PADONA UPDATES April 11, 2022

WE'RE BACK!

The PADONA Annual Convention came back with a roar on March 29 and welcomed back nurse leadewrs from our provider facilities across the state to the Hotel Hershey for 3 days of education, networking, meeting exhibitors and generally having fun!

At the same time the PADONA Annual Convention clinical track was live streamed for our members who were unable to join us at the Hotel Hershey but wanted to have the experience of education through the expert panel of professionals who presented and shared their expertise.

Not only was the Annual Convention back but the PADONA Updates is back and we will resume our every other Monday schedule.

The only thing left to do is to implement the great ideas and information obtained during the Annual Convention and bask in the post convention energy that everyone feels. WAIT! ……there are a few more things that you can and should do!

1) **Plan to attend the PADONA 2023 Annual Convention which is scheduled for March 28 through March 31 at the Hotel Hershey.**
2) **Plan to send your new nurse leaders (DONs, ADONs, Staff Development, and others) to the PADONA Leadership Development Course which is scheduled for September 27 through September 30. It is also a good refresher course!**
3) **Watch the PADONA Updates and your email for information related to webinars that PADONA is hosting and plan to register.**
4) **Consider purchasing a session or a day of education from the PADONA Annual Convention to use for staff education. The information was so worthwhile and can save you so much time in research and planning.**

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. PADONA is the only association 100% dedicated to education of nurses and is proud to provide Nursing Continuing Professional Development contact hours hours to our attendees. We are also pleased to offer our convention sessions with credit hours to administrators.

We are grateful, inspired and humbled by you, all you do and your support.

PADONA appreciates the opportunity to be your organization and to serve you!

THANK YOU!!!

Education Program Title: Pressure Ulcer Overview from Prevention Through Quality Measures

DATE: April 19, 2022

TIME: 11:30 am – 1:00 pm

COST: $40 for members and $55 for non-members

Description of the Professional Practice Gap: The Pennsylvania Nursing Facility Quality Incentives Program has been initiated. One measure is the quality measure of high risk long stay residents with pressure ulcers. In this session attendees will learn the importance of pressure injury prevention through risk assessments and care planning, how to conduct a comprehensive wound assessment to support completion of section M of the MDS and understand the impact that wounds have on Quality Measures, 5 Star Rating, Quality Reporting and the Nursing Facility Quality Incentive Program.

Learning Outcomes: At the completion of the education session:

1. 90% of learners will be able to define the process to identify risk and implement strategies to mitigate the risk.
2. 90% of learners will be able to understand the components required for comprehensive wound assessment and documentation.
3. 90% of learners will be able to explain the correlation and impact of pressure injury prevention, wound assessment and documentation on the MDS and quality performance measures.
4. 95% of learners will attend the full 90-minute education webinar and complete the evaluation following the education.

Presenter: Angela Huffman is the VP of Clinical Services for Affinity Health Services and has dedicated more than 30 years to elder care in a variety of capacities that includes work as a PA state surveyor, clinical consultant, and specialized nurse paralegal for defense counsel. Angela holds certifications in Healthcare Compliance, Wound Care Certification through the National Alliance of Wound Care and Ostomy and most recently earned a certificate in Elder Law and Chronic Care from the Mitchell Hamline School of Law.

Support Organization: Affinity Health Services, Inc. has been serving senior living providers for over 25 years providing a continuum of services that includes both comprehensive management and consulting and advisory services to senior living communities with various organizational structures and governing philosophies. We customize our service plan based on the unique needs of each customer, providing responsible support in balancing resident care and financial stability.

1.5 Nursing Continuing Professional Development contact hours will be awarded after completion of an online program evaluation which includes submission of your license number, attending the webinar for the entire 90 minutes and inclusion of the correct beginning and ending codes on the evaluation form. PADONA is an approved provider, with distinction, of Nursing Continuing Professional Development contact hours by the Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Neither the presenter nor the planner have a commercial or financial relationship.

Additional PADONA hosted and sponsored educational webinars currently planned include:

Education Program Title: Falls Prevention and Management

DATE: May 13, 2022

TIME: 11:30 am – 12:30 pm

COST: $35 for members and $55 for non-members

Presenter: Patricia Austin of the Quality Insights Organization

Long stay resident falls with major injury is one of the quality measures being used in the Pennsylvania Quality Incentives program. Preventing resident falls is the first step to preventing resident falls with major injury.

*More information will be provided very soon!

Education Program Title: Dementia Friends Pennsylvania Information Session

DATE: June 2, 2022

TIME: 11:30 am – 12:30 pm

COST: $40 for members and $60 for non-members (bring additional team members)

Goal of the Session: The goal of Dementia Friends is to help all community members understand five key messages about dementia and commit to their own personal action.
To become a Dementia Friend, you join others in a one-hour Dementia Friends Information Session. The session will cover five key messages about dementia and touch on what it is like to live with dementia. As a Dementia Friend you will turn your understanding into a practical action that can help someone with dementia living in your community. The action can be as big or small as you choose, because every action counts!

Learning Objectives:

After this session, participants will be able to…

1. Describe dementia.
2. Identify the most common type of dementia.
3. Recognize five key messages about dementia.
4. Apply communication techniques with someone living with dementia.
5. List at least one personal action to commit to in the next year.

Brief description of Dementia Friends Pennsylvania:

Dementia Friends is a global social movement established with the goal of changing the way people think, act and talk about dementia. Developed by the Alzheimer's Society in the United Kingdom, the Dementia Friends initiative is underway in Pennsylvania. By helping everyone in a community understand what dementia is and how it affects people, each of us can make a difference for people touched by dementia.

PADONA Education Webinar Recordings

If you have been unable to attend the PADONA webinars or the annual education convention completed in March, with education provided by experienced professionals on relevant topics, there is an opportunity for you to receive the information. If you have attended the webinars and the convention and believe that the relevant and timely information from the would provide appropriate education for nursing or interdisciplinary team members in your facility 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 recordings** that are available for purchase for your education and for use with your team members. Both educational webinars and the clinical track from the Annual Convention 2022 are available for your purchase and continued use. (PADONA Annual Convention recordings will be posted within the next week.) The recordings come with handout power points. 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 team members.

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 – 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 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.

The NHSN Vaccination Team is providing two webinars on **Tuesday, April 12th** and **Tuesday, April 19th** at **2:00 PM Eastern Time** to provide additional training on the Event-Level COVID-19 Vaccination Forms in the COVID-19 Vaccination Modules and to answer frequently asked questions. These worksheets are available in the NHSN application for long-term care facilities (other modules coming soon!) to manage person-level vaccination data and simplify data for weekly COVID-19 Vaccination Modules.

During this session, the team will review key points about the forms and provide answers to frequently asked questions raised during the training webinars held in March 2022. Users attending the training can also ask questions in in the Q&A box.

Registration information for both webinars is listed below. The content for both webinars will be the same, but individuals are welcome to register for and join both for additional reinforcement if they choose.

When: Tuesday, April 12, 2022, at 02:00 PM Eastern Time (US and Canada)

Topic: Event-Level COVID-19 Vaccination Forms: Office Hours and FAQs

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_CQN5faRJTRictvPA512RmA

After registering, you will receive a confirmation email containing information about joining the webinar.

When: Tuesday, April 19, 2022, at 02:00 PM Eastern Time (US and Canada)

Topic: Event-Level COVID-19 Vaccination Forms: Office Hours and FAQs

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_asYca_YuTj2gzJbMiFM7ow

After registering, you will receive a confirmation email containing information about joining the webinar.

For specific questions about registration for this webinar, please e-mail NHSN@cdc.gov and place in the subject line: Event-Level COVID-19 Vaccination Form Office Hours.

CMS STAKEHOLDERS CALL NOTICE

On April 7, the Centers for Medicare & Medicaid Services (CMS) released a national policy for coverage of aducanumab (brand name Aduhelm™) and any future monoclonal antibodies directed against amyloid approved by the FDA with an indication for use in treating Alzheimer's disease. From the onset, CMS ran a transparent, evidence-based process that incorporated more than 10,000 stakeholder comments and more than 250 peer-reviewed documents into the determination.

As finalized in this two-part National Coverage Determination (NCD), Medicare will cover monoclonal antibodies that target amyloid (or plaque) for the treatment of Alzheimer's disease that receive traditional approval from the Food and Drug Administration (FDA) under coverage with evidence development (CED). CMS, as a part of this decision, will provide enhanced access and coverage for people with Medicare participating in CMS-approved studies, such as a data collection through routine clinical practice or registries. Registry data may be used to assess whether outcomes seen in carefully controlled clinical trials (e.g., FDA trials) are reproduced in the real-world and in a broader range of patients. Any new drugs in this class that receive FDA traditional approval may be available in additional care settings that people with Medicare can use, such as an outpatient department or an infusion center. Secondly, for drugs that FDA has not determined to have shown a clinical benefit (or that receive an accelerated FDA approval), Medicare will cover in the case of FDA or National Institutes of Health (NIH) approved trials. Under this NCD, CMS will support the FDA by covering the drug and any related services (including, in some cases, PET scans if required by trial protocol) for people with Medicare who are participating in these trials.

For the complete press release visit: https://www.cms.gov/newsroom/press-releases/cms-finalizes-medicare-coverage-policy-monoclonal-antibodies-directed-against-amyloid-treatment

For a fact sheet on Medicare coverage policy for monoclonal antibodies directed against amyloid for the treatment of Alzheimer's disease, visit https://www.cms.gov/newsroom/fact-sheets/medicare-coverage-policy-monoclonal-antibodies-directed-against-amyloid-treatment-alzheimers-disease.

To read the final NCD CED decision memorandum, visit https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=305.

Stakeholder Call

What: CMS invites you to join a stakeholder call on the Medicare Coverage Policy for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease
Decision Follows Robust Stakeholder Input and Creates Pathway for Enhanced Access and Coverage of Drugs that Receive Traditional FDA Approval

When: April 11, 2022 at 11:00 AM ET
How to register: https://cms.zoomgov.com/webinar/register/WN_wkSaOWjWT4mMo8AUDRPW8g

A Broken System: New Proposals to Overhaul Nursing Homes Laid Out in Landmark Report

The way care is financed, delivered and regulated in the nursing home sector is both ineffective and inefficient, a new report from the National Academies of Sciences, Engineering, and Medicine found, as significant strategic investment will be needed to improve what has become a fragmented and unsustainable system.

The wide-ranging report called for swift action, including establishing new standards to improve nursing home quality throughout the country.

While the pandemic devastated the nursing home industry, it also served as an opportunity for change and an impetus to drive critically needed innovations to the sector, said Betty Ferrell, report chair, professor and director of nursing research and education at City of Hope.

She's not alone, either, as the White House's sweeping nursing home reform package presented last month indicates there seems to be a growing appetite for rethinking the way long-term care is delivered.

While some of the recommendations, like identifying pathways to provide financial incentives to nursing homes for adoption of electronic health records and health information technology, are more modest, others, like transforming the way nursing homes are paid, have the potential for much further reaching implications.

The study — undertaken by the Committee on the Quality of Care in Nursing Homes — was sponsored by The John A. Hartford Foundation, The Commonwealth Fund, the Sephardic Foundation on Aging, the Jewish Healthcare Foundation, and The Fan Fox & Leslie R. Samuels Foundation. It included 17 committee members across the long-term care space, who worked for 18 months and held six public information gathering sessions to consider their recommendations.

More needs to be done to strengthen the nursing home workforce, improve emergency preparedness, and increase the transparency and accountability of nursing home finances, the report found, and that can't be accomplished by nursing home operators alone.

National aging services organization LeadingAge called the report a "piercing wakeup call" for the entire sector. "The math is simple: Medicaid, the dominant payer of long-term care services, doesn't fully cover nursing homes' costs, especially the cost of providing quality care," LeadingAge President and CEO Katie Smith Sloan said in a statement. "As policymakers consider how to enact the report's recommendations, they must back their actions with sufficient funding to make changes a reality. Without that, the committee's work will be for naught."

Call for minimum staffing standards grows louder

In order to increase both the numbers and qualifications of the nursing home workforce, which stumbled even further in March with 2,500 more jobs lost, the report recommends establishing minimal and optimal staffing standards for all direct care staff, such as nurses, therapists, social workers and nursing assistants.

This report isn't the first to recommend minimum staffing standards, but Harvard University professor David Grabowski, one of the researchers on the committee, thinks the time might be ripe to make it a reality.

"It's been written before, but I really think we have this unprecedented opportunity right now, and indeed, President Biden recently put forward the idea of minimum staffing and a number of states are moving in this direction," he said during the webinar. "So, I think there's a momentum that we haven't had previously towards this objective, but we need to keep forward with it."

When the White House outlined plans to establish a staffing mandate – directing the Centers for Medicare & Medicaid Services to conduct a study to determine the level and type of staffing needed, and propose a new standard within one year – it was met with immediate disapproval.

American Health Care Association President and CEO Mark Parkinson called the minimum staffing requirement "unrealistic and not possible."

Ensuring competitive wages and benefits including health insurance, childcare and sick pay for all nursing home workers is one way New York University's Jasmine Travers said nursing homes can look to improve staffing levels, but as the report indicates, federal funding needs to come with new staffing and training requirements.

One way the sector could accomplish this is through the designation of a specific percentage of Medicare and Medicaid payments for direct care services for nursing home residents, including staffing, behavioral health and clinical care. "Decades of evidence supports the need to enhance their training, salaries and working conditions yet little progress has been made to improve the quality of these jobs," Travers said during the webinar.

Improving oversight through the survey process

Although federal oversight standards and processes, such as surveyors, are designed to be uniform across states, considerable variation exists in the implementation of routine inspections, the imposition of sanctions and the investigation of complaints.

While the Biden administration's reform calls for CMS to increase the maximum fines levied against nursing homes from $21,000 to $1 million, the report points to problems with the regulatory process as a whole that need to be addressed.

The survey process fails in some of its obligations, as it often doesn't correct and prevent recurrence of problems and doesn't investigate them in a timely manner, according to the report.

Establishing more consistency when it comes to how and when nursing homes are surveyed, inspected and cited has long been called for by both leaders and advocates in the sector, but more surveys and higher fines was not the solution operators had in mind.

Biden has also called on Congress to provide almost $500 million to CMS, a nearly 25% increase, to support nursing home health and safety inspections – an effort he seems to have doubled down on in his Fiscal Year 2023 budget release.

The report calls for more consistency when it comes to the survey process as well.

"We focused on oversight of state survey performance, and I don't think we've done an adequate job of really evaluating how states have done with this process and there's way too much variability currently across states," he said.

Nursing Home Workers Stress Adequate Staffing, Higher Pay in Meeting With CMS

Direct care workers were the latest to meet with federal agencies, following the unveiling of Biden's nursing home package. Ownership accountability, adequate staffing hours and higher pay are among the main asks of nursing home staff that have stayed on through the pandemic.

Centers for Medicare & Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure stressed the importance of direct care staff voices during a meeting on Wednesday, April 6, as the agency builds on reform initiatives outlined by the Biden administration in February.

Just under 300 direct care workers across the country attended a Facebook livestream event featuring Brooks-LaSure and hosted by the Service Employees International Union (SEIU); the conversation further delved into what meaningful changes staff would like to see from such reforms.

The CMS administrator appreciated the "specific and actionable" issues brought up by SEIU members, as the agency continues its health equity strategy and making sure officials are "lifting up every part of our underserved population. "Reforms must move forward with perspective from those with lived experience, Brooks-LaSure said.

"We are really focused on minimum staffing requirements for residents but also for workers to ensure their opportunities for career advancement," said Brooks-LaSure. "We're ready to focus on making sure we're transparent so that there's transparency in nursing homes. Also, ownership so that residents can escalate issues as they happen. We're also rethinking how we approach nursing homes that are not meeting the standards that we want them to meet."

A rare opportunity

Four SEIU members (three CNAs and one LPN) got the rare opportunity to speak directly with Brooks-LaSure, highlighting aspects of the Biden reform they'd like to see become a reality, and how their positions inform their perspective.

"We need a real change. Safe staffing, better pay, more training – owners must be held accountable for how they treat the residents and the staff," Tamara Blue, a CNA in Michigan, told Brooks-LaSure. "This is urgent; the population is only getting older."

Nursing home staff face harrowing staffing ratios, Brooks-LaSure was told, sometimes two CNAs per 40 residents, or one nurse per 40 residents. Barbara Coleman, a CNA in Pennsylvania, urges state legislators to pass a safe staffing bill, in addition to advocating for staffing minimum hours at a federal level.

"The standards haven't changed in over 25 years," Coleman said. "When you consider that a CNA works eight hours but provides care to 16 or more residents in a shift, the math doesn't add up."

About 160,000 nursing home workers belong to SEIU, according to SEIU Executive Vice President Leslie Frane.

"Historically, CNAs and NAHCA have not been included in high level discussions, even when the primary topic of concern is directly related to their important role and their ability to provide quality care and despite CNAs having firsthand and valuable input," NAHCA Co-Founder and CEO Lori Porter said in a statement. NAHCA represents 26,000 CNAs across the country.

Porter believes the reforms – and the federal government's willingness to listen to NAHCA and its members – is the first step toward a better workplace culture for CNAs. That includes a "wage they can raise their families on" and enough peers working beside them to provide adequate care. Just last month, the industry lost 2,500 jobs skilled nursing overall has lost 241,000 workers, or 15.2% of its total workforce since the start of the pandemic, according to data published by the U.S. Bureau of Labor Statistics.

Why Nurses are Raging and Quitting After the RaDonda Vaught Verdict

The conviction of RaDonda Vaught in an accidental injection death has sparked fear and outrage among many nurses, who have been faced with long hours, mounting responsibilities and staffing shortages.

Emma Moore felt cornered. At a community health clinic in Portland, Ore., the 29-year-old nurse practitioner said she felt overwhelmed and undertrained. Coronavirus patients flooded the clinic for two years, and Moore struggled to keep up.

Then the stakes became clear. On March 25, about 2,400 miles away in a Tennessee courtroom, former nurse RaDonda Vaught was convicted of two felonies and now faces eight years in prison for a fatal medication mistake.

Like many nurses, Moore wondered if that could be her. She'd made medication errors before, although none so grievous. But what about the next one? In the pressure cooker of pandemic-era health care, another mistake felt inevitable. Four days after Vaught's verdict, Moore quit. She said the verdict contributed to her decision.

"It's not worth the possibility or the likelihood that this will happen," Moore said, "if I'm in a situation where I'm set up to fail." In the wake of Vaught's trial — an extremely rare case of a health care worker being criminally prosecuted for a medical error — nurses and nursing organizations have condemned the verdict through tens of thousands of social media posts, shares, comments and videos. They warn that the fallout will ripple through their profession, demoralizing and depleting the ranks of nurses already stretched thin by the pandemic. Ultimately, they say, it will worsen health care for all.

Statements from the American Nurses Association, the American Association of Critical-Care Nurses, and the National Medical Association each said Vaught's conviction set a "dangerous precedent." Linda Aiken, a nursing and sociology professor at the University of Pennsylvania, said that although Vaught's case is an "outlier," it will make nurses less forthcoming about mistakes.

"One thing that everybody agrees on is it's going to have a dampening effect on the reporting of errors or near misses, which then has a detrimental effect on safety," Aiken said. "The only way you can really learn about errors in these complicated systems is to have people say, 'Oh, I almost gave the wrong drug because ...'" "Well, nobody is going to say that now."

"The big response we are seeing is because all of us are acutely aware of how bad the pandemic has exacerbated the existing problems," Bartholomew said. "Setting a precedent for criminally charging [for] an error is only going to make this exponentially worse."

Vaught, who worked at Vanderbilt University Medical Center in Nashville, was convicted in the death of Charlene Murphey, a 75-year-old patient who died from a drug mix-up in 2017. Murphey was prescribed a dose of a sedative, Versed, but Vaught accidentally withdrew a powerful paralyzer, vecuronium, from an automated medication-dispensing cabinet and administered it to Murphey.

Shelp said he would never make the same error as Vaught and "neither would any competent nurse." Regarding concerns that the conviction would discourage nurses from disclosing errors, Shelp said "dishonest" nurses "should be weeded out" of the profession anyway.

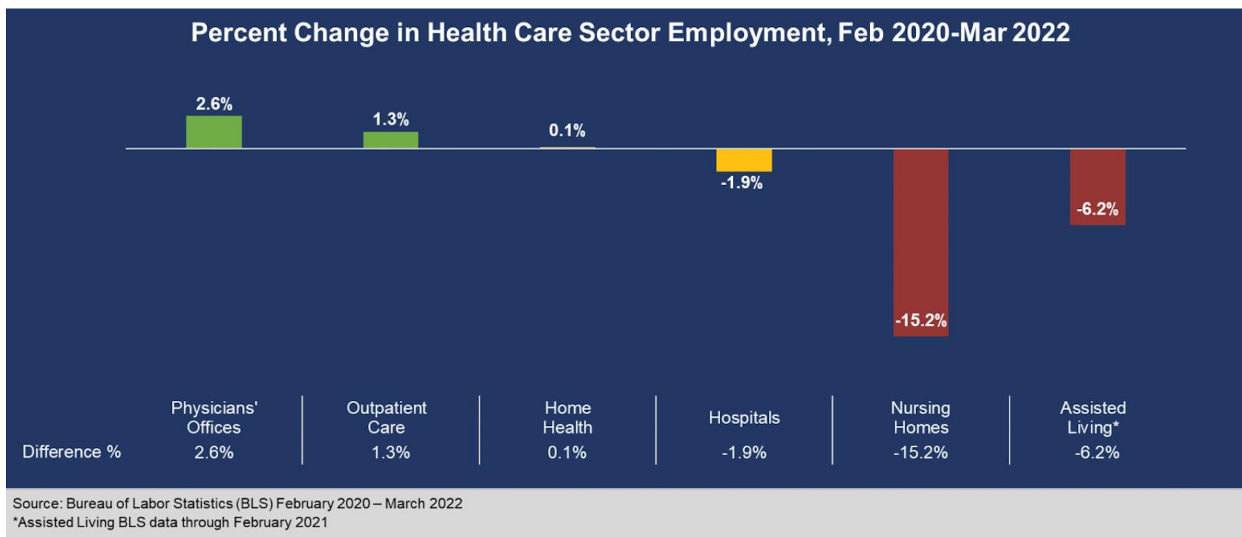
"In any other circumstance, I can't believe anyone — including nurses — would accept 'I didn't mean to' as a serious defense," Shelp said. "Punishment for a harmful act someone actually did is justice. “This case is, and always has been, about the one single individual who made 17 egregious actions, and inactions, that killed an elderly woman," said the office's spokesperson, Steve Hayslip. "The jury found that Vaught's actions were so far below the protocols and standard level of care, that the jury (which included a longtime nurse and another health care professional) returned a guilty verdict in less than four hours."

Nursing Home Industry Loses 2,500 Jobs in March, Deepening Workforce Crisis

The nursing home industry has lost 2,500 jobs in March alone, further deepening the labor crisis for the sector to a level not seen since 2007 – other health care settings, meanwhile, are faring better than they did pre-pandemic. That's according to a March report published by the U.S. Bureau of Labor Statistics and highlighted by the American Health Care Association and National Center for Assisted Living (AHCA/NCAL).

Since the start of the pandemic, the skilled nursing industry has lost 241,000 workers, or 15.2% of its total workforce.

The long-term care industry overall has experienced the worst of the staffing crisis, AHCA/NCAL said; other health care settings like physician's offices and outpatient care have already reached or surpassed pre-pandemic staffing levels.

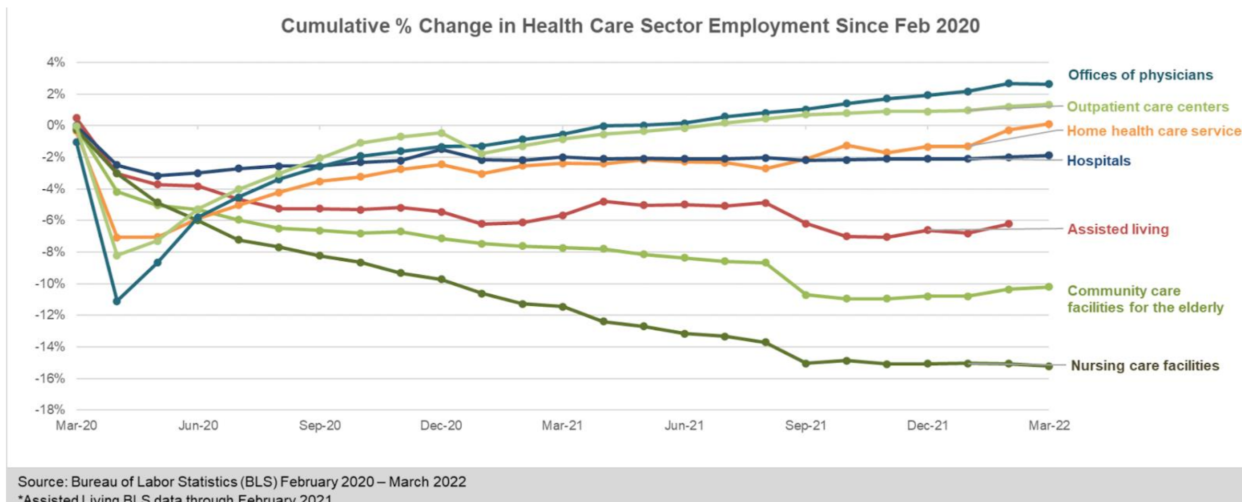


Source: Bureau of Labor Statistics (BLS) February 2020 – March 2022
*Assisted Living BLS data through February 2021

When looking at data from February 2020 to March of this year, health care settings have seen wildly different workforce recovery results. Physician offices for example saw a 2.6% job gain, whereas nursing homes saw a 15.2% job loss during the same timeframe.

Outpatient care saw a 1.3% job gain, amounting to 13,400 jobs, and home health experienced a modest 2,000 job gain from pre-pandemic to March.

Long-term care facilities are still experiencing substantial job losses, AHCA/NCAL said in its BLS review. While not as steep a drop as skilled nursing, the assisted living sector lost 6.2% of its workforce from pre-pandemic to March 2022. That's 28,800 jobs lost, data shows.



Source: Bureau of Labor Statistics (BLS) February 2020 – March 2022
*Assisted Living BLS data through February 2021

“As I look at our members and providers out there that are doing better than others on the employment situation, it’s because they understand the importance of employees and understand employee engagement satisfaction, and they do it robustly,” Parkinson said.

Still, people are scared to enter the nursing home workforce, Parkinson added, with 200,000 individuals dying in the care setting over the past couple years of the pandemic. It’s a profession that is extremely taxing under normal circumstances, he said, but staff are still wearing masks all day, donning personal protective equipment (PPE) and getting tested frequently. “They can walk across the street, go to a Walmart or to an Amazon, they don’t have to do that. We’re going to have to, when it’s appropriate, start relaxing some of those requirements that make it so unpleasant to work in buildings,” Parkinson said.

CMS revises COVID-19 vaccine mandate guidance

Workers at skilled nursing and other long-term care facilities that have been suspended or are on extended leave won’t count against the providers as “unvaccinated staff,” according to new updated guidance from the federal government.

The Centers for Medicare & Medicaid Services on Tuesday issued revisions to its guidance for the COVID-19 vaccine mandate rule. CMS also emphasized that “good-faith efforts” by providers will be rewarded, and gave examples, in the guidance.

The revisions clarified that contract staff who fail to provide evidence their vaccination status reflects as being non-compliant with the rule and should be cited.

The federal vaccine rule requires facilities to ensure that staff who haven’t been fully vaccinated or are exempt adhere to additional precautions that are intended to slow the spread of COVID-19. Examples currently listed in the guidance range from reassigning them to non-patient areas, requiring weekly testing and use approved masks on the job.

CMS on April 5 said this requirement “is not explicit and does not specify which actions must be taken.”

“The examples above are not all inclusive and represent actions that can be implemented,” the agency wrote in the updated guidance. “However, facilities can choose other precautions that align with the intent of the regulation which is intended to ‘mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated.’”

CMS also noted it may lower the scope and severity of a citation and/or enforcement action if it can identify if any of these actions occurred prior to the survey:

- If the facility has no or has limited access to the vaccine, and the facility has documented attempts to obtain vaccine access.
- If the facility provides evidence that they have taken aggressive steps to have all staff vaccinated, such as hosting vaccine clinics.

The agency added the following example to illustrate how providers may receive relief from good-faith efforts:

“… if the facility staff vaccination rate is 90% or more, there is no resident outbreak in the previous 4 weeks, and all policies and procedures were developed and implemented, per Table 1 this would be cited ‘D.’ However, if the facility provides evidence that it has made a good faith effort by taking aggressive steps to get all staff vaccinated, surveyors may lower the citation to ‘A.’”

One-Third of Older Adults Say Clinicians Neglect Their Care Preferences

One third of adults 50 and older reported that clinicians rarely took their care preferences into account, according to a newly released study. The survey of more than 36,000 people compared data from 2014, 2016 and 2018. LeadingAge, the University of Massachusetts Boston and the Center for Consumer Engagement in Health Innovation led the study with funding from the SCAN Foundation.

Although the study found little variation across age groups, there were significant differences in the way Blacks, Hispanics and lower-income seniors felt they were treated by providers. One in 4 Hispanic older adults and 1 in 6 Blacks said their care preferences were never taken into account, compared to 1 in 10 Whites who expressed similar concerns. Those with median incomes over $80,000 were nearly twice as likely to say that their preferences were considered compared to those with incomes below $50,000.

"Race, income, and insurance status play a huge role in whether a person's wishes are heard, and our research shows that when they are not, outcomes can be negative," Marc Cohen, Ph.D., report co-author, said in a press release. "The data provide a critical benchmark for the state of patient-centered care before the pandemic. In coming months, we will be able to see the impact of the first year of COVID on patient-centered care."

Person-centered care emphasizes the importance of understanding a patient's preferences, values, goals and medical condition to effectively diagnose and treat illnesses. Researchers said the absence of person-centered care can lead to poorer health outcomes and higher medical costs, which can perpetuate disparities in care.

Researchers also found that health insurance played a role in the perception older adults had on the care they were getting. Patients who were Medicaid and Medicare dually eligible were 7% less likely to report that their preferences weren't taken in account.

LeadingAge National to Host Call with Members Who Are Recruiting International Workers

The LeadingAge National Policy Team is hosting a virtual meeting with LeadingAge members who are recruiting, or are in the process of recruiting, nurses or other staff from foreign countries. The virtual meeting will take place on Tues., April 26th from 12:30 to 1:30 p.m. The goal of the meeting is to build on the success with international workforce recruitment opportunities, discuss organization experiences, and talk about federal legislative strategies and administrative actions that could be beneficial.

Members who are already bringing workers to the U.S. from abroad, or are in the process of doing so, can contact Andrea Price-Carter at APrice-Carter@LeadingAge.org for the virtual call details.

Members interested in international recruitment policy issues who want to be advised of future calls can also contact Andrea.

Contact: Diane Darbyshire, ddarbyshire@leadingageny.org, 518-867-8828

Proposed OSHA Rule Change Could Dramatically Expand Reporting Requirements for Senior Living Providers

A proposed federal rule change on how employers report on-the-job injuries and illness could dramatically expand reporting requirements for senior living providers.

During the last week of March, the U.S. Department of Labor's Occupational Safety and Health Administration proposed amendments to its occupational injury and illness recordkeeping regulation. In addition to requiring operators to provide an annual summary of work-related injuries and illnesses, the proposed rule would require employers in certain high-hazard industries to electronically submit additional information from employer logs and incident reports.

Among the affected employers are assisted living and other residential care facilities, continuing care retirement communities and skilled nursing facilities. If adopted, the reporting requirement rule would allow OSHA to keep closer tabs on illness and injuries in the workplace as well as make the information publicly available.

Under the current rule, small and large senior living and skilled nursing operators are required to electronically submit their OSHA Form 300A annual summary of all work-related injuries and illnesses recorded on their OSHA 300 logs.

Under the proposed reporting requirement rule, in addition to submitting that annual summary, all senior living and skilled nursing operators with 20 or more employees would have to electronically submit their OSHA 300 logs and every OSHA Form 301 for each recordable injury or illness entered on the logs, according to Micah Dickie, an Atlanta-based attorney with Fisher & Phillips LLP's Workplace Safety and Catastrophe Management Practice Group.

Form 301 includes personal employee information, detailed information on where and how the injury or illness occurred, and information on the treating healthcare professional.

"Employers will have to submit these forms each year," Dickie told *McKnight's*. "So, the proposed rule is a huge expansion of what employers must send to OSHA and will allow OSHA to obtain — and then publish to third parties — the specific injury and illness records that each senior living and skilled nursing operator keeps at their worksites."

Dickie said the proposed rule will "expose these employers to scrutiny by plaintiffs' attorneys, unions and news outlets — potentially leading to unfair mischaracterization of an employer's safety and health policies."

The rule change, according to OSHA, will improve its ability to identify high-risk workplaces and target compliance assistance and enforcement efforts, allow employers to compare injury and illness data with similar businesses, and improve occupational safety and health research.

Specific changes would do the following:

- Require establishments with 100 or more employees in certain high-hazard industries to electronically submit information annually from OSHA forms 300, 301 and 300A.
- Update the classification system used to determine industries covered by the electronic submission requirement.
- Remove the requirement for employers outside of those designated industries with 250 or more employees from annual submission requirements of Form 300A.
- Require the company name on electronic submissions.

The new proposal maintains existing requirements for employers with 20 to 99 employees, which need only submit annual summaries of injury and illness information.

The proposed rule was published March 30 in the Federal Register. Comments on the proposal are due by May 31.

BREAKING: CMS Ends Nurse Aide Certification Waiver and Many Other COVID-19 Waivers

The Centers for Medicare & Medicaid Services is restoring training requirements for nurse aides who work at skilled nursing facilities after waiving them during the COVID-19 crisis.

The agency on announced on April 7 that it's ending those waivers and a host of other provisions affecting doctors, discharge requirements and the special use of rooms and buildings after easing up on them due to the public health emergency.

The 16 waivers will lapse in distinct groups, 30 and 60 days from the issuance of today's memo, which was signed by David Wright, director of CMS's Survey and Operations Group Management.

Blanket waivers for hospitals and certain other entities would remain in effect so those facilities can best manage surges in COVID infections, the agency said.

The waiver for nurse aide certifications allows SNFs and other nursing facilities to employ aides for longer than four months without the necessary training and certification requirements during the pandemic.

"We remind states that all nurse aides, including those hired under the above blanket waiver must complete a state approved Nurse Aide Competency Evaluation Program to become a certified nurse aide," CMS wrote. Some waivers will still be allowed, however, in cases where training and testing programs are over capacity. "State approved NATCEPs must have a curriculum that includes training in the areas defined [under the requirement], such as respecting residents' rights, basic nursing skills, personal care skills, and caring of cognitively impaired residents," the agency added.

CMS added that nurse aides must also pass a written or oral exam and demonstrate skills learned.

CMS also is rescinding numerous waivers related to doctors being able to relinquish some obligations to nurse practitioners or other non-physicians. It is also returning some requirements for in-person physician visits that had increased telehealth capabilities.

In addition, the agency will end a waiver that allowed for a state-approved, non-SNF building to be temporarily certified and available for use by a SNF in the event there were needs for isolation processes for COVID-19 positive residents to ensure residents could still be treated.

Among the biggest worries are that a lack of in-person physician visits may have led to a lack of recognition of certain patient conditions. There is also a concern that facilities have not had enough fire- and life-safety inspections. CMS said it is rescinding the waivers because findings from onsite surveys have revealed "significant concerns with resident care that are unrelated to infection control (e.g., abuse, weight-loss, depression, pressure ulcers, etc.). We are concerned that the waiver of certain regulatory requirements has contributed to these outcomes and raises the risk of other issues."

The agency emphasized that long-term care providers should keep other measures firmly in place to guard against COVID-19 transmission. It especially promoted the pursuit of vaccinations.

"We expect providers to continue to implement actions to reduce the likelihood of COVID-19 transmission and follow all existing requirements," the memo said. "Facilities should use all available resources to support their residents and staff in getting vaccinated, and in doing so, adhere to the requirements for educating residents and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine, and offering the vaccine."

The agency also recommends that providers continue to adhere to CDC guidance regarding the potential spread of COVID-19 "especially during activities that may increase patient or resident contact."

*PADONA has included the CMS memo related to the waivers for your full review.

Federal Government Adds 35,000 Visas to Seasonal Worker Program

An additional 35,000 H-2B worker visas will be available for the second half of fiscal year 2022, the departments of Labor and Homeland Security have announced.

Employers looking to employ foreign workers on or after April 1 through Sept. 30 will be able to apply for the seasonal worker program under the joint temporary final rule. The news comes after U.S. Citizenship and Immigration Services had received enough petitions at the beginning of March to meet the congressionally mandated H-2B cap for the second half of FY22.

“We applaud the DHS and DOL increasing the visa cap, as immigrants make up a vital part of the nation’s healthcare workforce,” a representative from the American Health Care Association / National Center for Assisted Living stated. “It is especially critical during this time, as we experience a historic labor shortage. We support meaningful actions that allow more individuals to come work in our facilities and provide care for our nation’s elderly.”

Secretary of Homeland Security Alejandro N. Mayorkas said the decision on the seasonal worker program was “informed by current demand in the labor market.” He said the department would “apply greater scrutiny to those employers who have a record of violating obligations to their workers and the H-2B program.”

The H-2B program permits employers to temporarily hire noncitizens to perform nonagricultural labor or services in the United States, as long as the employment is for a limited period of time. To hire H-2B workers, potential employers take a series of steps to test the U.S. labor market. They must provide certification from the Labor Department that proves there are not enough U.S. workers who are able, willing, qualified and available to do the temporary work for which they seek a prospective foreign worker, and that employing the H-2B workers will not adversely affect the wages and working conditions of similarly employed U.S. workers.

Of the 35,000 additional visas made available for this summer, 23,500 visas will be available to returning workers who received an H-2B visa or were otherwise granted H-2B status during one of the past three fiscal years. The remaining 11,500 H02B visas, which are exempt from the returning worker requirement, are reserved for nationals of Haiti, Honduras, Guatemala and El Salvador.

“Even with these additional visas, there’s not nearly enough visas for all of the types of workers that employers want to hire on the H-2B program,” Stephen W. Yale-Loehr, an immigration lawyer who teaches at Cornell Law School, told the New York Times. “But in the short term, at least, this is something the administration can do to help immediately.”

Minimum Staffing Measure Would Cost $530,000 More Per Nursing Home – Per Study

The implementation of a federal minimum staffing standard for nursing homes would not be economically feasible for providers under current reimbursement rates, newly released research shows.

U.S. facilities would have to spend nearly an additional $5 billion per year in order to meet the requirement, according to the new findings in *Innovation of Aging*. That would require greater contributions by federal and state governments, an analyst found.

“Without clear guidance on the staffing level needed to be sufficiently staffed, most [nursing homes] are subject to a community standard of care, which some have argued could be associated with suboptimal staffing levels,” wrote study author John R. Bowblis, Ph.D. Bowblis is an economics professor and research fellow of the Scripps Gerontology Center at Miami University (OH).

“Implementing an acuity-based benchmark could result in improved staffing levels, but also comes with significant economic costs,” he added.

Bowblis used archived Nursing Home Compare staffing data and Medicare cost reports for the investigation and compared the data to a previously developed employee benchmark that accounts for average nursing time per resident and patient acuity. He then calculated each facility’s actual staffing level and what it should be based on the benchmark.

He found 60% of nursing homes’ total staffing levels were below their benchmarks, with 80.2% of facilities not meeting registered nursing levels and 54.4% not meeting levels for certified nursing assistants.

He also found that 59.1% of nursing homes would incur additional operating expenses in order to staff to the benchmark.

The nationwide increase in operating expenses for nursing homes was estimated to be approximately $4.9 billion per year. The additional cost would mean each nursing home would have to pay $538,090 to meet its benchmark.

“Without being offset by additional revenue, implementing the STM [staff time measurement] benchmark would cause nearly three-quarters of the [nursing home] industry to lose money providing services to residents and could result in the majority of NHs declaring bankruptcy or closing,” Bowblis wrote.

He added the findings mean the political feasibility of implementing a benchmark depends on the willingness of federal and state lawmakers to increase taxpayer spending on nursing home care.

“This may be politically and economically impossible in states that have the largest gap between actual and STM benchmark staffing levels without federal assistance,” he concluded.

Long Wait Times for Licenses Complicate Nurse Hiring

Nurses are growing increasingly frustrated with significant delays getting licenses needed to work in new states, an accommodation employers increasingly need to address severe staffing shortages.

Pennsylvania, one of several states that implemented a nurse license waiver program allowing nurses from other states to work there, was found to have one of the longest wait times for issued licenses in the country, an NPR data analysis revealed. https://www.npr.org/sections/health-shots/2022/03/23/1087586343/nursing-license-delays

NPR found more than 6,000 of the 12,000 nurses who were issued licenses to work in the state in 2021 waited more than three months or longer to get them.

"They're emotionally exhausted; they're physically exhausted. We add to that the frustration of not being able to get your license," Betsy Snook, CEO of the Pennsylvania State Nurses Association, told the news organization. "Now, you can't even work. You're at the mercy of the State Board of Nursing."

Nurse licensing time frame data from 2021 showed that Florida, Kentucky, Vermont and Nebraska are among the quickest states for sending out nurse licenses — with all issuing the documentation within two weeks.

Pennsylvania and Minnesota were among the states with the longest time frames, taking 25 to 30 business days and up to 60 days, respectively, to deliver licenses.

The Pennsylvania Department of State's website shows about a 12-week process for the initial registered nurse license and slightly shorter for recent graduates, according to Eric Heisler, director of external communications for the Pennsylvania Health Care Association.

Pennsylvania Updating SNF Regulations for First Time in 25 Years

The Pennsylvania Department of Health is updating regulations for the state's 685 skilled nursing facilities, where more than 72,000 people live, after almost 25 years. The department is soliciting feedback from all interested stakeholders, including industry groups, resident advocates and the general public.

The proposed SNF regulations come in four packages. The third and most recent package of proposed regulations was published March 19. At that time, a 30-day public comment period started. http://www.pacodeandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol52/52-12/423.html

"Publishing the proposed regulation updates in a series of separate, smaller packages allows each section the opportunity for appropriate feedback during the public comment period," Acting Secretary of Health Keara Klinepeter said.

The third package of proposed SNF regulations would expand the information that applicants for licensure must provide to include detailed ownership information, financial data, staffing and emergency plans, a proposed operating budget and regulatory history. Those requirements would apply for when licenses for new facilities are sought as well as when ownership of existing facilities changes. The package also would increase the frequency of required facility assessments, add bed bugs to the list of reportable diseases, and update tuberculosis prevention requirements.

"Giving the department the tools to ensure potential owners of skilled nursing facilities are thoroughly vetted should help provide some peace of mind to residents and their families," Klinepeter said. The health department concurrently is working on the final package of proposed regulations, which will include proposed updates to resident rights and staffing ratio requirements.

OSHA Vows More Infection Control Monitoring at SNFs

Skilled nursing facilities and hospitals that treat or handle COVID-19 patients can expect more focused inspections in the coming weeks under a new initiative launched by the Department of Occupational and Health Administration.

An OSHA memorandum issued late March 7, revealed the agency will be increasing highly focused inspections for SNFs and hospitals with COVID-19 patients.

The announcement came even as some providers began to feel a sense of relief amid the ongoing pandemic. There were 3,100 COVID-19 cases among U.S. nursing home residents as of Sunday, according to the latest federal data — a level that reflects pre-omicron conditions.

But even if the numbers of patients continues to wane, federal officials appear disinclined to relax their pandemic-era enforcement focus.

The latest OSHA effort is a push to ensure continued mitigation measures help control the spread of COVID-19 amid any future variants. The agency said it also wants to protect healthcare workers who are at heightened risk for contracting the virus.

The focused inspections will target high-hazard healthcare facilities over a three-month period starting March 9. They will specifically focus on monitoring for current and future readiness to protect workers from COVID-19.

Follow-up inspections will also be conducted at sites that were previously cited. There will also be inspections of facilities that received complaints but didn't have an in-person investigation.

The agency plans to verify and assess facility compliance with COVID-19 protocols and readiness to address future surges.

"We are using available tools while we finalize a healthcare standard," Doug Parker, OSHA's assistant secretary of labor, said in a statement. "We want to be ahead of any future events in healthcare."

Staffing Levels Fall 8% in Six Months – Staffing Facts for Q3 2021

The following is an alert for the Q3 2021 staffing report.

March 3, 2022 – Federal requirements mandate that nursing homes have sufficient staff, with the appropriate competencies to meet the clinical, emotional, and psychosocial needs of every resident. Unfortunately, understaffing is a widespread and persistent problem that has only become worse since the start of the COVID-19 pandemic.

- Nursing homes averaged **3.62 Total Nurse Staff hours per resident day (HPRD),** including 0.63 Total RN HPRD, falling well below the minimum staffing threshold (4.10 total care staff HPRD, 0.75 RN HPRD) indicated by a landmark 2001 federal study.
- **Staffing levels have dropped 7.8% since the first quarter of 2021** while resident census has climbed 5.1% during that same period. This indicates that too many nursing homes are admitting new residents even when they lack adequate staffing to meet their basic needs.
- **Total RN Staff HPRD (0.63) has dropped 9.3%** since Q1 2021.
- **More than 70% of U.S. nursing homes failed to meet the total care staff threshold** (4.10 HPRD) as determined by the 2001 federal study.
- **Contract staff accounted for 7.1% of all nurse staff hours** in Q3 2021, increasing from 5.0% in Q1 2021.

CMS: Quality Measure Threshold Changes Implemented

Skilled nursing facilities have an additional tool to measure their own quality improvement efforts under a new change to the quality measures rating domain.

The Centers for Medicare & Medicaid Services has implemented revisions to the quality measures cut tables. These changes may have a negative impact on the star measure for providers related to quality measures.

With the update, CMS will adjust ratings thresholds to raise the expectations for quality, and incentivize continuous quality improvement. The increases are based on the rate of improvement on quality scores since the last revision in February 2015.

Quality measure thresholds have been increased by 50% of the average rate of improvement in the scores. The ratings thresholds will now update every six months.

"For example, if there is an average rate of improvement of 2%, the QM rating thresholds would be raised 1%," CMS explained Monday.

The agency added that the change will reduce the need to have larger adjustments to thresholds in the future.

McGill said that one of the benefits of a threshold change every six months is that it allows for small adjustments, which helps providers ensure they are still on target with their quality goals.

"Likewise, the change to the threshold is how CMS addresses a process of continual improvement in quality measures. So, if a facility has a goal to meet or exceeds the current [quality measure] threshold, the team must also understand that this is not a static target. As facilities across the nation improve, the threshold will be set higher."

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