Workforce Challenges in Long-Term Care Pick Up Speed

By Joanne Kaldy

Workforce shortages in post-acute and long-term care have been like a snowball rolling down a hill. They started before anyone had heard of COVID-19, but they were exacerbated during the pandemic, picking up speed and getting bigger and bigger. Today, the staffing crisis is an enormous challenge and a problem that everyone is trying to reduce to a manageable size and eventually dissolve completely.

“It’s really a crisis on top of a crisis,” said David Grabowski, PhD, professor of health policy at Harvard University, speaking at the Annual Conference of AMDA – The Society for Post-Acute and Long-Term Care Medicine in March. Dr. Grabowski identified seven issues that put a particular strain on staffing during the pandemic: constraints on personal protective equipment (PPE) and COVID testing; burdensome regulations/guidance; team members’ and staff’s concerns for self and family; concern for residents; burnout; challenges with teamwork, communication, and flexibility; and public blame and lack of recognition.

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A Season for PALTC: Improving Quality, Increasing Transparency, and Strengthening Our Workforce

By Suzanne Gillespie, MD, RD, CMD

Just a few weeks before assuming the role of president of AMDA – The Society for Post-Acute and Long-Term Care Medicine, I sat on the sofa in my family room watching President Biden give the State of the Union address. During the speech, he announced his administration’s exciting plan to improve quality and safety in nursing homes. The plan includes five pillars that target ensuring safe, adequate, and dignified care; enhancing accountability and oversight; increasing transparency; strengthening the workforce; and ensuring pandemic and emergency preparedness.

Not since the Omnibus Reconciliation Act of 1987 has there been such a significant commitment to improving nursing home care. Many will need to gather and use their collective knowledge and experiences to effectively reimagine nursing home care. The Society and its members can play a vital role in this process. This work will be a focus of the year ahead.

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"Staying is a problem beyond COVID and nursing home wages." 

Of course, many of the problems that led to staffing shortages during the pandemic aren’t going away. As Dr. Grabowski said, “We’ve lost over 400,000 workers from the nursing home sector since the start of the pandemic. A number of individuals have left this work for whatever reason, and unfortunately they’re not coming back.”

Indeed, the numbers look grim. A report released last fall said that 86% of nursing homes and 77% of assisted living providers claim their workforce situation had worsened in the past three months (American Health Care Association, “State of the Long Term Care Industry.” Sept. 2021, https://bit.ly/36oNEum). Only 1% of nursing homes and 4% of assisted living facilities indicated that they were fully staffed. Almost all nursing homes and assisted living communities have asked current staff to work overtime or extra shifts. Nearly two-thirds of nursing homes and one-third of assisted living centers say they’re limiting new admissions because of their staffing shortages.

**No Panacea, but Promising Ideas**

Although wages clearly are an issue, said Dr. Grabowski, they’re not a panacea. He observed that nursing homes have experienced the wage growth of all sectors, but at least one study shows that wage hikes didn’t boost staff retention. He concluded, “Pay is necessary, but it’s not sufficient. Let’s start putting resources and money into our staff.”

Dr. Grabowski suggested some industrieswide initiatives that might help solve — or at least ease — the staffing crisis. These include increasing financial transparency (so we know how nursing homes are spending the money), setting minimum staffing standards, increasing the pay and benefits for direct caregivers, raising reimbursement rates, providing career advancement for staff, and improving work environments. “These constitute my big six places to start to support our workforce,” he said.

The PALTC industry and its staff have attracted the Biden-Harris Administration’s attention. As Dr. Grabowski said, “We’ve been waiting a long time for nursing homes to come up at the State of the Union.” He referred to some of the major reforms identified by President Biden that may impact staffing. These include minimum staffing standards, increased quality accountability, and better ownership transparency.

**Taking the Lead on Solutions**

The Society has long recognized the need to bring new physicians and other practitioners into the geriatrics and PALTC workforce. Back in 2001, the Foundation for Post-Acute and Long-Term Care Medicine launched the Futures Program to address the practitioner shortage. To date, over 1,300 physicians, nurse practitioners, physician assistants, and other practitioners have completed the program.

Held during the Society’s Annual Conference, Futures is an intensive learning experience designed to provide an introduction to the field. “Practitioners choose this field because they have a love for older people. Futures Program participants often reference relationships within the care team and the support that inspired this interest in long-term care,” said Chris Ewing, manager of workforce development at the Society. She observed that when we can identify these individuals who already have an interest or a passion, it is important to nurture and mentor them and engage them as early as possible.

It is a greater challenge to overcome some of the myths and misperceptions about PALTC. As Ms. Ewing said, “This is very complex and challenging medicine. That is very appealing, as is the flexible scheduling and teamwork that are prevalent in this setting.” However, too many people see the field in a negative light. Ms. Ewing said, “I hear this sentiment every year from Futures participants — that it’s hard to get excited about a field that other residents and fellows are dismissive about. Many say that they’re discouraged from choosing to practice in nursing homes.”

The true exposure they get through Futures and the connections they make with like-minded colleagues, she suggested, is eye-opening.

Last year, the Society created a Workforce Development Committee to address workforce shortages. The group is charged with overseeing efforts to build a robust clinical workforce, including physicians, nurse practitioners, physician assistants. In March of this year, two resolutions addressing staffing issues were introduced at the Society’s House of Delegates. First, Undocumented Noncitizens for PALTC called for the Society to join with other professional organizations to advocate for legislative action to create a pathway to immigration for undocumented noncitizens in the United States who show their commitment to this country to work as certified nursing assistants (CNAs) or nurses. The other resolution, Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUs) Designation for PALTC, suggested that the Society advocate for legislative action to build the participation and retention of health professionals in HPSAs and MUs.

It behooves every Society member to be an advocate for the profession. Rajeev Kumar, MD, FACP, CMD, said, “I often ask students and young practitioners why they chose this profession. Usually, they say that they want to help people and make a difference. My response is that there is no better place to accomplish this than post-acute and long-term care. Using our professional skills, we can make a huge difference in the quality of our residents’ lives and functional status, more so than in other care settings. Imagine the satisfaction you derive from being such a change maker.”

Leslie Eber, MD, CMD, the Society’s 2021 Medical Director of the Year, noted, “It’s wonderful to engage fellows and residents. I would love for them to do a month with us in a nursing home. It would be a great chance to show them our relationships with residents and staff.” Unfortunately, Dr. Kumar said, “I’ve talked to students who haven’t even heard of post-acute and long-term care and have never set foot in a nursing home. AMDA is trying to change that and increase their exposure to this practice setting.”

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**Beyond Physicians: Challenges Remain**

Of course, shortages aren’t limited to physicians. For instance, the data suggest that 1.2 million new registered nurses (RNs) will be needed by 2030 (H. Greenwood, “The 2021 American Nursing Shortage: A Data Study,” University of St. Augustine for Health Sciences Blog, May 2021, https://www.usa.edu/blog/nursing-shortage/).

At the same time, a new study suggests that one-third of nurses plan to quit their jobs by the end of this year (“Study: 34% of Nurses Plan to Leave Their Current Role by the End of 2022.” Incredible Health, Mar. 15, 2022, https://bit.ly/3sgOHAg). Burnout and stress are the top reasons cited for these departures. The same study also found:

- About a fourth of nurses say they were asked to report to work while being COVID-positive. Over a third have had to use vacation and/or sick days to stay home.
- There’s been a 162% increase in offers with signing bonuses in the past year, with amounts up to $13,000.
- Location is less of a reason for nurses to turn down interviews or offers.
- Nurses are more open to relocating for a job they want.
- 32% say they’re dissatisfied with this trend.
- “We have acute care hospitals, clinics, home health, and other settings all vying for the same staff. You have to think outside the box,” Dr. Grabowski told attendees. “We have a patient who’s important to the nurses in your area,” said Amy Stewart, MSN, RN, vice president of education and certification strategy of the American Association of Post-Acute Care Nursing. Broadly, she suggested, “loan forgiveness is a popular incentive. At the same time, there is a national shortage of physician assistants, so bring in your parents, so think about how you can help those individuals who are struggling with this issue.” Another option is offering separate sick and vacation days. “When paid time off is in one bank, people use all of it when they get sick and don’t have time left for vacations. Increasing sick and vacation days can help you be more competitive and give you an edge.”

The medical director can play a key role in how nurses feel about their jobs, Ms. Stewart suggested. “Good medical directors listen to staff and let people know they’re valued. They can be involved in onboarding new people. They can introduce themselves and build a rapport with employees from day one.”

Attending physicians and advanced practice providers also can help. She said, “When physicians take the time to ask questions of nurses and involve them in decision-making, it helps build trust and rapport. It makes nurses feel valued and makes it more comfortable when the nurse has to call the physician with a question. Physicians know what’s important and don’t talk to nurses can create a bigger disconnect and make staff feel like they’re not valued or heard.”

CNAs share similar experiences and concerns. During a recent AMDA “Healing Together” webinar, Lori Porter, CEO and co-founder of the National Association of Home Care and Hospice Assistants (NAHCA), said, “CNAs have been called heroes during the pandemic, but it’s more than a word. Heroism is ingrained in how they act, work, think, and feel every day. They do not have jobs; they have relationships.” She stressed that CNAs are often undervalued and unappreciated: “CNAs have been marginalized in time and again by supervisors and management. And too often they’re ignored by other team members.” Yet during the pandemic, she said, CNAs “were honored to hold their residents’ hand at the end when no one else could, despite all the trials, challenges, and risks.”

Ms. Porter told Caring, “People have been calling CNAs unsung heroes. That’s an easy word to say, but it needs to be backed up with action — including fair wages and benefits, adequate training and support, and job safety — including access to adequate PPE.” She added, “Residents can’t live a quality life without CNAs. They keep them
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safe and bring them joy and hope every single day.”

Also at the “Healing Together” webinar, Sherry Perry, NAHCA board chair and a long-time CNA, urged her audience, “Lead a transformation in the culture of the care team. Strongly encourage CNAs to be included in care planning meetings. Identify certain pieces of information they can bring to the table, seek their input, and listen to their ideas and comments.” She also suggested bringing a CNA familiar with the unit to accompany providers when they make rounds.

NAHCA board member and CNA Sheena Bumpas further suggested, “Build a robust professional relationship with your CNAs. Thank them when you see them, understanding that they normally only get recognition from residents and their families.” She also offered, “Help us be the best we can be, whether through recognition or education. Take us on rounds, invite us to a seminar, and include us on a regular basis in care planning and problem solving.

Debbie Bouknight, president of the South Carolina Activity Professionals Association, said that facilities are facing similar challenges attracting activities and recreation staff. She said, “I’ve been in this field for 36 years, and this is the worst I’ve ever seen.” She observed, “Wages have always been an issue, when even people with four-year degrees are getting paid as little as $16 an hour.” However, she stressed that there are other issues, such as no support from management and lack of respect.

To attract good activities staff, Ms. Bouknight suggested:

• Hire enough staff to meet your needs and expectations.
• Raise salaries but also the expectations of the type of people you hire. More qualified people means higher salaries and vice versa.
• Be supportive with budgets. “I know so many people who have to buy their own supplies because their budgets are so low. You need to give activities staff the budget and resources they need to meet your expectations and have a good program,” said Ms. Bouknight.
• Provide access to continuing education. “You can’t get everything you need from a webinar. Be supportive of continuing education and certification so you have highly qualified staff,” she said.

Melt the Snowball

Although the staffing crisis isn’t going away any time soon, the attention this issue is receiving on the national and state levels is significant and promising. “These are challenging times, but we’re all in this together,” said Dr. Eber. “To help address the workforce issues, we need leaders who are comforting, honest, realistic, hopeful, and relatable. I want to be this kind of leader and help us through this.”

Dr. Levenson has spent 42 years working as a PALTC physician and medical director in 22 Maryland nursing homes and in helping guide patient care in facilities throughout the country. He has helped lead the drive for improved medical direction and nursing home care nationwide as author of major references in the field and through his work in the educational, quality, and regulatory realms.