

EMPOWERING YOUR STAFF TO PROVIDE THE BEST CARE:

SAFEGUARDING OLDER ADULTS THROUGH SMART STAFFING



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WHY WE'RE HERE TODAY

- 🐯 Understand current challenges in LTC workforce
- 🐯 Understand how to support and promote staff within the long-term care organization.
- 🐯 Understand how APRNs can benefit an LTC facility through improved patient care processes at both the individual resident and organizational levels.
- 🐯 Understand how APRNs can benefit a long-term care facility and improve outcomes through role-modeling, staff empowerment, and care coordination.



OLDER ADULTS



50% increase in Older Adults who will need LTC by 2030!!



The Baby Boom generation (ages 60-78)



WHO WILL CARE FOR THEM?!

OLDER ADULTS PERSON CENTERED CARE

More complex care

Focus on HOME

Aging in Place



WHO ARE WE CARING FOR?

Silent Generation (1925-1945)

- 47 million TOTAL
- Silent- cautious
- Loyal- Patriotic
- More ‘intact’ families



Baby Boom Generation (1946-1965)

- 76 million TOTAL
- Consumer driven
- Higher divorce rate
- Fewer children



LTC



Reduction in Geriatricians



Increase in APRNs with primary care and geriatric focus



Nursing Shortage??



Stringent Oversight



Tight Budgets



COVID-19: the wake-up call

**Infection Prevention
Challenges**

Underprepared workforce

Fear of contagion

Burn-out- use of agency

**MANY rose to the
challenge!**

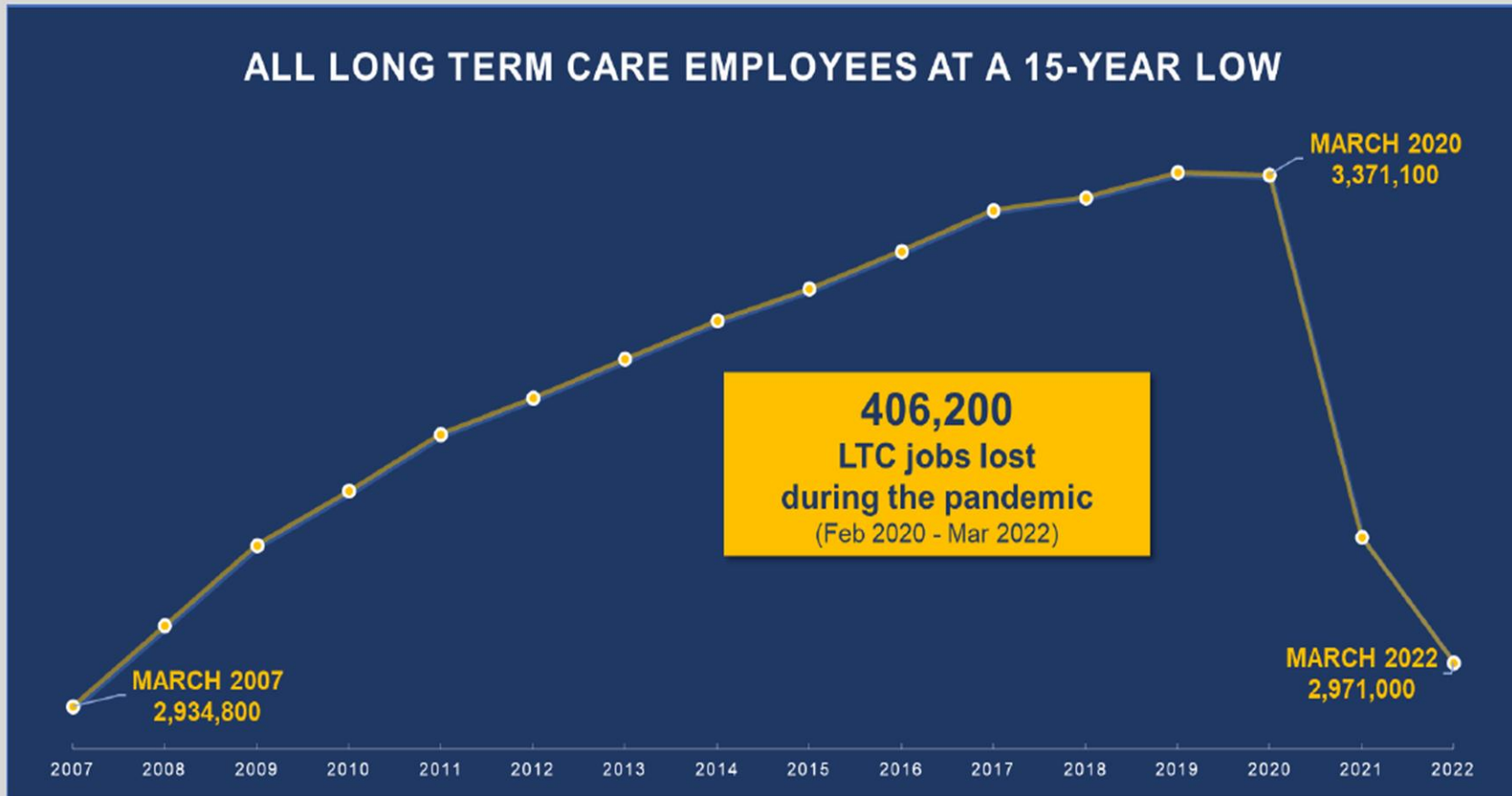




Our long-term care family

THE ENTIRE LONG TERM CARE INDUSTRY IS FACING A 15-YEAR LABOR LOW

Among all long term care facilities (nursing homes and residential care facilities), the industry lost 4,00 jobs in March 2022. The industry has lost more than 400,000 employees over the course of the pandemic, and the number of employees is at levels not seen since August 2007.



Source: Bureau of Labor Statistics (BLS) March 2007-2022; Industry: Nursing and residential care facilities (NAICS Code: 623)

GERIATRIC PROVIDERS

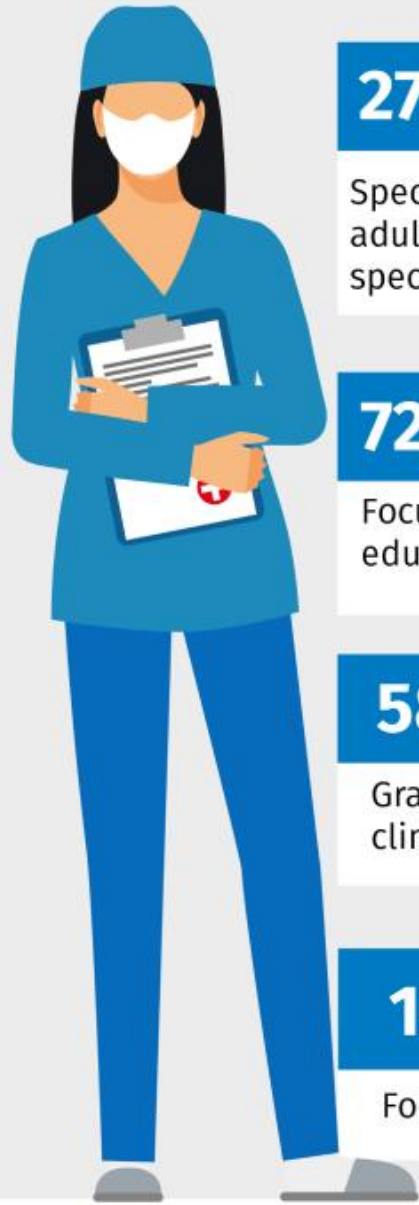
APRNs most common type of LTC specialist

NP workforce increase 25% by 2028

Physicians increase 0.5% by 2030

Ranking of care provided per state tracks with APRN scope of practice





270,000+ NURSE PRACTITIONERS

Specialties include family practice, adult and geriatric primary care, adult and geriatric acute specialty care, pediatrics, mental health, specialty care, and long-term care

72,000+ CLINICAL NURSE SPECIALISTS

Focusing on population health, professional development, education, and working with other healthcare professionals

58,000+ CERTIFIED REGISTERED NURSE ANESTHETISTS

Graduate level educated nurses practicing in acute care, pain clinics and in rural areas

12,000+ Certified Nurse Midwives

Focusing on women's health

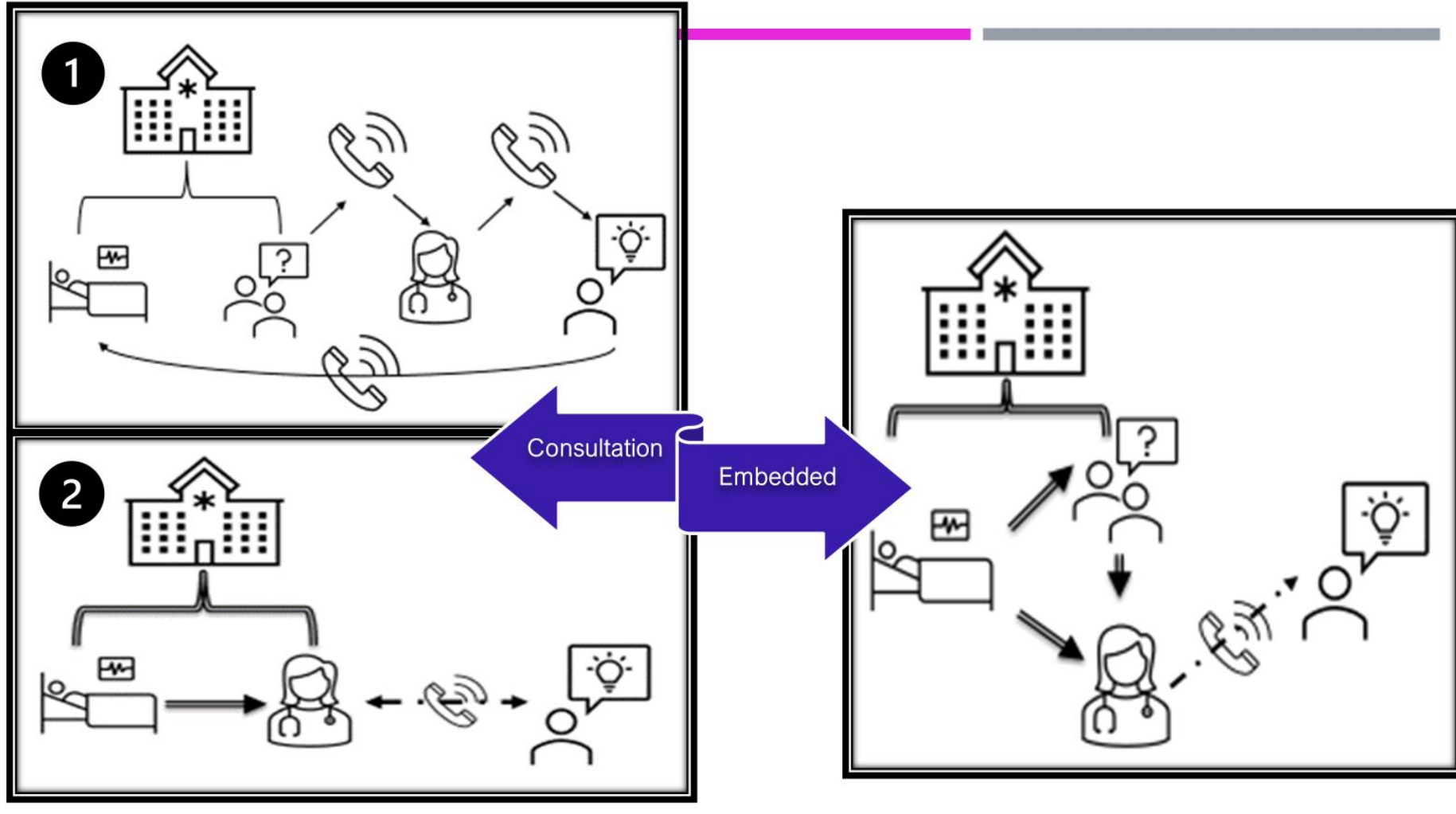
US figures from American Association of Nurse Practitioners, American Midwifery Certification Board, National Association of Clinical Nurse Specialists

WHAT IS AN APRN



University of Missouri

HOW DO APRNS WORK IN LTC



BENEFITS OF EMBEDDED MODEL

RESIDENT

- Knowing the resident
- Rapid assessments
- ↑ satisfaction
- ↑ Care coordination
- ↑ Advance care planning
- ↓ Inappropriate medications

SYSTEMS

- Knows the staff
- Coach for staff- EBP
- Staff education
- Lead quality initiatives
- ↓ in hospitalizations



APRNS IN MISSOURI QUALITY INITIATIVE

Reduced potentially avoidable hospitalizations (2014-2016) by 50%

Reduced all cause hospitalizations by 32%

Reduced Medicare expenditures (2014-2016) per resident per year by 40.2% for potentially avoidable hospitalizations; 28.6% for all-cause hospitalizations

Reductions maintained across full 8 years of study (2012-2020)



THE KEY? Embedded APRNS helped maintain quality and reduce hospitalizations

HOW DO APRNS INFLUENCE OUTCOMES?

THEORY: DONABEDIAN SPO

Structure

- Embedded APRN
- NH size/location
- Workforce/Staffing
- Resources/Supplies

- QI team structure
- Chain of Command
- APRN support team
- NH Characteristics

Processes

- Basics of care delivery
- Early illness detection and chronic illness management
- Advance Care Planning
- Medication Review

- Coach and mentor staff
- Identify system-level change
 - PI/QI activities
 - Root cause analysis
 - Build community

Outcomes

Avoidable/Unavoidable Hospital transfers

(hospitalizations, observation visits and ED visits)

Composite Quality

Measures (falls, pressure ulcers, urinary tract infections, indwelling catheters, restraint use, activities of daily living, weight loss, and antipsychotic medication use)

-  = Direct Care
-  = Indirect Care

HOW DO APRNS INFLUENCE OUTCOMES

- *Proactive Care*
 - *Advance Care Planning*
 - *Care Coordination*
 - *Medication Reviews*
 - *Early illness identification*
- *Mentor for other staff*
 - *Forming Partnerships*
 - *QI participation*
 - *EBP coach*
 - *Hands-on education*
 - *Cheerleaders!*

EXAMPLES:

“Rose” worked with social worker to identify system-wide process for completing advanced care plans in a timely manner for all new admits. Created a process that outlived her tenure

“Thomas” would round with the nurses and demonstrate sound assessment practices, relating findings to care. “Josie” a nurse felt confident enough in her assessment to call the physician to report clinical findings AND advocate for treatment in house (IV and fluids vs. transportation to the hospital)

“Sue” identified nurses' education needs (discomfort with dehydration assessments) and held an in-service for all nursing staff



SINCE WE KNOW THEY MAKE A DIFFERENCE, WHY AREN'T WE HIRING APRNS???

Missouri LTC Administrator survey- ONGOING!!

- “they aren’t available in my rural area”
- “I never considered it”
- “they don’t know the regulatory environment”
- “already have medical coverage”
- “too expensive- can’t afford their salary”



STAFFING MATTERS!



When residents are satisfied with staff they are more satisfied with ALL other aspects of care

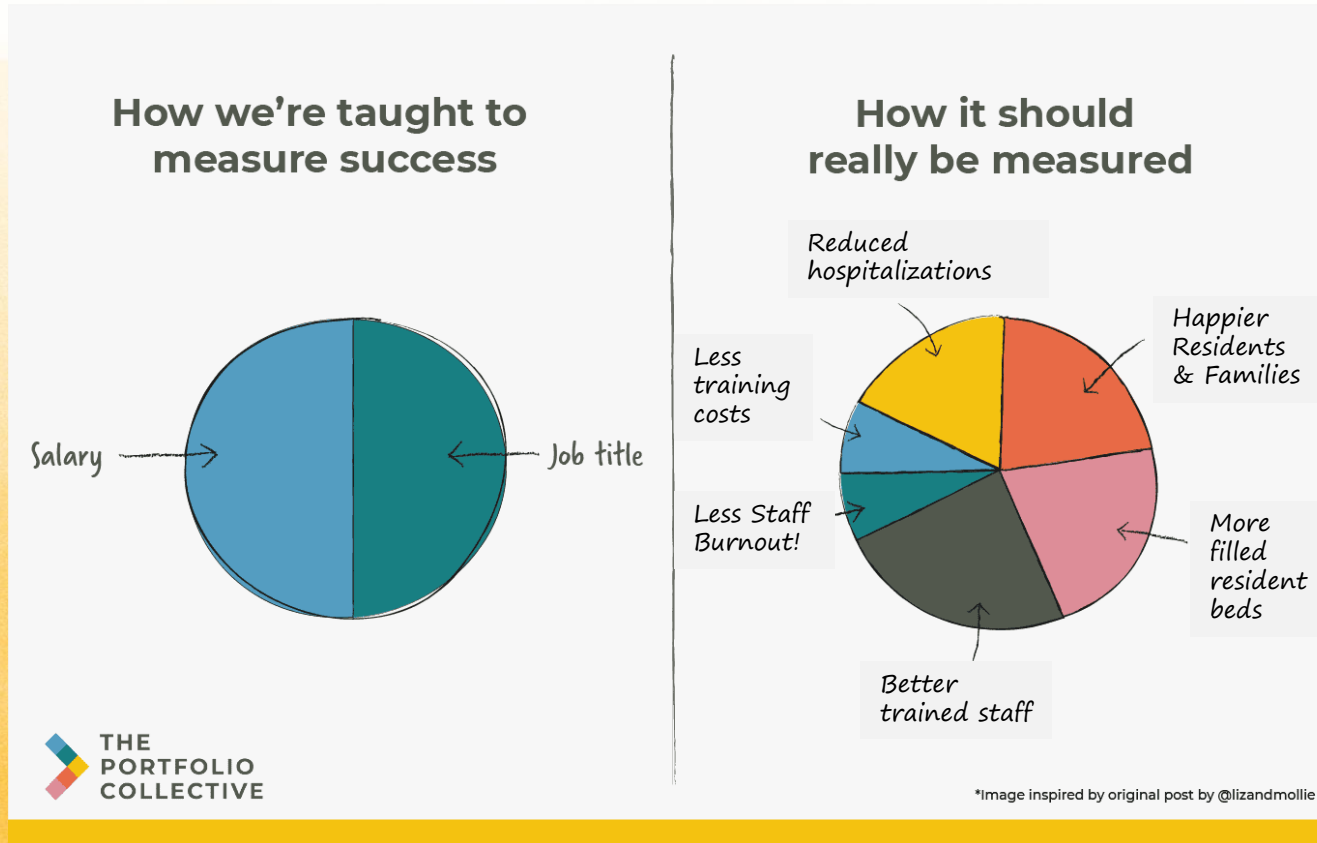
Li et al. (2023). Resident satisfaction indicators in long term care settings in the United States,

APRNS AS A LOSS LEADER?

- Reduced Hospital Transfers
 - increase care provided on site
- Fewer empty beds
- Staff Retention
 - reduced training costs
 - reduced agency use
- Improved end-of-life care, fewer transfers



MEASURE WHAT YOU VALUE RATHER THAN VALUING WHAT YOU MEASURE





MEDICARE AND MEDICAID PROGRAMS: MINIMUM STAFFING STANDARDS FOR LONG- TERM CARE FACILITIES

This final rule was informed by the feedback CMS received from over 46,000 public comments submitted in response to the proposed rule.

This final rule provides a staggered implementation timeframe of the minimum nurse staffing standards and 24/7 RN requirement (May 2026).

Facilities must develop a staffing plan to maximize recruitment and retention consistent with President Biden's April 2023 Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers.

CMS's announcement of the proposed rule was accompanied by an initiative that would invest over \$75 million as part of a nursing home staffing campaign (no details yet provided).




NURSING SHORTAGE?



- NO reduction in staff during COVID?
 - BLS-~15% decline
 - but so did census
- Everyone was working *differently*.
- Agency use went up for some
- Isolation, who was “essential”

FUTURE NURSING WORKFORCE

- Recent trends show RN workforce is projected to recover and meet pre-pandemic forecasts
- Drop in RNs from 2020-2021 were likely transitory.
- Increase in “other” RNs showed increase of 12% from 2018-2023

JAMA Health Forum. 

Original Investigation
Projecting the Future Registered Nurse Workforce After the COVID-19 Pandemic
David I. Auerbach, PhD; Peter I. Buerhaus, PhD, RN; Karen Donelan, ScD, Ecm; Douglas O. Staiger, PhD

Abstract

IMPORTANCE Health care delivery systems rely on a well-prepared and adequately sized registered nurse (RN) workforce. The US RN workforce decreased by more than 100 000 in 2021 during the COVID-19 pandemic—a far greater single-year drop than observed over the past 4 decades. The implication for the longer-term growth of the RN workforce is unknown.

OBJECTIVE To describe recent trends in RN employment through 2023 and forecast the growth of the RN workforce through 2035.

DESIGN, SETTING, AND PARTICIPANTS Descriptive analysis of recent trends since the start of the COVID-19 pandemic in RN employment using data from the US Bureau of the Census Current Population Survey and including employed RNs aged 23 to 69 years from 1982 through 2023, and retrospective cohort analysis of employment trends by birth year and age to project the age distribution and employment of RNs through 2035.

MAIN OUTCOME AND MEASURES Annual full-time equivalent (FTE) employment of RNs by age, demographics, and sector of employment; forecast of RN workforce by age through 2035.

RESULTS The final sample included 455 085 RN respondents aged 23 to 69 years. After a sharp decline in 2021, RN employment recovered, and the total number of FTE RNs in 2022 and 2023 was 6% higher than in 2019 (3.35 million vs 3.16 million, respectively). Using data on employment, education, and population through 2022, the size of the RN workforce was projected to increase by roughly 1.2 million FTEs to 4.56 million by 2035, close to prepandemic forecasts. Growth will be driven primarily by RNs aged 35 to 49 years, who are projected to compose nearly half (47%) of the RN workforce in 2035, up from 38% in 2022.

Key Points

Question Has the current and projected number of registered nurses (RNs) in the US changed after the COVID-19 pandemic?

Findings This study found that after a substantial drop during the pandemic, the nursing workforce recovered in 2022 and 2023, and the future size is now expected to reach 4.56 million in 2035, similar to what had been forecast prior to the pandemic.

Meaning While health care organizations that rely on RNs were challenged with labor shortages during the pandemic, future workforce challenges are less likely to involve an overall shortage than it appeared during the pandemic, and competition for RNs across health care sectors will likely remain robust.

+ Supplemental content
Author affiliations and article information are



WORKFORCE SOLUTIONS- NOW WHAT?!

APRNS could make a difference WHEN supported by administration- Make the business case for hiring APRNs

Support Systems- Corporate, Regional

Create Resident/family engagement models

Hiring foreign-educate nurses



Sensor enhanced care coordination

Redesign homes- Green House Project

WHERE ARE YOU HIDING ALL THESE NURSES?

Partner with local nursing education institute

Rural? Create extended-clinical experiences

Identify mutual needs

SHARE your staff- we need LTC prepared faculty!

Preceptorships- DON, ADON

Level appropriate clinical rotations

Interprofessional Education Opportunities

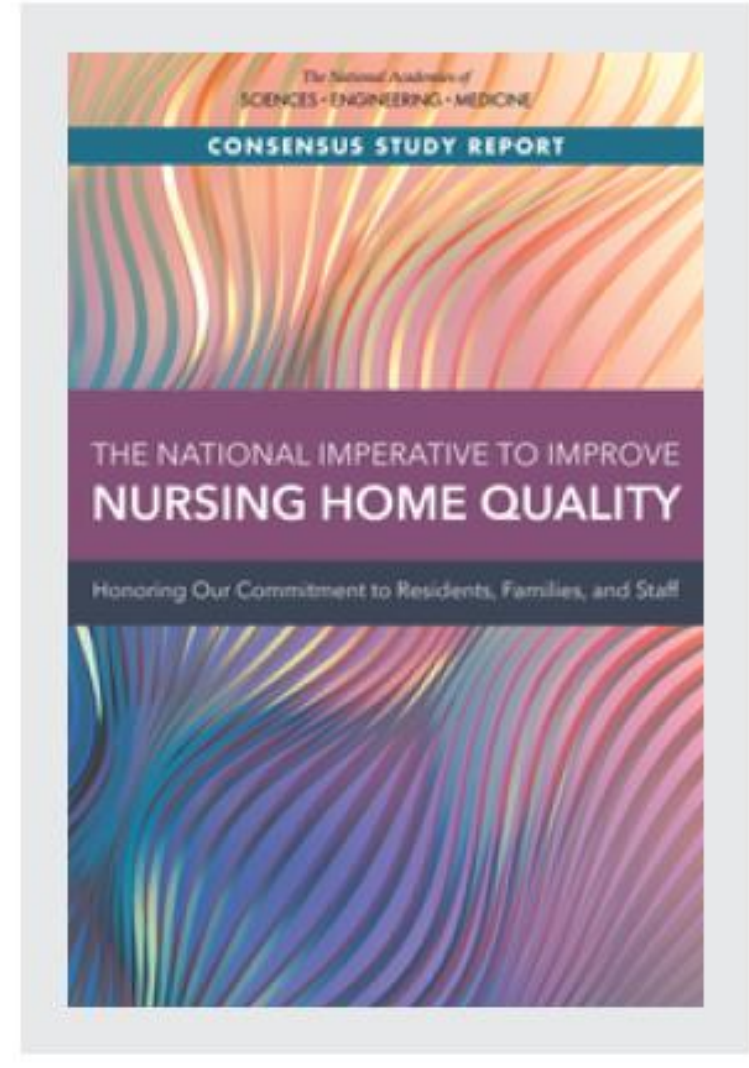


Workforce Recommendations

Goal 2: Ensure a well-prepared, empowered, and appropriately compensated workforce

- Competitive wages and benefits
- Change minimum staffing requirements, i.e., 24-7 RN staffing
- Enhance available expertise
- (LCSW, APRNs)
- Advance and empower role of CNAs
- Establish minimum education requirements for NH staff
- Enhance education/training of NH workforce
- Enhance workforce reporting
- Federal funding for research

NASEM Report, 2022





QUESTIONS?

ADDITIONAL REFERENCES

Auerbach DI, Buerhaus PI, Donelan K, Staiger DO. Projecting the Future Registered Nurse Workforce After the COVID-19 Pandemic. *JAMA Health Forum*. 2024;5(2):e235389. doi:10.1001/jamahealthforum.2023.5389

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Thank YOU to VOYCE and ALL the AMAZING long-term care workers out there for all you do!!!!

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