

# Position Statement

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## ADDRESSING NURSING HOME SAFETY DURING THE COVID-19 PANDEMIC AND BEYOND

### Description:

GAPNA members are leaders in long-term care communities affected disproportionately by the COVID-19 pandemic. This position statement outlines some key areas for improvement that affect the provision of care to older adults in long-term care, with a focus on the role of the gerontological advanced practice nurse in this setting.

### GAPNA Position:

Advanced practice nurses are important team members in addressing issues related to the care of older adults in long-term care. They educate and advocate for older adults, families, and caregivers. They provide high quality, evidence-based care to medically and socially complex older adults. Advanced practice nurses provide primary care and manage mental health problems, coordinate transitional care needs, and work with care partners to address caregiving needs. They assess and manage acute and chronic conditions, including infectious illnesses, such as COVID-19, influenza, and others. Despite the need for the expertise in long-term care, it is difficult to ascertain the number of nurse practitioners, in particular, working in nursing homes. The American Association of Nurse Practitioners conducted its practice survey in 2018 and long-term care was not listed as one of the options when asked about practice setting. Researchers from the University of California, San Francisco (UCSF) Health Workforce Research Center on Long-Term Care analyzed over 100,000 online job listings and discovered that close to 10% of those jobs involved caring for older adults usually in long-term care. They estimate the demand will increase by 50% by 2026 (UCSF, 2017). The current supply of nurse practitioners and other advanced practice providers with expertise in the care of older adults falls short of the current and future needs.

According to the Kaiser Family Foundation, there were 1.2 million residents living in 15,061 long-term care facilities across the U.S. in 2019 (Kaiser Family Foundation, 2020). The nursing home community, in particular especially given the close proximity of residents within facilities, has been disproportionately affected by the COVID-19 pandemic. More than 84,000 nursing home residents have died from the COVID-19 virus, accounting for 40% of all COVID-19 related

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deaths in the country (Kaiser Family Foundation, 2020). Although these figures are troubling, public health officials believe that COVID-19 mortality in nursing homes has likely been underestimated, given that early in the pandemic, nursing homes had inadequate access to COVID-19 testing. Nursing home residents, many of whom are frail older adults with multiple chronic conditions, have multiple risk factors that place them at high risk for COVID-19 morbidity and mortality, including immunosuppression related to advanced age, cognitive impairment, and functional limitations that require frequent close proximity to caregivers.

Despite these non-modifiable risk factors, there are areas for improvement that could have a significant impact on COVID-19 activity and communicability within long-term care environments. Nursing home residents require and deserve comprehensive, evidence-based, Age-Friendly care.

Recommendations for reform include:

- Changes in the long-term care environment to support improved infection control, including environmental design, staffing and education;
- Improvements in the amount and quality of education provided for direct care workers caring for older adults residing in nursing homes;
- Flexibility in the advanced practice position allowing for a combination of administration, practice, and research roles in nursing homes; and
- Regulatory advances to allow advanced practice nurses to practice to the fullest extent of their education and licensure in every state, to include the writing of admission orders.

In addition to the above recommendations, GAPNA supports colleagues in the American Academy of Nursing and their Expert Panel on Aging, Eldercare Workforce Alliance, American Healthcare Association, and multiple others in advocating for the following additional reforms in long-term care policy and regulation:

- Increased registered nurse (RN) staffing;
- Improved salaries to attract and retain direct care workers;
- Funding for staff development and education; and
- Higher reimbursement from the Centers for Medicare & Medicaid Services (CMS) for long-term care services.

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## Background:

Infection control practices: Infection control practices are critical when working in long-term care due to the congregate living arrangement and the frailty of the population served. COVID-19 has impacted older adults more aggressively due to the prominence of other chronic illnesses and overall frailty, necessitating an even more rigorous infection control plan. Core measures of infection control such as, handwashing and use of personal protective equipment (PPE) are widely known yet adherence varies across long-term care facilities especially during times of PPE shortage such as the COVID-19 pandemic.

Improvements in direct care staff education: The Centers for Disease Control and Prevention (CDC) provides tools that nursing home leaders can leverage to establish competency with the core skills of infection control including handwashing and PPE use. The CDC has created several fact sheets, resources and videos in English and Spanish that are available free of charge to individuals. In August of 2020 the Centers for Medicare & Medicaid Services (CMS) implemented a national nursing home training program to equip frontline staff and nursing home leaders with the knowledge to prevent the spread of COVID-19. These trainings are scenario-based and include the techniques of hand hygiene and the use of PPE. CMS also created modules on screening and surveillance, cleaning requirements, and several other key principles when managing through a pandemic (CDC, June 2020; CDC, August 2020).

Advanced Practice Registered Nurse Full Practice Authority: Advanced practice registered nurses, including nurse practitioners, provide safe, high quality care to older adults in long-term care and post-acute care rehabilitation settings in all 50 states (AANP, 2019). CMS data from 2017 shows that more than 130,000 nurse practitioners billed for Medicare services and approximately one of every three Medicare billable services is provided by a nurse practitioner. The COVID-19 pandemic has brought to light the acute need for patient access to high-quality gerontological specialist advanced practice providers who can meet the needs of complexly ill older adults. The lack of full practice authority for nurse practitioners, in particular, and the resulting barriers to access of care were sharply noted by lawmakers early on in the pandemic, and both state and federal legislation was enacted to address these barriers. Suspension of restriction of nurse practitioner practice on performing admitting examinations and monthly patient assessments in skilled nursing facilities has reduced barriers to patient admissions and provided enhanced access to care (AANP, COVID-19 State Emergency Response, 2020). Suspension of restriction on telehealth visits has allowed nurse practitioners to increase patient access to timely care in facilities while maintaining infection control (GovTrack, 2020). Suspension of the restriction of ordering rehabilitation services has enabled nurse practitioners to order the much needed rehabilitation services that many debilitated post-COVID-19 patients



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need. Suspension of the restriction of nurse practitioners on ordering and re-certifying of home healthcare has facilitated patients to transition home for continuing convalescent care, reducing costly nursing home lengths of stay (AANP, CARES Act, 2020). Several states authorized full practice authority for nurse practitioners during the pandemic, removing the unnecessary and burdensome requirements of physician oversight and collaborative practice agreements (AANP, COVID-19 State Emergency Response, 2020).

These key actions, taken in a time of pressing need, have been crucial to caring for older adults throughout the pandemic and are essential measures to maintain in order to meet the on-going and future post-acute rehabilitation and long-term care needs of our nation's growing aging population.

## Additional endeavors and recommendations:

Staffing challenges and reimbursement shortfalls in long-term care have been troublesome issues known for decades. A recent study of Connecticut nursing homes showed that the average number of COVID-19 cases was lower in facilities with higher nurse staffing (Li et al., 2020).

As members of the American Academy of Nursing's Expert Panel on Aging, Drs. Tara Cortes and Ann Kolanowski recently wrote an article in the New York Daily News that focused on the importance of providing registered nurse, nursing care in nursing homes. Although nursing homes are required to have sufficient nursing staff to provide safety and promote well-being of residents, there are no federal requirements for minimum nurse staffing levels, despite recommendations stemming from the study, Appropriateness of Minimum Nurse Staffing Ratios, published by CMS in 2001. Most states have minimum staffing requirements, but these are typically lower than that recommended by experts. As the level of resident acuity is increasing, especially with the rapid decompensation of frail residents infected with COVID-19, the need for increased registered nurse staffing is clear. Studies have consistently shown a correlation between registered nurse staffing and nursing home quality (Dellefield et al., 2015).

Nursing homes have difficulty hiring and retaining nursing staff, as both the wages and work environment are typically not competitive with other healthcare sectors. Facilities relying on government payment models (Medicare and Medicaid) have a reduced ability to increase wages for direct care workers as the lower reimbursement rates yield a smaller profit margin, making it difficult to increase salaries. Increases in CMS reimbursements could provide facilities with a means to attract and retain direct care workers through offering higher wages and better

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benefit packages. Additionally, increased funding is needed for quality nursing home operations, workforce performance, and resident safety.

An ad hoc Committee on the Quality of Care in Nursing Homes of the National Academies of Sciences, Engineering, and Medicine will examine how the United States delivers, finances, regulates, and measures the quality of nursing home care with emphasis on challenges that came to light during the COVID-19 pandemic (The National Academies of Sciences, Engineering, and Medicine, 2020).

Despite geographic variability, facilities across the United States have reported difficulty with nurse staffing related to COVID-19 issues. Nursing homes need financial support from state and government infrastructures to address these staff shortage issues and thereby maintain residents' safety from COVID-19. Nursing home facilities need the support of government infrastructures to ensure the availability of adequate PPE and COVID-19 testing for residents and staff members. There will continue to be a need to protect nursing home residents from COVID-19, to adequately care for residents during acute COVID-19 illness as well as care for those suffering the prolonged effects of post-COVID-19 infection.

The Centers for Medicare and Medicaid Services commissioned MITRE to convene an expert panel for analysis of the COVID-19 crisis in nursing homes. Their findings included critical problems within the nursing workforce that contributed to the increased COVID-19 prevalence and mortality rates in nursing homes. Notably, the expert panel found that nurses employed in nursing homes have little to no formal geriatric training and are not adequately trained in infection control measures. Furthermore, facilities not employing registered nurses 24/7 could be delaying detection of COVID-19 onset and/or worsening symptoms. The expert panel recommended convening a Long-Term Care Workforce Commission to provide independent oversight for modernizing the nursing workforce (MITRE, 2020). Advanced practice nurses are uniquely qualified to provide consultant services and educational resources to meet these knowledge deficits.

Recognizing the need to bring expert training within the reach of the nonprofit nursing home sector, AHRQ has partnered with ECHO to engage academic medical centers and large health centers to serve as local training centers for nursing homes. Through the *National Nursing Home COVID Action Network*, Medicare certified nursing homes will be able to participate in a grant-funded 16-week training program. The program will use an IHI standardized curriculum that focuses on best practices for improving infection control, and providing essential skill building to protect nursing home patients and staff from the spread of COVID-19. The program provides access to experts, community resources, and mentors. Providing funding for initiatives

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like the *National Nursing Home COVID Action Network* is an essential step to providing education, training, and access to advanced practice nursing expertise.

We propose that, in addition to all these important endeavors, advocating for gerontological advanced practice nurses is also key to the solution of safe and quality care provision in nursing homes through education, clinical care, promotion of self-care, advocacy, and research. We need to work as an interprofessional team to ensure the safety and well-being of residents in long-term care.

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