

Moving Forward to Improve
Post-Acute & Long-Term Care

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FMDA Best Care Practices in the Post-Acute and Long-Term Care Continuum
11/4/2022

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Learning Objectives

At the conclusion of this presentation participants should be able to:

- Discuss important PALTC policy issues for 2022.
- Explore opportunities for advocacy related to nursing home care.
- Discuss strategies to improve nursing home care

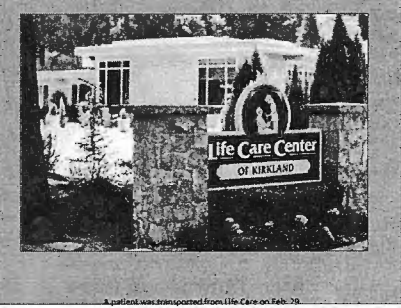
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Speaker Disclosures

I have no relevant financial relationships.
The views expressed in this presentation are those of the presenter and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

I am the President of AMDA – The Society for Post-Acute & Long-Term Care

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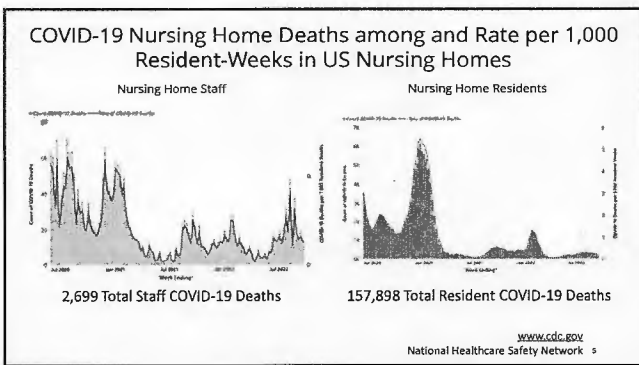


February 28, 2020
First Positive COVID-19 nursing home in King County, Washington

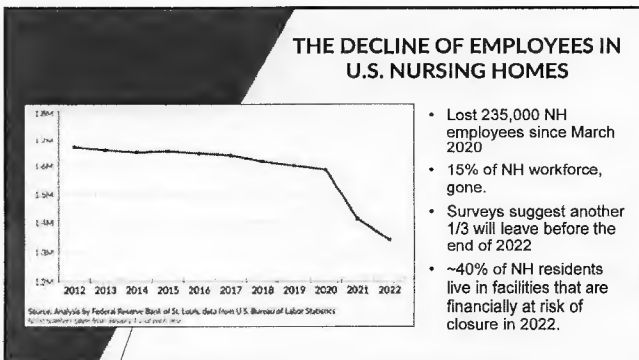
Here we are days later...

A patient was transported from Life Care on Feb. 29. Credit: Grant Hindley for The New York Times

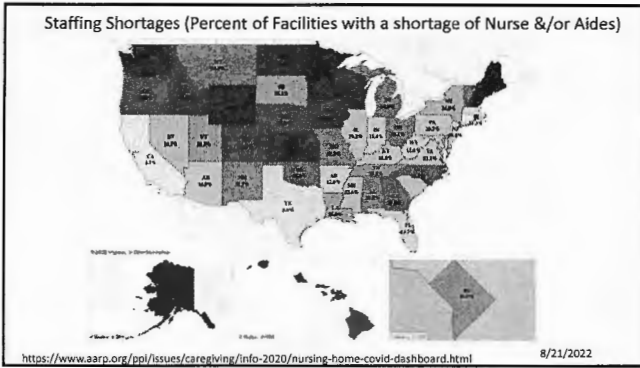
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OUT OF CLUTTER,
FIND SIMPLICITY.
FROM DISCORD,
FIND HARMONY.
IN THE MIDDLE OF
DIFFICULTY LIES
OPPORTUNITY.

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What improvement would you identify?

Horizontal lines for handwritten response.

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Biden Plan to Improving Safety and Quality of Care in Nursing Homes

Ensure Safe, Adequate & Dignified Care	Enhance Accountability & Oversight	Increase Transparency	Workforce	Ensure Pandemic & Emergency Preparedness
<ul style="list-style-type: none"> Strengthen and expand the Medicare and Medicaid long-term care programs. Improve the quality of care in nursing homes. Protect safe power supply for critical medical equipment. 	<ul style="list-style-type: none"> Strengthen and expand the Medicare and Medicaid long-term care programs. Improve the quality of care in nursing homes. Strengthen and expand the Medicare and Medicaid long-term care programs. Improve the quality of care in nursing homes. 	<ul style="list-style-type: none"> Strengthen and expand the Medicare and Medicaid long-term care programs. Improve the quality of care in nursing homes. Strengthen and expand the Medicare and Medicaid long-term care programs. Improve the quality of care in nursing homes. 	<ul style="list-style-type: none"> Strengthen and expand the Medicare and Medicaid long-term care programs. Improve the quality of care in nursing homes. Strengthen and expand the Medicare and Medicaid long-term care programs. Improve the quality of care in nursing homes. 	<ul style="list-style-type: none"> Strengthen and expand the Medicare and Medicaid long-term care programs. Improve the quality of care in nursing homes. Strengthen and expand the Medicare and Medicaid long-term care programs. Improve the quality of care in nursing homes.


<https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/28/fact-sheet-protecting-nursing-homes/>

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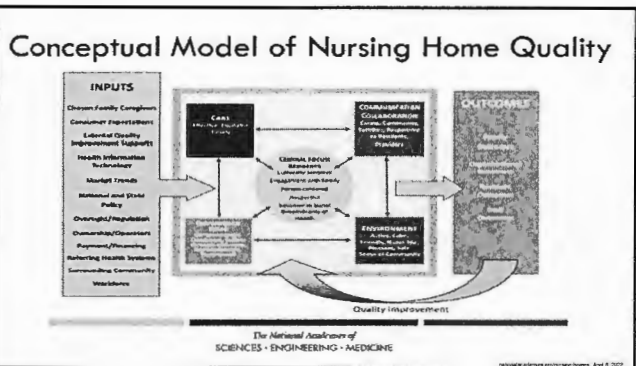
National Academies Science Engineering Medicine:
The National Imperative to Improve Nursing Home Quality
Honoring Our Commitment to Residents, Families, and Staff

Vision:
 Nursing home quality is that residents of nursing homes receive care in a that **safe environment honors their values and preferences, addresses goals of care, promotes equity, and assesses benefits and risks of care and treatments.**



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National Academies Science Engineering Medicine:
The National Imperative to Improve Nursing Home Quality
 7 conclusions

1. The way in which the United States inspects, delivers, and regulates care in nursing home settings is ineffective, inefficient, fragmented, and unsustainable.
2. Immediate action to initiate fundamental change is necessary.
3. Significant federal action is needed to combat LHA Care of Nursing Home Residents.
4. Ensure that quality improvement initiatives are implemented using strategies that do not exacerbate disparities in resource allocation, quality of care, or resident outcomes.
5. High-quality research is needed to advance the quality of care in nursing homes.
6. The nursing home sector has suffered for many decades from both underinvestment in ensuring the quality of care and a lack of accountability for how resources are allocated.
7. All relevant federal agencies need to be granted the authority and resources from the U.S. Congress to implement the recommendations of the report.

nationalacademies.org/nursing-homes-2018-02

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National Academies Science Engineering Medicine:
The National Imperative to Improve Nursing Home Quality
 7 Goals

1. Provide comprehensive, person-centered, equitable care that ensures residents' health, quality of life, & safety, promotes autonomy, & manages risk.
2. Deliver a well-prepared, empowered, & reasonably compensated workforce.
3. Increase the transparency & accountability of financial operations & investments.
4. Create a more rational & robust financing system.
5. Design a more effective & responsive system of quality assurance.
6. Expand & enhance quality measurement & continuous quality improvement.
7. Adopt health information technology in all nursing homes.

nationalacademies.org/nursing-homes April 6, 2022

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Root cause is the system, not the facilities
 how do we keep nursing home care moving forward?



All roads lead to rome.

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Workforce



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Staffing Requirements

- 2001 CMS study "a range of serious problems including malnutrition, dehydration, pressure sores, abuse and neglect . . . have pointed to nurse staffing as a potential root cause"

Proposed Minimum Nurse Staffing Standards for U.S. Nursing Homes in 2001

	Short-stay	Long-stay
RN Hours per Resident Day	0.55	0.75
LPN/LVN Hours per Resident Day	1.15	1.3
Nursing Assistant Hours per Resident Day	2.4	2.8
Total Nursing Hours per Resident Day	4.1	4.1

Fowler, 2001

- According to Mueller et al. (2006) staffing is presumed to affect the quality of care and life of nursing home residents.
- Most evidence supports association between inadequate RN nurse staffing & poor quality of care (Hospitalizations, survey deficiencies). Results mixed association LPN or NA staffing
- According to other literature, it remains inconclusive about staffing elements that directly impact the quality of resident care (Spilsbury et al., 2011)

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Staffing Requirements

- The Nursing Home Reform Law of 1987
 - Facilities must have a RN 8 consecutive hours, 7 days a week and licensed nurses available 24 hours a day, with "sufficient" nursing staff to meet residents' needs.
- The Payroll Based Journal (PBJ) 2016
 - new insights to how nursing homes are staffed, including variability (weekdays & weekends);
 - ongoing challenge about what constitutes "sufficient" nursing staff remains, with a high degree of subjectivity.
- 2017-2019 updates to OBRA regulations
 - No mandates on staffing; Revised regs & guidelines criterion for citing deficiencies in staffing
- June 2021 NYS
 - 3.5 hours per day of clinical staffing, of which at least 2.2 hours are provided by a CNA or nurse aide and at least 1.1 hours are provided by a licensed nurse
- April 2022 FL
 - >=3.6 hours of direct care per resident per day of which 2.0 hours provided by CAN & 1 hour of licensed nurse direct care per resident per day

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Staffing Related Issues

hours per resident day

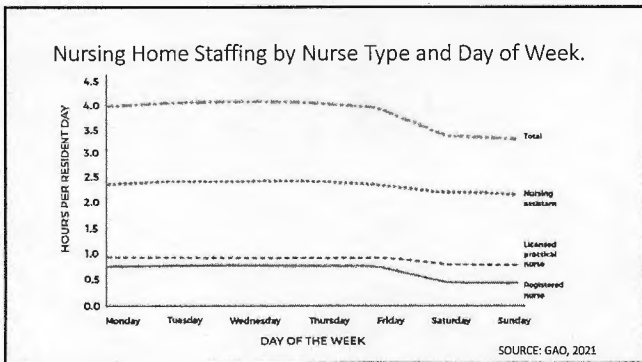
high staff turnover and low retention

inadequate expenditures on nurse staffing

needs related to staff training/competencies

ineffective or inadequate management and supervision

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Nursing Home Nursing Workforce Turnover

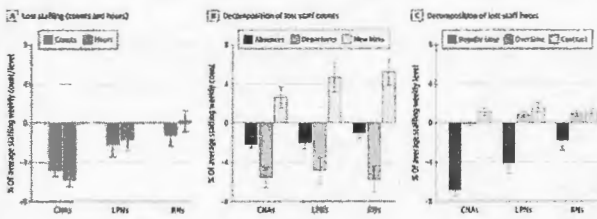
- Mean annual turnover rates for total nursing staff ~ 128 %
- Median annual turnover rates for total nursing staff ~ 94 %
- Turnover rates correlated with:
 - Facility location
 - For-profit status
 - Chain ownership
 - Medicaid patient census
 - Star ratings.

Gavett et al. Health Affairs, March 2021. <https://doi.org/10.1177/0263419220955212>

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Change in Nursing Home Staffing Counts and Hours During a Severe COVID-19 Outbreak by Staff Type



Shen Y, M et al. Staffing Patterns in US Nursing Homes During COVID-19 Outbreaks. JAMA Health Forum. 2022;3(7):e222151.

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AMDA Position Statement :

Appropriate Staffing Standards In Post-Acute and Long-Term Care

- While having a sufficient number of staff is critical, staffing levels **based only on resident-to-worker ratios will not adequately assess or meet resident needs.**
 - continued research regarding staffing levels (number and skill mix) that will optimally meet the individual needs of residents in nursing homes.
 - support all options to recruit and train staff
 - continue to work with other stakeholders to address the current staffing crisis.
- The quality of a resident's life is significantly affected by care that is **competent, compassionate, and responsible.**




July 2021
AMDA Staffing Standards

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AMDA Position Statement :
Appropriate Staffing Standards in Post-Acute and Long-Term Care

- Person-centered and evidence-based dementia care requires 24-hour caregiving.
 - As more residents in PALTC are diagnosed with dementia or other cognitively impaired related diagnosis, facilities should have the **flexibility and resources to staff adequately based on needs specific** to this population.
- Furthermore, adequate evening/night staff may greatly reduce the inappropriate use of higher risk medications such as anxiolytics, narcotics, and antipsychotic medication regimens.




July 2021
 AMDA Staffing Standards

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AMDA Position Statement :
Appropriate Staffing Standards in Post-Acute and Long-Term Care

- The development of staffing levels or ratios should be done cautiously, to **avoid unintended consequences**. For example, a shortage of available workers to achieve compliance with a federal mandate could lead to challenges with access to nursing home care, particularly in rural areas.
- AMDA strongly supports **increasing PALTC staff compensation** (salary and benefits) to match the ongoing competitive market of other health care delivery sites.



July 2021
 AMDA Staffing Standards

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Any decisions about staffing need to consider broader issues, including:



- the complexity and acuity of a facility's population;
- the functional level of residents and services required;
- creating consistent work schedules that are flexible to accommodate the changing needs of the residents along with improving consistent communication and documentation regarding the care needs of residents;
- the existence of staffing shortages for some types of staff in some geographic locations, and temporary staffing shortages due to such events as employee illness or termination;
- defining and including other categories of caregivers, such as medication aides, feeding assistants, restorative aides, family members, and activities professionals;

July 2021
 AMDA Staffing Standards

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More than warm bodies: Social Work Staffing

Federal Requirement:

- NHs with 120 or more beds to hire a qualified social worker on a full-time basis
- "qualified social worker" = minimum of a B.S.W. or a bachelor's degree in a human services field including, but not limited to, sociology, gerontology, special education, rehabilitation counseling, or psychology and who has 1 year of supervised SW in a health care setting working directly with individuals
- Some states do have individual regulations on SW

Current

- 2/3 NHs do not have a social services staff person
- Only 37 % of nursing homes have a degreed and licensed social worker at the helm of social services
- Evidence on the characteristics, education and training, job satisfaction, and turnover of social services directors is limited or nonexistent.

Bern-Klug et al., 2021a
National Academies Press. <https://doi.org/10.17226/26526>.

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More than Warm Bodies (continued)...



Defining the Core Skills
and Activities of the
Attending Physician in
Post-Acute and Long-
Term Care

A recent article in JAMDA details an ABPLM job analysis of attending physicians in long term/post-acute care that documents the unique and specific role they play in this setting.



DOI: <https://doi.org/10.1016/j.jamda.2021.06.007>

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Key Advocacy: Public Medical Director Registry

Public must have access to information on clinical leadership

- Bi-partisan letter from Congress asking CMS to implement
- States have begun conversations to implement on state level
- Continued discussions with CMS



September 15, 2022

H.R.8832 - To amend title XI of the Social Security Act to ensure nursing facilities report information on medical directors of such facilities. (Rep Levin (D-CA), Rep Fitzpatrick (R-PA))
congress.gov/hr8832

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California LEGISLATIVE INFORMATION

Home Bill Information California Law Publications Other Resources My Subsc

Bill Information >> Bill Search >> Text

AB-749 Skilled nursing facilities: medical director certification. (2021-2022)

California AB-749

This bill would prohibit a skilled nursing facility from contracting with a person as a medical director if the person is not, or will not be within 5 years of the date of initial hire as the facility's medical director, certified by the American Board of Post-Acute and Long-Term Care Medicine, or an equivalent organization as determined by the department, as a Certified Medical Director Under the bill. A medical director already employed in a skilled nursing facility as of January 1, 2022, would have until January 1, 2027, to become a Certified Medical Director.

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4Ms Framework

What Matters
Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility
Ensure that older adults move safely every day in order to maintain function and do What Matters.

Age-Friendly Health Systems
An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement. For more information, visit the American Geriatrics Society (AGS) and the Ontario Health Research Institute of the University of Toronto.

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Four M's for 'Careforce'

What Matters

- culture, respect, voice

Medication

- health promotion, workplace safety

Mentation

- wellbeing of staff with focus on stress management and compassionate self care

Mobility

- opportunity for personal growth and ongoing education

More of a Good Thing

Acknowledgement: Erin Flynn, MD
San Rafael, CA
AMCA PACT: More of a Good Thing 10/20/2022
https://www.youtube.com/watch?v=5A2M7M4

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CNA - Certified Nursing Assistant

Starbucks Salaries in Rochester, NY

Job Title: **Certified Nursing Assistant** | Location: **Rochester**

Job: **Barista** | Rate: **\$13.70/hr**

Common benefits at Starbucks

- Health insurance
- Dental insurance
- Vision insurance
- Paid time off
- Tuition reimbursement
- Performance bonus
- Employee discount
- Flexible schedule
- Parental leave
- Stock purchase plan
- Professional development assistance
- Food provided

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Mobility

opportunity for personal growth & ongoing education

Local Approaches

Pay raises, career programs among changes announced for Monroe Community Hospital staff

Rochester, NY - Monroe County leaders have announced a series of changes they say are aimed at helping staff at Monroe Community Hospital better handle demanding, restructuring and challenging operations.

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Mobility

opportunity for personal growth and ongoing education

NAHCA is proud to announce the development of the National Institute of CNA Excellence to put an end to the staffing crisis.

NICE
National Institute of CNA Excellence

Tailored Professional Development with Experts


<https://www.nahcacna.org>

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Mobility

opportunity for personal growth and ongoing education

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Tailored Professional Development with Experts

<https://www.nahcacna.org>

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Mobility

opportunity for personal growth and ongoing education

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Growth & Empowerment

- Collaboration in QI
- Onboarding new staff
- Leadership
- Midpoint contribution of experience
- An assigned new perspective
- Active initial feedback
- Observe for other places team members can share risk, staff



"It is the coming together of all different people that will change the way we think about work and care for residents."

Greene et al. J Am Med Dir Assoc. 2016; 17(3):136-145.

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Medication

Health promotion

- Health benefits
- Living wage
- Proximal daycare
- Flexible scheduling
- Outdoor spaces, Walking meetings
- Non-working lunches
- Quiet break spaces
- Restorative break opportunities
- Safe resident handling efforts
- Equipment: good PPE

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Medication

Health promotion & Workplace safety

"On the days my daughter is hard at work, I don't have to cook lunch!"

The New York Times
In a Japanese Nursing Home, Some Workers Are Babies
 They go paid to feed and diaper, and their work hours are flexible, in a program that connects people across generations and brightens lives.



By Heidi Pitlor
 Sun 8, 2014

© The New York Times and Getty Images

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Medication

Workplace safety

- Safe resident handling efforts
- Equipment: good PPE

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Medication

Workplace safety

- Safe resident handling efforts
- Equipment: good PPE

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Key Features of a 'Culture of Safety'

Medication

Workplace safety: extends to psychological safety

A blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment.

Organizational commitment of resources to address safety concerns.

Adapted from the Patient Safety Network, Culture of Safety

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Medication

Workplace safety -> Psychological safety

Behaviors with Potential for Adverse Effects

- **Human error**
An unintentional failure that causes, or nearly causes, harm; includes events due to circumstances beyond an individual's control
- **At-risk behavior**
A choice where risk is not recognized or mistakenly perceived to be justified under the circumstances
- **Reckless behavior**
Conscious disregard of substantial and unjustifiable risk of harm

Adapted from the Patient Safety Network, Culture of Safety

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Reimagining the Nursing Home Survey Processes Through the Lens of Just Culture

Behaviors Associated With the Potential for Adverse Events	CIG Response Under Existing Process	Potential Regulatory Response Using Principles of Just Culture
<p>Human error A resident was on a leave of absence longer than anticipated and missed medications</p>	<p>Penalize based on scope (isolated) and severity (actual harm that is not immediate)</p>	<p>Accept risk</p> <ul style="list-style-type: none"> • Recognize that the facility made reasonable efforts to prevent this adverse event, which was out of the facility's control <p>System redesign</p> <ul style="list-style-type: none"> • Systematically review the event to identify potential root causes and develop a contingency plan for residents with a longer than expected leave of absence
<p>At-risk behavior Nurses on their antibiotic prescriptions based on laboratory results, without documentation of symptoms or culture results</p>	<p>Penalize based on scope (patterns) and severity (actual harm that is not immediate)</p>	<p>Coach</p> <ul style="list-style-type: none"> • Regulatory survey team may refer the nursing home to local, state, or regional agencies that offer educational and technical resources for coaching • Require staff education on antibiotic stewardship principles and the nursing home's antibiotic use protocol for suspected urinary tract infections <p>System redesign</p> <ul style="list-style-type: none"> • The nursing home revises its protocols to require the presence of signs and symptoms that indicate as the genitourinary tract prior to collecting a urine sample
<p>Reckless behavior Several staff members are frequently wearing masks below their nose</p>	<p>Penalize based on scope (patterns) and severity (immediate jeopardy to resident health or safety)</p>	<p>Sanction</p> <ul style="list-style-type: none"> • Penalize organization for failure to recognize and address reckless behavior by staff <p>Coach</p> <ul style="list-style-type: none"> • Regulatory survey team may refer the nursing home to local, state, or regional agencies that offer educational and technical resources for coaching

Guar, Gillespie et al. JAMDA S1525-8610(21) 01069-

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Gratitude Practice for Nurses

TOOLKIT FOR WELL-BEING

wellbeing of staff with focus on stress management and compassionate self care

- Understand comprehensive wellness programs.
- Small reach nursing home changes
 - Create systematic mechanisms to debrief
 - Memorials
 - Sentinel event debriefings
 - Empower all members of the team to participate in Performance Improvement
 - Incorporate systematic mindfulness
 - Make it routine.
 - Wells Health
 - When are you?
 - What matters most?
 - Breathing exercise at end of/Start meetings
 - Standing yoga
 - Public recognition: gratitude, celebration

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One Minute Breathing Exercise

An example

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What Matters

Culture, voice, respect

Practice & Workplace of Choice: We Are PALTC

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What Matters

Culture, voice, respect

Create Community.

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What Matters

Culture, voice, respect

↓↓

"change attitudes, knowledge, & skills of the workforce"

Revisiting the Teaching Nursing Home

Revive the 1980s model of:


- NHs can be a "teaching" environment where students, academics, and healthcare workers collaborate to improve care for residents.
- Create opportunities for researchers to experiment with new methods of care
- Foster foster careers in nursing homes and geriatrics.
- Multisite project that creates partnerships between schools of nursing and nursing facilities in Pennsylvania around a 4M's model

<https://www.johnsharford.org/grants-strategy/revisiting-the-teaching-nursing-home>

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What Matters

Culture, voice, respect



Promote Nursing Home Care as Equitable & Inclusive
The Long-Term Care Equality Index

An initiative of SAGE and the Human Rights Campaign Foundation

Benefits

- Provide high-quality, welcoming environments to LGBTQ residents and assurance to their families and friends that their loved ones are safe.
- Public recognition as a leader in providing LGBTQ-welcoming services.
- Access to best practices for LGBTQ diversity, equity and inclusion.
- Access to quality education and resources for serving LGBTQ residents.
- Technical assistance with meeting state and federal regulatory requirements related to serving LGBTQ residents, including
- CMS Requirements of Participation regarding person-directed services and trauma-informed care.
- Improved ability to develop LGBTQ culturally appropriate marketing for future staff, clients, and funders.

www.thelel.org

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What Matters

Culture, voice, respect


Small Acts of Change

- **Being Kind**
 - Learn the names of the others in the Careforce
 - Say "thank you",
 - "I appreciate you because of xyz"
 - Ask "are you okay?"
- **Build processes that invite others to speak first.**
- **All teach, all learn¹**
 - Collaborative learning promotes purpose and value
 - Engaged teams are more effective
 - In-services, lunch and learn, trainee experiences
- **Leadership rounds (two ears, one mouth)**

1 Project Echo

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Thank you.



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