is a double-edged sword for the industry, as one labor study shows that a \$1.50 an hour bump would increase payroll 10.2% for an average assisted living community with 110 units and 55 full-time employees. Compounding the challenge is fierce market competition for talent, where salaries are a prime recruiting and retention tool.

“Many providers are currently paying above the minimum wage in order to attract and keep their employees, and the boost to a minimum wage will escalate their costs even further,” Woodka says.

The competitive forces affecting long-term care go outside the industry into the restaurant and retail sectors, where fast-food and discount chains are ratcheting up the wage stakes for potential workers.

“Big box retailers often pay higher wages, which presents a serious threat to senior care providers,” Woodka says. “Employees can be lured away from the industry solely by dollars and cents. In sparsely populated areas, this is an especially challenging issue. Add in the looming workforce shortage and the problems attracting and retaining employees become even



Wages are on the upswing again, presenting managers with challenges that require stark decisions and creative planning.

more challenging.”

While the \$15-an-hour minimum wage campaign hasn't achieved its goal nationally, the movement does have solid support within labor circles, notes James Balda, president and CEO of Argentum.

“Campaigns to raise the minimum wage have had some success in some of these sectors and have created pressure for the senior living industry to raise wages in order to meet workforce needs,” he says.

Even so, the compensation issue doesn't have to be about just dollars and cents, Balda says. Health insurance and other benefits need to be included in the total compensation package.

“In addition to offering competitive wage and benefits packages, professionally managed senior living companies are looking to articulate to long-term care workers the great opportunities and upward mobility in this growing industry,” he says. “With a workforce that will exceed 1.2 million workers by 2025, long-term care operators will need work-

ers at all levels, and there are great success stories of motivated workers who start in entry level positions and progress to management roles.” ■

FACING THE WALMART EFFECT

Long-term care and seniors housing organizations have long competed for minimum-wage workers with the retail, restaurant and hospitality sectors. But with Walmart, the nation's largest retailer, upping the ante with higher starting wages, facility operators may have to fight just that much harder.

As of March 5, the Bentonville, AR-based discount retailer raised the pay of minimum wage workers to at least \$10 an hour, a move that will cost the company an estimated \$2.7 billion.

In order for the eldercare industry to stay competitive, they have to get creative with the positives they offer employees, says Mark Woodka, CEO of OnShift.

“They must de-emphasize wages and attract workers with practices that extend beyond dollars,” he says.

CORE COMPETENCIES

MDS pros dish on coordinators' evolving roles

By John Andrews

Minimum Data Set coordinators' roles have changed dramatically in recent years. Gone are the days where MDS coordinators tackled just scheduling and coding of MDS assessments. Instead, they may now also have to deal with Medicaid and insurance case management, including issuing non-coverage notices, writing care plans, completing nursing assessments and resident interviews during the observation periods, conducting "nursing" sections of the MDSs and care area assessments ... and the list goes on.

"When you think of the clinical and regulatory outcomes driven by the assessment and care planning process, it's clear that accurate coding, thoughtful analysis of information and knowing residents and their goals is required," says Pathway Health expert Karolee Alexander, RN, RAC-CT. "First and foremost, MDS coordinators are nurses and are committed to quality care."

Unfortunately, many also are overwhelmed. The depth and breadth of information required to be a successful MDS coordinator is a challenge that's further exacerbated by time and resource constraints. Lisa Hohlbein, curriculum development specialist at the American Association of Nurse Assessment Coordination, says she knows some MDS coordinators who work extra hours at home to keep up with the pace and volume of assessments.

Residents receiving Medicare benefits require a higher frequency of MDS assessments under the prospective payment system; many of those assessments have difficult rules and requirements that can confuse even the best MDS nurses, Hohlbein observes. "MDS nurses will feel even more pressure later this year when the Quality



Photo: John Merkle @ Glenview Terrace

Dealing with an expanded role.

Reporting Program comes to fruition and nursing facilities are measured based on quality outcomes," she predicts.

Support reigns supreme

One challenge coordinators may face is that they're asked to report to nursing, as opposed to building or corporate administration, explains Leah Klusch, RN, BSN, FACHCA, executive director of the Alliance Training Center. She says operations should be closely monitoring MDS activities, including how many MDSs are being done and whether the software being used to manage the MDS process is adequate and effective.

Interdisciplinary involvement, where nurses, therapists and other care professionals share resident information and understand the importance of diligent documentation, is essential.

A physical therapist treating a resident may be the first to identify the need for an intervention to manage pain, for example.

"The nemesis of the MDS coordinator is anyone's inability to understand ADL documentation," notes Gloria Brent, RN, president and CEO of MDS Consultants, LLC and MDS Solutions Inc. In Section G, Functional Status, for example, ADLs are captured on the

MDS and scored based on the number of episodes relative to the resident's performance of each ADL.

"When there's not enough documentation to support what activities actually occur, outcomes are compromised, including the care plan and reimbursement," Brent explains.

MDS coordinators and billing staff must also work hand in hand, with both sides understanding the critical nature of the MDS.

"Billing may call the first week of the month, demanding that MDSs are submitted right away," says Klusch. "This is a problem, because when you rush the process, mistakes can happen." ■

TRICKS OF THE TRADE

1. Widen your gaze when looking at MDS data. Cull the data to identify trends.
— **Kris Mastrangelo**, OTR/L, MBA, LNHA. CEO of Harmony Healthcare International
2. When you're unsure of a rule, policy or procedure related to MDS, Medicare or Medicaid and you ask someone for guidance, ask where you can find it in writing by the state or federal government. Every aspect of our job is written in a manual somewhere.
— **Gloria Brent**, RN, president and CEO, MDS Consultants, LLC and MDS Solutions Inc.
3. Keep information needed about each Medicare resident in a centralized location. This includes benefit days available, medical and treatment diagnoses, MDS schedule, RUG categories and the days covered by the RUG, and the resident's discharge plans.
— **Karolee Alexander**, RN, RAC-CT, director of reimbursement and clinical consulting, Pathway Health

CORE COMPETENCIES

A new approach proves helpful for hiring the best

By Julie E. Williamson

Employees are the lifeblood of every successful organization, but getting the right staff isn't always easy, especially in the challenging long-term care environment. To help overcome hurdles, more operators are using targeted interviewing and hiring practices to vet candidates and help ensure prospective employees are aligned with the organization's culture and commitment to quality.

Behavioral interviewing, an approach based on the premise that past performance often indicates future behavior, can help employers winnow the candidate pool. Applicants are asked to describe how they reacted to a specific situation, or how they applied certain skills to overcome a challenge in their role. An explanation of the outcome is also valuable to employers, and the more detail a candidate can provide, the better.

It's been an approach applied by Advocate Health Care for more than a decade. According to the Monster.com report, "Be Ready for the Healthcare Behavioral Interview," Advocate's hiring managers and recruiters are formally trained on "hiring the best" and rely on a 24-page document that outlines the top behaviors the company seeks in candidates. Interviewers choose from a list of questions and use a scoring mechanism that rates and ranks interviewees. This structured approach



Photo: Creatas Images/Creatas/Thinkstock

Past behaviors can reveal future tendencies, experts say about interviewing and hiring job candidates.

helps eliminate subjectivity and drive interviewing and hiring consistency.

Details matter

Sunrise Senior Living, which employs more than 30,000 workers across all its communities, focuses intently on hiring employees with the right qualities, talents and values. The team member experience begins with the job posting, notes Julie Clark, Sunrise Senior Living's VP of People Strategy. She stresses the importance of accurately describing the job.

"Don't oversell an experience during an interview or in a job description that will contradict reality," she cautions.

Solid recruitment strategies also factor into hiring success. LifeBridge Health, for example, has found suc-

cess through job fairs. The company's human resources team is onsite at these events so members can interview candidates on the spot to determine if they are a good fit.

"When potential employees are being interviewed, they have to have a real understanding of what the job entails and not just what the title is. They must also have done some homework about LifeBridge Health to be considered," says LifeBridge's Creative Services Manager, Tom Gill. "They should at least know that we have a long-term care center and four hospitals. Most information like that is on an organization's website."

Some of the best employees come from recommendations, so employee referral programs can prove especially worthwhile, adds Clark. ■

TOP INTERVIEWING TIPS

You've found a promising job candidate, but before the interview gets underway there are some sound interviewing strategies employers may want to embrace. Here, Julie Clark, VP of People Strategy at Sunrise Senior Living, offers some of her top tips for interviewing success:

- 1.** Ensure the right people get an opportunity to interview candidates, and make sure that each of them is prepared in advance with what he or she will screen for in the candidate.
- 2.** Have an effective and flexible recruitment strategy that is tailored to local needs and targeted to the positions you're looking to fill.
- 3.** Ask questions that require the candidate to draw on experience. Be sure you don't forget to screen for cultural fit, too.

CORE COMPETENCIES

Analytics helps many managers schedule better

By Julie E. Williamson

To deliver better care and cut unnecessary costs, more operators are relying on data-driven tools that analyze key aspects of day-to-day operations. Staff scheduling is just one area benefitting from analytics. The results are better-controlled labor costs, greater productivity, and improved compliance and resident care.

At the heart of these analytics tools lie alerts and notifications that proactively identify potential staffing issues and allow managers to make the most appropriate scheduling changes.

“They are gaining the information they need to be proactive in managing their labor, as opposed to running reports based on historical data,” explains Mark Woodka, CEO of OnShift.

Scheduling systems that collect and analyze information from multiple sources, in a single location with a centralized view, go a long way toward helping providers achieve less turnover, lower labor costs, and improved resident and family satisfaction through better care and service, he adds.

Data drives better outcomes

Scheduling is a dynamic process. No-shows, call-offs, time off requests, shift swaps and unexpected admissions all can contribute to staffing problems that manual scheduling and management can't effectively address.

“Once a schedule is published, it's already out of date,” stresses Woodka. “Scheduling software not only simplifies shift updates and the scheduling process but also provides visibility into staffing and end-to-end tracking, so communities can staff consistently and efficiently to deliver high quality care.”

Matching staff with ever-changing



Photo: John Merkel @ Glenview Terrace

Data to the scheduling rescue?

resident acuity is essential for improving resident outcomes and driving census for greater revenue. Kim Ross, senior director of marketing for Matrixcare, says the company sees value in combining census information with staffing algorithms to staff appropriately for the level of resident acuity. “Currently, this is more an issue for skilled nursing facilities, but given the rising levels of acuity in senior living communities, it will become an issue in senior living as well,” she says.

Staffing to acuity requires clinical judgment from the director of nursing. Those responsible for staffing must consider more than just how long it takes to do care tasks such as administering medication, performing clinical assessments or taking vitals, maintains Teresa Chase, president of American HealthTech.

“Acuity-based staffing must give the care team time to perform all functions within their scope. A nurse who focuses only on assessments and interventions, for example, might underestimate the total amount of care needed for a particular patient,” Chase says.

The MDS can help the DON with the judgment call, adds Maria Arellano, American HealthTech's clinical

product manager. Looking at activities of daily living scores can give an idea for CNA staffing, for example.

“It's all about which interventions are the most time-intensive,” Arellano observes.

Scheduling solutions can also help keep operators compliant with new regulations, including the Payroll-Based Journal (PBJ) reporting requirements from the Centers for Medicare & Medicaid Services. PBJ requires skilled nursing providers to collect and electronically report direct care hours on a quarterly basis, beginning July 1.

Data obtained from scheduling technology can also be trended, analyzed and applied for longer-term and strategic purposes. Using the data on a regular basis to help run the business and make decisions is one best practice, according to Jim Rubadue, OnShift's VP of customer success.

“Providers need to transition to making decisions based on accessible and actionable data,” he says. ■

CUTTING OVERTIME COSTS

Overtime cost can be curbed with the following strategies, according to Jim Rubadue, Vice President of Customer Success for OnShift.

- Check staff requirements a day or two in advance. There may be opportunities to reduce staff to avoid overtime.
- Communicate extra shifts to a broad group of employees, not the first person who says “yes.”
- Pay attention to employees who punch in early or out late.
- Don't build overtime into schedules or promise overtime to employees when they are hired.
- When an employee calls out, check to see if the shift must be filled before calling in additional staff.

CORE COMPETENCIES

Job benefits that can make a huge difference

By Julie E. Williamson

Savvy business owners know that keeping employees happy and satisfied on the job takes more than just competitive pay, healthcare coverage and a couple weeks of paid vacation. These days, more and more healthcare operators recognize the value of robust employee benefits, and they're getting more creative to ensure employees not only love their jobs, but will want to stay.

Benefits aren't always a magic bullet for staff satisfaction and retention, but experts agree that the right benefits can pay big dividends. Perhaps Walgreens executive Tom Sondergeld says it best: "People don't leave because the benefits are bad, but they will come and stay if they are good."

Senior housing operators are taking note. ACTS Retirement-Life Communities, for example, is thinking outside the benefits box, offering staff a host of unique, value-added benefits. Beyond holiday gift cards and free access to the onsite fitness center, ACTS offers \$5,000 entrance fee discounts for employees' parents who seek residency in an ACTS community. When employees retire, the company allows them to move into an ACTS Retirement-Life community for whatever entrance fee was in place the year they first became employed. Employee resident referral incentives, longevity and service awards, and a diversity program geared toward the company's 25% immigrant staff, also are provided.

"All staff also have access to the Carebridge Work/Life Balance Program, which helps employees with a number of challenges and situations that can cause stress in their lives," says Claire Halton, vice president of human resources for ACTS Retirement-Life Communities. The Work/Life Program assists with issues and



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Not all benefits are created equal.

referrals for childcare, eldercare, legal and financial services, as well as time management and life balance, and more.

Reaping the rewards

Baltimore-based LifeBridge Health treats employees to a rewards program that lets them accumulate points that can be applied to online catalog items — from electronics and apparel to office equipment and more. "Employees earn points for new-hire orientation, and a boss can award points for a job well done," explains Anita Hammond, manager of workplace development at LifeBridge Health. Employees can also receive LB Bucks, cards worth \$1 that can be used for purchases at the gift shop or cafeteria. The reverse side of the card has a random code where employees can log onto the system and determine if the card is worth more reward points.

Tuition reimbursement and career ladder programs are, perhaps, the biggest perks, however. LifeBridge Health reimburses employees on staff for at least one year \$5,000 per calendar year for nursing programs; employees in non-nursing programs are reimbursed \$3,500 per calendar

year. ACTS employees are reimbursed between \$4,000 and \$6,000 per year, depending on their degree (Associate's, Bachelor's or Master's), and the company repays employees' efforts by primarily promoting from within. Receptionists, CNAs and others have become nurses, for example; accountants have moved into corporate executive positions; and culinary servers have become culinary managers and directors. Hammond herself got her start as a server for the company in the 1980s and is now in a VP role — a trajectory she largely credits to the tuition reimbursement program.

"When employees succeed and are given opportunity to grow, everyone benefits," she says. ■

UNUSUAL EMPLOYEE PERKS

Here are a few of the more creative employee benefits senior housing communities might consider:

- 1. Onsite daycare.** Some proponents say it not only eliminates one of employees' biggest stressors — juggling childcare needs during work hours — but it also helps create a more friendly, lively and intergenerational environment for residents, staff and visitors.
- 2. Prepaid legal services, including wills, estate planning and attorney access.** Through the Carebridge program, employees of ACTS Retirement-Life Communities may receive one 45-minute consultation with an attorney.
- 3. Homebuyer assistance.** Through Baltimore's Live Near Your Work Program, LifeBridge Health will contribute a small percentage to closing costs for a qualifying employee.

THE BIG PICTURE

Coming soon to you: A younger, high-maintenance workforce

They view loyalty, advancement and compensation in radically different ways

By John Hall

During the first few months of recovery after American workers shook off the dust of the Great Recession, the healthcare industry was among the very few that went on a hiring binge. It was a phenomenon experts described less as an industry with growing pains than one preparing for an expected surge of the newly insured under Obamacare.

To some, it wasn't unlike the scene in the "Titanic" when the back half of the decapitated ship momentarily bobbed up in the water.

These days, the senior living sector industry finds itself in murky, troubled waters, a future that's as promising as it is uncertain for current and future workers. Most official and unofficial forecasts agree on one thing: Jobs will be plentiful, with fewer people to fill them. The jobs will have vastly different descriptions as an industry confronts looming challenges like growing resident acuity, wage pressures, doing more with less, and a multi-generational workforce.

Job growth: bonus

In the aforementioned nascent recovery, the senior living industry added more than 84,000 jobs between 2007 and 2010, an increase of nearly 13%, according to Bureau of Labor Statistics



Operators will need to grapple with two challenges: greater demand and changing employee expectations.

data. In fact, BLS researchers declared that the industry actually outpaced average U.S. job growth by nearly 4% from 2001 to 2014, blossoming nearly 70% in size. In 2013 alone, job growth in continuing care retirement communities and assisted living communities jumped more than 3%, outpacing every other American industry by 1.5%.

OnShift cites a University of California-San Francisco study projecting at least 2.5 million more workers will be needed by 2030 to provide long-term care to the aging U.S. population. Similarly, Argentum projects that 1.2 million new workers will be needed in senior living

through 2025.

BLS says home care boasts the greatest expected employment surge over the next six years (60%). Lagging behind are residential care communities (30%), and nursing care facilities (20%) over the next decade. As for types of jobs, Argentum predicts a boom in needed CNAs and aides (460,000) and registered nurses (25,600) by 2025.

With all of the positivity surrounding industry advocacy groups' projections, here's the cloud behind the silver lining: In addition to attracting these new workers, the industry must be poised to create working environments and career paths

attractive for these workers to stay in senior living. Here's the rub: The ratio of caregivers to residents is expected to go from 7:1 to 3:1 in less than 25 years.

Rising turnover

That is one projection few forecasters have disputed. In return for having to care for more people than ever before, senior living workers of the future may well be better paid, better educated, more demanding and less loyal, observers say.

Yet the industry still finds itself less prepared to recruit those new workers than keeping the ones it has. This is due to things like extreme workloads,

wildly fluctuating schedules, injuries and litigious environments, according to a recent report by the National Commission for Quality Long-Term Care. Just since 2014, turnover rates continue heading north in every occupation, according to the latest “2015-2016 Nursing Home Salary & Benefits Report” published by Hospital & Healthcare Compensation Service. Highest turnover rates are among CNAs (36.5%, up from 30%), followed by registered nurses (29%, up from 27%) and LPNs (26.1%, up from 25%).

“Filling positions quickly rather than with the right person only perpetuates staffing challenges,” observes Martha Abercrombie, vice president of strategy for Vikus Corp. “Senior care operators can’t afford to keep positions open too long due to increased expenses from overtime and the need to staff their building appropriately. But they also can’t afford to continuously churn through new hires. As we all know, the demand for caregivers is outpacing supply.”

Gap widening

Add to the turnover dilemma the retention challenge. In fact, understaffing is the primary reason for retention problems today, asserts Andrew Carle, who now heads an exclusive George Mason University health administration program dedicated to preparing tomorrow’s senior living leaders.

“Most communities have enough workers. They just don’t keep them,” Carle explains. “Unless you’re opening a new facility, the best and most cost-efficient employee you will ever have is the one already on your payroll. This will become even more prominent in the next 15 years as the baby boomers retire,



For the first time, five generations are competing for jobs.

Photo: Rawpixel Ltd/Stock/Thinkstock

“Most communities have enough workers. They just don’t keep them.”

Andrew Carle, George Mason University

leaving a large gap in the pool of available workers.”

To many observers, the industry simply isn’t moving fast enough to stop the bleeding. For professionals like Abercrombie, whose firm provides a hiring platform for senior living providers, the dilemma is best exemplified by a frog slowly being boiled alive. Its natural instinct is to leap out of the boiling water. But if first placed in cold water that’s gradually heated, “it will not perceive the danger and will be cooked to death,” she says.

Another challenge: Minimum wage pressures and mounting competition from hotels and large retailers offering less stressful and regulated jobs at higher pay. While it’s natural to assume healthcare workers are motivated

most by helping others, “when caregivers have to meet the basic needs for their family, money talks,” Abercrombie observes.

As OnShift CEO Mark Woodka explains: “I’ve spoken with some providers who are terrified of companies like Walmart or Amazon opening a distribution center in their area.”

Unsuitable searches

Many providers also are misguided in their recruitment efforts, spending needlessly on costly yet ineffective low-risk, low-return methods.

“One recent study showed 94% were posting jobs online to find staff, but only 52% believed their recruitment process was going to help them meet their turnover reduction goals,” Abercrombie

says. “In other words, technology is being used to reach applicants, but not to select the right person. Too many ‘better mousetrap’ methods out there end up creating a revolving door where staff are hired, leave, and are replaced, usually within their first 90 days.”

The industry also suffers from a public relations problem. As Argentum notes in its new “Getting to 2025: A roadmap for the senior living industry” report, fewer than 9% of surveyed potential younger candidates (aged 18 to 34) said they have a high level of trust in assisted living. There’s even been rumbling about stereotypes about eldercare workers and ageism, and a possible growing resentment, especially among recent job-hungry graduates, that the oldest workers [who would have since retired if the recession hadn’t happened] are still hanging around.

“It’s critical for providers to address these issues, as an unstable workforce can have a devastating impact on residents, their families and the bottom line,” Woodka notes.

The other side of that double-edged sword is the profound loss of experience, wisdom and intellectual capital, and the bonds forged with residents over the years. As Argentum notes, approximately two-thirds of registered nurses over age 54 are now considering retirement, with 62% planning to retire within the next three years.

The 5G workforce

It sounds like an anomaly but it’s quite true: For the first time in our history, five generations find themselves competing for jobs. It’s enough to drive any HR director batty.

Those generations have been coined as Traditionalists, Baby

THE BIG PICTURE

Boomers, Generation X, Generation Y and Generation Z. The one everyone is focusing on now is Generation Y, otherwise known as “millennials.” They have overtaken Baby Boomers as the dominant workforce and will be for quite some time.

They’re often scoffed at for being narcissistic or disloyal, but those who closely study this group say they have attributes senior living operators had better understand, sooner than later. Experts say as a group, millennials thrive on recognition and crave meaningful work. Many get their news from social media, and they all live and die by mobile tech.

As Myra Johnson, vice president of human resources for Heritage Community of Kalamazoo, a client of Healthcare Source, notes, “We’re in the middle of a large paradigm shift on how to use technology to attract, recruit and retain staff and the market for staff in healthcare is more competitive, so technology is increasing in importance as a tool to navigate this shift successfully.”

Something else may surprise providers, says Carle, a man who mentors, educates and guides them day in and day out.

“The most surprising is their work ethic, and many work full- and part-time jobs while juggling coursework,” Carle says of the tremendous college debt load they carry. “Many are pursuing a more ‘mission’-oriented versus ‘earnings’-oriented career path. Based on 9/11 and all the violence we’ve seen in our world since, they clearly and intentionally are seeking careers that can make the world a better place.”

“The battle for talent attraction and retention is going to continue,” adds Marina Aslanyan, CEO of SmartLinx Solutions. “The millennial generation is



Applications must be online, mobile and easy to complete — in two minutes or less, one expert notes.

“We’re in the middle of a large paradigm shift on how to use technology to attract, recruit and retain staff.”

Myra Johnson, Heritage Community of Kalamazoo

known for ‘knowing what they want’ and not settling. Creating and sustaining a strong employer brand and company culture to attract and retain top talent will be very important.

Here are some tips for recruiting younger workers in the years to come, according to staffing professionals interviewed:

- Because Millennials are mobile-device-driven, make it as easy as possible to communicate and apply for jobs.

“Prospective candidates expect to learn about your organization and what it’s like to work for you in just a few clicks. Applying for your open positions should be just as easy. If you don’t have a web presence with an obvious apply process that works from any electronic device, then you are very late to the party,” says

Abercrombie.

- Focus your efforts. “A lot of senior care organizations are focusing on their branding in order to attract residents, but it seems few have focused efforts on branding to capture their share of the workforce,” Abercrombie advises.
- Pay closer attention to “pay and perks,” says Aslanyan. Millennials will be more discriminating than you’ve ever experienced. That said, experts such as Carle have seen that compensation isn’t always a make-or-break proposition. Such “non-monetary currencies” like mission, recognition and ownership (or stake) can be as much a part of the reward as money.

The recruitment part is only half the battle. Keeping the wave of new hires on board requires

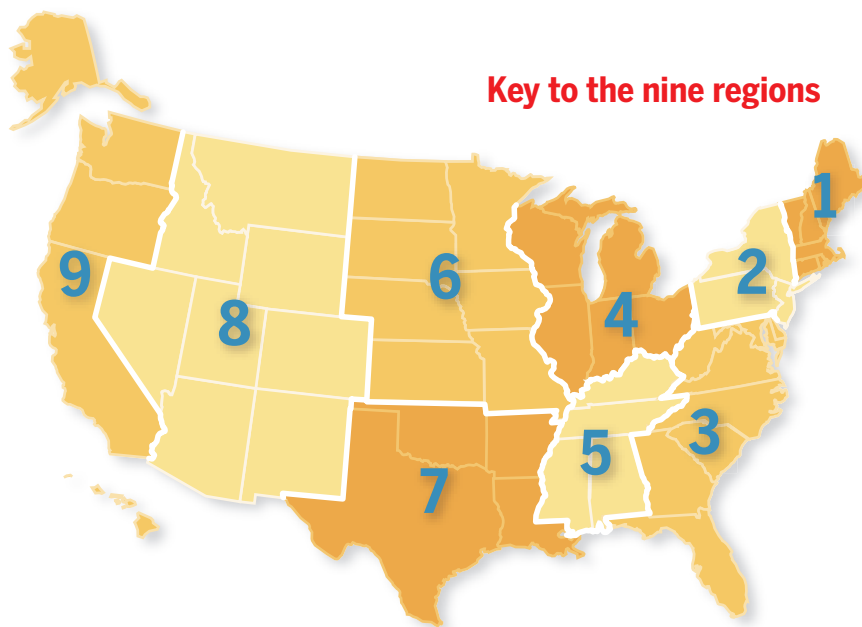
acumen many top-level managers aren’t used to. Woodka asserts that the first 90 days are the most critical part of your new hire’s career at your facility. There are training and onboarding, but more important is engagement, (such as mentoring, rewards/recognition and referral incentives) — “which must be addressed out of the gate to drive long-term retention.”

Organizations such as OnShift, Vikus, SmartLinx and Healthcare-Source provide a wealth of ideas and guides for operators. Many common themes emerge: Providing more flexible work schedules, filling staff gaps judiciously with overtime and agency helps, democratizing open shift assignments, more generous time off and vacation policies — all while empowering staff to manage work-related issues on mobile devices.

Finally, senior living communities must do better at providing increasing challenges and advancement paths. OnShift cites a Deloitte survey that found nearly two-thirds of millennials believe their leadership skills are not being fully developed, yet the ability to progress and eventually take on a leadership role is among the most important factors for millennials when they consider job opportunities.

A major development underway is a three-year partnership between Argentum and OnShift to overcome a host of challenging workforce issues in the years ahead. Their first major foray is the formation of a nonprofit Senior Living Certification Commission to operate and maintain credentialing and certification processes. The first certification test for assisted living executive directors will be administered in fall 2016, with additional programs expected in 2017. ■

Admin pay averages \$100K; DONs \$86,690



- 1 – CT, ME, MA, NH, RI, VT
- 2 – NY, NJ, PA
- 3 – DE, DC, FL, GA, MD, NC, SC, VA, WV
- 4 – IL, IN, MI, OH, WI
- 5 – AL, KY, MS, TN
- 6 – IA, KS, MN, MO, NE, ND, SD
- 7 – AR, LA, OK, TX
- 8 – AZ, CO, ID, MT, NV, NM, UT, WY
- 9 – AK, CA, HI, OR, WA

The Hospital & Healthcare Compensation Service “Nursing Home Salary & Benefits Report” reveals distinct salary differences among regions.

By Liza Berger

The long-term care sector continues to show signs of steady growth, as modest rises in management salaries illustrate.

Among all facilities that participated in the biggest annual survey of long-term care professionals, salaries for administrators saw robust gains in 2015, rising 5% to \$100,000, up from \$95,178 in 2014. Wages for directors of nursing increased 2% to \$86,692.

This is according to the 2015-2016 “Nursing Home Salary & Benefits Report” from Hospital & Healthcare Compensation Service (HCS).

Its 38th annual industry analysis, which is published in cooperation with LeadingAge and supported by the American Health Care Association, surveyed approximately 12,500 nursing homes across the United States. There were a total of 2,089 responses, a return rate of 16.7%.

A more accurate story

While the numbers across all facilities provide valuable information, a truer picture regarding salary changes can be gleaned among the facili-

ties that participated both last year and this year. According to this same-facility metric, administrators’ salaries rose 2.47%, to \$119,197, up from \$116,319 a year earlier. Similarly, assistant administrators also made strides, earning 1.68% more, for an average of \$96,380.

Staffing organization pros are not surprised by the salary upticks in management positions.

“Starting at the top, I think administrators’ rising salaries are mirroring other industries, where the topline is growing faster than the frontline staff,” said Anthony Perry, president of Executive Search Solutions.

Industry observers took note that the position of chief financial officer once again received a higher salary boost than the administrator position this year. The CFO salary climbed 2.5% to \$123,070. Such an increase points to the significance of the CFO position in the nursing home setting, believes Alyson Cutshall, MSW, vice president of Post-Acute Services for the senior-level recruitment firm, B.E. Smith Inc.

“As value-based reimbursement is becoming more prevalent across the healthcare continuum, the role of financial leaders is increasingly

SALARY ANALYSIS

critical,” she pointed out. “Salaries for financial executives across the healthcare continuum are increasing as leaders are expected to strategically navigate healthcare’s changing fee structures.”

Added Rosanne Zabka, director of reports with HCS: “This shows the importance of a financially sound facility, and the CFO role in the nursing home.”

The CFO position was actually the second-highest paid this year. Executive directors are at the top of the salary pyramid, making \$171,008 on average, a 2.16% jump from the previous year. Administrators took third overall in the payment department. Rounding out the top five are controllers, with an average salary of \$104,039, and directors of therapy/rehabilitation at \$97,493.

Cutshall says that salaries of executive directors will continue to rise as a result of the competitive marketplace.

“While salaries for nursing



The market for experienced leaders is heated, one expert observes.

center CEOs have risen, the average salary is still smaller compared to CEOs of other healthcare providers,” she noted. “CEO salaries will continue to rise as nursing centers compete for experienced leaders who can positively impact patient outcomes, drive initiatives to lower

the cost of care, and as healthcare becomes a closer ‘community’ with acute and post-acute organizations partnering across the continuum.”

As more baby boomers enter Medicare, the competition for strong nursing home leadership is intensifying, Cutshall added.

“The market for experienced leadership is extremely competitive as nursing centers seek executives with the skill sets to successfully lead through an increasing demand for care as well as increasing quality outcomes,” she explained.

There is more fluidity between the acute-care market and senior care market, Perry agreed.

“As the industry has become more complicated with the acuity level rising, it’s requiring a more sophisticated leader,” he noted. “These organizations have long ago realized that someone in the industry for 30 years may not be the most equipped to do [a certain position]. It would be better to go with someone in hospital administration, for example.”

And facilities are becoming choosier, Perry added.

“We’re seeing more movement, more activity now than we have over the last two years,” he says. “We’re seeing clients more focused and more selective than they have been in recent years in terms of who they are hiring. I see them being more selective; their screening is more intensive.”

Raises for DONs

Wages also have grown for nursing managers. Among same-participating facilities, the average salary for DONs increased to \$93,290 from \$91,958 a year earlier, a 1.45% uptick. Earnings for assistant DONs in this group experienced a 2.13% rise, to \$69,003 over last year.

Zabka observed that the salary increase for DONs overall was less than in previous years. Salaries among same-participating facilities for staff nurses increased by 2.27%. Typically, salary increases alternate between department heads and frontline staff, she said.

Recent salaries and increases (all facilities by percentage) (\$)

| Title | 2011 | + | 2012 | + | 2013 | + | 2014 | + | 2015 | + |
|---------------|--------|--------|--------|------|--------|------|--------|----------|---------|------|
| Administrator | 93,000 | 2.17 | 94,785 | 1.92 | 95,200 | 0.43 | 95,178 | (0.0002) | 100,000 | 5 |
| Asst. Admin. | 63,000 | (3.55) | 65,000 | 3.17 | 65,300 | 0.46 | 71,050 | 8.8 | 69,222 | -2.6 |
| DON | 81,224 | 2.5 | 82,186 | 1.18 | 82,500 | 0.38 | 85,000 | 3.0 | 86,692 | 2 |
| Asst. DON | 63,442 | 1.6 | 65,000 | 2.46 | 66,425 | 2.19 | 66,560 | 0.2 | 67,320 | 1.1 |

Nursing home administrator (salary medians by region) (\$)

| Fewer than 100 beds | | | | 100 or more beds | | | | All bed sizes | | | |
|---------------------|---------------|---------------|----------------|------------------|---------------|----------------|----------------|---------------|---------------|----------------|----------------|
| Region | Low | Median | High | Region | Low | Median | High | Region | Low | Median | High |
| 1 | 90,002 | 95,058 | 107,404 | 1 | 103,246 | 115,217 | 123,651 | 1 | 96,096 | 108,766 | 120,000 |
| 2 | 90,806 | 100,503 | 113,537 | 2 | 94,750 | 107,326 | 121,250 | 2 | 92,827 | 105,000 | 120,050 |
| 3 | 88,434 | 95,000 | 104,000 | 3 | 99,000 | 110,883 | 123,500 | 3 | 95,000 | 106,405 | 120,000 |
| 4 | 80,356 | 89,620 | 94,860 | 4 | 90,000 | 100,000 | 109,246 | 4 | 86,228 | 95,000 | 105,030 |
| 5 | 79,750 | 89,000 | 97,288 | 5 | 90,019 | 100,000 | 107,156 | 5 | 85,002 | 94,999 | 104,630 |
| 6 | 67,590 | 75,000 | 82,162 | 6 | 80,743 | 87,069 | 96,533 | 6 | 70,759 | 79,780 | 88,811 |
| 7 | 81,427 | 89,059 | 98,000 | 7 | 95,000 | 103,785 | 114,080 | 7 | 90,000 | 100,000 | 110,001 |
| 8 | 82,576 | 91,500 | 100,824 | 8 | 93,964 | 105,395 | 117,374 | 8 | 90,167 | 100,000 | 113,961 |
| 9 | 95,000 | 110,000 | 120,000 | 9 | 113,318 | 125,000 | 135,938 | 9 | 105,000 | 115,130 | 129,908 |
| Nat'l | 77,085 | 90,000 | 100,000 | Nat'l | 94,131 | 105,000 | 117,946 | Nat'l | 88,003 | 100,000 | 112,714 |

Source: “2015-2016 Nursing Home Salary & Benefits Report,” published by Hospital & Healthcare Compensation Service in cooperation with the LeadingAge and supported by the American Health Care Association.

National trend of average salaries

(same participating facilities year-to-year)

| | 2014 | 2015 | +% |
|-------------|---------|---------|------|
| Admin | 116,319 | 119,197 | 2.47 |
| Asst. Admin | 94,786 | 96,380 | 1.68 |
| DON | 91,958 | 93,290 | 1.45 |
| Asst. DON | 67,561 | 69,003 | 2.13 |

Administrator national median salaries

| Facility type | Salary (\$) |
|-------------------------|----------------|
| For-profit <100 beds | 90,967 |
| Nonprofit <100 beds | 75,216 |
| All <100 beds | 90,000 |
| For-profit >100 beds | 105,000 |
| Nonprofit >100 beds | 101,024 |
| All >100 beds | 105,000 |
| All types, sizes | 100,000 |

Salaries by facility revenue (national averages)

| \$ amount millions | Admin | DON |
|--------------------|----------------|---------------|
| <3 | 78,385 | 69,941 |
| 3-5 | 88,538 | 76,403 |
| 5-10 | 98,769 | 85,847 |
| 10-15 | 110,621 | 94,890 |
| >15 | 122,318 | 103,721 |
| All | 101,351 | 87,874 |

Criteria for granting wage increases

(Note: Some facilities reported more than one factor in determining increases.)

Management

| Criteria | % of total |
|----------|------------|
| COLA | 27.3 |
| Merit | 51.7 |
| Step | 16.8 |
| Other | 4.2 |

Registered Nurses

| Criteria | % of total |
|----------|------------|
| COLA | 31.4 |
| Merit | 39.1 |
| Step | 3.8 |
| Other | 25.8 |

LPNs

| Criteria | % of total |
|----------|------------|
| COLA | 28.4 |
| Merit | 38.8 |
| Step | 6.8 |
| Other | 26.0 |

CNAs

| Criteria | % of total |
|----------|------------|
| COLA | 28.3 |
| Merit | 38.5 |
| Step | 7.0 |
| Other | 26.2 |

One key sign of strength in the sector is the continued improvement in actual and planned salary percent increases. Actual percent increase is “optimistically still increasing,” Zabka explained.

The national actual percent increases for management was about 2.46% this year, while the national actual percent increase for CNAs was 2.66%. In terms of planned percent increases, the national average for management was 2.35%, while the national average for CNAs was 2.38%.

The previous year, the actual increase for management was 2.31%, while the actual percent increase for CNAs was a more modest 2.15%. Alternately, management expected a planned percent increase of 2.27%, while CNAs looked forward to a planned percent increase of 2.3%.

Increases of 3% to 5% were common in the past, Zabka noted. “With economic changes, there haven’t been the increases there were 10 years ago,” she observed.

The actual and planned percent increases are an indication that salary budgets are higher than they have been in the past, inferred Paul Gavejian, managing director of Total Compensation Solutions based in Armonk, NY.

“What this is telling us is [nursing homes] are trying to maintain

“Administrators’ rising salaries are mirroring other industries, where the topline is growing faster than the frontline staff.”

Anthony Perry, Executive Search Solutions

their employees, No. 1, and No. 2, they are trying to stop people from jumping ship,” he said. “If you keep people in-house, you don’t have to retrain, you don’t have to start people from scratch. You know what you’ve got in terms of performance.”

While management salaries dwarf lower-level positions, in terms of actual and planned percent wage increases, CNAs outperformed their bosses this year. This again supports the fluctuation that happens year-to-year between management increases and frontline increases, Zabka said.

“We generally do see a fluctuation. One year the support will get a bigger increase. Generally, not everyone gets it all at once, but it is flip-flopping,” she said.

Added work duties play a part too.

“Recent salary increases for nursing center leaders, as well as for director caregivers, in the

nursing center environment are reflective of the evolving roles and the increasing responsibilities place on these leaders and care providers,” explained B.E. Smith’s Cutshall.

CNA increases

One position that continues to see larger growth year-to-year is CNA. The average hourly rate of CNAs increased by 1.96% in 2015, to \$11.82. That increase compares to 1.05% in 2014 and 0.34% in 2013. Industry experts agree that nursing homes are rewarding a position that they recognize is vital to the success of their organizations.

“It is becoming a much more critical position,” Gavejian said.

“[CNAs] are so much about what happens at the nursing homes,” Zabka added. “They are really with the patient so much. It’s such a low-paying job. I think this [larger increase] is the nursing home industry trying to

elevate the wage of the position that is so important to them.”

Cutshall agreed that appreciation is becoming more universal.

“An increasing number of healthcare leaders are recognizing the value CNAs provide both to patient care and the overall culture of healthcare systems,” she stated. “Many studies have shown that residents’ and families’ opinions of care are largely determined by the care, support and relationships developed with their personal caregivers. The financial increase is reflective of providers understanding the crucial role these team members play in delivering quality patient care.” ■

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1. Amabile T, Kramer SJ. The Power of Small Wins. *Harvard Business Review*. 2011;89(5). Available at: <https://hbr.org/2011/05/the-power-of-small-wins>. Accessed March 11, 2016. Medline and Medline University are registered trademarks of Medline Industries, Inc.



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 - Lower costs by reducing agency use, open shifts and condensing time to hire
- **Be the Best:** Get higher quality outcomes, improve satisfaction and boost operational performance with a stable, consistent and engaged workforce
 - Make informed decisions with data-driven insights, predictive analytics and centralized visibility into staffing
 - Drive consistency, facilitate compliance and improve care by staffing to residents' needs
 - Meet CMS' Payroll-Based Journal requirements by collecting, classifying and submitting staffing data with the click of a button



Hold on to what matters.

Long term care providers that effectively recruit, retain and improve the performance of their workforce are poised for success in today's challenging environment. PharMerica offers a range of services that help facilities boost job satisfaction to enhance quality care and outcomes:

- Expert consultant pharmacists, who provide nursing staff with skills training on current treatment practices, F-Tag risks and appropriate medication use
- Professional development opportunities through a wide range of accredited, continuing education programs specifically designed for administrators and nurses
- Technology and tools that enable staff to simplify administrative duties so they can spend more time with residents

Maintain a strong team to advance your position in the market.

Call PharMerica to learn more about how we can help you achieve your workforce goals.


PharMerica[®]

Forward together.

www.pharmerica.com
800-564-1640

PharMerica

Your Long Term Care Pharmacy Experts

PharMerica has been dedicated to the pharmacy needs of nursing facilities for over 30 years. Today, we are a national provider of long-term care pharmacy services, delivering more than 40 million prescriptions a year to over 15% of nursing facilities throughout the country. When you choose PharMerica for your pharmacy needs, we can confidently assure you that we will deliver your medications when needed, help control your pharmacy costs, and ensure you remain compliant with ever-changing state and federal regulations. And we will do it all with exceptional service. Our success in redefining pharmacy management services is grounded in a commitment at every level of our organization to satisfying the needs of our long term care clients and their nursing staff. Contact us today to learn why more and more nursing facilities are choosing PharMerica as their preferred choice of pharmacy.

Our Philosophy

At PharMerica, we continuously strive to bring value-added pharmacy service to skilled nursing and long-term care facilities, assisted living facilities, hospitals and other institutional care settings. We have a singular focus on customer service, collaborating with our clients to develop products and services that help them provide quality care, control costs, and remain compliant with ever-changing regulations. Together, we are transforming the delivery of pharmacy services to ensure clients remain positioned for growth — and success.

Special Solutions We Offer

PharMerica designs its core services to bring our customers solutions to the challenges they face to remain competitive in the ever-changing long-term care industry:

Medication Availability

PharMerica ensures medications are ready when our customers need them through integrated operational approaches, including multiple daily deliveries, STAT deliveries, back-up pharmacy service and 24/7 toll-free customer service. We even offer the most advanced on-site dispensing solution, RxNow, for immediate emergency and first-dose dispensing.

Cost-Containment

PharMerica's cost-containment tools are designed to drive medication savings. Our multifaceted approach drives lower cost generic drug dispensing, therapeutic substitution to

FastFacts



Website: www.pharmerica.com

Phone: (800) 564-1640

Fax: (855) 418-7378

Email: mark.lindemoen@pharmerica.com

Address: 1901 Campus Place, Louisville, KY 40299

Presence: Headquartered in Louisville, PharMerica delivers over 40 million prescriptions a year to nursing facility customers nationwide, operates approximately 103 institutional and specialty infusion pharmacies in 45 states that serve over 300,000 licensed beds, and has approximately 6,000 employees nationwide.

preferred formulary medications, consultant pharmacist recommendations and best-in-class methods to eliminate non-covered charges. Each of PharMerica's cost-containment programs is supported by savings reports, which are reviewed with customers during every quarterly business review.

Compliance and Education

PharMerica's account managers, expert consultant pharmacists and field service technicians all help keep our customers compliant with ever-changing regulations. Our services are specifically designed to avoid F-Tags, including med-pass observations, med room inspections, staff training and education, and we offer a full mock audit to prepare customers for surveys. We also offer numerous educational opportunities, from nationally accredited IV therapy training to accredited symposia on topics essential to both nursing staff and administrators.

How Our Company Services the Industry

The long-term care industry must continuously adapt to thrive in an environment of ever-changing regulations, care initiatives and payment models. PharMerica has become a strategic partner to our clients by evolving with them not only to meet these challenges, but to help them succeed and grow.



TRUSTED
around the globe¹⁻³

Quality of care

Partnering with you to make a difference

For over 50 years, TENA® has partnered with care homes to help meet the needs of each and every resident, while improving the overall care home environment and efficiency. With the right products, services and expertise in continence and personal hygiene care, we help you to make a difference. TENA is ready to stand by your side, enabling you to deliver the best and most compassionate care for every individual.

Speak to your local representative or visit www.TENAProfessionals.us to discover the difference we can make together.

1. Study involving 924 respondents (depending on question) from Canada, France, Germany, Italy, Sweden, UK and the USA. Results vary across countries. Kantar Health. LTC Brand Audit Study. August 2014;1-106.
2. No. 1 Global leader in continence care; Price Hanna, Global Outlook For Hygiene Absorbent Products, February 2015.
3. TENA provides products and solutions for consumers and professionals in more than 100 countries; SCA Data on file.



Together we make a difference

SCA

Company Profile

SCA is a leading global hygiene and forest products company. The company develops and produces sustainable personal care, tissue and forest products. Sales are conducted in about 100 countries under many strong brands, including the leading global brands TENA and Tork, and regional brands such as Libero, Libresse, Lotus, Nosotras, Saba, Tempo, Vinda and Zewa. As Europe's largest private forest owner, SCA places considerable emphasis on sustainable forest management. The Group has about 44,000 employees. Sales in 2015 amounted to approximately \$13.7 billion. SCA was founded in 1929, has its headquarters in Stockholm, Sweden, and is listed on NASDAQ OMX Stockholm. For more information, visit www.sca.com.

Mission Statement

SCA's mission is to sustainably develop, produce, market and sell increasingly value-added products and services within hygiene and forest products markets.

The Culture of SCA

SCA depends on motivated, competent and high-performing employees who have personal drive and who dare to be innovative. SCA encourages everyone to think outside the box. SCA's corporate culture is very conducive to innovation and we motivate employees by giving responsibility and expecting accountability, by involving and empowering our people, as well as giving and taking continuous feedback.

FastFacts



Website: www.sca.com

Founded: 1929

Corporate Headquarters:
Stockholm, Sweden

Total Employees: 44,000

Compensation and Benefits

SCA's reward culture is based on high performance, where every employee recognizes the need to add value for customers and shareholders, and understands the link between her or his contribution and the business priorities. We offer local market competitive compensation and a benefit program that's related to individual performance.

Unique Offerings

Discover your career opportunities with SCA in 60 different countries via our global job portal at sca.com. You can work in areas ranging from forest management to sales. We are unique as a company in managing all parts of the value chain, including forest management, R&D, product development, production, marketing and sales coupled with our important support functions.

The Art of Fine Dining



Madison House, Koelsch Senior Communities
© Karl Neumann

Fine dining is more than a delicious meal. It begins with the environment; elegant Kwalu furnishings crafted to ensure enduring visual appeal that lasts. Your dining experience should be memorable, like fine art. With Kwalu, it is.

kwalu®

Designed to Last®

877-MY-KWALU kwalu.com

10 year
performance
warranty