

The background image shows three healthcare professionals standing in a brightly lit clinical setting. On the left is a woman with blonde hair and glasses, wearing a white lab coat and a white surgical mask, holding a red folder. In the center is a man with dark hair and glasses, wearing blue scrubs and a white surgical mask, with a yellow stethoscope around his neck. On the right is a woman with dark hair, wearing a white lab coat and a white surgical mask, with a red stethoscope around her neck. The overall tone is professional and reassuring.

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Staffing in a Crisis:
**How Senior Care Facilities
are Addressing COVID-19**

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Introduction

The coronavirus continues to ravage senior care facilities, accounting for nearly 40 percent of all fatalities in the United States, according to the Centers for Disease Control and Prevention. However, only 11 percent of all U.S. cases originated in long-term and post-acute care facilities.

The outbreak's severity is magnified by many victims' advanced age and underlying health conditions as well as the congregation of residents and workers in close quarters.

Although skilled nursing facilities quickly implemented their infectious disease and staffing management protocols, many were unprepared for virulence of the virus and lacked the necessary equipment to effectively protect residents and staff. However, operators are working vigorously to:

- Contain the spread of this disease
- Care for residents
- Replace dwindling PPE equipment
- Provide ample staffing while removing infected staff
- Protect and support employees

When the virus took hold, fatigue, burnout, and fear spread rapidly throughout the healthcare workforce, including senior care facilities. Within a few weeks, employees from frontline healthcare workers to food service and maintenance staff, reported exhaustion, stress, fear of getting sick, and anxiety from witnessing the suffering of residents fighting the disease.

Before waging war against COVID-19 began, senior care facilities were locked in an uphill battle against employee turnover and retention problems.



Staffing Problems Before COVID-19

The troubling reality behind these workforce management challenges is that staffing shortages plagued skilled nursing and senior living for several years. And, these problems continue to escalate.

In senior living communities, turnover rates have risen every year for the past seven years and now exceed 33%, according to Bureau of Labor Statistics research reported in Argentum's 2020 Workforce Trends Report.



33%
and rising

**The Turnover Rate
in Senior Living
is more than 33%**
and has risen 7 years in a row.

Long-term and post-acute facilities face even great staffing shortages with many reporting annual turnover rates exceeding 50% and some claiming nearly 100% turnover rates among caregiving staff — every year.

The Rising Costs of Turnover

Turnover is expensive and far reaching. In addition to causing employee scheduling and staffing problems, these “revolving door” employees are increasing the demand on onboarding and training resources while spreading discontentment among existing employees. Too many long-term and post-acute care organizations overlook turnover’s impact on remaining employees. Research demonstrates growing disengagement among workers left behind, who often take on more responsibilities without additional compensation or even expressions of gratitude.

Overall, turnover drains every company’s budget, “costing organizations 90% to 200% of the departing employee’s salary”.

In senior care, these expenses escalate because overtime costs spike every time an hourly employee resigns. According to SmartLinx research, each turnover in long-term and post-acute care facilities costs the organization \$16,000 in recruiting, onboarding, and workforce (overtime) expenses.

Therefore, senior living organizations with 200 hourly employees generally replace 66 employees per year and spend \$105,600 to do so. Meanwhile skilled nursing facilities of the same size often spend twice as much to compensate for turnover, which could cost about \$200,000 to cover for 60% or 120 departing employees.

As a result, senior care organizations turn to workforce management systems to optimize hiring practices and help them compete more effectively with hospitality and retail sectors, which offer similar compensation packages. This costly battle is taking new challenges with the aging population and the pandemic.





The Growing Demand for Senior Care before COVID-19

Staffing shortages promised to intensify even before COVID-19 began for multiple reasons. While organizations struggle to replace employees, they must also prepare for the growing demand the aging population will bring.

A large percentage of Baby Boomers will retire in the next few years. The retiree population will continue to soar as the number of Americans over 65 DOUBLES to 95 million by 2060. Many will choose to live in Assisted Living/ Independent Living communities while a growing number will need short and long-term skilled nursing care.

These compounding factors will further stress the industry and increase labor costs while potentially compromising quality of care. Many long-term and post-acute care facilities operate on very slim margins (near 1%) and will need to strengthen their workforce management infrastructure and grow their employee base while minimizing overtime and agency fees.

The ongoing nursing shortage will make this difficult, especially since many nurses will retire along with their fellow Baby Boomers. In fact, one million registered nurses are expected to retire by 2030. When you put these factors together, you see what's being coined a "Silver Tsunami" of staffing management needs.

COVID-19 Enters US Facilities

When COVID-19 reached the United States, the senior care industry was struggling to compensate for the “1.2 million unfilled positions every month”, according to Argentum 2020 Workforce Trends report.

Despite the enormous demand COVID-19 put on an already taxed workforce, many employees rose to the challenge, becoming unsung heroes in the war against the virus. Workforce management processes changed quickly as operators attempted to halt the spread of the virus in their facilities.

However, the demand on their workforce management infrastructure intensified overnight for many skilled nursing facilities that were asked to accept COVID-19 patients to free up hospital beds care for more critical patients.

Unfortunately, many facilities lacked the workforce management resources and personal protective equipment (PPE) to protect employees caring for COVID-19 patients and help prevent the virus from spreading to other residents.

“Many patients with COVID-19 will need post-acute care to recuperate from their infection. However, post-acute care facilities currently lack the capacity and capability to safely treat patients with COVID-19 as they transition from the hospital to other care settings or to their homes,”

David C. Grabowski, PhD
Department of Health Care Policy, Harvard Medical School



Staffing Challenges in the Pandemic

Sadly, this contagious virus has wreaked havoc in facilities across the country. When multiple state officials demanded post-acute care facilities take in COVID-19 patients from hospitals, they forced these facilities to adjust their workforce management practices to try to stop a highly contagious virus from spreading. This task proved monumental for all facilities and nearly impossible for some.

Facilities are breaking new ground trying to contain and protect the most vulnerable members of our society. But at times it feels like an uphill battle. Appropriate staffing is critical to providing quality care and stemming the spread of COVID-19. Most facilities tried to lockdown COVID-19 wards and isolate the nurses and employees supporting these wards. However, the staffing shortage and inadequate attendance management and employee scheduling capabilities made segmenting caretakers increasingly difficult.

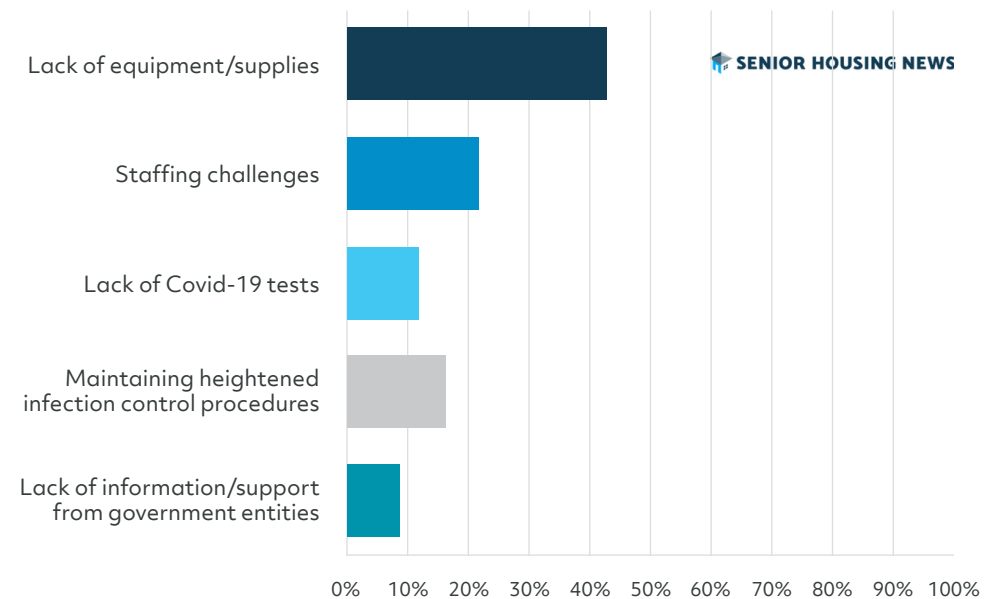
“...It has been difficult to keep [COVID-19] from spreading in a number of settings, including hospitals, cruise ships, and nursing homes — in Massachusetts alone, some 102 nursing homes had reported 551 cases by Sunday [4/5/2020] afternoon, according to the Massachusetts Department of Public Health. Even with current restrictions on visitors... employees regularly moving in and out of the facilities means it’s likely that additional cases will occur.”

Al Powell
Staff Writer, Harvard Gazette

Operators attempted to buckle down their workforce management systems and develop new employee scheduling, attendance tracking, and even maintenance procedures to isolate the virus. They also required employees take on additional responsibilities and follow new procedures for many routine tasks.

With the extraordinary demands the pandemic is placing on senior care staffs, it’s no wonder senior living and post-acute care facilities ranked staffing as a top concern in a recent survey by Senior Housing News. Senior care facilities cited staffing cited as one of their biggest challenges in the pandemic, second only to lack of personal protective equipment (PPE).

What is your biggest current challenge in responding to the Covid-19 situation?



As the challenges hindering proper staffing rises, so has the creative measures and the determination of operators to meet them.

Stopping the Virus at the Door

Staff responsibilities evolved quickly as senior care facilities strove to protect residents from COVID-19 as well as provide quality care. How staff care for and interact with residents continues changing. Some long-term and post-acute care facilities are limiting staff interactions with residents, requiring they monitor and provide care from several feet away. Resident care is also changing as skilled nursing and senior living facilities implement new practices to take care of at-risk populations. Staff must learn new ways of doing routine tasks, from how to handle food and medications to how to interact with residents.

In addition, employees are enforcing new policies, like turning away family members seeking to visit a resident and ensuring residents follow social distance guidelines.

New policies staff are implementing

- Restricting visitors and non-essential service providers, such as hair stylists
- Monitoring entrances with employees and cameras to enforce new rules
- Closing most entrances, leaving just one entrance to control traffic
- Requiring residents stay in their rooms
- Prohibiting residents from interacting with each other
- Canceling communal dining and social activities

Most facilities are requiring staff don extra PPE equipment and clean and disinfect every surface they encounter. Most follow the government guidelines to stop the spread of the virus, although their application varies. Some facilities are using technology to automate screening and ensure confidentiality. Others are resorting to manual exams and pen and paper reporting.



Stopping the Virus at the Door

Screening employees

How staff are being treated has also changed. Employees are no longer viewed as caretakers alone but also as potential transmitters of a dangerous coronavirus. Consequently, they must undergo health screenings every day before starting work.

Long-term and post-acute care facilities deploy various methods to screen employee health, such as assigning staff to take temperatures and question incoming employees and using technology to automate screening procedures. The federal Department of Health recommends all employers screen employees and visitors for COVID-19 before they enter the building. Most check for temperatures, flu or cold-like symptoms and exposure to COVID-19.

In many facilities, workforce management systems are playing an integral part in screening employees. Systems with integrated employee scheduling and attendance tracking are streamlining screening efforts and enforcing privacy guidelines.

For example, an intelligent timeclock can require employees answer the following CDC-approved questions before allowing them to clock in. In addition, the automated attendance management system helps operators follow American for Disability Act (ADA) for keeping employee health information confidential by limiting access to questions and answers to appropriate personnel.

- Have you washed your hands or used alcohol-based hand rub before entering?
- Do you have any of the following symptoms?
 - Fever
 - Cough
 - Sore throat
 - New shortness of breath
- In the last 14 days, have you had contact with someone with a recognized case of COVID-19?
- In the last 14 days, have you worked at a facility or location with a recognized case of COVID-19?



Legal considerations

Understandably, operators are tempted to deploy extensive screening measures to protect residents. It's important to set limitations. Employees, vendors, and visitors have rights that must be considered. Keep medical information confidential, even what may seem insignificant like a normal temperature reading or a sneeze is protected medical information. That does not mean this information shouldn't be documented and reported but rather reporting should be limited reporting to designated officials.

Please note: This information is not intended to be viewed as legal advice. Please consult legal professionals to understand these regulations and how they affect you.

“Even before this crisis hit, burnout levels among clinicians were escalating at alarming rates. Last year, [Cynda] served on the committee for a National Academy of Medicine report looking at these issues. This pandemic has stressed an already stressed health care system. What I know about clinicians is that in a crisis, they show up. What’s most concerning now are the long-term consequences. It’s not only post-traumatic stress but this feeling in some people that they’re acting against their own consciences in certain actions during the crisis. The fallout of that is significant moral distress or moral injury, which accumulates over time. And we can’t wait to take measures to manage that distress. We must begin now,”

Johns Hopkins
Nursing ethics expert, Cynda Rushton

Supporting Employees

When the virus invaded long-term and post-acute care facilities, it threatened employees as well as residents. Despite their best efforts, many employees become infected and needed to take unscheduled sick leave.

Others chose to stay home to take care of children when the schools and daycares closed or out of fear. The remaining workers face extremely trying times watching pandemic trauma unfold and fearing for their lives and their families. Nurses found caring for residents much harder. In addition to having to follow new procedures, they combatted stress and fatigue as they watched residents suffer from COVID-19 without the comfort of the residents’ loved ones.

Professor and author Cynda Rushton of Johns Hopkins School of Nursing and Berman Institute of Ethics describes the situation as uncharted and founded a virtual forum Frontline Nurses Wikiwisdom Forum to give nurses an opportunity to share their experiences and support one another.

These workers became healthcare heroes. They took on more responsibilities and worked longer hours. Many of them also struggled to juggle childcare and work responsibilities. However, their stress stretched beyond work and fear of getting and spreading the virus. Many also reported financial hardship as family members lost jobs and the economy tumbled.

Bottom line is senior care employees are overwhelmed. Get [8 Simple Ways to Boost Employee Engagement](#).



New Ways to Take Care of Employees

Senior care providers are digging down deep to find ways to help employees through this crisis. SmartLinx clients told us they are exploring new ways to help employees combat fatigue and burnout every day. Many are finding creative ways to boost morale and express appreciation.

Since finances represent a major concern, many operators responded in kind by increasing hourly wages, offering bonuses, and providing childcare stipends. Many are also giving employees perks, like groceries and take-out food.

Operators realize practical support is not enough and are deploying a variety of measures to support employee's mental health from free yoga classes and napping zones to external symbols of appreciation. It's common to see signs and banners welcoming healthcare heroes hanging around skilled nursing and senior living facilities. Managers have also taken to social media to give shout-outs to dedicated employees.

Overall managers are making communication a top priority with a 44% increase in outbound communications while many use workforce management tools to facilitate communication. They understand the need to update employees on changing circumstances, such as open shifts and policies, as well as share gratitude.

Workforce management technology is helping support staff directly. SmartLinx witnessed a 22% jump in the usage of employee engagement tools, such as mobile apps, text messages, and emails, which let employees collaborate with managers and coworkers.

Closing Workforce Management Gaps

A solid workforce management infrastructure equips operators to respond rapidly to scheduling and policy changes by allowing operators to quickly adjust settings. Robust workforce management suites purpose-built for senior care facilities can even help limit the spread of dangerous virus by helping operators “lock-down” units and prevent staff members from inadvertently spreading the virus.

Poor or antiquated workforce management solutions left facilities unprepared to efficiently isolate the virus and keep people from infecting other patients and staff.

Many skilled nursing facilities still rely on legacy nurse scheduling and attendance management procedures, which magnified the staffing challenge. These often consist of disparate employee scheduling, attendance tracking, payroll, and compliance applications. Facilities may use automated timeclocks and corresponding software to track attendance. Many continue to resort to manual employee scheduling practices, ranging from paper schedules posted on hallways to Excel spreadsheets to rudimentary employee scheduling processes.

Workforce management systems help senior living and long-term care facilities automate employee scheduling and attendance management capabilities, but they are not all created equal. Generic workforce management systems provide standard scheduling and attendance management functions but do not cater to specific requirements of long-term and post-acute care facilities. As a result, usability suffers as administrators are forced to scroll through irrelevant screens to enter and retrieve the information they need. Find out [How to Choose Workforce Management Software](#).

Integration between various employee scheduling, attendance, and compliance functions also vary. Most workforce management systems claim these key functions are integrated, but that doesn't mean they provide easy access to live attendance and employee scheduling data. Rather many workforce management systems let users view attendance history against employee schedules a couple of a times a day through batch reports.

Compliance tracking and reporting requires pulling scheduling and attendance data to demonstrate how the skilled nursing facility's staffing levels stacked up against state and federal requirements. Disjointed employee scheduling and attendance tracking systems make creating compliance reports tedious and resource-intensive.

Before the pandemic hit, administrators worked around sluggish navigation and delayed access to data to manage employee scheduling, attendance, and compliance reporting. The health crisis magnifies the time-consuming processes and the lack of ability to quickly ascertain where unexpected absences cause scheduling gaps.

To make this work, facilities need a truly integrated workforce management system designed for senior care environments. This targeted system enables them to quickly configure new wards and schedule people accordingly. One with real-time integration between employee scheduling and attendance can automatically alert them of unscheduled employee absences or tardiness so they can quickly allocate new staff.

For example, SmartLinx workforce management system provides at-a-glance views of live attendance data for each unit on one color-coded dashboard. Administrators can immediately identify where the staffing needs are and drill down for details. The workforce management software also provides recommendations of the staff qualified to fill each gap and rank them according to organizational priorities, such as overtime status, union rules, and seniority. With a click of a mouse, administrators can offer open shifts to available employees (designed for COVID-19 units) in their preferred method, such as a text message or [SmartLinx Go](#) mobile app notification.

The ease of use and integration allows administrators to handle key employee scheduling needs quickly, so they can focus on caring for residents and mitigating other pandemic-related problems.

Best Staff Management Practices

Getting a handle on staffing is key to reduce the stress on administrators and nurses. You must understand staffing in all units, 24 hours a day. The easier and faster it is to get this information, the faster you can respond and the more time you can spend encouraging employees. In other words, you don't have time to hunt for the information.

Technology can present at-a-glance views of staffing and even provide color-coded dashboards that make it easy for you to determine where help is needed. You should have immediate access to lists of employees available and qualified to fill unexpected openings. It's important you know the number of hours each employee is scheduled to avoid overburdening anyone. Double shifts and relying on the same tried and true employees are common but hazardous during a pandemic.

Facilities generally strive to schedule according to patient acuity needs and technology helps. It may be a good time to create new Key Performance Indicators (KPIs) and use tools to track them. For example, we know operators who are using software to track overtime costs and agency fees. They're now using it to track employees who work more than 50 hours a week to prevent burnout.

SmartLinx supports several thousand skilled nursing and senior living facilities. We asked them about the different measures they put into place to protect residents and staff. The good news is everyone is rallying to support their workers and it's helping. After employee engagement is perhaps the most powerful weapon against turnover and critical for quality care.

“Engaged employees make it a point to show up to work and do more work -- highly engaged business units realize a 41% reduction in absenteeism and a 17% increase in productivity. Engaged workers also are more likely to stay with their employers. In high-turnover organizations, highly engaged business units achieve 24% less turnover”

According to Gallup

Senior care leaders are approaching engagement from multiple channels from old fashioned interpersonal communication to electronic communication, personal outreaches, and phone calls to broadcast, personal touch, consistent outreaches and follow ups to move.



Long-term Care Operator Defeats COVID-19 in NJ Facilities

Facilities with a good technology infrastructure were able to quickly set up isolation wards for COVID-19 patients and dedicate a range of employees from maintenance to medical staff to these wards. Some organizations like [CareOne in New Jersey](#) created new protocols to care for infected residents and isolate them from others.

The state government asked CareOne for another nursing home inflicted with numerous COVID-19 infections among residents and staff. CareOne moved residents to one of their own post-acute care and dedicated COVID facility.

Their SmartLinx workforce management system helped CareOne managers coordinate their workforce, and optimize employee scheduling and attendance management to best care for residents. As a result of CareOne's efforts, most residents recovered and eventually returned to their home facility.

New Legislation Impacts Employees and Operators

The federal government has issued new regulations and revised existing ones to address the unique circumstances businesses are facing. Some regulations apply to skilled nursing and senior living providers. Others do not. It's important to understand the context of these laws and determine how different provisions affect you.

Most legislation targeted broad industries but carries different implications for healthcare providers, including assisted living, long-term and post-acute care facilities. Understanding their impact can be challenging considering everything else senior care leaders must handle. Here is a summary of some of the key legislation and their impact on skilled nursing and assisted living/independent living organizations.



Families First Coronavirus Response Act

The Families First Coronavirus Response Act was designed to support workers who need to take paid time off (PTO) to care for themselves and family members due to the outbreak or quarantine restrictions. Emergency sick leave encourages infected employees to stay home rather than forcing themselves to work to support their lives. The act enables affected business to receive payroll tax credits of up to 100% of the expense.

However, health care providers are not subject to these provisions, including skilled nursing and senior living facilities. If they choose to abide by them, senior care organization can claim the payroll tax credit.



The Emergency Family Medical Leave Expansion Act

The Emergency Family Medical Leave Expansion Act (EFMLEA) addresses childcare concerns for covered employees but limits employees' pay to 2/3 of their salary. Division G of the FFCRA allows eligible employers to receive a quarterly payroll tax credit to compensate for employees who are on paid sick leave due to the coronavirus. This provision is limited to participating employers for the period between April and December.



Employee Retention Credit for Closures Due to COVID-19

If any of your operations were suspended because of the quarantine or outbreak, you may qualify for this tax credit. The credit is limited to private employers who meet specific criteria.



Paycheck Protection Program

The Paycheck Protection Program was designed to help businesses keep employees on the payroll despite the shutdown. They even promised to forgive the loans if used to pay employees, rent, utilities, mortgage, etc. However, the funds were limited so not all qualifying businesses could take advantage of this new program.



Employer Social Security Tax Referral

Employer Social Security Tax Referral all employers can defer payment of 6.2% of Social Security Tax and have until the end of 2021 to pay it back. State owned facilities do not qualify.

Important note: This information is not intended to be viewed as legal advice. Operators should consult legal and tax professionals to understand these regulations and how they affect you.



CMS Response

Centers for Medicare & Medicaid Services (CMS) continue to issue new guidelines in response to the pandemic. These apply to skilled nursing facilities. CMS relaxed staffing compliance requirements and postponed the May quarterly deadline for Payroll-Based Journal reports. CMS also waived the nurse-aid training and certification requirements, allowing new nursing aides to work longer than four months without a CMS certification. On June 25, [CMS announced plans to reinstate staffing compliance](#) and documentation requirements. Skilled nursing facilities must submit a quarterly Payroll-Based Journal report to CMS by August 14.

Conclusion

COVID-19 is creating a new norm in skilled nursing and senior living that requires facilities be even more flexible with schedules. It's critical to respond to employee needs, whether it's adjusting schedules to support their family needs, childcare, etc. or providing time off if they feel sick or exhausted.

Shift swapping can provide a tremendous relief, especially when you put the power to swap shifts in your employee hands. Doing so helps them feel in control of their lives and alleviates some of the work on your administrators. Remember to stay flexible.

Keep a close eye on double shifts. Even if employees are willing to pull an extra 8-hour shift, it may not be wise. You may be better off splitting shifts and will need to adjust your scheduling tools to help.

Remember to spread the wealth and allow all employees to take on open shifts.



About Smartlinx

Founded in 2000 and headquartered in Iselin, New Jersey, SmartLinx provides an end-to-end workforce management and human capital management software suite for skilled nursing, senior living and post-acute care providers.

The company offers a robust platform that allows providers to harness the power of real-time data to proactively manage their workforce and improve measures of care quality and reimbursement, reduce costs associated with overstaffing and excess overtime, and ensure regulatory compliance.

SmartLinx's comprehensive solutions suite includes talent acquisition and onboarding, human resources, benefits and payroll, time and attendance, scheduling, compliance and business analytics.

SmartLinx received three Stevie® Awards for Sales & Customer Service in 2019. The 2019 award presentation marks the fourth year in a row that SmartLinx garnered top honors for outstanding customer service and support. We understand the importance and deliver quality service, unwavering partnership, and absolute accountability to our clients to ensure success and satisfaction. To learn more, visit <http://www.smartlinxsolutions.com/>

The Smartlinx logo is located in the bottom left corner of the page. It consists of the word "smartlinx" in a lowercase, sans-serif font, enclosed within a white rounded rectangular box. A thin white line extends from the top of this box, curving upwards and to the right, ending near the top right corner of the page. The background of the entire page is a blue-tinted photograph of healthcare workers in a clinical setting, with a decorative geometric pattern of interconnected circles on the right side.

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