NEWS

Ease ‘churning and burning’ of staff with these strategies, experts tell LTC crowd

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From left: Emily Nicoli, David Grabowski, Ph.D., and Mary Knapp, RN, speak during a session Thursday at the PALTC2022 annual conference. Credit: Kimberly Marselas

BALTIMORE — Medical directors and other advanced clinical staff can do more to help direct care workers cope with the ongoing staffing shortage, a strategy that experts at the PALTC2022 annual conference said Thursday could pay off in better staffing retention and patient quality outcomes.

“We are churning and burning our nursing staff and CNAs,” said Emily Nicoli, CRNP, chief nursing officer for United Healthcare Retiree Solutions, at the opening session of the national event for nursing home medical directors. “Geriatrics is a team sport. … We all need to understand what our roles are, but we’re all going to share a little bit of different roles and responsibilities.”

Making management choices that reflect respect for frontline workers, reduce their burden and lead to empowerment are the kinds of soft changes providers can implement with little-to-no cost, panelists said. While hard to measure, they may be key to maintaining workforce while policymakers hash out more permanent solutions, they added.

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added.

The long-term care sector has lost more than 400,000 workers since early 2020, with more than 220,000 leaving skilled nursing facilities. Nursing home employment has not rebounded, despite offering the largest wage hikes of any healthcare sector, noted Harvard Medical School's David Graboswki, Ph.D.

"There's a real disconnect there," Grabowski told the 1,250 attendees, about 500 of them online. "We did try to pay our staff more. We need to pay them even more than we're currently paying them. And it's not just about pay. Pay is necessary, but it's not sufficient. … Let's provide them with opportunities for career advancement. Let's improve the work environment."

Speakers suggested instituting changes that could give certified nurse aides and floor nurses more time for bedside caregiving. Specific examples offered included:

- Working with referring hospitals and other skilled nursing providers in a community to stop admission at night, when staffing levels are often lower and fall risk increases
- Ending unnecessary or duplicative monitoring activities, potentially including COVID-era temperature checks, daily weights and excessive fingersticks for diabetes or other testing
- Better evaluating the necessity of medications, including vitamins, to reduce the time licensed staff spend on daily medication passes

Mary Knapp, RN, NHA, director of health services for Foulkeways at Gwynedd in Pennsylvania, said empowerment is critical. In addition to allowing CNAs and other frontline caregivers to make more decisions — without a punitive attitude for minor mistakes — she suggested they get a greater voice in patient care.

She urged medical directors to include CNAs in rounds on a regular basis, where they should be encouraged to share their observations about patients they know well.

Knapp also encouraged medical staff in corporate-controlled buildings to push back against organizational policies that infringe on building the kind of workplace culture employees want. In some cases, that may mean letting beds remain empty to ease the per-worker load.

"We are in the driver's seat in some respects now," she said. "We're the workforce on the ground level, you've got to listen to us. If It means that we don't have every bed filled but we reduce risk and reduce litigation and the families and the residents are touting us in the community as the place that their parent wants to go, we have to be able to tell that story to the people that are holding the money."