

Washington's Health Workforce Sentinel Network Examples of Findings from Assisted Living Facilities

From October 5 to November 8, 2020, representatives from assisted living 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. On the following pages are summaries of responses to other Sentinel Network questions.

Effects of the COVID-19 pandemic reported by assisted living facilities: Themes and examples

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

THEMES: Facilities have adjusted schedules and asked workers to do more. In some cases, they have struggled to replace workers who left altogether or had to be absent.

- Cohorting [to limit] staff ability to work more than one unit and more than one shift.
- We put all employees who are employed at another healthcare facility on support duties. They have no contact with the client. Siloed all high risk clients so only 2 employees are working with them per whole week.
- In the beginning of the epidemic, many of the caregivers left the community believing that they would be exposed. We are also having difficulty with agency being able to supply us with staffing needs.
- Most staff were required to take a higher level of responsibility: Disinfecting the community, daily temperature checks, taking breakfast lunch and dinner to the resident rooms. We have had to add more staff to accommodate the resident need.

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

THEMES: Most respondents report that all staff was equally affected, with some reporting increased burden for parents

- No [staff disproportionately affected], we have been lucky
- The staff with children and managing daycare or virtual learning. Staff who have to quarantine due to exposure in their personal lives.

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

THEMES: Flexible and dedicated staff made things easier.

- For the most part I have staff that are flexible. However, some of that flexibility decreased due to staff managing daycare or virtual learning with their children.
- Our staff are very dedicated to their residents, and to our agency. Despite their concerns, the vast majority of our staff continued to come to work and provide excellent care to our residents.

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, especially for nursing assistants and LPNs.

- Reinstate training/education programs that have been eliminated for LPNs at most community colleges and technical schools.
- Continued relaxation of the rules for trainings will truly help, as our staff are already overwhelmed with their work and family life.
- A State-monitored mental health response team, available 24/7, for resident crises would be truly helpful. Most mental health providers are not available on the weekends.

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

- Telehealth has increased and should remain permanent as it is a benefit to staff and residents. Significantly more staff time is spent in assisting with execution of telehealth appointments but overall the experience is better for all.
- Lots of coordination with our staff and the iPad to get our residents to their telehealth appointments, this was particularly frustrating with the already overburdened staff.
- Seniors are not really open to the idea of Telehealth. Many are hard of hearing, lack of eye sight and prefer to visit with their healthcare professionals in person.

Assisted Living Facilities (Fall 2020)

Representatives from assisted living facilities provided information to the Washington State Health Workforce Sentinel Network beginning in the spring of 2019. This summary highlights some of the information they provided, with an emphasis on the most recently submitted data. Additional findings from assisted living facilities can be found on the Sentinel Network dashboard (wa.sentinelnetwork.org) as well as for other types of health care facilities.

Assisted Living Facilities - Occupations with exceptionally long vacancies 2019 - 2020

Top occupations cited as having exceptionally long vacancies by date of reporting					
Rank	Spring 2019*	Fall 2019	Spring 2020	Fall 2020	
1	Nursing assistant	Nursing assistant	Home health aide or home care aide	Nursing assistant	
2	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	
			Registered nurse		
			Nursing assistant		
3	Home health aide or home care aide	Home health aide or home care aide	Multiple occupations cited at the same frequency	Registered nurse	
	Registered nurse	Registered nurse			
4	Personal care aide	Personal care aide		Multiple occupations cited at the same frequency	Home health aide or home care aide
	Chemical dependency professional	Cook			
	Social worker				
5	Multiple occupations cited at the same frequency	Multiple occupations cited at the same frequency	Multiple occupations cited at the same frequency	Personal care aide Food service Housekeeping	

← Most cited

*Before spring 2019, assisted living facilities were folded in to the “intermediate care facility” category so findings cannot be shown here

Demand for healthcare workforce reported by assisted living facilities (Fall 2020)

Lower census at many facilities, which would normally mean lower demand for workers, is offset by increased workload and employee absences due to COVID

- *Most seniors are very hesitant to move during this pandemic which leaves our community with lots of openings. In the last 4 years we have stayed 98-100% occupied. With the caregiver shortage, it would be awful if we were full!*
- *My Director of Nursing is working the floor all the time because there is just not enough staff.*
- *[We are] having to be everything to every resident without their families involved - from deliveries to them from the front door, their psych/social support and more on top of requiring the same of our frontline staff.*

Employers are trying to build a pool of substitute workers

- *We still need same amount FTE but no pool to pull from.*
- *[Staffing agencies have told us that] potential prospects are unwilling to move due to COVID.*

Assisted Living Facilities (Fall 2020)

Reasons for vacancies reported by assisted living facilities

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

- *[Nursing assistant] We were in a caregiver shortage before COVID-19. Now that kids are home all day, many [potential applicants] must stay home to provide for children 24/7 AND make sure they complete their own distance learning courses.*
- *[Registered nurse] The big hospitals are better able to compete for our applicants with wage.*
- *Nurses of any kind are in high demand; working in long term care is challenging given that the population is the most vulnerable to COVID; wages have escalated significantly for qualified staff.*
- *Many of my seasoned nurses retired at the beginning of the pandemic, there are none that are applying.*

New roles for existing employees and new occupations hired by assisted living facilities

With family visits curtailed, many health care workers are providing support usually provided by the family

- *[We are] assisting with window visits, zoom calls, etc. to keep families involved with seeing their loved ones and supporting residents in understanding why they can't see their loved ones.*

Responding to the COVID pandemic has required a variety of new roles for health care workers and support staff

- *My director of nursing is passing medications as a floor nurse. We all pass meal trays.*
- *[Home care aide] performed Housekeeping duties in response to COVID.*
- *[Maintenance worker] did package delivery, some housekeeping, carpet cleaning due to no vendors allowed in.*

Reasons for worker retention/turnover problems reported by assisted living facilities

Some turnover issues related to the COVID-19 pandemic

- *[Nursing assistant] Many employees are concerned about their exposure risk to COVID-19. Many work for more than one agency and have opted to work for only one agency to minimize their exposure. Some have chosen to work with us, but others have opted to stay with higher paying job.*
- *COVID stimulus check(s) have given unemployed entry level people more money than they've ever had. Many are also staying home to assist with distant learning for their kids.*

But other issues were present before the pandemic

- *[Nursing assistant & Home care aide] The care givers that have left have left for different positions with higher pay and benefits. In addition, I had a staff member leave to attend college so they could better themselves.*
- *Competition for good staff is high; wages have escalated in the market in general; entry level job applicants unwilling to work in a high risk environment.*
- *[Registered nurse, LPN, Nursing assistant, Personal care aide] Other agencies are able to employ at a higher rate.*
- *[Nursing assistant & personal care aide] Jobs are a dime a dozen, they can go down the road for 10 cents more an hour. And some don't want to deal with a Covid scenario.*

Assisted Living Facilities (Fall 2020)

Changes in assisted living facilities' priorities regarding orientation/onboarding for new employees and training for existing/incumbent workers

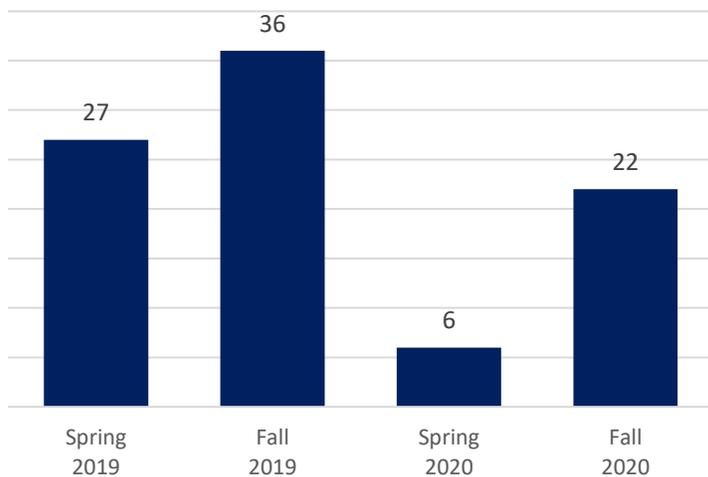
The content of onboarding and training sessions focus primarily on COVID-19 protocols

- *Stressing universal precautions with new COVID precautions which includes wearing masks, social distancing, not attending large gatherings and explaining the responsibility of working in healthcare and following COVID precaution in their personal lives. Also, how to properly don and doff PPE.*
- *Many of our new caregivers have taken their CNA classes and are not able to sit for their test to get fully certified. We provide monthly continuing education classes for them, which is great!*

Changes to the way information is delivered have been necessary

- *In response to COVID precautions we have suspended our group-based orientation and training. Job specific orientation continues but this is not effective for long term culture building.*

Number of Sentinel Network Responses from Assisted Living Facilities in WA by Data Collection Date*



*Before spring 2019, assisted living facilities were folded in to the "intermediate care facility" category

Number of Assisted Living 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.

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