

Washington's Health Workforce Sentinel Network **Early COVID-19 Response Report: Assisted Living 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 an early report of initial responses (15 as of April 17) to the COVID-19 questions from assisted living 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: Need for PPE, infectious disease management skills, training, relief for staff anxiety

- *The need for a few different PPEs than what we typically keep on hand came up quickly and in much greater quantities, it is difficult to keep up. Occupations have had little change other than temp & screening all employees prior to work, we have been fortunate in having a stable workforce. More calls/demands for placements, but harder to place related to not taking new residents unless they are coming from home and not doing in-home assessments, everything done via video. (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)*
- *Caregivers - unable to attain access to DSHS requirements for TB, CEUs, CPR, and Skills lab, etc. Concerns about insufficient PPE, Keeping morale up, providing education for Covid-19 related skills, relieving anxiety. (W WA)*
- *We had several difficulties with PPE supplies and staffing. (W WA)*
- *Nearly every department was affected. Nurses and NAC's 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.*
- *PPE needs for my caregivers, and resident mental health*
- *PPE-masks, hand sanitizer, eye shields are not able to be replaced./LPN talent is very difficult to find/Adult Day Health Program reduced census has led to furlough or alternative work solutions for staff/Assisted Living and Memory Care has seen an influx of unemployed individuals looking to get into or back into healthcare*
- *The most affected roles, during this crisis, are the same roles that were most affected prior to the outbreak. However, the resulting effect has been amplified. These positions include care staff members such as caregivers, medication aides, and nurses.*
- *Challenges in staffing due to concerns of working around COVID infected residents. Expenses for PPE have and continue to increase well beyond our typical spend. Occupancy at the facilities are decreasing therefore so is revenue and with State's Stay at Home program has virtually closed down all new admissions.*
- *Housekeeping- more demand and problematic vacancy due to fear of COVID19, Dining Staff, Activity Director- problematic vacancies due to fear of COVID19.*
- *Management roles have been most affected by ensuring...policy updates and ensuring staff and residents are kept safe. Lack of PPE supply has also been a factor.*
- *Salon workers out of work, aides harder to come by and to hire as they are being offered more money every day in different facilities causing them to 'jump ship' for a 1.00 or more per hour, no tours means no moves in, and no visitors means no revenues.*

Assisted Living 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, need for more training, older workforce.

Helpful: Clear protocols for managing infected clients, providing childcare, alternative roles for concerned staff, supportive administration.

- Staffing has not been an issue yet. Response to emergencies has changed as we are attempting not to send residents to ER or hospital. If it is unavoidable, we must quarantine for 14 days, we are an Alzheimer's Special Care Community, it is almost impossible to quarantine a dementia resident. (E WA)
- Care staff & LPN using staffing agencies. (W WA)
- We are a small facility, small staff, without extra staffing. Adding additional infection control rounds, and education has to be squeezed in with an already full schedule. (W WA)
- Had to rely on agency staffing most of the time and they were unable to chart so we had difficulty fulfilling requirements. (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.
- We have been able to offer free childcare to our staff by repurposing our Adult Health program building space and staff to offer childcare for employees in the other programs (Assisted Living, Memory Care and Behavioral Health).
- There has been nothing that has made staffing easier. We limit any use of agency or sharing of staff with ours or other facilities to limit the chance of COVID spreading (this is experienced in Skilled Nursing Homes). We are paying higher wages in the forms of bonus for coming to work.
- On-call staff but only one person applied. Hospitality aides but it is currently out of our budget to hire...ideally Hospitality aides would assist with activities, cleaning, laundry and family video calls.
- Our central support office has been very supportive and HR has adapted policies unique for this situation. We had part-time employees and employees whose spouses were without work who were eager for overtime. Other people were hired and eager to work who were furloughed from their previous jobs.
- We got out in front of the pandemic as much as possible and showed staff we were taking it seriously with strict policies before others were enacting them. We believe this helped staff to feel that their employer was looking for their best interests. Additionally, our protocols for caring for suspected/confirmed cases rely on specific care members to take on roles, so defining those roles for the right staff member and resident are helpful.
- Several had their 7 hour infection control/hiv training and were able to get their NAR's, able to move drivers to deliver mail and packages etc.

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
NAC and nurse managers need[ed]; Using agencies	Care staff pool of certified staff; Bonus structure for care staff
Staff lack isolation and PPE experience, have overall fears of providing care and may not remain should we have a positive resident. Providing confidence to staff that we will have sufficient supply of necessary PPEs.	Provide centralized location for residents to recover that is outside their assisted living home, for the protection of residents remaining in facility, and the provision of qualified, experienced staff and supplies.
Difficult transfers - state to state licensure	National nursing licensure scoring with Nursys use for license management to accommodate emergent staffing needs.

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Longer term workforce impact	Needs
General workforce impacts	Recent policy changes have helped, they should be permanent.
	More online training offered for certification classes
Lack of interest in caregiving field among applicants. More applicants for positions of cook and housekeeping than caregiving.	Payment solution could perhaps enable a wage that helps attract applicants to an entry level job.
	Payment solution to compensate for the higher wage and benefit demand by prospective employees.
Nursing education enrollment	End lottery style of entry into nursing programs
LPN vs RN scope of practice limitations	Offer up educational certification options for specific scope of practice areas. Improve LPN advanced certifications options. Current options are severely limited.

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: Increase Medicaid reimbursement, more PPE, manage fear and anxiety.

- The fear that was instilled in the staff members by the media and extensive emailing and notifications coming to all staff nearly with an email were a major concern. We need things to calm down, then offer education with a consistent message.
- There should be a increase in Medicaid rates so we can pay our staff more so that they would be enticed to continue to work against the fear of COVID.
- Providing enough PPE for the work forces.
- As mentioned above, Medicaid reimbursement in WA state is severely underfunded, relative to other states. this results in difficulty providing services, because we can't pay care staff what their proper rates should be. As a Medicaid provider, we shouldn't be hurt by admitting state residents.

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 dashboard of findings and to provide information from your organization: www.wa.sentinelnetwork.org.

Contact: healthworkforce@wasentinelnetwork.org