

North Carolina Health Workforce Sentinel Network *Findings Brief: Long Term Care*

During October and November 2021, healthcare employers in North Carolina reported on their current workforce needs. Employers answered a series of questions about staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly May-October, 2021). This brief summarizes the responses from **long term care organizations** to some of these questions. More findings, including current pandemic-related concerns and responses from other health care settings, may be viewed at nc.sentinelnetwork.org/findings/.

98 Long Term Care Responses

- 26 Assisted Living Facilities
- 58 Nursing Homes or Skilled Nursing Facilities
- 5 Retirement Communities or Independent Living Facilities
- 4 Group Homes or Family Care Homes
- 5 Other Nursing or Personal Care Facilities

Top occupations with exceptionally long vacancies

(% of 98 responding long term care organizations reporting long vacancies for these occupations):

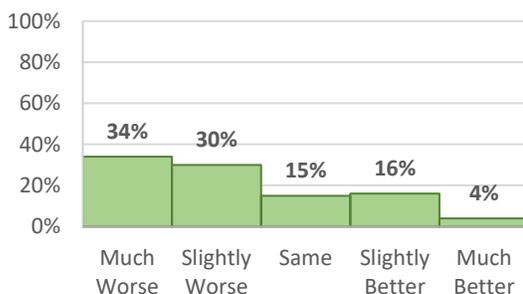
1. Certified Nursing Assistant (84 – 86%)
2. Licensed Practical Nurse (63 – 64%)
3. Registered Nurse (60 – 61%)
4. Environmental Services (39 – 40%)
5. Medication Aide (36 – 37%)

- Nearly 90% of nursing homes or skilled nursing facilities reported long RN vacancies, but the other long term care facility types were less likely to report long RN vacancies as a concern (50% or less of each other facility type).
- Long CNA vacancies were reported across all facility types.

Reasons for long vacancies and high turnover reported by dental practices:

- [Certified Nursing Assistant] *“There is a decreased pool of applicants due to increased CNAs working agency for increased wages”*
- [Medication Aide] *“Not able to be competitive with wage rates, also training is hard to obtain and often not portable [from] state to state”*
- [Personal Care Aide] *“No one is applying for PCA or any other job positions. Those that apply, do not show up for interview, or if they do show up and are hired...do not show up to work the first day”*
- [Registered Nurse] *“In a rural area we cannot compete with higher paying urban jobs”*
- [Environmental Services] *“Work force is not wanting to work in healthcare due to Covid-19”*

In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?
(% of 93 responses to this question)



Comments on COVID-19 workforce impact over May-October 2021:

- [Much Worse] *“Workforce is not improving and we are spending money to train new staff and they quit. Most staff do not make it past 90 days and this is an enormous expense to our budget”*
- [Slightly Worse] *“COVID has affected morale and number of applicants”*
- [Same] *“I would say that our difficulties began around March/April of 2020 and have not really improved much if any since then”*
- [Slightly Better] *“The vaccine has been a game-changer. We are no longer experiencing large outbreaks... Day-to-day operations are still dominated by Covid precautions and requirements”*
- [Slightly Better] *“Applicant flow for nursing has improved. We have also increased our pay scales which have helped with applicant flow”*

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What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

Need	Suggested Changes
<p>More Staff in All Positions</p>	<p>Some suggested allowing facilities to conduct on-site training and expanding staff scopes of practice. <i>“[M]aybe allow each facility to conduct their own training for applicants to be qualified to work as CNA, facilities can then train according to their needs at their facility”</i> <i>“Continue ability for on the job [CNA] training & expand tasks that [Medication Aides] are able to perform ie insulin, tube feed”</i> <i>“Expand LPN scope of practice”</i></p> <p>Many suggested increased flexibility and less punitive regulations. <i>“[A]llow [other staff] to provide additional help with residents and not be penalized by surveyors”</i> <i>“DHSR needs leniencies in place for staffing ratios due to lack of workforce”</i> <i>“Emergency or temporary rules for a reduction in staffing hours during a pandemic as long as the care needs of the residents are met”</i></p> <p>Others suggested increased reimbursement and other resources to reduce pressure on facilities. <i>“We need increased resources to provide wages and benefits to entice the workforce”</i> <i>“Facilities are having to bear the cost of hiring someone to do the training...DHSR could make these mandated training[s] available as an online class...and the employee required to complete these”</i> <i>“NC regulators should offer bonus or grants to facilities for providing childcare or school/virtual learning area so the parent can come to work”</i> <i>“Money to raise salaries to be more competitive. A direct add-on to go for staff wage increases”</i> <i>“We have not had room and board increases in years, which caused us not to be able to be competitive with even fast food”</i> <i>“[Increase CNA] reimbursement, need a workable foreign guest worker program”</i></p>

How has your facility’s staffing arrangements/configurations affected your ability to respond to patient demand in the past 6 months?

Most described that staffing shortages impacted capacity at these facilities, which decreased their ability to accept new admissions and decreased the quality of the patient experience.

- “New admissions held at times due to staffing concerns”*
- “We have lowered our census so that we can continue to provide quality care”*
- “Meeting the residents needs immediately is becoming a problem due to the staffing shortage” It is creating slower response time which causes more complaints”*

To what extent have you observed burnout as a workforce issue in the past 6 months?

Almost all responses included comments on extreme burnout, describing the significant impact of stress on staff well-being, turnover, and reduced willingness to cover shortages.

- “It has been huge. Even the staff who have stayed on, are completely burned out”*
- “Burnout is more real than ever right now. My nurses have to work in crisis mode daily and are fearful their relief isn’t coming or that they have to work as a nurse and an aide”*
- “I would say that at least 50% of my staff have burned out and went to other careers”*
- “Decrease in staff picking up shifts, even with hefty pick up bonuses”*

Have there been changes in your facility’s priorities regarding orientation/onboarding for new employees, or training required for your existing workforce?

Many responses indicating added COVID-related training; many also increased training or added peer mentorship. Some abbreviated training or began using a virtual training platform due to turnover in staff who usually performed the training.

- “Peer Mentors were added. Online recruiting was used, but was not successful”*
- “Virtual orientation offered due to change in training staff”*
- “Update and increase training of infection control and covid related issues”*

Has your facility deployed its existing workforce in significantly new roles, or employ any new healthcare occupations?

Multiple reports of staff of all types cross-training and filling in for staff in other departments. Multiple reports of adding Personal Care Aides (PCAs) due to a deficiency in Certified Nursing Assistants (CNAs). Many of these made use of a state waiver to use PCAs as temporary CNAs. Multiple reports of adding personnel to assist with COVID screening, testing, and/or reporting. A couple facilities reported adding activity staff, full-time Registered Nurses, scheduling coordinators, or others.

"Hospitality Aides [added] to assist in water passing, activities, delivering packages, escorting to and from visits, escorting to and from resident appointments"

"We have used [Personal Care Aides] to supplement the lack of CNAs"

"[We have a new] Screener working 12 hours per day 7 days per week to screen visitors"

"[The new scheduling coordinator] is working closely with our HR department to retain staff through consistent and timely scheduling"

"During the COVID-19 pandemic, we understood that many children were at home learning, so we made adjustments to the hours that staff could work. We have been changing our shifts around to make them more accommodating to the general population of our staff"

"[Certified Nursing Assistants] have had to work with limited PPE and learn techniques for extending use beyond what is taught in training, as well as caring for patients requiring airborne precautions without the facilities to have environmental controls"

"Medication Aides have...been filling in for PCAs on the floor, coming in on their days off to help cover the floor, from bath aide to transportation"

"We have begun cross training [the Environmental Services department] due to lack of staff and especially, direct care staff and the need for "bodies on the floor" to meet DHSR regulatory staff requirements. We have even been asked by our Adult Home Specialist when our maintenance man assisted an aide in picking a resident up who fell if he "was qualified" to help pick someone up"

"Receptionist took on COVID screening and transportation, Medical records took on staffing scheduling due to no applicants, Maintenance took ordering supplies and stocking"

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Fall 2021 Sentinel Network questionnaire (Oct-Nov 2021). Generalizability of these findings to the broader North Carolina health care system may be limited.

About the North Carolina Health Workforce Sentinel Network

The Health Workforce Sentinel Network links the healthcare sector with policymakers, workforce planners, and educators to identify and respond to changing needs for healthcare workers.

To view an interactive version of all responses from all types of health care organizations and to join the network to provide information on your organization's workforce needs and challenges, visit: <https://nc.sentinelnetwork.org/>

Questions? Contact: nc@sentinelnetwork.org