

University of Washington LTC Workforce Study



Study Overview

- Partnership between Workforce Board and UW Center for Health Workforce Studies (CHWS) to conduct qualitative and quantitative research on the LTC workforce in WA to be incorporated into annual legislative results for 2023-2025
- Goal is to provide WA-specific information to help inform staffing guidance and policy recommendations made by the LTC Workforce Initiative team

Research Team

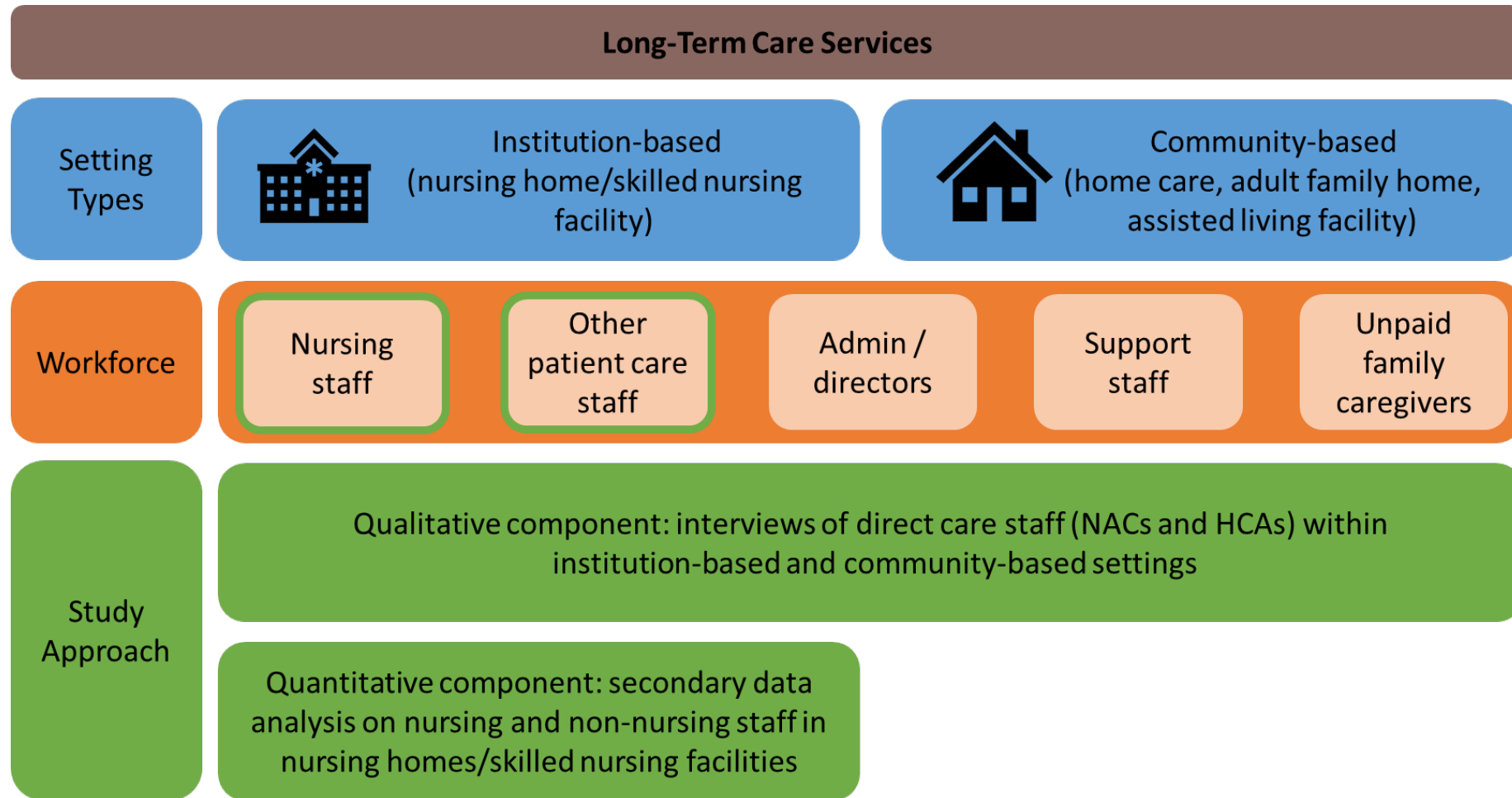
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Scope of Work



Quantitative Study: Analysis of nursing staff in Washington state nursing homes

Rachel Prusynski, DPT, PhD



Study Objectives

- Goal: Describe workforce trends in skilled nursing facilities/nursing homes (NHs/SNFs) in WA and implications for quality of care.
- Key study questions:
 1. What are staffing trends across nursing and non-nursing disciplines over time in NHs/SNFs in WA?
 2. How do these trends vary between contract versus in-house employees?
 3. How do staffing levels and turnover vary within SNFs/NHs based on facility characteristics?
 4. How are staffing levels and turnover associated with quality ratings?

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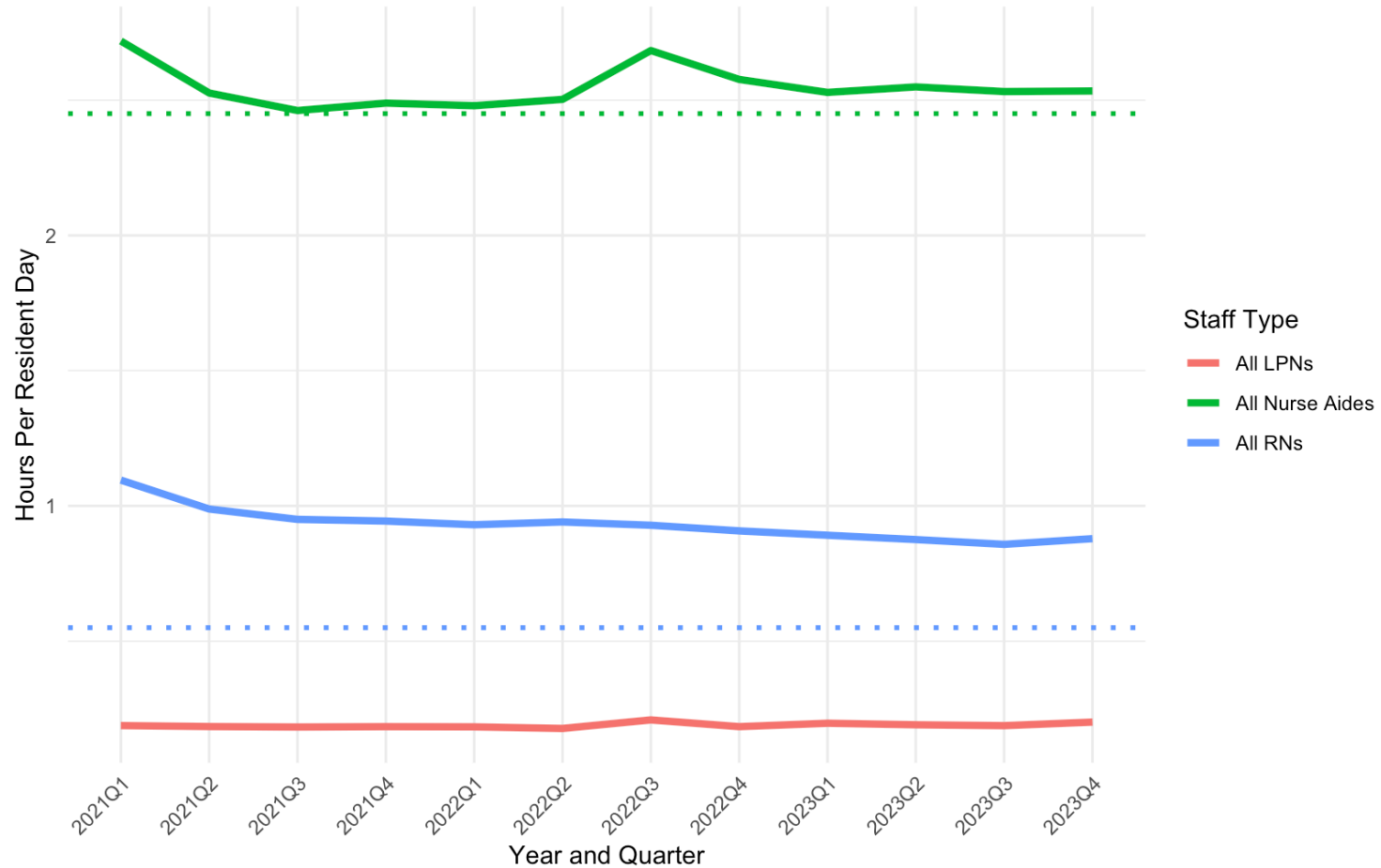
Additional context of new minimum staffing standards

Study Data & Limitations

- Files from the Centers for Medicare & Medicaid Services (CMS)
 - Payroll Based Journal: Daily staffing and patient census data for all SNFs/NHs in the U.S. for >30 occupations
 - Nursing Home Compare, Provider of Services, LTCFocus files for facility characteristics
- Study conclusions are not generalizable to the full scope of LTC services
- Data are aggregated at the SNF/NH-level which precludes study of resident-level interactions with staff and quality outcomes

Staffing Update through 2023

Staffing Levels for 190 Washington State SNFs
Compared to New Federal Minimum Staffing Standards for RNs and Nurse Aides



Minimum Staffing Standards

Overall staffing Hours per Resident Day (HRPRD)

	RN HRPRD	NA HRPRD	Total HRPRD
Mean (SD)	0.93 (0.65)	2.55 (1.67)	4.29 (2.92)
Median	0.85	2.47	4.15

Percent of Days when minimum staffing standards were met

	RN 0.55 HRPRD	2.45 NA HRPRD	3.48 Total HRPRD
Mean (SD)	77% (42%)	52% (50%)	79% (40%)
Median	100%	100%	100%

Data from 190 NHs in WA State from January 2021- December 2023

Weekends vs. Weekdays

Weekday overall staffing hours per resident day

	RN HRPRD	NA HRPRD	Total HRPRD
Mean (SD)	1.05 (0.68)	2.62 (1.65)	4.55 (2.98)
Median	0.96	2.55	4.39

Percent of Weekdays when staffing minimums were met

	RN 0.55 HRPRD	2.45 NA HRPRD	3.48 Total HRPRD
Mean (SD)	87% (34%)	58% (49%)	90% (29%)
Median	100%	100%	100%

Weekend overall staffing hours per resident day

	RN HRPRD	NA HRPRD	Total HRPRD
Mean (SD)	0.65 (0.49)	2.36 (1.72)	3.66 (2.67)
Median	0.57	2.29	3.51

Percent of Weekend days when staffing minimums were met

	RN 0.55 HRPRD	2.45 NA HRPRD	3.48 Total HRPRD
Mean (SD)	53% (50%)	37% (48%)	52% (50%)
Median	100%	0%	100%

Rural Areas

Number of rural skilled nursing facilities in Washington state by definition of rural	
Definition	Rural SNFs in Washington, N (%)
Office of Management and Budget*	21 (11.1%)
Washington Department of Health	59 (31.1%)
Rural-Urban Commuting Area Codes	32 (16.8%)

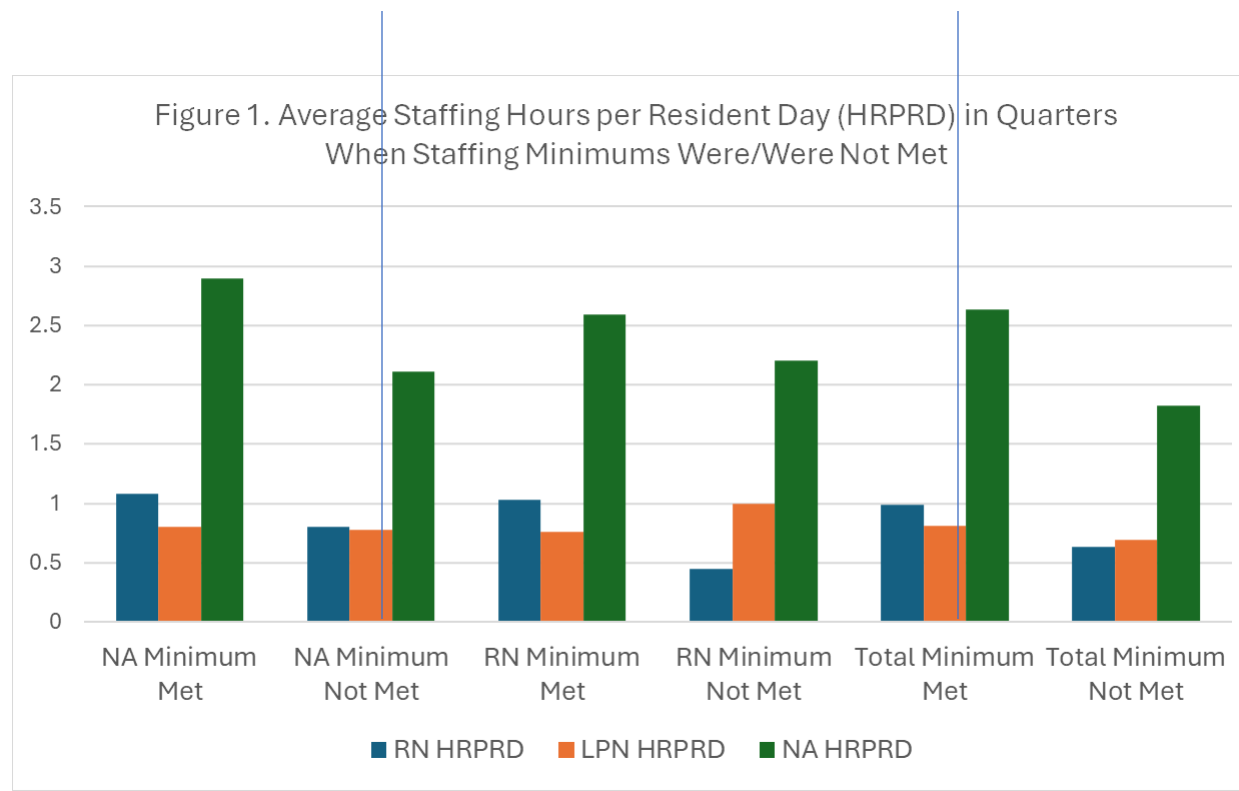
*Used by CMS when determining exceptions and extensions to minimum staffing standards

Proportions of days between Q1 2021 and Q4 2023 Meeting Minimum Staffing Standards by facility Characteristics (N=190 NHs in Washington State)

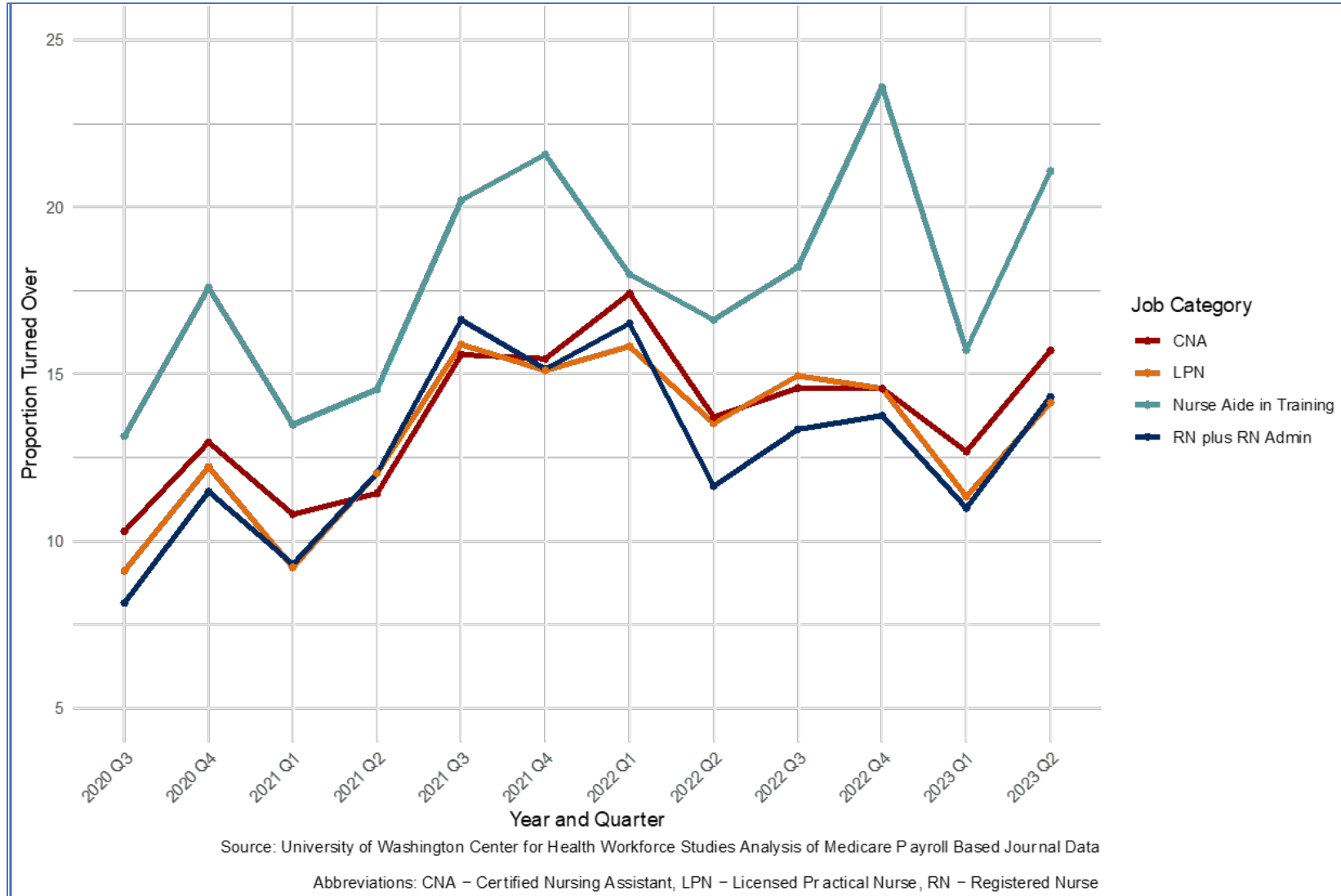
	Met RN 0.55 HRPRD, Mean (SD)	Met 2.45 NA HRPRD, Mean (SD)	Met 3.48 Total HRPRD, Mean (SD)
Rural NHs (N=21) per OMB	71% (45%)	43% (50%)	67% (47%)
Urban NHs (N=169) per OMB	78% (42%)	52% (50%)	81% (40%)
For-Profit NHs (N=146)	74% (44%)	46% (50%)	77% (42%)
Non-Profit/Government NHs (N=44)	87% (33%)	71% (46%)	88% (32%)
Chain NHs (N=142)	76% (42%)	48% (50%)	78% (41%)
Non-Chain NHs (N=46)	78% (41%)	61% (49%)	82% (39%)
Low Quality of Care Rating (N=22)	75% (43%)	49% (50%)	75% (43%)
Medium Quality of Care Rating (N=37)	73% (44%)	55% (50%)	79% (41%)
High Quality of Care Rating (N=131)	78% (41%)	51% (50%)	80% (40%)

Overall staffing and Minimum Standards

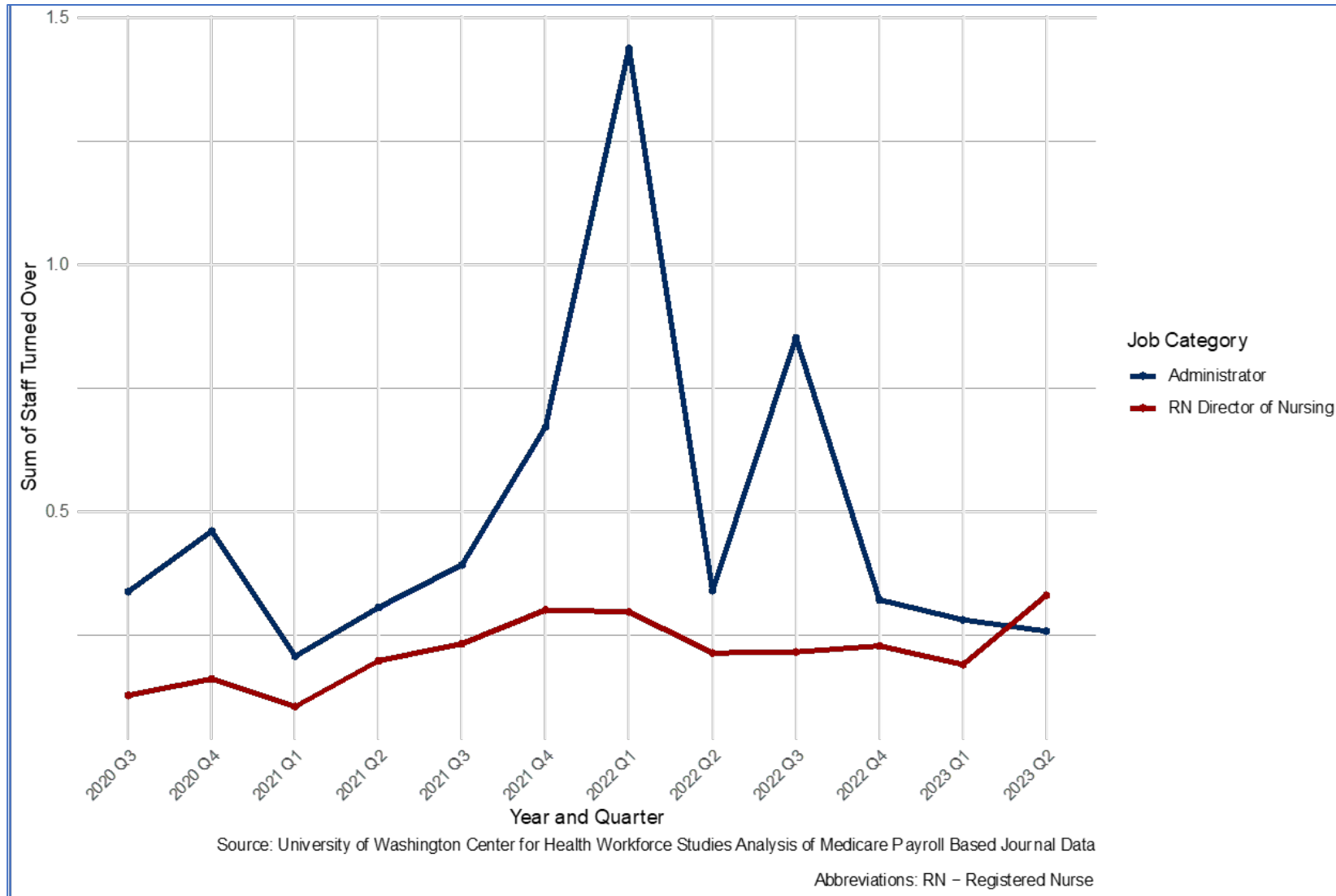
- Average staffing hours per resident-day (HRPRD) in quarters when staffing minimums were met versus quarters when staffing minimums were not met



Turnover – Direct Care Nursing

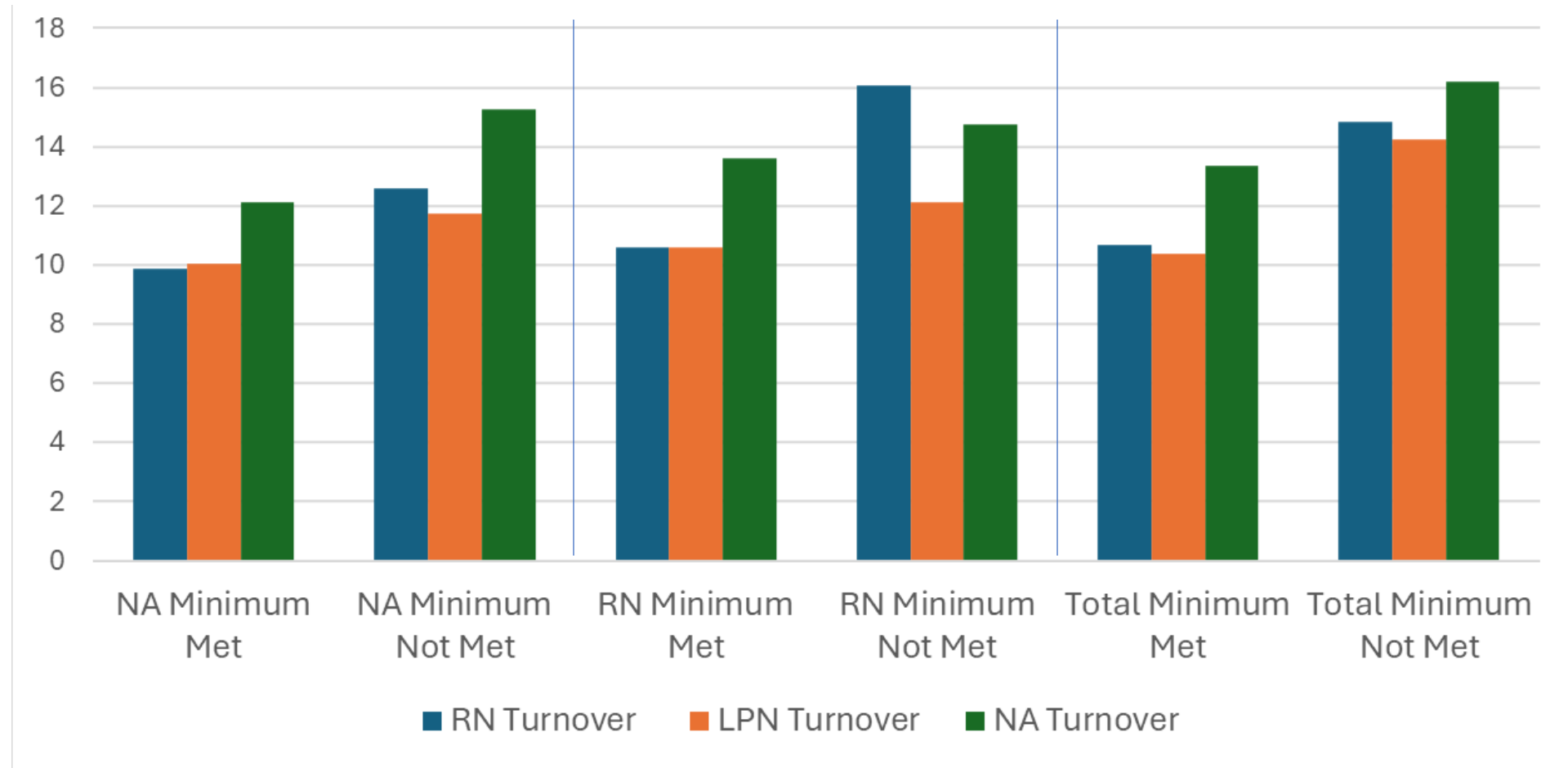


Turnover - Leadership



Turnover and Staffing Minimums

- Average turnover rates in quarters when staffing minimums were met versus quarters when staffing minimums were not met



Key Takeaways

- Nurse staffing in WA NHs has been relatively flat in recent years.
- NHs in Washington State are less likely to reach minimum staffing standards for nurse aides than for RN standards or for total standards which include LPNs.
- Staffing standards are not met on weekend days at much higher rates than for weekdays.
- Rural, for-profit, chain, and low-quality SNFs are less likely to meet staffing standards.
- Generally, turnover is lowest for higher-trained/higher-paid nursing roles (i.e., RNs versus NAs)
- High turnover likely contributes to challenges with meeting minimum staffing standards.
- **Increasing and maintaining staffing of nurse aides in WA state NHs will be the key to meeting new minimum standards**

Next Steps

- Modeling to determine adjusted relationships between:
 - NH characteristics and staffing levels
 - NH characteristics and turnover
 - Staffing levels and different measures of care quality
 - Turnover and different measures of care quality
- Focus on more recent post-pandemic data
- Track staffing levels and turnover into 2024

Qualitative Study: Recruitment, Job Satisfaction, and Retention of Direct Care Workers

Danbi Lee, PhD, OTD, OTR/L

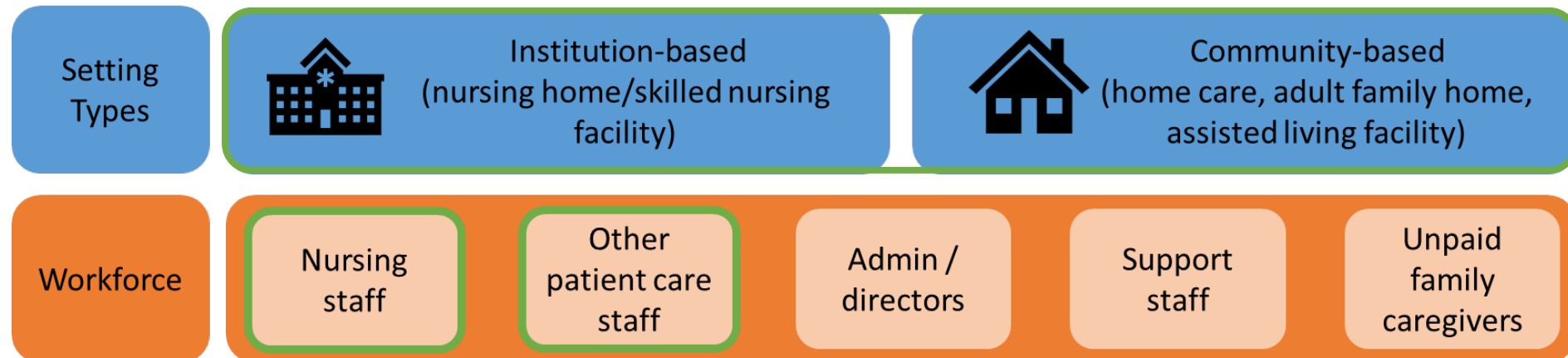


Purpose of the Qualitative Study

- To explore **barriers and supports to recruitment, job satisfaction, and retention** of direct care workers in institutional and community-based LTC settings
- To identify **recommendations from direct care workers** for improving labor conditions, preparation, and retention in LTC settings
- To identify **common challenges and potential solutions across LTC settings**

Study Recruitment

- **Home care aides (HCAs) and Nursing Aides Certified (NACs)**
- **Institution-based** (skilled nursing facilities, nursing homes) and **community-based** (assisted living facilities, adult family homes, and home care) settings
- Interviews offered in English only



Study Recruitment

- Target sample size: 30-45 participants
- Phased recruitment approach for representation across settings
 - Currently recruiting NACs working in nursing homes, assisted living facilities, adult family homes

Phase 1: Convenient sampling through the applicant list of the Washington Direct Care Workers Collaborative (n=11)

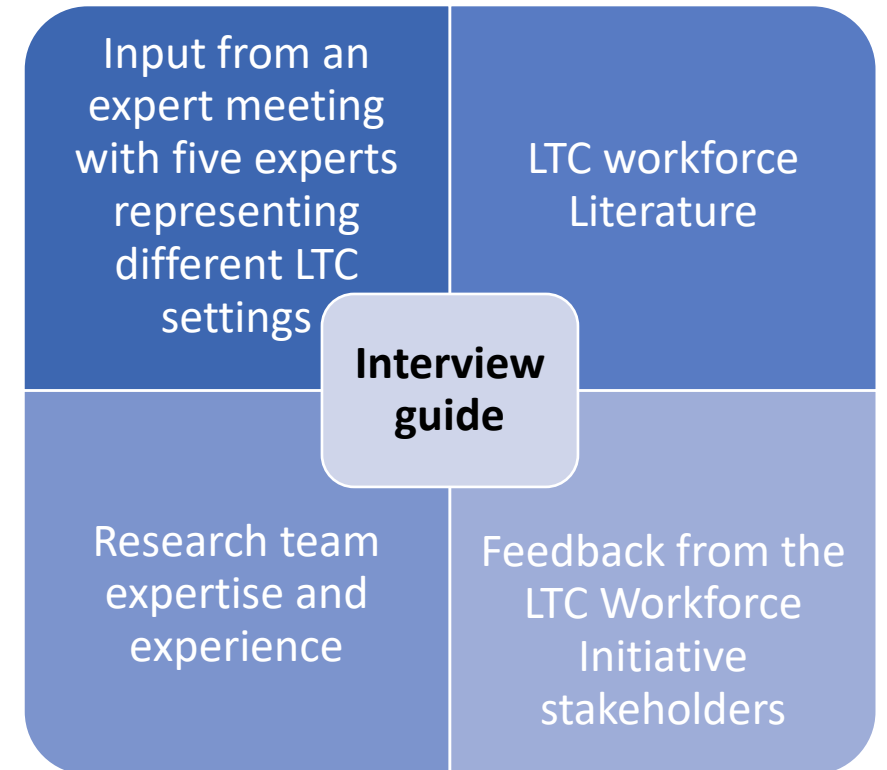
Phase 2: Targeted recruitment & purposive sampling through LTC agencies (n=1)

Study Recruitment and Participants

- Twelve interviews completed
 - **Job titles:** 10 HCAs (9 IPs, 3 agency-employed), 2 NACs
 - **Settings:** Home care (n=9), assisted living (n=3), and SNF (n=1)
 - **Years of experience in LTC:** 1-30 years
 - **Race:** White (n=8), Black (n=3), Asian (n=1)
 - **Gender:** Females (n=10), Males (n=2)
 - **Geographical areas:**
 - Urban: King, Clark, Pierce, Snohomish, Benton, Spokane
 - Rural: Lewis, Skagit, Whitman

Data Collection and Analysis

- 45-minute individual interviews via Zoom
- Semi-structured interview guide
 - What **challenges and supports** do direct care staff experience in providing care to patients and maintaining their job across LTC settings?
 - Which **changes do direct care staff recommend** for improving labor conditions, preparation, and retention in LTC settings?
- Thematic analysis



Findings: Administrative Challenges

- Communication barriers
 - Unclear and delayed communication
 - Lack of reliable and designated staff to ask questions and address needs
- Lack of inter-agency coordination (CDWA transition)
 - Information not in one place – navigating information through different agencies and websites
 - Lack of an integrated tracking system
- Bureaucratic red tape
- Regulatory challenges

“

The communication was really poor as far as what the requirements were and whether or not there is or is not a possibility to get an extension.... the union was like, "Yeah, we provide the training. But we can't give you an extension. It has to be through DDA to give you an extension, or DOH." And then I would call them and they would say, "No, absolutely not. It's CDWA. We pay CDWA as the agency to handle all this stuff." So I would call CDWA and then they'd say, "It's the union who's providing the training." So, **there was this loop of me going through all these people. For the last month, that's been my life, just calling these people.**

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If you want to become an individual provider, which pays much better, honestly, and it's more flexible, which I find most caregivers want all that flexibility, then **it just takes a long time because you apply with CDWA, then you have to wait for somebody to finally process that and then get you to the next step.**

And then the fingerprint signing, and if you don't remember to send them the email with the 10-digit code from the fingerprint appointment that you signed up for, well, now it's 30 days before you hear back saying, "Oh, are you still interested?" And you're like, "Yeah, I already did my fingerprints." And they're like, "Well, we needed you to email us the code, so we're going to have to go back and reprocess that. Do you have the code?" Most people don't keep that. They don't keep the screenshot. So guess what? **Now they're starting that over.**

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Findings: Training-related Challenges

- Training access
 - Inconvenient training frequency, schedule, and location
 - Lack of access to required technology
- Training content
 - Not relatable (e.g., different population group, not addressing complex needs)
 - Dense information difficult to retain

“

- There's so many organizations involved and there's the union and there's the Consumer Direct of Washington, and she [another caregiver] literally couldn't get any training classes and so they suspended her for two weeks while she tried to work through that.
- It was a lot of information in a short period of time. And I know that quite a few of my classmates did not pass. I'm still in contact with them, and they still, they're not caregivers anymore because they said it's just too much to cut through.

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Findings: Work conditions affecting job satisfaction and retention

- Difficult interactions with clients
- Isolation
- Unsafe work environment
- Unpaid cost and time (e.g., mileage, travel time, overtime without compensation)
- Unstable benefits

Recommendations to Support the Home Care Workforce

- Better communication and coordination
 - Strengthening the service coordinator program
 - Better tracking system for workers
- Guaranteed stability in income and support for unpaid costs
- Mentorship/peer support
- Better support for training and testing

Next Steps

- Continue to recruit and interview direct care workers from LTC settings other than home care
- Make efforts to ensure demographic diversity of participants
- Analyze data within and across LTC settings



More details and information:

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