Spring 2022

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

During June of 2022, healthcare employers in North Carolina reported on their current workforce needs by answering 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 January-June, 2022). 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/.

112 Long Term Care Responses

21	Assisted Living Facilities
79	Nursing Homes or Skilled Nursing Facilities
5	Group Homes or Family Care Homes
3	Adult Family Homes
4	Other Nursing or Personal Care Facilities

Top occupations with exceptionally long vacancies
(% of 112 responding long term care organizations reporting long vacancies for these occupations):

1. Certified Nursing Assistant (107 – 96%)
2. Licensed Practical Nurse (82 – 73%)
3. Registered Nurse (78 –70%)
4. Medication Aide (42 – 38%)
5. Environmental Services Staff (41 – 37%)

- In the nursing home/skilled nursing facility category, nearly 60 different occupations were reported as having extraordinarily long vacancies by one or more facilities.
- Certified Nursing Assistants were the occupation most in demand in every facility type, with all but 5 responses reporting extraordinarily long vacancies. Medication Aides were particularly in demand at adult family homes and assisted living facilities.

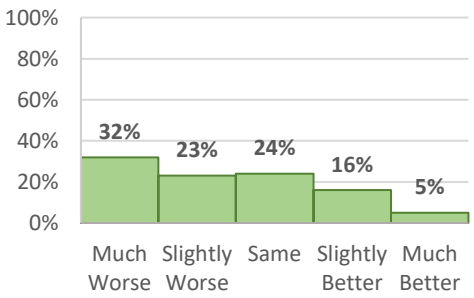
Reasons for long vacancies and high turnover reported by long term care organizations:

[Certified Nursing Assistant] *"Substantial decrease in applicants. Course schedules conflict with hours, more not willing to work weekend or night shift hours. Request substantial wage/salary with benefit package"*

[Medication Aide] *"Many other companies other than Healthcare are able to pay their employees more. This has caused people to get jobs in other professions. Additionally, with the risk of COVID-19 exposure in health care facilities, many individuals are not willing to apply or expect hazard pay"*

[Licensed Practical Nurser] *"Very few to no applicants due to pay in comparison with agency/travel which does the same job and paid substantial amount more"*

In the past 6 months, has COVID-19's impact on your workforce gotten better, stayed the same, or gotten worse?
(% of 111 responses to this question)



Comments on COVID-19 workforce impact over January-June 2022:

[Much Worse]: *"The threats from covid have subsided but the challenges to staffing have almost been worse than the actual pandemic. We have learned to operate with about 2/3 the staff that we had in 2020. We have increased wages. We have offered bonus pay, referral and retention bonuses and nothing helps to retain talent or attract new talent.*

[Slightly Worse]: *"Applicant flow has increased but nobody shows up for their interview or at times leave shortly after hire"*

[Slightly Better]: *"Less COVID-19 is in the community, therefore less staff are out due to COVID-19 quarantine"*

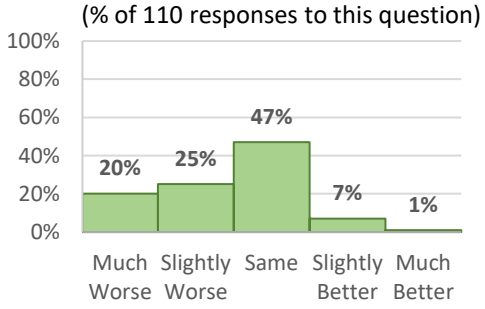
[Much Better]: *"Our response to COVID has improved; additionally, the severity of the illness appears to have lessened"*

NC Sentinel Findings Brief: Long Term Care

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

Need	Suggested Changes
Ability to offer competitive wages	**Many suggested increasing reimbursement to allow for payment of higher wages.** *"Increase Medicare and Medicaid payments to levels that actually match the cost of care we provide"* *"We are constantly labeled as "bad" in the media for quality of care as an industry, but our reimbursement rates do not align with what the public expects us to provide. In order to provide the quality of care needed, we have to be reimbursed on that level"* *"Have made the same rate…for over 20 years. Medicaid resident rate doesn't cover increase of expenses through the years. So can't pay more than minimum wage. Which nobody wants to work for"* **Many others suggested regulating staffing agency wages.** *"Enact legislation that calls for regulation of staffing agencies in terms of how and when they adjust their pricing so that we can compete"* *"Cap how much [agencies] can make over the prevailing rates. An uncapped earning requires the facility to pay more at a rate it simply cannot afford but must in order to meet residents needs"*
Relief from administrative burdens and penalties	**Several suggested removing staffing penalties, with addition of hiring assistance instead** *"Staffing requirements per resident causes extreme stress on administrative staff to cover the requirements. This makes inadequate staff hired just to fill a spot"* *"Administrative support to find staffing provided by DHSR or local DSS. Penalties for staffing is ineffective at this time due to the lack of applicants/workforce"*
More trained applicants	**Several suggested adding training programs or making training less burdensome.** *"Fund scholarship programs [to] help increase the number of people entering the Long Term Care field"* *"More training opportunities should be made available online like the PCA course to assist with requirements of training before taking state testing"*

In the past 6 months, has the impact of staff shortages on your facility's capacity to provide care gotten better, stayed the same, or gotten worse?



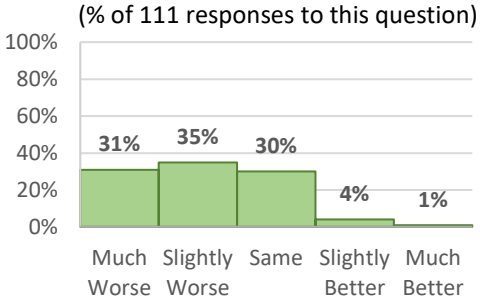
[Much Worse] *"Placed admissions on cap/hold due to inability to staff all units in the building"*

[Slightly Worse] "*Fewer staff means less checking on residents. Just today, not enough staff prevents residents from going to the dining room"*

[Same] *"We have made sure that we do not allow short staffing to happen by having Administrative personnel work the floor when we have staffing issues"*

[Slightly Better] *"We have purposefully kept census low, while also having to use agency staff. Results in less revenue and higher expenses"*

In the past 6 months, has burnout as a workforce issue at your facility gotten better, stayed the same, or gotten worse?



[Much Worse] *"Because we have not been able to staff easily, our employees are working a lot of overtime. They are worn out; and we are too"*

[Slightly Worse] "*Working under-staffed burns out workers"*

[Same] *"The staff that has weathered through the pandemic is still burnt out, seeing agency staff come in to do the same job for more pay was a huge issue in them feeling like they work for no reward"*

[Same] *"We're becoming more aware as a company of burnout symptoms, and have educated staff on the symptoms as well. We're more understanding of staff needing days off for their mental health"*

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

Many responses reported cross-training multiple types of employees to cover for various other types – a result of being overwhelmingly short-staffed. Several responses reported hiring new staff to support clinical staff by performing non-clinical tasks. Many reported hiring a new occupation of Nursing Assistant Trainees.

Redeployment: *"We have had to use [personal care] aides as cooks and cleaners; vice versa. We have had to train housekeepers and kitchen workers as aides. Then we have very long term vacancies in housekeeping, dietary and maintenance"*

Redeployment: *"Most CNAs have been required to do housekeeping, transportation, dietary aide, or activities/recreation services for residents."*

Redeployment *"Multiple roles were picked up by multiple staff in multiple disciplines"*

New Occupation: *"Supportive Care Aide [provides] support to CNAs such as assisting with feeding, passing meal trays, passing ice, and making beds]"*

New Occupation: *"Screener [performs] COVID- 19 screening of employees, visitors, vendors, residents"*

New Occupation: *"Nursing Assistant in Training…were employed due to the COVID waiver that was in place in an attempt to solve some of the staffing challenges"*

New Occupation: *"Supervisor in Charge…after having such a difficult time filling our LPN administrative role, we promoted an experience Med Tech to [Supervisor in Charge] to help with training and compliance"*

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Spring 2022 Sentinel Network questionnaire (June 2022). 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