

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

In Nov. through Dec. 2022, healthcare employers in North Carolina reported on their current workforce needs related to staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly June - Dec. 2022). This brief summarizes the responses from **long term care facilities**.

More findings and responses from other health care settings may be viewed at [nc.sentinelnetwork.org/findings/](https://nc.sentinelnetwork.org/findings/).

### 31 Long Term Care Responses

- 14 Assisted living facility
- 5 Group home or family care home
- 8 Nursing home or skilled nursing facility
- 4 Other nursing/personal care facility

### Exceptionally long vacancies

#### by Hospital Facility Type

##### Assisted Living Facility

- Certified Nursing Assistant (79%)

##### Group Home or Family Care Home:

- Certified Nursing Assistant (40%)
- Direct Support Professional (40%)
- Personal Care Aide (40%)

##### Nursing Home or Skilled Nursing Facility

- Licensed Professional Nurse (88%)

##### Other Nursing/Personal Care Facility

- Certified Nursing Assistant (50%)

Respondents across the vacancy position types noted struggling to hire or retain positions due to competition from staffing agencies or other industries paying higher wages and employee resistance to COVID requirements.

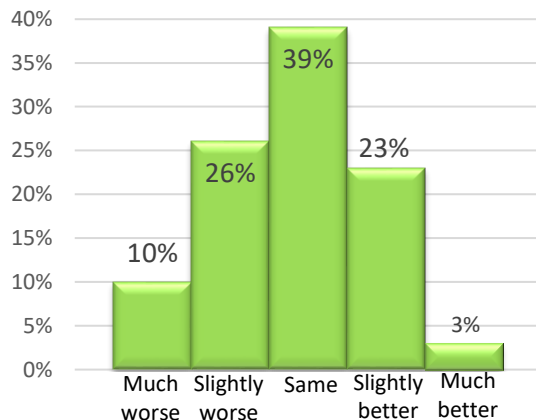
*“Staffing agencies are able to pay much higher wages than the facility can afford.”*

*“Competition with other businesses is fierce.”*

*“[There is an] unwillingness to be COVID vaccinated.”*

### Impact of COVID-19

**In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?**



**Comments on COVID-19 workforce impact over June - December 2022:**

**[Slightly Worse]:** *“We find it very difficult to recruit staff due to COVID. CNAs have left the business because they don’t want to deal with COVID or they have gone to work for staffing agencies making as much as \$10/hour more than we were paying them.”*

**[Same]:** *“We cannot find staff who will stay the night. We pay an overnight stipend, but they want more, more, more.”*

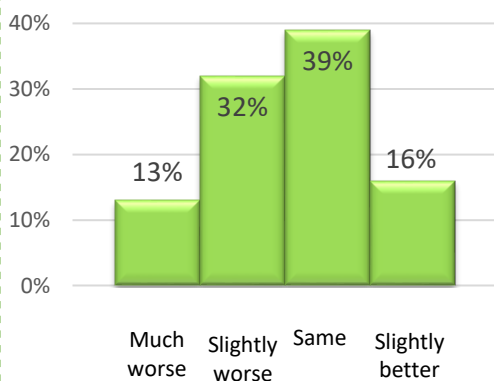
**[Slightly Better]:** *“The direct impact of worker absence due to illness has not been a factor in staffing during the recent period.”*

Top workforce needs that changes to policy, regulations, or payment could alleviate

Need	Suggested Changes
Increase staff wages	<ul style="list-style-type: none"> <li>• Increase reimbursement rate so we can pay higher wages</li> <li>• Increase rates so we can pay \$15/hour and compete with Intermediate Care Facility (ICF) level of care</li> <li>• Improve wages with new policies and state surveyor fines</li> <li>• Fix special assistant (SA) rates and increase personal care service (PCS) reimbursement</li> </ul>
Decrease barriers to hiring and training	<ul style="list-style-type: none"> <li>• Decrease paperwork requirements by DHHS for new employees. Difficult to find new employees, and the ones who want employment want/need it right away. Takes weeks to get all the pre-employment requirements of DHHS met</li> <li>• Decrease Phase 3 CMS rollout training requirements</li> </ul>

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?

(% of 31 responses to this question)



**[Slightly Worse]** “We are overworking current staff, and this does affect the ability to provide the best care.”

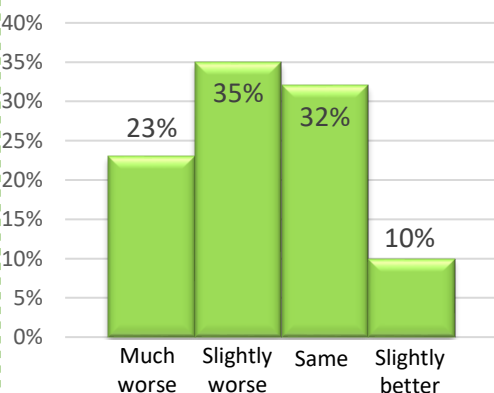
“Staff are burned out. There are not enough of them. They want more money, but performance is bad. Some don’t want to renew training and dare you to take them off the schedule. Their job performance has diminished.”

**[Same]** “It is the same because we utilize agency staffing when we don’t have one of our staff to fill a shift.”

“We are working with HR to think outside the box – contacting schools to see if we can post jobs and/or visit students.”

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

(% of 31 responses to this question)



**[Much Worse]** “With more open positions, staff are overworked, some staff have quit and returned, some staff have quit and wanted to return [but] we did not bring them back because they had attendance issues and were not performing. New hires accept the job then do not show up for work.”

**[Slightly worse]** “The core staff is getting tired. We are doing all we can do to try to find more staff.”

**[Same]** “Staff is requesting ‘hazard’ pay or bonus pay in order to continue doing resident care and are refusing to cover shifts if additional pay is not granted.”

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 (Nov. - Dec. 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](mailto:nc@sentinelnetwork.org)