



# **ECCLI Tool-Kit**

**Extended Care Career Ladder Initiative**

## **A PDSA Milestone Approach to Implementation**

**A coordinated  
partnership of**



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**A coordinated partnership of the  
Massachusetts Workforce Board Association  
and  
Commonwealth Corporation**



**2004**

**Written by  
Lorenz J. Finison, Ph.D.  
Sigma Works, West Medford, MA 02155  
Sigmawrk@world.std.com**

**Formatted and edited by  
Evelyn Harvill and the CommCorp staff**

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# Introduction

This ECCLI toolkit is based on interviews and material from many nursing home clinical and operational staff, local workforce development staff, association and union leaders, and Commonwealth Corporation (CommCorp) staff. The main emphasis is on the nursing home (or center or facility, as they are often called) and its relations with partners, the ECCLI program and the Local Workforce Investment Boards (LWIBs). Many if not most of the same issues are faced, according to our informants, by home-based care agencies. Therefore, with minor modifications of language, this manual may be used for start-up activities in these agencies as well. The “viewpoint” of this manual is that of the nursing home, but it provides assistance to CommCorp staff and the LWIB during the start-up period. The manual is a complete guide, in the sense that it provides assistance through one complete cycle of training, but the emphasis is on the start-up phase.

Many tables are provided in this guide. These will help you to organize the start-up process. They are meant to be suggestions. The manual is also available in electronic form so that you can adapt these tables to your particular needs so as to maximize their usefulness.

## What Is ECCLI?

“The Massachusetts Extended Care Career Ladder Initiative (ECCLI), a part of the Nursing Home Quality Initiative, is based on the premise that the quality of long-term care is linked to the quality of the long-term care workforce. ECCLI’s goal is to improve the quality of long term care through the support of career ladders and other programs and practices that will improve the skills, career and wage advancement opportunities and retention rates of certified nurses aides [CNAs], home health aides, homemakers and other entry-level workers in long term care.

“The program will pursue these goals through projects that:

- (1) Create pathways for wage and career advancement for entry-level direct care workers and other entry-level workers within the long-term care sector;
- (2) Utilize model workplace supervision and management practices that attract, support and develop the long-term care workforce;
- (3) Implement new care-giving practices and identify and upgrade the skills of entry-level, direct care and other low-wage employees to support these new care-giving practices; and
- (4) Demonstrate use of learner-centered educational methods to support the development of employees’ skills.” (Source: ECCLI Round 4 RFP)

# Challenges

“The ECCLI projects are operating in a highly challenging environment, where financial pressures lead nursing homes to the edge of bankruptcy, meeting regulations is difficult, and short-staffing leads directors of nursing to work overnight shifts. Nursing assistants supplement their low wages by working overtime, double shifts, or second jobs. In these conditions, the performance of care is threatened, while the morale within facilities is often low. These problems gave impetus to ECCLI, but they also act as potential barriers to its implementation.

“According to top managers, ECCLI employers face three major everyday operational challenges: the life context of nursing assistants, financial constraints, and staffing shortages. More than half of those surveyed cite childcare, lack of time, language barriers and managing multiple cultures among the top inhibitors to CNA performance.” (ECCLI Baseline Report)

According to our interviewees these challenges translate into a problem in “getting bodies and minds into training seats”. In other words, the “rubber-meets-the-road” challenge is to actually get nursing home staff present at training sessions, with a trainer and training materials. Much effort will be required to make this happen, in the face of all of the obstacles in the current nursing home environment. Do not underestimate the level of effort that will be required.

In preparing to start up an ECCLI project, we know that you will face a variety of practical challenges. The Baseline Evaluation report on ECCLI (Round II) lists these as:

- “the growing pains of creating new partnerships
- neglecting to include in some ECCLI plans ways to address issues core to employee workforce obstacles, such as language issues and multiple cultures
- vague and varied understandings of organizational cultural change; more need and demand for technical assistance than there is supply
- managerial challenges
- limited buy-in among the staff as well as other stakeholders for the ECCLI project
- constrained expectations of the impact ECCLI will have, and of their ability to change
- developing positive labor-management relationships to be supportive of partnerships and training objectives.”

In a interim report authored by the Eaton et al evaluation group, thirty-three conclusions were drawn about what was needed to produce a successful program. Among those most relevant to start-up were the following:

- “To improve attendance, schedulers and nurse managers should be fully involved in the planning of training activities with vendors and facility staff.
- Modify[...] curricula to make them more ‘learner-centered’ – interactive, visual and/or better attuned to learners with little (or negative) formal school experience....
- Clarity about wage increases, how much to expect, when to expect them and what is required to earn them, is valued.
- The projects will be successful to the degree they succeed in bringing nurse-supervisors on board. But nurses need assurance that organizational change will serve patients.
- Allow sufficient planning time in the early phase of projects to enable partners to build relationships and secure ‘buy-in’ of employers, their managers, and other staff.
- While formal, regular group meetings are essential in project governance, informal, one-on-one contact between coordinators and individual administrators is equally necessary to building and maintaining multi-employer consortia.
- Involve workforce partners early on and consistently in project conception, governance, and operational decision-making, to ensure that needs and goals are well established, and that administrators on all sides are ‘bought-in.’”

## Project Milestones

The key to effective performance in an era of tightened budgets and time constraints is to develop a method for measuring and managing project performance. This is especially true in the start-up phases of a project where there is always the tendency to allow a “floating” start date. Time seems limitless in the beginning of any project, but if our start-up activities are delayed, we may never catch up and achieve project success.

This manual is based on the experiences of many persons who have been associated with ECCLI from 2000 to 2002. These experiences have been summarized, and key elements in the project process, called milestones, have been identified.

The manual will be helpful to a wide variety of persons, including Workforce Investment Boards, training providers, nursing home and home health staff, unions, and other partners in the ECCLI process. The intent is to help all partners to develop the capacity to manage the start-up of an ECCLI grant, but the lessons will apply to many other start-up processes as well. Thus, the manual provides a general methodology as well as a specific application to ECCLI.

# Plan, Do, Study, Act

In the development of the milestone approach—critical events tied to a time frame, with permissible variation—we have adapted a summary framework called the Plan-Do-Study-Act (PDSA) cycle of improvement. This method will allow facilities and their partners to systematically implement the ECCLI grant. Each activity must be associated with a milestone: a date (in days from the date of your award letter) on or about which the activity should be accomplished if you are going to successfully complete your project plan. A likely range of variation should also be indicated in accomplishing the milestones.

What is PDSA? PDSA is a broad roadmap for continually improving any process. This process was originally referred to as the Shewhart cycle. In Japan it was called the Deming cycle, after W. Edwards Deming, a follower of W.S. Shewhart who brought many quality improvement concepts to the Japanese electronics and auto industries during the 1950s and 1960s. Sometimes it is referred to as the PDCA cycle (the C refers to Check), but more modern terminology replaces the C with S (S referring to Study). More broadly, PDSA is the basis for continuous quality improvement, a concept familiar to most nursing home leadership. PDSA proposes that, after initiating a project, we **Plan** it. Next we **Do** the project or some portion of the project, preferably on a small scale so as to observe the trial results, and to make improvements. In the **Study** phase, we observe and analyze our observations—we evaluate—with the purpose of improving our aim and implementation. Finally we **Act**, meaning that we translate the trials and the learning from those trials into new policies and procedures. These changes will provide the basis for further cycles of improvement.

One reason for using the PDSA cycle to frame the start-up manual is that this cycle is familiar to many nursing homes, especially those that are accredited under the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). JCAHO mandates continuous improvement strategies be followed by nursing homes.

While we have included chapters on all aspects of the ECCLI process, our major emphasis in this manual is on the ECCLI start-up process.

# Chapter 1. Initiate

Since you or your organization have applied for an ECCLI grant, some amount of initiation and planning may have already taken place, and you will likely be aware of this work. Undoubtedly, you will have a copy of the proposal that received funding and the contract. Since the time lag between writing the proposal and receiving the award letter may be long (e.g., four months or more) we do not assume that things have remained constant in the meantime, rather we assume that things (e.g., staff, partner relationships) have changed. Whether they have changed or not, your previous documentation will most likely not provide the specific and complete guide to action that is needed. If changes have occurred, it is imperative that such changes are reflected in the Statement of Work (SOW) of the contract for the project.

## Getting the Award Letter

You will receive an award letter from Commonwealth Corporation. See Exhibit A.

### Exhibit A. Award Letter

Dear.....

Congratulations, I am pleased to inform you that your proposal in response to the Request for Proposals from the Massachusetts Extended Care Career Ladder Initiative has been provisionally selected for funding in the amount of \$yyy,yyy.yy.

Xxxxx from the Commonwealth Corporation will contact you in the near future to discuss any necessary changes to your budget. Upon the successful conclusions of negotiations, a contract will be issued to your organization. Program start-up may not begin and costs may not be incurred until Commonwealth Corporation receives a fully executed contract.

Again, congratulations. We look forward to a successful program.

# Working with Nursing Home Leadership

All of the evidence to date suggests that without very strong buy-in and active support from the Administrator, the Director of Nursing (DON), nursing supervisors, persons responsible for scheduling, and possible union representation, the ECCLI project will not succeed. This means that there needs to be regular meetings at which these people and the project leader get together to plan, troubleshoot, and make implementable decisions regarding the project. Starting the ECCLI project means starting these meetings immediately and beginning to take action, even in the absence of a project leader.

Think very carefully about what you want to accomplish in these early meetings. Topics might include the following:

- How often will the leadership group meet?
- Who should be in leadership group?
- Hiring or assigning project leader
- Negotiating a contract with Commonwealth Corporation
- Assembling a team to contact and/or negotiate with the training vendor
- Identifying partners and a process for working with partners (e.g., unions, career centers, Community-Based Organizations (CBOs), LWIB)

Table 1 will help you be sure you have the right people at the table.

**Table 1: Start-up Nursing Home Leadership Meetings**

<b>Leader Name</b>	<b>Rationale for Inclusion/Exclusion</b>	<b>Notes</b>

## **Appointing a Project Coordinator**

A very early step in an ECCLI project is hiring a project coordinator or reassigning a current staff member to this function. If you are reassigning a current staff member to this position, their position must be backfilled. Whether this is a new hire or a reassignment, there are certain characteristics a project coordinator needs to embody. These characteristics are listed in Table 2. If this person is missing one of the characteristics, then this must be made up by other key leaders willing to get actively and directly involved, and who have the time to do so. The Project Coordinator must be appointed in the first two months of the project. But do not wait for this person to be on board to start: avoid the “floating start date.”

### *The Project Leader in the Organizational Structure*

The place of the Project Coordinator in the hierarchy of the organization is a key component of success, according to several interviewees. The Project Coordinator should report to someone who can compel or influence the CNA schedules, such as an administrator, HR director, or DON.

## Exhibit B. Draft Job Description: ECCLI Project Coordinator

Qualifications: Organized, detail oriented, flexible, assertive cheerleader for a new program. Excellent organizational skills, word processing database/spreadsheet skills. Ability to work well with all levels of staff, including administrative, supervisory, and front-line staff, and union representation.

Responsibilities include

- Serves as the primary liaison among program partners
- Develops and implements promotional activities designed to gain employee interest in training programs
- Communicates information to department managers and employees of upcoming training programs via employee newsletter, postings, payroll flyers, facility and unit events, visits to units
- Schedules all levels of employees into multifaceted training programs, including culture change programs, leadership programs, ESOL, and career counseling.
- Assists trainers with registration and evaluation processes at each facility
- Maintains database and corresponding documentation for reporting to Commonwealth Corporation
- Attends Commonwealth Corporation meetings for training in reporting requirements
- Work with Business Office to facilitate timely invoicing of expenses related to the program
- Attends project coordinator meetings and other special meetings and events relevant to program evaluation and technical assistance
- Order supplies and equipment approved by grant contract for use in the training program
- Attends meetings as required, including in-service meetings
- Assists with special projects and performs other duties as directed by supervisor

**Table 2. Characteristics of Project Coordinator**

Characteristic	Does our candidate have this characteristic?	If not, how will we “make it up”
Assertive		
Detail oriented		
Cheerleader		
Flexible		
Works well with DON, CNA, Scheduler, Union		
Organized		
Strong communicator		

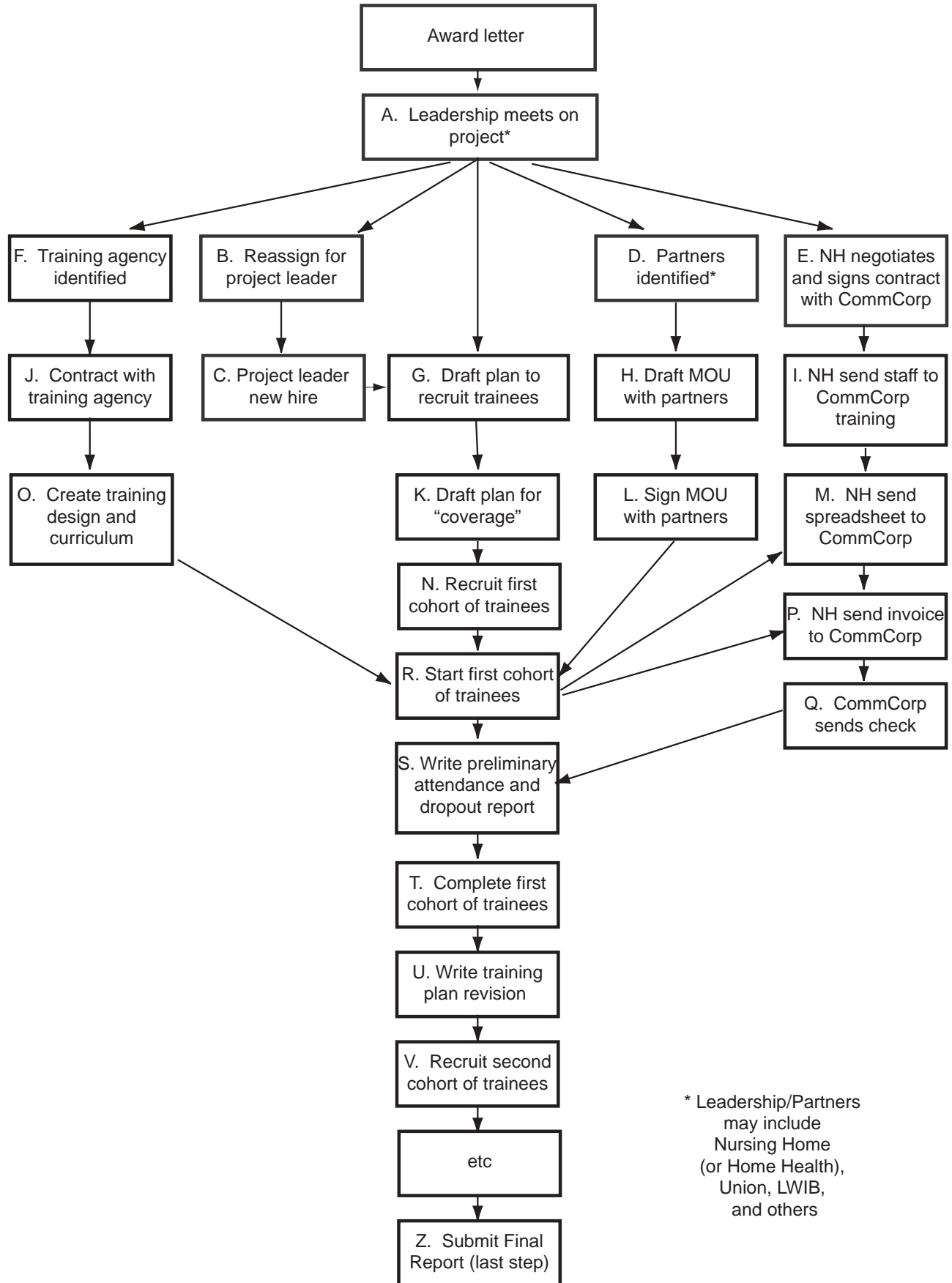
# Committing to a Calendar of Milestones

One of the great perils in any busy organization faced with a new project is that of the “floating start date.” It is always easier to put off the investment of time when faced with everyday crises that must be attended to in a nursing home context. Keep this from happening by developing a calendar of plans, products and events. Make sure that the calendar is both realistic and will get you where you need to be in terms of numbers trained by the end of the project. We have developed a table that you may use for this purpose. Treat this table as a living document. As you work on the project, dates will need to be changed, based on your experience. But keep to the discipline of always going back to the milestone document and ask these questions: Is it realistic? Will it get us to the destination promised in our contract? What needs to be changed to meet both objectives?

In Figure 1 we have provided a tree diagram that illustrates the principal of “parallel processing”. Many of the activities in ECCLI start-up need to be done at the same time. The tree diagram indicates a rough order of sequence as well. One way to use this chart is to put in the target dates for each of the activities, starting from your goal. That is, if you have a target date to finish your first round of trainees, then what milestones would need to be accomplished by what dates for this to happen? Remember to allow for some slippage in dates.

You may use either the tree format in Figure 1 or the tabular format in Table 3 to plan your ECCLI start-up. Understand that the tabular format may encourage you to think in a strictly sequential manner, but some aspects of the project need to be done in parallel processing, as you can tell from the tree diagram. It is very important to take into account the possible variation in accomplishing your target dates, whichever format you use. This will alert you to possible counter-steps to make sure that your project does not get delayed. As leadership for the project, remember that you are responsible for making the plan happen, and for making a plan that can surmount inevitable delays.

Figure 1. Illustration of ECCLI Milestones



\* Leadership/Partners may include Nursing Home (or Home Health), Union, LWIB, and others

**Table 3. ECCLI Milestones**

<b>Milestone</b>	<b>Target Date</b>	<b>Possible Variation</b>	<b>Comments</b>
Award Letter	0		
Nursing Home Leadership Meets	7 days	2 days +/-	Check vacation schedules
Project Leader Assigned or Hired			
Draft plan for recruitment			
Draft plan for coverage			
Partners Identified			
Draft MOU with partners			
Sign MOU with partners			
Sign Contract with CommCorp			
Training Agency Identified			
Draft Contract with Training Agency			
Sign Contract with Training Agency			
Create Training Program (Design, Curriculum)			
Send Key Staff to CommCorp Training			
Recruit First Cohort of Trainees			
Start First Cohort of Trainees			
Send Spreadsheet to CommCorp			
Send Invoice to CommCorp			
Receive Check from CommCorp			
Compile Data on Attendance, Dropout			
Complete First Cohort of Trainees			
Celebration Event			
Report on CNA Promotion			
Prepare Training Plan Revision			
Recruit Second Cohort of Trainees			
Submit Final Report			

This table is meant to be a living document. As you go through the planning steps in the next chapter you will need to revise it. And as you learn from experience, you will revise it again and again.

# Chapter 2: Plan

## What Are the Elements Needed?

Our interviewees suggested that there were many elements to be considered in planning your first cycle of training. Very likely some of these elements are in your contract with to CommCorp. But check, things may have changed, and it is very unlikely that there is enough detail in the proposal to give you a clear guide to action.

### *Drafting a Plan for Recruitment*

**Table 4. Elements Needed in a Recruitment Plan**

<b>Element</b>	<b>Date</b>	<b>Who Involved</b>	<b>Who Responsible</b>
Kickoff events			
Workers' voice (e.g., employee surveys)			
Employee small group meetings			
Focus groups with managers, union			
Career Ladder Fair Days			
One-on-one with managers			
One-on-one with CNAs			
Flyers			
Posters			
Newsletter articles			

The recruitment plan should be re-evaluated during and at the end of each training cycle, to assure success.

### *Drafting a Plan for Coverage*

For each training date, and for each unit involved, you should have a clear plan for which staff will be at training. It is also critical to plan who will cover for these persons during the time the trainee is off the unit and who will be responsible for ensuring that coverage is available, assigned and on the unit in a timely way. The transition for the trainee needs to be non-stressful so that he/she can adequately prepare for the training session.

**Table 4. Planning Coverage for ECCLI Trainees**

<b>Unit</b>	<b>Date</b>	<b>Time</b>	<b>Staff Persons in ECCLI Training</b>	<b>Who Covering, and When</b>	<b>Who Responsible</b>

### *Worst-Case Scenarios to Avoid*

Your careful planning of start-up activities is meant to avoid worst-case scenarios that result from lack of buy-in among the facility management, supervisors and CNAs. Here are some:

- Administrator and/or department heads have only lukewarm commitment to ECCLI. CNAs are volunteers who sign up for individual sessions and are then frequently pulled out of training and back to units—sometimes abruptly—because they are needed to work on the unit.

- CNAs are made to feel guilty about leaving the unit by other CNAs and direct supervisors, because this leaves other CNAs with more work to do, or leaves CNAs with the feeling that “their” residents are not getting their own (optimum) care. CNAs then fail to show up at training sessions.
- Poor union-management cooperation. Union involvement is required under the terms of ECCLI, yet the degree of union-management cooperation has varied greatly within the ECCLI projects. This has produced significant delay in some instances, and resistance to full involvement by CNAs. Consequences? Declining interest in the ECCLI program, declining enrollment, and consequent failure to “match” as required by contract.

## Working with Partners

### *Identifying Partners*

You may have identified partners as part of the grant application process. At this point you may need to add partners to assure that all of the training, counseling, and support activities are accomplished.

### *Unions as Key Partners*

A key partner in the ECCLI process needs to be the union, if this is a unionized facility. Several different sources knowledgeable about ECCLI have indicated that active cooperation of the union is important for the success of the ECCLI process. This occurs because the union is in a key position to encourage or discourage CNA involvement, because the union frequently has information about the key needs of staff, and finally, because many of the changes sought by ECCLI touch on union contract provisions, and are therefore potentially negotiable. Hopefully, many of these issues have been worked out in the process of developing a grant proposal, but they may not have been developed to the level required to make a successful project. Having a union steward or other representative knowledgeable about ECCLI involved in an Advisory Committee will be helpful. Since the ECCLI process is at least a three-way process at the operational level (management, union, and training provider) it will be useful to ensure that this group meets on a regular basis. In addition, if the union maintains a formal Worker Education Program, this program might be involved early on in the process of training development. Conversely, an early sign of potential weakness in a project will be a lack of union involvement in start-up leadership/partnership meetings.

Some examples of labor-management issues on which there needs to be discussion are listed on the next page.

## Exhibit C. ECCLI-Related Union-Management Issues

- Wage changes
- Bonuses
- Benefits changes
- Conditions of work change
- Paid time for training (e.g., at the very least 50% is required). Is training disrupted to “punch out”?
- Volunteered time for training
- Union help in recruitment – shift, floor meetings
- Surveying for skill needs
- Who goes to training?
- What about testing? Outcomes? Confidentiality?
- Equity issues (e.g., if only ESOL is offered, what about native English speakers; what about backfilling on units for persons off for training? Does this raise equity issues?)

## Exhibit D. Process for Union Involvement

- Identify union representation inside (e.g., steward) and outside of facility (e.g., representative)
- Include steward and representative at key decision-making meetings
- Use chart of union-management issues as a checklist.
- Determine how the successful grant proposal and union letter of support covers each of the topics in the checklist.
- Discuss how to cover the missing topics
- Based on this discussion, develop a Memo of Agreement/Understanding.
- Continue regular leadership meetings, including Union representation.

## Drafting a Memo of Understanding with Local Partners

It is important to obtain a memorandum of understanding with the partners in this ECCLI project. Very often this will already have been done with the submission of the ECCLI grant. Even here, however, it is possible that the partners have changed, or that the conception of the project and partnership arrangements needs to change, based on further investigation of the needs of the workforce to be trained, and the resources available in the community. Therefore, revisit the memorandum of understanding (or agreement) with the partners, and assure that all partners are still committed.

## Exhibit E. Sample Memorandum of Agreement

### *Health Care Partnership of Massachusetts Memorandum of Agreement*

#### **General Purpose of This Memorandum of Agreement**

The purpose of this agreement, entered into by the partners listed below, is to develop and implement a project, funded by Commonwealth Corporation's Extended Care Career Ladder Initiative, to improve the quality of care in long term care facilities, increase employee retention, and increase career and wage opportunities for Certified Nursing Assistants (CNA).

#### **Description of the Project**

Our partnership will continue to assess and identify the issues that affect quality of care and CNA recruitment and retention and focus on these key components: better preparation for entry into the CNA position, opportunities for increased learning and increased wages, and resolution of the two factors that traditionally affect retention – child care and transportation.

#### **Partners**

- Nursing Home 1
- Nursing Home 2
- Nursing Home 3
- Nursing Home 4

#### **Terms of Agreement**

1. Each partner will have a representative attend and fully participate in meetings of the Advisory Committee.
2. All partners will have equal participation in decisions that are made.
3. Funds will be utilized in accordance with the budget submitted.

#### **Duration, Revision and Termination of Memorandum of Agreement**

This agreement will be in effect from January 12, 2001 through June 30, 2002, pending approval of the partnership's grant application. This agreement can be revised any time with the approval of all parties.

Note that this Memorandum of Agreement does not include the union as a partner, a potential problem in carrying out a successful project.

## *Roles and Responsibilities of Regional and Statewide Partners/Funders*

ECCLI project staff at Commonwealth Corporation includes: Project Director, Program Manager and Fiscal and Data Manager.

Project Director's responsibility include:

- Oversight responsibilities for the administration of the ECCLI project across Massachusetts
- Coordination of the ECCLI Statewide Advisory Committee
- Coordinates the activity of many external partners including workforce development
- Contract negotiation
- Maintains fiscal integrity of the project
- Coordinates technical assistance activities for ECCLI sites
- Works with CommCorp's Research and Evaluation Team on ECCLI evaluation activities
- Develops policies for the program vendors, operators and partners

Program Manager's responsibility include:

- Responsible for day-to-day program activity
- Assists with all aspects of project implementation
- Coordinates performance management activities with local workforce investment boards
- Processes contract modifications
- Directs ongoing assessment of operational systems for ECCLI and identifies areas for development and improvement.

Fiscal and Data Manager's responsibilities include:

- Processes site invoices for payment
- Performs monthly performance review of site expenditure and match requirements
- Contacts fiscal agent clearing any discrepancies on invoices
- Provides training to ECCLI sites in proper invoicing and data reporting requirements
- Works with CommCorp's operations director on newly developed web-based data reporting system, ensuring accuracy of data reporting.

Massachusetts Workforce Board Association assists with the overall success of the project and provides leadership, technical assistance, and resources to ensure the implementation of the performance management role for the LWIBS (Local Workforce Investment Boards). These activities include:

- Implement a performance management role for LWIB's ECCLI V, VI, and VII sites
- Participate in Advisory Committee (all sites) and proposal/project review
- Support LWIBs through meetings and Technical Assistance
- Liaison between CommCorp and the LWIBs for performance management activities and information updates to ensure the LWIBs are fulfilling their agreements
- Assist with marketing to employers, legislatures, and the public
- Provide an overall Project Evaluation Report, based on information and feedback from LWIBs.

Local Workforce Investment Boards in Boston, Brockton, Cape Cod and the Islands, Hampden, Lower Merrimack, Metro North and Southern Essex provide resources and technical assistance to the nursing homes and home-based care providers of the Round IV sites. In the past, nursing homes and LWIBs have developed a variety of relationships to advance the ECCLI project. The depth of these relationships has depended upon the level of staffing of the LWIB in the region, and nearby regions, and upon their past experience with ECCLI. As the "performance management entity" the LWIB is responsible to monitor the ECCLI project to ensure that it stays on track to a successful conclusion. Therefore, the LWIB will be vitally interested in your accomplishment of the key milestones in the ECCLI start-up process, and in helping you if there are barriers. In Round IV of ECCLI, each LWIB with an ECCLI project has been assigned funding to carry out a performance management function. Performance management and assistance with project start-up includes working with the providers to:

- Ensure the program start-up milestones are completed in a timely manner
- Complete a minimum of two site visits to evaluate the progress of the project, and
- With CommCorp, develop an action plan to address any issues or Technical Assistance needs identified

### *What the LWIB is Not*

It is important to note that the LWIB is not the contract administrator in the ECCLI process. All contract management functions belong with CommCorp. LWIBs are a resource and a performance measurement and management monitor, to assure project success. Your contract is with CommCorp, and therefore contract issues must be worked out with CommCorp and their associated staff.

Very early in the project (we suggest within a week or two of the award letter) you should have a meeting with the LWIB staff person who has been assigned as your contact. The contact person will need to be up-to-date on your progress in order to be helpful in solving problems you may encounter. Your first meeting(s) should give you a clear understanding of the kind of start-up data the LWIB needs, how to deliver it, and when. CommCorp will keep the LWIB apprised of other data.

### *What the Nursing Home Can Get from the LWIB*

In your conversation with the LWIB you should be clear on what you may need from this resource. For example, you may need help in connecting to sources of training such as community colleges and other training institutions, or case management organizations that can help to support your CNAs and other staff to be trained. The LWIB, as the workforce expert in your region, should be able to provide this kind of networking help.

## **Working with Commonwealth Corporation**

### *Start-up Visits*

CommCorp and the LWIB will schedule site visits/meetings with the local project staff to cover the implementation schedule and ensure that the vendors proposed for the project are prepared to meet the contract objectives and milestones and to determine what assistance is needed. From this meeting, the LWIB/CommCorp will develop an action plan. Nursing homes will receive a copy of this action plan. In addition, the nursing homes will receive ongoing feedback/communication on Invoicing and the Data Reporting Spreadsheet from CommCorp.

### *Sending Nursing Home Staff to CommCorp Training*

You will be expected to send key staff to CommCorp training, as your project gets underway. This will be critical in your understanding how to transmit data and invoices to CommCorp, and how to avoid delays in payment due to errors and omissions. Be sure that you have trained a back-up person in your center that knows the procedures. For example, if you have only one person who knows how to enter ECCLI data, and this person leaves the facility, you may experience delays in data submission (and therefore reimbursement) until you can get another person trained. Bottom line: send two people to training, including the back-up. Do not rely on the “buddy” training system—that is an invitation to error and delay.

## *Sending Invoices to CommCorp*

Using the Standard Invoice Form provided by CommCorp, the Contractor agrees to submit invoices for payment monthly. The required 50% minimum salary match must be reported on every invoice using the appropriate line item on the invoice form. Expenses appearing on invoices that are older than sixty (60) days from the close of the current invoice period may not be reimbursed. Invoices may not be reimbursed if the Contractor's required reporting data requests are not current.

All final invoices must be marked "Final" and submitted for payment no later than sixty (60) days from the completion date of this Contract. No invoices will be honored if received sixty (60) days or more after the completion dates of this Contract. If the contractor is working with vendors to provide services for the project, it is important that the contractor require timely submission of invoices from them.

## **Working with Training Agencies**

### *Identifying a Training Agent*

You may already have established a training partner(s). If not, work with your LWIB to identify a training partner(s). The training partner(s) should meet the following characteristics:

- Be flexible and willing to work around the scheduling needs of your facility
- Have experience working at appropriate educational levels
- Have experience working in a culturally competent way with trainees
- Have experience working in a union environment, if that is appropriate for your setting
- Have sufficient trainers available to provide back-up in case a key trainer is ill or leaves

**Table 5: Selection Factors for a Training Agency**

Potential Training Agencies	Evidence of flexibility in scheduling	Evidence of experience working at your CNAs level of education	Evidence of cultural competence in training	Evidence of availability of back-up trainers

*Contracting with a Training Agent*

The contract with the training agency should include the potential for periodic reviews of the quality of training, timeliness of meeting CNAs needs, satisfaction and learning of trainees. At least several of these reviews should be conducted very early in the training process so that quick course corrections can be made if needed.

# Chapter 3. Do

## Create and Implement Your First Cycle of Training

### *Create Design*

Your ECCLI design may already exist. The overall design should contain a defined Career Ladder. For example:

- Certified Nursing Assistant (I)
- Restorative Nursing Assistant (II), e.g., Alzheimers Care, Palliative Care
- Nursing Assistant Specialist (III), e.g., Leadership or Mentorship Role
- Nursing Specialist, e.g., “Bridge program”

Within each of these levels, you should have a series of training modules outlined that provide the basis for your further planning. For example:

### **Restorative Nursing Assistant (II)**

#### Unit 1: Introduction to Level II

- Module 1. Restorative Nursing
  - A Definition
    - Recognizing normal aging (including pain management)
- Module 2. Caring for a resident with impaired mobility/ADLs
- Module 3. Caring for a resident with impaired dining skills
  - Nutrition
- Module 4. Caring for a resident with impaired urinary continence
- Module 5. Caring for a resident who is at high risk for falls
- Module 6. Documentation

#### Unit 2: Developing Relationships

- Module 7. Facilitating change
- Module 8. Effective communications
- Module 9. Introduction to team building
- Module 10. Taking care: stress management

The key here is to recognize that whatever design was developed during the grant proposal process may not be what the current group of nursing managers and supervisors and CNAs now want, if they were consulted at all during the design phase – you may have to create “buy-in” all over again. And you are dependent on their buy-in to make the program work. So consult with them again to make sure that their wants and needs are included in the design.

## *Create Curriculum*

In creating a curriculum, you will want to work closely and assertively with your training provider. Your training provider will frequently have some standard programs or be able to contract with faculty who have such programs. Make sure that these programs are adapted for your needs, in terms of topics, contents, and scheduling. Make the Director of Nursing and Nurse Managers part of these discussions. They will be much more willing to let CNAs off the units if they have had a hand in shaping the contents of the training.

## *Ownership of the Curriculum*

Make sure that you have a clear understanding about who owns the curriculum and materials developed under the ECCLI Program. Typically, curricula and materials developed specifically for the ECCLI Program under a contract agreement are owned by the funding source (CommCorp). An unlimited no-cost license to use the materials is usually granted to the contractor and training provider. Pre-existing curricula and materials owned by the training provider and used in the ECCLI Program remain the property of the training provider. You will want to make sure that you and your training provider(s) have a clear understanding of this, or any alternative ownership arrangement that may be negotiated.

## *Career Counseling*

Career counseling is an activity that is required under your ECCLI grant. Each worker will need an individualized training plan. You should work out your approach to such planning and counseling with your management, union, and training provider, subject to the terms of the ECCLI grant.

## *Scheduling*

“Scheduling is a key issue that can take a theoretically viable program and send it down the tubes” to quote a key administrator of an ECCLI program.

Facilities have experimented with different methods of scheduling. One popular method is to have CNA training scheduled from 2:00-4:00 p.m. In this model, CNAs from the 7:00 a.m.-3:00 p.m. shift get off an hour early for training, and CNAs from the 3:00-11:00 p.m. shift arrive an hour late, after training ends. CNAs therefore make a one-hour contribution of time, and the facility makes a one-hour contribution of paid time. In scheduling, work carefully with the nursing leadership, and especially with the person responsible for scheduling of staff, in order to arrive at the best schedule. You may need to be assertive with your training provider to ensure that the training schedule meets your needs rather than the training provider's needs.

### *Recruit the First Group of Trainees*

It is clear from discussions with facility leadership and others that there is a fine line between treating the trainees as volunteers for the program, and allowing them to simply show up for individual training sessions. Every evidence is that the program as a totality needs to be voluntary, yet many CNAs need to be prompted to take part. They may fear language barriers. Because of past failures in academic settings, they may not be confident of their abilities in a classroom. Also, they may fear the repercussions on their units—they feel they are abandoning their assigned residents or their co-workers. Or they may be unclear what they have to accomplish to pass the level of training being offered, or the rewards for doing so. The recruitment effort will be much more encompassing than simply posting flyers and waiting for volunteers. Many facilities have used combinations of staff luncheons, unit meetings, and one-on-one meetings to recruit volunteers. Case management sessions with a career counselor will be helpful in addressing some of these concerns.

Most facilities require an application process for career ladder training. This process may include: interview, letter of support from their nurse manager, and a written request to participate from the worker.

### *Volunteerism Versus Required Attendance*

Volunteers need to be aware that they are signing up for the entire series of seminars, not just a few. Once in the program every effort must be made to ensure that they attend all meetings. To reemphasize, it is voluntary to sign up, but once signed up, the CNA must make a commitment to attend all sessions.

It is clear from examination of some failures, that once a commitment is made, then attendance must be mandatory. This is because the daily pressures to remain on the unit will be high. Everyone, including all managers, should be continuously reminded of CNAs specific scheduled hours off the unit for training, and the need for them to get to training on time.

In one successful case this meant that the DON at morning nurse-manager meetings reminded each nurse manager of the specific individuals involved and the importance of planning for their absence from the unit. In addition, two personal reminders were given during the day to the CNA involved.

### *Creating a Realistic Schedule*

The key for creating a realistic schedule is to not overload any unit with participating CNA staff. One facility had a ground rule that only one CNA could be taken from the unit for training at a time. This seemed to work well in gaining acceptance from supervisors and in promoting attendance from CNAs.

### *Tardiness and Absence*

Lateness to training is a preliminary sign of eventual absence and dropout. After each session, you should collect and analyze data on several aspects: number scheduled, number late, number absent, and if you are collecting satisfaction data at each meeting, average satisfaction level and range (lowest to highest).

# Chapter 4. Study and Evaluate

Study the process you have used to get your first cycle of training up and running, the training process, and the results to identify what should change, and what should remain constant.

One of the key aspects to making ECCLI a success is to analyze data from the start-up process. It is imperative that you pay attention to the ideas that you collect from the data. These data are the key milestone events, recruitment and continued timely attendance of CNAs and other entry-level staff for whom the ECCLI program is designed.

## Keeping CommCorp and the LWIB informed

### *Understanding Data Requirements under State Legislation*

The Commonwealth of Massachusetts authorizing legislation under which ECCLI is funded has some very specific data requirements. These data requirements relate to the increasing insistence that programs justify their existence on the basis of outcome measures and results. In order to help long-term care providers address these critical workforce concerns, the Commonwealth has provided resources to increase employee retention, stabilize workforces, promote employee skill development, and support career and wage advancement. Many people around the Commonwealth but also around the country have an interest in this initiative.

CommCorp will provide a standard format document to record the project's data. The data to be collected are:

- Participant Information
- Participant Training Information
- Outcome/Participant status change Information
- Semi-Annual Employer Information

Specific participant data to be collected includes name, employee status before ECCLI training, what ECCLI training the participant completed, and any changes in employee status after ECCLI training. It also includes Employer Information on the number of employees hired and retained; used to calculate retention rates; as well as data on recruiting, overtime, and agency costs.

The LWIB will be concerned particularly with your plan for passing the milestones, and then keeping informed as you do pass them. Communicate this directly to the LWIB.

## *Sending Data to CommCorp*

CommCorp has created a web-based data reporting system to collect required ECCLI data. Access will be via the Internet. You will go to the CommCorp website where you will be directed to a link where you can access the database system. Each ECCLI site will be provided with a personal identity number (PIN) and password to ensure the confidentiality and security of the data. The database has been designed to make the data-entry process as user friendly and mistake proof as possible. You will receive training from CommCorp on how to access and use the database system. At a minimum, participant data must be reported or updated on a monthly basis; however, the data reporting system allows you to enter and update data at anytime. This feature gives sites the ability to enter participant data and track changes as they occur instead of having to wait for a reporting cycle. The database will allow each site to run reports that check and validate your data, and measure your performance against your plan.

Remember, reimbursement of your training and other expenses is tied to your timely reporting of monthly participant data. Make sure that staff people responsible for keeping records receive training on how to access and use the database, that they attend all required CommCorp technical assistance sessions, and always have a trained back-up person to guard against possible staff turnover.

## *Data on Recruitment*

Pay particular attention to the following patterns:

- Who volunteers?
- Who does not volunteer?
- Are certain units overrepresented or under-represented? Why?

These measures will be key to improving your start-up process. If certain units are under-represented, does this occur because of resistance by the unit supervisor? By negative attitudes and “guilt-tripping” by other CNAs? By a lack of awareness of the benefits to the CNAs and to the residents that could result?

Use a recruitment table to systematize your data collection about recruitment.

**Table 6. Recruitment Table**

<b>Training Program</b>	<b>Scheduled Days and Times</b>	<b>Unit</b>	<b># Recruited</b>	<b># Not Recruited</b>	<b>Why Not?</b>

### *Data on Lateness, Attendance, and Dropouts*

As important as recruitment data is, even more important will be data on lateness, attendance and dropout. For example, is there a pattern of CNAs from certain units being consistently late? If so, you need to follow-up. How many are late? How many are dropping out? Who is dropping out? Are there any real patterns here? If so, what is their cause?

### *Data on Trainee Satisfaction*

Trainee satisfaction data collected during the ECCLI process will also be very useful. This is ideally collected at the end of each training session. Collecting it in this way will allow you to track changes in satisfaction over time, and react quickly to any decline in satisfaction (which will likely lead to absenteeism and dropout if not addressed). You will have to take special care to ensure that satisfaction data collection forms are filled out at each meeting. It is recommended that the project coordinator observe training classes while in session.

**Table 7: Typical Survey Items to Assess Trainee Satisfaction**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Class was interesting	5	4	3	2	1
Information was meaningful	5	4	3	2	1
Teaching method was effective	5	4	3	2	1
Handouts/assignments were helpful	5	4	3	2	1
I learned new things	5	4	3	2	1
This class will help me do my job better	5	4	3	2	1
Leader was tuned into CNAs needs in this class	5	4	3	2	1
Other _____	5	4	3	2	1

### *Data on Learning*

In addition to satisfaction, it will be helpful to briefly address whether each training session is meeting its learning goals. A carefully constructed (and non-threatening) measurement of learning will be useful. This measurement will need to take into account the literacy and language diversity you will likely have among the trainees. This kind of data will allow you to document whether your training is accomplishing the learning goals for each day, and whether you and your trainers need to change course. Obtaining this data in a routine way, from the earliest sessions will help you to take action in a timely way. This measurement should not have the appearance of a test but rather should be built into the training itself, in a seamless manner. For example, the items to track learning could be built into a game format. As with the data collection on satisfaction, you will need to take special care to ensure that everyone fills out the data collection forms.

### *Training Day Data Summary*

Table 8 will assist you in keeping records, diagnosing problems, and creating a follow-up plan with your training provider.

**Table 8. Summary Analysis of Attendance, Satisfaction, Learning and Follow-up Plan**

Training	Date and Time	Unit	# Scheduled	# Late	# Absent	Average and Range of Satisfaction	% Meeting Goals	Diagnosis	Follow-up
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Etc.									
Unit Total									
Facility Total									

In addition to looking at the daily attendance, satisfaction, and learning data, you should examine data on dropout, and you may use Table 9 to help you do this.

**Table 9. Analysis of Seminar Drop-Out and Follow-up Plan**

<b>Training</b>	<b>Time Frame</b>	<b>Unit</b>	<b># Scheduled</b>	<b># Dropped Out</b>	<b>Diagnosis</b>	<b>Follow-up Plan</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
Unit Total						
Facility Total						

# Chapter 5. Act

## Act on the knowledge gained in your first cycle of training

### *Revising the training*

Use your data and experience to generate changes in the recruitment, scheduling, coverage, and training processes. While it may seem attractive to adopt the attitude “if it ain’t broke, don’t fix it,” improvements can always be made, based on the strong data you will have on recruitment, attendance, dropout, satisfaction and learning. Bring the leadership group together to examine these data, to determine if changes are needed in the next cycle of training. For example, you may discover that most of your dropouts are non-nursing staff. This might indicate a need for greater involvement and buy-in on the part of key non-nursing department heads and supervisors.

### *Contract Changes*

Remember that if you make changes that affect the ECCLI contract, CommCorp must approve these changes. Contact the program manager at CommCorp to discuss any program changes that might have a bearing on your contract **before** initiating these changes. Once discussed, all requests for contract modifications must be submitted in writing to CommCorp. The request must include a letter with the original signatory and, where applicable, a revised SOW including all changes, such as timeline, courses, number of participants, budget, and budget narrative. See the Special Terms and Conditions section of your contract for additional details.

### *Changing Policies to Support Training*

In many cases, improvements will require change in policy. This is a key question for leadership. If the ECCLI approach envisions a culture change within nursing homes, then part of the culture change will involve facility policies. In a union setting this may also require changes in contract language. For example, if there is to be a change—such as bonuses for those who have completed mentor training and are mentoring new CNAs for a specific period of time—this may be a policy change as well as a union contract change. In addition, this may have a bearing on your ECCLI contract and will need to be approved by CommCorp.



# Appendix 1

## List of Resources (Including Who to Call for Help)

There are many people who are committed to making ECCLI a success, and who may be contacted with questions. Among them are:

### *Commonwealth Corporation*

Schrafft Center

529 Main Street, Suite 110

Boston, MA 02129-1125

(617)727-8158; fax: (617)242-7660

Project Director: Carol Kapolka, ext. 2230, ckapolka@commcorp.org

Program Manager: Pat Caron, ext. 1338, pcaron@commcorp.org

### *Local Workforce Investment Boards*

Berkshire: (413) 442-7177; fax: (413) 448-2801; Heather Boulger, bcreb@berkshire.net

Boston: (617)423-3755; fax: (617)423-1041; Nancy Snyder, nsnyder@bostonpic.org

Bristol: (508) 675-1302; fax: (508) 675-1166; Patricia Auerbach, bristolreb@aol.com

Brockton: (508)584-3234; fax: (508)584-3235; Salvador Pina, spina@bawib.org

Cape Cod, Martha's Vineyard and Nantucket: (508)775-5900; fax: (508)775-5019; David Augustinho, wib@cape.com

Central Massachusetts: (508) 799-1590; fax: (508) 799-1595; Stephen Willand, cmreb@skypath.com

Franklin/Hampshire: (413) 773-1835; fax: (413) 784-1765; Patricia Crosby, fhreb@crocker.com

Greater Lowell: (978) 459-2336; fax: (978) 459-2111; Barbara O'Neil, oneilb@nmsda.org

Greater New Bedford: (508) 979-1504; fax: (508) 979-5680; Leonard Coriarty, lcoriarty@gnbwib.com

Hampden: (413)587-5323; fax: (413)587-5323; William Ward, pjd1943@yahoo.com

Merrimack Valley: (978)682-7099; fax: (978)794-1901; Shaw Rosen, srosen@mvwib.org

Metro North: (781)388-7700; fax: (781)388-7702; Nancy Brown, nbrown@mnreb.org

Metro South/West: (508) 665-5990; fax: (508) 665-5991; Sylvia Beville, sbeville@mswreb.org

North Central: (978) 534-1023; fax: (978) 534-1807; Tim Sappington, tsappington@net1plus.com

South Coastal: (617) 745-4010; fax: (617) 745-4057; Colleen Price, cprice@southcoastalwib.org

Southern Essex: (978)741-3809; fax: (978)741-3809; Mary Sarris, msarris@shorennet.com

## *Associations and Unions*

Massachusetts Workforce Board Association  
15 Court Square, Suite 340, Boston, MA 02108  
(617)720-3434  
Don Gillis; DonGillis@aol.com

Massachusetts Community Colleges Executive Office  
294 Washington Street, Boston, MA 02108  
(617) 542-2911  
Jan Motta; jmottamcc@aol.com

Massachusetts Extended Care Federation  
2310 Washington Street, Newton, MA 02462  
(617)558-0202  
Carolyn Blanks; cblanks@mecf.org

Home & Health Care Association  
31 St. James Street, Suite 780, Boston, MA 02116  
(617)482-8830  
Julie Deschenes; jdeschenes@mass-homehealth.org

Massachusetts Council for Home Care Aide Services, Inc.  
31 New Chardon Street, Boston, MA 02114  
(617) 227-6641  
Lisa Gurgone; lgurgone@jfcsboston.org

Massachusetts AFL-CIO  
389 Main Street, Malden, MA 02148  
(781)324-8230  
Harneen Chernow; hchernow@massaflcio.org

Service Employees International Union  
21 Fellows Street, Roxbury MA 02119  
(617)442-4100

# Appendix 2

## Bibliography

There are several classes of literature that you will find helpful, including ECCLI evaluation reports and project management literature

### *ECCLI Evaluation Reports*

This series of reports will be helpful in understanding some of the pitfalls encountered in earlier ECCLI projects and some of the successes as well. Available evaluation reports can be accessed through CommCorp.

“Baseline Evaluation Report on ECCLI Round II,” authored by Susan C. Eaton, Claudia Green, Theresa Osypuk and Randall Wilson of the Wiener Center for Social Policy, Kennedy School of Government, Harvard University and the Center for Community Economic Development, University of Massachusetts, Boston (September 2001).

“Interim Evaluation Report, Executive Summary, ECCLI II,” Eaton et al, August, 2002.

### *Project Management Literature*

There is a rich literature on how to successfully manage projects. You will be well rewarded for picking up and reading one or more of these books. The Martin & Tate book from Goal/QPC is especially recommended as an inexpensive easy-to-use guide.

Belanger, TC (1995). *Successful Project Management*. New York: American Management Association.

Belanger, TC (1995). *How to Plan Any Project: A Guide for Teams (and Individuals)*. 2nd Edition. Sterling, MA: Sterling Planning Group.

Cleland, DI & King, W (Eds.) (1988) *Project Management Handbook*. New York: McGraw Hill, Inc.

Martin, P. & Tate, K. (1997). *Project Management Memory Jogger: A Pocket Guide for Project Teams*. Salem, NH: Goal/QPC.

## *Guides for Microsoft Project Software*

Belanger, TC (1996). *The Complete Planning Guide for Microsoft Project*. Butterworth-Heinemann, Boston, MA.

Doucette, M. *Microsoft Project 98 for Dummies*.

**Commonwealth Corporation**  
**529 Main Street, Suite 110**  
**Boston, MA 02129**  
**(617) 727-8158**  
**[cwi@commcorp.org](mailto:cwi@commcorp.org)**  
**[www.commcorp.org](http://www.commcorp.org)**

**Mitt Romney–Governor ♦ Kerry Healey–Lt. Governor**

**Jane C. Edmonds–Director, Department of Workforce Development and Chair, Commonwealth Corporation’s Board of Directors**

**Jonathan Raymond–President**