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WORKFORCE DEVELOPMENT GUIDE 2022

The Great Resignation meets long-term care

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The Great Renegotiation? Shortage forces leaders to take new approach

BY JOHN HALL

As bad as workforce problems were when 2020 dawned, this resilient industry braced, as it always had, for better days. And as awful as the ensuing global pandemic was, its threatening shadow appears to be receding.

But as investors sighed in relief when beds began refilling, a very unexpected thing happened.

A lot of workers didn't come back.

This essentially describes the long-term care industry's version of the "Great Resignation," the climax to what is indisputably the worst two years in the industry's history.

A 2021 survey conducted by the American Health Care Association and National Center for Assisted Living says it all: Some 99% of nursing homes and 96% of assisted living communities in the United States are facing serious staffing shortages, with 59% of nursing homes and approximately one-third of assisted living communities experiencing a high level of staffing shortages.

As one large association points out in its own after-action report on COVID-19, the pandemic exposed and exacerbated an already-serious crisis in aging service staffing. Professional caregivers retired early, stopped working out of COVID-19 fears, or



Photo: Merisa Images/Digitalimages/Getty Images Plus

Staffing shortages make it more difficult for caregivers to provide basic care, monitor residents and follow protocols, according to a December 2021 research brief from LeadingAge.

moved to other parts of the world of work that offered better pay and benefits — and far less drama.

"We should also recognize that broad trends impacting the entire labor market are heightening our workforce challenges," said James Balda, president and CEO of Argentum.

Brandi Kurtyka, CEO of MissionCare Collective, the parent company of myCNAJobs and CoachUp Care, believes the industry's anemic efforts at career paths, when combined with leadership turnover and low wages, have been "a hard cycle to break."

Turning the page

When it comes to workforce crisis solutions, most agree the long-term care industry needs to break the vicious cycle of failed or poorly implemented ideas and stop making the same mistakes. One of them is blaming everything on the virus.

"COVID was just the kicker that made the pot boil over," Kurtyka said.

Efforts like stimulus checks and tax credits have been necessary and sorely needed short-term fixes but did little to create long-term solutions. Said Kezia Scales, Ph.D., director of policy research for PHI, which offers research, policy analysis and services to improve direct care workforce jobs. "We must acknowledge the deeper-rooted job quality problems."

Indeed, as Kurtyka noted, "At the end of the day, if it's not a great workplace, people won't stay for a little extra bonus or vacation time."

In its 2021 research brief, "COVID-19: Stress, Challenges, and Job Resignation in Aging Services," LeadingAge distilled the major problems afflicting the field: An industry that for too long has paid too little attention to undervalued, financially insecure and inadequately supported caregivers.

"Study findings suggest that providers can help mitigate some of the stress that professional caregivers feel by offering wrap-around services and support for

KNOW THE NUMBERS

99%

This percentage of nursing homes in the U.S. is facing serious staff shortages.

— American Health Care Association

mental well-being, increasing the caregiver pipeline to reduce understaffing and heavy workloads, and finding ways to reduce the demands on professional caregivers during the coronavirus pandemic and during future health emergencies," the report, released in December 2021, concluded.

Brighter days?

In the end, Balda and others are bullish on the long-term care workforce.

"I would characterize this less as the Great Resignation and more the Great Renegotiation," Balda declared. "Workers are going to be demanding more than ever before."

In its new report, "No resignation: Solving today's greatest staffing challenges in the healthcare revenue cycle," Akasa, a revenue cycle management firm, answers the lingering questions about the dearth of workers.

"The complexity of healthcare has always made staffing a challenge, but the pandemic is now making adequate staffing an impossibility," it noted. "Health systems simply can't get the staff they need to get all the work done. So we have to change the way we work. We need to eliminate repetitive tasks and leverage our minimal staff to work on only the most cognitively complex activities."

To Akasa, the gaps will be filled, at least in part, by a huge investment in artificial intelligence.

Welcome to the brave new world of long-term care. ■

KNOW THE NUMBERS

61%

This percentage of *direct care professionals are people of color.*

— COVID-19: Stress, Challenges, and Job Resignation in Aging Services, 2021 research brief

Stress at the top of the pyramid

Trade journals are rife with stories about the frontline workforce turmoil that is changing the face of long-term care. Unbeknownst to many, their bosses haven't been insulated from all of that misery, either.

In a recent blog, Bill McGinley, former president and CEO of the American College of Health Care Administrators, asserted that today's nursing home administrators "are in the middle of the greatest professional crisis they're ever likely to face."

A few have also told him they will consider transitioning out of their current career when the pandemic ends. Katie Piperata, interim solutions and leadership development trainer for MedBest, an executive search firm for the senior living and care industry, is seeing that play out firsthand.

"Administrators, executive directors and directors of nursing were all hanging on by their fingernails and then 2022 came and they didn't really feel any relief," she said. "Since the first of the year, so many friends of mine have completely left this industry because they're just tired."

Piperata estimates that as many as half of the administrators across all settings are looking completely outside the industry or are retiring altogether.

Most nursing home administrators have a Bachelor's of Health Administration (MHA) or a Master's of Business Administration (MBA) in healthcare management, and possess skills that will likely transfer well in non-healthcare roles, Piperata said.

"Many of these folks were running multimillion-dollar operations and there isn't a software or medical equipment company that wouldn't clamor to have those kinds of people working for them," she said.

"These high-level leaders are hard-wired to be successful," added Piperata, herself a former nursing home administrator who also provides leadership training in her role. "They wanted to provide

quality outcomes, but it seems to many of them the deck was stacked against them. The regulatory side also is becoming more punitive than ever."

For many, the final blow came at the end of 2021. When many saw friends in the corporate world outside of senior living earn big performance bonuses, huge consulting retainer fees or land at-home gigs, "a lot of long-term care companies had stopped paying out severance, held earned bonuses and nobody was receiving even a kind commendation for doing good work," she said. "It's no wonder they don't feel successful or appreciated."

Pay is not the only answer. While having competitive salaries is important to attracting and retaining talent, organizations need to look at other ways to create an environment where employees feel valued and want to stay, said Kris Baird, president and CEO of the Baird Group.

"We can't keep doing things the same way and expect different results," she said. "People have to be paid a fair wage, but it's the starting point, not the ending point."

A lack of appreciation may be one of many simmering problems.

"There are huge disconnects between upper-level managers and those on the front lines," Piperata said. "All of that talk about 'we're in this together' just isn't happening anymore. No one is saying 'Hey, you just worked 14 days straight, maybe you need to take a day off' anymore."

"On the other hand, I personally know a lot of nursing home administrators who are working their hearts out just to keep positions staffed and can't even get people to show up for interviews," she noted.

That is troubling, McGinley said.

"I talk to nursing home administrators who literally haven't had a day off in 80, 90, 100 days," McGinley wrote in a recent blog. He noted how the pandemic "has exacerbated the whole issue of burnout. I'm very worried about the mental health of the profession right now."

— John Hall

Meeting caregivers where they are — with chicken soup, support groups

BY HUGO PIZARRO

ArchCare is the continuing care community of the Archdiocese of New York. Our 4,000 employees, who we call our care members, serve more than 10,000 of our area's most vulnerable individuals each day. With full support of our CEO and leadership team, we began our Great Place to Work journey several years ago, and I am extremely proud of what we have accomplished.

In 2019, we made the decision to focus on our care members' experiences and set a goal to differentiate ourselves and create a more engaged workplace.

Our first Great Place to Work survey showed what we needed to improve. Our goal was to certify with Great Place to Work within the next few years, so we got to work addressing the gaps that the process uncovered.

Little did we know of the headwinds coming our way and how we would come to value our engaged workforce even more.

In early 2020, when the pandemic hit, everyone was trying to make sense of what was going on. You saw what happened in New York, and particularly in our nursing homes; we lived it. Our care members — who are our frontline heroes — became family to our residents while our PACE center staff creatively used technology to reach participants at home.

A refocus on body, mind and spirit

As an organization, we decided to focus on our care members. So instead of a Great Place to Work certification survey, we worked with our Activated Insights partner to solicit the feedback of our care members.

We asked: What could we do to support you, our healthcare heroes?

Right away, we heard the cries of food insecurity, child care issues and the need for



“Mental health support is key.”

— HUGO PIZARRO

mental health support. Before the survey even closed, we had deployed several accessible programs to meet our care members where they were as individuals and in their lives.

- **Body.** We provided financial support for childcare, gift cards to address food insecurity gaps, and provided personal protective equipment and supplies. When a care member fell ill, we sent care packages containing chicken soup, a ladle and chocolate chip cookies to their house. The soup was more than just a meal; it was a way for us to show our team how we care about them as people. Our care members appreciated the gift, and it allowed us to show them our support during the most difficult of times.
- **Mind.** Mental health support is key.
 - Our CEO, Scott LaRue, held weekly webinars during the height of the pandemic with upwards of 150 family members and care members in attendance. The webinars continue to this day.

- Each week we host “Meditation Mondays” where 50 staff and family members come together for a 25-minute Zoom meditation.
- Our bereavement counselor leads support groups and offers 1:1 services for those who have lost family, friends and colleagues to the virus.
- **Spirit.** Leaning on our Catholic foundation, our priests have been available to anyone seeking help. With the daily challenges our staff face, addressing spiritual needs has been incredibly important.

Embracing speed and creativity

In the present, healthcare is experiencing a historic staffing crisis. Because of what we've learned, we are embracing creativity and speed more than ever. We are meeting people where they are and finding ways to offer exactly what they need.

For example, we have a team recruiting just for shift work. If a nurse wants to pick up two or three shifts per month, we have a way to offer that. We also found challenges hiring certified nursing assistants fast enough, so we started training our own CNAs. We not only pay for training but for the time as well. We also are reworking our onboarding experiences to be more thoughtful, designing them through a Great Place to Work lens.

Our mindset is much different now. We are excited to continue our journey. Each day, we work to ensure that each care member knows we will support them.

Our tagline — “You care for the people, and we will care for you” — has become a true commitment to the body, mind and spirit of our 4,000 care members, and we are dedicated to maintaining this promise well into the future. ■

Hugo Pizarro is the SVP and chief experience officer at ArchCare. This column ran on mcknights.com on Feb. 17, 2022. It has been edited for this format.

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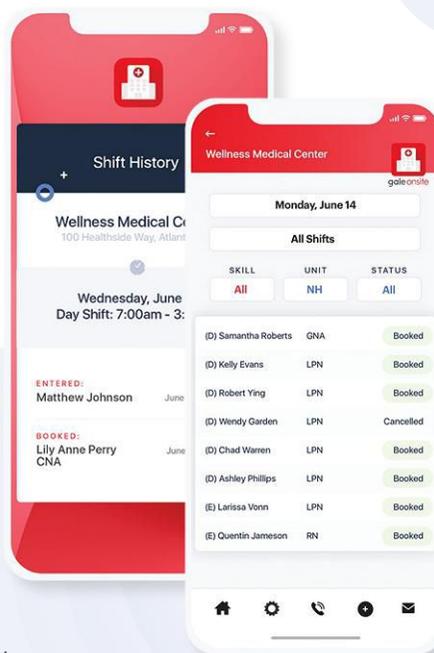
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'Pretty amazing' story in 2021 SNF pay rates as pandemic boosts salaries

BY KIMBERLY MARSELAS

Driven by the ongoing pandemic and a labor crisis unlike any in industry history, average salaries at the nation's skilled nursing facilities skyrocketed between 2020 and 2021.

That was according to the Hospital & Healthcare Compensation Service, whose 44th annual report on nursing home salary and benefits trends remains the biggest in the industry.

HCS found hourly pay for certified nurse aides jumped 7.1% on average during the time span, with non-certified aides gaining an average of 8% in pay, and certified medication techs netting an extra 6.8%.

But they weren't the only winners in a comparison of 2020 and 2021 nursing home pay rates.

Salaries for directors of nursing rose by 3.1% to an average of \$105,104 at the same sites year-over-year, while assistant DONs saw a 3.4% increase for an average salary of \$80,364.

"It's pretty amazing, the increases for what we're seeing in the past year," Matt



Photo: kumikomiti/Getty Images Plus

Leach, principal and senior consultant with Total Compensation Solutions who works closes with HCS on its report, told *McKnight's Long-Term Care News*. "There are jobs that are up 6%, 7%, even 8% year-over-year. It's just wild. You don't see that during normal times."

How much leverage do nurses have in the current long-term care environment? A lot. "Anything in the clinical [job] space has gone up significantly," said one recruitment and pay expert.

The average salary for nursing home administrators at the same sites jumped 2.3% to \$120,695 in 2021, while assistant administrators also realized a 2.3% jump to \$74,294.

The Nursing Home Salary & Benefits Report is published with support from

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

For-profit, fewer than 110 beds		Not-for-profit, fewer than 110 beds		For-profit, 110 beds and more		Not-for-profit, 110 beds and more	
Percentile	Salary	Percentile	Salary	Percentile	Salary	Percentile	Salary
25th	99,226	25th	91,000	25th	114,838	25th	110,000
50th	110,000	50th	103,459	50th	125,000	50th	121,666
75th	120,000	75th	116,438	75th	137,676	75th	135,000

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

For-profit, fewer than 110 beds		Not-for-profit, fewer than 110 beds		For-profit, 110 beds and more		Not-for-profit, 110 beds and more	
Percentile	Salary	Percentile	Salary	Percentile	Salary	Percentile	Salary
25th	90,182	25th	81,245	25th	99,401	25th	95,000
50th	99,000	50th	89,502	50th	109,242	50th	104,477
75th	108,144	75th	100,845	75th	119,639	75th	115,002



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Salary Snapshot

continued from page 8

LeadingAge and the American Health Care Association. Distributed each August, the most recent full, 296-page report includes data from 1,613 nursing homes, covering more than 147,900 employees. It includes regional and national data points.

Of course, all the good wage news for employees in these reports presents, if not bad news, at least a long-term financial challenge for most skilled nursing operators.

Overall, 45.4% of HCS survey respondents said they had to increase their merit raise budgets over the last year. And 79.4% said they had made pay adjustments for “key employees,” most notably through the use of hero or hazard pay.

Just 1.1% said they had tried to compensate by cutting back on employee benefits like paid time off or retirement incentives.

“Everything is going up. Literally every position we recruit for, the salaries have gone up,” said Julie Osborne, director of recruitment for LeaderStat, a national consultancy and executive search firm. “Anything in the clinical space has gone up significantly. Obviously, [providers] can’t keep the doors open without them, so they’re willing to pay high dollars to get the right person in, whether it’s temporary or permanent.”

Across the United States, providers and recruiters are reporting massive investments in workforce strategies, along with record pay and bonuses.

Trilogy Health Services announced in summer it would pour \$8 million into direct wages



Photo: Sawet Kawila / EyeEm/Getty Images Plus

Filling jobs became harder during the pandemic’s second year, as a 38.7% overall turnover rate forced providers to remain in constant recruiting mode, for many positions and job titles.

as a way to attract workers to its 100 locations in Indiana, Kentucky, Michigan and Ohio.

Sign-on bonuses in the hundreds and even in the thousands of dollars became much more commonplace, with Osborne reporting a head-spinning offer of \$18,000 for a management-level position at one facility she advised.

Minimum wage in rear view

Starting wages even for trainees and entry-level workers, such as maintenance helpers and security guards, have exceeded the \$15 minimum wage push that has been long called for by some organizations representing industry employees.

According to HCS data, the 50th percentile paid to U.S. CNAs hit \$15.23 by early 2021. Still, some providers are forced to go far beyond that: In one California market, operators reportedly were seeking CNAs at a rate of \$85 per hour.

Still, filling positions remains the industry’s biggest burden.

“The hardest part about this is, with these salary movements, and with the current market, it’s almost that you have to pay these rates just to be able to play ball. If you’re looking to really retain people and attract new people, this is the starting point,” Leach added.

Turnover for CNAs, already at nearly 40% in 2020, jumped to 51.4% in 2021 as the

pandemic entered its second year. Across all nursing home employees, turnover was 38.7%, up from 35.4% in 2020, according to HCS.

After specializing in upper-level nursing home recruitment for decades, LeaderStat this year added CNA search help for the first time in recognition of the crisis its clients were facing.

But it’s a two-pronged problem, as Osborne also witnessed “significant turnover” among upper-level nursing staff and managers.

Operators may need to hire more CNAs, but they have faced the challenge of having fewer qualified candidates to choose from when it comes to luring nurse managers and executives. Those Osborne has tried to recruit are largely uninterested in moving to another director of nursing position, for example.

“Very few are excited to go from one building to another,” despite typical offers at least 10% more pay, she said. “The grass isn’t greener.”

Osborne said one outlier, however, has been the MDS coordinator position.

Having been called to the frontlines too frequently during the pandemic, such a coding and payment specialist might take a lateral move for not too much more money. But that’s only with assurances that he or she will be given the time to focus on coding and reimbursement tasks, Osborne added.

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

\$ amount millions	Admin	DON
0-7.5	105,137	93,654
7.5-10	112,216	99,178
10-12.5	120,287	105,669
12.5-17.5	127,892	111,229
17.5+	140,265	116,177
All	118,247	103,456

The HCS survey found pay increases for MDS coordinators largely mirrored those of other nurse managers, up 3.2% from an average of \$71,779 to \$74,084 in year-over-year numbers for the same long-term care facilities.

But across a broad spectrum of positions, employers who will not (or cannot) raise the stakes are in a tenuous position, especially if they want someone with training and experience.

"They might say they don't want to go above \$90K. But as we're calling competitors in the market and we're finding the nurses are making \$95K or \$100K, \$102K, the (operators) don't bat an eye. They say, 'If this person comes with experience, we will pay what it takes for them to come join us and help with our current situation,'" Osborne said. "The clients that dig their heels in, and don't do some of the increases, their positions are open for months and months and months."

Beginners' luck

Most providers are willing to pay significantly higher starting salaries than just a year ago, even if the person they hire has little to no experience in the role.

Nearly 50% of providers responding to the HCS survey said they offer free CNA training. State and federal waivers of some nurse aide training requirements during the public health emergency likely helped bolster this figure.

And more are eager to hire novice leaders, too, including candidates just wrapping up administrator-in-training programs.

"The days of employers having three and four candidates to select from, those days are gone," Osborne counsels clients.

"It's very much a candidate-driven market. If you've got someone and they've got the skill that you desire, don't wait on making the offer because they're typically looking at multiple options," she added.

To keep up, providers "need to keep pace, and they need to continually move their salary structure so it can accommodate the changing market, so they'll be able to not only attract new people but also retain the current individuals," Leach said.

And although the numbers of vacancies may be highest among direct caregivers such as CNAs, providers can't assume that's the only place they'll need to bolster the payroll. Baseline increases are putting upward pressure on positions throughout the entire workplace.

Trilogy CEO Leigh Ann Barney noted that McKnight's her company's investment was necessary to remain competitive in the market. Anyone hired moving forward is brought in under a new minimum wage scale, and a quarterly raise for existing employees has increased from 0.75% to 1.5%.

"We have continued in the past two to three years to look at our wage scale for our various categories and made some significant increases about a year ago in our caregiver workforce wages," Barney said.

"This time, we looked at dining, nursing and other ancillary departments like housing maintenance — just to get more competitive.

We felt it was time for us to look at our scale and make adjustments to raise it to market."

All the work that's being done now to recruit carries longer-term costs, as many observers have predicted providers won't be able to completely walk back hazard pay or reduce the size of annual increases without some pushback.

At the time that survey data was finalized — in March 2021 — many HCS respondents said they hoped to award annual raises around the 2.5% mark for common positions in 2022.

But then the delta variant, followed by another omicron-fueled COVID-19 surge, and an even tighter labor market combined to make that goal unlikely.

"If COVID is what it is right now, in another year, the expectation will be, 'I'm still going into the burning building every day,'" Osborne said. "The expectation for that higher crisis pay will still be there." ■

National trend of average salaries (\$) (same participating facilities, year-over-year)

	2020	2021	+%
Admin.	117,993	120,695	2.29
Asst. Admin.	72,643	74,294	2.27
DON	101,952	105,104	3.09
Asst. DON	77,751	80,364	3.36
MDS Coord.	71,779	74,084	3.21
Dir. Facilities	68,223	71,993	5.51

National trend of hourly rates (\$) (same participating facilities, year-over-year)

	2020	2021	+%
RN	31.20	32.47	4.08
LPN	23.96	25.12	4.82
CNA	14.03	15.03	7.13
Cert. MedTech	15.81	16.88	6.75
Dietary Aide	11.72	12.28	4.81
Housekeeper	12.52	13.21	5.52

National bonus data (\$)

	Avg. salary	Avg. bonus	% bonus to salary
Admin.	117,160	17,543	14.97
DON	105,780	13,850	13.09

It's about engagement: Providers dig deep to connect with workers' needs



Photo: Coatlle, Arcans/E+/Getty Images Plus

BY AMY NOVOTNEY

The Great Resignation continues to wreak havoc on U.S. employers and shows no signs of slowing down. The overall effects on the long-term care industry are staggering: Since the beginning of the pandemic, nursing homes have lost nearly 238,000 caregivers, or approximately 15% of their workforce, according to a recent U.S. Bureau of Labor Statistics report. Assisted living communities, facing a 7% decline in their workforce, haven't fared much better. The entire long-term care industry has entered a 15-year labor low.

As pandemic burnout worsens, skilled caregivers are looking elsewhere, and often outside the industry, for work, noted LaDonna Holley, senior vice president at the nonprofit senior living and care firm Presbyterian Villages of Michigan.

"Target is now paying \$24 an hour starting pay," she said. "The compensation wars are unreal and we just can't compete."

Still, new research released in January suggests that even if long-term care opera-

tors could go toe-to-toe with retail wages, it would do very little to stem the industry's high annual turnover rates.

Data from the "2021-2022 Assisted Living Salary & Benefits Report," published by the Hospital & Healthcare Compensation Service, showed that annual turnover of all employees in assisted living communities in 2021 (management and non-management) was almost half (48.5%). The turnover rate for resident assistants and personal care aides was 68%, the highest rate among nine general job groupings tracked in the report. This was despite hourly pay rates increasing by more than 10% in 2021 for RAs and dementia PCAs.

Focus on culture

So if wage increases can only do so much to address workforce shortages, how can long-term care think differently about how to attract and retain talent? While there are no quick solutions to the long-standing turnover challenges in the industry, senior care leaders who make an ongoing effort

Long-term care providers who treat employee engagement as a strategic priority have the most success in terms of retaining workers, said Nancy Anderson, RN, of consulting firm Align.

to ensure employees feel valued and supported are the most likely to build a stronger workforce with employees who choose to stay, said Nancy Anderson, RN, senior vice president of engagement solutions at Align, a company that provides engagement solutions for senior living and care.

"As a result of the pandemic, employers are realizing that they need to create a workplace environment where employees aren't treated like human resources but like human beings," Anderson said. "As leaders, we're always telling them we need to create a person-centered place for our residents. But in order for frontline employees to create and provide that type of care and compassion for residents, leaders have to create a person-centered culture for employees. That means focusing on how they interact daily with employees in a way that really conveys care and consideration to the human beings who work in the facility."

Forget monthly pizza parties

Amid the current workforce crisis, Holley

KNOW THE NUMBERS

238,000

This is the total number of caregivers nursing homes have lost from January 2020 to January 2022.

— U.S. Bureau of Labor Statistics

says the biggest criticism she often hears from current employees is that leaders are too caught up in the need to bring in new workers, leaving many staff feeling like they are just bodies coming in to fill an open spot on the schedule.

"Loyal staff are showing up and doing a good job everyday, picking up extra shifts, working short, doing whatever they can to help and be present, but the appreciation for them isn't top of mind," she said. Instead, the focus of leaders needs to shift to how to celebrate and retain existing staff.

Enter: Employee engagement. Too often, Anderson said, when leaders hear the term "employee engagement," they view it as a nice-to-do if they can get around to it, or think that throwing a weekly pizza party or promoting an employee of the month program checks the box and takes this task off their long to-do list. But the truth is that facilities with this kind of thinking will not make much, if any, progress on engaging and retaining employees.

"What I see making a huge difference is the leaders who treat engagement as a strategic priority," Anderson said. "In other words, they fully recognize that engaged employees are foundational to their success, so they own engagement as a core business strategy and they take accountability for ensuring that engagement stays at the forefront of their operational focus."

This involves putting into place a systematic process to intentionally shape the workplace environment, she said. It's a skill managers and leaders are already familiar with; they likely already have systematic processes for admitting a resident, for billing, for dining services.

"It's about establishing a well-ordered, repeatable process that uses data and information to learn and improve, and taking a disciplined continuous improvement approach that not only systematically improves engagement and employees' experiences in the workplace, but as a result, drives employee retention," Anderson said.

Retention with data

Surveys focusing on employee engagement — not just satisfaction — can go a long way



Photo: Moka Productions/DigitalVision/Getty Images Plus

It's important to check in with new hires at 30, 60 and 90 days, according to Nancy Anderson of Align, an engagement solutions firm, as this is the period during which employees are most at risk of leaving.

toward identifying gaps and planning targeted actions toward helping staff feel valued, respected and included in workplace decisions, Anderson said. She also recommends conducting a new hire meeting or survey within seven days of an employee coming on board, and then again at 30 days, 60 days and 90 days, to check in.

"Research shows that the largest volume of turnover occurs within the first three months of being hired, so by using some mechanism to routinely check in with those new employees, you'll know if they are having a good experience in the facility and if there are any issues you need to support them with or address," she said.

Exit interviews or surveys also are critical to help organizations identify attrition patterns or trends, and determine whether there are any particular workplace policies that are contributing to people leaving, according to Anderson and Holley. The leaders recommend asking exiting employees whether they'd ever consider returning.

Holley noted that one of the items that has come out of engagement surveys lately is a desire for more flexibility, especially during the pandemic.

"We've started offering 12-hour shifts at one of our locations, which allows employees to have three days on and four days off, giving them more flexibility," Holley said.

Tina Sandri, CEO of Forest Hills of DC, agreed, noting that her organization also

recently has started shifting some of its workforce to 12-hour shifts.

Offering a career, not just a job

One of the other pieces of establishing a person-centered workplace is taking time to understand and establish career goals with employees, Sandri said.

"We are really dedicated to helping our staff, particularly our certified nurse aides, view their work not just as a job, but as a profession," she said.

Forest Hills' creative workforce solution for retaining its CNAs has been the establishment of the first CNA career ladder apprenticeship program in Washington, D.C. The eight-month training program combines traditional CNA classroom instruction with structured and supervised on-the-job learning, Sandri said.

"We're looking to take shining-star-potential CNAs, sharpen their skill sets and then set them loose to inspire, engage and lead their peers," she said.

Forest Hills has partnered with Suma Prime School of Healthcare and the D.C. Department of Employment to build the program, and the first cohort of students starts this spring. The hope is that these types of programs will lead to better recruitment and retention of the organization's skilled workforce, reduced costs for on-boarding and turnover of staff, as well as improved productivity, Sandri said. ■

Photo: gahson/E+/Getty Images Plus



Go digital: How technology can mitigate the effects of the workforce shortage

BY RON RAJECKI

The scope of the skilled worker shortage in long-term care settings has been well-documented, but there is reason for optimism if the industry acknowledges that it must change and uses transformative technology correctly, said Joseph Coughlin, Ph.D., director of the MIT AgeLab.

Emerging technologies can fundamentally change who the industry recruits and trains, and also help make their jobs interesting, challenging and rewarding, according to Coughlin. This is increasingly important in a world where competition for employees means that the best workers may have their pick of four or five different careers throughout their working lives.

"The senior living [and care] industry's ability to retain employees will be not be based solely on pay," he said. "It will also be based on how technology creates a more attractive workplace by helping employees learn and improve over time instead of just 'doing a job.' We need to ensure that our

industry offers the prestige and the platform for personal improvement necessary in order to attract and retain the best employees. Providing a state-of-the-art industry in which employees can gain skills and experience with technology is going to help us make a compelling case to attract and retain the workforce we want."

'Ambient intelligence'

Another role technology can help play in the long-term care industry is based on its capability for "ambient intelligence." By creating a sensor-rich environment, a facility's systems could monitor the behavior patterns of residents and staff to determine whether there are deviations that might serve as a warning signs. Such warnings could alert staff, for example, of a change in a resident's health status or signs of burnout in a care provider, thus enabling early intervention. Deviations also could be positive: For example, they could identify which residents are doing well, thus allow-

A variety of technologies, from scheduling applications to pulse survey applications, can be effective in improving workforce challenges.

ing staffing to be optimized where it's most needed, and also could be used to identify best practices among care staff.

Creating such an environment would require a substantial capital outlay, but Coughlin pointed out that investments in and new uses for technology are going to be essential in the senior living and care industry. Many potential residents are comfortable with technology and are, in fact, already living in smart homes of their own. The need to appeal to those individuals is a given.

"There are three points of transformation our industry is experiencing," Coughlin said. "The first is technology, the second is the workforce and the third is the consumers themselves. They and their adult children and loved ones are far more technologically savvy than any previous generation in history. They're not going to simply leave those expectations and experiences at the door once they come into a senior housing property."

Emerging technologies

Majd Alwan, Ph.D., senior vice president, technology and business strategy, LeadingAge, and executive director, LeadingAge's Center for Aging Services Technologies, said workforce-related technology trends he is seeing among administrators and caregivers include some that don't actually

KNOW THE NUMBERS

48.5%

This was the annual turnover of all employees in assisted living communities in 2021.

— 2021-2022 Assisted Living Salary & Benefits Report published by the Hospital & Healthcare Compensation Service

qualify as “new,” but are perhaps being maximized in ways they hadn’t before. These include electronic health record (EHR) and point of care (PoC) technologies.

“EHR and PoC are the first technologies that come to mind,” Alwan said. “These are great efficiency tools but only when processes and workflows are designed and streamlined to maximize their efficiencies, and when the technology is introduced correctly by engaging frontline staff throughout the planning, selection and implementation, training them appropriately before going live, and providing support for them after implementation.”

Alwan also noted that providers, especially larger ones, increasingly are exchanging health information with other care partners, either directly or through a health information exchange entity or network. These tools expedite access to information, streamline care coordination and save time, especially during transitions of care.

Providers also increasingly are using telehealth, which allows more efficient treatment in place, as well as data analytics tools, which increase efficiency of management.

Other technologies with a workforce component cited by Alwan include:

- Applications that facilitate access to in-service and on-demand training and professional development from employees’ mobile devices.
- Scheduling applications that allow staff to build their own schedules, which could foster retention.
- Financial solutions that would give staff early access to earned wages, which address staff’s financial needs and may increase loyalty and retention.
- Pulse survey applications that gather input and quick feedback from staff, which, along with employee satisfaction surveys, can help organizations improve engagement, which in turn leads to better retention, and reduces turnover — if management reviews that input and addresses employees’ issues in a timely manner.
- AI-based tools that can quickly scan applicants’ resumes to short-list qualified

candidates, build retention prediction models for organizations by identifying the candidates who likely are to be retained in a certain position under a certain supervisor, and employing chat bots to engage qualified candidates to schedule interviews quickly before they accept a job offer somewhere else.

- Robotic process automation to streamline back-office workloads (admissions, claims, billing, prospecting, etc.), improve efficiencies, and reduce costs, which would allow communities to put cost savings toward frontline staff salaries and benefits.
- Physical robots in certain positions (such as serving food, busing, delivery, disinfection, and other repetitive tasks).

Alwan concluded that in the near future, he expects to see more organizations embarking on holistic digital transformation strategies, including revising workflows to maximize the efficiencies that technology can bring; revisiting staff roles and position descriptions; deploying AI-powered automation and physical robots, where appropriate; and using technology as a differentiator to attract staff, especially technology-comfortable millennials.

“The end result would be more efficient communities, more engaged and satisfied staff, and more satisfied and happier residents,” he said.

Workforce in mind

WellSky offers software and professional services designed to achieve better outcomes through predictive insights. Tim Ashe, RN, chief clinical officer of WellSky, said post-acute care clients want to ensure that nurses, therapists, social workers and other care staff are not burdened with administrative key strokes and tasks that are not supported by their license.

“Our goal is to create systems that allow care staff to practice at the top of their license in a more efficient and effective way,” he said.

WellSky has built predictive analytics to support care management, Ashe explained, and is now using some of those same foundations in the workforce to identify patterns

and issues to assist in staff retention. This may include watching for patterns that may indicate a particular staff member may be at risk of burning out or leaving an organization.

According to Ashe, if a staff person is demonstrating changes in his or her documentation patterns, timeline, or quality and accuracy, it could be a signal for a manager to spend a little more time with that staffer.

On the flip side, Ashe noted that WellSky’s data science team is also looking at algorithms that create positive feedback loops to reward staff when they meet documentation or care management timelines.

Implementation hurdles

No matter how advanced or helpful a new technology may be, there is always the challenge of implementing it. Successful implementation begins by making sure everyone understands the intent of the technology, Ashe said.

“Implementation must be thought through, everyone must understand the application and the goal, and it must include frontline users,” he said.

Ashe advised providers to identify and enlist “internal champions” around tech solutions. These employees can help ensure that everyone understands why the technology is being implemented, the anticipated outcomes and, ultimately, how it will benefit staff and residents. And the training must be well-organized, clear and simple.

“The clinical and administrative workforces are already incredibly busy and stretched,” Ashe noted. “To them, the value of any new technology will be judged first on its simplicity. Then they must understand how it’s going to fit into and improve their daily workload, and also provide value to the residents. It’s crucial for management to make sure that it provides the right information and the right support for staff to make sense of a new system or a new workflow.”

Ultimately, Ashe concluded, technology offers hope to long-term care providers who are struggling with workforce issues. The key is to ensure that the model or the system is clear and concise so that staff feels good about using technology to drive better care. ■

We're Redefining What It Means To Give Back



What if we could lift up our most vulnerable populations—those living in systemic poverty, resilient healthcare workers and seniors—with just one mission?

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The Jack and Nancy Dwyer Workforce Development Center, Inc.

OUR MISSION

The mission of The Jack and Nancy Dwyer Workforce Development Center, Inc. is to provide comprehensive support to individuals with barriers to employment, alleviate a severe healthcare workforce shortage and improve the lives of seniors.

WHO WE ARE

Dwyer Workforce Development, a one-of-a-kind 501(c)3 nonprofit, was established in 2021 by businessman and entrepreneur Jack Dwyer, his wife, Nancy, and daughters, Emily and Kelsey. As sole owner of Capital Funding Group and CFG Bank, Dwyer always looks for actionable ways to improve the lives of those in the community, and with both companies' strong presences in the healthcare market, he recognizes the need to improve the lives of seniors. He also understands and has seen firsthand the workforce challenges of high turnover and burnout among nursing professionals and the hardships they face in advancing their careers.

Rather than donating to another organization, the Dwyer Family and Dwyer Workforce Development CEO and social activist Barb Clapp are solving the healthcare industry crisis and helping those affected by systemic poverty with this revolutionary organization.

HOW WE'RE SOLVING THE PROBLEMS

Dwyer Workforce Development provides certified nursing assistant (CNA) and geriatric nursing assistant (GNA) training to students, or Dwyer Scholars. Working with partner workforce development organizations and training facilities, Scholars complete their training, participate in clinicals, and then take the Board of Nursing exam. Once certified, Dwyer Workforce Development places Scholars into full-time posi-

tions through its large network of industry partners, including nursing homes and long-term care facilities.

On a need basis, Scholars are provided wraparound services, which could include stipends and support for housing, childcare, transportation and more, to alleviate any barriers to success. All Scholars are paired with case managers who work with them to identify goals to achieve over several years. After reaching those goals, Scholars are awarded a scholarship to attend nursing school to achieve the ultimate goal of obtaining a registered nurse (RN) license.

Providing better education and creating pathways for career advancement not only benefits nursing professionals, but also improves the lives of seniors – through increased quality of care and attention.

BE PART OF THE SOLUTION

Dwyer Workforce Development partners with organizations who share our commitment

to alleviating poverty, ending joblessness, improving senior care and creating meaningful change. If you're a healthcare organization, workforce development program or human services professional interested in partnering with Dwyer Workforce Development, please email admin@dwyerworkforcedev.org.

As Dwyer Workforce Development continues to grow, donations are much appreciated and used to further the development of curriculums as well as wraparound service support, future programming and scholarships. Donations are gladly accepted through www.dwyerworkforcedev.org.

In addition to donations, there are many ways to take action to be part of the solution – volunteering time and expertise, sharing social posts to amplify the Dwyer Workforce Development message, making introductions with interested corporate or not-for-profit partners or sponsors, and more. For more on opportunities, visit www.dwyerworkforcedev.org.



FASTFACTS

Website:
www.dwyerworkforcedev.org

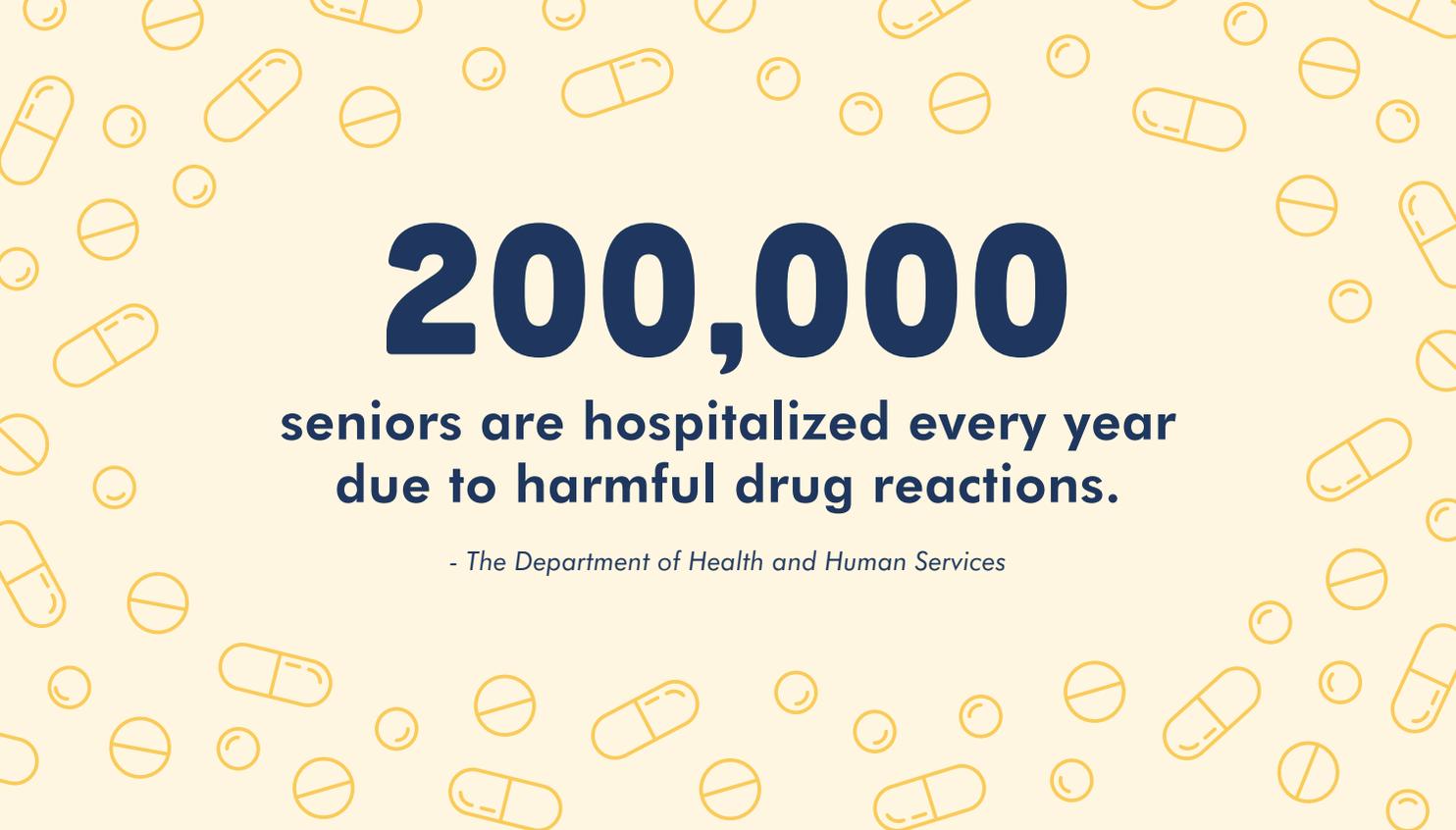
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Date Founded:
2021

Presence:
Dwyer Workforce Development is headquartered in Baltimore, Maryland, and serves communities nationwide.



200,000

seniors are hospitalized every year
due to harmful drug reactions.

- The Department of Health and Human Services

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Guardian Pharmacy helps you avoid common risks due to staff error and prescription ineffectiveness. Our team reviews and coordinates prescriptions from all doctors to ensure compatibility, and our smart packaging makes med pass easy and accurate. From 24/7/365 deliveries to robust analytics for strategic decision making, Guardian Pharmacy makes long-term care safer.

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Guardian Pharmacy Services

COMPANY PROFILE

Guardian Pharmacy Services is one of the fastest-growing long-term care pharmacy companies in the United States, providing a wide range of services to assisted living communities, skilled nursing homes, CCRCs and home and community-based 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 as well as 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.

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