

Long-term Care Subcommittee Meeting Minutes

March 7th, 2024

Dr. Donald J. Smith, Jr. & Christopher Dula from the Workforce Training and Education Coordinating Board: Addressing the LTC Workforce Challenges Practice and Policy Working Together

Christopher Dula

- The shortage of direct care workers is not a new problem but was exasperated by the COVID pandemic.
- Graph shows major drop of average direct care hours per patient day for CNAs working in skilled nursing facilities.
- Close to half of all COVID related deaths occurred in skilled nursing facilities, and a lot of direct care workers were seriously adversely affected.
- Facilities are also forced to rely on contract staffing hours to fill the staffing gap and meet CMS requirements. It is more expensive and increases the costs of the provision of care.
- It is difficult to measure the workforce shortage because CMS doesn't require the same data from all types of facilities. We can get sense of these numbers through the American Community Survey licensure data, but we don't have a very accurate picture of the need for these services or what it may cost.
- The LTC initiative convened a number of stakeholders who identified barriers within the industry including recruitment and retention, adequate pay and benefits, negative perceptions of long-term care, and the competitive labor market.
 - All the issues discussed are connected and result in reduced quality care outcomes for residents. This isn't just an issue for direct care workers themselves, but also an issue for those receiving services and long-term care.
- CMS finds an annual average turnover rate of 50% for direct care nursing staff at skilled nursing facilities. It can cost half of the annual salary of an employee to replace them. High levels of turnover contribute to the burnout of staff.
 - High turnover rates are associated with lower quality care.
 - Inadequate training leads to poor resident outcomes but also higher staff turnover. We could look from a policy and program approach to address training needs.
- Direct quotes from stakeholders highlighted the need to address issues of dignity, empowerment, and respect for direct care workers.
- The discussion emphasized the equity issue, with 85% of direct care workers being women, a significant portion being people of color, and a considerable percentage being immigrants or refugees.
- The 2024 report is looking at barriers and actionable areas that we could address with policy and program recommendations.
 - Labor pool expansion, improving workplace conditions, and support services, increasing training, licensing, and credentialing resources, and professional and organizational development were major priorities.
- The top barriers identified in this year's report include:

- Affordable and accessible childcare
- Faster licensing processes and greater access to training and testing
- Less lag time between training and getting credentialed.
- Increasing the availability of local testing sites and transportation to and from different training and testing sites
- Increasing access to resources
- Pathways to increase workforce
 - 43% of the initiative's respondents identified those under the age of 18 were interested in direct care work so opening more pathways could be an option.
 - Utilizing the knowledge and skills from refugees or immigrants with their credentials from other countries could increase the workforce.
 - Increasing the language supports for immigrants could be another avenue to increase the number of direct care workers.
- Training credentialing and licensing:
 - This area has unanimous support. Goals are to increase access to training and testing including transportation to testing sites, having internet access, awareness of different training opportunities and careers.
- Next steps in the research:
 - A survey of literature that's nearly complete to support stakeholder identification of barriers and recommendations.
 - The University of Washington is leading a focus group of direct care workers to better understand their perspectives of the conditions and what their needs are the workforce board. They are also conducting a series of case studies to gain insights into best practices related to leadership, professional development, and culture.

Dr. Donald J. Smith, Jr.

- Donald Smith is the Long-Term Care Workforce Policy Manager with the Workforce Board
- Different boards and groups:
 - The Workforce Training and Education Coordinating Board is a partnership between labor, business, and government. It's advocates and offers recommendations to the legislature. They developed a set of recommendations in 2023 that were presented to the legislature in 2024. They are in the process of developing a new set of recommendations. The workforce board has in-house research and is preparing for an LPN apprenticeship.
 - The Health Workforce Council looks at long-term care, hospital settings, community settings, and behavioral health.
 - The Long-Term Care Workforce Initiative is the three three-year funded initiative from the legislature that came out of the 2022 legislative session and included a NAC, HCA, and LPN registered apprenticeship project.
 - The Dementia Action Collaborative is looking at efforts to educate the workforce by working with the aging and long-term services administration through DSHS.

- The Apprenticeship and Higher Ed coordinating committee was established in the 2024 or 2023 legislative session to look at the funding opportunities, tuition waivers for apprenticeship programs, and access for apprentices to the Washington opportunities grant funds.
- Long-Term Care Summit to develop recommendations for the next legislative session.
- When talking about long term care workforce, we need to include support staff in conversations including housekeeping, dietary, maintenance, etc.
- Priority is to work collaboratively! It reduces duplication of efforts, removes competition, and allows resources to go further.
- Recommendations: They are aiming to reach the ideal state - a high quality system of coordinated long-term care support services that provide accessible choices and care settings. It would also ensure access to comprehensive career pathways, lifelong learning opportunities, contribute to a well-trained staff to provide quality empathic care and stable and nurturing work environment.
- The Workforce Board has 100 participant stakeholders that are contributors to the long-term care initiative. Includes representatives from healthcare, state agencies, businesses, educators, long-term care providers, labor, direct care staff, and each stakeholder is given an opportunity to contribute equally.

Elena Mills on the Updated March 1st CDC Guidance

- Healthcare settings should continue to follow [CDC Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic and Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
- DOH is reviewing the updated guidance to understand the details and scope of the changes.

Q&A:

- Due to the lack of remaining time, members were encouraged to place questions or comments in the chat or to email them to tess.harpur@doh.wa.gov. All questions will be routed to the appropriate subject matter expert for a response.
- The meeting ended with a reminder of the [Gov Delivery newsletter](#) and an invitation for topic suggestions.

The next meeting is April 4, 2024, at 4:00 p.m.

Resource Links:

Dr. Donald J. Smith, Jr. & Christopher Dula

- donald.smith@wtb.wa.gov
- christopher.dula@wtb.wa.gov
- [Washington Workforce Training & Education Coordinating Board | Workforce Training and Education Coordinating Board](#)

- [Long-Term Care | Washington Workforce Training & Education Coordinating Board](#)

Elaina Mills

- <https://www.cdc.gov/respiratory-viruses/prevention/index.html>
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)