A blue geometric graphic consisting of a large triangle on the left side of the slide, pointing towards the right. The triangle is composed of two overlapping shapes: a larger one on the left and a smaller one on the right, creating a layered effect. The rest of the slide background is white.

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

Suzanne M. Gillespie MD RD CMD FACP AGSF

Associate Professor of Medicine

University of Rochester Division of Geriatrics & Aging

FMDA Best Care Practices in the Post-Acute and Long-Term Care Continuum

11/4/2022

# 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

# 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



A patient was transported from Life Care on Feb. 29.

**February 28, 2020**

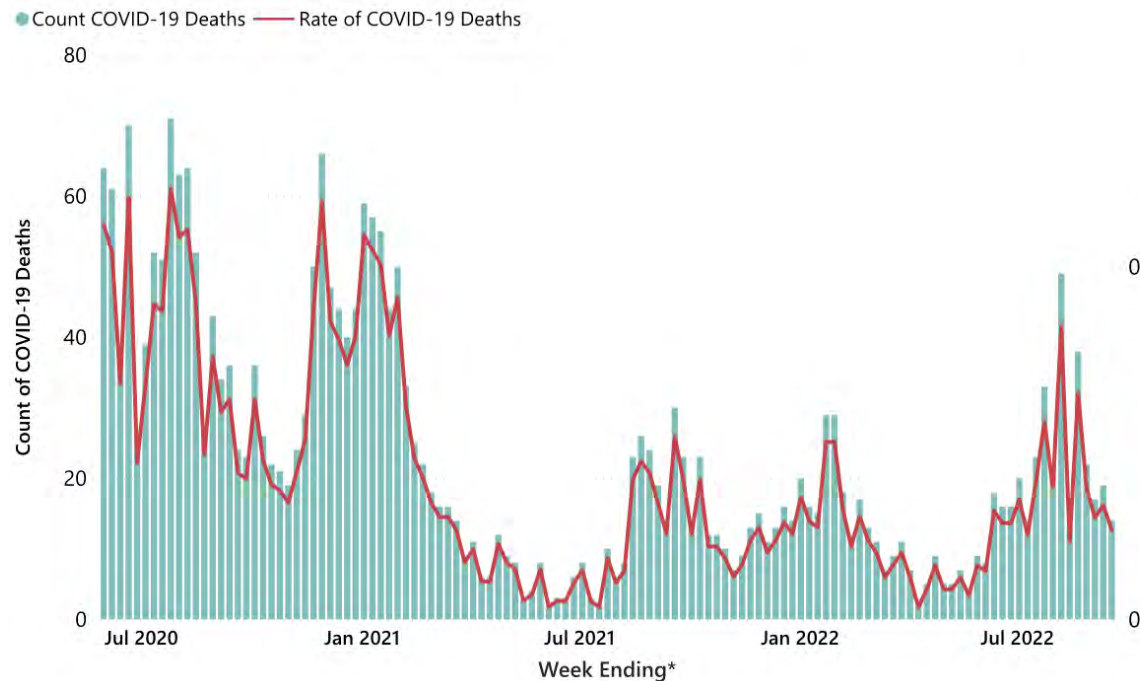
First Positive COVID-19  
nursing home in King  
County, Washington



Here we are  
**980** days later...

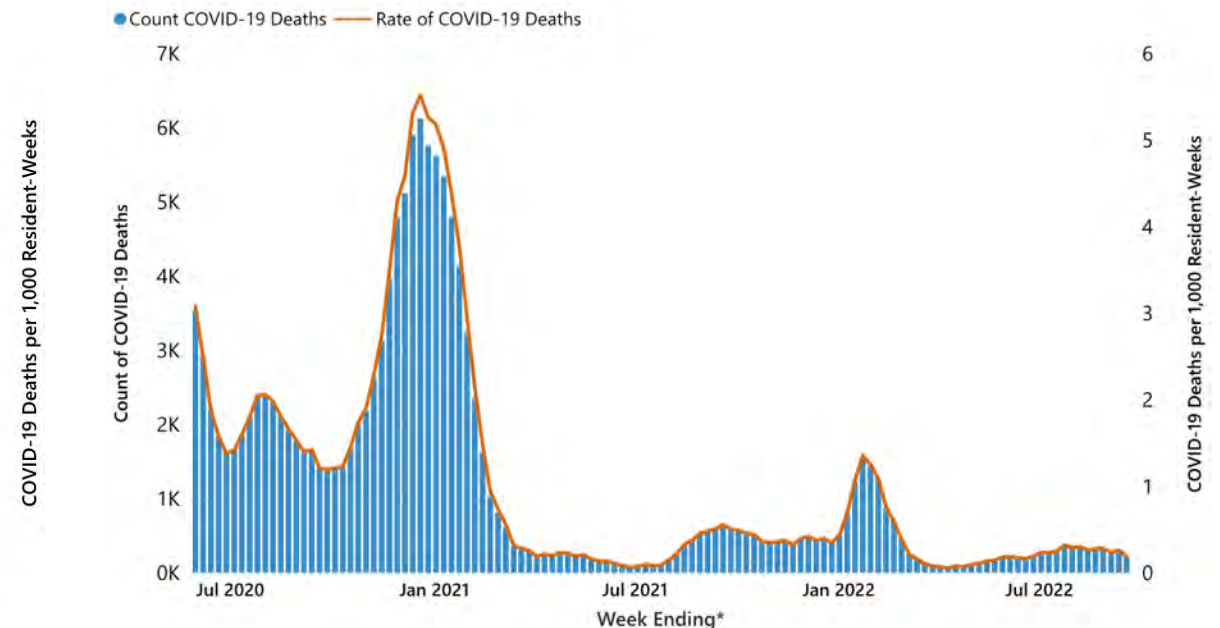
# COVID-19 Nursing Home Deaths among and Rate per 1,000 Resident-Weeks in US Nursing Homes

## Nursing Home Staff



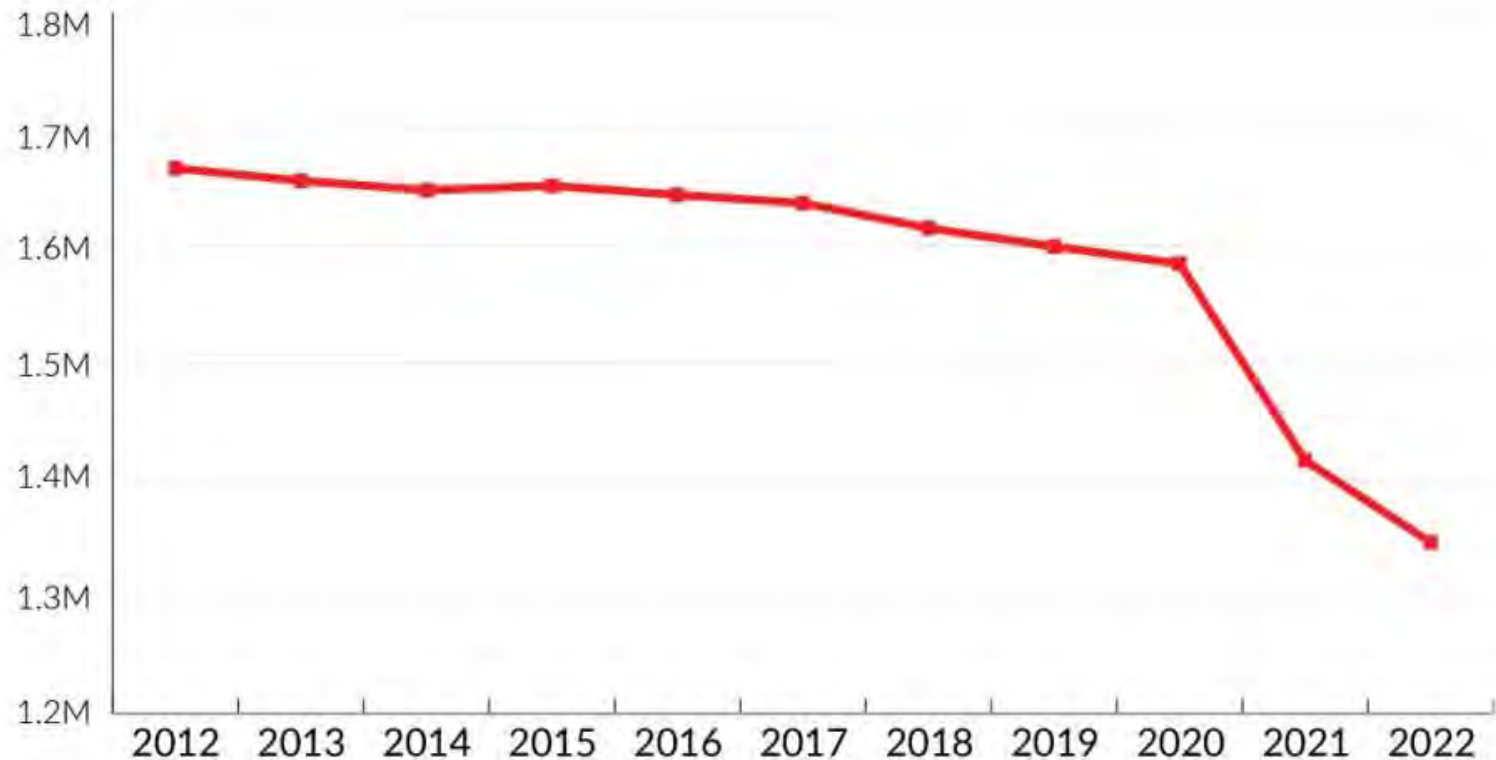
2,699 Total Staff COVID-19 Deaths

## Nursing Home Residents



157,898 Total Resident COVID-19 Deaths

# THE DECLINE OF EMPLOYEES IN U.S. NURSING HOMES

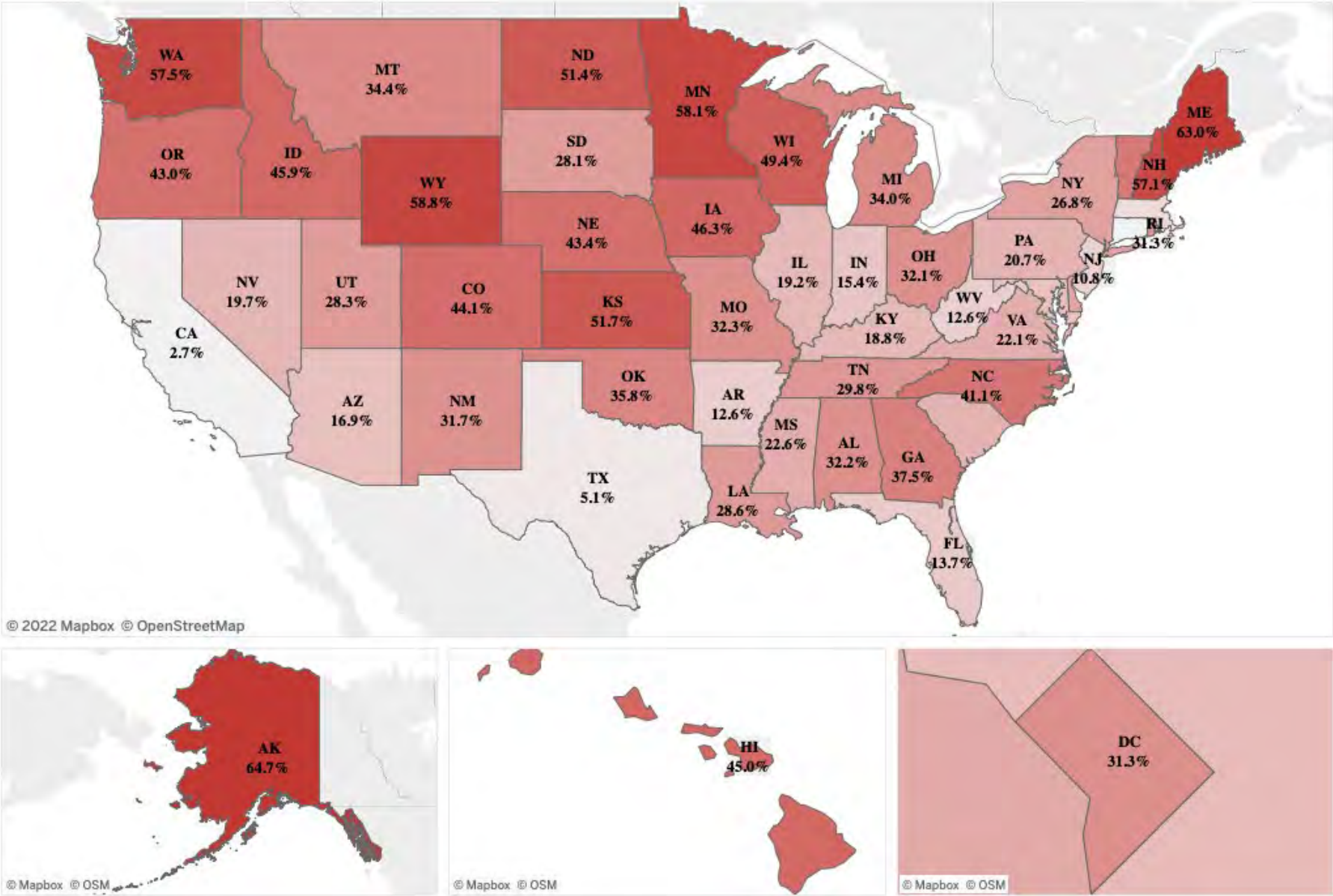


Source: Analysis by Federal Reserve Bank of St. Louis, data from U.S. Bureau of Labor Statistics

Note: numbers taken from January 1st of each year

- Lost 235,000 NH employees since March 2020
- 15% of NH workforce, gone.
- Surveys suggest another 1/3 will leave before the end of 2022
- ~40% of NH residents live in facilities that are financially at risk of closure in 2022.

# Staffing Shortages (Percent of Facilities with a shortage of Nurse &/or Aides)



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





What improvement would  
you identify?

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

## Ensure Safe, Adequate & Dignified Care

*Establish a Minimum Nursing Home Staffing Requirement.*

*Reduce Resident Room Crowding.*

*Strengthen the SNF Value-Based Purchasing Program.*

*Reinforce Safeguards against Unnecessary Medications & Treatments.*

## Enhance Accountability & Oversight

*Provide Technical Assistance to Nursing Homes to Help them Improve.*

*Adequately Fund Inspection Activities.*

*Beef up Scrutiny on More of the Poorest Performers.*

*Expand Financial Penalties & Other Enforcement Sanctions.*

*Expand enforcement actions against bad actor nursing*

*Increase Accountability for Chain Owners of Substandard Facilities.*

## Increase Transparency

*CMS database of owners & operators*

*Improve Transparency of Facility Ownership & Finances.*

*Enhance Nursing Home Care Compare.*

*Examine the Role of Private Equity.*

## Workforce

*Creating Pathways to Good-paying Jobs*

*Ensure Nurse Aide Training is Affordable*

*Support State Efforts to Improve Staffing & Workforce Sustainability.*

*Launch National Nursing Career Pathways Campaign.*

## Ensure Pandemic & Emergency Preparedness

*Integrate Pandemic Lessons: standards of care fire safety, infection control, & other areas, using an equity lens.*

*Continued COVID-19 testing in long-term care facilities.*

*Continued COVID-19 vaccinations & boosters in long-term care facilities.*

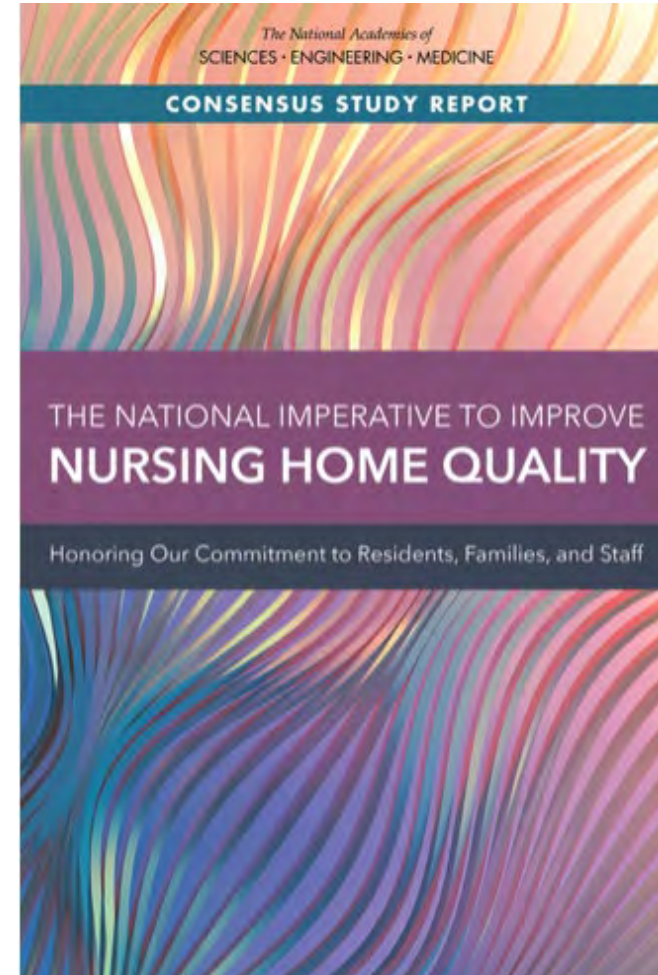
*Strengthen Requirements for On-site Infection Preventionists.*

*Enhance Requirements for Pandemic & Emergency Preparedness.*

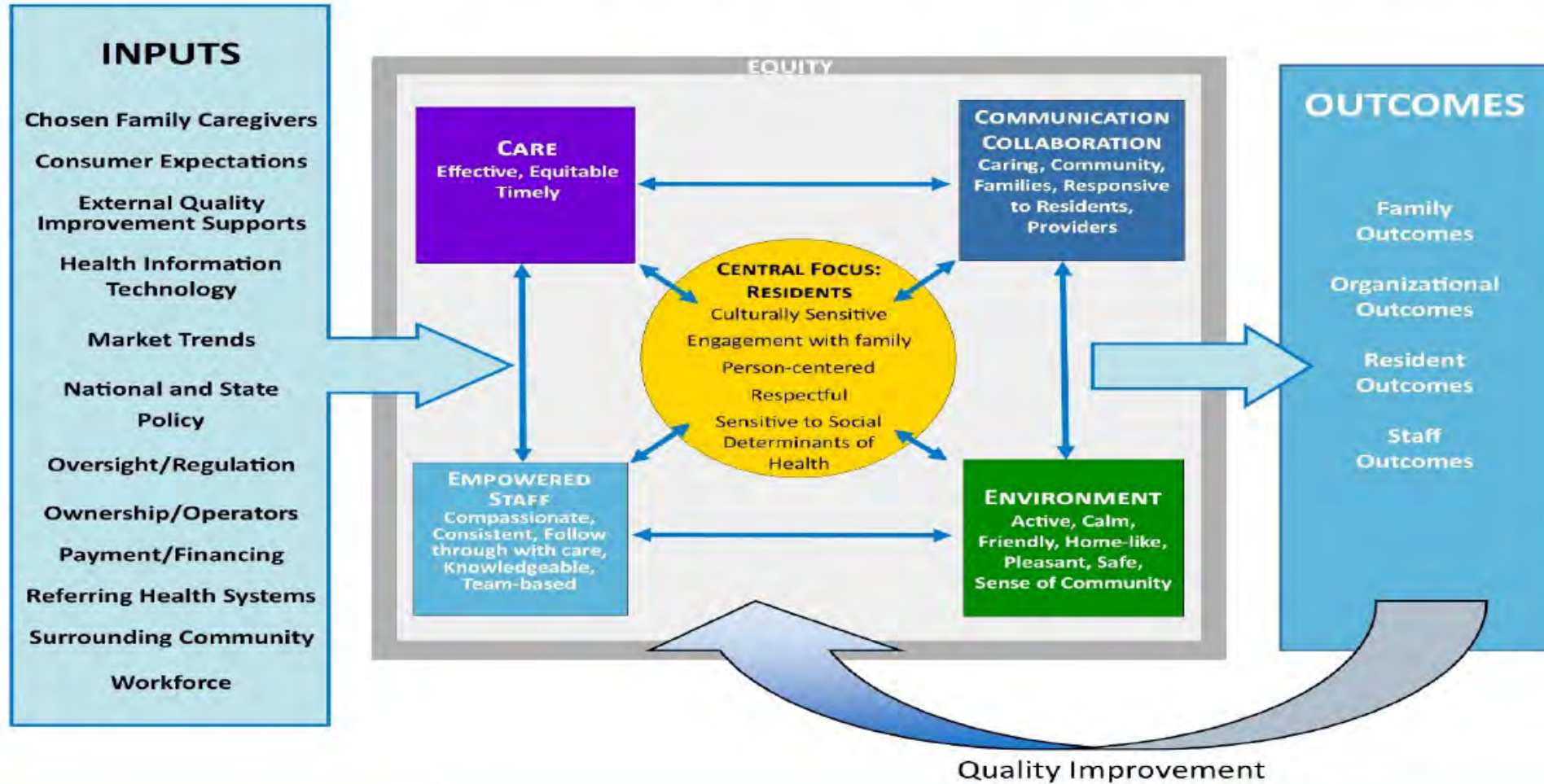
National Academies Science Engineering Medicine:  
**The National Imperative to Improve Nursing Home Quality**  
*Honoring Our Commitment to Residents, Families, and Staff*

## 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.



# Conceptual Model of Nursing Home Quality



The National Academies of  
SCIENCES • ENGINEERING • MEDICINE

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

1. The way in which the United States finances, delivers, and regulates care in nursing home settings is **ineffective, inefficient, fragmented, and unsustainable**.

2. Immediate action to **initiate fundamental change** is necessary.

3. Stakeholders need to **make clear a shared commitment** to the 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 this report.

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

1. Deliver **comprehensive, person-centered, equitable care** that ensures residents' health, quality of life, & safety; promotes autonomy; & manages risks

2. Ensure a well-prepared, empowered, & appropriately compensated **workforce**

3. Increase the **transparency & accountability** of finances, operations, & ownership

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

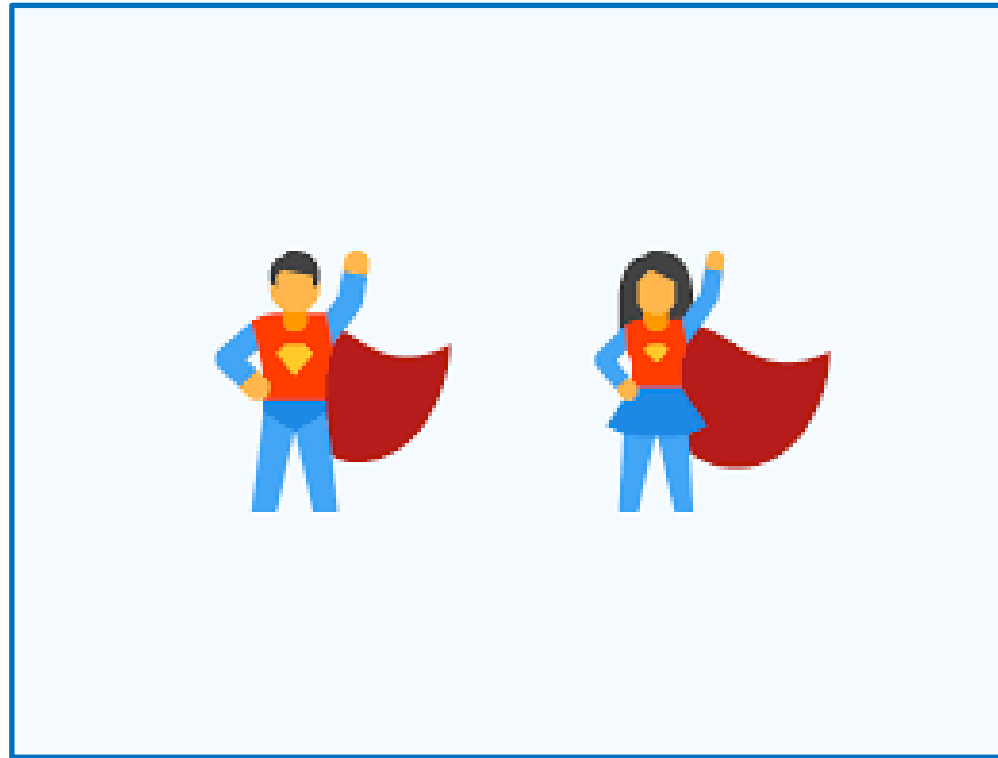
Root cause is the system, not the facilities  
how do we keep nursing home care moving forward?



All roads lead to rome.



# Workforce



# 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

Feuerberg, 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)

# 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
  - $\geq 3.6$  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

# Staffing Related Issues

hours per resident day

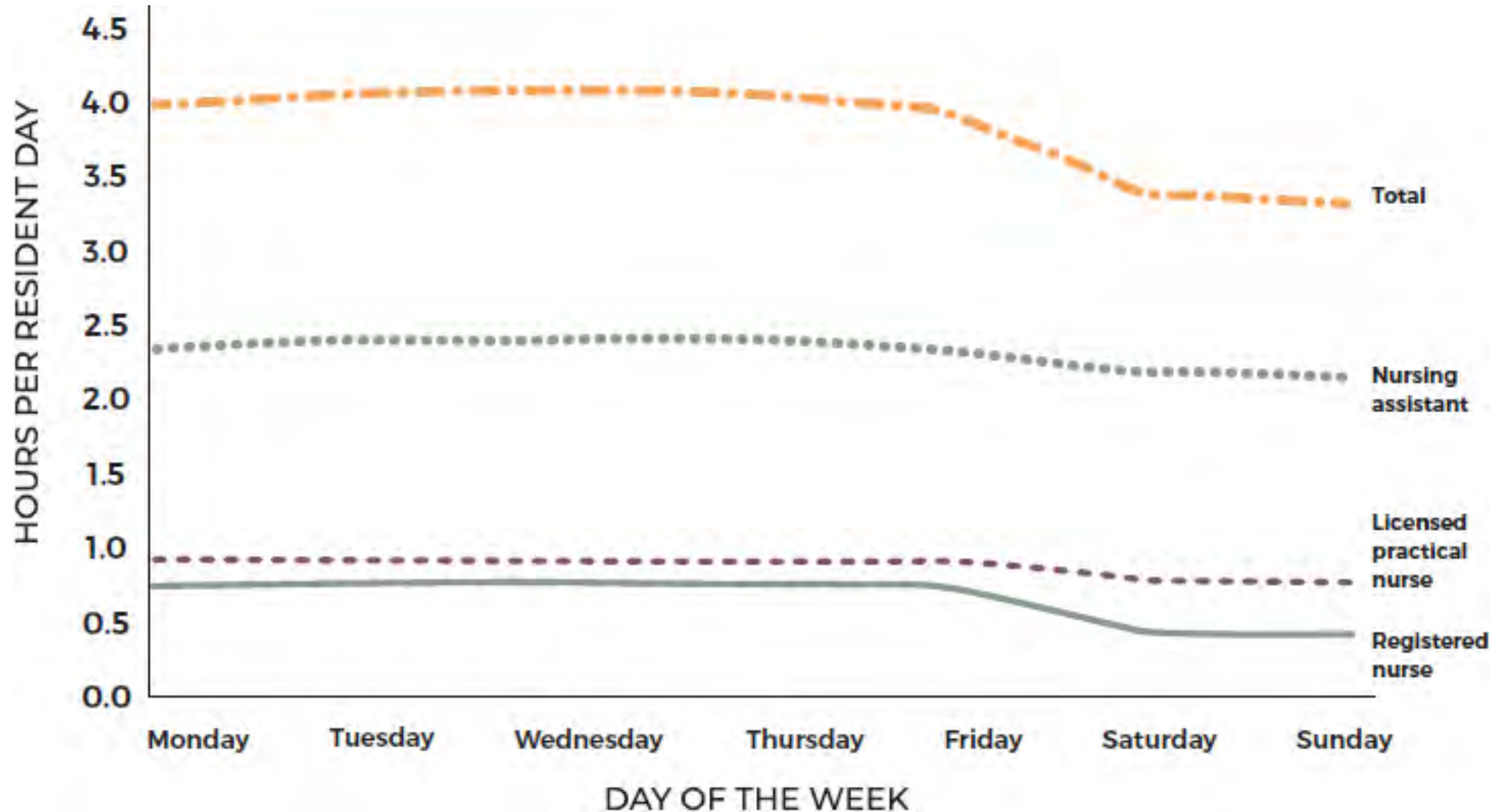
high staff turnover and  
low retention

inadequate  
expenditures on nurse  
staffing

needs related to staff  
training/competencies

ineffective or  
inadequate  
management and  
supervision

# Nursing Home Staffing by Nurse Type and Day of Week.

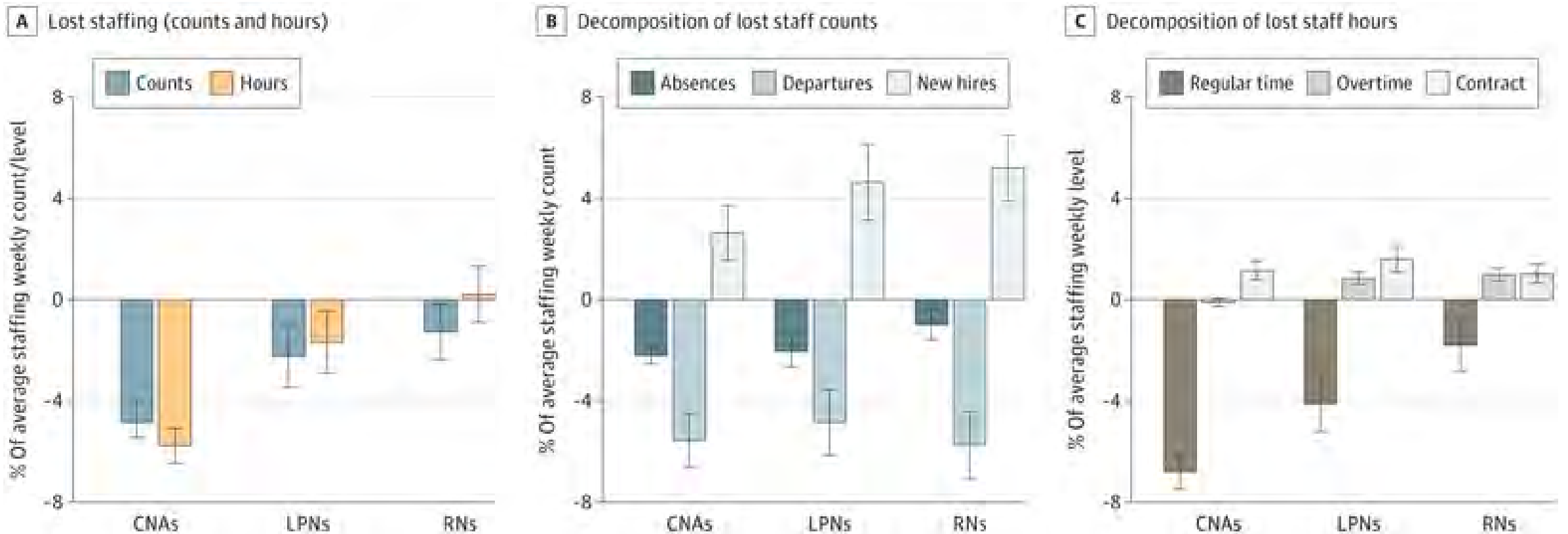


SOURCE: GAO, 2021

# 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.

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



# 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](#)



# 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.



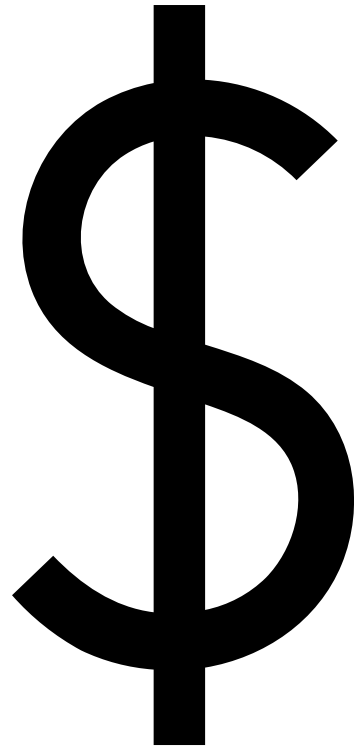
July 2021

[AMDA Staffing Standards](#)

# 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](#)



# 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](#)

# 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

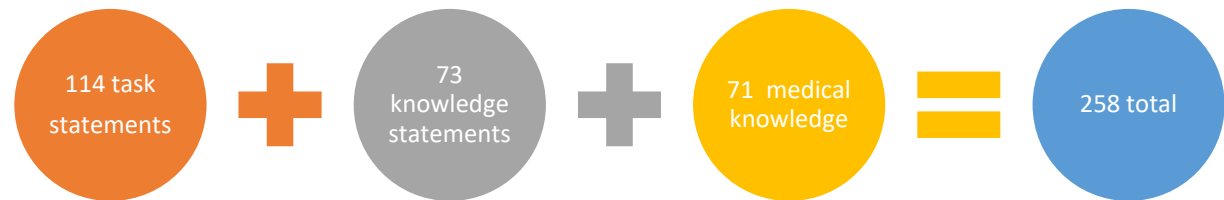
National Academies Press. <https://doi.org/10.17226/26526>.

## *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.



# 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](https://www.congress.gov/hr8832)





[Home](#)

[Bill Information](#)

[California Law](#)

[Publications](#)

[Other Resources](#)

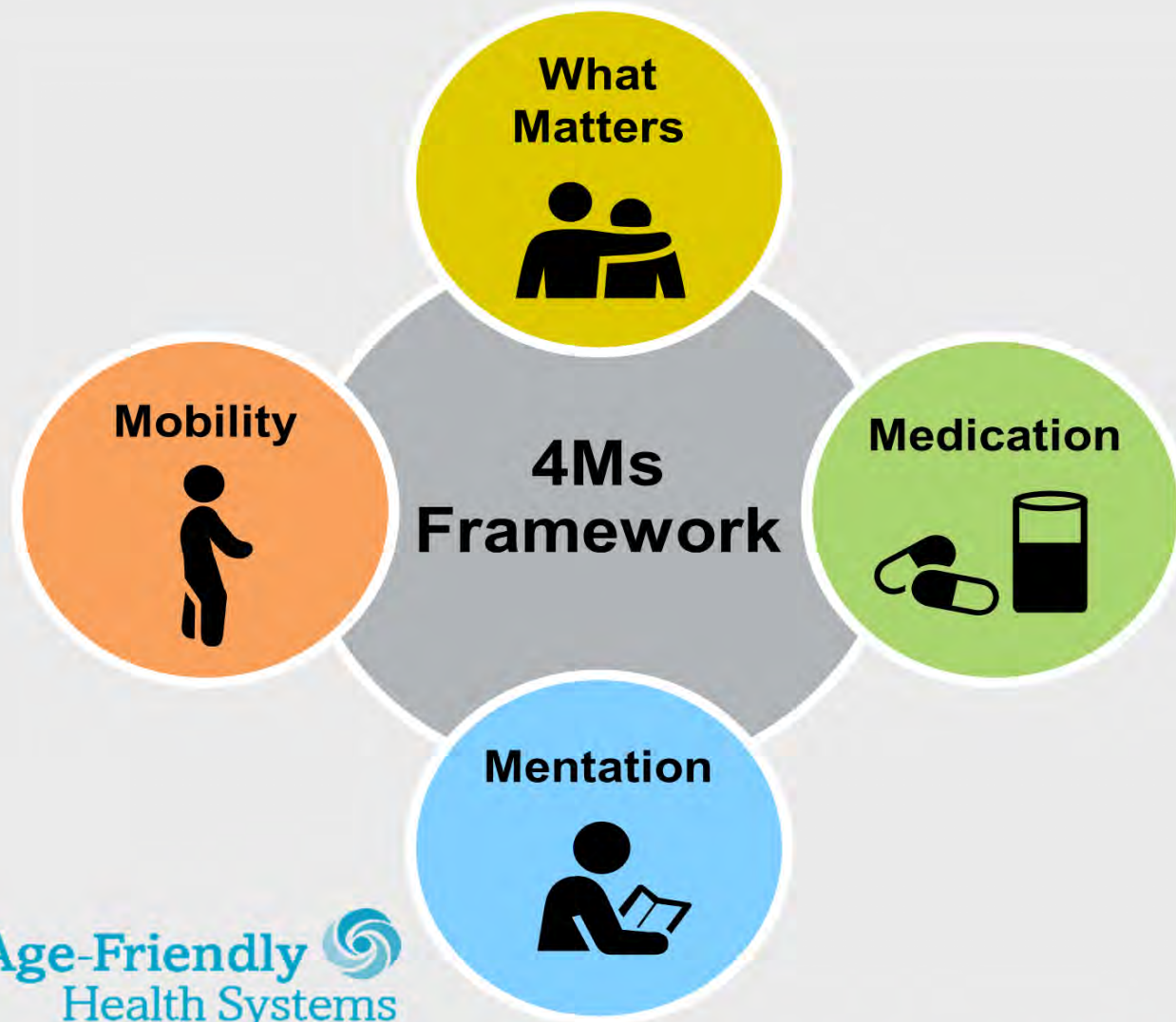
[My Subscri](#)

[Bill Information](#) >> [Bill Search](#) >> [Text](#)

## [California AB-749](#)

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

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.



**Age-Friendly**   
**Health Systems**

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

## **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.



# 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

Acknowledgement Erin Vigne, RN

Lori Porter, CNA

AMDA PALTC More of a Good Thing 9/22/2022  
<https://www.youtube.com/watch?v=FZa7qXXFKAs>

## CNA - Certified Nursing Assistant

- Rochester, NY 14620 (Highland)

\$15.08 - \$16.88 an hour - Full-time, Part-time

Apply Now



Urgently hiring

### Job Description

This is an entry-level position in the health care field responsible for performing a variety of direct and indirect services for chronically ill and convalescent patients. Employees receive State mandated training prior to assuming duties. The employee reports directly to, and works under the direct supervision of, a licensed nurse. Does related work as required.

Minimum Qualifications: Graduation from high school or possession of an equivalency diploma PLUS current possession of a valid New York State Nursing Assistant Certification.

Monroe County government prohibits discrimination in employment, program activities, procurement and contracting against any person due to such person's age, marital status, disability, genetic predisposition or carrier status, race, color, creed, sexual orientation or national origin. An Equal Opportunity Employer.

Job Types: Full-time, Part-time

Pay: \$15.08 - \$16.88 per hour

Job Types: Full-time, Part-time

Pay: \$15.08 - \$16.88 per hour

Benefits:

- Dental insurance
- Employee assistance program
- Flexible spending account
- Health insurance
- Paid time off
- Retirement plan

## Starbucks Salaries in Rochester, NY

Job Title

Popular Jobs

Location

Rochester

### Job

**Barista**

4 salaries reported

**\$13.70** per hour

### Common benefits at Starbucks

Benefits information is taken from job posted on Indeed.



Health insurance



Dental insurance



Vision insurance



Paid time off



Tuition  
reimbursement



Retirement plan



Employee  
discount



Flexible  
schedule



Parental leave



Stock purchase  
plan



Professional  
development  
assistance



Food provided

# Mobility

opportunity for personal growth & ongoing education



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

by WHAM | Monday, April 26th 2021

AA



(WHAM photo: Monroe Community Hospital)



Rochester, N.Y. – Monroe County leaders have announced a series of changes they say are aimed at helping staff at Monroe Community Hospital, while also benefitting recruiting and staff retention operations.



# 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.



[Tailored Professional  
Development with Experts](#)

<https://www.nahcacna.org>

# Mobility

opportunity for  
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Tailored Professional  
Development with Experts

<https://www.nahcacna.org>

# Mobility

opportunity for  
personal growth  
and ongoing  
education



## Growth & Empowerment:

- Collaboration in QI
- Orienting new staff (leadership)
- Upfront contribution of expertise to design of new programs
- Active solicit feedback
- Observe for other places team members can shine
- Ask staff....

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



# 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

# 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 get paid in formula and diapers, and their work hours are flexible, in a program that connects people across generations and brightens lives.

Give this article    113



A “baby worker” at the Ichoan Nursing Home in Kitakyushu, Japan. Ichoan Nursing Home



By **Hikari Hida** and **John Yoon**

Sept. 1, 2022



# Medication

## Workplace safety

- Safe resident handling efforts
- Equipment: good PPE

# Medication

## Workplace safety

- Safe resident handling efforts
- Equipment: good PPE

# Key Features of a 'Culture of Safety'

Medication

Workplace safety:  
extends to  
psychological  
safety

Judgment of the nature of an organization's activities and the determination to achieve consistently safe operations

Encouragement of collaboration across ranks and disciplines to seek solutions to patient safety problems

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

## 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

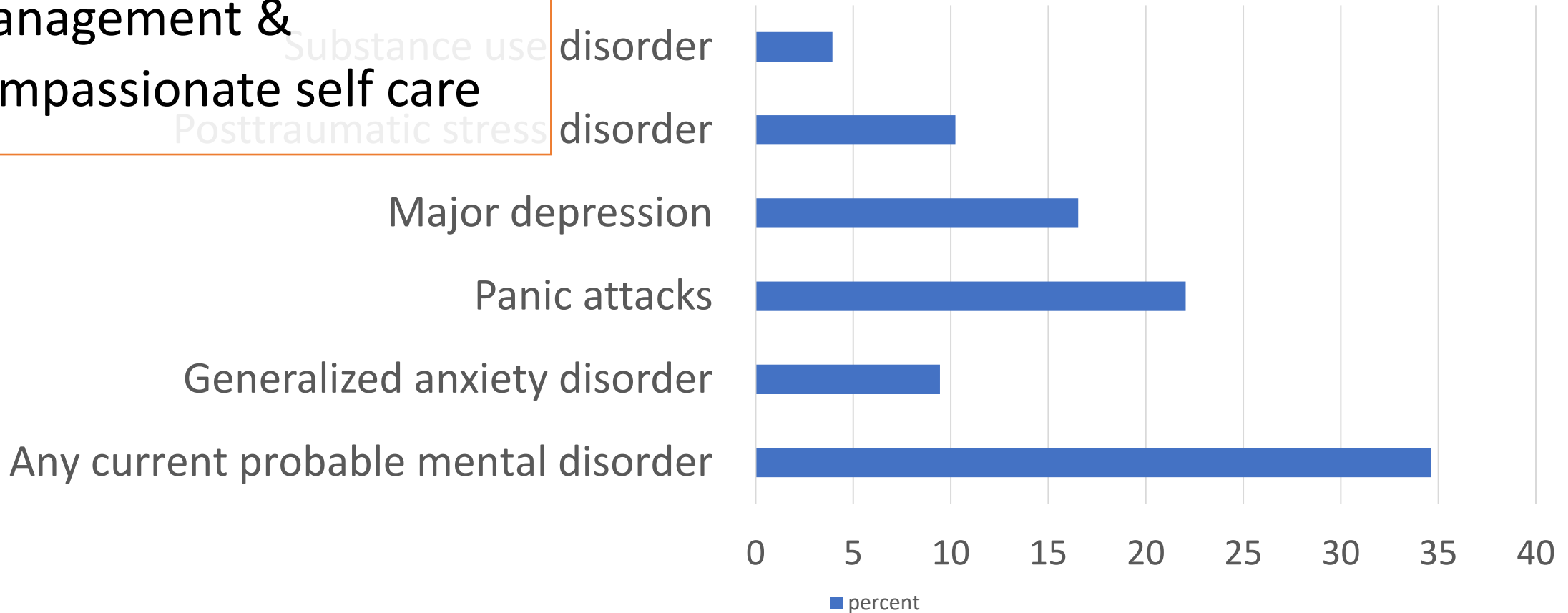
# Reimagining the Nursing Home Survey Processes Through the Lens of Just Culture

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

Mind

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

# Prevalence of Mental Disorders Among Nursing Home Workers



# Gratitude Practice for Nurses

## TOOLKIT FOR WELL-BEING

### [Gratitude guide for Nurses Toolkit](#)

American Nurses Foundation  
Greater Good Science Center at the University of California, Berkeley



## Mind

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.
      - Whole Health
        - Who are you?
        - What matters most?
      - Breathing exercise at end of/start meetings
      - Standing yoga
- Public recognition: gratitude, celebration

# One Minute Breathing Exercise

An example





# What Matters

Culture,  
voice,  
respect

# Practice & Workplace of Choice: We Are PALTC



MY REWARD FOR  
WORKING IN LTC  
IS TO KNOW I HAVE  
MADE A DIFFERENCE  
IN SOMEONE'S LIFE.

WE ARE WELL  
TAKEN CARE OF,  
OUR NEEDS ARE MET,  
WE FEEL SAFE, SECURE.

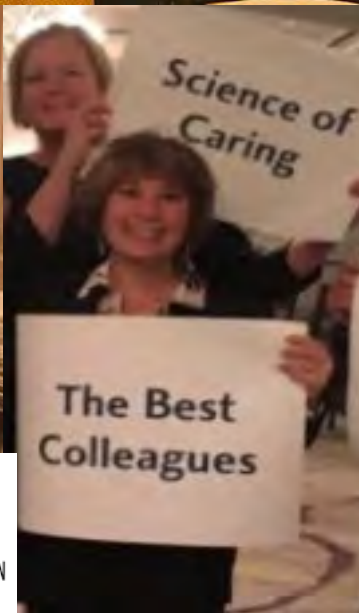
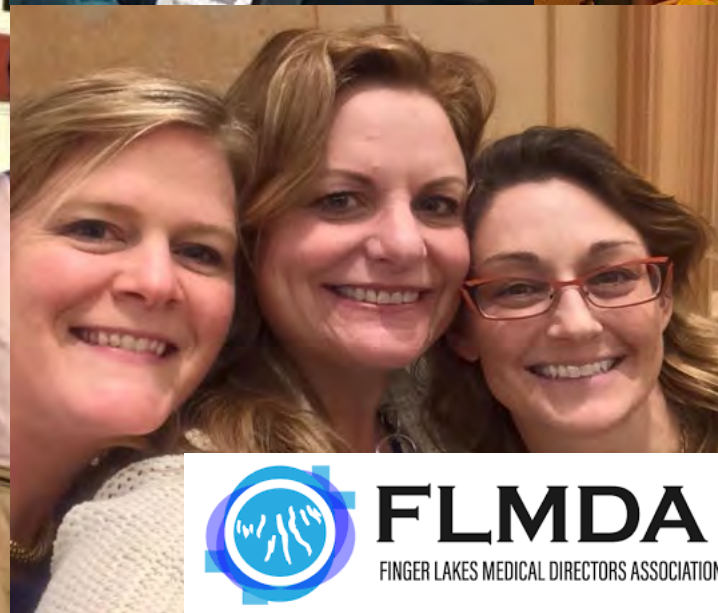


THE BEST PART  
OF LIVING AT  
CROASDAILE PAVILION  
IS FREEDOM.

# What Matters

Culture,  
voice,  
respect

# Create Community.



## 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

## 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.

# 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 learn <sup>1</sup>
  - Collaborative learning promotes purpose and value
  - Engaged teams are more effective
    - In-services, lunch and learn, trainee experiences
- Leadership rounds (two ears, one mouth)

Thank you.

