Not a Pizza Party: How to Help Frontline Staff During the COVID-19 Pandemic
By Joanne Kaldy

"You are heroes. You are doing tremendous work in nursing homes around the country, and that work is being recognized," said David Grabowski, PhD, professor of health care policy at Harvard Medical School, in the opening session of the National Association of Health Care Assistants’ (NAHCA) recent CNA Staffing Summit. He discussed the true value of certified nursing assistants (CNAs) and other frontline caregivers and ways to step up efforts to recognize and support them.

Elephant in the Room

CNAs provide 80% to 90% of direct care to patients in nursing homes, Dr. Grabowski noted. Yet they are paid close to minimum wage, and fewer than half have any health insurance coverage through their employer. “Low CNA staffing has long plagued nursing homes, and the annual turnover rate for these caregivers is 129%,” Dr. Grabowski said. When Medicaid pays below cost in most states, this doesn’t allow for staff to be paid a living wage. This, said Dr. Grabowski, “is the elephant in the room.”

More CNAs lead to better quality of care, he said, including fewer deficiencies, pressure ulcers, physical restraints, inappropriate antipsychotics, and emergency department visits/hospitalizations. Higher CNA staffing also leads to greater resident satisfaction and quality of life. “If we have a stronger workforce, staffing has long plagued nursing homes, and the annual turnover rate for these caregivers is 129%,” Dr. Grabowski said. When Medicaid pays below cost in most states, this doesn’t allow for staff to be paid a living wage. This, said Dr. Grabowski, “is the elephant in the room.”

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The Most Dangerous Job

The post-acute and long-term care industry faces staffing challenges in the best of times. Now, with the COVID-19 pandemic, the effects on staff loom large. These include 900-plus staff deaths (as of September 27, 2020, according to Dr. Grabowski), over 198,000 confirmed cases of COVID-19 infection among staff, as well as limited personal protective equipment (PPE), testing, hazard pay, benefits, and sick leave. Nursing home caregiver, he suggested, is now the most dangerous job in America. “If deaths continue at this pace over a full year, it will equate to more than 200 fatalities per 100,000 workers,” he suggested.

“The federal government has really let down nursing home residents, and I feel like it’s let down our staff as well,” said Dr. Grabowski. Workers are desperate and begging for help. At one congressional hearing, he noted, an licensed practical nurse’s comment voiced the frustration many feel: “We don’t need a pizza party. We need PPE,” she said. In truth, one in five nursing homes now have or have had a severe PPE shortage.

The Path Forward?

Perhaps most urgently, suggested Dr. Grabowski, rapid testing is needed to protect CNAs. However, to date this is not occurring in most nursing homes. Elsewhere, there are a variety of supportive benefits to help attract and keep CNAs. These include hazard pay, non-punitive sick leave, health insurance, and life insurance. With nearly 20% of nursing homes experiencing severe CNA shortages, suggested Dr. Grabowski, these solutions can’t wait.

A good starting point might be a pay raise. He asked, “What if we were to raise the pay of the nation’s CNAs by $10,000 per year or $5 per hour for a full-time worker?” While this might sound like a huge investment, the total cost for this would be “less than 1% of the amount we have spent in six weeks to fight COVID,” Dr. Grabowski said.

Dr. Grabowski suggested several other steps to strengthen nursing homes and staffing in the post-pandemic world:

- Realign Medicare and Medicaid payments to approximate costs.
- Encourage policies that increase the number of on-site clinicians.
- Ensure payments flow to direct caregivers via wage floors and wage pass-throughs.
- Establish minimum nurse and nurse aide staffing standards.

He also recommended increasing quality transparency, enabling better enforcement and quality improvement through regulatory reform, encouraging small-home models and other resident-centered models of care, establishing a national long-term care benefit, and investing in Medicaid home- and community-based services.

“We have a long way to go,” Dr. Grabowski concluded. “Let’s give this workforce the benefits they need.”