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Provider
LONG TERM & POST-ACUTE CARE

OnShift Survey Shows Dramatic Rise in Long Term Care Staff Wanting Vaccine

Written by: Patrick Connole

3/19/2021

Post-acute care software company OnShift on Friday said senior care employee willingness to take the COVID-19 vaccine has risen sharply over the winter, with its new March survey showing a 94 percent increase in acceptance of the vaccine from its December measurement.

The company also said there was a 41 percent decrease in staff members planning to decline a COVID-19 vaccine over the same time frame.

In response to the survey and vaccination efforts in the nursing care profession, Mark Parkinson, president and chief executive officer (CEO) of the American Health Care Association/National Center for Assisted Living (AHCA/NCAL), said, "Our caregivers are eager to protect themselves, their family members, and their residents, and these vaccines are a beacon of hope."

He added that "now, we need public health officials to ensure long term care is prioritized for a steady, ongoing allocation of vaccines for new hires and admissions, as well as current residents and staff who have since decided to get the vaccine."

In addition to vaccination plans, OnShift said the March survey examined the reasons behind vaccination decisions and explored employee perceptions of the value of vaccine education. Additional key findings include:

- The respondents' primary reasons for vaccination are to help prevent family and friends from infection (30 percent), to avoid getting COVID-19 themselves (13 percent), and to put an end to community lockdowns, gathering restrictions, and/or virtual schooling (12 percent).
- The respondents' primary reasons for declining vaccination include concerns that the vaccine is too new (26 percent) and potential safety and side effects (23 percent). Another 10 percent believe getting the vaccine is unnecessary because they have already had the virus.

- Respondents cited the need for additional education on the safety and side effects of the vaccine (28 percent), how the vaccine works in protecting against COVID-19 (15 percent), and what to expect in the workplace if they decline the vaccine (14 percent).
- A total of 62 percent of respondents expressed their willingness to take the vaccine, up from 32 percent in December.with the Partnership. It's essential to keep up the progress with these vulnerable, prioritized individuals," the organizations wrote.

Mark Woodka, CEO of OnShift, said the company was encouraged to see "this seismic shift across the industry in the acceptance of the COVID-19 vaccine in just a few short months."

He added that "this insight into the mindset of senior care employees is critical information for providers and the industry as they continue staff outreach, education, and support. OnShift is dedicated to senior care organizations and their employees, and we will continue working together to help ensure a transparent and safe environment for everyone."

Woodka said survey results depicting a growing acceptance for the vaccines among long term care staff are extremely encouraging and echo what OnShift has heard from providers across the country who witnessed higher uptake with each round of on-site vaccination clinics.

He pointed to the AHCA/NCAL #GetVaccinated campaign as an effort OnShift supports to educate staff about the safety of the vaccines and thoughtfully listening to any of their concerns, so they can make an informed decision. The nursing home industry set a nationwide goal to have 75 percent of staff vaccinated by the end of June, and knowing these new data, Woodka said he is optimistic "we'll meet that goal."

David Schless, president, American Seniors Housing Association, called the survey an important source of useful information about vaccination uptake in senior living and long term care settings. "While we see evidence of progress, the results reaffirm the importance of continued, targeted education among those who work with older adults in these communities," he said.

And, James Balda, president and CEO, Argentum, said, "We are extremely pleased to see this substantial increase in intent by senior living employees to get the COVID-19 vaccine. It's been such a challenging year for them, and their dedication to caring for and protecting those they serve continues to shine through. We applaud them for their ongoing commitment."

A summary of findings can be accessed here.

McKnight's
LONG-TERM CARE NEWS

COVID-19 Variant Fuels Outbreak among Nursing Home Residents, Vaccinated or Not

Written by: Kimberly Marselas

3/19/2021

A previously unidentified variant of COVID-19 has infected both vaccinated and unvaccinated residents of a Kentucky nursing home, making clear that providers must remain vigilant about exposure even after most residents have been inoculated.

The outbreak in eastern Kentucky involved 27 residents and 14 staff members as of Tuesday. Five residents were hospitalized.

State Public Health Commissioner Steven Stack, said 85% of residents and 48% of staff at the unnamed facility had been vaccinated prior to the outbreak. Among those infected, 30% of the vaccinated had been symptomatic since testing positive.

But 83% of the unvaccinated residents have had symptoms.

“Vaccination appears to have markedly reduced the risk of serious infection and hospitalization,” Stack said at a press briefing. “Seventy-one people were vaccinated, one of whom is in the hospital. There were 13 residents unvaccinated, four of whom are in the hospital.”

Stack said it appeared an unvaccinated person brought the variant into the building.

“Those who have gotten it that have been vaccinated, have not gotten seriously ill, but this is something that we just have to watch as we move forward,” Gov. Andy Beshear (D) said Tuesday. “We are seeing some other examples in different states.”

Public health officials have warned about COVID-19’s ability to mutate, with some known variants less susceptible to vaccines given U.S. emergency-use authorization. Federal coronavirus advisor Anthony Fauci, M.D., said Thursday that while the vaccines are effective against the quickly spreading British variant, known as B.1.1.7, the U.S. is witnessing a “race between the vaccine and a potential surge” in community infections.

A group of leading infectious disease and vaccine experts earlier this week said federal and state officials must continue to prioritize seniors for vaccination to protect against an uptick in cases and mortality during a B.1.1.7-fueled surge expected by the end of April.

The Centers for Disease Control and Prevention has also identified two new and concerning variants first detected in California, B.1427 and B.1429, which may be 20% more transmissible.

The American Health Care Association on Thursday said the current outbreak in Kentucky demonstrates that vaccines are the best hope for ending the pandemic as quickly as possible.

“This is why it is critical for everyone, including the general public, to get vaccinated, and that long-term care have a steady supply of vaccines for new and existing residents and staff immediately,” the provider organization said in a statement to *McKnight’s*. “We are not out of the woods yet, and we must remain vigilant by continuing to socially distance, wear masks, and frequently wash hands until we fully understand how effective the vaccines are against these new variants among our population.”

In guidance issued March 11, Kentucky joined many other states in opening facilities to indoor visitation and allowing the resumption of group dining in accordance with revised standards issued by the Centers for Medicare & Medicaid Services on March 10.

It was unclear Thursday whether the affected nursing home had been accepting visitors or whether the variant was introduced by a staff member, new resident or visitor.

(New article on next page)

McKnight's LONG-TERM CARE NEWS

With Key Resources at the Ready, Specialty Providers have Done Well amid COVID-19

Written by: Kimberly Marselas

3/22/2021

Most of long-term care has found itself hobbled by low occupancy and consumers' sustained fears during the pandemic, but one group has generally fared much better than the others: Providers focusing on intense rehabilitation and transitional care.

That's largely because they were able to demonstrate their value to upstream providers in need of reliable outlets for step-down patients.

The trend toward targeting clinically complex patients is nothing new, but observers say the continued push toward payment incentives that unite payers and providers around risk — plus ongoing, specific needs related to COVID-19 — have hastened the transformation.

"There's no question," said Bob Kramer, co-founder and former CEO of the National Investment Center for Seniors Housing & Care. "Specialized clinical programs working in conjunction with health systems … are seeing real pick-up and real demand of a sort they weren't before."

Kramer, who last year founded Nexus Insights to help develop new aging services models, calls this sub-sector "peri-acute" care, likening it to a protective moat around the castle that is acute care.

Just before COVID-19, Allaire Health Services served a mix of rehab patients, medically complex conditions ranging from traumatic brain injury to congestive heart failure and long-term care residents at four facilities in New Jersey and Pennsylvania. Amenities include private suites and gleaming rehab gyms. Respiratory therapists and wound care specialists direct therapies using equipment more commonplace in hospitals.

Over the last year, Allaire's emphasis on clinical staffing and subacute recovery became a lifesaver — both for patients who would continue to fill beds throughout much of the last year and for the business itself. By early this year, Allaire had added a facility each in New Jersey, New York and Vermont. Pennsylvania health officials also tapped Allaire to run a facility overrun by COVID-19.

Putting procedures in place

Like Allaire, Ignite Medical Resorts grew significantly during 2020. Much of that expansion was anticipated due to new partnerships with LTC Properties and Sabra Health Care. But CEO and co-founder Tim Fields also struck a deal to run a new Milwaukee location in conjunction with NHI and also acquired two Ascension properties in the Kansas City market. Ignite plans to break ground on an 11th location late this year.

Fields said navigating the pandemic while on a growth trajectory required nimble leadership and an ability to frequently repurpose people and equipment. He created dedicated COVID-19 units to reinforce relationships with key acute partners and took in an estimated 1,200 patients.

“We realized strategically we needed to flip the switch,” Fields said. “We get 98 to 99% of our business from the hospitals. We have to have the pulse all the time. We saw this as an opportunity to be part of the solution.”

With a high nurse-to-patient ratio, in-house therapy and medical equipment already in place, the company used technology to remotely monitor heart rates and oxygen saturation and safely deliver therapy to promote strength gains. Buildings that typically filled 90% of beds with rehab patients at one point might have had 75% of beds filled by COVID-19 referrals. After June, the mix fluctuated but census held steady, Fields said.

Allaire also created COVID units, starting with a floor at its Morristown facility. Careful attention was given to isolation precautions — including visitor restrictions that predated state and federal mandates — use of private rooms, and ongoing access to PPE.

“I personally was on the phone sometimes several times a day with the hospitals,” said Allaire CEO Ben Kurland. “What do you need? How do we get it? What could we do? There’s a high level for collaboration.”

The idea that these conversations were taking place with both upstream and downstream partners — and sometimes in group chats with peers in the same region — isn’t surprising given the pressures coming from managed care and incentive-based payment models.

“If you’re a payer, you do everything you can to keep a patient from a hospital stay,” he said. “Whoever’s holding the dollar risk, clearly you’re going to like dealing with a facility that’s new, that has brand new equipment and higher staffing ratios.”

Proving their worth

In Texas, Bridgemoor Transitional Care experienced a “shocking” occupancy drop of about 50% occupancy after the state stopped elective surgeries.

Like many providers, Bridgemoor worked with its real estate partner, Invesque, for a short-term debt reprieve. Invesque leaders acknowledged during a recent earnings call that they did not receive revenue from Bridgemoor during the fourth quarter of 2020.

But in an interview earlier this month, Fritz struck a more optimistic tone, buoyed by an ongoing relationship with a hospital that called on his facilities to offload some of its COVID-19 patients.

“One of the reasons was the relationship we had with them and being able to take more medically complex patients,” Fritz said. “The private rooms, that was a big factor.”

Bridgemoor had zero in-house acquired COVID-19 cases until a four-patient outbreak in February, a fact that it could tout when hospitals were ready to send out surgical patients.

Its relationships strengthened, Bridgemoor is preparing to pilot specialty programs in congestive heart failure and COPD starting this spring. “Our industry is changing, and this is just going to be part of it,” Fritz said.. “However you do it, everyone is going to have to get to more private rooms and more physician involvement.”

Be an asset when needed

Of course, not all providers have the capital to convert to single beds or take revenue offline when occupancy remains at record lows. When census mix depends on Medicare referrals to balance a majority-Medicaid clientele, a small bite at the apple might provide needed gains.

“If there’s a specific need in your market, specialize in that,” Kramer said. “Find out, what’s the dollar cost for this specialized type of care? Build your reputation around it. Demonstrate to your health systems, ‘You can trust us on this condition. And we’re really good at keeping people out of the hospital.’”

Fields expects sharing Ignite’s COVID-19 success will build confidence in programs dedicated to dialysis and pulmonary rehab — potentially critical for COVID long-haulers with fibrosis.

And Kurland predicts those who proved their worth during the pandemic will be a well that providers return to in the future.

“It makes us an asset to them when they have needs,” he said. “Today it was COVID, tomorrow, it will be something else.”

Skilled Nursing News

U.S. Nursing Home Workforce Shrank by 11.5% since Start of Pandemic

Written by: Alex Spanko

3/18/2021

The nation’s nursing homes have shed 182,000 jobs since the start of the COVID-19 pandemic in February 2020, according to a new analysis, a significant drop for a sector that struggled to keep facilities fully staffed even in pre-COVID times.

That works out to an 11.5% drop between February 2020 and the end of last month, the non-profit health care consulting firm Altarum found in a look at health care employment trends released this week.

The toll on nursing home employment stands in contrast with the wider health care system, which currently has about 3.5% fewer jobs than at its peak last February. Even within the context of long-term care facilities, nursing homes are lagging behind: Residential care settings saw an increase of 4,800 jobs last month, while nursing homes dropped 11,600 positions.

Employment at all nursing and residential centers combined has fallen 9.2% since last February, a loss of 310,000 jobs.

“The economy overall added a strong 379,000 jobs in February,” Altarum observed. “Total employment remains 6.2%, or about 9.5 million jobs below February 2020 peak employment. The unemployment rate dropped slightly to 6.2%.”

Staffing has been a significant issue at nursing homes for years. Between 2017 and 2018, median turnover at facilities was 94%, a study published earlier this month determined — with even higher levels at the lowest-rated facilities on the federal government’s five-star scale.

The pandemic further exposed the dangers of undermanned facilities: While staffing coverage does not appear to have had an impact on the likelihood of outbreaks, research suggests that facilities with more robust staffs have

"Given that the CMS data for 2020 were only reported from last May onward, the full year's actual death rate for nursing home staff may have approached or even exceeded that of fishers," Scientific American observed.

The Altarum report comes during the same week that the workforce problem took center stage in Washington, where the Senate Finance Committee held a lengthy hearing on the coronavirus crisis in nursing homes.

"We're extremely short-staffed," Adelina Ramos, a certified nursing assistant (CNA) at the Greenville Center nursing home in Greenville, R.I., testified of her experience throughout the pandemic. "At one point, I was caring for 26 critically ill residents with only the help of one other CNA, a nurse and a housekeeper … I was horrified. We begged management for more staff on each shift, but they said they couldn't find anyone."

The American Health Care Association and LeadingAge, the two primary lobbying and trade groups representing nursing homes and assisted living facilities, made stiffer staffing requirements a key component of a reform proposal rolled out this week — though both organizations have also argued that beefing up the ranks of frontline caregivers will require higher reimbursements and more investment in workforce development programs.

Resident advocates and some researchers have cautioned that any additional funding for staffing should also come with transparency around nursing home ownership and management.

Skilled Nursing News

Staffing and Ownership Structure Take Center Stage in Senate Hearing on COVID-19 in Nursing Homes

Written by: Maggie Flynn

3/17/2021

The Senate Finance Committee on Wednesday held a hearing on the impact of COVID-19 on nursing homes, and witnesses from the frontlines to the academic sphere testified to the fact that the pandemic exacerbated problems that long predated the novel coronavirus.

And while the hearing contained its share of partisan talking points — ranging from the Trump administration's failure to provide sufficient resources and information on COVID-19 to facilities to the policies of Democratic governors surrounding nursing home admissions of post-acute COVID-19 patients — it was clear from the testimony provided that the systemic problems of the sector transcended political parties.

"The terrible impact of COVID-19 on seniors in long-term care isn't a red state or a blue state issue," Sen. Ron Wyden, the Oregon Democrat who chairs the committee, said in his opening statement. "It is a nationwide tragedy. If you look at the 10 states where nursing homes have been hit the hardest, it's five Republican-led states and five Democratic-led states."

Dr. R. Tamara Konetzka of the University of Chicago, echoed this point, testifying that "multiple rigorous studies" have found standard quality metrics do not have a meaningful association with COVID-19 outcomes for nursing homes; even prior infection control citations were not associated with COVID-19 outcomes, she said.

"More than 99% of nursing homes in the nation have had at least one COVID-19 case, and more than 80% have had at least one death," Konetzka testified. "This is clearly not a bad-apples problem, and no subset of nursing homes has found a magic bullet to keep the virus out."

Staffing necessary for best practices

Over and over again, the witnesses testifying in the hearing emphasized that the issue of low staffing in nursing homes predated the pandemic — a point that was also made in one of the first hearings on the impact of COVID-19 in nursing homes in 2020.

As a result, when the pandemic hit, the staffing levels went from a strain to a crisis unto itself for many nursing homes.

"We're extremely short-staffed," Adelina Ramos, a certified nursing assistant (CNA) at the Greenville Center nursing home in Greenville, R.I., and a member of SEIU District 1199 New England, testified of her experience throughout the pandemic. "At one point, I was caring for 26 critically ill residents with only the help of one other CNA, a nurse and a housekeeper … I was horrified. We begged management for more staff on each shift, but they said they couldn't find anyone."

Ramos was also clear that staffing problems had been an issue well before the pandemic, for a variety of reasons. For one thing, the average starting wage for nursing home workers in Rhode Island is $12.34, forcing some staffers to work multiple jobs — and with inadequate staff, those who are present at work cannot spend enough time with their residents, Ramos said.

This problem is not unique to Rhode Island. A recent study in the journal Health Affairs documented just how pervasive this issue is; even before the pandemic, the median staff turnover in U.S. nursing homes was 94%.

Nurses and CNAs leave their roles for multiple reasons, Ramos testified. But the short staffing conditions tend to feed into that turnover, because it creates an unsustainable workload, alongside low wages that necessitate multiple jobs.

"I feel a call to do this job and care for others, but passion can't pay bills," Ramos said at a different point in her testimony.

Though community spread of COVID-19 and facility size have proven to be the top predictors of nursing home outbreaks in multiple studies, staffing does have an effect on how a COVID-19 outbreak plays out, Konetzka testified. More staff did not reduce the chance of outbreaks, but more staff hours meant fewer deaths and cases once an outbreak occurred, she said.

In fact, addressing insufficient staffing seems to be one of the few areas of agreement "in the often-contentious world of nursing home policy," Konetzka said in her opening statement. Though true reform would take a long-term effort, a short-term measure could include using strike teams deployed by states in the height of the COVID crisis to quickly fill staffing gaps in an outbreak, she said.

The American Rescue Plan, the sweeping $1.9 trillion stimulus package recently signed into law by President Biden, includes $200 million for infection control and $250 million for strike teams.

"You really can't implement the best practices that we now know can address a COVID outbreak — such as testing all residents as soon as there's a case in the facility, such as separating residents and assigning dedicated staff to COVID-positive versus COVID-negative residents so they don't have to go back and forth

between the two — all of those things take staff," Konetzka said. "And in the short run, we can't incentivize facilities into finding more staff and hiring them in the middle of a crisis."

In the long run, workforce retention and recruitment must feature prominently in the response to COVID-19, according to both Dr. David Gifford, the chief medical officer of the nursing home trade group American Health Care Association (AHCA), and Quiteka Moten, state long-term care ombudsman in Tennessee.

Gifford pointed to facets of the policy proposals put forth by AHCA, which primarily represents for-profit providers, and LeadingAge, the trade association for non-profit senior housing and care providers, which called for programs dedicated to cultivating workers for long-term care facilities through loan forgiveness, tax credits, and keeping those nurses and workers from being hired away by hospitals.

Moten also stressed the need to put a workforce strategy into any COVID-19 response, calling for a "comprehensive plan for recruiting and retaining staff" as an actionable item for facilities.

"Staffing issues are nothing new in the most regulated industry in this country," Moten said in her opening remarks. "Nursing homes were already dealing with a workforce shortage, and COVID exacerbated that issue further."

Transparency in ownership and cash flow

Calls for enhanced staffing from advocates and regulators — whether in the form of increased registered nurse coverage and enhancing the infection preventionist role such as AHCA and LeadingAge have recommended, or hiring more CNAs and paying them higher wages — are usually met with the response from SNFs that more "unfunded mandates" are impossible to implement.

This debate represents one of the major challenges to addressing staffing issues, according to Konetzka.

"Direct care staffing needs to be increased," she said in her opening statement. "Addressing this challenge requires resources, which is where the agreement about staffing ends, and the harder problems begin. Many argue — and I largely agree — that America's long-term care system is grossly underfunded. At the same time, the growing role of related party transactions and private equity ownership makes it difficult to see where taxpayer money is being spent, and what profit margins truly are. Greater transparency about the flow of money is urgently needed."

In February, a group of experts ranging from academics to executives pointed to transparency of ownership as one of the critical tools for reform in a post-COVID world in a commentary in the journal Health Affairs.

"Quality issues persist as policy makers are unable to oversee how nursing homes spend Medicare and Medicaid payments," the group wrote. "The growth in complex nursing-home ownership structures has limited financial transparency by allowing nursing homes to hide public payments and stint on direct resident care."

Another study, one that found its way into the Wednesday hearing on multiple occasions, was a National Bureau of Economic Research working paper that found a variety of bad outcomes for nursing homes taken over by private equity ownership: an elevated risk of death for short-term Medicare patients, higher rates of antipsychotic drug use, and increased taxpayer spending on episodes of care.

In fact, Sen. Sherrod Brown of Ohio requested to enter the paper into the record for the hearing along with his and other legislators' letters to a range of private equity firms with nursing home ownership histories.

Wyden emphasized that he wanted the Finance Committee to investigate the involvement of private equity in the nursing home field in response to Konetzka's opening statement. It was a point she did not dispute, pointing to those worse outcomes for private-equity owned nursing homes as a reason to examine how those entities are using the government funds they receive.

"I think regulators have been reluctant to interfere with ownership transactions in the industry, an industry that was mostly for-profit," Konetzka said. "But it may be time to do so, at least in the sense of transparency, so if we think about assistance or potentially increasing reimbursement rates, we at least know where the money is going."