

## Washington's Health Workforce Sentinel Network Examples of Findings from Nursing Homes and Skilled Nursing Facilities

From October 5 to November 8, 2020, representatives from nursing homes and skilled nursing facilities answered five questions about how the COVID-19 pandemic affected their organization. Themes from their responses are highlighted below. To see their full responses as well as summaries from Spring 2020, go to [www.wa.sentinelnetwork.org/findings/covid-19](http://www.wa.sentinelnetwork.org/findings/covid-19). On the following pages are summaries of responses to other Sentinel Network questions.

### Effects of the COVID-19 pandemic reported by nursing homes/skilled nursing facilities: Themes and examples

#### Have there been overall staffing changes at your facility due to the COVID-19 pandemic?

**THEMES:** Despite lower census numbers, staff members are doing more. Effects are not the same for all occupations and staffing agencies have been used to fill the gaps.

- *Significantly reduced census (due to COVID admitting restrictions and lack of referrals) has led to reduced staffing needs, but unfortunately this has not translated to reduced recruitment needs.*
- *...we have had to use agency staffing more to meet needs.*
- *We have had to increase staffing in our dietary department for our feeding assistance because we are currently unable to have resident dining in our dining room.*

#### Were any of your staff disproportionately affected by COVID-19?

**THEMES:** Lower-wage staff and those who needed to care for family members at home were the most affected

- *NACs [nursing assistants] due to their direct contact with Residents. Housekeeping staff were hit disproportionately by testing positive for the virus.*
- *Kitchen staff seemed to be affected the most.*
- *School closures impacting parents' schedules.*

#### What about the staffing arrangements at your facility made it easier or harder to respond to the pandemic?

**THEMES:** There is not a readily available pool of experienced workers to call on. Events outside of work led to shortages.

- *Consistent assignments made it easier. Staff who were unable to work during Covid outbreak due to situations in their home.*
- *When we had staffing issues we reached out to staffing contract agencies, the agencies charged astronomical "crisis rates" which we couldn't argue with given the situation. Would be helpful to have some oversight in this area to support the appropriate use of resources in an pandemic/emergency.*

#### As a result of the COVID-19 pandemic, what are your top workforce needs that could be alleviated by new or modified policy, regulatory, and/or payment rules?

**THEMES:** Need more training programs and faster certification processes, especially for nursing assistants and medical assistants. Some mentioned interest in joining the nursing compact for RNs.

- *There are a lot of hoops to jump through; DOH with actually licensing NARs/NACs, OBRA registry seems to sometimes take some time with little explanation and also DSHS with the quickness of processing of background checks.*
- *[Need for a] Streamlined ability to complete testing of new nurses who have finished classes and need to take exams to become an LPN or RN.*
- *Open classes for NAC and MAX training for facilities ...unable to hold classes. No available classes in our region.*

#### Describe the workforce impact, if any, of the use of telehealth at your facility in response to the pandemic.

**THEMES:** Residents completing appointments via telehealth seen as helpful by some, resource-intensive by others

- *Staff time has increased significantly for the coordination and assistance of telehealth appointments, but overall life in the facility is more manageable and pleasant with telehealth.*
- *While this has decreased the exposure of residents to COVID exposure, the increased time spent by licensed staff doing telehealth has been tremendous and it is not sustainable.*
- *Telehealth takes away from nursing duties for our nurse manager and team leaders on the floor.*

## Nursing Homes/Skilled Nursing Facilities

Representatives from nursing homes and skilled nursing facilities provided information to the Washington State Health Workforce Sentinel Network nine times between Summer 2016 and Fall 2020. This summary highlights some of the information they provided, with an emphasis on the most recently submitted data. Additional findings from nursing homes, skilled nursing and other long term care facilities can be found on the Sentinel Network dashboard ([wa.sentinelnetwork.org](http://wa.sentinelnetwork.org)) as well as for other types of health care facilities.

### Nursing Homes/Skilled Nursing Facilities - Occupations with exceptionally long vacancies

Top occupations cited as having exceptionally long vacancies by date of reporting									
Rank	Summer 2016*	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	
1	Registered nurse	Registered nurse	Nursing assistant	Nursing assistant	Registered nurse	Nursing assistant	Nursing assistant	Nursing assistant	
2	Nursing assistant	Nursing assistant	Registered nurse	Registered nurse	Nursing assistant	Registered nurse	Registered nurse	Registered nurse	
3	Licensed practical nurse								
							Dentist		
4	Social worker	Occup. therapy assistant	Multiple occupations cited at same frequency	Dentist	Occup. therapy assistant	Speech-language therapist	Multiple occupations cited at same frequency	Occup. therapy assistant	
		Physical therapist			Physical therapist			Physical therapist	
					Physician/ Surgeon			Social worker	Physical Therapy Assistant
					Psychologist				
5	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency		Multiple occupations cited at same frequency					

↑ Most cited

\* Winter 2016 findings not shown due to space constraints

### Demand for healthcare workforce reported by nursing homes/skilled nursing facilities (Fall 2020)

#### Some employers report lower demand for some healthcare workers, which stems from COVID-19 closures

- [Physical therapist, Speech language therapist, Occupational therapy assistant, Physical therapy assistant] Clientele has dried up with elective surgeries being put on hold due to the COVID virus.

#### Employers are trying to build a pool of substitute workers

- [Nursing assistant, Registered nurse] With extra precautions and potential for COVID outbreak, need to make sure we have available staff if issues arise.
- [Multiple occupations] Unemployment benefits too attractive, and fear factor of working or potentially working around the Covid virus.

#### For some employers, overall demand hasn't increased, but current employees are expected to do more

- [Multiple occupations] Due to census loss there was lower demand, however it was somewhat offset by the higher expectations due to the use of PPEs and Infection Control precautions. Additionally those individuals who were impacted by the virus left remaining employees with higher case load.

## Nursing Homes/Skilled Nursing Facilities (Fall 2020)

### Reasons for vacancies reported by nursing homes/skilled nursing facilities

#### The COVID-19 pandemic has introduced some new challenges, but many pre-COVID challenges persist

- *[Nursing assistant, Registered nurse] Applicant flow has significantly decreased since COVID. Some related issues are: children not being in school, caring for a family member, living with an elderly/compromised person and ease of getting unemployment.*
- *[Nursing assistant, Registered nurse] Difficult to find qualified candidates that are willing to work in nursing homes, especially during COVID-19.*
- *[Registered nurse] Our county struggles to find RN in the community due to the number of open positions at the hospital, clinics, nursing homes.*

### New roles for existing employees and new occupations hired by nursing homes/skilled nursing facilities

#### With family visits curtailed, many nursing home workers are providing support usually provided by the family

- *[Nursing assistant, Registered nurse] They are also being asked to help meet the social, emotional needs of residents more because of reduced # of visitors.*

#### Many facilities are using door screeners. Sometimes these are new hires, but often it is a new role for existing employees

- *We have a CNA manning the screening station for all who enter the building.*
- *[We hired a new Hospitality aide to do] Staff/Visitor screening and assistance with bed making /snack passing.*

### Reasons for worker retention/turnover problems reported by nursing homes/skilled nursing facilities

#### Some turnover issues related to the COVID-19 pandemic

- *[Nursing assistant] are concerned with bringing COVID home to older family member and children.*
- *[Registered nurse, Licensed practical nurse] the pandemic eliminated some individuals who work in more than one healthcare facility.*
- *We lost a few CNAs due to childcare issues resulting from the pandemic.*
- *[Physician assistant, Physical therapist, Speech-language pathologist, OT and PT assistants] Rehab clientele reduced due to COVID virus, absence of elective surgeries in hospitals.*

#### But other issues were present before the pandemic

- *[Nursing assistant, Licensed practical nurse] There simply is NOT enough supply in our state to meet demand. This has been an ongoing problem of significance for approximately 3 years prior to the pandemic.*
- *[Registered nurse] we have lost associates who have transferred to work in hospitals for a higher wage.*
- *We have had NACs take positions closer to their residence, some have left due to school attendance, and some have moved away.*

## Nursing Homes/Skilled Nursing Facilities (Fall 2020)

### Changes in nursing homes'/skilled nursing facilities' priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers

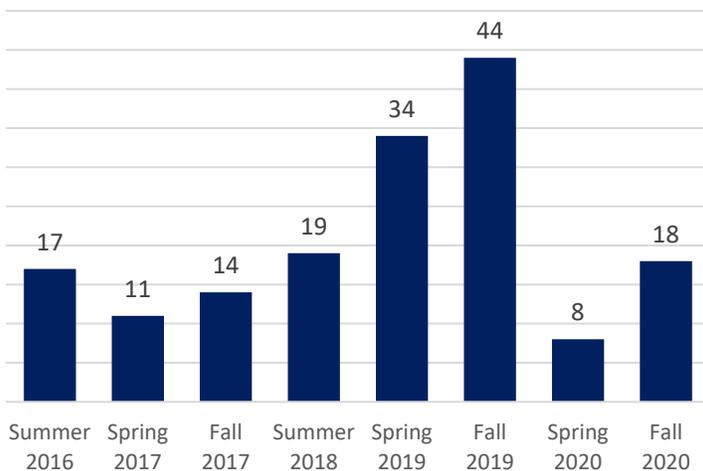
#### The content of onboarding and training sessions focus primarily on COVID-19 protocols

- Additional training related to infection control, donning/doffing of PPE, use of N-95's (including Fit testing), additional training on cleaning between patients. This is true for all existing workers in our organization.
- Covid testing prior to start date - must be cleared. N95 requirements. Weekly testing. Infection Control and PPE use in the COVID environment.

#### Changes to the way information is delivered has been necessary

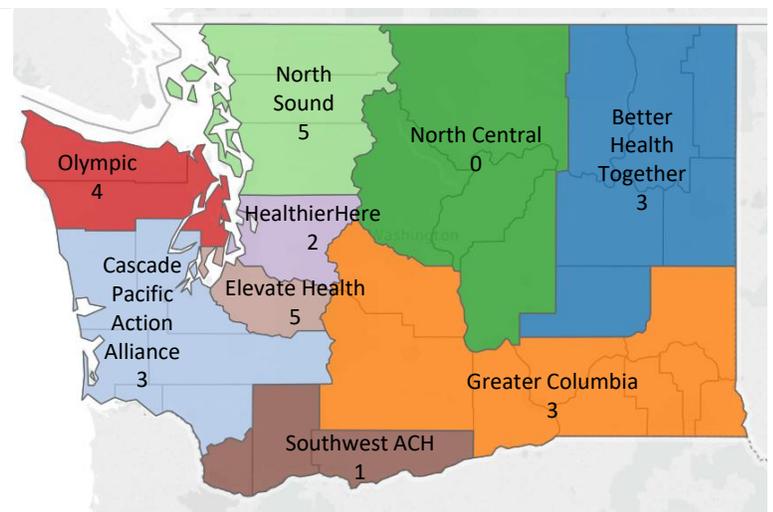
- Due to COVID precautions orientations have been suspended as they were group events. Specific job orientations are occurring one-on-one but these orientations are not effective for long term culture building.

Number of Sentinel Network Responses from Nursing Homes/Skilled Nursing Facilities in WA by Data Collection Date\*



\* Winter 2016 findings not shown due to space constraints

Number of Nursing Home/Skilled Nursing Facility Responses by Accountable Community of Health (ACH) (Fall 2020)



### 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 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](http://www.wa.sentinelnetwork.org).

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