PADONA UPDATES February 21, 2022

This is what the conference rooms looked like in 2021 and 2020 for the Annual Conventions because PADONA did not host an in-person convention. However, this year PADONA is hosting the Annual Convention at the Hotel Hershey. This convention has always been a highlight of the education calendar for nurse leaders in Pennsylvania.

This year PADONA recognizes the unusual times we are all facing, and is providing both an in-person and a virtual option for the Annual Convention. You can make the decision to attend in person and join your colleagues at the Hotel Hershey for informative presenters, meeting long term care specific vendors and networking with fellow nurse leaders from Pennsylvania long term care facilities. OR you can make the decision to attend the Annual Convention virtually. You may be unable to attend based on what is happening in your facility, based on your medical concerns or your employer requiring that you cannot attend large group functions. PADONA understands and the virtual option is not a recording but rather a live presentation of the clinical track of sessions being provided during the same time frame they are being provided in the in-person sessions in Hershey.

The PADONA Annual Convention is a great way to obtain the nursing professional development contact hours required for license renewal and to obtain nursing home administrator credit hours. The education is relevant, current and usable in daily operations for nurse leaders. In either the virtual or in-person delivery methods – you will not regret attending the PADONA Annual Convention! If you only attend one educational conference this year – PADONA should be the ONE!

PADONA thanks each of our members for 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 appreciative for the opportunity to be your organization and to serve you!

Please review the following information related to the specifics of the PADONA Annual Convention – there is information for both the in-person and the virtual Convention options!

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 all the 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.

Social distancing will be observed and masking required.

PADONA Annual Convention Can Also Be Attended Virtually!!

PADONA has been receiving many requests related to the Annual Convention being provided in-person only. There are a variety of reasons for some members to be unable to attend the Annual Convention as an in-person event. Please review the information below which also should have been in your email as a separate PADONA Update.

PADONA is pleased to offer a virtual option to our annual Spring Convention. We understand the current environment may not afford some of our members the opportunity to attend our convention. So, we are bringing the convention to you!

You will be able to virtually attend our conference sessions via our online webinar platform. The **CLINICAL TRACK** Conference sessions will be streamed live for virtual attendees. The Administrative Track will not be accessible for virtual attendance. The optional pre-conference sessions will not be accessible to virtual attendees.

PADONA, as an approved provider of nursing continuing professional development contact hours through PSNA, is offering 14.25 contact hours for nurses and administrators who attend each offered virtual session and complete an evaluation of the Convention. Remember, you are able to obtain all of your required hours of nursing continuing professional development continuing education simply by attending the convention each year! This educational offering has been reviewed by the National Continuing Education Review Service (NCERS) of the National Association of Long Term Care Administrator Boards (NAB) for approval for 14.25 clock hours and 14.25 participant hours. Virtual attendees will be required to login to the webinar platform on the same day and time as the scheduled sessions in order to participate virtually and receive credit hours. As required by the credentialing organizations, we will be utilizing a dual verification process to track webinar attendance for credit hour purposes. Virtual attendees who meet our attendance and evaluation requirements will receive applicable NHA and RN credit hours.

The cost for virtual conference attendance:

Full Conference Participation - Member:	$475
Full Conference Participation – Non-Member:	$575
Daily Rate– Member:	$175
(Wednesday, Thursday, Friday)	
Daily Rate – Non-Member:	$225
(Wednesday, Thursday, and Friday)	

Registration:

You can register for the virtual conference on our website or by completing the virtual conference registration form and remitting payment. Please contact Candace Jones at cjones@padona.com for registration questions.

PADONA is approved with distinction as a provider of nursing continuing professional development by the Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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.

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.

Pennsylvania Department of Health - Health Alert Network (HAN) Updates

The Pennsylvania Department of Health has issued four additional HANs since the last issue of the PADONA Updates related to COVID-19. There is a fifth HAN issued and it is related syphilis. Each of the four HANs related to COVID-19 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 624 Issued February 8, 2022: Interim Infection Prevention and Control Recommendations for Healthcare Settings during the COVID-19 Pandemic

This HAN Update provides comprehensive information regarding infection prevention and control for COVID-19 in healthcare settings based on changes made by CDC on February 2, 2022.

Major additions and edits in this version include:
• For instances where the term "fully vaccinated" was previously used to guide infection prevention and control measures, a person must instead be "up to date" with all recommended COVID-19 vaccine doses.
• Clarified how quarantine and isolation periods apply to visitors. To enter healthcare facilities, visitors should follow timeframes as described for patients in this healthcare guidance (typically 10 days), even if they are following the community guidelines for ending isolation and quarantine (typically 5 days) elsewhere. See text for more details.
• Revised guidance for ending Transmission-Based Precautions for patients with suspected or confirmed SARS-CoV-2 infection. For symptomatic and asymptomatic patients who are moderately to severely immunocompromised, a test-based strategy and (if available) consultation with an infectious disease specialist is recommended to determine when these patients can be released from isolation.

This update replaces PA-HAN-597. Additions are written in red.

PA HAN 626 Issued February 15, 2022 UPDATE: Core Infection Prevention and Control Measures for Long-term Care Facilities

This HAN provides guidance on core infection prevention and control measures for long-term care facilities (LTCF) during the COVID-19 pandemic and incorporates updates made by CDC on February 2, 2022. The guidance supplements general guidance for all healthcare facilities given in PA-HAN-624.

This update includes:
• For instances where the term "fully vaccinated" was previously used to guide infection prevention and control measures, a person must instead be "up to date" with all recommended COVID-19 vaccine doses.
• Even if they have met community criteria to discontinue isolation or quarantine per PA-HAN 619 (typically 5 days), visitors should not visit if they have not met the same criteria used to discontinue isolation and quarantine for residents (typically 10 days).
• HCP should not work while acutely ill, even if SARS-CoV-2 testing is negative, in order to minimize the risk of transmission of other infectious pathogens, including respiratory pathogens such as influenza.

This guidance replaces PA-HAN-609. Additions are written in red.

PA HAN 627 Issued February 15, 2022 UPDATE: Response to an Outbreak and Residents with Exposure to COVID- 19 for Long-term Care Facilities

This HAN provides guidance on response to exposure and outbreaks of COVID-19 for long-term care facilities. It incorporates changes made by CDC on February 2, 2022.

Major additions and edits in this version include:

• For instances where the term “fully vaccinated” was previously used to guide infection prevention and control measures, a person must instead be “up to date” with all recommended COVID-19 vaccine doses.

• Residents in quarantine can be removed from Transmission-Based Precautions (TBPs) after day 10 following the exposure (day 0) if they do not develop symptoms.

• Although the 10-day quarantine period is preferred, residents can be removed from TBPs after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of TBPs.

• Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection; immediately and, if negative, again 5-7 days after their admission.

• In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.

This guidance replaces PA-HAN-610. Additions are written in red.

PA HAN 628 Issued February 18, 2022 Update to Recommendations Regarding COVID-19 Vaccination

SUMMARY • Guidance released on February 11, 2022 from the CDC updates COVID-19 vaccination guidance.

• For immunocompromised individuals only, the interval between completion of the primary vaccine series and the booster dose has been shortened from 5 months to 3 months for mRNA vaccines and remains at 2 months for the Janssen vaccine.

• Moderate to Severely immunocompromised individuals ages 18 years and older who received a single dose of the Janssen vaccine should receive an additional dose an mRNA vaccine 28 days after the Janssen vaccine.

• It is no longer necessary to delay COVID-19 vaccination for those patients who have received monoclonal antibodies or convalescent plasma for the treatment or prophylaxis of COVID-19.

• Patients who have received their full primary series outside the United States with a WHO approved COVID-19 vaccine may receive either of the 2 mRNA vaccines for their booster dose.

• The CDC has added to their guidance information regarding potential characteristics of allergic reactions, vasovagal reactions, and vaccine side effects following COVID-19 vaccination.

The Centers for Medicare and Medicaid Services (CMS) Vaccination Mandate Memorandum

On January 14, 2022 CMS issued the Guidance for the Interim Final Rule memorandum related to the vaccine mandate for healthcare facilities that accept Medicare and Medicaid payments. The QSO-22-09-ALL provides information related to the survey procedures and maintaining compliance with the regulatory requirements.

Memorandum Summary

• CMS is committed to ensuring America's healthcare facilities respond effectively in an evidence-based way to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).

• On November 05, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes requirements regarding COVID-19 vaccine immunization of staff among Medicare- and Medicaid-certified providers and suppliers.

• CMS is providing guidance and survey procedures for assessing and maintaining compliance with these regulatory requirements.

• The guidance in this memorandum specifically applies to the following states: Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Utah, West Virginia and Wyoming.

• The guidance in this memorandum does not apply to the following state at this time: Texas. **Surveyors in Texas should not undertake any efforts to implement or enforce the IFC.**

• States that are not identified above are expected to continue under the timeframes and parameters identified in the December 28, 2021 memorandum (QSO-22-07-ALL**).**

CMS Provides Updates to ICD-10 Diagnosis Coding

Transmittal #

R11264OTN

Issue Date

2022-02-10

Subject

International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) -- July 2022

Implementation Date

2022-03-12

Downloads

- R11264OTN (PDF)
- MM12606-International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--July 2022 (PDF)

CMS and CDC Officials Note Increase in Falls and Pressure Injuries Requires Renewed Safety Focus

New data reveals an increase in adverse events among nursing home residents during the pandemic, which per the CMS and CDC federal officials, is an indicator that post-acute care providers and others must take a closer look at patient safety.

The Centers for Medicare & Medicaid Services and the Centers for Disease Control and Prevention "are committed to a renewed focus on patient safety," officials from both agencies recently noted in the *New England Journal of Medicine.*

The officials pointed to several patient-safety metrics that have declined since the start of the pandemic, including metrics among nursing home patients that "don't bode well" for the future.

Facility data reported to CMS during the second quarter of 2020 found skilled nursing facilities saw their rates of falls with major injury increase by 17.5% and pressure ulcer rates increase by 41.8%.

"The surges of the delta and omicron variants of SARS-CoV-2 in late 2021 and early 2022 do not bode well for a return to pre-pandemic levels for any of these indicators," the authors reported. "We are already working together to expand the collection and use of data on safety indicators in our programs, including data in such key areas as maternal health and mental health, and we will work with other government and nongovernmental organizations to further enhance patient safety."

The authors included CMS' Chief Medical Officer Lee A. Fleisher, M.D.; Deputy Director for Quality and Value Michelle Schreiber, M.D.; and Denise Cardo, M.D., and Arjun Srinivasan, M.D, both of the CDC.

Though there are multiple explanations that may explain the increases, the officials said it's the increased strain on the entire healthcare system that's caused the disruption.

As providers prepare to enter COVID's endemic stage, the authors stressed the need for "breakthrough thinking about systems built on foundational principles of safety, akin to those used in other industries in which safety is embedded in every step of a process, with clear metrics that are aggregated, assessed and acted on."

"The healthcare sector owes it to both patients and its own workforce to respond now to the pandemic-induced falloff in safety by redesigning our current processes and developing new approaches that will permit the delivery of safe and equitable care across the healthcare continuum during both normal and extraordinary times," the authors concluded.

J-1 Visa Exchange Visitor Program Could Ease Workforce Challenges for Long Term Care

Providers interested in building a pipeline of international talent can consider the J-1 visa exchange visitor program, LeadingAge reported on Wednesday, February 16. LeadingAge provided information on how providers can use the program to ease the crunch in recruiting and retaining employees.

The J-1 visa exchange program, according to the State Department, allows nonimmigrant foreign nationals to work temporarily for a sponsoring organization in the United States. Operators not already working through a designated sponsor organization should contact a designated sponsor organization directly to create a partnership, LeadingAge Manager of Congressional Affairs Andrea Price-Carter noted in a LeadingAge website post.

The program offers opportunities for employers to provide job training for a duration of an individual's stay, which could last up to several years. Although the J-1 program has several categories, long-term care employers could use the program to hire interns, management trainees, specialists or physicians, Price-Carter said. The State Department spells out the various categories and requirements outlined in a document that can be found here: https://j1visa.state.gov/wp-content/uploads/2017/06/Exchange-Visitor-Program-Category-Requirements.pdf .

Additionally, under section 214(l) of the Immigration Nationality Act (INA), the Conrad 30 waiver program which can be reviewed here: https://www.uscis.gov/working-in-the-united-states/students-and-exchange-visitors/conrad-30-waiver-program allows J-1 foreign medical graduates to apply for a waiver of the two-year foreign residence requirement after completing the J-1 visa exchange visitor program. The waiver program is meant to address the shortage of qualified physicians in medically underserved areas.

Providers interested in becoming a designated J-1 visa exchange program sponsor can visit the State Department website for more information on the application process. The State Department website is: https://j1visa.state.gov/sponsors/become-a-sponsor/ .

Experts Note that It Is Likely to be 'Years' Before Nursing Shortage Is Resolved

Long-term care providers and hospitals still have far to go to overcome the ongoing workforce shortage, and providers in each sector will likely have to contribute creative solutions to survive, according to Forbes columnist Howard Gleckman.

Recent data has revealed that the number of employees in the long-term care industry is the lowest it's been in 15 years at about 2.97 million overall workers. That's the lowest since January 2007.

The effects of long-term care shortages have trickled into hospitals, preventing discharges and leaving seniors there longer than necessary, Gleckman noted.

"Short-staffed nursing homes won't take them, especially if they have complex needs," he wrote. "In some parts of the country, especially in rural areas, there no longer are nursing homes within a reasonable distance of a patient's home." He argued that the combination of higher labor costs and longer lengths of stay "could be fatal."

"Considering the time it takes to train a new nurse and the ongoing fallout from the pandemic, it likely will be years before the current nursing shortage abates," Gleckman concluded. "Until it does, regulators, payers, and facilities themselves will have to find new ways to manage patients through their hospital stays and get them discharged in timely and safe ways."

OSHA Urges Healthcare Facilities to Take Immediate Actions to Reduce Worker Injuries and Illnesses

The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) is asking healthcare employers to take immediate actions to reduce worker injuries and illnesses. The request is largely due to data that shows U.S. healthcare workers experienced a 249% increase in injury and illness rates in 2020. Workers in healthcare and social assistance jobs combined have suffered more injuries and illnesses than workers in any industry.

OSHA suggests combatting workplace injury and illness by initiating proactive safety and health programs to address hazards and endorse training and preventive measures that are designed to keep employees safe. OSHA's On-Site Consultation Program is available to increase workplace safety. Program success is evidenced by the improvement at a community hospital in Kansas that adopted OSHA's suggestions and improved its safety and health program to the extent that they were awarded OSHA's Safety and Health Achievement Recognition Program (SHARP) recognition status eight times.

OSHA's acting Regional Administrator Ryan Hodge in Kansas City Missouri stated, "Healthcare workers routinely face the risks associated with exposures to bloodborne pathogens, drug residue, x-ray machines, respiratory illness, and ergonomic injuries related to lifting patients and repetitive tasks. Our nation's caregivers have made extraordinary sacrifices in recent years – putting themselves on the frontline in a pandemic – and we owe it to them to ensure their employers are doing all they can to protect their employees."

Information about OSHA's SHARP program can be accessed at Safety & Health Achievement Recognition Program (SHARP) | Occupational Safety and Health Administration (osha.gov). Companies interested in the SHARP program can contact their local OSHA On-Site Consultation program to discuss details and to schedule an on-site safety and health evaluation or call 1-(800) 321-OSHA (6742) or visit OSHA's website at On-Site Consultation | Occupational Safety and Health Administration (osha.gov).

Bill Would Require Nursing Home Operators to Provide Notification of Sexual Offenders Being Admitted

Pennsylvania nursing home operators would be required to provide notification to residents and staff members of the admission of registered sexual offenders, under legislation introduced into the state legislature the week of February 7. The bill is meant to protect nursing home residents and employees from sexual assaults.

“Right now, when a registered sexual offender is admitted to a Pennsylvania nursing home, the home is not required to disclose this to other residents or staff — or to develop any special plans to ensure their safety,” noted state Rep. Robert Matzie (D), the bill’s sponsor.

“The situation has resulted in attacks on residents, and the threat will only grow as thousands of registered sex offenders continue aging and require medical care,” he added.

HB 2341, also referred to as “Megan’s Law,” is based on a similar law in neighboring Ohio, Matzie said. Ohio, he added, is one of at least 10 states that impose on nursing homes a requirement that they provide notification of the admission of registered sexual offenders.

“It’s time to get those critical protections in place now, for Pennsylvania’s most vulnerable residents and the staff who care for them,” he said.

The bill gets its moniker from a federal law that was named for Megan Kanka, a 7-year-old New Jersey child who was abducted and murdered three decades ago by a sexual offender who lived across the street. The case made national news, promoting the federal law that requires law enforcement to make information available to the public regarding where sexual offenders live.

Matzie’s office noted that dubbing HB 2341 “Megan’s Law” makes it easy for everyone to remember. The impetus for Matzie to introduce the legislation to apply the same standard to nursing homes was an incident that occured in a facility in Matzie’s district. A woman in the early stages of dementia had lost the ability to speak and was assaulted by a registered sex offender.

“Staff should know as well as the legal guardians. …Folks should be notified in the same way as Megan’s Law,” the Matzie office staff member said.

The focus of the bill is very narrow and applies only to protecting nursing home staff and residents from the threat of sexual offenders.

“It is intended for nursing homes and not other long-term care facilities yet. We figured the best approach [to getting the legislation passed] would be a narrow focus instead of applying to everybody all at once,” the staff member said.

HHS Issues New Guidance for Health Care Providers on

Civil Rights Protections for People with Disabilities

February 8, the Department of Health & Human Services (HHS) issued guidance to health care providers on civil rights protections for people with disabilities. The guidance, issued by HHS' Office for Civil Rights, makes clear that in light of the continuing public health emergency, when resources can be scarce, it is vital that individuals with disabilities are not prevented from receiving needed health care benefits and services as this violates federal civil rights laws.

"Our civil rights laws stand no matter what, including during disasters or emergencies, and it is critical that we work together to ensure equity in all that we do for all patients," said HHS Secretary Xavier Becerra. "The pandemic has shone a light on the disparities in our health care system and provided us with a new opportunity to address them in a meaningful way. Protecting people with disabilities from being discriminated against in crisis situations is a critical part of this work, and we are continuing to evaluate our operations Department-wide to ensure accessibility."

In today's guidance, HHS clarified that federal civil rights laws apply to health care providers, including those administering COVID-19 testing, medical supplies, and medication. These rules also apply to entities providing hospitalization, long-term care, intensive treatments, and critical care, such as oxygen therapy and mechanical ventilators. Additionally, federal civil rights laws apply to state Crisis Standard of Care plans, procedures, and related standards for triaging scarce resources that hospitals are required to follow. The FAQs remind health care providers of their obligations under law and provide examples of applicability.

"During a public health emergency like the COVID-19 pandemic, biases and stereotypes may impact decision-making when hospitals and other providers are faced with scarce resources," said OCR Director Lisa J. Pino. "OCR will continue our robust enforcement of federal civil rights laws that protect people with disabilities from discrimination, including when Crisis Standards of Care are in effect."

This guidance is one of many comprehensive action steps taken by HHS to support President Biden's *National Strategy for the COVID-19 Response and Pandemic Preparedness* to protect those most at risk, advance equity, and address disparities in rates of infection, illness, and death.

The FAQs for healthcare providers on federal civil rights requirements protecting individuals with disabilities during the COVID-19 Public Health Emergency may be found at: https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/disabilty-faqs/index.html.

For more information about how OCR is protecting civil rights during COVID-19, visit https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/index.html.

Fixing Inequities in Long-Term Care Workforce is Focus of New Institute

National advocacy group Public Health Institute (PHI) announced the launch of the Direct Care Worker Equity Institute Tuesday, February 8, to address issues of racism and gender injustice in long-term care.

According to data provided by PHI, 87% of direct care workers in long-term care are women, 61% are people of color, 27% are immigrants and 44% live in or near poverty.

“For too long, direct care workers have faced a range of systemic inequities that harm their quality of life and devalue the direct care job,” PHI President Jodi M. Sturgeon said in a statement.

The new institute, PHI said, will:

- Maintain a centralized online hub of resources and publications;
- Produce original studies and policy resources;
- Develop equity-specific advocacy tools to help state and federal leaders;
- Design and inform workforce interventions to reduce disparities and promote equity;
- Convene direct care workforce experts — including workers themselves — to craft equity-based policy and practice solutions; and
- Collaborate with leading organizations representing people of color, women, immigrants and LGBT communities, among others.

White House task force

In other workplace news, the White House on Monday released a 43-page report outlining several dozen steps it intends to take to promote union membership and collective bargaining among both public and private sector employees. The report can be found here: https://www.whitehouse.gov/wp-content/uploads/2022/02/White-House-Task-Force-on-Worker-Organizing-and-Empowerment-Report.pdf

The report, from the Task Force on Worker Organizing and Empowerment headed by Vice President Kamala Harris and Labor Secretary Marty Walsh, details almost 70 proposals meant to make it easier for employees to unionize, which they say will boost racial and gender equality in the workplace.

According to the task force report, union households earn up to 20% more than non-union households, and the difference is more significant for workers with less formal education and workers of color.

“Black and Latino workers who are union members, both men and women, benefit from substantially higher median weekly earnings than similarly situated non-union workers,” the report states. “Workers of color, women, older workers and worker with disabilities also typically benefit from anti-discrimination and anti-harassment protections that unions ordinarily include in their collective bargaining agreements.”

Nearly All High-Touch Surfaces in LTC are Contaminated, Study Finds

More than 90% of “high-touch” surfaces in long-term care facilities, including handrails and equipment controls, are contaminated with fecal matter and other potential sources of infectious disease spread, according to a study released Thursday, February 17. The study can be found here: https://www.sciencedirect.com/science/article/abs/pii/S0196655321007598?via%3Dihub .

Researchers used three different hygienic monitoring tools to evaluate the cleanliness of more than 30 surfaces in each of 11 long-term care facilities in South Carolina: adenosine triphosphate (ATP), a bioluminescent chemical reaction that indicates the presence of organic material; norovirus; and crAssphage, a recently discovered DNA bacteriophage that indicates past or present fecal contamination. The study was the first to utilize crAssphage as a fecal contamination indicator in the LTC setting, according to lead author Jennifer Cannon, Ph.D., of the National Foundation for the Centers for Disease Control and Prevention.

Findings suggested that 90% of the high-touch surfaces the researchers tested were positive for crAssphage or had organic material levels that resulted in failing ATP cleanliness scores. All 337 surfaces tested negative for norovirus, however, a finding that is consistent with previous studies suggesting noroviruses are rarely detected in the absence of a current or recent outbreak.

The researchers also found that surfaces touched by patients and visitors were twice as likely to have high levels of ATP compared to those touched primarily by nursing and janitorial staff or by patients alone.

The study’s results, published in the *American Journal of Infection Control,* provide new insights that could help LTC facilities recognize the need for greater assessments of the cleanliness of high-touch surfaces, thereby enhancing infection prevention and control measures designed to prevent serious diarrheal diseases and deaths among their residents, Cannon said.

“Increasingly, hospitals are performing routine audits of high-touch surface cleanliness, helping to reduce morbidity and mortality among residents,” she said. “Our results suggest similar auditing programs would benefit LTC facilities when included as part of their infection prevention programs.”

Linda Dickey, RN, MPH, CIC, FAPIC, and current presidents of the Association for Professionals in Infection Control and Epidemiology, agreed, pointing specifically to the positive downstream effect on residents that these types of routine auditing programs can have.

“This study provides valuable new information that could help LTC facilities monitor their cleaning practices and refine their infection-prevention plans to better protect patients from serious diarrheal illnesses,” Dickey said.

Better Patient Education Will Improve Readmission Rates and Patient Outcomes Says a Recent Study

Better resident preparation and communication during the discharge process is the key for skilled nursing facilities hoping to reduce hospital readmissions and produce better outcomes, new study findings show.

The conclusions were among the facility-specific interventions detailed by the United Hospital Fund in a new report released Monday, February 14. The report can be found here: https://uhfnyc.org/publications/publication/heading-home-SNF-toolkit/ .

“The difficulties that patients experience when transitioning home from care in a skilled nursing facility are only a small example of the lack of a comprehensive and sustainable long-term care strategy,” the report on improving transitions states.

“While there are many challenges that need to be addressed when a patient is discharged from an acute care hospital to a SNF, a ‘warm handoff’ of the patient to the receiving health care provider is possible and has been identified as a successful transition of care strategy,” it added.

The overall report followed eight skilled nursing facilities in New York over a two-year learning collaborative. Policies they put in place included improving medication education before discharge and improving patient education on chronic illness self-management.

One SNF that started conducting follow-up calls within 72 hours of a discharge was able to improve patients’ self-reported understanding of medications improved from 60% to 94%.

Another facility found that communication about a patient’s discharge plan among staff was inconsistent, so it assigned a single point person to oversee the plan. The SNF assessed patient satisfaction with the discharge plan through pre- and post-discharge surveys.

“Over a four-month period, 91% of patients indicated pre-discharge that they were given educational materials and/or teaching about their diagnosis and management at home. This increased to 100% post-discharge, suggesting that gaps identified by the pre-discharge survey during the rehab stay were successfully addressed before discharge,” report authors noted.

Researchers said these measures addressing communication breakdowns among SNF staffers and patient education could help increase patient confidence to manage their conditions and prevent being readmitted into a hospital.

“The SNFs were all able to identify opportunities for improvement in their internal discharge planning processes that could benefit the patients and families they serve,” the report concluded.

Medicare Telehealth Waivers Could Be Extended for two Years

Two U.S. lawmakers are lobbying to broaden Medicare telehealth flexibilities adopted during the COVID-19 pandemic by two years.

The bipartisan "Telehealth Extension and Evaluation Act" was introduced February 7 by Senators Catherine Cortez Masto (D-NV) and Todd Young (R-IN). It would allow the Centers for Medicare & Medicaid Services to extend Medicare payments for a broad range of telehealth services.

A study also would be commissioned to investigate the impact of the extended telehealth flexibilities to better inform Congress on whether to make them permanent.

Telehealth flexibilities, first announced in March 2020, have been critical to reducing obstacles to care during the COVID-19 pandemic. The waivers allow healthcare providers to be paid for a wider range of telehealth services for beneficiaries, and permit nursing home beneficiaries to receive telehealth services.

Both CMS Administrator Chiquita Brooks-LaSure and Health and Human Services Secretary Xavier Beccerra have expressed support for permanently adopting those expansions.

"As Congress evaluates which changes to make permanent, many of these flexibilities are set to expire," Young said in a statement. "We should act now to ensure seniors continue to benefit from these important remote health care services."

CPAP Treatment May Not Ease Sleep Apnea in Patients Older Than 80

Continuous positive airway pressure (CPAP) is the gold standard treatment for moderate-to-severe obstructive sleep apnea. But it may not be effective in adults aged 80 years and older, a new study finds.

Investigators followed health outcomes in 369 sleep apnea patients over the age of 70 for three months. Approximately half were assigned to CPAP therapy. The researchers measured sleepiness levels, sleep-related quality of life, anxiety and depression and blood pressure levels. Results were then compared between participants older and younger than age 80.

In the 80-years-and-older group, those that used CPAP experienced no improvements in sleep apnea-related symptoms, quality-of-life metrics, mood-related symptoms or blood pressure when compared to the group that did not receive the treatment.

Patients aged 80 and older may have more sedentary lifestyles and are more likely to have developed comorbidities that outweigh the effects of the CPAP, suggested David Gozal, M.D., of the University of Missouri School of Medicine.This age group may also be less likely to continue CPAP therapy long-term, he and his colleagues added. Future research should consider what type of elderly patient with obstructive sleep apnea will benefit from CPAP, whether CPAP is a cost-effective treatment for patients in this age group and how long the treatment should last once initiated, they said.

Full findings were published in the journal *Sleep Medicine*.
https://www.sciencedirect.com/science/article/abs/pii/S138994572100558X?via%3Dihub

Long-Term Care Workforce Challenges Remain at 'Crisis' Level

Federal jobs data show that long-term care workforce challenges remain at a 'crisis' level, according to the industry.

A 6.7% decline in the assisted living workforce reflects a loss of 31,200 caregivers — from 463,100 employees in February 2020 to 431,900 in January 2022, according to the American Health Care Association / National Center for Assisted Living, citing data from the January Bureau of Labor Statistics Employment Situation report.

Overall, long-term care workforce levels are at their lowest in 15 years, with 409,100 jobs lost between February 2020 and January 2022. The decline has been especially noticeable in skilled nursing, which experienced a 15% workforce decline during that time, according to BLS data. Home health saw a 1.7% decline.

"Unless Congress acts, nursing homes and assisted living communities will increasingly have to take drastic measures, further limiting access to care for vulnerable seniors," AHCA / NCAL said in a statement.

Workforce data 'not a surprise'

The BLS data are not a surprise and only confirm what members are saying about their daily experiences, a LeadingAge spokesperson told *McKnight's Senior Living*.

"The COVID-19 pandemic has exacerbated a longstanding challenge in the aging services sector: recruiting and retaining qualified workers who are capable of managing, supervising and providing high-quality services and supports for older adults," the spokesperson said.

Direct care workers — nursing assistants, personal care aides and home health aides — are the "heart of aging services," according to LeadingAge. Although the pandemic shed light on how valuable these professionals are, it also made clear that the nation does not have the long-term care workforce it needs, the association maintains.

In a January poll, LeadingAge members named recruitment of new staff members a top concern, followed by finding enough staffing due to vacancies, and covering for colleagues out sick. Leaders of all of the major associations advocating for the industry recently told *McKnight's Senior Living* that long-term care workforce challenges are becoming more urgent.

"The U.S. needs a path toward the sustainable, reimagined workforce of professional caregivers to ensure better care for millions of older Americans," the LeadingAge spokesperson said.

Potential solutions to challenges offered

LeadingAge sent a letter last month to President Biden asking for a $2,000 one-time relief payment to the nation's 4.6 million direct care workers and 3,100 affordable housing service coordinators. The association also asked Congress to authorize and fund a permanent program to raise hourly wages for these workers by $5.

Argentum pointed to the introduction of the Safeguarding Elderly Needs for Infrastructure and Occupational Resources Act as part of the solution. The SENIOR Act proposes a $10 billion sustainability fund and workforce development programs for senior living providers.

“Senior living providers know all too well about the workforce crisis, which has been exacerbated by COVID, with over 100,000 fewer caregivers serving on the frontlines since the pandemic began,” an Argentum spokesman told *McKnight’s Senior Living*. “This legislation would grow our caregiving workforce by developing, attracting and retaining the geriatric care workforce that is critically needed now, and would take an enormous step towards meeting the nation’s rapidly growing senior caregiving needs.”

AHCA / NCAL said that as pandemic burnout worsens, skilled caregivers are looking elsewhere for work.

“While many long-term care providers have dedicated extensive resources to honor frontline heroes’ extraordinary efforts, current government reimbursement rates limit their ability to make additional investments and compete against other employers for workers,” AHCA / NCAL stated. “Without action from policymakers, our nation’s most vulnerable seniors risk reduced access to care as facilities are forced to limit admissions or even close down altogether.”

Is pandemic policy faulty?

AHCA / NCAL said testimony at the U.S. Senate Subcommittee on Employment and Workplace Safety’s Thursday hearing to examine the pandemic-related workforce shortages in healthcare settings reinforced the need for lawmakers to take new action to ensure that long-term care providers have the resources and recruitment tools necessary to provide high-quality care.

In testimony before the Employment and Workplace Safety Subcommittee of the Health, Education, Labor and Pensions Committee, Rachel Greszler, a labor policy economist with the conservative think tank The Heritage Foundation, blamed the labor shortages on policies enacted in response to the pandemic, rather than the pandemic itself.

She said that $600 weekly bonus unemployment insurance benefits, expansion of healthcare subsidies, and eviction moratoriums and rental assistance policies and programs “made it easier for people to not work, and almost certainly continue to play a role in weak employment, particularly among lower- and middle-wage workers.”

Greszler said that states have the ultimate responsibility to control the entry gates to the healthcare workforce and that they need to eliminate licensing and scope-of-practice restrictions that are unnecessary. Federal policymakers, she said, should remove barriers to employment, including vaccine mandates and welfare-without-work programs.

Greszler said she does not support additional federal spending bills, saying they would “artificially and unsustainably pump up the demand for workers.”

CDC: Coronavirus Booster Protection Fades After 4 Months

The protection derived from a booster shot of the Moderna or Pfizer-BioNTech vaccines wanes substantially after four months, although some efficacy is retained, federal researchers have found.

In a multistate study, mRNA vaccination was 87% effective against emergency department and urgent care visits and 91% against hospitalizations within two months after a third dose. Efficacy then declined to 66% efficacy against ED/UC visits and 78% for hospitalizations at month four, according to a new study released Friday, February 11, by the Centers for Disease Control and Prevention. https://www.cdc.gov/mmwr/volumes/71/wr/mm7107e2.htm?s_cid=mm7107e2_w .

The results may support recommending additional doses of mRNA vaccines to maintain or boost protection against severe COVID-19 illness, the authors said.

In any case, all eligible persons should remain up to date with recommended COVID-19 vaccinations to best protect against COVID-19–associated adverse outcomes, they concluded.

Three shots better for seniors

Another new study has a similar takeaway. Health insurer Kaiser Permanente has shown that three doses of Pfizer's vaccine are better than two — especially for older adults.

Investigators examined health records from 3.1 million beneficiaries in Southern California from Dec. 14, 2020, to Dec. 5, 2021. They found that two-dose vaccination effectiveness against infection with SARS-CoV-2 declined from 85% during the first month after vaccination to 49% up to eight months afterward.

In addition, two doses provided long-term protection against hospitalization remained notably high, at 90% overall, but not in patients aged 75 years and older, or for those with compromised immune systems, the researchers reported. For these patients, efficacy fell to approximately 75%.

In contrast, three-dose vaccination remained 88% effective against infection and 97% against hospitalization within the first three months after patients received the shots.

"[T]he public health impact of a third dose to prevent severe disease is substantial," said said Sara Y. Tartof, Ph.D., an epidemiologist. "Importantly, all studies that have evaluated the vaccine effectiveness of a third dose — including ours — have shown a meaningful improvement in vaccine effectiveness against a broad range of SARS-CoV-2 outcomes."

The study was published in the *Lancet Regional Health – Americas*.
https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(22)00015-1/fulltext

Almost 1 in 3 Older Adults Develop New Conditions After COVID-19 Infection

Almost a third (32 of every 100) of older adults infected with COVID-19 in 2020 developed at least one new condition that required medical attention in the months after initial infection, 11 more than those who did not have COVID-19, finds a US study published by *The British Medical Journal* February 11.

Conditions involved a range of major organs and systems, including the heart, kidneys, lungs and liver as well as mental health complications.

Studies examining the frequency and severity of new conditions (sequelae) after COVID-19 infection have started to emerge, but few have described the excess risk of new conditions triggered by COVID-19 infection in older adults (aged at least 65).

To address this, US researchers used health insurance plan records to identify 133,366 individuals aged 65 or older in 2020 who were diagnosed with COVID-19 before 1 April 2020.

These individuals were matched to three (non-COVID) comparison groups from 2020, 2019, and a group diagnosed with viral lower respiratory tract illness.

The researchers then recorded any persistent or new conditions starting 21 days after a COVID-19 diagnosis (the post-acute period) and calculated the excess risk for conditions triggered by COVID-19 over several months based on age, race, sex, and whether patients were admitted to hospital for COVID-19.

The results show that among individuals diagnosed with COVID-19 in 2020, 32% sought medical attention in the post-acute period for one or more new or persistent conditions, which was 11% higher than the 2020 comparison group.

Compared with the 2020 comparison group, COVID-19 patients were at increased risk of developing a range of conditions including respiratory failure (an extra 7.55 per 100 people), fatigue (an extra 5.66 per 100 people), high blood pressure (an extra 4.43 per 100 people), and mental health diagnoses (an extra 2.5 per 100 people).

Similar findings were found for the 2019 comparison group.

However, compared with the group with viral lower respiratory tract illness, only respiratory failure, dementia, and fatigue showed increased risk differences of 2.39, 0.71, and 0.18 per 100 people with COVID-19, respectively.

Individuals admitted to hospital with COVID-19 had a markedly increased risk for most but not all conditions. The risk of several conditions was also increased for men, for those of black race, and for those aged 75 and older.

This is an observational study so can't establish cause, and the researchers acknowledge some limitations, including the fact that some diagnoses might not truly represent a new condition triggered by COVID-19 infection.

However, they warn that with more than 357 million people infected with coronavirus worldwide, "the number of survivors with sequelae after the acute infection will continue to grow."

"These findings further highlight the wide range of important sequelae after acute infection with the SARS-CoV-2 virus," they write. "Understanding the magnitude of risk for the most important clinical sequelae might enhance their diagnosis and the management of individuals with sequelae after acute SARS-CoV-2 infection."

"Also, our results can help providers and other key stakeholders anticipate the scale of future health complications and improve planning for the use of healthcare resources," they conclude.

Why Demonizing Staffing Agencies Is Not How Skilled Nursing Will Solve Labor Crisis

Of all aspects of the current workforce crisis in skilled nursing, the role of staffing agencies arguably evokes the most reaction.

The latest Skilled Nursing News outlook survey found that roughly 37.5% of respondents expected their organization to utilize staffing agencies more in 2022. Only 26.6% expected their organizations to utilize agencies less.

While some operators have tried to find ways to limit agency usage, other industry leaders feel that agency doesn't necessarily have to be a "bad word" and there can be a happy medium.

SNFs should focus their sights on recruitment, retention and flexible scheduling when it comes to their own staff, and also involve those who work as agency staff into the facility's culture as well.

"Those rates will burst faster if we start to solve the problem," Melissa Powell, executive vice president and COO at Genesis HealthCare, said Monday, February 7 during a panel discussion at the eCap health care summit in Doral, Fla., just outside of Miami. "I've said this for years, we will always need agency because you have things that happen." Powell said one way the staffing problems can be solved is by growing organically, such as training housekeepers and kitchen workers to become certified nursing assistants.

Doing so not only adds to the people on staff, but helps the facility become a desirable place to work with opportunities for growth, she said.

Flexibility for non-agency workers

While the industry's workforce shortages are not necessarily a new phenomenon, the "Great Resignation" was spurred during the COVID-19 pandemic due to an increased desire for not only better paying jobs but increased flexibility.

"I think the trend has been going on for five-plus years. This is the gig economy trend, it's the trend toward a flexible workforce," Todd Owens, co-founder and CEO of workforce management solutions company Kevala, said. "I think COVID accelerated that because people prioritized work-life balance and I don't think it's going to go back."

That chance for workplace flexibility can't just come on the staffing agency side. It is a necessity even for full-time staff, according to SmartLinx's CEO Marina Aslanyan.

"In today's world, you really have to offer more flexibility to your staff … it's not the future, it's here today," she said during the panel. "The staff is looking for flexibility as if they work for the agency even when they're working full time."

Where is the workforce going

The nursing home industry has lost more than 420,000 jobs since the start of the pandemic, according to the U.S. Bureau of Labor Statistics.

In January 2021, employment in nursing and residential care facilities was down 120,000 people year-over-year and was essentially flat compared to the prior month — even as nonfarm payrolls overall increased by 467,000, exceeding analysts' predictions.

Matthew McGinty, chief revenue officer at IntelyCare, said one of the biggest missteps SNFs are making stems from the mistake of trying to solve a problem that has existed for 80 years. IntelyCare is the largest digital nurse staffing platform in the United States.

Nursing homes need to dive deeper into where staff are going, he said.

“Stop trying to solve the problem of a nursing shortage that’s been going on for 80 years, solve the problem of where are they going, why are they going other places, including in other gig roles,” McGinty said.

IntelyCare’s data shows that 92% of the staff in their network want to work in home health care, according to McGinty. Almost 75% to 80% of the staff don’t want to work full-time.

“It’s not about the pizza lunches and those types of things,” McGinty said. “There’s tens of thousands of people ready to work and everybody in this room can be a part of this solution to get those people back rather than trying to fill the funnel.”

CMS Notes Precautions for Exempting Workers From Vaccine Mandate

The Centers for Medicare & Medicaid Services has offered several precautionary steps providers can take when it comes to workers who are exempt from the COVID-19 vaccination requirement.

The additional precautions to reduce the transmission of COVID-19 within facilities include reassigning staff to different work areas or duties. The American Health Care Association detailed recommendations Friday. https://www.ahcancal.org/News-and-Communications/Blog/Pages/Guidance-on-Implementing-Additional-Precautions-for-Unvaccinated-Staff-Under-CMS-Vaccine-Mandate.aspx

For example, non-vaccinated workers could be shifted to non-patient care areas, or doing remote work when possible. It also might involve having these workers around only residents who are not at a high risk of contracting COVID, or giving them assignments with limited contact with residents.

Other precautions include testing unvaccinated staff more often than what’s required under federal standards, and requiring staff to follow additional infection prevention and control protocols beyond federal standards.

CMS noted that while providers are not required to follow the precautions, they should be “intentional about establishing appropriate policies around additional precautions and take a layered approach based on risk of COVID-19 transmission to residents they serve.”

Increased precautions in action

Chief Medical Official Noah Marco, M.D., said Monday that the organization had instituted masking and increased testing precautions for the non-vaccinated even before CMS issued its precaution options.

“We said, ‘What can we do that is consistent with science and consistent with our mission to really facilitate our staff getting vaccinated?’ ” Marco told callers on a LeadingAge coronavirus call. “We initiated more frequent testing and N95s for the unvaccinated.”

As early testers of asymptomatic residents and staff, Jewish Home leaders decided to increase from weekly to twice weekly the frequency with which exempt staff would have to be tested. They also immediately required exempt employees to wear N95 masks.

“I can’t wear an N95 for eight straight hours or four straight hours. It’s very uncomfortable,” Marco said. “I thought by both using good science — you’re going to need to wear an N95 if you’re unvaccinated — it not only protected them and the people around them. But it also created an incentive, I hoped, that would encourage them. I’d rather get the one second of discomfort from the vaccine, or a few hours, (instead of) that day after day discomfort of the N95.”

The LA Jewish home also limited exempt employees from some positions, including in activity areas and community dining rooms that are open to resident groups.

“Nobody walked in that room that was unvaccinated,” Marco said.

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