CRITICAL STAFFING MANAGEMENT IN LONG-TERM CARE SETTINGS

Residential Care Services

October 2021

Washington State Department of Social and Health Services

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Housekeeping

	Audience will be in listen only mode	This Training will be recorded. Please do not share confidential information	
Self-mute your lines when not speaking		A Q&A document will be produced with answer to questions from the call and answers to those that we may not get to	
	Slides will be available for distribution after the presentation	Type your questions into the meeting chat or send questions after the training to policy unit RCSPolicy@dshs.wa.gov	

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Critical Staffing Management in Long-Term Care

Today's presenters:

Mike Anbesse, Residential Care Services Director

Katherine Ander, Interim Infection Preventionist / Project Support

Bett Schlemmer, Special Assistant to the Director

Webinar facilitated by RCS Training Unit: **Rebecca Kane** and **Christine Kubiak**

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Participants Will:

1. Describe the Challenges and Primary Goal of Critical Staffing Management
2. Identify Options for Prioritizing Care Along a Continuum When Staffing is at Crisis Levels
3. Summarize the LTC Procedure to Notify RCS and Request Support When Staffing is at Crisis Levels
4. Outline RCS Response to Notification of Crisis Staffing
5. Understand Emergency Plan Regulatory Requirements in Long-Term Care Settings
6. Name References for Critical Staffing Management Procedures

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Critical Staffing Management in Long-Term Care

The long-term care delivery system is currently facing two particular challenges

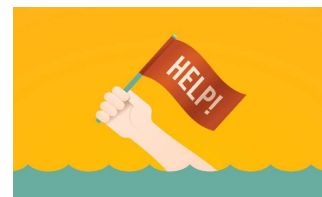- Staffing shortages in the health care workforce
- Supply chain issues impact

Continuum of Emergency Care – Including Staffing Management

Conventional: Normal level of healthcare resources

Contingency: Demand for healthcare resources begins to exceed supply but adaptations are possible to still deliver functionally equivalent care

Crisis: Resources are exceeded by demand or depleted; functionally equivalent care is no longer possible to address all requirements and there is a risk to resident/client or provider

Primary Goal of Implementing Critical Staffing Management

Avoid the need for urgent or emergent transfer of resident/clients from their homes due to the staffing crisis by prioritizing care if needed

Focus on
- Providing essential supportive services including eating/drinking, personal hygiene, and safety
- Administering only essential medications and treatments
- Comfort care, including fluids and pain management

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Critical Staffing Management RCS Guide

- Tool to help LTC settings consider options when faced with critical staffing crises
- It is not mandated or required by RCS
- Identifies regulations, care and services that could be delayed, decreased, stopped, or modified during contingency and crisis staffing conditions

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Critical Staffing Management RCS Guide

Regulations/Care services that could be delayed/decreased/stopped or modified	Contingency Demand for healthcare resources begins to exceed supply but adaptations are possible to still deliver functionally equivalent care	Crisis Resources are exceeded by demand or depleted; functionally equivalent care is no longer possible to address all requirements and there is a risk to patient/resident or provider
Showers	☐ Decrease (resident/client preference)	☐ Primarily bed baths/wash ups-showers as able
Nailcare	☐ Reduce	☐ Stop with exception of Diabetic nail care
Restorative programs (including toileting programs)	☐ Reduce	☐ Stop with exception of independent programs
Outings-facility arranged/organized	☐ Medically Necessary only	☐ Request family to assist with medically necessary appointments
Activities	☐ Reduce frequency	☐ Stop-focus on res care needs
Visitations	☐ Reduce times allowed	☐ Reduce times allowed
Resident council meetings	☐ Reduce frequency	☐ Stop-address grievances individually
Dining (including mealtimes)	☐ Modify mealtimes, allow variation, limit choices	☐ Focus on 3 meals/day & snacks; alternates may not be available for lunch/dinner meals

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LTC Setting Procedure

Activate Emergency Plans When:
- Resources are exceeded by demand or depleted AND
- Functionally equivalent care is no longer possible to address all requirements AND
- There is a risk to /resident/client or provider

Encouraged to Contact the RCS Field Manager to Discuss
- Options for adjusting operations
- Standards of care to preserve and effectively allocate limited resources

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Seek Help and Notify the Department

WHEN	HOW
• Contingency care levels are not sufficient to meet resident/client/care needs	• Complete a Revised Rapid Response Request form (DSHS 02-716)
• Any crisis standards to manage critical staffing shortages are initiated	• Email request to rapidresponse@dshs.wa.gov

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RCS Response

An email received from a provider will

- Activate multi-agency response to focus on resources needed to keep residents/clients safely in their homes
- RCS will follow 4 steps:
  1) Contact Setting within 24 hours
  2) Collaborate on Resources
  3) Continue to communicate with LTC Setting until situation has stabilized
  4) If all resources and efforts are exhausted – coordinate to ensure orderly transfer of residents/clients to a safe location

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Questions to Ask From a Regulatory Perspective

- What is my current situation?
- Do have a written emergency (ER) plan if required?
- Does my ER plan include critical staffing management?
- Have I communicated the ER plan to residents/clients, staff, families?
- Do I actively seek assistance from available resources to manage staffing?
- Am I meeting basic resident/client care needs during critical staffing implementation?
- Have I prevented any resident/client from experiencing harm?

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Emergency Plan Regulatory Requirements

Emergency Preparedness Requirements for the Centers for Medicare and Medicaid Services (CMS) refers to SNF & ICF/IID
Includes 4 core elements:
- Risk assessment and emergency planning
- Policies and procedures
- Communication plan
- Training and testing

Residential and Community Settings (AFH, ALF, ESF)
WACs require a written emergency plan including actions to meet resident needs during an emergency

Certified Community Residential Supports & Services (CCRSS)
Does not have specific emergency plan requirement but outlines care and services to be provided, regardless of any emergency

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Frequently Asked Questions

What Must LTC Settings Document When Moving to Crisis Level Care Standards?
- Any time a specific resident care plan is not delivered, then document in the resident record
- If the LTC setting implements an emergency / disaster plan to relocate residents/clients, contact CRU (this documents the response)
- Use the Rapid Response form to trigger multi-agency response to critical staffing need
- Follow LTC setting policy / procedure / emergency plan related to documentation

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Q & A

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Critical Staffing Management Requires All to Work Together on Behalf of Residents/Clients

GOAL: Avoid the need for urgent or emergent transfer of resident/clients from their homes due to the staffing crisis by prioritizing care if needed

FOCUS: Providing essential supportive services including eating/drinking, personal hygiene, essential medications, treatments, and safety

EXPECTATION: LTC settings will return to conventional staffing standards once the critical staffing shortage has passed

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References

CDC - Preparedness Checklist for Nursing Homes and Other LTC Settings

CDC - Strategies to Mitigate Healthcare Personnel Staffing Shortages

CDC - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

CMS – Nursing Homes Long Term Care Requirements CMS Emergency Preparedness Final Rule Updates Effective March 26, 2021

DOH - Interim Recommendations to Mitigate Health Care Worker Staffing Shortage During the COVID-19 Pandemic

DOH - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

Control, C. f. (2021, October). Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other LTC Settings. Retrieved from CDC COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

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References

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Institute of Medicine 2013. Crisis Standards of Care: A Toolkit for Indicators and Triggers. Washington, DC: The National Academies Press. https://doi.org/10.17226/18338

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National Center for Biotechnology Information, U. N. (2012). Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response. Retrieved from Chapter 8 - Out-of-Hospital and Alternate Care Systems: https://www.ncbi.nlm.nih.gov/books/NBK201069/

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