McKnight's Workforce Development

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Long-Term Care News & Senior Living

Staffing lessons from the pandemic

INSIDE

An upside of COVID-19	3
The effect of vaccine hesitancy	8
Worker engagement: No easy feat	10
The task ahead	11





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STATEOFTHE INDUSTRY

Pandemic creates soaring demand, more recognition for frontline staff

By Amy Novotney

Workforce shortages in long-term care are a long-standing, well-documented issue, but over the past year, the pandemic has highlighted just how essential these workers truly are to the industry and the residents they serve, says Kezia Scales, Ph.D., director of policy research at PHI, a national organization considered a leading expert on the direct care workforce.

"The COVID-19 pandemic has really shaken the foundation of the direct care workforce," Scales says. "It's put these workers on the front lines and in very vulnerable positions both in terms of their own health and the health of their families, as well as placed a huge burden of responsibility on them for preventing and managing outbreaks of the virus among those they care for."

Though these direct care workers were deemed essential at the onset of COVID-19, they have struggled with limited compensation, benefits, training and job support to navigate the extended crisis. (While direct care workers are formally classified as personal care aides, home health aides and nursing assistants, they are known in the field by a much broader array of job titles.)

As a result, the long-term care industry reported a significant worsening last year in the shortage of nurses and aides. The percentage of nursing homes with a shortage of at least one category



The pandemic has revealed just how essential frontline caregivers are, but many have left their jobs due to burnout, caregiving challenges and other issues. Recruitment efforts have expanded to include new potential worker pools.

of staff was 19.9% in May, rising to 22.8% in December, according to an analysis of government data released in January by the U.S. PIRG Education Fund and Frontier Group. For an industry that was already anticipating a shortage of more than 150,000 direct care workers by the year 2030, the pandemic has been a tremendous setback.

"We have a lot of work to do ... to ensure that we can recruit more individuals into these roles and assure them that their safety, well-being and jobs will be a priority now and in future emergencies," Scales says.

Focus on retention

Research by the U.S. PIRG Education Fund confirms that turnover rates for nursing home workers have increased during

KNOW THE

22.8%

This percentage of nursing homes had a shortage of at least one category of staff in December 2020.

 U.S. PIRG Education Fund and Frontier Group

the pandemic. But to better understand why employees have been leaving their jobs, the LeadingAge LTSS Center @UMass Boston surveyed more than 1,400 current and resigned direct care workers in assisted living and independent living communities, nursing homes, healthcare services, and home

and community-based services agencies.

Findings from the center's WeCareConnect survey suggested that a substantial percentage of direct care workers have experienced a series of external and work-related challenges during the pandemic. The researchers found that resigned employees experienced these challenges more frequently and reported higher levels of COVID-related stress compared to current employees. Further, preparedness and organizational communication were rated high by current workers.

"This information will help nursing homes identify areas where they can possibly provide help with specific challenges faced by workers — such as lack of childcare — in order to

STATEOFTHE INDUSTRY

reduce turnover," says Verena Cimarolli, a researcher at the LeadingAge LTSS Center @ UMass Boston.

Providers can help mitigate some of the stresses by offering wrap-around services and mental well-being support, says Peter Corless, executive vice president of the human capital management software company OnShift. Approximately 80% of skilled nursing and senior living employees cited burnout as the top personal challenge facing them in the workplace today, according to a December "Workforce 360" survey of more than 2,100 long-term care workers conducted by the firm.

"Providers are rethinking their benefits in ways that will help promote health and safety, while also helping with retention, such as gift cards, transportation and flexible schedules," Corless says.

Any discussion of retention must consider providers' unique funding sources. Nursing homes are navigating an unsustainable public funding model, says Robyn Stone, DrPH, codirector of the Leading Age LTSS Center @UMass Boston.

KNOW THE NUMBERS

80%

This approximate percentage of skilled nursing and senior living employees cited burnout as the top personal challenge at work.

- OnShift's "Workforce 360" survey

"On the provider side, we need to develop healthy work cultures that support, empower and strengthen frontline professionals, and that's difficult in the current COVID environment," she says. "But from a systems perspective, the workforce and the aging services sector has been undervalued and underfunded. We believe that the solution depends both on policy and practice — both are key. Even more so right now."

Broader appeals

The long-term care industry has worked hard over the last year to hire workers from other sectors, including those in retail, restaurants and hospitality who may have been displaced amid lockdowns, closures and downsizing as a result of the COVID-19 pandemic. The efforts have had

mixed results, however, Corless notes. He adds that many of these potential candidates may not have ever considered a job within healthcare, even though long-term care has many available jobs similar to those in the hospitality, food service and retail industries.

"Those providers that have been most successful have been very targeted in their approach and message," he says.

Scales agrees, noting that it's crucial for operators to evaluate where new nursing assistants and other direct care workers have been coming from amid the COVID-19 pandemic, and consider targeting campaigns to these nontraditional sectors.

Some providers also have started promoting openings to family members of employees who were displaced from work, while others are switching tactics and reaching out more to "gig economy" workers, who aren't necessarily looking for full-time work.

"These workers are able to fill gaps that providers may have both in registered positions and nonregistered or certified positions, so that, as census fluctuates, you can bring them in to help meet a need," Corless says.

Any future recruitment efforts must focus on giving a positive and realistic portrayal of what it's really like to work in nursing homes and other long-term care settings, according to Scales. Videos of real workers sharing their stories about how they came into the field and why they stay, as well as what the job entails on a day-to-day basis, will help raise the profile of these jobs and help communicate the rewards of doing this work, she says.

"Particularly after COVID, where this work has taken a real blow because of how dangerous and thankless it often can be, initiating new efforts to bring more of a positive light back onto the jobs will be very important," Scales says.

LABOR SHORTAGES ABOUND AS HOME CARE GAINS SPEED

Thanks to the growing healthcare needs of a rapidly aging population, home healthcare has been growing faster than all other care settings. Even before the onset of COVID-19, both home health and home care services were seeing rapid increases in the number of patients receiving care in the home, according to data from the U.S. Bureau of Labor Statistics.

The agency predicts that overall employment of home health aides and personal care aides will grow 34% from 2019 to 2029, much faster than the 4%

average for all occupations. And the pandemic has only accelerated that trend, says William A. Dombi, president of the National Association for Home Care & Hospice. Dombi notes that the demand for services dropped when the pandemic first began, mostly as a result of hospitals pausing elective surgeries. However, by the middle of last year, the demand leveled off and then began increasing to a point where home care companies had to turn patients away because they didn't have enough staff to support clients.

"We walked into 2020 seeing the demographics increasing the demand, and when COVID hit, we saw it accelerating that demand," Dombi says. "Now in 2021, we see that acceleration continuing, as more and more consumers perceive their homes to be safer than nursing homes."

But recruiting and retaining direct care workers in home care is a challenge due to low wages, a lack of respect from some clients and society at large, and work that can be grueling.

Amy Novotney

'It's time we addressed it': A living wage in senior care at a crossroads

By John Hall

Recruitment and retention have long dogged senior living and care operators. Some key observers, however, believe that this time the pandemic is accelerating calls to finally fix problems that have fueled epic shortages.

"We have been highlighting this workforce crisis for years, including several times before Congress," a spokeswoman for the American Health Care Association/National Center for Assisted Living notes. "It's time we addressed it."

No one denies that industry support for significant reforms is there. Many have added signon bonuses, increased wages for those who work in COVID-19 units or overtime, hired temporary team members, brought in



The pandemic has succeeded in thrusting more long-term care workforce issues into the limelight. But will the exposure be enough? providers wonder.

company staff from other markets or states, or put in place special bonus plans. A survey of providers as recently as December 2020 revealed broad support for hiring additional staff and paying generous overtime.

"Providers are doing every-

thing they can to support our healthcare heroes," the AHCA/ NCAL spokeswoman says.

All this while the industry faces pressing shortages of workers, personal protective equipment and money. Facilities' financial losses are profound. Chronic Medicaid underfunding and patient occupancy plunges are making survival more tenuous for many. Even Paycheck Protection Program loan forgiveness has yet to be fully resolved.

Awareness of a living wage

If the senior living and care industry has anything to be grateful for about COVID-19, it's the need to finally support a living wage, according to Robyn Stone, DrPH, senior vice president of research, and

COVID-19-INSPIRED EFFORTS PAY OFF

True reform is rarely the result of wholesale change. It's accomplished through a series of well-conceived and executed plans, a senior living and care provider discovered in its effort to boost recruitment and hold dear to the caregiving workforce.

At Carlsbad, CA-based Continuing Life, COVID-19 fears hit everyone hard, but they also gave the communities the opportunity to reinforce their core values, says managing partner Warren Spieker. The owners promised no layoffs or reductions in hours, offered childcare assistance up to \$200 per week, shopping for essential items, free employee meals and more. "This, in turn, resulted in the lowest turn-

over we've seen in years, outstanding results on our employee satisfaction feedback, and a sense of camaraderie amongst the staff knowing that they were doing so much to keep the residents safe and happy," Spieker says.

He acknowledges that none of it would have been possible without efforts to restore a healthy workforce. "While surveys have shown low interest among U.S. healthcare workers to get vaccinated, we have communicated, informed and incentivized our colleagues to do so," he said, speaking to an interviewer while also handling coordination of an on-site vaccine clinic at the same time.

Spieker recently visited a commu-

nity where well over 80% of employees and 90% of residents were vaccinated. "They had just resumed safe, limited, restaurant-style dining as well as measured activities, and the residents and employees were ecstatic," he recalled in February.

Some efforts have been truly entrepreneurial. A new platform ("eMocha") screens incoming residents and employees for COVID-19. "This has a twofold benefit," Spieker says. "First, the safety team is spending less time with each person entering the community, and second, it then records the data that is needed for reporting purposes."

John Hall

co-director of the LeadingAge LTSS Center @UMass Boston.

As COVID-19 cases surged in early fall, Leading Age released its report, "Making Care Work Pay: How Paying at Least a Living Wage to Direct Care Workers Could Benefit Care Recipients, Workers, and Communities," which laid bare the case for a living wage for the tens of thousands of nurses and aides in long-term care.

In short, the project asserts that the single action of paying a living wage has the power to:

- Reduce staff shortages and turnover:
- Improve productivity and quality of care;
- Infuse billions of dollars into local economies; and
- Offer financial security and independence of care workers themselves.

Lessons learned

Proponents of the living wage admit it is not a quick fix.

According to Stone, many things need to happen simultaneously. These include improvKNOW THE NUMBERS

\$7.25

This is the federal minimum wage for covered nonexempt employees.

- U.S. Department of Labor

29

This number of states has a minimum wage higher than the federal minimum wage.

— Economic Policy Institute

ing recruitment, ensuring access to quality training, career advancement opportunities, infusing "professionalism" into job descriptions, and developing a mix of clinical and nonclinical care providers that reflects the changing, often more medicalized needs of residents.

"The COVID crisis has reinforced the importance of multidisciplinary care teams to ensure that nursing homes can best meet each resident's needs," she adds.

There also are major unresolved issues about the ways the United States undervalues its long-term caregivers. Adds Stone: "The pandemic highlighted an often-deadly contradiction: We rely on dedicated direct care workers to provide critical services to vulnerable populations, but we do not value their work."

Some experts believe the industry can solve the issues of workforce recruitment and retention as long as the mission is clear.

"I think it shows that strong communication and ensuring that everyone is working toward the same goal — which is keeping each other and the residents healthy and safe — can actually be a very strong, motivating and positive force," says Warren Spieker, managing partner of Continuing Life, a continuing care retirement company in California that launched a series of initiatives aimed at recognizing core employee values. It was named No. 2 in the U.S. for Fortune magazine's Great Places to Work designation. (For more, see sidebar on page 5.)

The industry is fast beginning to realize the time for change is at hand.

"The coronavirus is showing us all too clearly that we can't wait any longer to support a workforce that older adults literally cannot live without," says Stone.

\$15 MINIMUM WAGE: PROS AND CONS

The prospect of a higher minimum wage brings both promise and potential problems for senior living and care operators.

Although there was a hearty push for it to be a part of the massive \$1.9 trillion COVID-19 relief bill, the higher minimum wage failed to make it into the legislation. Amid the discussions, two senators released a plan for a \$10 minimum wage. Many observers believe the issue will be under discussion in Congress again soon.

Proponents see a \$15 minimum wage lifting millions of families out of poverty. Other arguments include 1) Increases in minimum wages can

improve the health and well-being of low-wage workers and their families; 2) Rising wages lead to a decrease in occupational injuries and workers' compensation costs; and 3) Income inequality has been cited as partially responsible for rising animosity toward immigrants and minorities.

Still, what happens if such a raise becomes inflationary with more money in one's paycheck but is accompanied by higher food and fuel prices? Moreover, opponents believe it might pressure already tight budgets and result in a decrease of total employment. Also, if the minimum wage increases for the lowest-paid workers, opponents con-

tend that other workers will insist on similar wage increases.

While there are arguments on both sides, Kristin Baird of the Ft. Atkinson, WI-based Baird Group, a healthcare management consulting firm, sees the benefits of a higher minimum wage.

"A high tide floats all boats," Baird says. "A higher minimum wage should be good for everybody. People choose healthcare because they want to help people. A higher minimum wage where more people can earn a living wage will make it easier for us to compete with the McDonald's and Hobby Lobbys as employers of choice."

- James T. Berger

Nowhere but up: Home care thrives

By Amy Reyes

The numbers tell the story in home care. The U.S. Bureau of Labor Statistics says home healthcare providers are among the top 10 jobs that will be in demand in coming years.

The impact of the COVID-19 pandemic ultimately only increased demand.

"COVID-19 made hospitals and insurance providers recognize how we can leverage home care to help patients," says Ryan Iwamoto, president and co-founder of 24 Hour Home Care, a major privately owned nonmedical home care firm.

While no one doubts the need or the value of home care servic-

es, the question is how problems that riddle the industry, such as low Medicaid payment rates, will be addressed timely, says William A. Dombi, president of the National Association for Home Care & Hospice.

Also, home care is a highstress, high-injury industry and turnover can be high. Not just anyone can fill these roles, Dombi says. It's difficult work that requires patience and compassion and attracts immigrants, who make up 25% of all home healthcare workers, he says.

The challenges associated with the industry are everpresent, perhaps more so in the midst of the pandemic, Dombi says. Early in the public health emergency, access to personal protection equipment was problematic, and while it has improved greatly since March 2020, "it is still not where we want it to be," he says.

While there are issues to confront, the signs from Washington bode well for home care support. The "Biden Plan for Mobilizing American Talent and Heart to Create a 21st Century Caregiving and Education Workforce" includes a proposal to invest in cost-effective healthcare delivery, such as home health aides. The proposal is planned as part of a comprehensive strategic plan to lower

the cost of healthcare in general.

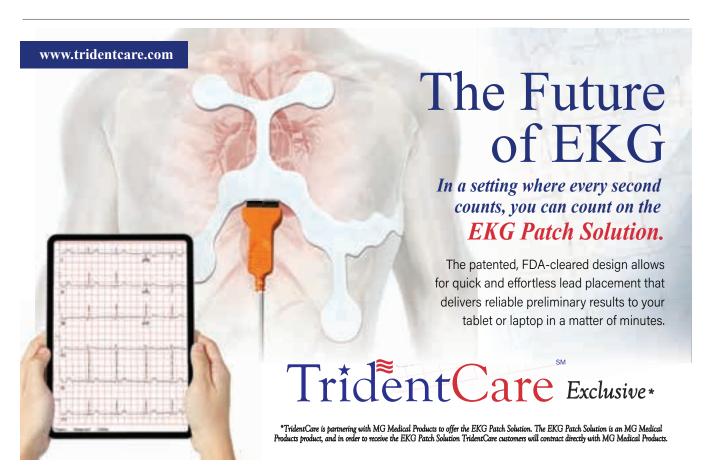
"We stand on the brink of making lasting change. It's a groundbreaking, long-term plan to mobilize American talent," comments Kezia Scales, Ph.D., director of policy research for PHI, a think tank specializing in the direct care workforce.

KNOW THE NUMBERS

45%

The number of adults 65 and older is expected to rise by this percentage by 2025.

— U.S. Census Bureau



A major sticking point: The impact of vaccination hesitancy on senior care

By Robin Suttell

The growing availability of COVID-19 vaccines has signaled relief and hope for many. For others, the idea of getting vaccinated spurs reluctance or defiance. The senior living and care sector hasn't been immune to this vaccine hesitancy.

In mid-February, the Centers for Disease Control and Prevention reported nearly 33 million Americans (about 10% of the population) had received at least one dose, and 9.8 million had been fully vaccinated. While the numbers were higher in long-term care, vaccine holdouts continued to stall progress in long-term care and the community at large as of late February.

"It's a critical situation as our industry and its workers and residents have been disproportionately impacted throughout the pandemic," says Leading Age spokeswoman Lisa Sanders. "We have found anywhere between 30% to 60% of staff are getting vaccinated [at the first clinics.]"

Because long-term care frontline workers have been among those first receiving the vaccine, many have chosen a "wait-and-see" approach out of fear, cultural and socioeconomic mistrust, and lack of vaccine savvy, along with other issues.

"Like many other healthcare workers and members of the public, vaccine hesitancy is a real issue among longterm care staff," says Courtney Bishnoi, vice president of quality and programs at the Ameri-



Most long-term care and senior living facilities have decided not to require COVID-19 vaccinations. One exception is Atria Senior Living, which decided in January to make vaccinations a mandatory condition of employment.

can Health Care Association/ National Center for Assisted Living. "Misinformation on social media and from other sources has fueled this hesitancy. As a country, we need a united effort to combat vaccine hesitancy and increase uptake among everyone."

So far, most senior care providers have no plans to enact mandates. They are expected to continue to face staffing shortages, especially if frontline workers keep falling ill or fear coming to work because of the virus. Worker education and vaccination are essential to keep people working, reduce cases and increase sagging morale, experts agree.

There are plenty of examples of education working. To increase confidence in the

vaccine's benefits, for example, St. Paul Elder Services in Kaukauna, WI, holds virtual town halls for staff and families of residents to clarify vaccine information and answer questions. Executives at Jewish Home Family in Rockleigh, NJ, visited all departments and units to address concerns and spur vaccine acceptance. Jewish Home Family also uses interactive text messages to share staffers' vaccine stories with peers and gives "I Got my COVID-19 Vaccine" pins to clinic participants.

Nationally, AHCA/NCAL has launched a #GetVaccinated educational campaign for its 14,000 nursing home and assisted living members across the country to assist them with myth-busting and adoption.

Vaccine hesitancy challenges extend beyond a facility's walls. Halting community spread in surrounding areas remains critical to keeping staff and residents healthy and virus-free. Organizations outside of healthcare must get involved to ensure education, trust-building and easy vaccine access to everyone, no matter their socioeconomic status and location, experts stress.

"Long-term care providers are doing their part, too, educating residents, clients, families and employers about the benefits of vaccination. But we cannot do it alone," Leading Age President and CEO Katie Smith Sloan said. "Everyone has a role to play in ensuring the vaccines are understood and accepted, making our communities healthy and safe."

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Retaining senior care employees is 'not pixie dust,' hiring experts say

By James T. Berger

The pandemic has taken workforce challenges and upped them a notch. The flip side is organizations have been compelled to develop innovative ways to recruit, motivate and retain their workforces, senior care experts say.

"Our people were scared at first. We've had a lot of early retirements and we've had to modify our recruiting and training procedures," says Mary Helton, human resources director for A.G. Rhodes, an Atlanta-based nonprofit organization that owns and manages three skilled nursing facilities.

"Our traditional hiring channels have changed," Helton adds. "We've started hiring CNAs-in-training, which has resulted in the additional expense of paying them while they are being trained."

The calculus has changed for employees as well.

"Because so many people hesitate to take a job where they might be exposed [to COVID-19], they are far more discriminating," says Kristin Baird, president and CEO of the Baird Group, a Ft. Atkinson, WI-based healthcare management consulting firm founded in 1994. "It's hard for the HR people as well because interviews are held virtually. They have had to hire people they've never interviewed face-to-face."

It's impossible to sugarcoat the impact of the pandemic on healthcare workers, Baird notes.



The virtual hiring of employees is just one of the major staffing challenges the pandemic has brought to the fore.

"They have experienced incredible stress both from a professional and from a personal perspective," Baird says.

"It's often much harder on women than men," she continues. "In addition to being frightened for their own safety, they have the added stress of being caregivers for their children and/or aging parents."

Besides finding new ways to locate talent, organizations have had to learn creative ways to retain and motivate employees, Baird and Helton say.

"To keep people motivated is just plain hard work. It's not pixie dust," Baird states. "We've succeeded in working with our clients to stress mission and purpose. People will stay with an organization because they like the people they work with

and the belief in competency of management. Leaders must create an environment where employees feel comfortable and valued. You do this and your people will want to come to work."

Helton agrees that making work meaningful is even more critical now. "Well before the pandemic, our organization did a great job of communications and instilling in our employees a sense of mission and vision," Helton says. "We've had to adapt. Events and get-togethers have all gone virtual. We've made increased use of Facebook. We've just tried to use the tools available. Our turnover has increased 4%, but it could be a lot worse."

New uses of technology that will help operations when the

pandemic has ended is the silver lining that will improve operations when the crisis abates.

"We've converted workshops to function online," Baird says. "What we've learned about virtual hiring and training will continue to make clients operate more efficiently."

Helton agrees. "We've done Zoom interviews and virtual wellness groups," she says. "We've also increased our employee survey system through SurveyMonkey and we're using new scheduling software. There are more tools in the toolbox. While the pandemic is a disaster, it has stretched the need for creativity and system innovation. In the long run, it just might make the challenge of workforce development a little less challenging."

The future of work: The looming task of maintaining and supporting staff

By Robin Suttell

The systemic problem of finding and sustaining a vital frontline workforce has long challenged management at nursing homes and senior living communities. The pandemic only amplified this task. So what does the future hold for hiring challenges?

"It's not just a warm bodies problem," explains Robyn Stone, DrPH, senior vice president, research, and co-director, Leading Age LTSS Center @ UMass Boston. "We're looking for high-quality people who are committed to this as an occupation and who stay. The better the retention, the less we have to rely on recruitment."

The turnover rate proves her point. The CNA position has the highest turnover rate in the industry, according to Lori Porter, executive director of the National Association of Health Care Assistants.

KNOW THE NUMBERS

39.38%

This national turnover average among CNAs is the highest among the various job categories in nursing homes.

- "Nursing Home Salary & Benefits Report 2020–2021," Hospital & Healthcare Compensation Service

"They're working hard for low wages with no heroes' pay," Porter says. "I don't believe I've ever seen CNAs angrier in my 26 years of running this organization than they have been this year."

Because of the urgent workforce need, NAHCA in mid-February launched the National Institute for CNA Excellence (NICE). This one-stop virtual career center for providing education, recruiting and vetting is scheduled to open in May. The virtual platform will give participating CNAs a lifelong home to refresh skills and obtain continuing education credits and certifications. Courses include infection management certification, geriatric care, preceptor certification and 100 other options led by industry experts. Porter said all are designed to exceed any state's requirements.

NICE students and graduates will have access to exclusive job opportunities posted by provid-

ers that achieve NICE accreditation. Operators do this by: signing a declaration to partner with NICE to improve CNA workplace cultures; selecting a minimum of four staff CNAs to become certified NICE preceptors; and posting signage indicating they're a NICE-accredited employer.

Education through high school career technical education programs is another way to build a stronger workforce and educate younger workers about the importance of long-term care careers, Stone says. But she notes there is more to the future than education.

"No single stakeholder can solve this," she says. "We're going to have to raise solutions in many different ways. That's the big 'We.' It's not just the employer/provider. It's the policymakers. It's the people who buy care. We need a multifaceted approach."

AI. ANYONE?

Debbie Eberenz remembers the days of sifting through paper resumes as a recruiter.

"Our executives would have stacks of them on their floor or filing cabinet," says Eberenz, AVP of recruitment at Trilogy Health Services, a senior living company based in Louisville.

About seven years ago, Trilogy and its sister companies PCA and Paragon began using iCIMS Talent cloud, and they haven't looked back. Trilogy's iCIMS solution automates the recruitment and hiring process for all three

companies under the Trilogy Management Services umbrella.

Collectively, these three business units receive about 80,000 to 100,000 applications each year and employ between 14,000 and 15,000 organizationwide. All applications go through the iCIMS system. Moving to a digital, artificial intelligence-driven recruitment platform has reduced paperwork and improved the selection process.

Today, Trilogy has a pipeline of more than 300,000 applicants that its recruiters can search by job titles, skills, location, custom keywords and more for candidate job matching. Once someone applies for a job, he or she remains in the CRM database as a potential candidate for future opportunities

What does Trilogy have planned for the future? Among other things, Al-powered video interviewing, which will include a job-specific assessment that ranks candidates based on results. Improvement is always the goal, Eberenz says, in looking to the future.

— Robin Suttell

SALARYSNAPSHOT

Admin salaries inflate to \$113,000, while DONs reach \$97,500 in year of upheaval

By Liza Berger

t's not every day that an event comes along and upends the traditional supply and demand forces in long-term care. But the pandemic, which descended on the country — and long-term care — in March 2020, has managed to do just that. COVID-19 has inflicted unforeseen pressures among leadership positions in nursing homes, from nursing managers to the C-suite.

The result has been heightened turnover and a demand for compensation at levels that the industry has not recently experienced.

"While we're not sure how much salaries and compensation will continue to increase, we predict they won't decrease after the pandemic is over," says Julie Rupenski, owner/ principal of MedBest Recruiting, a major executive recruiting firm for long-term care. "We've known and expected salaries to



The pandemic has added more demanding workloads and additional stress to directors of nursing and other high-level clinical positions. That has resulted in increased turnover, which has driven up salaries.

increase for years now due to the number of baby boomers entering retirement age, which is a major contributing factor to the talent shortage. The pandemic has simply sped up the increases in salary and compensation." As Rupenski suggests, executive salaries and compensation actually had been on the rise prior to the healthcare crisis. The "Nursing Home Salary and Benefits Report 2020–2021" from the Hospital & Healthcare

Compensation Service corroborated this trend. The survey, whose data was effective March 1, 2020, gathered input from 1,588 nursing homes.

Among all participating facilities in the annual survey,

Recent salaries and increases (all facilities, by percentage) (\$)

Title	2016	+%	2017	+%	2018	+%	2019	+%	2020	+%
Administrator*	102,003	2.00	106,594	4.5	110,000	3.19	111,842	1.67	113,000	1.03
Ass't. Admin.*	67,890	-1.92	61,648	-9.2	N/A	N/A	70,007	N/A	69,493	-0.73
DON	90,003	3.82	92,822	3.1	95,000	2.34	96,720	1.81	97,500	0.81
Asst. DON	68,640	1.96	70,013	2.0	71,410	1.99	75,338	5.50	75,999	0.88
*(Health Service	es)									

Nursing home administrator (health services) (salary medians by percentile) (\$)

For-profit, fewer than 110 beds Nonprofit, under 110 beds		For-profit, 110 beds or more		Nonprofit, 110 beds or more			
Percentile	Salary	Percentile	Salary	Percentile	Salary	Percentile	Salary
25th	97,000	25th	85,696	25th	110,000	25th	106,157
50th	107,610	50th	95,000	50th	120,016	50th	120,943
75th	117,300	75th	107,682	75th	132,431	75th	141,506
				I .		I	

SALARYSNAPSHOT

administrators' national average wages rose by 1.03% to \$113,000 in 2020. Directors of nursing, meanwhile, saw an even smaller salary gain (0.81%), to \$97,500 from \$96,720 in 2019.

Still, a clearer picture of wage growth prior to the pandemic may be seen among facilities that participated in the survey in the two most recent years. By this measure, wages for both administrator and DON positions increased by a healthy amount. Administrators' salaries expanded by 3.36% — the highest increase among salaried positions analyzed — to an average of \$115,742 in 2020, up from \$111,979 in 2019. Similarly, salaries for DONs rose by 2.6% to \$101,465. Another position that experienced notable growth was that of the executive director, whose salary increased by 3.35% to \$229,252 in 2020.

COVID-19 curveball

The pandemic may have thrown wages for a loop, experts say. For example, the stress placed on caregivers has created a lot of open leadership positions. As demand has increased, so have salaries.

"We are seeing a hazard pay bump," Ryan McPherson, vice president of Medical Recruitment Specialists LLC, of Stoughton, MA, notes. "[Faciilties] have to pay. There is not a lot of youth in this industry, so to keep these people around, "C-suites and boards are finding it crucial to have leaders in place who are at the top of their game. I believe that the pandemic has really highlighted the shining stars of the industry."

Julie Rupenski, MedBest Recruiting

they are seeing a nice little bump in pay."

Rosanne Zabka, director of reports for the Hospital & Healthcare Compensation Service, anticipates that these temporary bumps will translate to more permanent rises in 2021. "We'll see salary increases for top-level executives who received temporary increases of 4% to 6% during [the start of the pandemic]," she says, noting that overtime pay increases also will continue into 2021.

Helping to boost salaries is immediate need. McPherson's firm has been filling a lot of interim positions, including administrators and DONs, which helps people command their desired salaries.

Retirements are creating vacancies at the upper levels, he points out.

"The DON is the most challenging position to recruit for," says McPherson, whose firm serves clients primarily in the Northeast. "The DON [position] has become incredibly

challenging, the reason being everything falls on their license, and many of the frontline staff have gotten sick themselves so they may have taken time off."

With "everything clinically getting dumped in their lap," McPherson points out, some DONs "were not in the fight to stick it out" and many have called it quits.

Rupenski agrees that the pandemic has driven up executive compensation.

"Successful executives are able to command higher salaries and bonus packages due to the increased demands brought on by the pandemic," she says. "Their jobs are simply more demanding and, therefore, they have less work-life balance."

As with salary increases, the pandemic is accelerating turnover situations that were already high, Rupenski says. Average turnover of top-level executives was 20.46% nationwide this past year, the salary survey says.

"I wouldn't hesitate to say it's probably even higher with the current situation. We have had the most C-suite, regional and specialty positions in the past few months than ever before," she says. "I feel that C-suites and boards are finding it crucial to have leaders in place who are at the top of their game. I believe that the pandemic has really highlighted the shining stars of the industry."

Executives clearly are closely eyeing the best companies to work for. "Some of the main reasons candidates tell us they are looking for a new role is stability and growth," Rupenski says. "If the candidates do not feel that their companies are offering these two critical aspects, they will easily find a competitor."

The hottest jobs

For obvious reasons, clinical leaders have become coveted talent in the long-term care space. "Directors of nursing and resident care directors are extremely in demand," Rupenski says.

Salaries by facility revenue (national averages) (\$)

\$ amount		
millions	Admin	DON
0-7.5	100,941	89,245
7.5-10	114,994	98,572
10-12.5	119,158	104,595
12.5-17.5	126,946	107,822
17.5+	140,728	115,702
All	115,292	100,087

Director of nurses (health services) (salary medians by percentile) (\$)

For-profit, fewer than 110 beds		Not-for-profit, fe	wer than 110 beds	For-profit, 110 beds and more		
Percentile	Salary	Percentile	Salary	Percentile	Salary	
25th	87,543	25th	76,419	25th	95,419	
50th	94,506	50th	85,394	50th	105,000	
75th	102,000	75th	95,510	75th	115,000	

Not-for-profit, 110 beds and more			
Percentile	Salary		
25th	90,378		
50th	100,000		
75th	113,859		

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SALARYSNAPSHOT



Communicating openly and often with employees is one of the best strategies for improving worker retention, experts contend.

Likewise, because of state and federal governments' renewed scrutiny on infection control, infection preventionist has become the new "it" job in long-term care.

"We are seeing [infection preventionist] as the biggest increased demand position at the moment," McPherson says.

But the position is not as easy to fill as it may sound. Typically, an infection preventionist holds more than one title, such as assistant DON or possibly staff development coordinator. "People are hesitant to take on the position because it's two or three jobs," McPherson says.

Room to grow

Because of the new staffing and wage demands, organizations need to step up their hiring and retention game, experts say. And it's not all about the money.

"I don't think that increasing salaries and bonuses is the only way to attract top talent at this time," Rupenski says. "Additionally, I know that many companies are dealing with tough economic situations.

"My advice to them is to offer the stability and growth

opportunities that candidates are desperately seeking," she adds. "Most people typically don't leave jobs because of salary, but because of how they are valued. Be creative and reward these executives in other ways such as additional paid time off, increased coverage in the way of insurance and bonuses for performance."

The need to invest in people has created a demand for chief people officers, according to Rupenski.

"A way for organizations to better manage retention and recruitment is to find someone who can help stimulate and ultimately affect culture, versus a compliance-driven individual for human resources," she says.

"Enter the role of a chief people officer. Additionally, utilizing employee behavioral and talent assessments can also be a valuable tool as part of the recruitment and retention process. As opposed to using it as an exclusionary device, it should be incorporated into team- and culture-building programs. It can also be used as a management tool for future employees."

Report: Senior living CNAs receive highest hourly rate hikes in '20

By Amy Novotney and Lois A. Bowers

Senior living, like the rest of long-term care, had to adjust to the pandemic. The 23rd annual "Assisted Living Salary & Benefits Report," which was released in January, revealed that CNAs benefited from such adaptations.

Certified nurse aides, also known as certified nursing assistants, and lead CNAs in assisted living communities received the highest hourly rate increases in 2020, according to the report, published by Hospital & Healthcare Compensation Service in cooperation with Leading Age and supported by the National Center for Assisted Living.

The report found that the national average of hourly rates for CNAs increased by 5.71%, with lead CNAs seeing an hourly rate increase of 7.28% in 2020. Overall, the national average rate for CNAs was \$13.92 in 2020. Analysis by state showed that CNAs in Georgia and North Carolina received the lowest hourly rates of \$12.15 and \$12.24. CNAs in California reported the highest hourly rates, at \$16.66, followed closely by Massachusetts, which reported hourly rates of \$16.16.

Data collected on turnover rates within assisted living showed that turnover had increased significantly for all departments in 2020. Turnover for CNAs increased from 36.37% in 2019 to 48.51% last year, and turnover for resident assistants increased from 43.18% in 2019 to 59.93% in 2020. The turnover rate reported for all employees increased from 44.05% in 2019 to 53.11% in 2020.

The report also provided insight into how organizations responded to the pandemic. Good news for employers and employees is that the majority of respondents reported not having had to cut employee benefits (97.6%), implement hiring freezes (92.6%), lay off workers (78.9%) or reduce employee hours (65.9%) due to the pandemic.

More encouraging news for employees is that 59.3% of communities reported adjusting pay for key employees — assuming those adjustments were increases.

Bringing up areas to explore, however, were findings that a majority of communities participating in the survey did not change benefits eligibility policies (100%), did not change overtime pay amounts for certain employees (76.1%), did not change vacation and paid time off policies (69.9%) and did not increase employee hours (52.8%).

The report included responses from almost 1,400 AL communities and provided compensation data for more than 74,000 employees — both management and nonmanagement roles.



From 24/7/365 deliveries to robust analytics for strategic decision making, Guardian Pharmacy makes long-term care safer.

With our large-provider resources and personal relationships, we're a better kind of local pharmacy. Ask how we can mitigate risk in your community at quardianpharmacy.com/contact.



CORPORATEPROFILE

Guardian Pharmacy Services

COMPANY PROFILE

Guardian Pharmacy Services is one of the fastest-growing long-term care pharmacy companies in the U.S., providing a wide range of services to assisted living communities, skilled nursing homes, CCRCs and home and communitybased services programs through our national network of pharmacies.

We conduct business according to the Golden Rule, treating our customers, residents and each other fairly and honestly. Guardian's commitment to excellence and to providing outstanding customer service defines our corporate character and inspires us every day.

WHAT WE DO

Guardian pharmacies work hard to understand each customer and the specific needs of their community. We develop meaningful relationships with community staff, residents and families to create fine-tuned, customized pharmacy solutions that ensure safety, accuracy and resident satisfaction.

OUR MISSION

Guardian aims to personally empower our customers with the resources they need to provide the best service to their residents. We maintain the highest level of service and sensitivity required to meet the individualized needs of each community.

THE GUARDIAN WAY

Guardian Pharmacy Services has a unique business model that allows us to offer both the personalized services of a local pharmacy and the resources of a large corporation.

Each Guardian Pharmacy is vested with the authority to make day-to-day decisions at the local level. Assisting our pharmacies is the corporate Guardian Pharmacy Services team in Atlanta, who provide support in areas such as accounting, IT, recruiting, etc. This support allows the local pharmacy team to focus on customers and the specific needs of their market.

We believe this business approach leads to better customer service, greater accuracy and efficiency of medication distribution.

WHAT WE OFFER

Clinical Support

Guardian streamlines processes and helps integrate multiple eMAR/EHR technologies to make sure medication management is efficient and error-free.

Our pharmacies regularly meet with community staff through on-site visits, and host continuing education and training courses to help lower the risk of medication error and enhance the level of resident care.

Simplified Billing

Medication billing can be challenging for any long-term care provider, but it doesn't have to be. All billing, dispensing, consulting and customer service are handled by the local pharmacy, not from a remote hub.

We educate residents and families on Medicare Part D plans that best fit their needs and help reduce costs. From pre-authorizations and noncovered medications to the "donut hole," our local experts take the extra steps and make the extra time to ensure there are no billing issues or questions.

Seamless Pharmacy Transition

Guardian offers hands-on support to new customers making a pharmacy switch. We work hard to ease the transition process by coordinating timelines that reduce burden on the community and save staff time.



FASTFACTS

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2004

Presence:

Guardian Pharmacy Services is based in Atlanta, Georgia, and currently has 38 pharmacy locations that serve nearly 124,000 patients across 27 states.

HR software for senior care facilities

Paycor builds HR & payroll for the long-term care industry. We deliver true technology and expertise, tailor made for the leaders of long-term care facilities, based on 21 years serving the industry.

Why choose Paycor?

Nearly 200,000 long-term care employees nationwide get paid accurately and on time by Paycor Payroll. From recruiting skilled labor to seeing around the corners of upcoming compliance risks, Paycor partners with more than 6,200 healthcare organizations across the country to help them solve problems and grow their services.

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CORPORATEPROFILE

Paycor

Paycor builds HR and payroll for the long-term care industry. We deliver true technology and expertise, tailor made for the leaders of long-term care facilities, based on 21 years serving the industry.

WHY CHOOSE PAYCOR?

Senior care facilities often have complex payrolls. Nearly 200,000 long-term care employees get paid accurately and on time through Paycor Payroll. From recruiting skilled labor to seeing around the corners of upcoming compliance risks, Paycor partners with more than 6,200 healthcare organizations to help them solve problems and grow their services. We also take the stress and worry out of switching to a new HR system. Paycor's GUIDE process is designed with the needs of healthcare organizations in mind, from the first phase of understanding your requirements through ongoing support.

OUR PHILOSOPHY

Paycor believes that the last thing long-term care providers need is a generic, one-size-fits-all HR platform. Everything about your industry is unique — from the way you recruit, develop and promote talent to the way you schedule, pay and retain

them. Our solution is a human capital management platform built for the leaders of senior care organizations. Paycor has been listening to and partnering with leaders for decades, so we know what you need: HR technology that saves time and keeps your facility compliant with federal, state and local regulations, and industry expertise that keeps you ahead of the curve.

HOW OUR COMPANY SERVICES THE INDUSTRY

Paycor's HR solutions modernize every aspect of people management, from the way you recruit, onboard and develop people, to the way you pay them, retain them and build a company culture.

- A Unified HR Experience: Seamless integration between payroll, onboarding and HR, so you'll never re-key employee information into different systems again.
- Recruiting and Compliance: Federal and state compliance forms like I-9s and W-4s are completed and reviewed electronically. Plus, we help long-term care providers with PBJ reporting.
- Employee Referral Program: Tap into current employees to expand reach to recruit and hire skilled nurses and staff.

- Simplified Scheduling: Copy and paste shifts between days and weeks to ensure you're staffed with nurses that have the right certifications.
- Best-In-Class Partnerships: Paycor works with trusted partners to ensure we're meeting the needs of the healthcare industry.

SPECIFIC PROGRAMS/ SERVICES/SOLUTIONS WE OFFER

- Scheduling solution made for senior care organizations
- Consultative sales process (we listen more than our competitors, so when we propose a solution, it truly fits your business need)
- Shift differential calculation
- Best-in-class recruiting technology
- Compliance by state and city
- Automated blended overtime



FASTFACTS

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Presence:

Paycor has a national presence and offers the following products: recruiting, onboarding, benefits advisory, human resources, learning management, compensation planning, time, scheduling, payroll, analytics, reporting, pulse, talent development



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