PADONA UPDATES January 24, 2022

We have all heard it and we all believe it but let's really show it as nurse leaders in our Pennsylvania long term care facilities! We have the opportunity - which prior to now we probably took for granted - to come together as nurse leaders in the Pennsylvania Long Term Care facilities to learn, network and celebrate. Education is an opportunity to do better, to be better and to achieve better results. The PADONA 34th Annual Convention provides that opportunity.

But for nurse leaders the PADONA 34th Annual Convention is not just an opportunity for education (see attached Convention agenda), it is also an opportunity to network with Long Term Care nurse leaders from around Pennsylvania; to renew and to make new friendships – both professional and personal and to celebrate who we are, what we do and what we have done during the previous 18 months as nurses and nurse leaders!

PADONA is excited to offer the 34th Annual Convention as an in-person opportunity! We have been proud to continue to provide the annual conventions for our members as virtual learning opportunities in 2020 and 2021. But like all of our members, the PADONA Board of Directors is ready to meet in person and to bring the members together for the Annual Convention! The Board members look forward to engaging again with the members and thanking you in person for your continued support and most importantly for what you have done and continue to do in your roles as nurse leaders.

PADONA thanks each of our members for the gift of your support and membership. We recognize these times have been difficult but you have maintained your membership in your nursing administration association. We are grateful, inspired and humbled by you, all you do and have done and your support.

PADONA is grateful for the opportunity to be your organization and to serve you! Your membership and support of PADONA is appreciated, and we appreciate you!

It is our pleasure to serve you and assist you!

PADONA Annual Education Convention

PADONA will host the **34th Annual Convention from March 29 until April 1 at the Hotel Hershey in Hershey, Pennsylvania.**

This convention is scheduled as an in-person event! There are guidelines that will be adhered to related to the state and federal regulatory requirements and our obligation to our members as an association of healthcare professionals. All attendees are asked and expected to adhere to these requirements (see requirements notice immediately after this article). PADONA does reserve the right to transition the in-person event to a virtual event if that becomes necessary based on the status of the virus/pandemic and requirements related to in-person large gatherings.

The Annual Convention includes a very comprehensive agenda of relevant and timely educational topics presented by industry leaders. **The Annual Convention provides two tracks of education for attendees. One track provides an increased focus on the administrative areas of the nurse leader role while the other track provides an increased focus on the clinical aspects of the nurse leader role. You must select your track at the time of registration**. Many of the educational sessions will be presented as crossover education in both tracks. Such as the presentation from Susan Williamson from the Department of Health which is applicable to both the administrative and clinical aspects of the nurse leader role.

Attending the PADONA **Annual Convention** each year will provide all of the Nursing Continuing Professional Development contact hours needed for the renewal of your nursing license as well as hours for your administrator license and can be used toward renewal of your CNDLTC certification (if you are certified).

Attendees will be required to attend the full sessions to receive the nursing professional continuing development contact hours. The **Annual Convention** agenda begins with pre-conference education sessions on Tuesday March 29 in the evening. Wednesday and Thursday March 30 and 31 will be full days of education in each of the two tracks and Friday April 1 is a half day of education.

The **34th Annual Convention** also provides the opportunity for nurse leaders to meet with vendors of products and services that are used and needed in Long Term Care facilities. Even if you are not the decision maker, you have the opportunity to bring the vendor information and product information back for the decision makers.

The **Annual Convention** is not intended to be all work for our nurse leaders; there will be networking and opportunities to celebrate. PADONA is anxiously anticipating a celebration of nursing, of nurse leaders and most importantly of YOU!! PADONA members who are hard-working, dedicated and extraordinary nurse leaders in the Pennsylvania Long Term Care facilities. We have witnessed over the 33 years of the PADONA annual conventions that nurse leaders can celebrate! You work hard and you have been phenomenal through the pandemic and now it's time to CELEBRATE!!

NOTE:

PADONA is requiring all speakers, exhibitors, and attendees to the 2022 conference to be fully vaccinated and boostered. You will be required to show proof of vaccination upon registration at the event. If you are unable to produce proof that you meet our vaccine requirement, you will not be permitted to attend.

PADONA Educational Needs Assessment

PADONA would like to thank all members who took the time to complete the Nursing Continuing Professional Development Needs Assessment that was sent via email in a link. We learned from this assessment:

- Tuesday, Wednesday and Thursday are preferred for webinars
- Lunch and learn sessions between 11:30 am and 12:30 pm are preferred
- One-hour webinars are preferred for the webinar duration
- Education topics/areas of interest were equally distributed across all areas
- Monthly webinars were stated as the desired frequency for webinars
- Most responders stated they would attempt to attend a webinar scheduled last minute to address a change that was relevant to them
- There was reasonable interest in the Certified Dementia Practitioner education program and many responders requested additional information before responding

Thank you again for your responses! PADONA will work diligently with our industry expert presenters to provide webinar education based on your responses and interest.

PADONA Education Webinar Recordings

If you have been unable to attend the PADONA webinars or the annual education convention completed in October, with education provided by experienced professionals on relevant topics, there is an opportunity for you to receive the information from the webinars. Additionally, if you have attended the webinars and believe that the relevant and timely information from the webinars would provide appropriate education for nursing or interdisciplinary team members or could be included in facility leadership meetings, the information is available to you for a small fee from PADONA.

Please go to the **PADONA website** to review the **educational webinar recordings** that are available for purchase for your education and for use with your team members. Every educational webinar provided by PADONA is recorded and available on the website with handouts and recording. There are no Nursing Continuing Professional Development contact hours available for the recorded education, but the timely and relevant education is available to you and your teams.

Why pay for other educational webinars when there is so much great education available from PADONA?! Also, with the reduction in costs related to the staff development position – these recordings are a way to continue to meet the educational needs of nursing team members.

Let PADONA help you educate your staff while you reduce your workload related to education by using the recorded webinars for staff education.

Pennsylvania Department of Health Updates

January 2022 has been a very busy month for the Pennsylvania Department of Health. They have issued 5 Health Alert Network (HAN) documents. Three of these HANs are related to COVID-19 while 1 is related to Hepatitis A and 1 related to Lyme Disease. Each of these HANs includes important information for Long Term Care provider facilities and for the care of the residents. PADONA is providing a summary from each of the issued HANs and the actual HANs are included as attachments for your review.

PA HAN 616 Issued January 5, 2022 Work Restrictions for Healthcare Personnel with Exposure to COVID-19

Due to concerns about increased transmissibility of the SARS-CoV-2 Omicron variant, this guidance is being updated to enhance protection for healthcare personnel (HCP), patients, and visitors, and to address concerns about potential impacts on the healthcare system given a surge of SARS-CoV-2 infections. These updates will be refined as additional information becomes available to inform recommended actions. Updates include: • The definition of higher-risk exposure was updated to include use of a facemask (instead of a respirator) by HCP if the infected person is not also wearing a facemask or cloth mask. • Added options to mitigate staffing shortages that would allow asymptomatic HCP with a higher-risk exposure who have not received all COVID-19 vaccine doses, including booster dose, as recommended by CDC to return to work prior to the previously recommended 14-day post-exposure period of work restriction, assuming they do not develop symptoms or test positive for SARS-CoV-2. This guidance replaces PA-HAN-596. Additions are written in red.

PA HAN 619 Issued January 7, 2022 Isolation and Quarantine Periods Clarification for the General Population

Additional clarification to the updated isolation and quarantine timelines for COVID-19 is provided below. • This is intended to replace PA-HAN-615.

On January 4, the Centers for Disease Control and Prevention (CDC) clarified their guidelines for isolation and quarantine periods for the general public. Based on these updated recommendations, the Pennsylvania Department of Health (DOH) is updating guidance for individuals infected with and exposed to COVID-19. This guidance provides clarification on isolation and quarantine guidance based on vaccination status. This guidance applies to COVID-19 vaccines currently authorized for emergency use by the U.S. Food and Drug Administration (FDA), and to COVID-19 vaccines that have been authorized for emergency use by the World Health Organization (WHO).

PA HAN 620 Issued January 15, 2022 Therapeutics to Prevent and Treat COVID-19

• The SARS-CoV-2 Omicron variant has quickly become the dominant variant of concern in the United States and is present in all 50 states, including Pennsylvania.
• Vaccination (especially after receipt of a booster dose) is expected to protect against severe illness, hospitalizations, and deaths from infection with the Omicron variant.
• Therapeutics are also available for preventing and treating COVID-19 in specific at-risk populations.
• Providers may continue to consider treatment options previously detailed in HAN 575 and HAN 613.
  o The FDA has issued Emergency Use Authorizations (EUAs) for anti-SARS-CoV-2 monoclonal antibodies, combination therapies bamlanivimab plus etesevimab and casirivimab plus imdevimab (REGEN-COV), and monotherapy sotrovimab for use in non-hospitalized patients.
  o The federal government's current supply of sotrovimab is extremely limited. Continued use of bamlanivimab plus etesevimab and casirivimab plus imdevimab (REGEN-COV) monoclonal antibody products is recommended while reserving sotrovimab for treatment of eligible outpatients at highest risk.
• Treatment options also include intravenous (IV) antiviral agent, remdesivir, for hospitalized patients and two oral antiviral agents, Paxlovid and molnupiravir for non-hospitalized patients.
• Pre-exposure prevention of COVID-19 with EVUSHELD is available for certain at-risk individuals.
• Post-exposure prophylaxis for COVID-19 with casirivimab plus imdevimab (REGEN-COV) or bamlanivimab plus etesevimab is available for certain at-risk individuals.

COVID-19 Doubles Seniors' Chances of Reduced Mobility, Physical Function As Noted in a Study

Older adults with confirmed or suspected COVID-19 are nearly two-fold more likely to experience worsening mobility and physical function than their peers who haven't had the disease, according to a new study.

Investigators examined outcomes among more than 24,000 older and middle-aged adults in Canada with confirmed, probable or suspected COVID. The study began in April 2020 and participants completed exit questionnaires in November and December of the same year. Most study participants had mild to moderate disease and were not hospitalized.

More than 25% of participants reported significantly worsening ability to engage in physical activities, 9% were less able to move around in their home and 9% said that they were less able to perform housework.

When compared to a pre-pandemic cohort from the same database, 15% reported new difficulty in standing up after sitting in a chair, 10% said that they had new difficulty walking up and down a flight of stairs without assistance, and 11% had new difficulty walking two to three neighborhood blocks. What's more, having three or more chronic conditions was associated with a decline in mobility and/or functioning. Socioeconomic conditions also played a role in functional decline.

The results suggest that older individuals who have had mild to moderate COVID-19 should be prioritized for rehabilitation interventions, wrote Parminder Raina, Ph.D., of the School of Rehabilitation Science at McMaster University, Hamilton, Canada.

"Taken together with previous work, our results suggest a need for approaches to effectively restore functional mobility to predisease levels after COVID-19," Raina and colleagues said. "It is recommended that approaches that promote gradual activity and enhance social, cultural, and financial support may help with managing post–COVID-19 conditions."

The study was published in *JAMA Network Open*.
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787975

AMDA Releases COVID-19 Vaccine Medical Exemption Request Forms Guidance and Templates

The Supreme Court has ruled in favor of a federal COVID-19 vaccine mandate, a leading industry advocate is offering guidance and templates to assist long-term care medical directors in handling requests for medical exemptions.

Skilled nursing facilities ideally should use a standardized method to evaluate such staff member requests, according to AMDA – The Society for Post-Acute and Long-Term Care Medicine. Acceptable medical exemptions listed by AMDA include severe adverse reaction after a previous dose of or component of the vaccine, active myocarditis or COVID-19 infection, and recent treatment with monoclonal antibodies.

The Supreme Court on Thursday, Jan. 13, upheld a federal COVID-19 vaccination requirement for staff at all U.S. nursing homes and other federally funded healthcare facilities. The rule, announced Nov. 5, had been on hold in half the country for several weeks due to state injunctions.

In a Monday statement, AMDA suggested how medical exemption forms might allow the most accurate determination of a request's validity. Medical exemptions should be listed at the top of the form to "eliminate the opportunity for free-texting and/or making a blanket statement that the individual should be exempted," it said. It also recommended *not* including the question of religious exemptions, "as that issue is not in the jurisdiction of the medical director," the organization said.

Exemption forms also should include a time frame for the exemption (even if indefinite or permanent) and a confirmation that the practitioner signing the statement has an ongoing professional relationship with the individual seeking an exemption, and "has not been engaged solely for the purpose of providing the exemption," AMDA stated.

Templates for documenting the exemptions can be found on AMDA's website, at https://paltc.org/ on the COVID-19 Resource Page, under AMDA Guidance, Resources, and Tools. Look for:

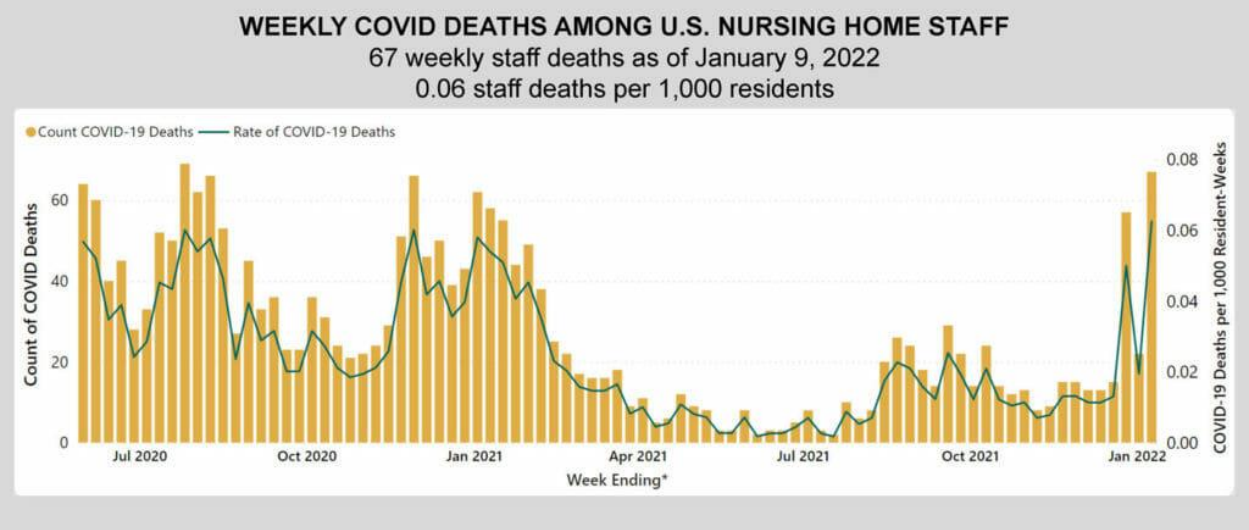
Template No.1: Nursing Home Request for Medical Exemption from COVID-19 Vaccination

Template No. 2: Template for Staff with Vaccination Exemptions

COVID-19 Deaths Among Nursing Home Staff Near All-Time High

Deaths from COVID-19 among nursing home workers neared an all time high last week, according to a report released Wednesday by the American Health Care Association and National Center for Assisted Living.

The report, citing recently released data from the Centers for Disease Control and Prevention, found that 67 COVID-related deaths occurred among nursing home staff in the week ending Jan. 9. The all-time high of 69 was set in July 2020, six months before vaccines became available.



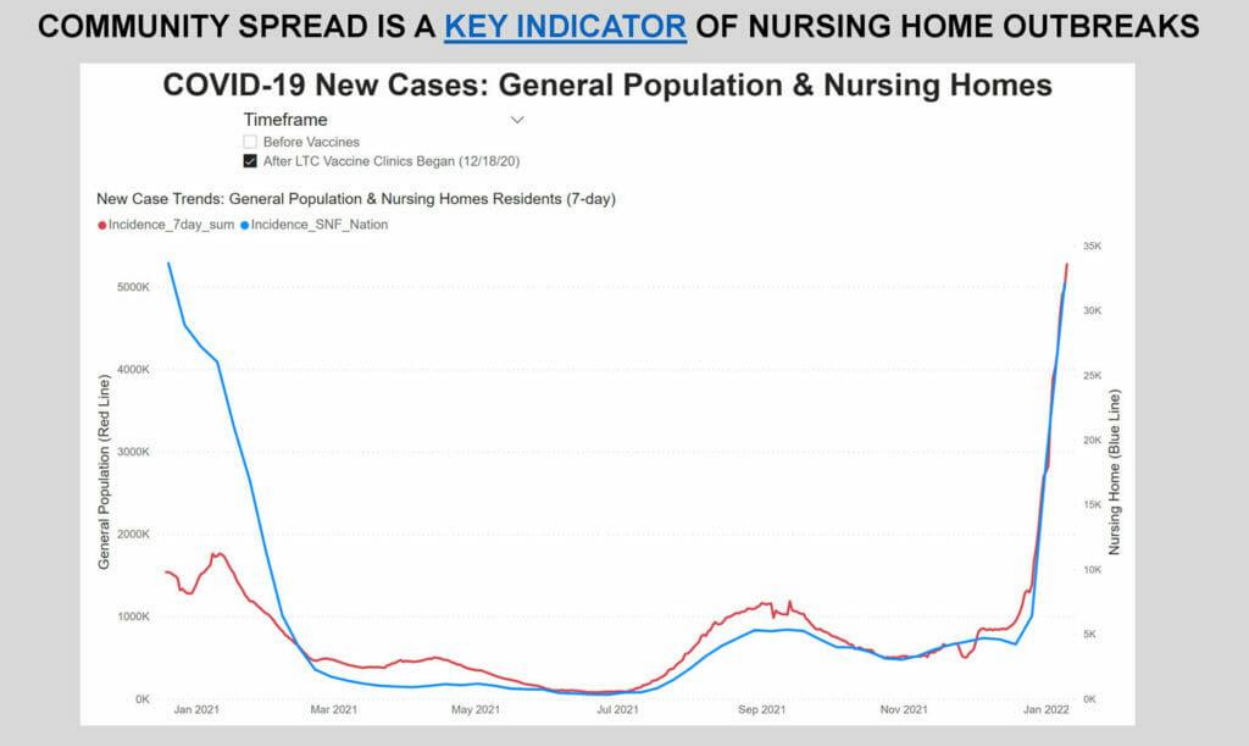
Overall, nursing homes throughout the country have experienced an alarming spike in new COVID cases in recent weeks due to community spread among the general population. Last week, 32,061 nursing home residents tested positive for COVID-19 – nearly doubling the previous week's numbers. Staff case counts hit their highest ever last week, reaching 57,253 – more than double the previous staff case count record, set in December of 2020.

COVID-19 CASES IN NURSING HOMES ARE INCREASING AT ALARMING RATES DUE TO THE HIGHLY CONTAGIOUS OMICRON VARIANT

Weekly COVID Cases	Nursing Home Residents	Nursing Home Staff
Dec 19, 2021	4,361	5,919
Dec 26, 2021	6,406	13,257
Jan 2, 2022	18,186	42,004
Jan 9, 2022	32,061	57,243

"As soon as news of Omicron broke in December, we were very concerned this variant would lead to a surge of cases in the U.S. and therefore, an increase in cases in nursing homes and unfortunately it has," said Mark Parkinson, President and CEO of AHCA/NCAL.

Experts have repeatedly noted that COVID-19 cases in a surrounding community is a key indicator of outbreaks in nursing homes.



“We cannot weather this storm alone,” said David Gifford, M.D., MPH, chief medical officer for AHCA/NCAL “We’re extremely concerned how this surge will impact our already dire labor crisis as caregivers must isolate if they test positive. Staffing shortages impact access to care for our vulnerable residents and impede our ability to help overwhelmed hospitals.”

The nursing home workforce is already experiencing a historic workforce shortage, with 234,000 fewer caregivers than when the pandemic began—a 15% reduction.

One bright spot in the report: While COVID-related deaths among nursing home residents have increased in recent weeks, the rate of deaths is 10 times less compared to December 2020 due to high vaccination and booster rates among residents.

“Fortunately, the vaccines appear to be working against omicron, but we must remain vigilant and steadfast on vaccinating and boosting as many residents and staff members as quickly as possible,” Gifford said.

LTC Residents With Prior COVID-19 Infection May Have Big Immune Advantage Noted a Study

Nursing home residents who have weathered a prior COVID-19 infection are more likely to show robust signs of immunity to SARS-CoV-2 six months after vaccination, a study across five facilities has found. But age and frailty may play a role in weakening this vaccine response, researchers say.

Participants, recruited from long-term care facilities in Dublin, Ireland, were assessed for the presence of anti-spike antibodies (markers of coronavirus immunity) in their blood before receiving the Pfizer-BioNTech COVID-19 vaccine. These antibody titers were also measured at five weeks and six months post-vaccination. Just under half of the 86 participants (45%) had evidence of previous SARS-CoV-2 infection.

All participants had a significant antibody response to vaccination at five weeks and a significant decline in this response by six months, reported Sean P. Kennelly, Ph.D., of the Tallaght University Hospital and St. James's Hospital Campus, each in Dublin.

In older residents, a history of SARS-CoV-2 infection was the strongest predictor that anti-spike antibody titers would be found in the blood at six months, Kennelly and colleagues found. The presence of these antibody measures were also tied to COVID-19 immune response in lab tests, the researchers noted.

In contrast, age and frailty were independently associated with lower anti-spike antibody measures at six months.

Taken together, the findings support booster programs, particularly for residents who have not been infected, the researchers said. Additional vaccine doses "could be beneficial if they are to boost antibody responses in this vulnerable population, particularly in those with no history of SARS-CoV-2 infection," they concluded.

Full findings were published in *JAMDA*. https://www.jamda.com/article/S1525-8610(21)01023-9/fulltext#%20

Despite COVID Outbreaks Driven by Visitors, Providers Face Continued Demand for Risky Visits

Infectious disease specialist Ronald G. Nahass was called into an ailing New Jersey nursing home in late November, not long after federal regulators reversed course and allowed broad visitor access.

What he saw then has Nahass and many other healthcare providers clamoring for more ways to protect patients from the friends and loved ones who are increasingly reintroducing COVID into their buildings — even as federal officials Thursday strongly emphasized that the doors will be staying open.

"We have seen the negative effects of banning visitation, which can lead to worse outcomes for people in nursing homes," Centers for Medicare & Medicaid Services Administrator Chiquita Brooks-LaSure said during a call with industry stakeholders Thursday.

"I strongly encourage nursing home facilities to use extra caution, such as creating dedicated areas for visitation to occur, if possible, preferably outdoors for those of you so fortunate to live in the warmer parts of the country, or in designated spaces with good ventilation," she said.

But multiple providers have said this week they are irritated that attempts to institute such infection control measures are sometimes being undermined by the visitors themselves.

Nahass traced the roots of an eight-person outbreak at the New Jersey nursing home to one ill resident's family members, two of whom had visited just before Thanksgiving, despite being unvaccinated. They were seen at times without masks on, a fact that was noted by infection control-conscientious staff.

Afterward, the resident who was visited and five others on the same wing developed COVID-19, along with two staff members. Four cases were serious, and a resident receiving hospice care died, Nahass said this week.

"Those innocent people who got COVID-19 were not given the opportunity to exercise their right to personal safety by not being exposed to this deadly virus," he wrote in an op-ed calling for the Centers for Medicare & Medicaid Services to revise its visitor policies. "Those senior citizens and healthcare workers had no choice in this situation. … Nursing homes must be allowed to test visitors and/or require a vaccine for SARS CoV2 prior to a visit."

'Rare exceptions'

Providers have their hands tied when it comes to restricting visits, despite stories like Nahass'. Responding to providers' concerns just before the winter holidays, CMS on Dec. 23 clarified its stance, saying nursing homes could slow or stop visits in "very limited and rare exceptions."

Families and consumer organizations have kept pressure on CMS to keep buildings wide open after visitation was limited for much of the pandemic's first year and half.

"Residents must continue to have access to family members and other support persons, and facilities must ensure that proper infection prevention protocols are being followed by staff and visitors," National Consumer Voice wrote in a letter to regulators Dec. 23. "We strongly urge CMS to continue to stand strong with residents and preserve their critical right to visitation.

Brooks-LaSure reinforced that view with her comments in early January adding that mask wearing, hand hygiene and physical distancing further the cause of resident safety. She also urged providers to work with state and local health departments during outbreaks for management of ongoing cases and structured visitation.

She said her agency would send best practices to states “to make sure everyone has information needed to keep residents safe.”

But providers are pleading for more leniency as they struggle to control omicron-fueled outbreaks, with some facilities once again reporting cases numbers by the dozens. While omicron cases anecdotally have been reported to be more moderate in nature than those caused by COVID-19’s delta variant, the World Health Organization on Thursday cautioned against stereotyping omicron cases as mild. The agency noted the jury is still out on the effects among older people, who were largely excluded from early studies.

‘Illogical’ policy

Understanding that risk, providers must accommodate visitors and protect residents as the rollout of vaccine boosters plods along slowly in some places. Nursing homes are still not allowed to require visitors to be vaccinated or submit to COVID tests before being allowed in a building. It’s a condition that Ruth Katz, senior vice president of public policy and advocacy for LeadingAge, said “feels almost illogical” given the current surge.

“It’s really hard to keep everyone safe and do thoughtful infection control and open up to visitors with really kind of no guardrails, no limitations,” added Leslie Eber, M.D., medical director of Colorado’s Orchard Park Health Care Center, during a recent COVID update call with LeadingAge members. “We all want to make sure that our residents have as fulfilling a life right now as they possibly can have … but I think that this line to walk is really challenging, especially in this moment with omicron.”

During outbreaks at her community, Eber has worked with visitors to make them aware of the conditions and encourage safer alternatives such as staff-assisted virtual visits or phone calls.

“We’re not trying to prevent access of any kind, but if possible, if you can work with us and we can keep everyone safe at least for 48 hours until we know where we are, that’s going to benefit everyone, especially the residents,” she said. “We’re feeling our way … We can give our honest expertise and guidance to family members.”

On the same call as Brooks-LaSure Thursday, Evan Shulman, director of the CMS Division of Nursing Homes, promoted the idea of working with families and other visitors. But he also underscored the importance of vaccinations, without any indication that visitors would ever be required to have them.

“Vaccination is clearly our strongest defense against severe disease and hopefully infection,” he said. “So we need people to get vaccinated, we need everyone to practice frequent hand hygiene, we need everyone to wear their masks, and we need physical distancing. … Now visitors and family, we need your help with this as well, this is not only on the facilities. We need you to again mask up and make sure that you’re following these principles of infection control so that we can keep visitation going.”

Nursing Home Clinicians Continue To Over diagnose UTIs Despite Antibiotic Stewardship Efforts Per Study

Clinicians are still prone to incorrectly assess and over diagnose urinary tract infections among nursing home residents, with nurses most likely to do so, investigators have noted.

Researchers from the University of North Carolina examined the rate of diagnosis of suspected UTI using a national survey sample of nursing home clinicians. Primary care providers and nurses were asked to assess whether a UTI was likely in a variety of hypothetical scenarios. Responses, from more than 1,700 participants, were compared to standardized UTI assessment guidelines.

Participants were only moderately able to accurately diagnose the likely presence or absence of UTIs. As a group, primary care providers and RNs misclassified UTIs approximately one-third of the time, the researchers reported. Nurses had greater odds of an incorrect assessment than the primary care physicians and physicians assistants who participated in the study.

The analysis found a randomness to some of the assessments. “Overall, clinicians’ rate of false positive diagnoses of patients without UTI was not much better than flipping a coin,” wrote lead author Christine E. Kistler, M.D., of the University of North Carolina. In contrast, the false negative rate (for patients who do have UTIs) was much lower, she and her colleagues added.

Overdiagnosis of UTIs is “still a problem,” despite decades of attempts to reduce overprescribing and improve antibiotic stewardship in nursing homes, Kistler stated. Based on her team’s analysis of clinician UTI knowledge, attitudes, personality and other characteristics, some of the problem stems from lack of knowledge about UTIs, and some can be attributed to general attitudes and even to close-mindedness, she said.

Training efforts have “disappointing” results

“Given the tremendous efforts to train and educate nursing home clinicians on the clinical characteristics of a UTI, and the immense scrutiny that CMS has placed on appropriate antibiotic prescribing, these results are disappointing,” she and her colleagues wrote in the study, published Jan. 11 in the *Journal of the American Geriatrics Society*.

The solution? Wide implementation of electronic clinical decision support that has been recommended by the Centers for Disease Control and Prevention, the researchers said. This would help to improve point-of-care infection identification and antibiotic prescribing, they wrote.

“That effort, combined with multicomponent educational efforts targeted at specific clinician personalities, may help more permanently reduce antibiotic overuse,” they concluded.

The Next CMS Skilled Nursing Facilities (SNF)/Long Term Care (LTC) Open Door Forum scheduled for:

Date: Thursday, January 27, 2022

Start Time: 2:00 PM – 3:00 PM Eastern Time (ET)

This call will be Conference Call Only.

To participate by phone:

Dial: 1-888-455-1397 & Conference Passcode: 5109694

Please dial-in at least 15 minutes before call start time.

Conference Leaders: Todd Smith & Jill Darling

This Agenda is Subject to Change

1. Opening Remarks

Chair – Todd Smith (Center for Medicare)

Moderator – Jill Darling (Office of Communications)

2. Announcements & Updates

- PBJ Reminder
    - Policy Questions should be sent to NHStaffing@cms.hhs.gov
    - Technical Issues/Questions should be sent to iqies@cms.hhs.gov
    - PBJ Website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html
- Public Reporting Updates on the January 2022 Refresh announcement
- MDS 3.0 QM User's Manual Version 15.0 announcement

III. Open Q&A

DATE IS SUBJECT TO CHANGE

Next ODF: TBD

Mailbox: SNF_LTCODF-L@cms.hhs.gov

Instant Replay: 1-866-441-8817; Conference Passcode: No Passcode Needed

Positive Company Culture Motivates, Engages and Retains Employees

Several surveys and studies have shown that money isn't the prime motivator for healthcare employees anymore. Support and appreciation outweigh wages in retaining workers during the pandemic.

"A positive company culture will really make people feel more invested. And when they're more invested from an emotional point, or from an engagement standpoint, they're naturally going to be motivated to do better work," Henry Ma, CEO of Ricoma, noted.

Ma runs a custom apparel business, but he said the tools he uses to develop a positive culture are applicable to the challenges faced by senior housing and care operators.

Providing workers with a sense of achievement and the knowledge that their efforts are appreciated are essential, he said, especially for healthcare workers "who have been through so much the last couple of years." Workers who feel burned out, not appreciated and not recognized might start to feel disengaged and move on to something else.

A culture driven by a mission or values, Ma said, will foster a community where workers feed off the positive energy of those around them.

"It does have a ripple effect throughout the entire organization," he said. "That's why I almost compare the company culture to the glue and the mortar of a business. The building blocks are the different people [who] are within the company and around the team."

It's important to recognize employees for their work, Ma said, but it also is important for leaders to get to know the workers and their preferences. Some people enjoy recognition in a group setting, he said, whereas others may prefer a more private pat on the back.

Recently, to show appreciation for the whole team, Ma said, Ricoma hosted a Thanksgiving lunch for everyone, with plenty of catered food. In December, he said, the Miami-based company booked a yacht for a floating party around Biscayne Bay.

"Things like that, from a non-monetary standpoint, really boost team morale and give them an opportunity to get to know their colleagues," Ma said.

Creating a culture aimed at employee satisfaction and retention has a positive impact on the bottom line, he said.

Psychiatrists Create Telemedicine Best Practices for Managing Psychosis in LTC

Telemedicine may support better access to psychiatric care in nursing facilities, easing the challenges of care for residents with psychosis, and possibly helping some facility operators to expand their care offerings, an expert panel contends.

Psychosis is a primary cause of nursing home placement for people with neurodegenerative diseases such as dementia and Parkinson's disease. Telemedicine use has been shown to be successful in long-term care facilities, including in care for residents with neuropsychiatric symptoms, according to Lynn Shaughnessy, PsyD, of Harvard Medical School.

She and her co-authors, psychiatrists and geriatricians, have created what they say is the first guidance for effectively using the technology to assess and manage psychosis in people with neurodegenerative disease in this setting.

Their recommendations, published on Jan. 12 in *JAMDA*, are the result of a consensus panel conducted in during the pandemic. Detailed suggestions cover best practices for handling administrative and technical challenges, evaluation and diagnosis, and treatment and monitoring. The authors also explain the benefits and challenges of using the technology in long-term care facilities.

A team-based approach is critical to success, the authors say.

"Acceptance by administrators sets a positive tone regarding the use of telemedicine and, thereby, empowers staff in resident care to participate in and support telemedicine visits," they wrote.

In addition, technical support is necessary, they said: "Ideally, the facility will have real-time support or an information technology staff available to address connectivity or other technology issues that occur."

During a time when many long-term care operators are considering closing up shop, properly managed telepsychiatry may offer the option of providing more behavioral or psychiatric specialty care, Shaughnessy said.

Fully 42% of long-term care residents have been diagnosed with dementia in the United States, the authors noted. In addition, although only up to 7% of U.S. nursing home residents have a diagnosis of Parkinson's disease, nearly 25% of people with this diagnosis live in a long-term care facility.

PADONA Posts Staff Needs to Website

If you are experiencing staffing needs, PADONA can assist. As a PADONA member, one of your benefits is that PADONA will post your ads for positions on our website without cost. If you are in need of a posting a staffing ad, please send the written ad to Candy Jones at cjones@padona.com and it will be posted on the PADONA website. The PADONA website is where Pennsylvania nurses and nurse leaders go to look for available positions. We are here to help you fill those needed positions.

Staff Retention Remains Elusive Despite Sign-On Bonuses and Pay Increases

Sign-on bonuses and pay raises undoubtedly are appreciated by staff members at assisted living communities, but they appear to be doing little to stem the industry's high annual turnover rates, according to data in "2021-2022 Assisted Living Salary & Benefits Report," published by Hospital & Healthcare Compensation Service. Results were released Tuesday, January 18.

Annual turnover of all employees in assisted living communities in 2021 (management and non-management) was almost half (48.51%). The turnover rate for resident assistants and personal care aides was 68.09%, the highest rate among nine general job groupings tracked in the report, despite hourly pay rates increasing in 2021 by 10.61% for RAs and 10.66% for dementia PCAs. Those pay raises increased pay at the national 50th percentile for RAs to $14.85 and to $15.90 for dementia PCAs.

Other notable turnover rates included 51.74% for registered nurses, 45.45% for licensed practical nurses, and 46.27% for certified nursing assistants. The high turnover rates persisted even among positions not directly responsible for hands-on resident care, such as administrative support staff (37.86%) and dining services personnel (47.47%).

During the COVID-19 pandemic, sign-on bonuses have become a common method to attract new employees to the industry. That trend continued in 2021, with 62.72% of survey participants reporting offering sign-on bonuses. Key positions receiving such bonuses included directors of nursing, RNs, LPNs, CNAs, RAs and kitchen staff.

Despite the challenges, nearly six out of 10 (59.59%) respondents said they planned on hiring new employees in 2022, with the other 40.41% indicating that they would maintain their current number of employees.

This year marks the 24th annual edition of the report, which is conducted with LeadingAge and supported by the National Center for Assisted Living. The report covers 20 management and 30 non-management positions. More than 1,100 assisted living communities participated in the study and provided data for more than 65,500 employees.

The 250-page report is available for purchase at the HCS website.

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