

PADONA UPDATES April 25, 2022



The PADONA website provides a wealth of information about what is available from PADONA. We want to be your first and one stop shop for education. PADONA education is directed toward nurse leaders but many educational sessions are also very applicable to team members in the facility and can assist nurse leaders in a time when staff development positions and budgets are being reduced.

Additional PADONA educational events currently scheduled include:

- 1) PADONA Leadership Development Course which is scheduled for September 27 through September 30 for new nurse leaders (DONs, ADONs, infection preventionist, staff development and others). It is also a good refresher course for nurse leaders who have been in positions but things change!**
- 2) PADONA education webinar on Falls Management and prevention on May 13. This is great for resident quality of care, assisting with managing the quality measures and assisting with PA Quality Incentive Program for long term residents.**
- 3) PADONA education webinar scheduled for June 2 with Pennsylvania Dementia Friends to review dementia care and become a Dementia Friend at the conclusion of the webinar.**
- 4) Watch your email for PADONA Updates that include information from the PA Long Term Care Learning Network that includes webinar education related to the PA Quality Incentives Program for long term residents that addresses quality measures, staffing and hospital readmissions for short term residents.**

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!

Education Program Title: Falls Prevention and Management and impact on Quality Measures

DATE: May 13, 2022

TIME: 11:30 am – 12:30 pm

COST: \$35 for members and \$50 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 long stay residents with falls with major injury. Of course we are aware that if we can prevent and manage resident falls, falls with major injuries can also be prevented or managed. The path from policy to practice can be a tricky one to navigate. This session will look at a long standing issue with in our communities of falls, and discuss ways that the processes we put into place can help mitigate the risk we share with our residents when this path is not well defined. We will incorporate a review of the Fall Quality Measure to ensure that publicly reported data is reflective of the true picture of our facilities as it relates to this hot button topic.

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 policies and documentation.
3. 90% of learners will be able to explain the correlation and impact of fall prevention and management from policy to quality measures.
4. 95% of learners will attend the full 60-minute education webinar and complete the evaluation following the education.

Presenter: Patty Austin is a Registered Nurse with 29 years' experience in the skilled nursing setting. She started her career as a nursing assistant and has held many positions within the skilled arena. She most recently held the position of Director of Nursing for a 120 bed SNF in Western Pennsylvania before accepting the position of Quality Improvement Specialist with Quality Insights in 2016. Patty is able to combine the global view of skilled nursing with creating teams to improve care in facilities.

Support Organization: As the Quality Improvement Network-Quality Improvement Organization (QIN-QIO) for Pennsylvania, Quality Insights is able to provide free assistance to Pennsylvania nursing homes. Our goal is to provide resources, education and expert individual assistance designed to improve quality of care for Medicare beneficiaries.

1.0 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 60 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 relevant financial relationship.

Education Program Title: Dementia Friends Pennsylvania Information Session

DATE: June 2, 2022

TIME: 11:30 am – 12:30 pm

COST: \$35 for members and \$50 for non-members.

Description of the Professional Practice Gap: All long-term care providers admit or have residents in the facilities with the diagnosis of dementia. Providing a safe and comfortable environment for residents with dementia is a goal of all providers but finding a source for staff education has been a critical factor to achieving this goal. 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 Outcomes: At the completion of the education session:

1. 95% of learners will be able to describe dementia.
2. 95% of learners will be able to identify the most common type of dementia.
3. 95% of learners will be able to recognize five key messages about dementia.
4. 95% of learners will be able to apply communication techniques with someone living with dementia.
5. 95% of learners will be able to list at least one personal action to commit to in the next year related to dementia.
6. 95% of learners will attend the full 60 minute education webinar and complete the evaluation following the education.

Presenters: Please see the attached for the full bios of the two presenters from Dementia Friends of Pennsylvania.

Support Organization: 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.

1.0 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 60 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 presenters nor the planner have a relevant financial relationship.

PADONA Education Recordings

If you have been unable to attend any PADONA education including webinars and the annual education convention (clinical track), the education is available in recorded format for you. PADONA records all educational events because we understand that nurse leaders are not always available or able to take the time for educational events. We also recognize that staff development is more necessary than ever for nursing team members but the budgets for these and the time is not always available.

Please go to the PADONA website within a week of each education event provided by PADONA for the recording. Each recording is available for purchase. The purchased education includes the power point materials used for the in-person education, the recording of the education and any additional materials provided. There are no nursing continuing professional development contact hours awarded as the result of listening to the recorded education. However, the recoded education can be used for education of team members in the facility.

Currently, the all ten sessions included in the clinical track of the PADONA Annual Convention are available for purchase as individual education sessions, by the day of the convention or the full clinical track of the Annual Convention. Additionally, the most recent education webinar hosted by PADONA on the topic of Pressure Ulcer Overview from Prevention to Management and Quality Measures is also available for purchase.

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. Why pay for other educational webinars when there is so much great education available from PADONA?!

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.



FOR IMMEDIATE RELEASE
April 11, 2022

HHS Takes Actions to Promote Safety and Quality in Nursing Homes
CMS Proposed Rule Seeks Feedback on Staffing Standards and Health Equity

Today, the Centers for Medicare & Medicaid Services (CMS) issued its fiscal year (FY) 2023 Skilled Nursing Facilities Prospective Payment System (SNF PPS) proposed rule, which includes asking for public feedback on how staffing in nursing homes and health equity improvements could lead to better health outcomes.

The proposed rule builds upon the Biden-Harris Administration's commitment to advance health equity, drive high-quality person-centered care, and promote sustainability of its programs. The rule is an important step in fulfilling its goal to protect Medicare skilled nursing facility (SNF) residents and staff by improving the safety and quality of care of the nation's SNFs (commonly referred to as nursing homes). The SNF PPS provides Medicare payments to over 15,000 nursing homes, serving more than 1.5 million people. Medicare spending to nursing homes is projected to be approximately \$35 billion in FY 2022. Through the SNF PPS proposed rule, CMS is continuing its work to transform the SNF payment system to a more patient-centered model by making payments based on the needs of the whole patient, rather than focusing on the volume of certain services the patient receives.

"Everyone deserves to receive safe, dignified, and high-quality care, no matter where they live," said Health and Human Services Secretary Xavier Becerra. "Today we are starting the necessary work to ensure our loved ones living in nursing homes receive the best care at the staffing levels they need. We are working hard to deliver on President Biden's commitment to protecting seniors and improving the quality of our nation's nursing homes."

The SNF PPS proposed rule aims to realize the President's vision for the nation's nursing homes as outlined in his State of the Union Address, with a focus on providing safe, dignified, and appropriate care for residents. As part of this vision, the Biden-Harris Administration recently set a goal to improve the quality of nursing homes so that seniors, people with disabilities, and others living in nursing homes get the reliable, high-quality care they deserve. A key part of reaching this goal is addressing staffing levels in nursing homes, which have a substantial impact on the quality of care and outcomes residents experience.

"The COVID-19 pandemic has highlighted serious problems at some of the nation's nursing homes that have persisted for too long. And we have seen the tragic impact that inadequate staff resources can have on residents and staff," said CMS Administrator Chiquita Brooks-LaSure. "The Biden-Harris Administration has promised that we will work with all stakeholders to do better for nursing home residents, and today's proposed rule includes important steps toward our goal to promote safety and quality of care for all residents and staff."

In the SNF PPS proposed rule, CMS is soliciting input to help the agency establish minimum staffing requirements that nursing homes will need to meet to ensure all residents are provided safe, high-quality care, and nursing home workers have the support they need. This input will be used in conjunction with a new research study being conducted by CMS to determine the optimal level and type of nursing home staffing needs. The agency intends to issue proposed rules on a minimum staffing level requirement for nursing homes within one year.

CMS is also requesting stakeholder input on a measure that would examine staff turnover levels in nursing homes for possible inclusion in CMS' SNF Value-Based Purchasing (VBP) Program, which rewards facilities with incentive payments based on the quality of care they provide to people with Medicare. Looking at the relationship between staff turnover and quality of care, preliminary analysis by CMS has shown that as the average staff turnover decreases, a facility's overall rating on CMS' Nursing Home Five Star Quality Rating System increases, which suggests that lower turnover is associated with higher overall quality. CMS will use the stakeholder feedback to inform a proposal of this measure to include in the SNF VBP Program in the future.

In January, CMS began posting nursing home staff turnover rates (as well as weekend staff levels) on the [Medicare.gov Care Compare website](https://www.medicare.gov/care-compare), and CMS will be including this information in the star rating system starting in July 2022. This information helps consumers better understand each nursing home facility's staffing environment and also helps providers to improve the quality of care and services they deliver to residents.

The proposed rule also proposes the adoption of 3 new measures into the SNF VBP Program:

- The Skilled Nursing Facility Healthcare Associated Infections Requiring Hospitalization (SNF HAI) is an outcome measure that assesses SNF performance on infection prevention and management.
- The Total Nursing Hours per Resident Day is a structural measure that uses auditable electronic data to calculate total nursing hours per resident each
- The Adoption of the Discharge to Community – Post Acute Care Measure for SNFs (DTC) is an outcome measure that assesses the rate of successful discharges to community from a SNF setting.

To advance health equity and address the health disparities that underlie the U.S. health care system, CMS is requesting stakeholder feedback on the role health equity plays in improving health outcomes and the quality of care in nursing homes. Specifically, CMS is seeking comment on how to arrange or classify measures in nursing home quality reporting programs by indicators of social risk to better identify and reduce disparities.

CMS is proposing a 3.9%, or \$1.4 billion, update to the payment rates for nursing homes, which is based on a 2.8% SNF market basket update plus a 1.5 percentage point market basket forecast error adjustment and less a 0.4 percentage point productivity adjustment. The proposed rule also contains a proposed adjustment to payment rates as the result of the transition to the SNF payment case-mix classification model – the Patient Driven Payment Model (PDPM) that went into effect on October 1, 2019. When finalizing the PDPM, CMS also stated that the transition to PDPM would not result in an increase or decrease in aggregate SNF spending. Since PDPM implementation, CMS' data analysis has shown an unintended increase in payments. Therefore, CMS is proposing to adjust SNF payment rates downward by 4.6%, or \$1.7 billion, in FY 2023 to achieve budget neutrality with the previous payment system. As a result, the estimated aggregate impact of the payment policies in this proposed rule would be a decrease of approximately \$320 million in Medicare Part A payments to SNFs in FY 2023 compared to FY 2022.

For a fact sheet on President Biden's remarks during the State of the Union Address on improving nursing home safety and quality, please visit: <https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/28/fact-sheet-protecting-seniors-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/>

For a fact sheet on the FY 2023 SNF PPS proposed rule, please visit: <https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2023-skilled-nursing-facility-prospective-payment-system-proposed-rule-cms-1765-p>

To view the FY 2023 SNF PPS proposed rule, please visit: <https://www.federalregister.gov/public-inspection/2022-07906/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>

MDS Self-Care Items Key to Planning Appropriate SNF Rehabilitation Goals, Noted in Study

Knowing a resident's self-care capabilities before admission can improve rehabilitation goals for skilled nursing facility residents, researchers say.

A self-care item recently introduced to the Minimum Data Set allows therapeutic teams to better assess a resident's prior health status and help predict what is needed for recovery, according to a study team from the University of Texas Medical Branch, Galveston, TX.

In a retrospective study of more than 600,000 Medicare fee-for-services beneficiaries from 2018 to 2019, investigators used scores on seven tasks from MDS Section GG to calculate residents' prior ability to complete self-care and changes in their functional abilities between SNF admission and discharge.

They found that residents who performed self-care independently or needed only some help prior to admission had relatively high self-care total scores at admission and discharge. Their peers who were dependent on others prior to admission, in comparison, had low scores.

Prior health status can have a significant effect on recovery after a major illness, wrote Brian Downer, Ph.D., and colleagues. Having that information in hand is valuable when setting a course for rehab care, he said.

"Our findings are evidence that the new MDS item for a resident's independence in self-care tasks before SNF admission is a valid measure of their prior self-care function," the researchers concluded. "This is clinically useful information and should be considered when developing rehabilitation goals."

The study was published in *JAMDA*. [https://www.jamda.com/article/S1525-8610\(22\)00234-1/fulltext#%20](https://www.jamda.com/article/S1525-8610(22)00234-1/fulltext#%20)

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Pandemic Increase in Antipsychotics Use Raises Questions About Long-Term Care Outcomes

A federal study has found that prescriptions for antipsychotic medications in nursing homes and assisted living facilities increased by 7.4% during the first quarter, or first three months, of the pandemic.

Findings were published in April 2022 by the Assistant Secretary for Planning and Evaluation, the principal advisor to the secretary of the Department of Health and Human Services. Researchers used prescription claims data from January 2019 through June 2021 for the analysis. Study can be found at: <https://aspe.hhs.gov/reports/antipsychotic-use-ltcf-early-months-covid-19-pandemic>.

Federal data shows that there were 1.65 million total antipsychotic drugs prescribed in long-term care facilities during the first quarter of 2019, while there were 1.74 million in the first quarter of 2021. There were 20.8 million prescriptions dispensed in 2020, compared to 20.5 million in 2019, a 1.5% rise. "This increase in prescriptions occurred despite a likely decline in total LTCF census in 2020, which suggests that the total increase in per capita prescriptions may be higher," the federal investigators noted.

The findings call into question the short- and long-term effects on quality of care and health outcomes for nursing home residents during the pandemic, they said. Over the last 10 years, providers have made significant strides in reducing antipsychotic medication use among residents, according to a report released in late March by the American Health Care Association. That data showed that fewer than 14% of nursing home residents were receiving antipsychotic medications as of 2020, a decline from approximately 25% in 2011.

Nursing Home Pay Rule Reveals CMS Strategy on Minimum Staffing

The release of a proposed 2023 pay rule on April 11 reiterated the Centers for Medicare & Medicaid Services' (CMS) commitment to implementing a minimum staffing rule after more than 20 years of debate on the issue. Staffing-related provisions include a new value-based incentive element for total nurse staffing and an official request for comment on the coming direct care staffing requirements.

The agency asked stakeholders to weigh in on at least 17 related issues. They range from how to calculate the measure to who to include and how to account for labor challenges to how much the requirement will cost — and if better outcomes, such as lower hospitalization rates, might provide an offset.

Increased labor costs and shortages seem unlikely to slow the CMS effort. If anything, the agency's efforts were bolstered by the April release of a long-awaited National Academies report on nursing home care, which also called for major workforce changes.

History at work

The basis for the staffing rules date back to the 1987 Nursing Home Reform Act, which called for 24-hour LPN coverage and eight hours of RN coverage each day. The law also triggered the need for "sufficient" staff to meet resident needs, but it set no ratios or hourly minimums for other frontline caregivers.

An often-cited but never mandated benchmark of 4.1 hours of direct care per day, per resident was established in a 2001 study.

"That study showed that for long-stay residents, if they didn't meet that minimum, there was harm or jeopardy to residents," Charlene Harrington, R.N, Ph.D., professor emeritus at the University of California San Francisco School of Nursing, stated. She wants CMS to consider adding 24-hour RN coverage and taking the overall minimum above 4.1 — even though at least 60% of nursing homes operate below that threshold now, according to one March study. Washington, D.C is the only state/area with a 4.1 requirement, and just 20 others require per-day, per-patient care totaling 2.5 hours or more.

CMS referred to the 4.1 figure repeatedly in its 2023 proposed pay rule, but said a new study was necessary given changes in the patient mix since then. It also added that a more stringent RN rule could be "an alternative or supplementary approach.

"Greater RN presence has been associated in research literature with higher quality of care and fewer deficiencies," the agency wrote in requesting comment. "Increasing the number of hours per day that a LTC facility must have RNs in the nursing home would alleviate concerns about LPNs engaging in activities outside their scope of practice in the face of resident need during times when no RN is on site."

Today's nursing homes are different places than they were in 1987, with residents who are sicker and often require much more intensive care than the once-typical, long-stay resident. And they're often being treated by a broader range of caregiving staff.

Observers believe CMS will take that into account when formulating its minimum. CMS acknowledged as much, noting increases in residents with dementia, psychiatric diagnoses and admissions from hospitals..

Lori Porter, CEO of the National Association of Health Care Assistants said her members support a federal minimum, and she'd like to see CNA coverage expressed in a ratio of staff to patients, ideally at 1:10. No matter how CMS approaches the metric, she wants the emphasis to remain on CNAs.

"People who truly know nursing homes realize that 90% of the care a resident requires is from a CNA," she said. "In that setting, there are very few skilled needs of a resident that require a nurse."

How to make acuity count?

Harrington noted the current rule requires more nursing care when patient needs increase, a provision she said has been largely ignored by regulators.

She said CMS would be wise to move beyond time-study methods and build on existing research using simulation models. That would allow the agency to better understand how long certain care, such as assistance with activities of daily living, takes per patient, and how those numbers might change based on a building's patient population.

"There's every evidence that the case-mix has increased over time since 2001, so as the acuity increases, the minimum standard probably needs to be higher than the 4.1," she said. "You can't just look at what nursing homes do. You have to look at what nursing homes should do."

One way to do that would be basing acuity on previous months' MDS submissions to get a read on a facility's typical patient acuity level. In 2020, Harrington and Mary Ellen Dellefield of the San Diego VA outlined acuity categories based on the Patient Driven Payment Model, creating a guide for determining if nursing home staffing is adequate.

How to measure success?

Providers likely will have time to work up to new standards, and some observers suspect CMS may create tiered goals rather than a single measure of hours per patient day.

The proposed total staffing hours VBP element wouldn't be added until 2026. It would draw from auditable Payroll Based Journal data, and CMS expects it will be a key way to move the needle on staffing.

"Given the strong evidence regarding the relationship between sufficient staffing levels and improved care for patients, inclusion of this measure in the SNF VBP Program adds an important new dimension to provide a more comprehensive assessment of and accountability for the quality of care provided to residents and serves to drive improvements in staffing that are likely to translate into better resident care," the agency said in proposing the VBP addition.

There is little doubt that CMS will make providers' ability to meet whatever new staffing standards they settle on easily discernible to the public. Against that backdrop, provider associations remain concerned about the unavailability of workers and how it might hurt both compliance and reputation.

"Anyone who wants to can recommend that there be more staff, better staffing, more RN coverage, and we're all for it — excepting there's no people," Ruth Katz, senior vice president of public policy and advocacy for LeadingAge, said in early April. "There is sort of a fear that new requirements could be put out ... and then nursing homes punished for not meeting the requirements when there's just nobody out there to even apply for jobs."

A March study found the cost of meeting Harrington's 2020 acuity-based benchmarks would average more than \$500,000 per U.S. facility. CMS has said it will consider adequate funding as part of its rule-making process, though it can't increase its overall spending without Congressional approval.

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CMS Pushes for Mandatory Flu Vaccine Monitoring For Nursing Home Staff

The Centers for Medicare & Medicaid Services (CMS) wants to adopt a new quality tracker to keep track of influenza vaccination among healthcare personnel in skilled nursing facilities. The proposed Influenza Vaccination Coverage among Healthcare Personnel measure already exists as a Centers for Disease Control and Prevention measure for reporting on vaccination uptake in healthcare workers. If adopted for skilled nursing facilities, facilities would report data through the CDC National Healthcare Safety Network (NHSN). An initial data submission period would track from Oct. 1, 2022, through March 31, 2023.

Residents are known to be at high risk of contracting influenza and healthcare staff can be a vector for spreading the illness. There is a relatively low level of vaccination among nursing home staff when compared with other U.S. healthcare personnel overall. Tracking the number of vaccinated staff members could help to increase vaccination rates and keep residents safe, CMS stated in a fact sheet released in April.

The flu vaccine tracking proposal is included as part of the agency's SNF Quality Reporting Program under a proposed rule that would update Medicare payment policies and rates for skilled nursing facilities for fiscal year 2023. In the 2020-2021 flu season, approximately 66% of healthcare workers in long-term care facilities received a flu vaccination (home healthcare personnel were included in that estimate). This compares to 76% of healthcare personnel overall, according to the CDC. Nursing home residents meanwhile, had 71% vaccination coverage for the same season, according to CMS Minimum Data Set reporting.

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Long-Term Stroke Survival Rates Reveal Need for Improved Stroke Care

A group of Australian researchers are calling for improvements in acute stroke care, after a study they conducted showed that nearly two-thirds of stroke patients fail to survive more than a decade, and more than a quarter had another stroke.

University of Queensland researchers analyzed data from more than 300,000 patients admitted to the hospital following a sudden stroke between 2008 and 2017 in Australia and New Zealand. They found that only 36.4% of patients survived beyond 10 years, and 26.8% had another stroke. Their research also suggested that a stroke reduced a patient's life expectancy by five and a half years on average, compared with the general population.

Study co-author Kathryn Colebourne, M.D., a stroke and general physician at The Prince Charles Hospital in Brisbane, Australia, said these findings reinforce the need for concerted efforts to improve acute stroke care. This includes providing stroke patients with access to important and time-sensitive treatment, such as thrombolysis, a clot busting medication, and endovascular therapy, a specialized procedure to remove blood clots in the vessels to the brain.

Lead author Yang Peng, M.D., an epidemiologist at the University of Queensland agreed, adding that clinicians also need to focus on lifestyle and risk factor modifications for secondary prevention, given the number of patients who will have a recurrent stroke.

"Very few population studies have explored the long-term outcomes of stroke," he said. "This information is crucial for patients to understand their prognosis, and for health professionals seeking to improve stroke care and preventative measures."

Full findings are published in *Stroke* and available here

<https://www.ahajournals.org/doi/10.1161/STROKEAHA.121.038155>

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Psychiatric Disorders May Increase Risk of COVID-19 Re-Infection: Per Research Study

Fully vaccinated COVID-19 survivors with a history of certain psychiatric disorders may be pre-disposed to reinfection, researchers from the San Francisco Veterans Affairs (VA) Health Care System and the University of California assert in a new study of more than a quarter of a million U.S. veterans.

Researchers analyzed the administrative and electronic health records of veterans who completed their COVID-19 vaccine primary series at least 14 days earlier from Feb 20, 2020, to Nov 16, 2021. Patients had received the Pfizer/BioNTech, Moderna or Johnson & Johnson vaccine.

Those psychiatric disorders elevating the risk of COVID-19 reinfection included depression, post-traumatic stress, anxiety, adjustment disorder, substance use disorder, bipolar disorder, psychosis, attention-deficit hyperactivity disorder, dissociation and eating disorders within the past five years. Psychiatric disorders were more common in patients younger than 65 than in their older peers.

The risk of COVID-19 reinfection was 24% higher for patients 65 and older with substance abuse, 23% higher for those with psychotic disorders, 16% for bipolar disorder, 14% for adjustment disorder and 12% for anxiety. Other recipients more prone to reinfection included patients with chronic kidney disease (23%), along with HIV (20%), cardiovascular disease (19%), chronic obstructive pulmonary disease (COPD) (18%) and sleep apnea (13%).

This indicates that older patients with certain psychiatric conditions face risks on par with those of other medical conditions, noted senior author Aoife O'Donovan, Ph.D., of the San Francisco VA.

“Our findings indicate that individuals with psychiatric disorders ... should be prioritized for booster vaccinations and other critical preventive efforts, including increased SARS-CoV-2 screening, public health campaigns or COVID-19 discussions during clinical care,” they said.

The study was published April 14 in *JAMA Network Open*. The Center for Infectious Disease Research and Policy reported on the study. <https://www.cidrap.umn.edu/news-perspective/2022/04/psychiatric-disorders-may-risk-covid-19-reinfection>

National Stakeholder Call with the CMS Administrator – April 26, 2022

Please join the Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, and her leadership team, who will provide updates on the CMS Strategic Vision and key accomplishments during the first quarter of 2022. The Administrator's vision is for CMS to serve the public as a trusted partner and steward dedicated to advancing health equity, expanding coverage, and improving health outcomes as we engage the communities we serve throughout the policymaking and implementation process. We invite you to join us for this third national stakeholder call to learn more about how you can partner with us as we implement our vision.

When: April 26, 2022 from 3:30 PM (ET) – 4:30 PM (ET)

Who should attend: National and local CMS stakeholders and partners

RSVP: https://cms.zoomgov.com/webinar/register/WN_yJ2pDjhrRBCh6_SvUx38-A

These national stakeholder calls will be held quarterly.

Here's What Workers Value in a Job. Is This What You Offer?

When it comes to what people value in a job, men and women's priorities are similar but have differences, according to the results of a recent Gallup survey of more than 13,000 employees. Although respondents weren't limited to a particular sector, the insights may prove helpful as senior living providers try to recruit and retain more employees to address the industry's perennial challenge, exacerbated by the coronavirus pandemic.

Men and women's top four choices out of 16 factors in Gallup's Workforce Survey were the same, although the order was a little different, and a greater percentage of women said they saw the four factors as "very important" than did men.

Tops for women participants considering whether to accept a job offer was whether the position allowed for greater work-life balance and better personal well-being. Sixty-six percent of women respondents rated this quality as very important, compared with 56% of participating men, who collectively ranked this factor as No. 2.

"Work-life balance and well-being can't be just concepts on a careers page," Kristin Barry, director of hiring analytics at Gallup, wrote in a March post about the findings and their implications for employers. "Job postings and marketing content should outline what flexibility actually looks like at your organization and how leaders embrace the give and take that comes with true work-life balance."

Topping men's list when considering whether to accept a job offer was whether the role significantly increased someone's income or improved the benefits package, with 63% of men rating this factor as very important. Interestingly, more women (65%) than men rated this quality as very important, even though it was No. 2 on the list for women.

The No. 3 and No. 4 qualities were the same on men's and women's lists.

Third in importance was that a position allowed the candidate to do what he or she does best. This quality was rated as very important by 62% of women and 53% of men.

"This means that the jobs your organization offers must deliver on pay and meaningful work," Barry wrote. Among other moves, she suggested that employers consider trying to "mold responsibilities to your people instead of expecting to mold people to responsibilities" and "evaluate the required and preferred qualifications for jobs."

Fourth in importance was that a position provided greater stability and job security. This quality was rated as very important by 54% of women and 52% of men.

Men and women diverged at No. 5 on their lists, with women (52%) saying it was very important that the organization is diverse and inclusive of all types of people, whereas for men (39%), it was very important for the organization to have a COVID-19 vaccine policy that aligns with their personal beliefs.

Barry pointed out that "[t]he most significant difference between what men and women deem important when considering a potential job change is how much women value an organization's diversity and inclusivity." More than half of the women polled said that diversity and inclusion is a very important factor in their decision to take a job, whereas only 29% of men said it was very important.

Read more about the results of the survey, conducted in October, and Barry's insights on Gallup's website.

Your PADONA Association Contacts:

Executive Director and Board Chair: cmcmullen@padona.com (Candace McMullen)

Executive Director Educational Programming and Services: scampbell@padona.com (Sophie Campbell)

Administrative Assistant: cjones@padona.com (Candy Jones)

PADONA is now on LinkedIn! Follow us at:

[linkedin.com/company/padona](https://www.linkedin.com/company/padona)

Have you joined the PADONA forum yet?

Follow the link below and register your account today. One of our forum moderators will then approve your registration and you will be free to start using the service. You will have the ability to turn on/off notifications for discussions you are participating in. You will also have the ability to send each other private messages via the forum. Feel free to contact us if you have any questions.

<http://padona.com/forum>

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