



# **LONG-TERM CARE SUBCOMMITTEE**

**March 7, 2024**

# Agenda

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Item	Speaker
Welcome	Tess Harpur
Addressing the LTC Workforce Challenges Practice and Policy Working Together	Dr. Donald J. Smith, Jr. & Christopher Dula Workforce Training and Education Coordinating Board
CDC Updated guidance	Elaina Mills
Questions and Open Discussion	ALL
Wrap up and next steps	Tess Harpur

# Addressing the LTC Workforce Challenges

## Practice and Policy Working Together

Dr. Donald Smith  
LTC Workforce Policy Manager  
Workforce Board

Chris Dula  
LTC Workforce Senior Researcher  
Workforce Board



# The Long-Term Care Initiative:

*An overview of the direct care workforce challenges and barriers*



**Christopher Dula**  
Health Workforce Senior Researcher



Health & Science

# The disabled and the elderly are facing a big problem: Not enough aides

**The Washington Post**  
*Democracy Dies in Darkness*

By Judith Graham

April 23, 2017 at 9:00 a.m. EDT

**Forbes**

7,265 views | Apr 18, 2018, 02:05pm

## The Shortage Of Home Care Workers: Worse Than You Think

By [Chris Farrell](#) | April 18, 2018 | [Work & Purpose](#)



 **Home Health Care** News

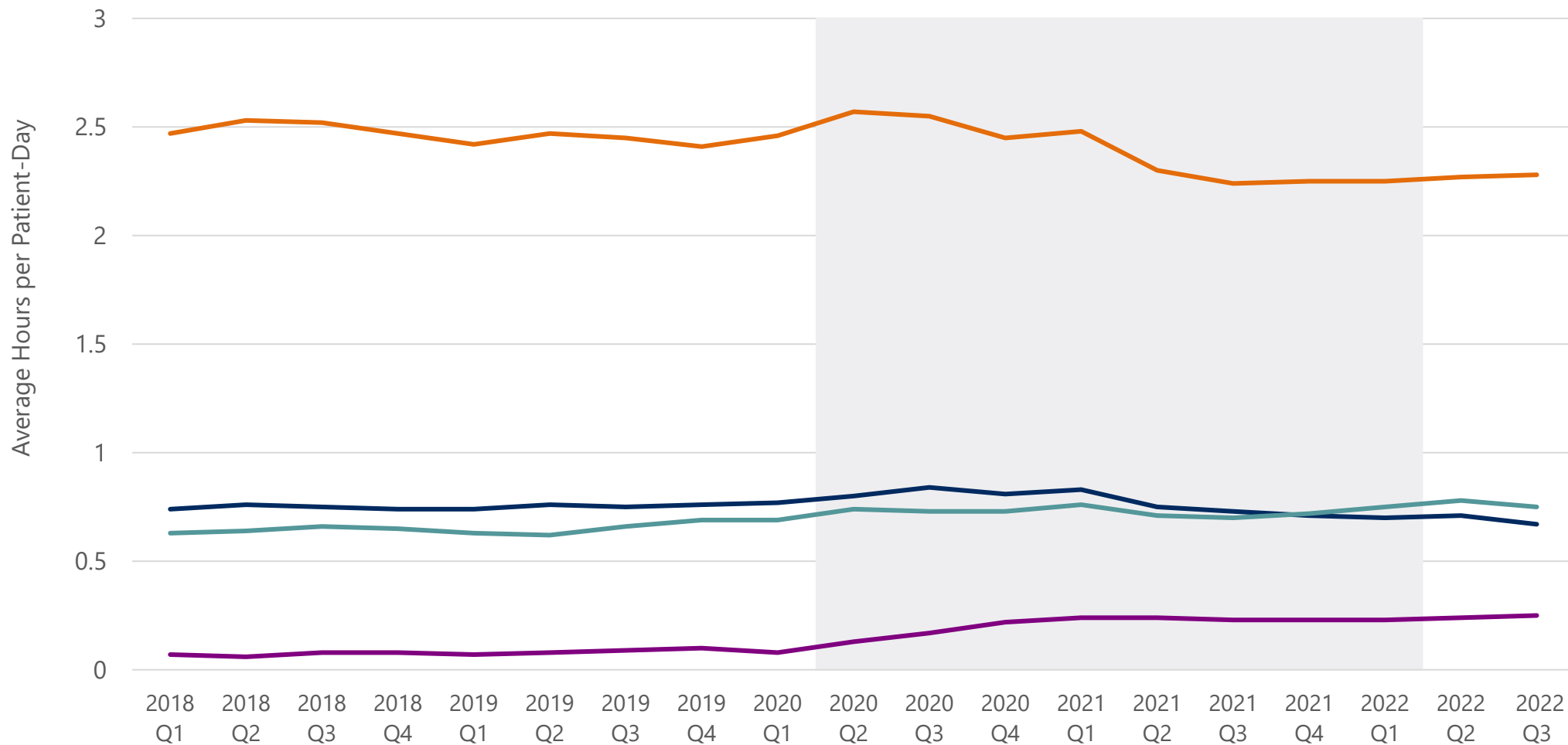
STAFFING

## Caregiver Shortage Could Mean 7.8 Million Unfilled Jobs By 2026

By [Bailey Bryant](#) | January 28, 2019



## Composition of Nursing-Discipline Staff Hours per Patient-Day per Facility in Washington



COVID-19 Emergency Order

Registered Nurses

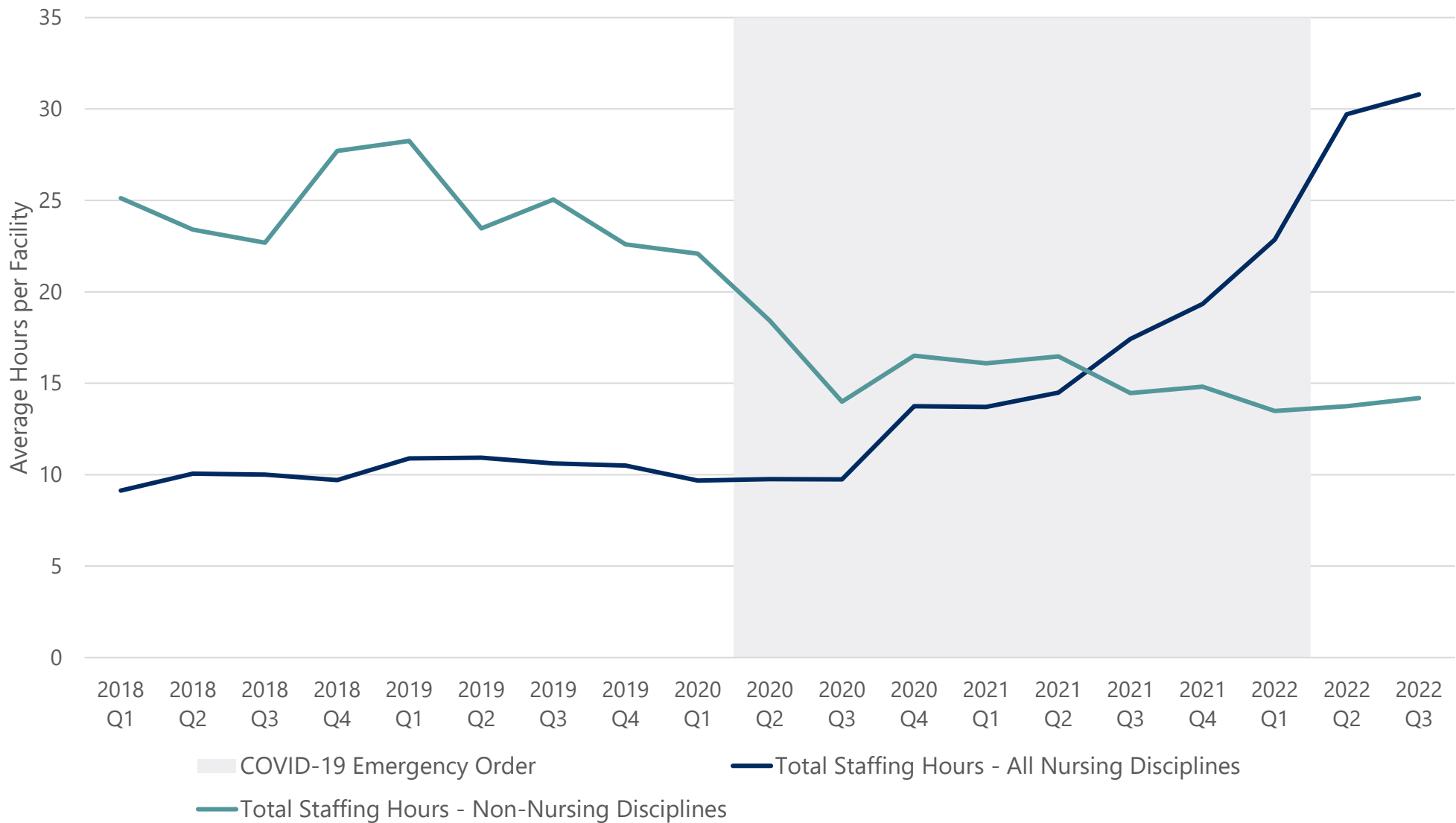
Licensed Practical Nurses

Certified Nursing Assistants

Nurse Aides in Training



## Average Contractor Staffing Hours per Facility in Washington





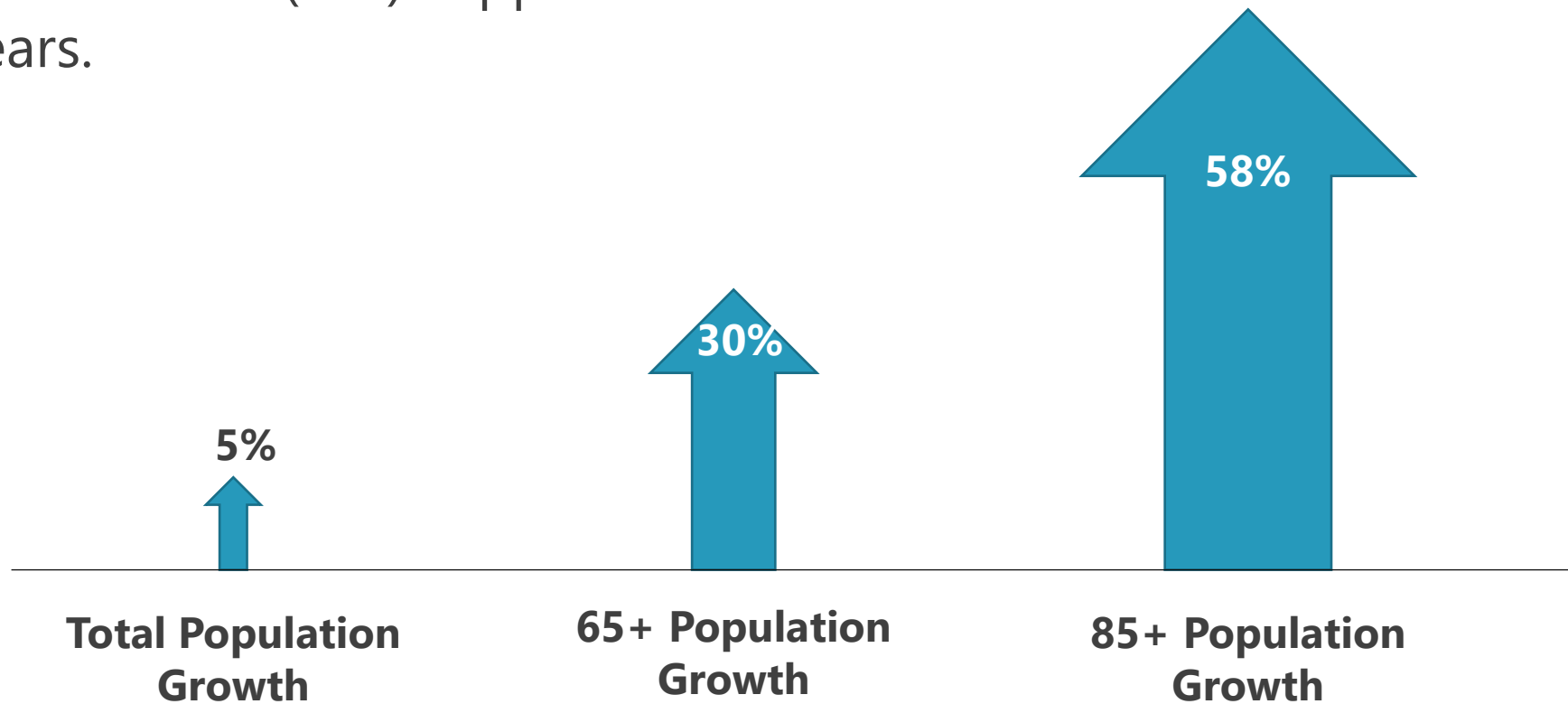
*“Long Term Support Services (LTSS) have challenged policymakers for decades. Most individuals who need LTSS receive the assistance from a family caregiver. Those who need paid LTSS in a nursing home or in their own home must negotiate a complex, patchwork of expensive services.”*

*“The need for LTSS and the cost to governments will grow drastically over the next two decades with population aging, increasing the already underfunded government health care programs,” (CMS, 2013).*





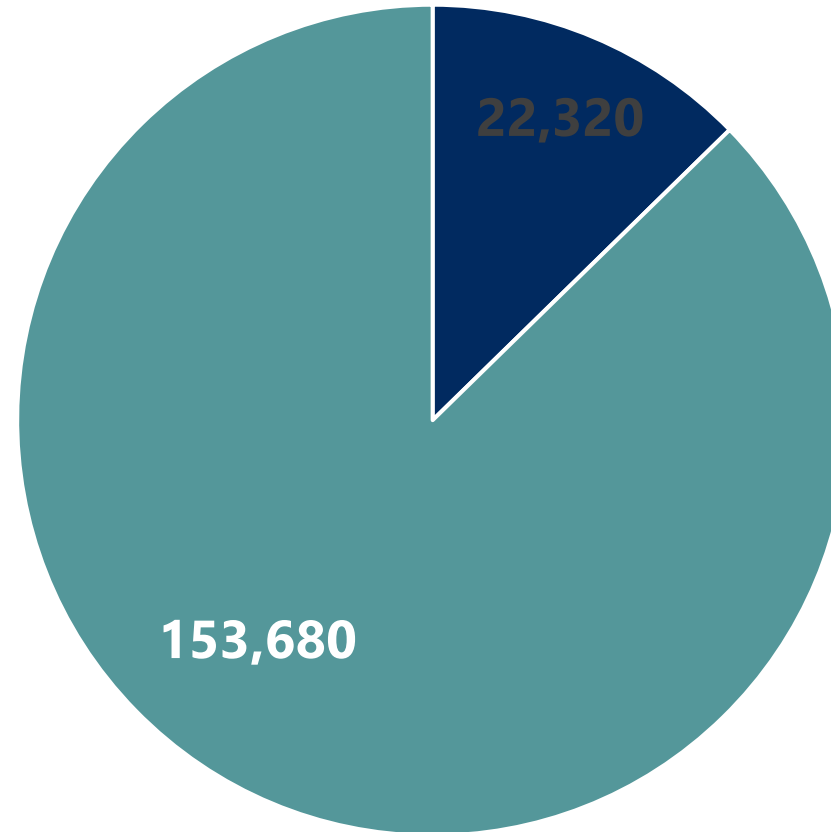
70% of Washingtonians over the age of 65 will need paid long-term care (LTC) support for an average of 4 years.





### Projected Job Openings in WA State: All Direct Care Workers, 2020-2030

Occupation	Job Openings Due to Growth	% Growth
Home Health and Personal Care Aides	17,460	28%
Nursing Assistants	4,860	14%
All Direct Care Workers	22,320	23%



■ Job Openings Due to Growth

■ Job Openings Due to Separations



### Top occupations cited as having exceptionally long vacancies by date of reporting

Rank	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023
1	Nursing assistant	Nursing assistant	Registered nurse	Registered nurse	Registered nurse	Nursing assistant	Registered nurse
2	Registered nurse	Registered nurse	Nursing assistant	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse
				Nursing assistant		Registered nurse	Nursing assistant
3	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Occupational therapist	Nursing assistant	Cook / Food services	Cook / Food services
	Dentist			Physical therapist			
4	Multiple occupations cited at same frequency	Occupational therapy assistant	Occupational therapist	Speech-language therapist	Cook / Food services	Dietitian / Nutritionist	Environmental Services
		Physical therapist	Physical therapist				
		Physical Therapy Assistant	Social worker				
		Speech-language therapist	Occupational therapy assistant				

↑ Most cited



Negative  
Perceptions of LTC  
Work

Inadequate Pay  
and Benefits

Recruitment and  
Retention

Labor Market  
Competition

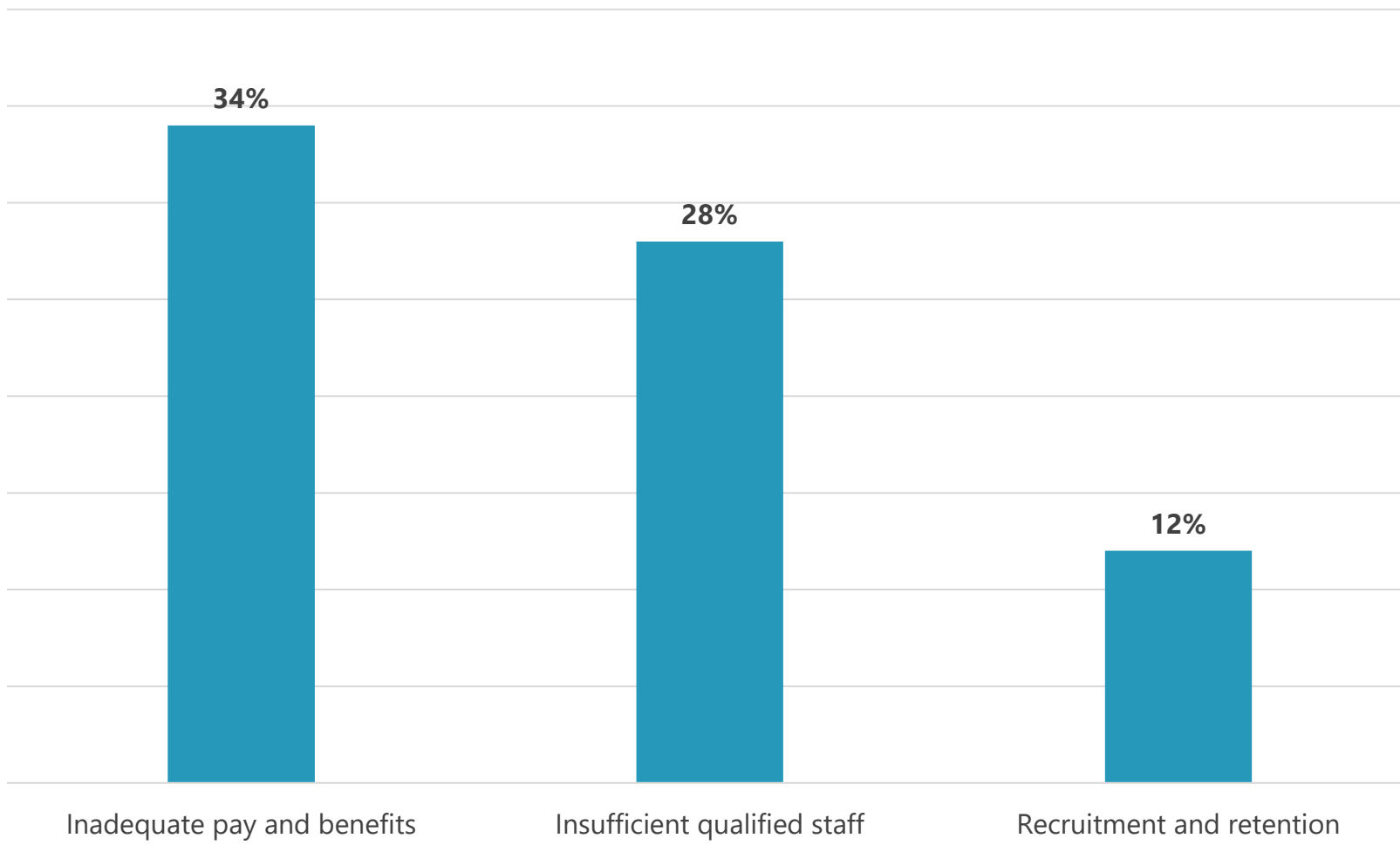
**Challenges Identified by  
Stakeholders**

Overworked Staff  
and Burnout

Insufficient  
Qualified Staff

Credentialing  
Failures

Insufficient Career  
Development  
Opportunities

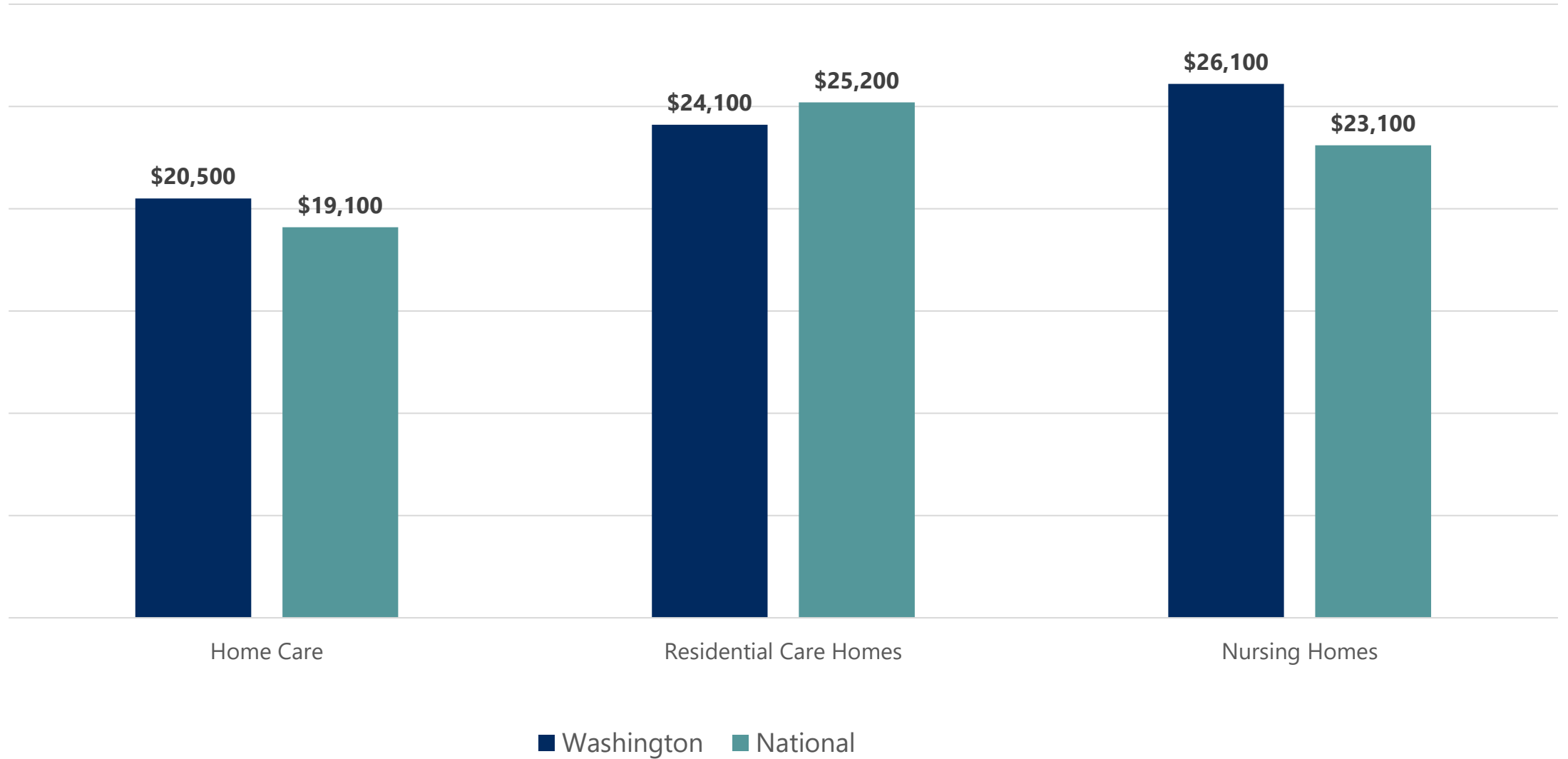


n = 199

Top 3 account  
for 74%

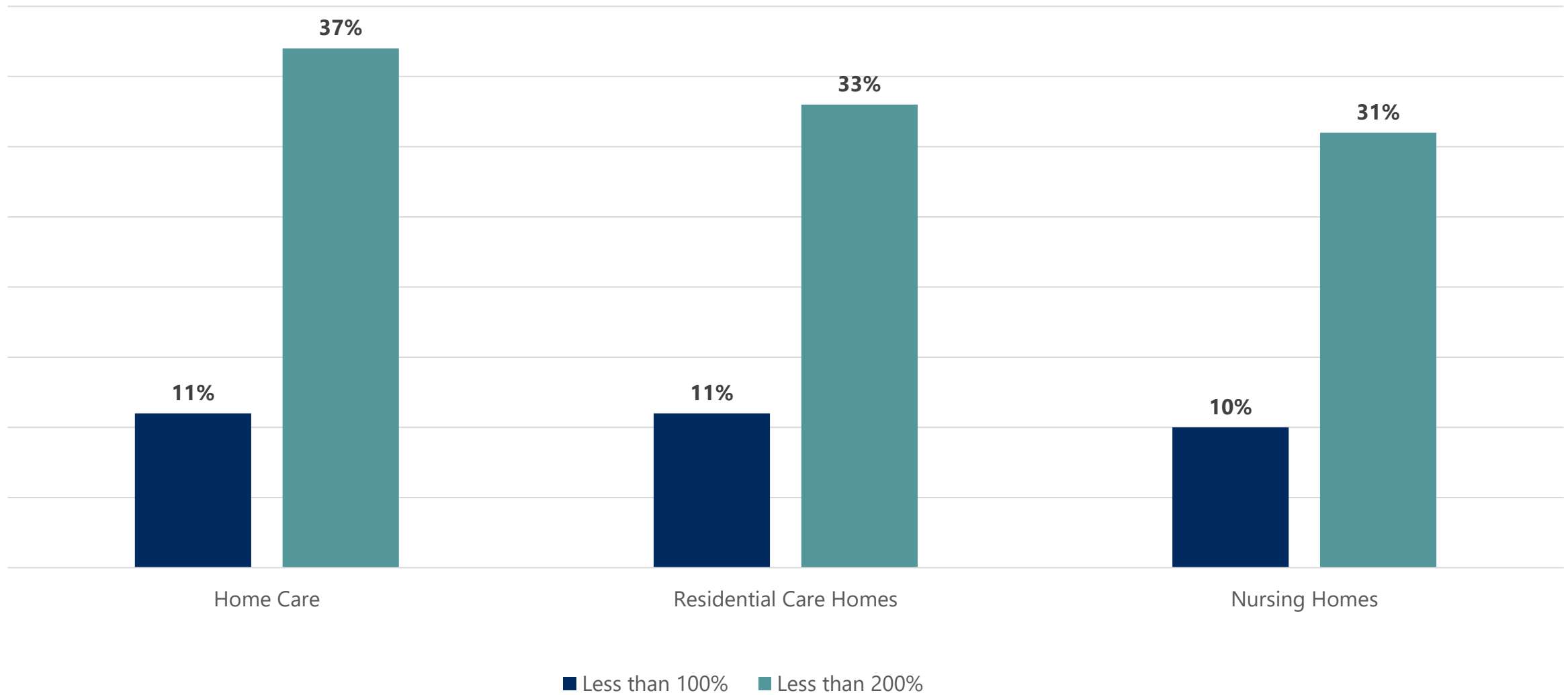


## Median Personal Earnings of Direct Care Workers in WA State vs. Nation, 2020





## Poverty Status of Direct Care Workers in WA State, 2020





“We need to learn to empower those doing the actual work.  
**This industry is carried by those doing the care work.”**

- Misrak Mellisie, Brookdale Senior Living

“You have to talk about wages.  
You cannot put food on the table without it.  
But it’s also about the environment.

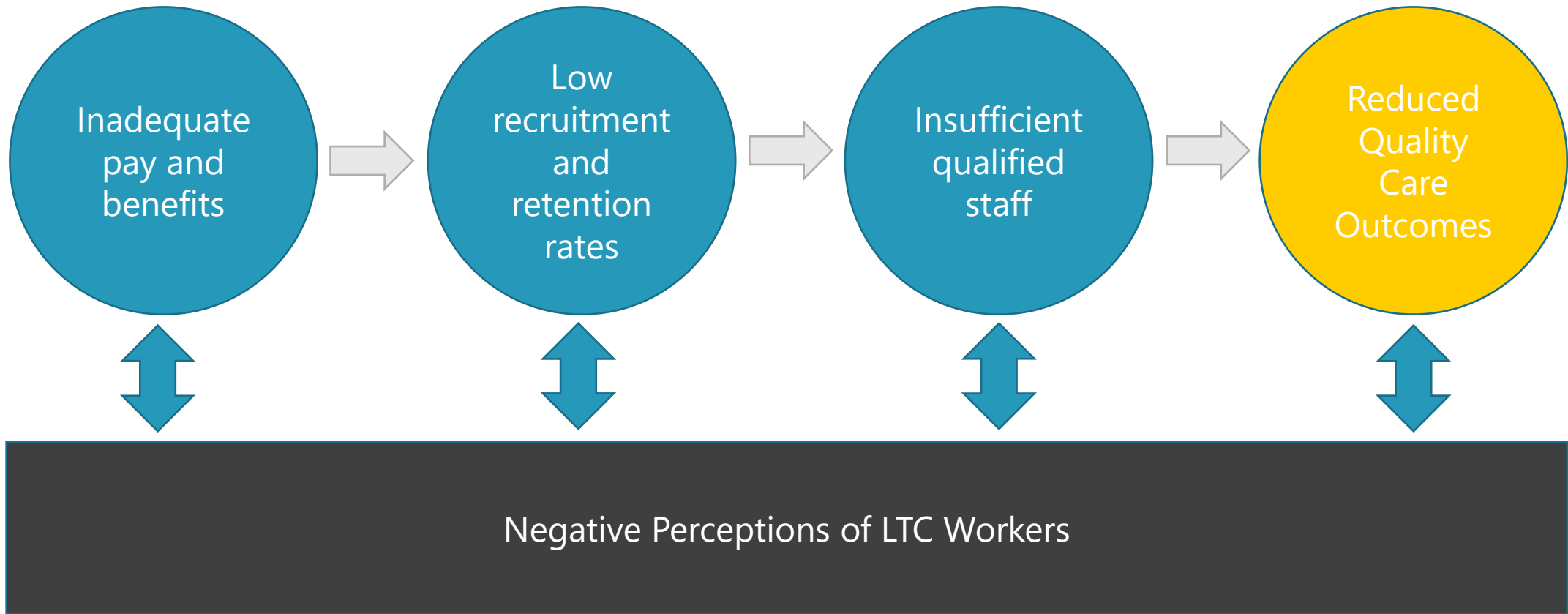
**Give us dignity.  
We are not ‘just’ CNAs.”**

- Narcisa Gacek, Nursing Assistant





Theory of action behind top 4 workforce barriers to achieving the 'ideal' state of quality long-term care





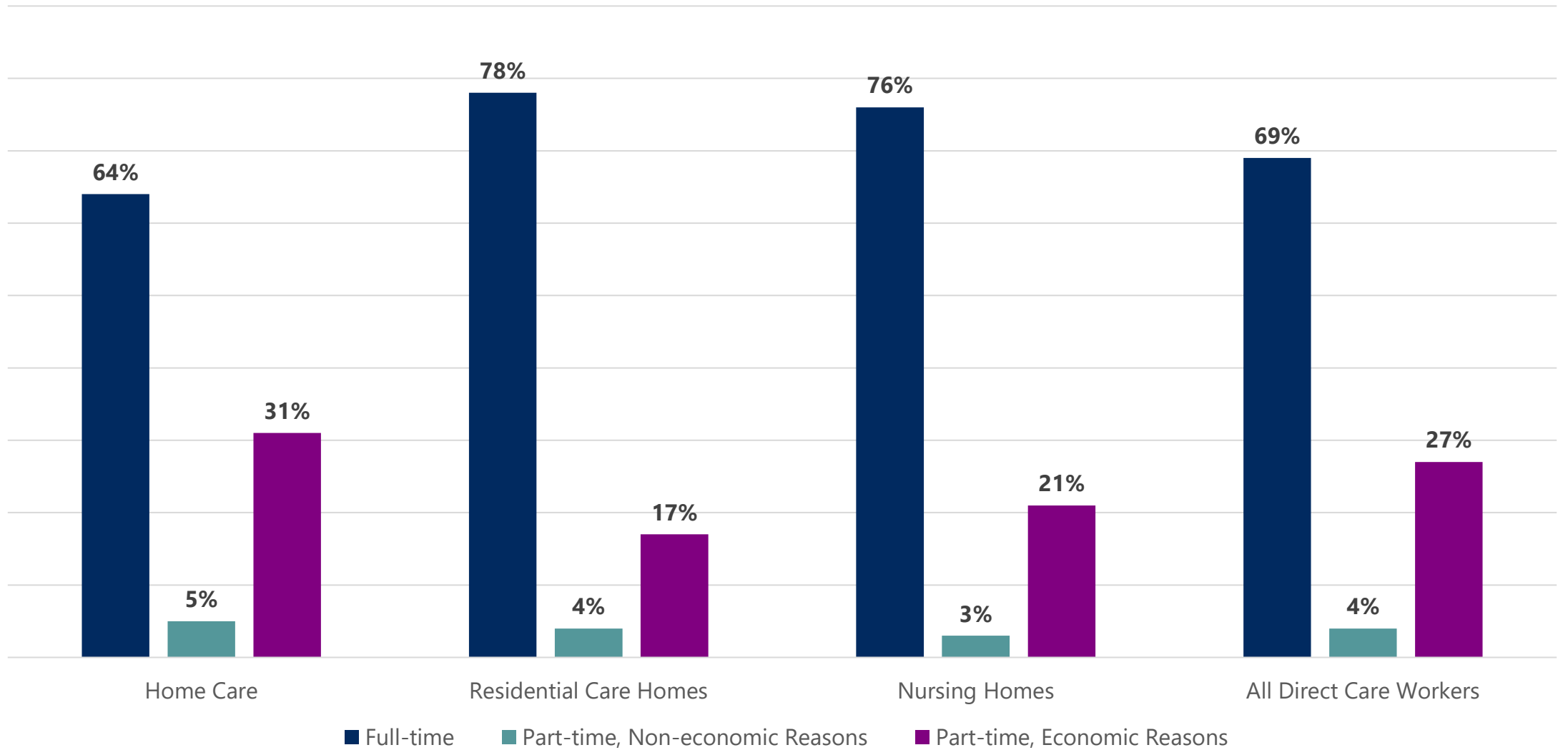
- The Centers for Medicare & Medicaid Services (CMS) found an annual turnover rate of 52 percent for direct care nursing staff at skilled nursing facilities (The National Consumer Voice for Quality Long-Term Care, 2022).
- A study published in the Journal of the American Geriatric Society found “higher turnover was consistently associated with lower quality of care,” (Zheng, 2022).
- Burnout, a lack of resources, and difficulty with corporate management were all cited as factors contributing to turnover (The National Consumer Voice for Quality Long-Term Care, 2022).



- Inadequate training leads to poor resident outcomes and staff turnover.
- High-quality training reduces staff turnover and leads to higher levels of job satisfaction (Kihye, 2015).
- Perceived workplace characteristics, such as “feeling valued by one’s organization,” were highly predictive of intent to stay (Stone, 2016)

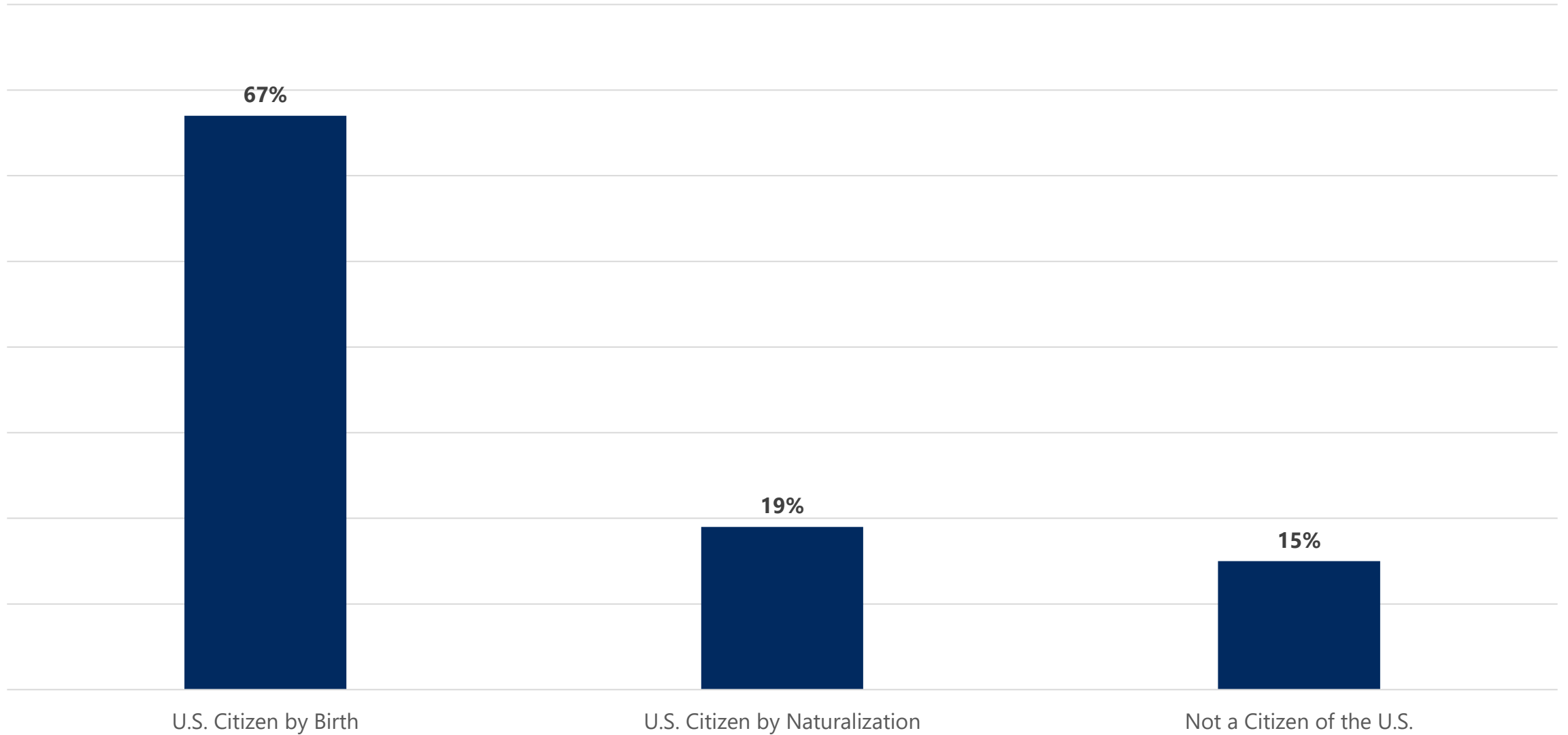


## Employment Status for Direct Care Workers in WA State, 2021



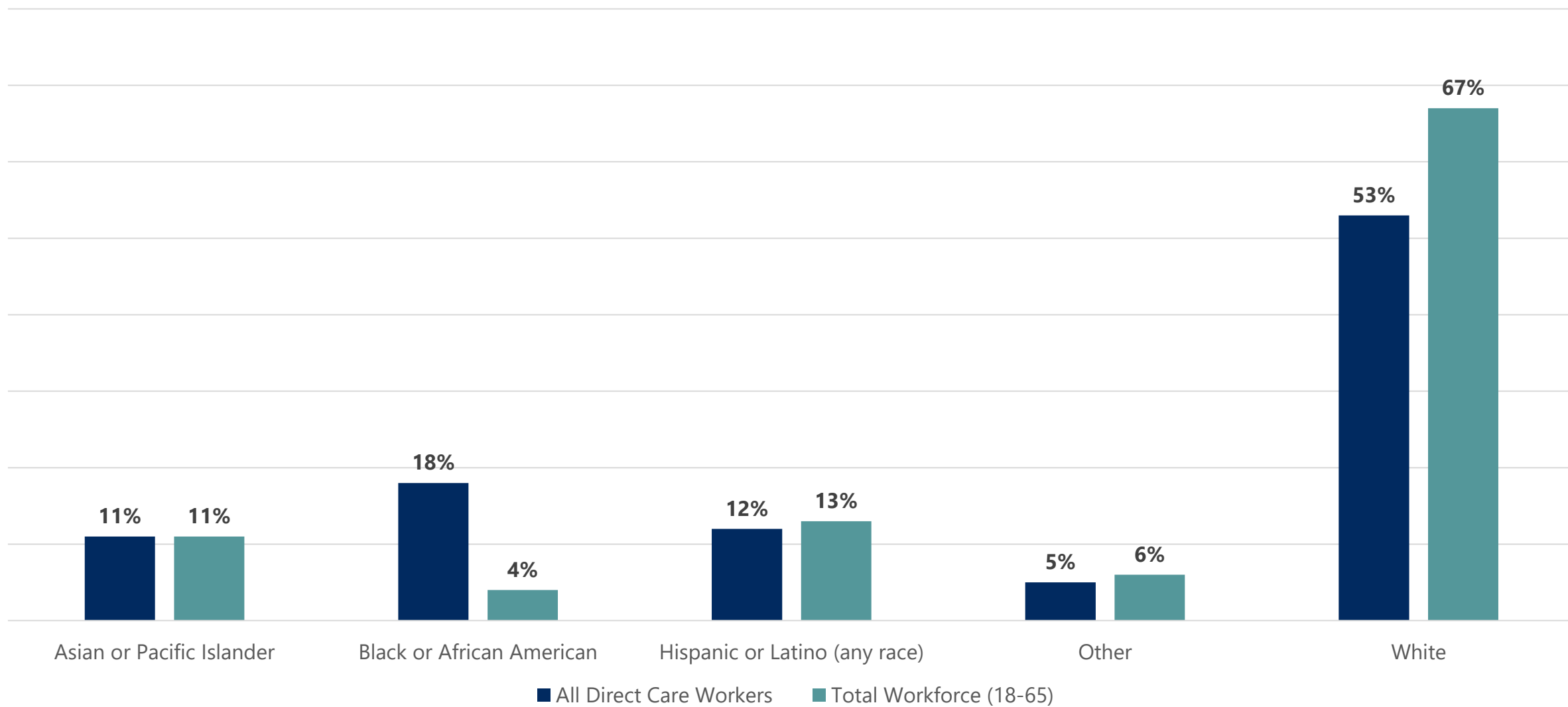


## Citizenship Status of all Direct Care Workers in WA State, 2020





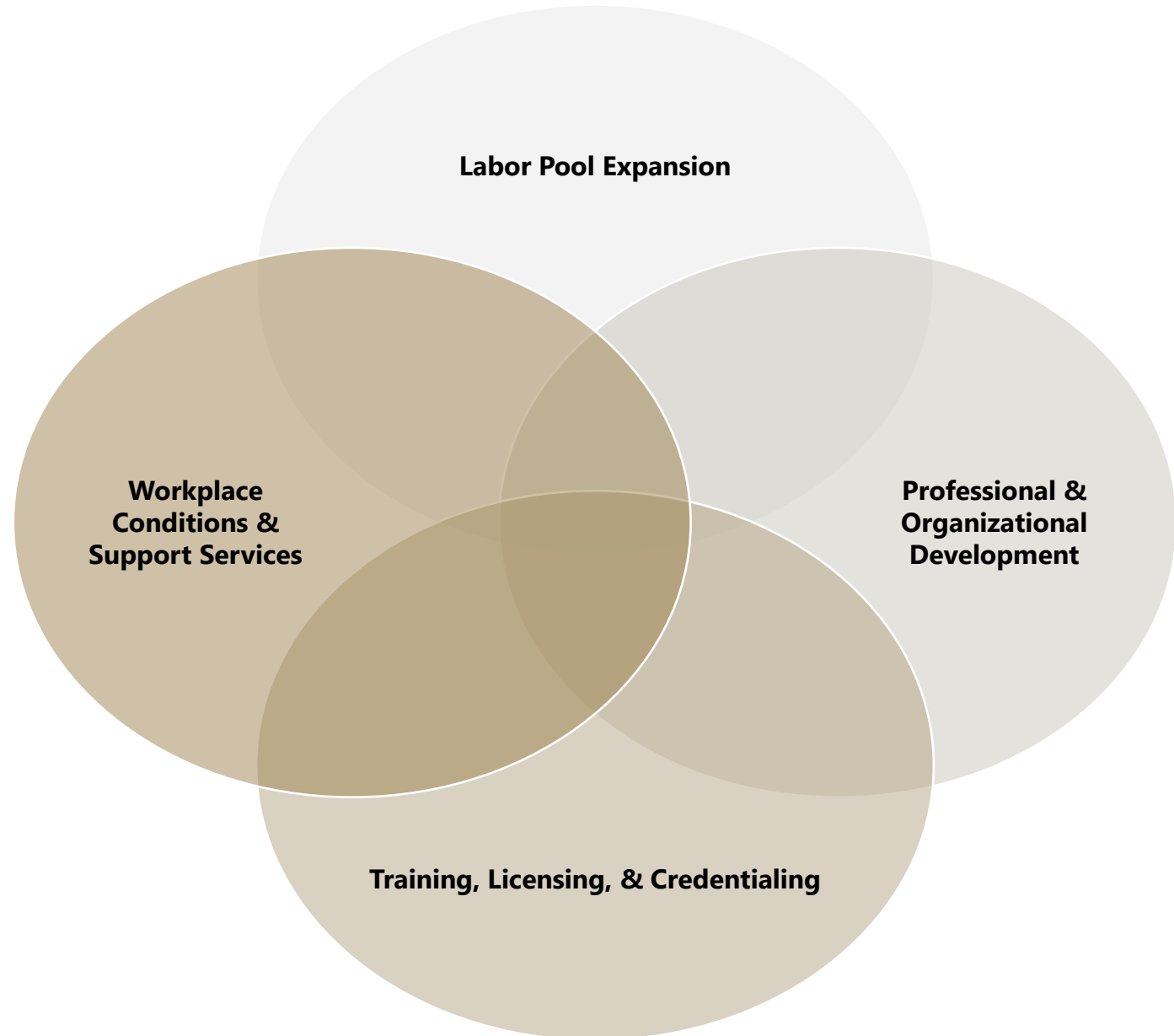
## Race and Ethnicity of all Direct Care Workers vs. Total Workforce in WA State, 2020





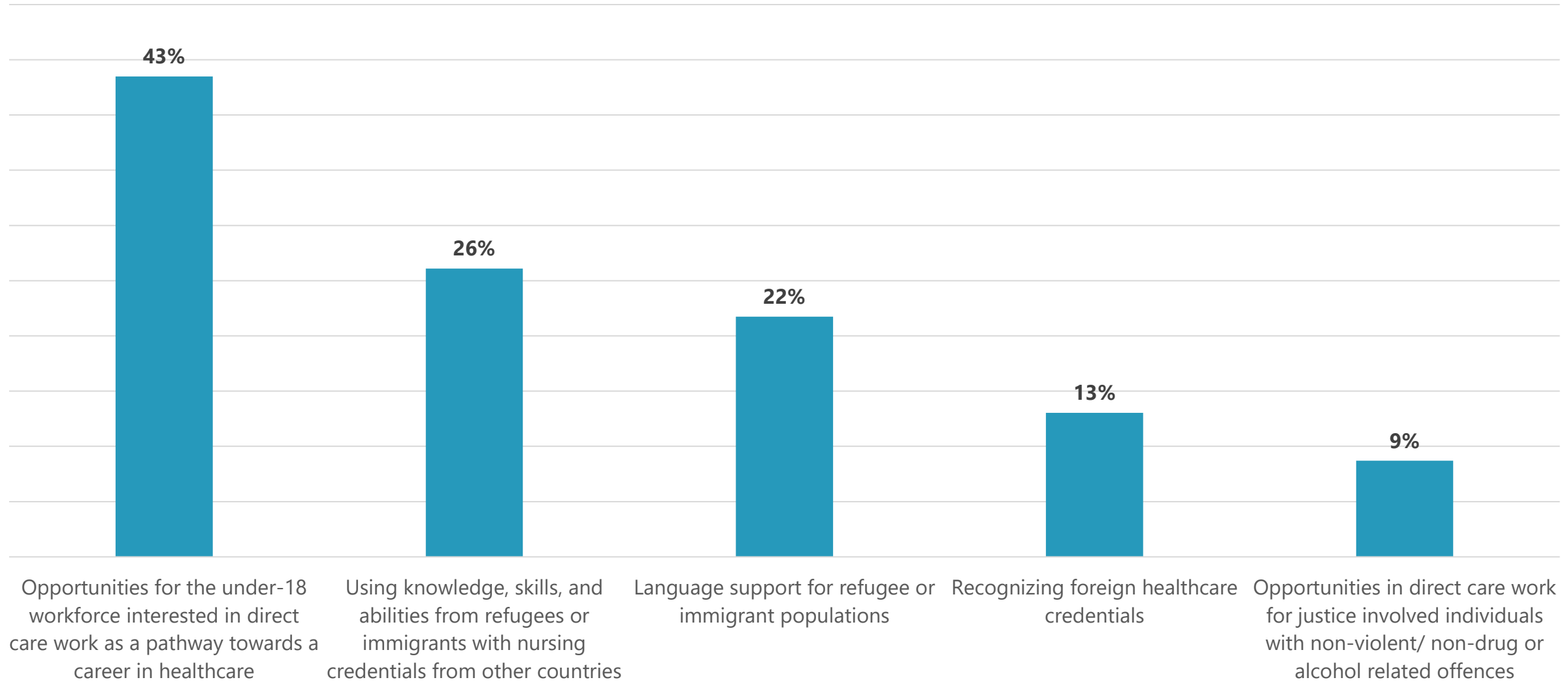
The LTC Subcommittees collectively identified four inter-connected and broad barrier areas to be explored in the 2024 LTC Workforce Report to Legislature.

A key criteria for these barriers is they can be addressed by actionable recommendations to State Legislature





Relative Frequency

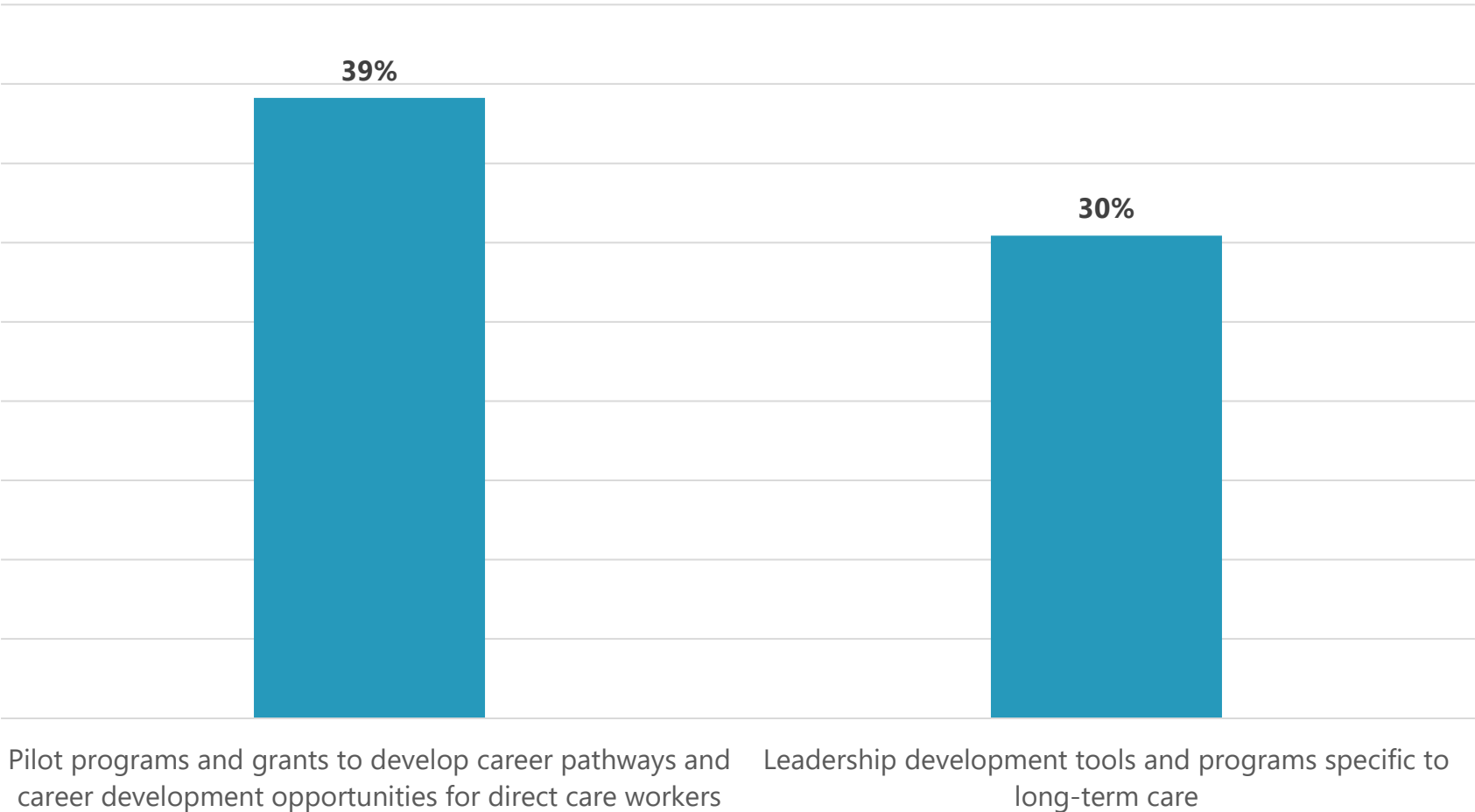


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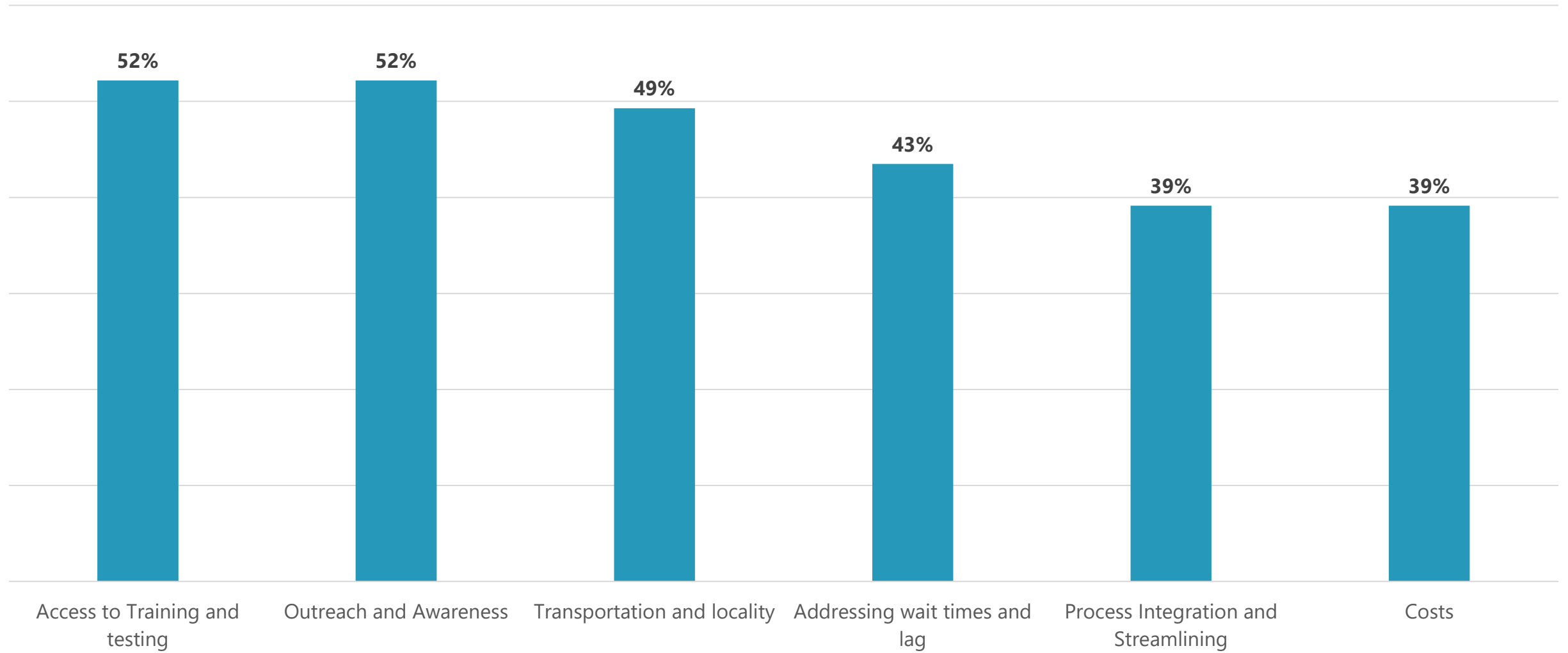
Relative Frequency



**N = 23**



## Weighted Relative Frequency

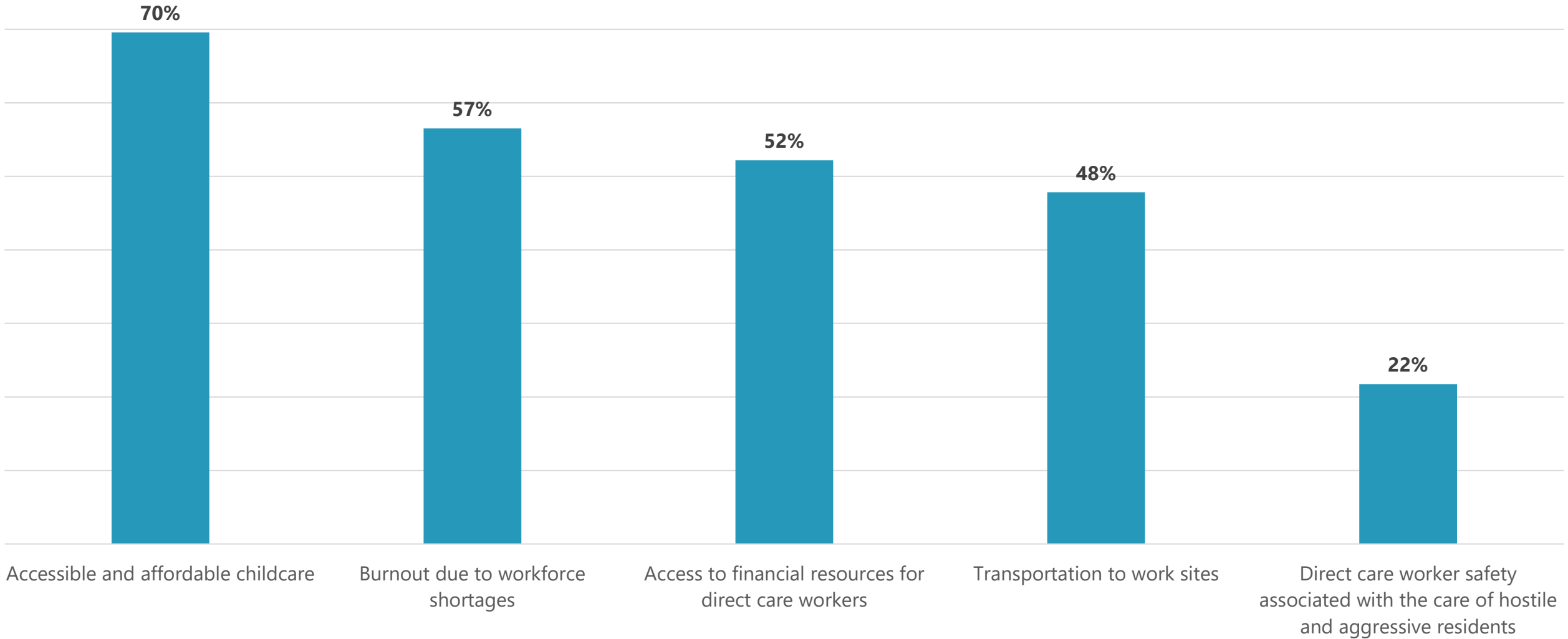


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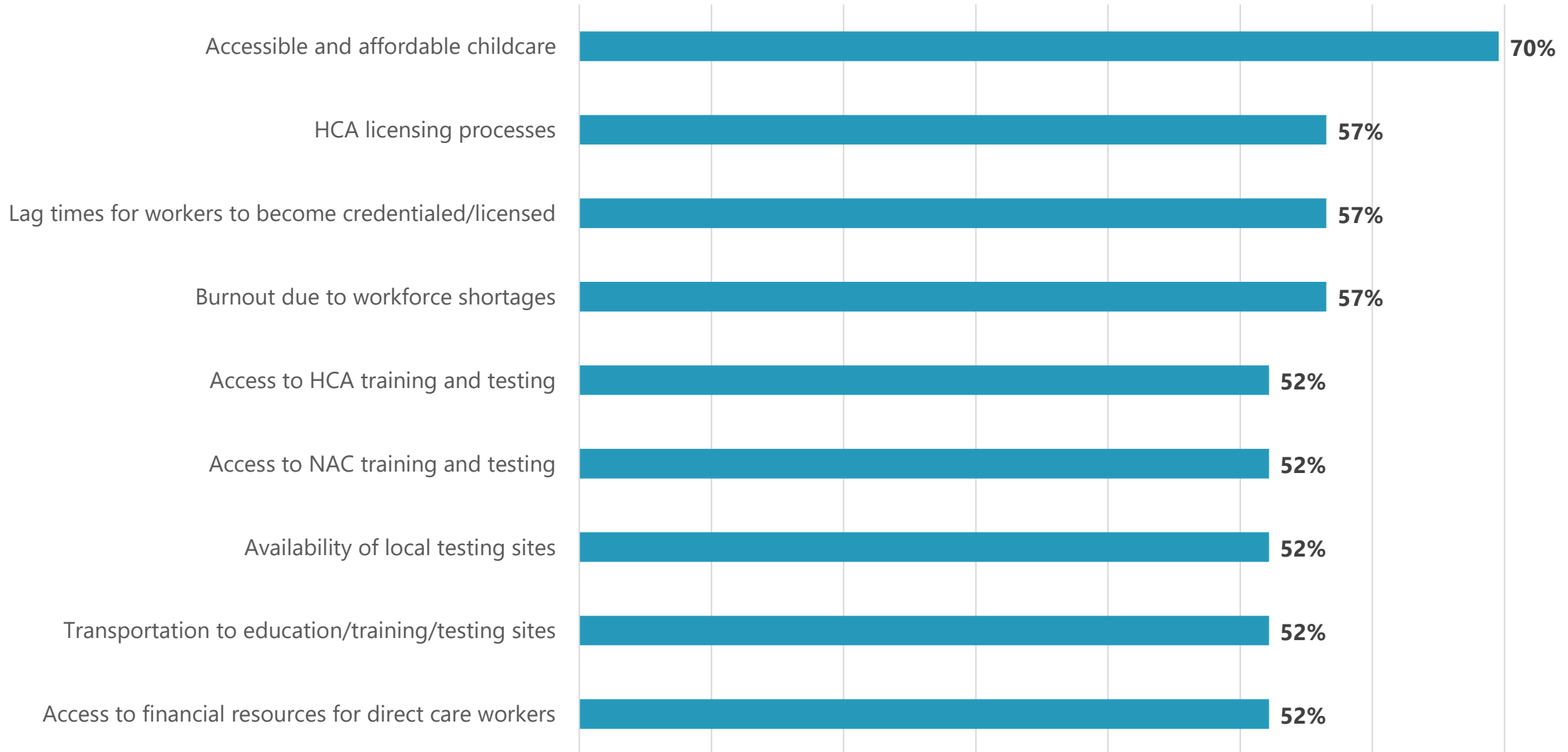
Relative Frequency

**N = 23**





### Relative Frequency



**N = 23**



- Survey of Literature to support stakeholder identification of barriers and recommendation formulation
- University of Washington Center for Health Workforce Studies (UW CHWS) led focus groups of direct care workers to better understand their perspectives of conditions, and what they want
- Workforce Board (WTB) led case study interviews of settings to gain insights on best practices related leadership, professional development, and culture on recruitment and retention
- Analysis of Department of Health (DOH) licensing data to inform understanding of economic impacts of licensing wait times for HCAs
- Analysis of Payroll Based Journal (PBJ) data to establish baseline turnover metrics and investigate relationship between turnover and resident outcomes

# Questions



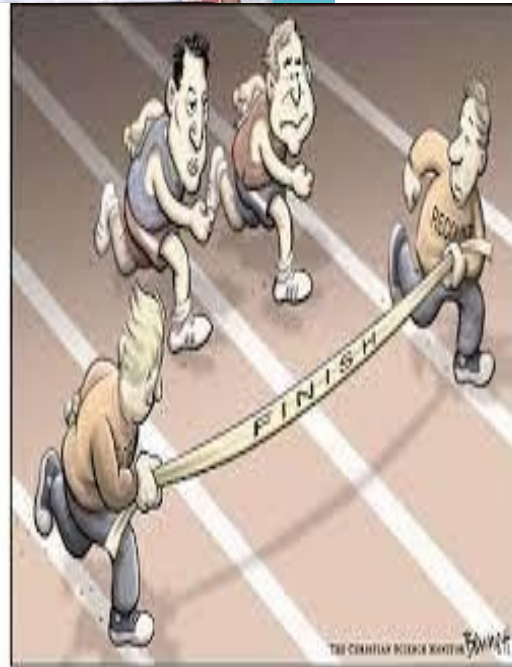
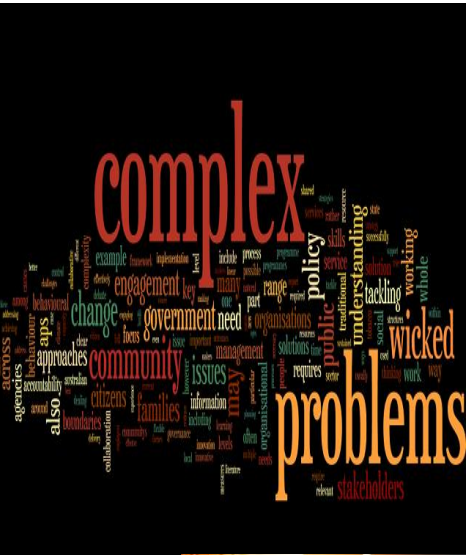
Christopher Dula, [Christopher.Dula@wtb.wa.gov](mailto:Christopher.Dula@wtb.wa.gov)

Health Workforce Senior Researcher



*“Long Term Support Services (LTSS) have challenged policymakers for decades. Most individuals who need LTSS receive the assistance from a family caregiver. Those who need paid LTSS in a nursing home or in their own home must negotiate a complex, patchwork of expensive services.”*

*“The need for LTSS and the cost to governments will grow drastically over the next two decades with population aging, increasing the already underfunded government health care programs,” (CMS, 2013).*



- **Highly complex**
- **Multiple efforts and partners**
- **Limited resources**
- **Not static. The finish line is moving.**
- **Creating collaborative efforts**





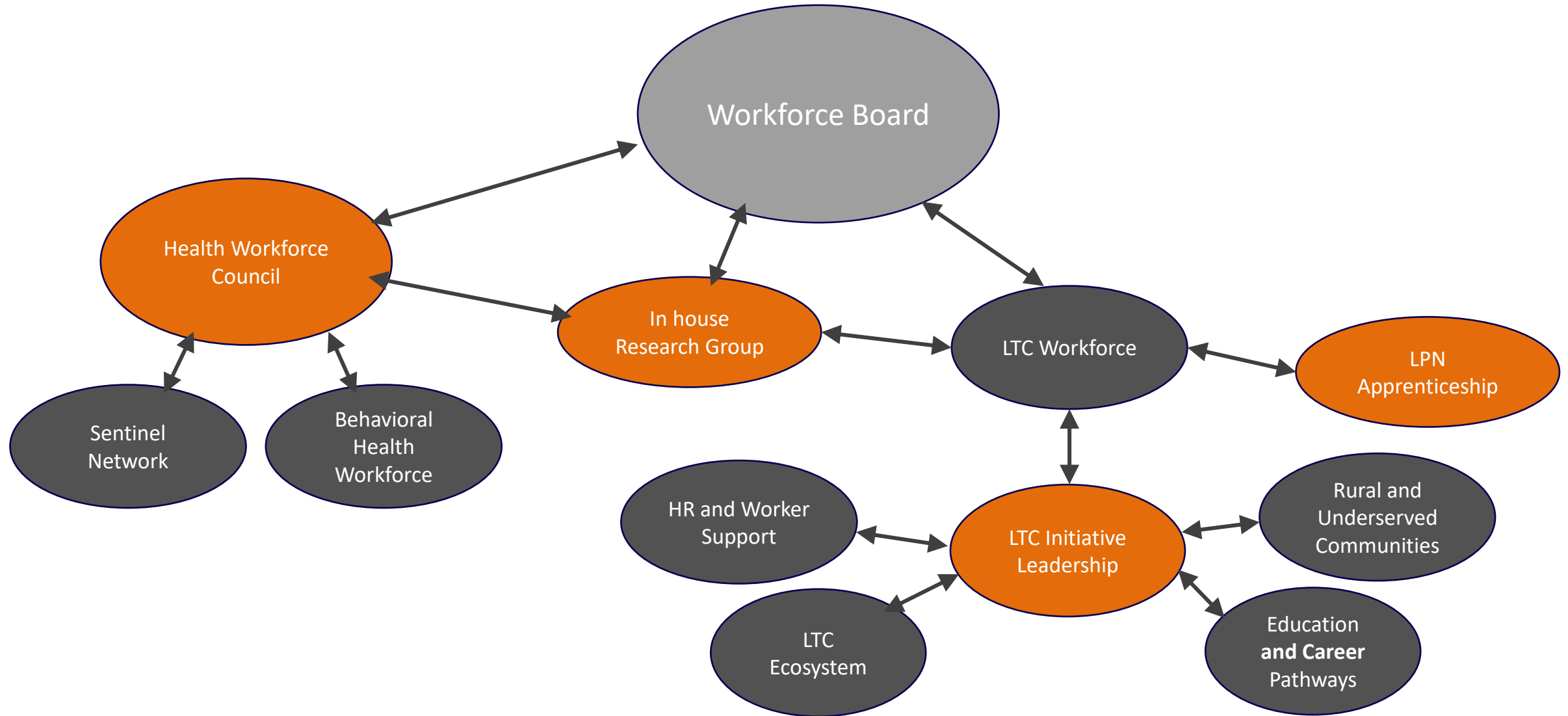
The Washington Workforce Training and Education Coordinating Board (Workforce Board) is an agency that serves as a partnership between labor, business, and government dedicated to meeting the need for a skilled healthcare workforce and supporting Washington residents obtain family-wage jobs. The Workforce Board acts as an advocate for workforce development related issues, an independent third-party evaluator of the state's workforce system, the lead policy advisor and a regulator of private career school programs and veterans' education programs. The Workforce Board offers recommendations to the legislature.

More information on The Workforce Board can be found at [Washington Workforce Training & Education Coordinating Board](#)



- Health Workforce Council
- Behavioral Health
- Sentinel Network
- In-house research
- LTC Workforce Initiative
- NAC/HCA to LPN Registered Apprenticeship Project
- Dementia Action Collaborative
- Direct Care Workforce Collaborative
- App & Higher Ed Coordinating Committee







# People who care....





How do we create an environment of cooperation?



Silo mentality is an attitude within an organization where departments or teams don't share knowledge or collaborate with one another, leading to difficulties in achieving long-term goals.

Gliffy.com (2021)



- Competitive
- Efficiency is limited
- Resources are scarce
- Successes become less frequent



- Competition becomes collaboration
- Communication
- Efficiency is enhanced
- Resources reach further
- Successes become more frequent





Policy



Policy



Practice



Practice



# 2023/2024 Legislative Session

Range of Bills monitored by the Workforce Board

- Nursing education
- Professional licensing
- LTC workforce
- Homecare
- Behavioral health
- Data management



A high-quality system of coordinated long-term care support services that provide accessible choices in care settings.

Ensuring access to comprehensive career pathways and lifelong learning opportunities contributes to a well-trained and equipped staff who provide quality, empathic care in a stable, nurturing work environment.



“How do we get from the Current State  
to the Ideal State?”



# Creating an environment of collaboration





- Based upon stakeholder contributions
  - Healthcare, state agencies, businesses, educators, LTC providers, labor, and direct care staff
  - Each stakeholder contributes equally
- An initial set of recommendations developed through a series of sub-committee meetings
- Recommendations developed by the stakeholders



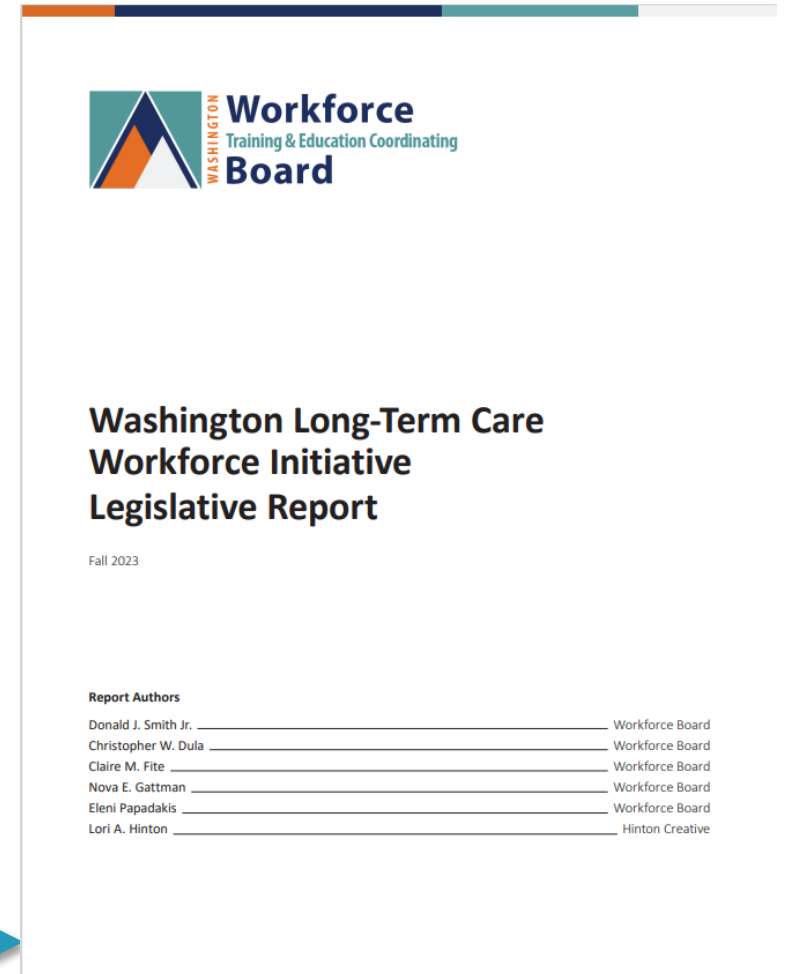
- **Workforce Board funded in 2022 for a 3-year project to launch a Licensed Practical Nurse (LPN) Registered Apprenticeship Pilot (RAP) for LTC.**
  - Partner coalition leading program development
    - Three LTC employers, the WA State Board of Nursing, Labor & Industries, two community and technical colleges, & WA Health Care Association as the industry sponsor
  - 40 frontline caregivers in LTC taking prerequisite LPN courses
  - **First cohort will start the LPN program in Fall 2024 at Edmonds College**
  - Apprenticeship Navigators supporting students to access wraparound services
  - Dept. of Veteran Affairs is also exploring LPN apprenticeship through this project
  
- **Continued funding request: \$1.2M/year through FY27. (Did not make the Governor's Budget)**
  - Funding ends June 30, 2025 – a year into the first cohort's education program
  - Funds through FY27 will provide time to build a sustainable program that will allow two cohorts to complete their LPN coursework.



# LTC Initiative 2024 Recommendations

- Continued support of LPN RAP & expanded support for LPN RAP educational programs
- Increase reimbursement rates
- Review allowed work locations for Nurse Techs
- Expand QIP Nurse Program
- Continuation of LTC Initiative Funding with grant program

Full recommendations & data analysis available in **2023 LTC Initiative Report**







1. Create a stream of language specific nurse educators from refugee/immigrant populations.
2. Research opportunities for non-violent/non-drug offenders to be trained for healthcare positions while in prison, potentially leading into direct care positions.
3. Support for high school education and options for students to enter healthcare careers directly after graduation.
4. Options to identify trained healthcare providers from other countries. This suggested approach could be coupled to item 1 (see above).
5. Leadership training as a retention tool. Looking at HCA training and testing options.



7. Explore HCA / NAC licensing options for improving the efficiency and expediency of the licensing process. Medical Assistant (MA) interim credential applications for HCA or NAC. Conduct a review of both credentialing processes to eliminate inefficiencies and duplication of efforts. Bringing rural communities together to discuss collaboration and mutual support. Complementary vs. competitive.
8. Marketing nursing as a career opportunity with an emphasis upon underserved communities, rural communities and LTC. Development and implementation of a pilot initiative for leadership training aimed at improving retention of the existing workforce and the recruitment of new workforce.
9. Development and implementation of career pathways for healthcare workers that provide direction and mentorship for emerging healthcare professionals.
10. Examination of potential uses of AI in Long Term Support Services (LTSS).



# LTC Ecosystem

1. HCA licensing. This has been an area of significant concern to agencies, providers, and care givers due to delays in license activation, fees and responses from DOH to inquiries. A preliminary report by DOH has expanded upon these concerns and is looking at solutions to these challenges.
2. Marketing. The Workforce Board has been tasked with recruiting a marketing firm to conduct a campaign aimed at recruiting nurses in the LTC sector and in rural communities. This group will be surveyed for recommendations to share with the marketing firm. There could potentially be some policy recommendations that come out of the marketing research.



# HR and Worker Support

1. Leadership and its role in recruitment and retention.
2. Culture change, its role in recruitment and retention and methods to effect culture change at the facility level.
3. Continuing education availability and relevance at the leadership level.
4. Establishing career pathways within a caregiver group. i.e. nursing assistants-certified (NACs) who have no interest in moving out of their role. Could career tracks with specific skillsets be established to offer greater compensation, worker engagement and responsibilities?
5. Recruiting beyond nursing with a focus on support staff.



# Education and Career Pathways

1. Health care aide (HCA) training, testing and potential solutions to the testing backlog.
2. Career advancement and “bridging the gap.”
3. Career progress and established pathways in place to provide an advancement strategy for workers.
4. A partnership between the college systems and caregiver pathways.
5. Challenges in recruitment, retention, and career progression in assisted living facilities (ALFs)



# Rural and Underserved Communities (**NEW!**)

1. The lack of training options. There is a great deal of interest in the Licensed Practical Nurse (LPN) Apprenticeship, but this is still in the pilot phase of the project. High school to workforce and retention of trained workers within their home community is a key factor for these communities.
2. Collaborative approaches to problem solving. This is one area where research can prove critical to identifying available resources and mapping out their availability.
3. Competition for entry level staff. How can a community work together to share their limited workforce between healthcare venues?
4. The role of Artificial Intelligence (AI) in long-term care (LTC). This is a technology in its infancy but could prove to be a critical resource going into the future. AI could be used to support administrative roles, patient assessments or monitoring. It could free caregivers from time-consuming administrative responsibilities, allowing more time for direct patient care.
5. Refugee and immigrant populations could prove to be an untapped resource in healthcare if a way to license foreign-trained providers could be developed. A key challenge in fully utilizing this potential resource is language barriers.



- HR & Worker Support; Chaired by Melissa Grimm and Alyssa Odegaard  
Meets 2<sup>nd</sup> Tuesday from 11 to 12:30
- LTC Ecosystem; Chaired by Donald Smith (interim chair)  
Meets 2<sup>nd</sup> Wednesday from 10 to 11:30
- Rural & Underserved Communities; Chaired by Sarah Huling  
Meets 4<sup>th</sup> Tuesday from 1 to 2:30
- Education & Career Pathways; Chaired by Cori Morris  
Meets 3<sup>rd</sup> Wednesday from 10 to 11:30

# How can I contribute?

Dr. Donald Smith  
Long-Term Care Workforce Policy Manager  
[Donald.Smith@wtb.wa.gov](mailto:Donald.Smith@wtb.wa.gov)





# Thank You!

Dr. Donald Smith  
Long-Term Care Workforce Policy Manager  
[Donald.Smith@wtb.wa.gov](mailto:Donald.Smith@wtb.wa.gov)



# Note on Updated CDC Guidance

The March 1st CDC guidance updates do not apply to Healthcare settings.

- 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.

# Questions and Open Discussion

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# Reminders

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- The HAIAR section produces a monthly Gov Delivery newsletter

Each edition delivers updates from various sections within HAIAR and provides readers with valuable resources as well as information about pertinent news and events.

- [Subscribe to our HAIAR monthly newsletter](#) or scan the QR code



- Slides and meeting minutes will be emailed within seven days of this meeting
- The next meeting is scheduled for April 4, 2024, at 4:00 p.m.
  - Agenda items can be sent to [tess.harpur@doh.wa.gov](mailto:tess.harpur@doh.wa.gov)

Thank you



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