Nursing Home Staffing

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PRESENTATION TO THE STAFFING LEVELS SUBCOMMITTEE DECEMBER 14, 2020





Presentation Overview

The Nursing Home and Assisted Living Oversight Working Group was convened to respond to the Mathematica Report: A Study of the COVID-19 Outbreak and Response in Connecticut Long-Term Care Facilities

We therefore will review the staffing issues in three sections:

- 1. Pre-pandemic
- 2. In Pandemic
- 3. Post-pandemic

Required Levels of Staffing

Connecticut nursing homes must employ sufficient nurses and nurse aides to provide appropriate care to nursing home residents 24 hours a day, 7 days a week.

Federal standard is that nursing homes maintain sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.

Minimum staffing levels are outlined in the Public Health Code, but the previous two standards are what nursing homes are held to by state and federal regulators.

Transparency of Staffing Levels

Connecticut law requires daily posting of licensed and certified nursing personnel hours including specific hours of those delivering direct resident care. This requirement was strengthened by the CGA in 2019.

- The posting must also include contact information to report a suspected violation of staffing requirements.
- Federal law also requires posting of staffing levels.

Federal law requires the reporting of staffing hours to the Centers for Medicare and Medicaid Services (CMS) through the direct submission of payroll data which is then used to calculated the staffing hours reported on CMS's Care Compare website.

• The payroll data is also used to calculate the CMS nursing home staffing star rating reported on Care Compare.

CMS Care Compare

https://www.medicare.gov/care-compare/



Direct Care Nursing Staff

The direct care provided to a nursing home resident is not just the personal care provided by certified nurse aides. Residents also receive direct *nursing care* such as medication administration and treatments as well as nursing assessments.

- Nursing care must be provided by a registered nurse or licensed practical nurse.
- Only a registered nurse is authorized to perform the actual nursing assessment
- Nursing assessments are important, and required, components of the resident's overall care. Assessments determine the individualized care plan and must be conducted whenever there is a significant change of condition, and when required to be updated under state and federal requirements.

Other Nursing Home Staff

Resident care also involves non-nursing staff and employees such as:

- Physician care
- Hospice care
- Physical, occupational and speech therapy
- Social work care
- Activities and recreation

Resident care might be delivered by staff who are contracted as well as those who are employed

The nursing home staff also includes additional employees such as administration, finance, housekeeping, building engineering, and dietary.

Enforcement of Staffing Adequacy

The Department of Public Health serves as the regulatory oversight arm for both the state and the federal government.

Enforcement is accomplished through annual and unannounced inspections (referred to as surveys) as well as complaint investigations.

Pre-Pandemic Staffing Issues

Issues Facing the Sector Prior to the Pandemic

Aging services have had concerns regarding the ability to recruit and retain an aging services workforce that can meet the needs and demands of our aging population.

We were seeking assistance in the following areas:

- Training opportunities
- Increased funding for reimbursement
- Efforts aimed at attracting and retaining workforce talent within the entire field of aging services, not just nursing homes
- Consideration of workforce ideas such as medication technicians and other advanced roles for certified nurse aides

The Impact of the COVID-19 Pandemic on Nursing Home Staffing

Nursing homes have been dealing with pandemic related staffing issues since March.

The issues have evolved over time as we have learned more about the virus and have obtained additional resources.

Right now, we are experiencing a resurgence of outbreaks as a direct result of the rising community prevalence of the virus.

Currently we are:

- Screening all who enter the building
- Testing all staff at least weekly
- Testing all residents when there is an outbreak (one positive test)
- Establishing outbreak staffing plans
- Stockpiling PPE for staff, visitor and resident use
- Assigning staff resources to facilitate visitation and meet residents' needs

Nursing Homes Staffing Issues During Outbreaks of Covid-19

The frequent testing of staff allows for early detection of a positive case.

- 10-day isolation of all staff who test positive
- 14-day quarantine of all staff who had significant exposure and recent changes by CDC to this definition potentially expands the number of staff this affected by a quarantine requirement
- Staff may choose not to work

Result is that many staff members can be unavailable during an outbreak and some homes face severe shortages during the outbreak

- This also impacts staffing levels in administration, dining and housekeeping
- Staffing plans must be implemented which might include agency staff, longer shifts, etc.
- Nursing homes work closely with DPH and their rapid response and testing teams
- The Long-Term Care Mutual Aid Plan can also assist at times

Staffing Solutions Are Being Worked on Constantly

Strategies to recruit and retain staff

- Increased rates of pay, bonus pay, on-site food markets, scheduling strategies
- Each building needs to address their specific Covid-19 situation and circumstance

Staffing Summit held with DPH addressing issues including the following:

- Staffing cohorts within the building
- Strategies to mitigate spread with staff who work in multiple buildings
- Activation of ConnectToCareJobs.com

Focus on leadership strength

• Best laid plans – your staffing plan can be truly tested once you face an outbreak

Regulatory oversight of staffing

- DPH has conducted more onsite infection control surveys than any other state at some points they have been in buildings on a weekly basis
- DPH monitors and works with nursing homes during an outbreak

Staff Infection Control Training

DPH has been working with all nursing homes to make sure that staff is trained and adept at infection control practices.

This pandemic has created levels of infection control that are beyond what has been dealt with in the past for nursing homes – but staff has stepped up incredibly.

Specific Covid-19 infection control training has been developed by the CDC and has been delivered in multiple ways, including:

- CDC on-line Project Firstline Training
- QIO training series
- ECHO training for Medical/Nursing teams CT first to launch nationwide and four full cohorts

Post-Pandemic Staffing

Pandemic Will Have Impact on Future Staffing Needs

We are not through this pandemic yet, but thus far we know we will need to face certain issues regarding post pandemic staffing - presenting both threats and opportunities

The pandemic revealed the importance of strong leadership teams within the nursing homes

- A focus needs to be placed on recruiting, training and developing aging services professionals
- Nursing home administrators, directors of nursing, medical directors, infection preventionists

Impact on the image of long-term care congregate settings on the ability to recruit new people into the workforce

- Can we initiate an outreach and public relations initiative to appeal to those with an interest in this field of work?
- Can we offer affordable and accessible training opportunities?

Post-Pandemic Staffing

Pandemic Will Have Impact on Future Staffing Needs

The creation of the Temporary CNA training course offers an opportunity

- How can we retain and promote those who have obtained this certification and how can we continue to use this accessible, free training source?
- Can we enhance the staffing opportunities within long term care with roles such as medication administration technicians?

Can we look to create enhanced roles with advanced training for CNAs

• Can we enhance the staffing opportunities within long term care with roles such as medication administration technicians?

Questions?



