

Washington's Health Workforce Sentinel Network *Early COVID-19 Response Report:* Nursing Homes/Skilled Nursing Facilities 4/21/2020

The Spring 2020 Washington Health Workforce Sentinel Network added four questions about the impact of the COVID-19 crisis on health care facilities' workforce and operations. These questions were in addition to the regular detailed questions about their health workforce changes and issues that are obtained twice yearly.

Below is a report of initial responses (14 as of April 17) to the COVID-19 questions from nursing homes and skilled nursing facilities across Washington. When possible, the comment indicates if it came from a facility in eastern or western Washington. More COVID-19 related findings will be reported as they become available, and will be reported along with responses for other workforce demand questions, as well as for other types of health care facilities, on the Sentinel Network dashboard (see wa.sentinelnetwork.org).

When responding to the COVID-19 emergency (since approximately February 2020), which occupations and/or service roles, if any, were most affected at your facility(ies), and in what ways?

THEMES: Difficulty covering nursing and support staff positions, PPE needs, high stress

- *We have staff working overtime in not only nursing, but housekeeping and kitchen. All residents have to eat in their rooms which makes more work for the kitchen and the CNAs. (E WA)*
- *Increase need for staff in screeners, NACs, RNs, and LPNs within our skilled nursing facility. Decrease in need of staff within therapy within our SNF. (E WA)*
- *NAC - illness or went to another facility. (W WA)*
- *We've seen the number of applicants for CNA, RN and LPN positions decrease. We also have had issues with obtaining PPE. (W WA)*
- *Ancillary staffing, non essential furloughs, as we could not afford with the increased 4 nurses per day for infection control monitoring. PPE costs and supply costs have increased by 5 times. (W WA)*
- *Nearly every dept. affected. Nurses and NACs became scarce as they got sick or tested positive we had to keep them out of the facility. There was more demand for Nurses and aides. PPE was scarce but we were able to cover it. (W WA)*
- *PPE needs and supply stock, all nursing positions (RNs, LPNs, CNAs) and replacement agency staff.*
- *Staffing was the biggest challenge in both nursing and housekeeping. Information about this disease was evolving daily and staff were scared, testing was taking 7 + days. It was a daily challenge to keep adequate PPE available and following CDC recommendations on extending their life*
- *Staffing shortage of NAC and Licensed nurses, PPE esp gowns and masks.*
- *Lack of testing materials- delay from labs in receiving tests results, lack of bleach wipes, cleaning and PPE.*
- *PPE needs were a paramount concern, our supply chains for needed supplies were severely impacted exposing staff to more fears and worries. We also had a concern regarding dietary staff needs due to a staff members exposure to the virus. She had to be off for 14 days which impacted staffing in the kitchen.*
- *Additional work load and time trying to follow and implement guidelines sorting through 100s of e-mail, webinars and phone conferences from every agency from CDC to local entities. PPE was also a challenge to manage.*
- *A 40% drop in total demand for services has caused a major decrease in potential revenue across the facility. We have a voluntary standby offered to employees currently. We are low on surgical gowns. We have had a hard time maintaining normal levels for our nursing staff.*
- *Nurses and aides have been most affected, but all of my staff is truly affected. We are much more particular about letting anyone work if they "don't feel well", and we're making them wear street clothes to work - then change into work clothes and then change back before they leave, plus wearing face masks and shields during work on top of gowns and gloves in every room - it is pretty high stress out there!*

Nursing Homes/Skilled Nursing Facilities

Is there anything about your facility(ies)' staffing arrangements that made it easier or harder to respond to the emergency? If so, for which occupations and why?

THEMES: Problematic - Reliance on agency/on-call staff, concerns of vulnerable workforce.

Helpful – Staff cross-training, clear infectious disease management protocols.

- To combat the outbreak we can no longer allow our on call staff, that work at other facilities, work in our facility. This will cause a staff shortage most certainly. We are no longer allowing agency to work in our facility due to the Covid-19 outbreak. (E WA)
- Using agency NAC which makes it harder to follow all the policies and training. (W WA)
- We have had a number of employees (of all ages and all departments) that are unable to work due to physician recommendation because they are considered high risk due to underlying health issues. (W WA)
- What made it easier is not having a union to deal with and with full time staff they were flexible on switching in between 12's and 8's to cover shifts. (W WA)
- Workers over the age of 60 flat out refused to come in and work with residents, this was a common issue. However we set up a temporary workforce and this assisted in the kitchen on the floor, making beds, etc. (W WA)
- Too many "on call" positions not responding, excessive call outs, excessive agency use for RNs, LPNs, CNAs.
- Cross training of staff helped, Nursing leadership on the floor often to help, other departments in the kitchen. It was all hands on deck. Communication with front line staff on CDC guidelines was critical and remains so. Many different directions given by different clinics on when essential employees could work. We paid additional amounts for overtime and work bonuses.
- We had some older employees that felt uneasy and uncomfortable with the Pandemic issues. This was impacted with limited PPE and frequent communications from the experts on how to handle the virus. Many of our older staff are nurses that are concerned for their safety/health.
- It made it quite a bit more difficult as our staff has had to adapt heavily to our COVID 19 needs.
- The only thing making our response any easier is that this staff comes together and sticks together to help each other and our residents through any crisis - this is no different.

From your experiences with the COVID-19 emergency, what are your facility(ies)' top workforce needs over the short and longer term that could be alleviated by new or modified policy, regulatory, and/or payment rules?

Short term workforce impact	Needs
NARs getting more time in SNFs	120 max in a SNF setting
Lack of NACs (nursing asst cert.)	Loosen 3.4 ppd
Too little NAC testing	Eliminate restriction on facility ability to do onsite training
OT Asst./PT Asst. staffing	Quicker certification, more testing locations
Difficult transfers state to state licensure	Allow them to count towards 3.4 ppd
Nursing education enrollment	National nursing licensure scoring with Nursys use for license management to accommodate emergent staffing needs
LPN to RN advancement requirements	End lottery style of entry into nursing programs
Education opportunity limitations for potential nursing advancement	Specific LPN to RN course vs. traditional enrollment competition with new nursing students.
Review of scope of practice LPN and RN	Improve distance learning opportunities for nursing advancement
Finding enough RNs for the 24 hour rule	Many highly capable LPNs are able to effectively manage RN scope of practice events.
	Get rid of the need for 24 hour RNs - our LPNs are more experienced in many cases

Nursing Homes/Skilled Nursing Facilities

Longer term workforce impact	Needs
NAR training needed	Clinical training on infection control
NAC 120 day rule	[Change] federal 120 rule for NACs in LTC
[Support] education pipeline, need for clinical training	Allow LPNs to become RNs; Credit long-licensed LPNs' years of experience [so they are not] required to start over for RN advancement; Issues with LPNs and NCLEX exam
Difficulty transferring licenses state-to-state	[Use] national nursing licensure scoring ...level the playing field with national single passing score for licensure
Need to increase available nurse workforce	Improve and offer nursing advantage programs, clinical testing requirements, online/distance learning, tuition/grants/scholarship opportunity offerings
	Offer up educational certification options for specific scope of practice areas. Improve LPN advanced certifications options -- current options are severely limited.
[Having a] stable work force	[Implement] alternative nursing [education] programs like the RONE program
	Need more LPN to RN programs in local colleges

Are there additional important workforce issues resulting from the COVID-19 emergency at your facility(ies) that you feel should be recognized and addressed?

THEMES: More PPE, need more flexible workforce deployment and development, manage fear and anxiety.

- More PPE for all staff that is required to be at facility when there is an active case in house. I wish we had more testing kits for our facility. (E WA)
- PPE supplies. (W WA)
- We should count therapy towards direct care especially when they are doing direct care to cover NAC shifts.
- Fear was instilled in the staff members by the media and extensive emailing and notifications coming to nearly all staff with an email were a major concern. We need things to calm down, then offer education with a consistent message.
- Transmission of COVID from facility to facility by shared staff. Job abandonment and associated licensing penalties.
- Even housekeeping and laundry staff will be affected in a emergency.
- It is a constant challenge to recruit and maintain a steady and stable workforce. Too few nurses available for rural areas. It would benefit rural areas if we had a program that would allow in-hospital programs like the RONE program [distant learning RN program for incumbent workers]. Removing the road blocks for a RONE program would be beneficial for rural areas.
- Probably mental health of my staff - not exactly sure how to address other than the assurances my nurse managers and myself continue to dole out - protect yourself, don't work sick, and if you're too worried, let us know so we can re-assign you or you can take a leave of absence. Perhaps trauma counselors that move through health care facilities would be helpful.

About the Washington Health Workforce Sentinel Network

The Sentinel Network links the healthcare sector with policymakers, workforce planners and educators to identify and respond to changing demand for healthcare workers, with a focus is on identifying newly emerging skills and roles required by employers. The Sentinel Network is an initiative of Washington's Health Workforce Council, conducted collaboratively by Washington's Workforce Board and the University of Washington's Center for Health Workforce Studies. Funding to initiate the Sentinel Network came from the Healthier Washington initiative, with ongoing support from Governor Inslee's office and the Washington State Legislature.

Why become a Sentinel? As a Sentinel, you can:

- Communicate your workforce needs and ensure that the state is prepared to respond to the transforming healthcare environment.
- Have access to current and actionable information about emerging healthcare workforce needs.
- Compare your organization's experience and emerging workforce demand trends with similar employer groups.

To view an interactive summary of findings and to provide information from your organization: www.wa.sentinelnetwork.org.

Contact: healthworkforce@wasentinelnetwork.org