

COVID-19 Intensifies Nursing Home Workforce Challenges

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Study purpose

- ✓ **What were the challenges nursing homes faced during the early phase of the COVID-19 pandemic, regarding**
 - The ability to maintain sufficient staffing levels and manage turnover
 - Personal protective equipment (PPE), supplies for staff, and infection-control policies and procedures
- ✓ **What federal, state, and facility-level assistance, policies, and practices were implemented to address workforce challenges in nursing homes as a result of the COVID-19 pandemic?**

Methods

/ Stakeholder interviews

- Nine leaders in the long-term care (LTC) sector
- Advocates, leaders of professional associations for health care workers and the people they serve, research organizations, and leaders of one large LTC provider

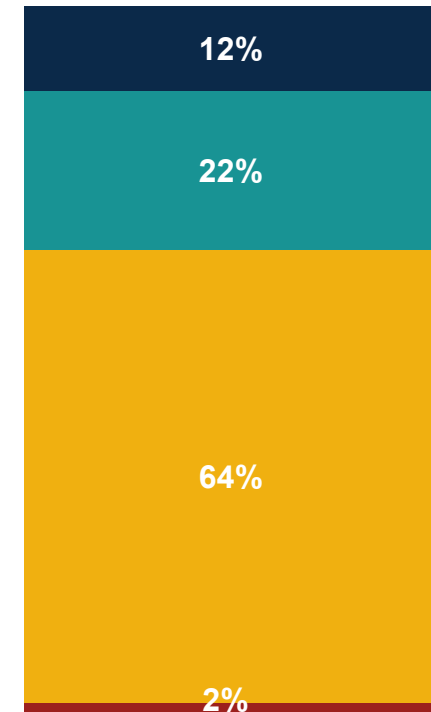
/ Systematic policy review from Feb. 1 - June 19, 2020

- Used customized search to find publicly available material
- Identified laws, regulations, policies, waivers, and practices designed to help nursing homes address workforce challenges during the COVID-19 pandemic
- Reviewed material on Medicaid and CHIP regulations compiled by a separate team at Mathematica

~3.9M Americans receive care in nursing homes each year

- / Includes 15,600 nursing facilities that provide long-term custodial care and short-term post acute care
- / Nursing homes employed ~950K full-time equivalent (FTE) direct care staff
- / Direct care workforce includes:
 - Registered nurses (RN)
 - Licensed practical nurses (LPN)
 - Nurse assistants (certified nursing assistants (CNA), medication aides, and nurse attendants)

Percent distribution of direct care staff FTEs in nursing homes, 2016



■ Social Workers ■ CNAs ■ LPNs ■ RNs

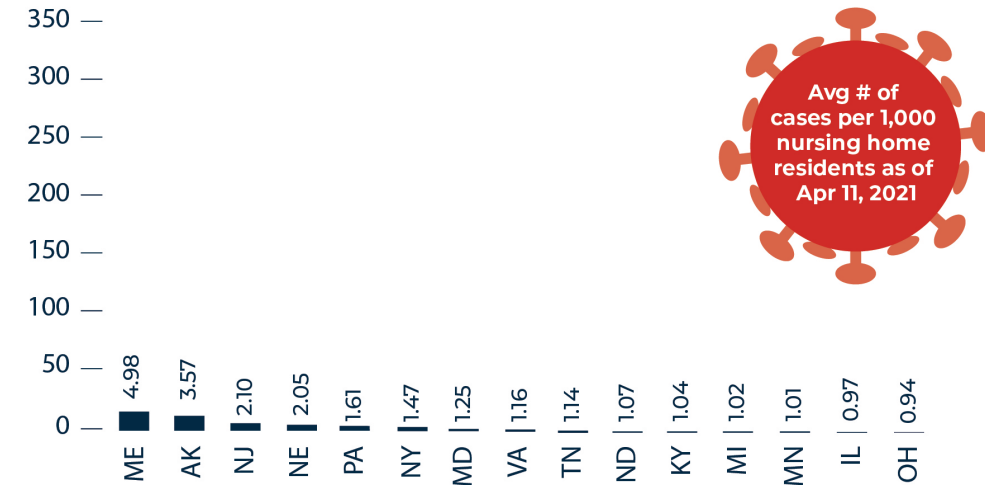
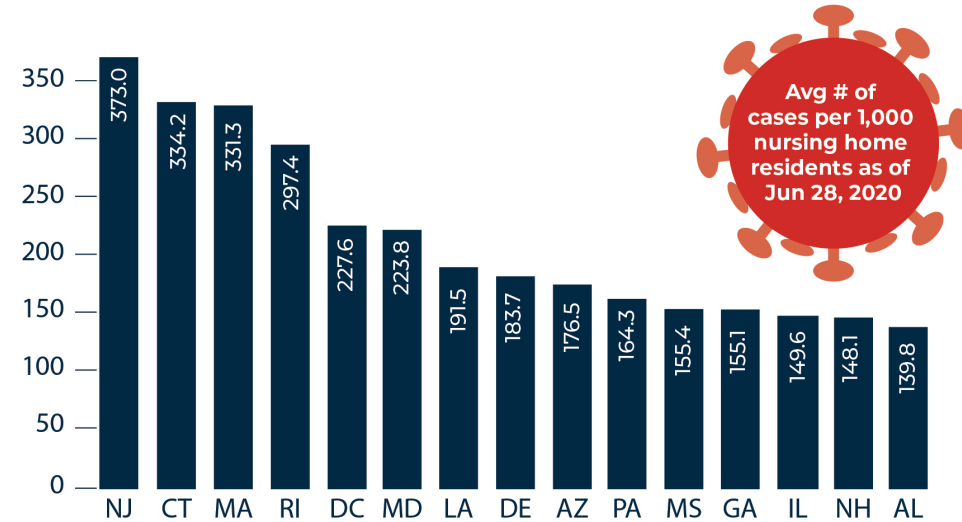
Sources: American Health Care Association. "Skilled Nursing Care Centers." Available at: https://www.ahcancal.org/research_data/Documents/FastFacts_SNCCs.pdf

National Center for Health Statistics. "Long-term Care Providers and Services Users in the United States, 2015–2016." Available at: https://www.cdc.gov/nchs/data/series/sr_03/sr03_43-508.pdf

COVID-19 disproportionately affected nursing home residents and staff

- / COVID-19 deaths (n=131,926) in nursing homes nationwide as of April 22, 2021
- / Factors contributing to high rates of infection include:

- Quick transmission of the virus in congregate care settings
- Many staff work across multiple facilities
- Prevalence of the virus in communities
- Vulnerability of older adult residents



COVID-19 intensified workforce challenges in nursing homes



1. Inadequate workforce capacity

2. Lack of critical resources

1. Childcare coverage
2. Access to adequate PPE and testing
3. Mental health supports
4. Safe modes of transit to get to and from work

3. Insufficient infection prevention and control practices and equipment

Findings

A healthcare worker wearing a blue surgical cap, face shield, mask, and gloves is attending to an elderly patient lying in a hospital bed. The patient is also wearing a mask. The scene is set in a clinical environment with a light-colored wall. The image has a blue overlay and a yellow triangle in the bottom right corner.

Policies and practices to address workforce shortages

Federal actions to improve staff capacity

/ Centers for Medicare & Medicaid Services (CMS) issued Emergency Declaration Blanket Waivers

- Provided accelerated payments to eligible health care providers and suppliers
- Waived training and certification requirements for nurse aides
- Postponed due dates for completion of required training for nurse aides

Waivers alleviate barriers to staff nursing homes

Waived required training and certification to enable SNFs and NFs to employ individuals for longer than four months if they did not meet the 75-hour training and certification requirements (42 CFR 483.35 (d))

Sources: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

Sources: <https://www.cms.gov/files/document/covid-dear-clinician-letter.pdf>

State actions to improve staff capacity

- / Relaxed training and credentialing requirements**
- / Expanded infrastructure connecting healthcare professionals to open positions**
- / Passed legislation in support of nursing licensure compacts**
- / Provided direct or indirect financial support to staff**

State of Texas Assistance Request (STAR), Texas Health and Human Services Commission (HHSC)

To ensure the safety of residents in facilities that have COVID-19-infected staff, Texas has contingency contracts to provide short-term staffing assistance to facilities that could not maintain adequate staffing due to COVID-19.

Sources: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

Steps nursing homes took to improve staff capacity

- / Offered hazard pay to help retain staff**
- / Deployed and trained all available staff**
 - Deployed licensed administrative staff to fill direct care roles
- / Trained family members to function as staff**
- / Practiced transparent communication about resident and staff infections**

Policies and practices to provide staff with critical resources

Federal actions to provide critical resources

- / **Families First Coronavirus Response Act** to required many employers provide employees with paid sick leave
- / **FEMA** coordinated 7-day supply shipments of PPE to 15K nursing homes
- / **CDC** developed a tiered framework to guide conservation of PPE
 - Conventional
 - Contingency
 - Crisis
- / **ASPR** and the **CDC** developed a virtual toolkit to address health care worker mental health needs

The screenshot shows the CDC website interface. At the top, the CDC logo and name are visible, along with a search bar and a dropdown menu for 'COVID-19'. Below this is a banner for 'Coronavirus Disease 2019 (COVID-19)' with a 'WEAR A MASK, PROTECT OTHERS.' message. A navigation bar includes categories like 'Your Health', 'Community, Work & School', 'Healthcare Workers & Labs', 'Health Depts', 'Cases & Data', and 'More'. The main content area is titled 'HEALTHCARE WORKERS' and features an article titled 'Optimizing Supply of PPE and Other Equipment during Shortages', updated on July 16, 2020. The article text states: 'Personal protective equipment (PPE) is used every day by healthcare personnel (HCP) to protect themselves, patients, and others when providing care. PPE helps protect HCP from many hazards encountered in healthcare facilities. The greatly increased need for PPE caused by the COVID-19 pandemic has caused PPE shortages, posing a tremendous challenge to the U.S. healthcare system. Healthcare facilities are having difficulty accessing the needed PPE and are having to identify alternate ways to provide patient care.' To the right of the text is a diagram titled 'Summary Strategies to Optimize the Supply of PPE'. The diagram shows three stages of capacity: 'Conventional Capacity' (green arrow), 'Contingency Capacity' (yellow arrow), and 'Crisis Capacity*' (red arrow). Below the diagram are three buttons labeled 'Conventional', 'Contingency', and 'Crisis'.

State actions to provide critical resources

- ✓ **Ordered public schools to provide emergency childcare for healthcare workers**
- ✓ **Provided emergency restocking of PPE**
- ✓ **Implemented new mental health resources for health care workers**
- ✓ **Housed healthcare workers exposed to COVID-19**

Connecticut Office of Early Childhood

- ✓ Waived required childcare license to enable on-site childcare at nursing homes
- ✓ Programs providing childcare services must be administered by convalescent or rest homes with nursing supervision licenses
- ✓ Childcare is exclusively for parents or guardians working at the home during hours childcare is provided

Source: <https://www.ctoec.org/wp-content/uploads/2020/03/COVID-19-Waivers-and-Modifications-2020-07-17.pdf>

Steps nursing homes took to provide critical resources

- ✓ **Provided to-go meals for workers and families**
- ✓ **Made on-site accommodations available to staff exposed to the virus**
- ✓ **Engaged a partner hospice provider to offer emotional support to staff grieving loss of residents**
- ✓ **Provided financial assistance for childcare and transportation to and from work**

Policies and practices to strengthen infection prevention and control

Federal actions to strengthen infection prevention and control practices

- / **CMS limited visitation at nursing homes**
- / **CDC released guidelines for LTC facilities that included symptom monitoring and testing for COVID-19**
- / **CDC recommended implementing non-punitive and flexible sick leave policies**
- / **CDC offered online training for staff designated as Infection Preventionists**

CDC Infection Preventionist Training Course

- / CDC recommended designating one person at each nursing home to oversee infection prevention and control
- / Online course oriented interested individuals to the Infection Preventionist role
- / Modules cover a range of topics such as
 - Infection Prevention & Control Program
 - Infection Surveillance
 - Outbreaks
 - Principles of Transmission-Based Precautions
 - Environmental Cleaning and Disinfection

State actions to strengthen infection prevention and control practices

- ✓ **Introduced COVID-19 testing requirements for nursing home staff**
- ✓ **Developed a webinar to reinforce proper PPE use**
- ✓ **Deployed strike teams to enhance infection control and testing at nursing homes**
- ✓ **Deployed National Guard to support disinfection at nursing homes**

Maryland established strike team

Provide in-place infection control practices, assess, and treat residents in the facility

- ✓ Nursing homes request assistance from health departments
- ✓ Health departments route requests to the state emergency operations center
- ✓ Health assessment team is dispatched
- ✓ Team triages residents
- ✓ Clinical teams from local hospitals assist facilities with treatment and proper infection control

Source <https://www.nashp.org/states-launch-rapid-response-teams-to-curb-covid-19-outbreaks-in-nursing-homes/>

Steps nursing homes took to strengthen infection prevention and control practices

- ✓ **Conducted infection prevention and control rounds and provided real-time coaching**
- ✓ **Designated a staff member to monitor infection prevention and control practices on each shift**
- ✓ **Created separate wings or cohorted residents exposed to COVID-19**
- ✓ **Deployed quarantine teams to care for COVID patients**

Study limitations

- ✓ **Health care policies and practices related to COVID-19 and the nursing home industry have rapidly changed**
 - Data collection (both stakeholder interviews and systematic policy review) began and ended in June 2020
- ✓ **Study findings are not broadly generalizable**
- ✓ **Systematic review yielded little publicly available information on:**
 - Policies of private payers and managed LTSS plans

Acknowledgements

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- / The opinions and conclusions expressed are solely those of the authors and do not represent the views of ASPE or any other federal agency

- / **Read the full report:**

<https://www.mathematica.org/our-publications-and-findings/publications/covid-19-intensifies-nursing-home-workforce-challenges>

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- DHHS, ASPE: Helen Lamont, Marie Squillace, Iara Oliveira, Judith Dey

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Commentary

Debra Lipson, Senior Fellow

With Rise in Vaccinations, Covid Cases Plunge

Since late December, when vaccinations began, new weekly positive covid test results among nursing home residents and staff members have fallen by 89% and 83%, respectively.

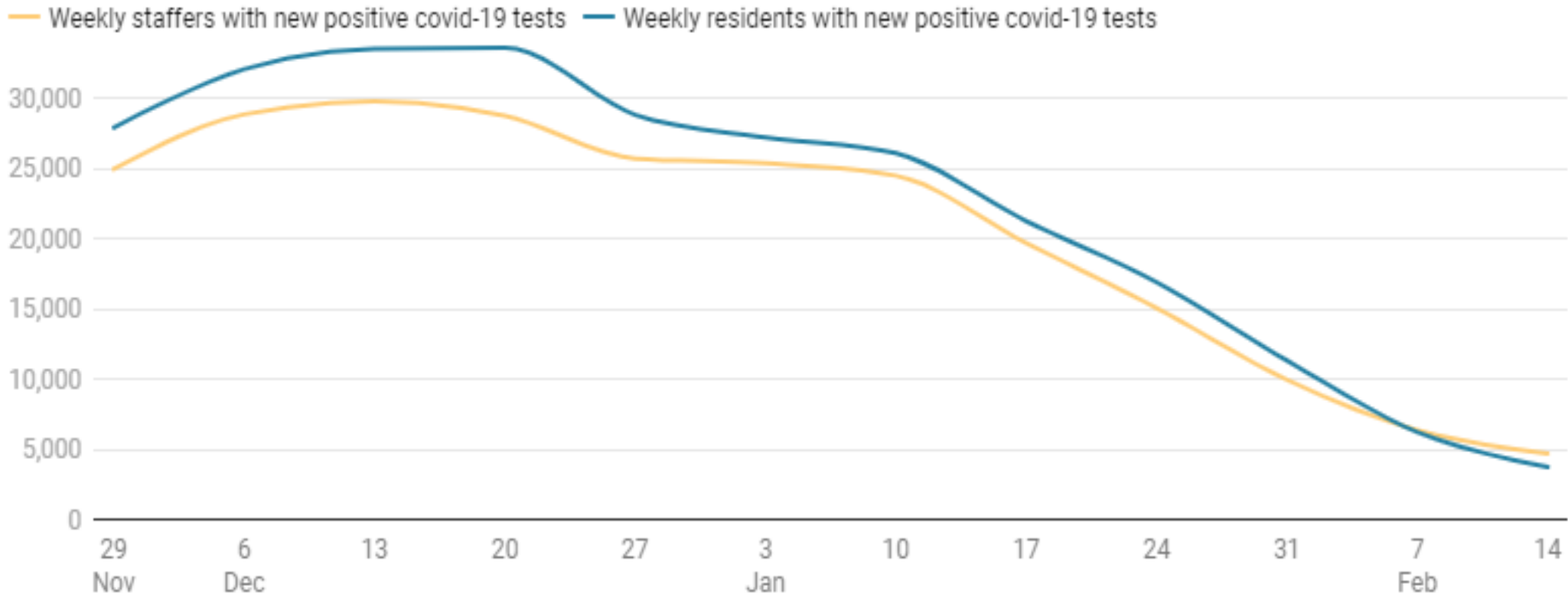


Chart by Hannah Norman/Kaiser Health News, March 15, 2021

Source: Centers for Medicare & Medicaid Services

A healthcare worker wearing a blue surgical cap, face shield, mask, and gloves is attending to an elderly patient lying in a hospital bed. The patient is also wearing a mask. The healthcare worker has a stethoscope around their neck. The scene is set in a hospital room with a patterned wall. There are teal and yellow decorative triangles in the corners of the image.

Panel Discussion