

Managing Staffing Challenges

4:00 – 5:00 PM ET

July 9, 2020

Introduction and Welcome



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Centers for Medicare & Medicaid Services (CMS)

▼ Captions

have known the survey and certification letter. There's a gray box on all the memos. This one represents two of the items covered with reporting requirements and transparency. However, the memo does cover some

▼ Event Resources

- Resource Document
- Presentation Slides

Meet Your Speakers



**Shannon Cupka,
EdM**
Improvement Advisor
Comagine Health



**Martha Jaworski,
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Senior Improvement
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**Adrienne Butterwick,
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Managing Staffing Challenges

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Comagine Health

About Comagine Health

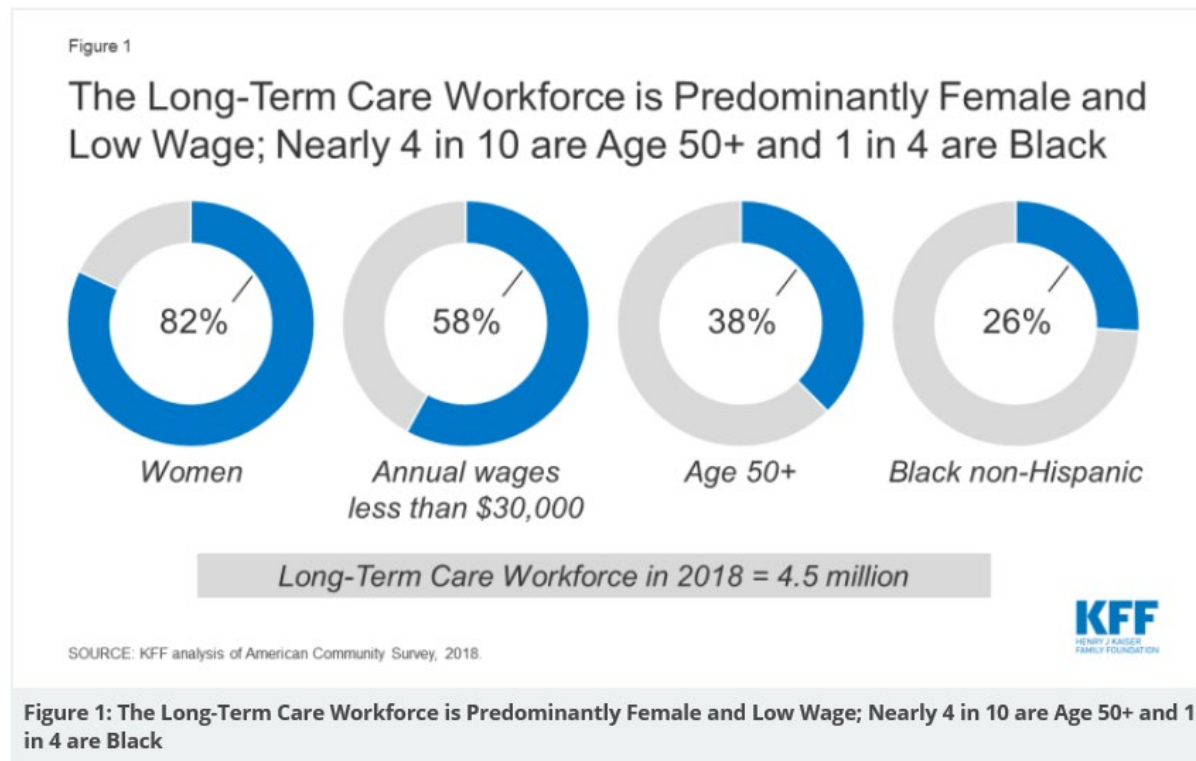
- Comagine Health is the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO)
 - *Idaho, Nevada, New Mexico, Oregon, Utah, Washington*
- We work with providers across the spectrum to develop and apply strategies for delivering better care, and promote better health at a reduced cost
 - Physician offices/OP clinics, hospitals, home health, hospice, inpatient psychiatric facilities, nursing homes, community coalitions
 - Partnership to Advance Tribal Health
- We offer care management, research and analytics and health care consulting services including new COVID-19 services nationwide



Is this Mission Impossible?

- Even in the best of times, staffing is a challenge
 - Turnover
 - Burnout/Compassion Fatigue
 - Impact on quality of care
- Now with COVID-19 we are seeing
 - Rapid staffing changes when cases arise
 - Care activities taking longer
 - Costs to the industry

Who makes up the LTC Workforce?



<https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-and-workers-at-risk-examining-the-long-term-care-workforce/>

In the time of COVID-19

Staff may be:

- Anxious
- Concerned about transmission to loved ones
- Worried about the health of their own family members
- Managing unanticipated child/family care arrangements
- Grieving
- Suffering from cumulative effects of chronic stress

Industry under pressure:

- Magnified focus on health care workers and nursing homes in particular
- Managing family/resident distress with lockdown
- Put in positions they have never faced before with little support
- Pressure to reopen

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7173087/>
<https://jamanetwork.com/journals/jama/fullarticle/2767282>

What Leaders Can Do: Communication and Support

- Be Present
 - Leadership rounds
 - Words matter
- Be Transparent
 - Dedicated huddles
- Cultivate champions to help spread the message; address and remove barriers
- Connect staff to resources for confidential support and mental health support
 - Peer support and well-being checks

<https://resources.planetree.org/wp-content/uploads/2020/04/Staff-Caring-Rounding.pdf>

<https://resources.planetree.org/wp-content/uploads/2020/04/Caring-Communication-COVID-19.pdf>

<https://cdn2.hubspot.net/hubfs/3839253/Downloads/The%20Words%20We%20Choose%20COVID-19%20Edition%204.6.2020.pdf>

https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Emotional-Support-HCW.pdf

What Leaders Can Do: Educate and Prepare

- Separate fact from myth as far as COVID-19 transmission
- Keep staff and residents safe through information and good practices, in the building and in their community
 - *Help staff connect their choices and behavior to health/safety of their personal and work community*
 - *Unit debriefs, 1-1 discussions*
- Work with your state/local health authority/association/corporation to know what staffing resources may be available
- Preparedness drills

<https://www.cdc.gov/coronavirus/2019-ncov/about/share-facts-h.pdf>

https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Staff-Social-Distancing.docx

<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

Impact of COVID-19 on staffing

- Staff availability
- Shifts in staffing requirements during cohorting within your facility or due to resident transfers
- Staff that are at high risk for severe disease – redeployment

You may not be able to prevent COVID-19 from impacting your staffing but you can be prepared with a plan!

Return to Work Criteria for HCP with (Symptomatic) Suspected or Confirmed COVID-19

- Either strategy is acceptable depending on local circumstances
- *Symptom-based strategy*. Exclude from work until
 - At least 3 days (72 hours) have passed *since recovery*¹ **and**,
 - At least 10 days have passed *since symptoms first appeared*
- *Test-based strategy*. Exclude from work until
 - Recovery¹ from symptoms **and**
 - Negative test² results from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens)

1 Recovery is defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath)

2 FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html

Return to Work Criteria for HCP with Confirmed COVID-19 (Asymptomatic)

HCP with laboratory-confirmed COVID-19 who have not had any symptoms

- If symptoms develop, see Return to Work Criteria for Symptomatic HCP
- *Time-based strategy.* Exclude from work until
 - 10 days have passed since 1st test¹ and no symptoms have developed
- *Test-based strategy.* Exclude from work until
 - Negative test¹ results from at least two consecutive respiratory specimens collected ≥ 24 hours apart
- When are HCP infectious?
 - Consider consulting with local infectious disease experts when making return to work decisions for individuals who might remain infectious longer than 10 days
 - Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present

¹ FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA

Guidance on Return to Work Criteria: Staff exposed to COVID-19 in health care setting

- Exposure: Prolonged¹ close contact² with a resident, visitor or HCP with confirmed COVID-19³ **AND**
- Staff was not
 - Wearing a facemask⁴ or respirator
 - Wearing eye protection (if person with COVID-19 was not wearing a face covering)
 - Wearing all appropriate PPE⁵ while performing an aerosol-generating procedure
- Restrictions
 - Exclude from work for 14 days after last exposure
 - Self-monitor for symptoms and report any symptoms to point of contact (see guidance)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Guidance on Return to Work Criteria: Staff exposed to COVID-19 - Footnotes

1. 15 minutes or more - OR if performing an AEROSOL GENERATING PROCEDURE
2. Within 6 feet or direct contact with infectious secretions or excretions from confirmed case
3. Determine the infectious period
 - a) Symptomatic Case: Infectious 2 days prior to symptom onset of confirmed case through time period of discontinuation of transmission-based precautions
 - b) Asymptomatic Case
2 days after exposure through time period of discontinuation of transmission-based precautions
OR 2 days prior to positive test through time period of
4. Facemask = PPE facemask (not a cloth face covering)
5. Gown, gloves, eye protection, respirator

Return to Work Practices and Work Restrictions

- Wear a facemask for source control at all times while in the health care facility until all symptoms are completely resolved or at baseline. After symptom resolution, these HCP should revert to their facility policy regarding universal source control during the pandemic.
- Self-monitor for symptoms, and seek reevaluation from occupational health if respiratory symptoms recur or worsen

Preparing for Staff Shortages: Contingency Strategies

- Cancel non-essential procedures and visits
- Consider shifting indirect care staff roles during the pandemic; ensure adequate training for new roles
- Preparedness
 - Develop regional plans to care for residents with COVID-19
 - Develop return to work plans for staff with unprotected exposure
 - Develop plans for staff with positive COVID-19 test

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

Crisis Capacity Strategies: When there are no longer enough staff to provide safe patient care

- Implement regional plans to transfer patients with COVID-19 to designated healthcare facilities
- Allow asymptomatic HCP who have had an unprotected exposure to SARS-CoV-2 but are not known to be infected to continue to work
 - Screen for symptoms daily
 - Wear a facemask (for source control) while at work for 14 days after the exposure event
 - If test COVID-19 positive, see guidance for positive HCP

Staffing considerations for future easing of restrictions

- Example:
 - Family visitation. What type of staffing considerations might you need to make that happen and successful?
 - Which staff person (s) can take the lead in coordinating and communicating to families
 - Which staff can be empowered to monitor visits and ensure safe protocols are being followed?
 - Communal dining/activities
 - Non-essential services – what kind of staffing might that require as you phase in these activities?
- *Keep in mind state/local health district regulations; company/individual facility policies and liability considerations*

<https://www.wa-paltc.com/covid-19-resources>

CMS Toolkit Staffing and Workforce State Highlights

- Extended certain practitioner/professional licenses
- Removed restrictions on out of state workers
- Created exemptions for certain health care workers to function as nurses aides; created temporary nurse aide process/positions
- Created partnerships/programs to obtain volunteer health care professionals
- Expedited CNA training process to build workforce capacity
- Pilot programs to link available health care workers with places needing help
- Temporary rate increases
- Short term staffing assistance for those who cannot maintain staffing
- Enhanced telehealth policy
- Created high-risk worker COVID-19 checklist for returning home
- Redeployed workers to meet COVID-specific needs; hiring furloughed or retired workers
- Waivers to reduce staffing burdens*

Ideas to try

- Incentives for assignment to COVID-19 positive unit
- Setting up clean rooms for donning/doffing, changing and uniform laundering
- On-site RV's for rest, for changing, for stays as needed
- Consider how to use “non-essential” staff
- Telehealth

<https://www.comagine.org/sites/default/files/resources/Telehealth-in-LTPAC-Facilities-COVID-19.pdf>

Increasing Resiliency

Why Resilience?

Our individual and collective capacity to solve problems, adapt and thrive in times of change, and create the future we aspire to depends factors such as:

- Optimism and hope
- Appreciation for our strengths
- Ability to recognize and activate resources
- Well-being and resilience of healthcare workers key to maintaining essential services and safety
- Important to anticipate stressors and put supports in place; build resiliency plan before you need it

<https://www.ama-assn.org/practice-management/sustainability/creating-resilient-organization-health-care-workers-during>
<https://www.theschwartzcenter.org/media/National-Center-for-PTSD-COVID19-Managing-HCW-Stress-0306202012.pdf>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html>

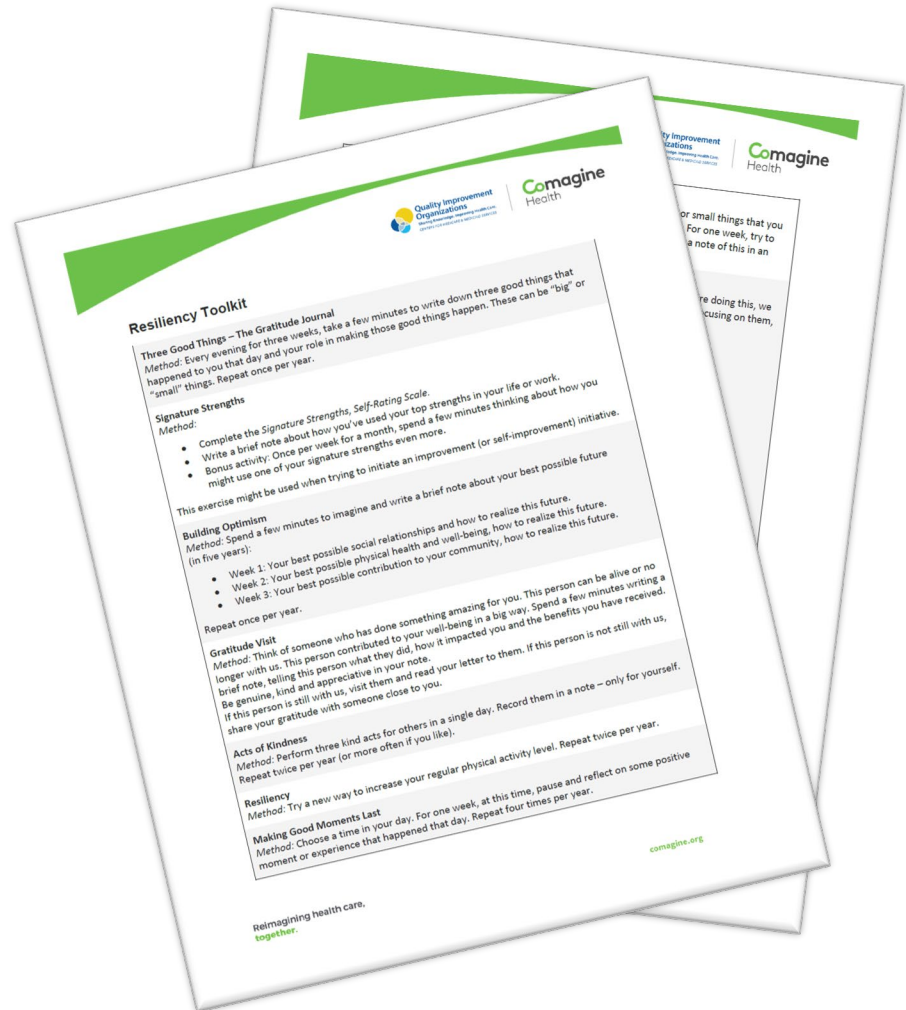
From Adversity Comes Opportunity

- Don't assume; gather your data anyway, look for patterns
- Use your QAPI framework as a tool
 - Reduce waste/promote lean processes
 - Capturing your effort
- Learn from what goes well, what will you sustain
- Promote a culture of safety, resilience and learning
- “Just Culture” environment

Resiliency Toolkit

All evidence-based practices

- Three Good Things –the Gratitude Journal
- Signature Strengths
- Building Optimism
- Gratitude Letter/Visit
- Acts of Kindness
- Resiliency (Physical Activity)
- Making Good Moments Last
- Increasing Pleasant Activity
- Thinking of Others



Supports for health care workers

- IHI daily huddles: <http://www.ihl.org/Engage/Initiatives/COVID-19-Rapid-Response-Network-for-Nursing-Homes/Pages/default.aspx>
- **Comagine Health Half-Hour Hot Topics**
 - Part 1: Boosting Your Mental Health During a Crisis
 - <https://youtu.be/unJoR2sknBo>
 - **July 17, 2020 | 11:30 PT/12:30 MT**
Part 2: Recharging Compassion and Minimizing Burnout
 - Register in advance: <https://www.comagine.org/events>

Additional Resources

- Support and resources for nursing home social workers, including bi-weekly support groups: <https://clas.uiowa.edu/socialwork/nursing-home/national-nursing-home-social-work-network>
- National Center for PTSD, U.S. Department of Veterans Affairs. Managing healthcare workers' stress associated with the COVID-19 virus outbreak. https://www.ptsd.va.gov/covid/COVID_healthcare_workers.asp
- Berinato, S. That discomfort you're feeling is grief. Harvard Business Review March 23, 2020. <https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief>
- <https://health.uark.edu/coronavirus/caps-covid-19-resources-anxiety-workbook.pdf>
- <https://www.leadingage.org/regulation/states-leverage-medicaid-provide-nursing-homes-lifeline-through-covid-19> (Medicaid coverage by state, updated June 12, 2020)
- CDC Staffing Resources: <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/staffing.html>
- Staff Stability Toolkit: http://www.bandfconsultinginc.com/Site/Staff_Stability_Tool-kit.html
- QIO Resources to Support Staff Stability in Post-Acute and Long-Term Care Settings: https://qioprogram.org/sites/default/files/editors/141/Resources_To_Support_Staff_Stability_20190626_508.pdf
- <https://www.ama-assn.org/system/files/2020-05/caring-for-health-care-workers-covid-19.pdf>
- <https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html#community>
- https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf?sfvrsn=226180f4_2
- <https://healthinsight.org/tools-and-resources/send/314-learning-session-1-may-2017-applying-safety-principles/1054-part-6-decision-tree-and-intervention-tool>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

Thank you

www.comagine.org

<https://comagine.org/contact?subject=Partnership>

Open Discussion and Questions



Join Us!



Join us for the next
Nursing Home Training Call

**Establishing an Infection Prevention Program in a
Nursing Home, with an emphasis on COVID-19**

Thursday, July 16, 2020

4:00 - 5:00 pm ET

Invitation forthcoming!

Thank You



THANK YOU

Your opinion is valuable to us. Please take a moment to complete the post event assessment here:

https://www.surveymonkey.com/r/07_09_20

We will use the information you provide to improve future events.