

LeadingAge® PA

2023

FALL FINANCE CONFERENCE

POST-COVID/MANDATORY PPD AND THE NEW STAFFING MATRIX

*Where do we find staff?

*How do we keep them?

MEET THE PRESENTER

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Annette is a seasoned nurse and a Senior Consultant for LW Consulting, Inc with more than 38 years of healthcare industry experience. As a consultant, Annette dedicates her career to compliance, quality improvement, and education. Annette has assisted skilled nursing facilities to navigate the successful removal of immediate jeopardy citations and develop an acceptable plan of correction. She has conducted independent monitoring for SNF to ensure the plan of correction is effective and the deficiencies remain corrected. Annette has performed mock surveys in Assisted Living and SNF, QAPI and Infection control assessments, and PDPM audits for medical necessity and Medicare requirements. Over the past few years Annette has presented "The survey process and survey readiness", "Infection prevention and control", multiple directed in-services related to any F-tag, "Nursing and Therapy Collaboration for Quality Measure, QRP, and CMI, and "Quality Measure and 5-Star Rating".





WHERE ARE ALL THE WORKERS?

“The Great Resignation”

- Mass exodus through resignation, retirement and staff experiencing a combination of increased workloads, physical and emotional strain, and challenging work environments.
- 38 to 40 million workers have QUIT their jobs since 2021



THE GREAT RESIGNATION EXPLAINED

- ✓ RETIREMENT
- ✓ RELOCATION
- ✓ RE-EVALUATION/RECONSIDERATION
- ✓ RESHUFFLING
- ✓ RELUCTANCE



HOW HAVE ATTITUDES CHANGED AFTER THE PANDEMIC?

- Economist prediction-Work less and flourish with “free time” to enrich their lives
- The Straw that Broke the Camels Back
- The “essential worker””
- The hospital workers became “HEROS”, and the nursing home workers became the “VILLIANS”
- US NEWS and WORLD REPORT: MOST DANGEROUS JOB IN AMERICA DURING PANDEMIC

SENIOR LIVING

More Seniors



Less (& overworked) Staff





STAFFING CHALLENGES FOR NURSING HOMES

- The Pandemic has introduced new stressors to nursing home leaders regarding staffing challenges.
- Significant staffing challenges continue for nursing homes.
- Nursing home sector hasn't seen workforce levels like this since 1994.
- The nursing home industry is not seen as attractive to job seekers.
- Other sectors able to invest millions to recruit employees
- Greater worker power; workers are setting the pace

CAUSE AND EFFECTS OF STAFFING SHORTAGES

Causes	Effects
Lack of respect for the work they do	High turnover
Poor pay and benefits	High burnout
Poor manager/supervisors	Unsafe working conditions
Limited career advancement opportunities	Increase workload and burden on staff
Better pay opportunities in other industries	Increased overtime hours
Unsafe working conditions	Unsafe staff to resident ratios
Toxic work environment; Bad Culture	Poor quality of care; increase accidents/event



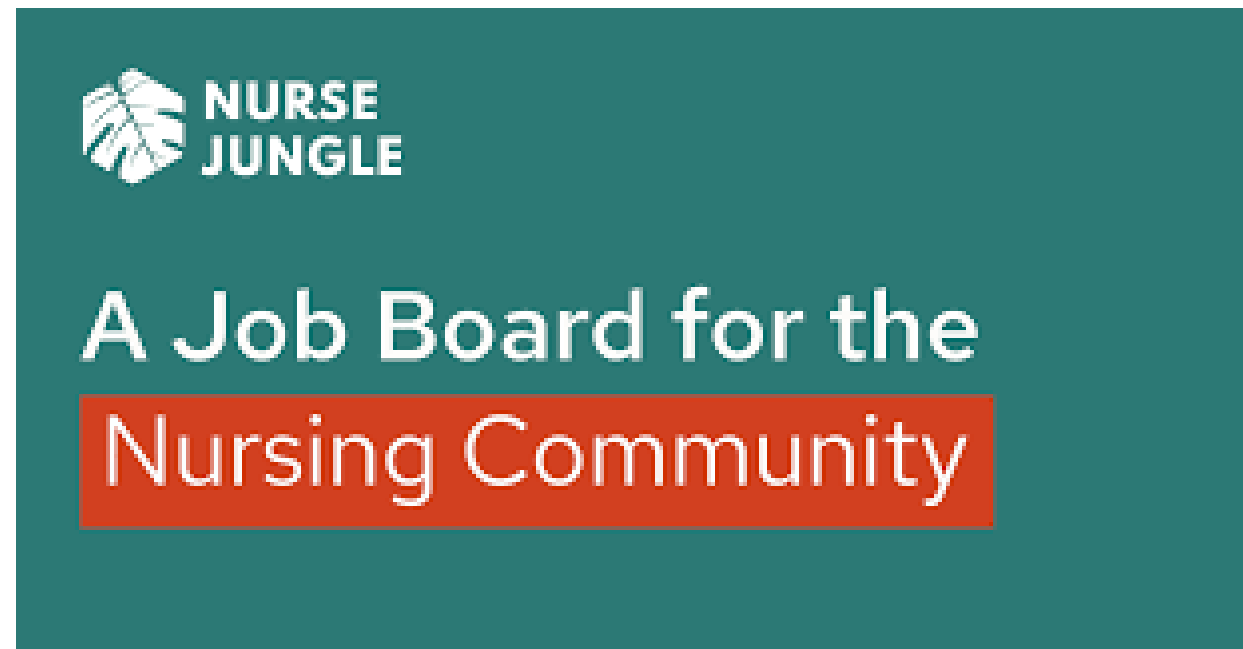
WHERE DO WE BEGIN?

“Without long term investment to address staffing challenges, the nursing home workforce will not return to pre pandemic levels until 2027”

AHCA/NCAL project

RECRUIT OR RETAIN: WHICH DO WE DO?

Recruiting



Retention



RECRUITMENT

Staffing Agencies



Schools, Career Links, Community Partners





RECRUITMENT

- Rethink the hiring process
- Be willing to be flexible
- Be creative
- Think outside of the box when it comes to recruiting staff
- Engage your current staff to be recruiters
- Do your homework-have competitive salaries and benefits
- Professional networking for nurses, managers and leadership
- Communicate quickly and effectively
- Keep it simple-do not make the onboarding process so difficult or challenging
- Be timely in the process
- Prepare your team for the interview process
- Engage your staff in the hiring process
- Be welcoming when touring and interviewing
- Incentive program

STAFFING RECOMMENDATIONS // LOSE SOME, WIN SOME

We Let the Rules Slide



Tighten the Reigns and Go from Good to Great



STAFFING RECOMMENDATIONS // EMPLOYEE REFERRALS

Sign-On Programs



**BIGGER, BETTER,
SIGN-ON BONUSES***
for Nurses

*For Bedside Registered Nurses Only

A smiling Black woman with curly hair, wearing blue scrubs, is shown on the right side of the advertisement. The background is a teal color with white diagonal lines.

Referral Programs



**REFER
A FRIEND
&
GET REWARDED!**

A hand holding a megaphone is shown on the left side of the advertisement. The background is a solid blue color.



**EMPLOYEE REFERRAL
BONUS**

A stack of US dollar bills is shown on the left side of the advertisement. The background is white.



Employee referrals

88%

of employers say that referrals are their best source of hire

Source: Dr. John Sullivan Research

SEMOS CLOUD

An illustration of two people sitting at a table and talking is shown on the right side of the advertisement. The background is a solid blue color.

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RETENTION

- Enhance the onboarding process and orientation
- Prepare them well to be a great employee from the start
- Provide ongoing training
- Provide Professional development opportunities
- Career investment
- Enhance you nurse/nurse aide to resident ratios
- Experiment with the work week
- Be flexible
- Self scheduling
- Work to build a culture of retention
- A culture of caring for others
- Consider tuition reimbursement
- Immigrant worker possibilities
- Listen to the staff
- Engage the staff in decision making
- Empower staff to be part of committees

CREATING A CULTURE OF RETENTION

Create trust through practicing consistency, listening to feedback and concerns, and acting upon them.

Respect everyone's role, values, opinions, concerns, and ideas.

Ensure open communication and recognize the non-verbal cues.

Provide support to all.





CREATING A CULTURE OF RETENTION

Build relationships among staff, residents, and families by creating events that bring people together.

Be intentional in the process, be proactive, and ask staff to be involved.

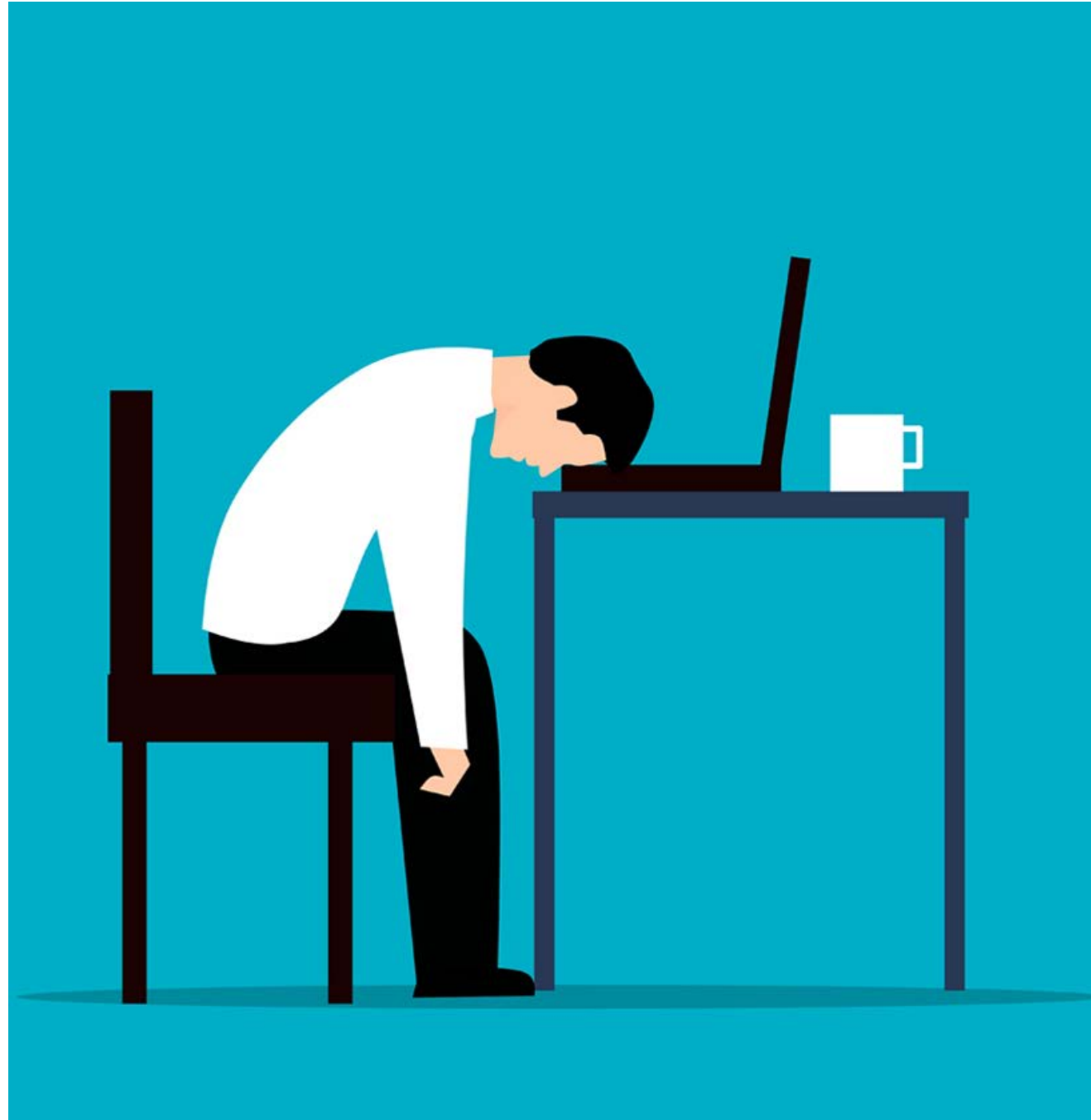
Keep employees engaged by including the staff in the decision-making and provide them with a sense of choice in one's own actions, involvement, and outcomes.

Show appreciation for the work that is being done and acknowledge the commitment to quality care.

Empower staff through education and knowledge and by giving staff a voice.

RETENTION RECOMMENDATION // EMPLOYEE COMMITTEE

Hate My Job



Love My Job





RETENTION RECOMMENDATION // EMPLOYEE COMMITTEE

Employee of the Month, Quarter, Year

Employee Parking

FOOD

Dress Down

Theme Days

Raffles

Prizes

Cash to Sustain

Employee Appreciation

Role Reversal

Management “FUN” (Dunk Tanks, Pie-in-the Face, Dress your Boss)

AUTONOMY!!!



STAFFING

§ 211.12. Nursing Services

- (i) A minimum number of general nursing care hours shall be provided for each 24-hour period as follows:
 - (1) Effective **July 1, 2023**, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 2.87 hours of direct resident care for each resident.
 - (2) Effective **July 1, 2024**, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. (i.1) Only direct resident care provided by nursing service personnel may be counted towards the total number of hours of general nursing care required under subsection (i).

Today, we NEED 1 additional FT for every 47 residents we have.

July 1, 2024, we will need one additional FT for every 16 residents that we have.



STAFFING

§ 211.12. Nursing Services

(f.1) In addition to the director of nursing services, a facility shall provide all of the following:

- (1) Nursing services personnel on each resident floor.
- (2) Effective July 1, 2023, a minimum of 1 nurse aide per 12 residents during the day, 1 nurse aide per 12 residents during the evening, and 1 nurse aide per 20 residents overnight.
- (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.
- (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.
- (5) Effective July 1, 2023, a minimum of 1 RN per 250 residents during all shifts.

(f.2) To meet the requirements of subsections (f.1)(2) through (5):

- (1) A facility may substitute an LPN or RN for a nurse aide but may not substitute a nurse aide for an LPN or RN
- (2) A facility may substitute an RN for an LPN.
- (3) (i) A facility may not substitute an LPN for an RN except as provided under subparagraph (ii).
(ii) A facility with a census of 59 or under may substitute an LPN for an RN on the overnight shift only if an RN is on call and located within a 30-minute drive of the facility.



CMS PROPOSED STAFFING APPROACH

- Establish new hours per resident day (HPRD) minimum nurse staffing standard for RN's and NA's based on case-mix-adjusted staffing data sources.
- Increase the on-site RN requirement
- Expand the existing facility assessment requirement

CMS PROPOSED STAFFING

- Minimum RN staffing of .55 hours per resident day (HPRD) must be provided
- Minimum NA staffing of 2.45 HPRD must be provided
 - 1-year renewable hardship exemption from the RN and or RN HPRD requirements will be available
 - Compliance data will be self reported through PBJ
 - Determinations of compliance with minimum HPRD requirement will be made based on the most recent available quarter of PBJ data
 - Facility compliance will be displayed on Care Compare
 - No adjustments will be made to potentially lower these minimums to account for an individual facility's resident case mix.
 - There is no proposed individual minimum HPRD for LPN's
 - CMS currently no proposing minimum nurse staffing standards that include HPRD for total nurse staffing, however CMS is considering the possibility of a third standard of a total nurse staffing standard of 3.48 HPRD in addition to the .55 RN and 2.45 NA.



CMS PROPOSED STAFFING

- An RN must be on-site and available to provide direct resident care 24 hours per day, 7 days per week.
- Compliance with the 24/7 RN requirement does not imply compliance with the minimum .55 RN HPRD and the 2/45 NA HPRD requirements.
- Providers will be able to use the existing statutory waiver process to request a waiver
- CMS will continue to maintain a separate requirement for all nursing homes to designate an RN to serve as the DON on a full-time basis.



CMS PROPOSED STAFFING

- An enhanced facility assessment of staffing needs (to determine whether the nursing home's resident population requires staffing levels above the proposed minimum thresholds) must be completed.
- The facility assessment must address resident care requirement using evidenced based, data driven methods
- The facility assessment must consider behavioral health issues
- The facility assessment must address the staff skill sets
- The facility assessment must include input from facility staff, including nursing home leadership, management direct care staff and staff providing services.
- The facility assessment must be used to assess the specific needs for each resident unit in the facility
- The facility must consider the specific staffing needs for each shift such as day, evenings, nights and weekends.

CMS PROPOSED STAFFING EXAMPLES

- The minimum number of RN hours (.55 HPRD) provided in a facility that has 100 residents and runs an 8-hour shift per 24 hours will require a total of 55 RN hours per 24 hours. In other words, at least two RNs on staff each 8-hour shift, plus a third one for one shift would be necessary.
- The minimum number of NA hours (2.45 HPRD) provided in a facility that has 100 residents and runs an 8-hour shift per 24 hours will require at least a total of 245 NA hours per 24 hours. In other words, at least 10 NAs on staff each 8-hour, plus a third NA for one shift would be necessary.

CMS PROPOSED STAFFING TIMELINES

- Facility Assessment requirements 60 days after final rule publication
- RN on-site 24/7 2 years after final rule-urban
3 years after final rule-rural
- .55 HPRD for RNs/
2.45 HPRD for NAs 3 years after final rule-urban
5 years after final rule-rural



ESTIMATED COSTS WITHOUT ACCOUNTING FOR EXEMPTIONS

- 32 million in year 1
- 246 million in year 2
- 4 billion in year 3
- 5.7 billion per year by year 10

OUTSIDE-OF-THE-BOX STAFFING

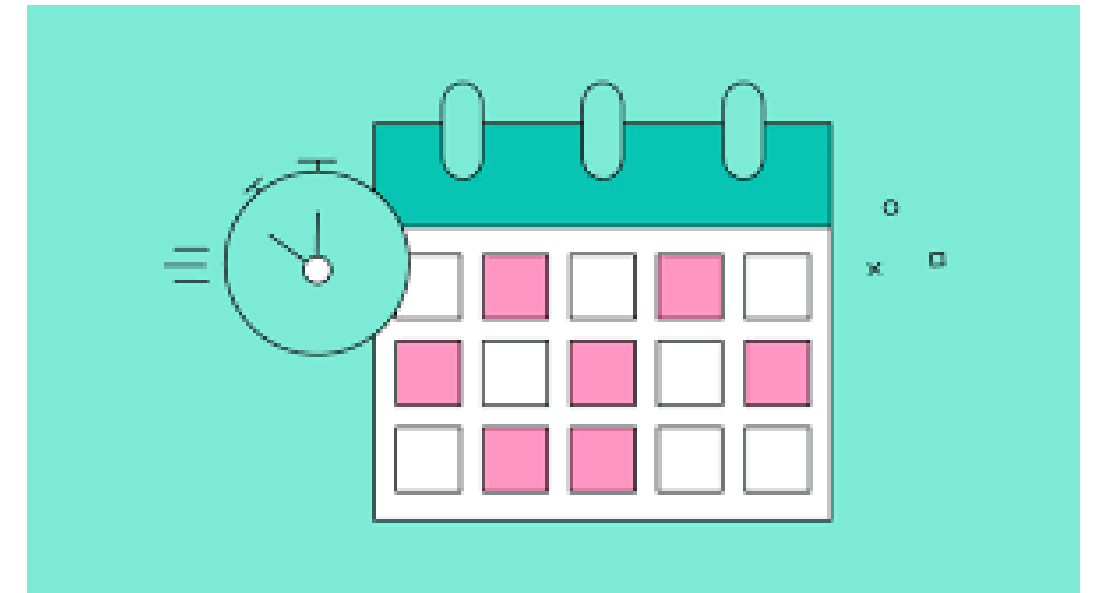
Split Shifts



Utilize the Clock



PT Can Be Anytime

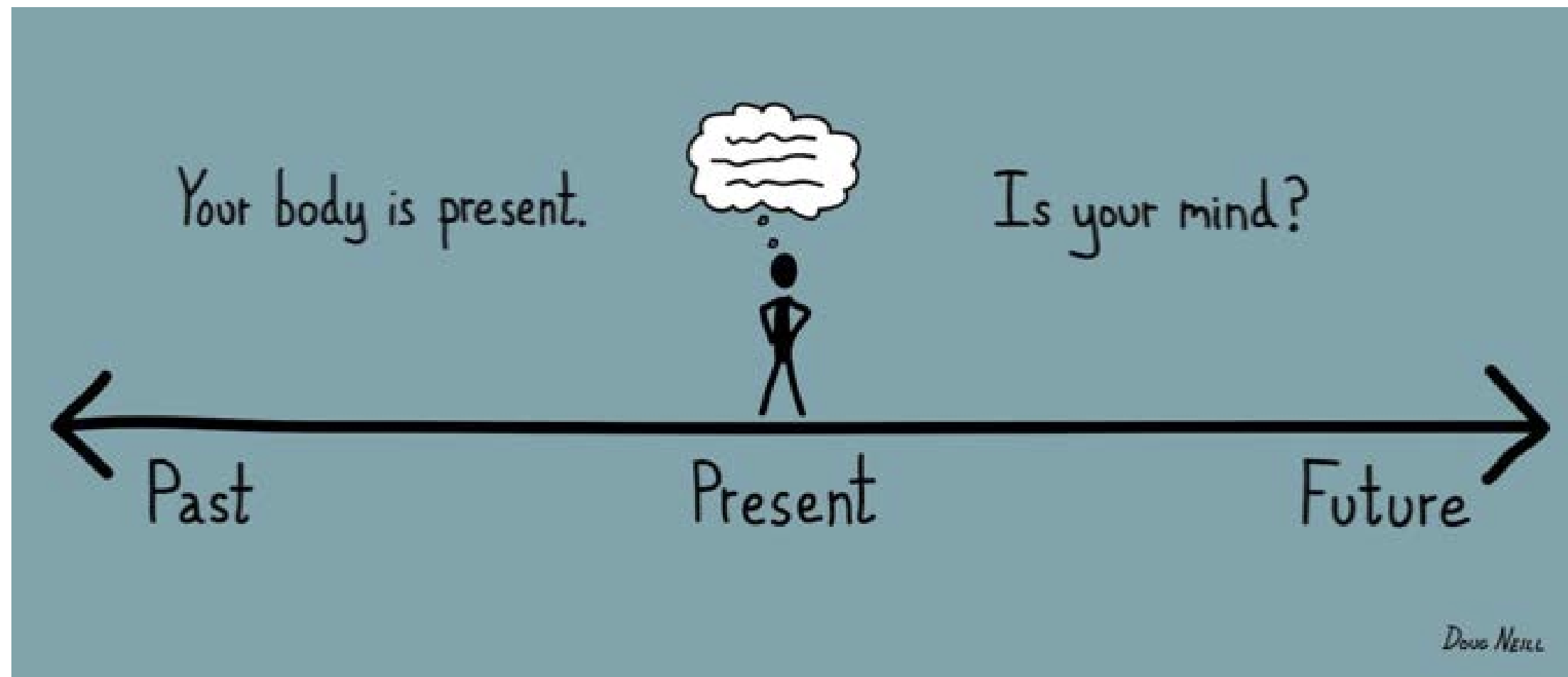


GET OUT THERE

Be Present – Be Where
Your Staff Are

Help Out, Pitch-In, Lead by
Example

See What's Really Going
On – LISTEN to Your Staff



GET OUT THERE

Outreach

Meet with Partners

In-Person

Over the Phone (talk – not text)

Don't rely ONLY on E-mail

Personal touch – if you take an interest in them,
they will take an interest in you.





CONCLUSION

- All nursing homes are faced with the post pandemic staffing crisis, and it is affecting the way we deliver care and operate our nursing homes.
- We are all fighting for the good quality worker
- The regulatory mandates are adding more fuel to our fire as the PA changes have gone into effect on July 1, 2023 & 2024 and the CMS proposed rule is lurking with the comment period ending November 6, 2023.
- The workers are in the driver's seat, setting the pace for satisfaction
- Make the job FUN!
- Strive to be the place where people want to live, and people want to work
- Staffing is so very important, and it will affect not only our quality of care but also our 5-star ratings which in turn effects our bottom line



QUESTIONS?

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