

CNA NEEDS ASSESSMENT SURVEY



LeadingAge DC



**D.C. Coalition on
Long Term Care**



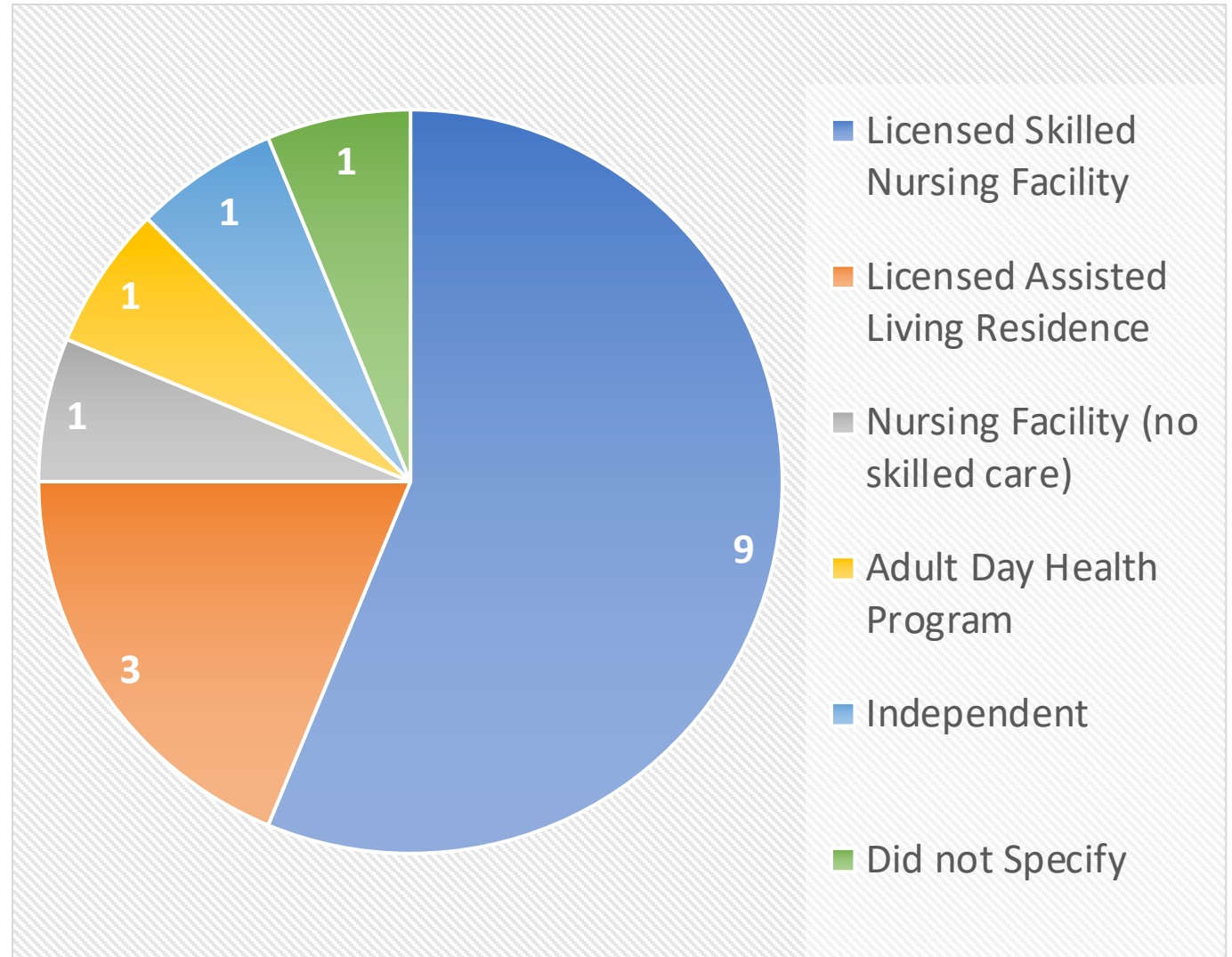
**District of Columbia
Health Care Association**

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Introduction

- LeadingAge DC, in partnership with the DC Health Care Association, and the DC Coalition on Long Term Care, fielded this survey to better understand the short and long-term staffing needs of long-term care providers that hire certified nursing assistants (CNAs).
- We received 16 responses. Two duplicate responses were eliminated. One provider did not identify provider type. The remaining 13 responders represented nine Skilled Nursing Facilities, one Nursing Facility, three Assisted Living Residences, one Adult Day Health Program and one independent senior housing complex that is part of a life plan community.

Response by Provider Type



Key Takeaways

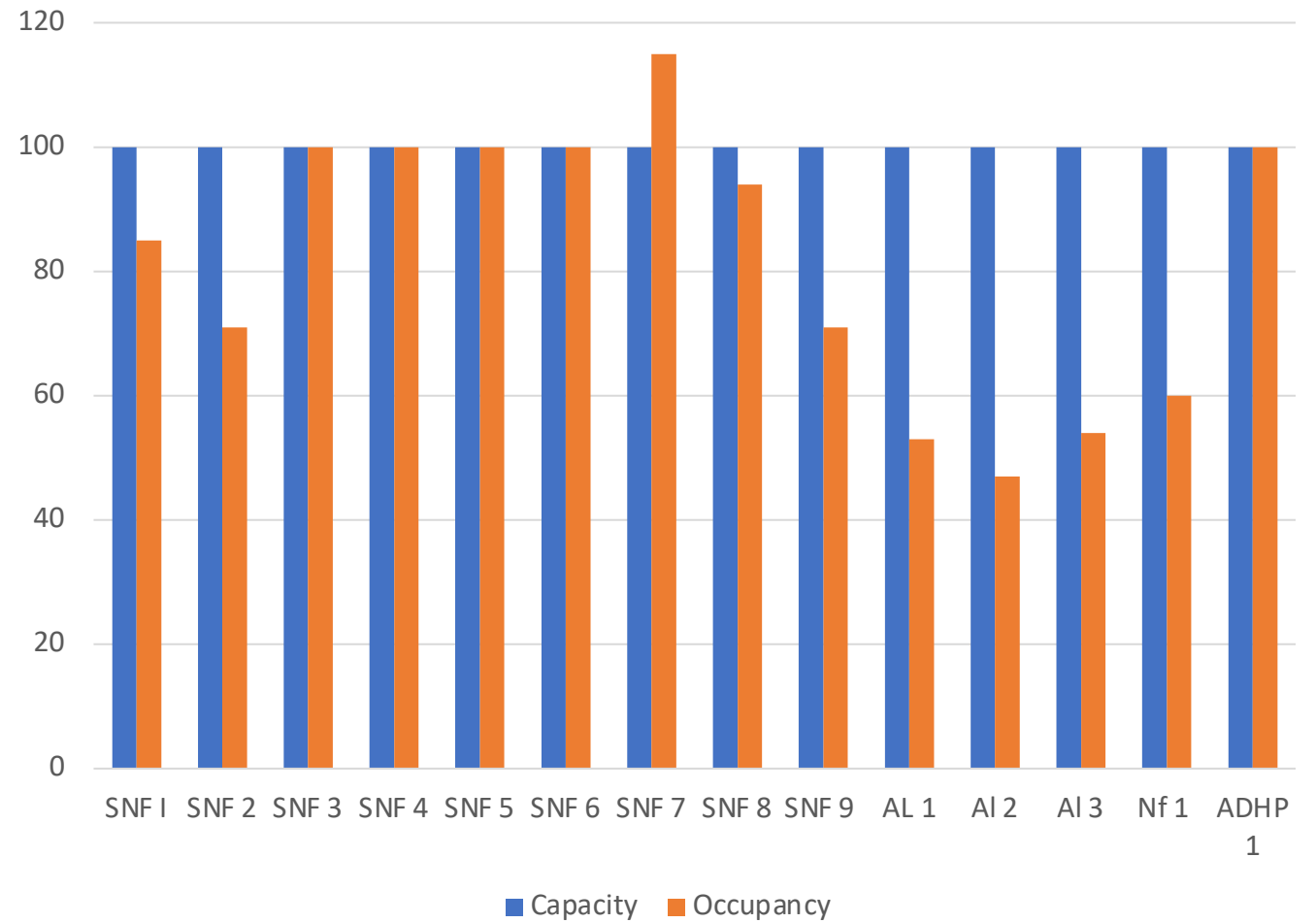
- SNF occupancy rates remain high; while COVID appears to be depressing ALR occupancy rates
- Across respondents, approximately 1/5 of CNA positions are vacant
- Among SNF respondents, Basic Care Aides have not been widely used to meet staffing needs during the PHE; none have used Dining Aides
- Seventy-one percent (71%) of respondents reported that 50% or more of their CNA workforce live in Maryland.
- COVID 19 is making it more difficult for some to hire staff; while 64% of respondents report more CNA staff are leaving the workforce or simply not reporting.
- Virtual schooling and childcare issues are contributing to hiring and retention challenges, but knowledge of CNAs' challenges and hardships during the PHE is lacking
- A majority of respondents are concerned or extremely concerned about meeting their future staffing needs.

Occupancy Rates

- Generally, occupancy rates were highest among SNFs
- Four SNFs reported that their occupancy rates was 100%; one SNF's occupancy rate was 115% because it was allowed to convert beds to support surge capacity due to COVID.
- Assisted Living Residences reported occupancy rates of less than 55%.
- One ALR respondent noted that COVID has had an impact on filling new ALR units

Licensed Capacity vs Census

Capacity vs Census



CNA Staffing Levels

- Thirteen respondents reported employing a total 435 CNAs and a total 95.7 vacancies.
- Use of agency staff was nominal; only one respondent reported one CNA hired through a staffing agency.
- All 13 (100%) of respondents stated that they hire part-time CNAs.
 - 8/13 hired P/T CNAs to cover busy or peak shifts.
 - 9/13 hired P/T CNAs to cover weekends and other shifts that are difficult to staff.
 - 7/13 stated that if trained and qualified, they would be interested in hiring more P/T CNAs.
 - 7/13 stated they would prefer hiring CNA staff on a full-time basis.
 - 2/13 stated they hire P/T CNAs to cover shifts when F/T staff are off.
- One respondent stated CNA staff are very hard to recruit in DC

Use of Basic Care Aides has been limited but well received by those who have hired them.

In response to the COVID 19 pandemic and the declaration of the Public Health Emergency (PHE), DC Health is permitting SNFs to hire Basic Care Aides . Basic Care Aides are able to provide personal care for residents after completing an eight-hour on-line training program by a designated organization.

- Of nine (9) SNFs, three (3) reported that they have hired a total of 17 Basic Care Aides
- All three (3) SNFs agreed that Basic Care Aides are adequately trained for the care they are providing.
- Two of the three SNFs agreed that Basic Care Aides should be allowed to take the certification exam without additional training .
- Two of the three SNFs agreed that would like to see the Basic Care Aide position become a permanent option after the PHE ends. One stated that more training needed to be provided.

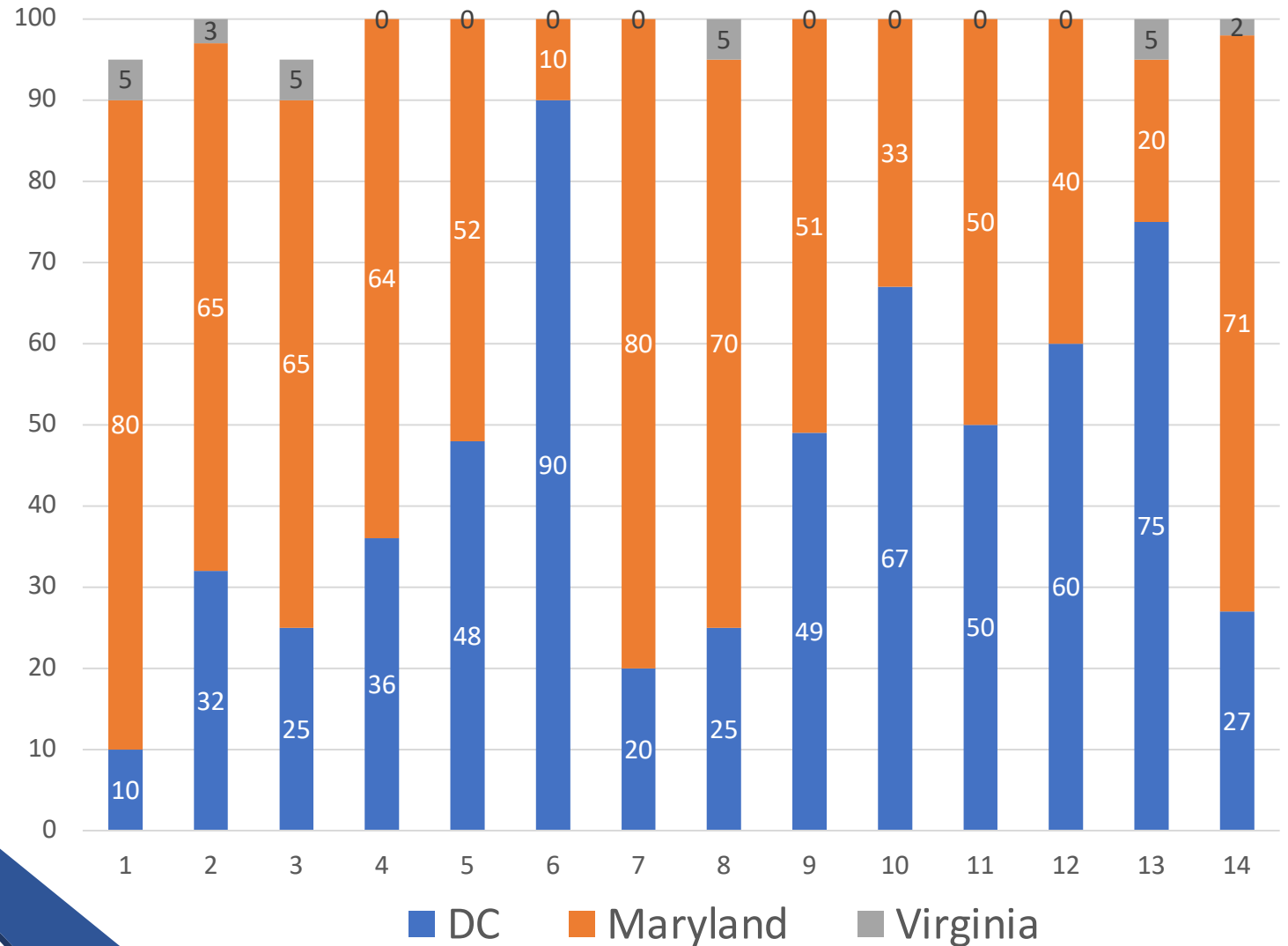
Dining
Support Aides
have not
been utilized.

In response to COVID 19, DC Health is permitting SNFs to hire Dining Support Aides. A Dining Support Aide is able to assist residents with meals and dining also after completing an online training program by a designated organization.

No survey respondents have hired Dining Support Aides.

The vast majority of CNAs that work in DC live in Maryland

Percent of CNA's by Jurisdiction as Reported by Each Respondent



Observations on Staff Residency

- Only three respondents identified that a majority of staff live in DC.
- Each of these respondents:
 - Represents a different provider type.
 - Serves fewer than 50 participants
 - Employs fewer than 13 FTE CNAs.

Reciprocity

Respondents were asked: Should the DC Board of Nursing make it easier or more difficult for CNAs certified in Maryland or Virginia to work in DC?

Number of Respondents	Response
11	Easier
2	Keep as is
1	Other
1	No answer

Other: No Comment

COVID's Impact on Hiring

Respondents were asked: Since the start of the PHE in March, trying to fill CNA vacancies has been:

Number of Respondents	Response
0	Easier
8	The same
5	More Difficult
1	Other

Other – Unsure as we have been able to retain staff and have not had to hire

COVID's Impact on Staff Retention

Respondents were asked: Since the start of the PHE in March, are more of your CNAs leaving the workforce or not reporting to work?

Number of Respondents	Response
9	Yes
5	No

Comments on Staff Retention

- There is CNA fatigue. Children's schools conducting remote learning has exacerbated the issue of recruiting and retaining CNAs.
- We have staff retiring.
- Hazard pays and incentives helped to keep them
- Retention has been challenging due to fear of contracting COVID, childcare, competitive salaries.
- REPORTING INJURY, AND RESORTING TO WORKERS' COMP. ALSO CALLING OCCUPATIONAL HEALTH REPORTING SYMPTOMS AND PLACED ON LEAVE UNDER SELF-QUARRANTINE.
- When we have cases they do not want to come to work.
- Some CNAs left due to fear of catching Covid-19 at work and taking it home to their small children who are immunocompromised. Some CNAs left due to school and daycare closures.
- ALRs are viewed as more attractive environments to work in to CNAs and require less work than nursing homes. Many CNAs leave SNFs to get Long Term private duty cases in ALs for more money. . . . They have found an alternative to the long hours and hard work and still make more money.

Availability of PPE and COVID Specific Training

Respondents were
asked:

Question	Yes	No	No Answer
Are you now able to supply your CNAs with all the Personal Protective Equipment that they need?	13	0	1
Have you been able to provide your CNAs with COVID-specific training?	13	0	1

Transportation

Respondents were asked: Are your CNAs able to access transportation to get to and from work?

Number of Respondents	Response
11	Yes
2	Do not know
1	No Answer

School Closures, Remote Learning and Child Care

Respondents were asked: Have school closures/remote learning or childcare issues affected your CNAs' ability to work?

Number of Respondents	Response
6	Yes
3	No
4	Do not know
1	No answer

Comments on School Closures, Remote Learning and Child Care

- To a very limited extent, Nursing Department implemented flexible schedules if needed
- No direct care worker has shared their inability to report to work due to school closing.
- PROGRAMS AVAILABLE TO HELP.
- CNAs have resigned or cut back their hours due to remote learning.

Economic Hardship

Respondents were asked: Are your CNAs experiencing difficulty purchasing adequate food or paying rent?

Number of Respondents	Response
5	Yes
2	No
6	Do not know
1	No answer

Comments on Economic Hardship

- One of the CNA's we had to lay off is very worried about food and rent.
- Unchanged from prior to beginning of pandemic.
- PROGRAMS AVAILABLE TO HELP.
- CNAs that have cutback hours or stopped working due to remote.

Ability to meet future hiring needs

Respondents were asked: Thinking ahead to January 2021, how concerned are you about your ability to hire all the CNAs you need to meet your residents' needs?

Not concerned at all	Concerned a little	Concerned	Concerned a Lot	Extremely Concerned
1	4	5	0	3

Comments:

- Should school closures continue into 2021 and the pandemic peak during winter months staffing and retention will possibly continue to be a big concern.
- AVAILABILITY OF UNEMPLOYMENT MAKES NOT WORKING VERY ATTRACTIVE AND LESS RISKY.

Impact of Minimum Wage Increase

Respondents were asked: On July 1, 2020, the DC Minimum Wage and DC Living Wage both reached \$15 an hour. Has the increase in minimum wage (which is now the same as the DC Living Wage) made it easier or harder to hire CNAs?

Number of Respondents	Response
1	Much Easier
1	Easier
0	Harder
12	No Difference

Comments on Wage Rates

- We had increased to \$15.00 2 years ago, so no difference for us.
- New hires are asking for COVID pay and pay based on years of experience.
- Can't tell.

Quality of CNA Training Academies

Respondents were asked: How do you rate the quality of the District's certified training programs for CNAs?

Number of Respondents	Response
1	Extremely High
6	High
4	Average
0	Poor
3	No Answer

Comments on the Quality of Training

- I think DC needs lots more Dementia training for CNA's- especially communication technique
- No comment

Quantity of CNA Training Academies

Respondents were asked: Does DC have enough high-quality CNA training programs to meet the needs of employers?

Number of Respondents	Response
1	Yes
5	No
6	Do not know
2	No answer

Comments:

- More classes would help a lot.
- There are good training programs and then there are average programs.
- We are a practicum site and have observed the quality of training provided.

Recommendations

	Very Helpful	Helpful	UnHelpful	No Opinion
The Mayor should appoint a person to develop a comprehensive CNA Workforce Strategy	5	7		1
Increase CNA compensation to ensure equity across health care settings	6	5		2
Eliminate inconsistent regulatory requirements	6	2	1	4
Enact new regulations faster	4	3	1	5
Reduce bureaucratic barriers and training cost for CNAs	7	5		1
Update training programs and exams	7	5	1	
Allow more clinical training sites	8	5		
Increase reciprocity within the DMV	10	2	1	
Recruit more students, older adults, newly unemployed	7	6		
Promote career pathways & other best practices	9	4		
Clarify roles of DC agencies	6	6		1
Enforce labor Laws	3	3		7