



**Office of Aging and People with
Disabilities**

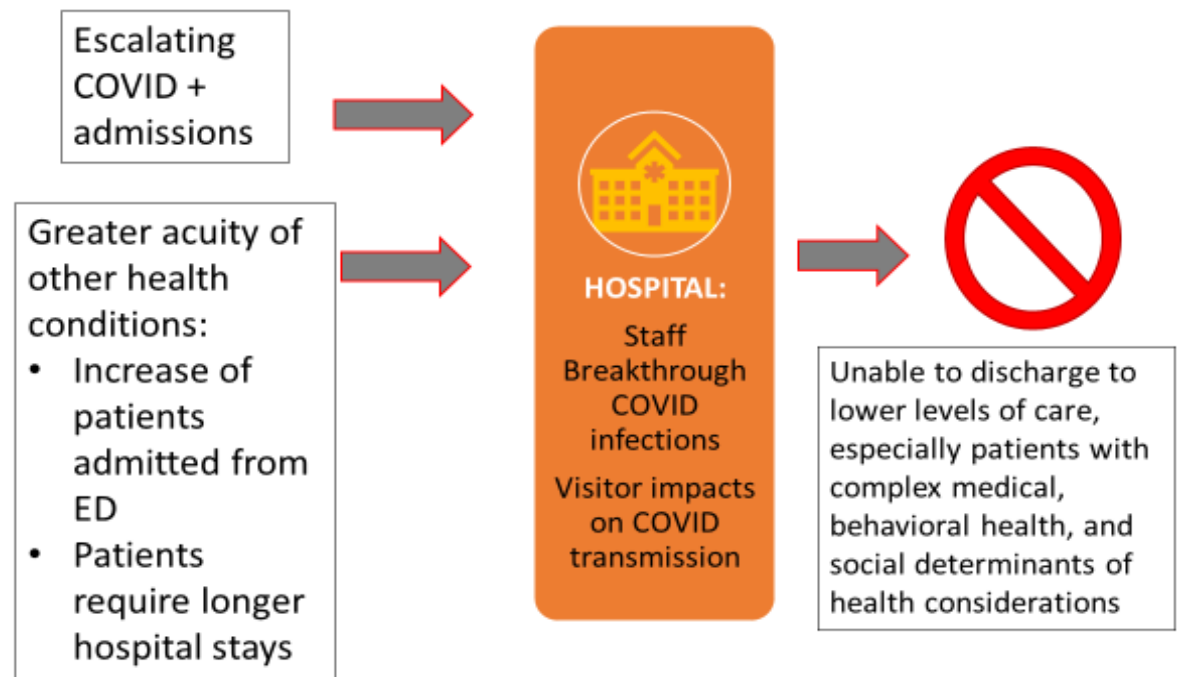
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Workforce shortages affect all care providers

A coordinated and holistic approach is required to make best use of care resources.

- Hospitals statewide have capacity issues.
- Long-term care facilities face a staffed-bed shortage.
- In-home care options cannot keep pace with demand.

Primary Drivers of Hospital Capacity



Response to assist hospitals

APD is coordinating assistance efforts and lending its expertise in care options for Oregonians.

Help includes:

- A dedicated hospital Discharge Assistance Team (DAT).
- Policy changes.
- Funding to remove discharge barriers.
- Streamlining prior authorizations for admissions to long-term care.
- Partnering with Oregon Health Authority (OHA) on behavioral health placements.
- Escalating system-wide issues for resolution including:
 - ✓ Access to O2.
 - ✓ Dialysis chairs.

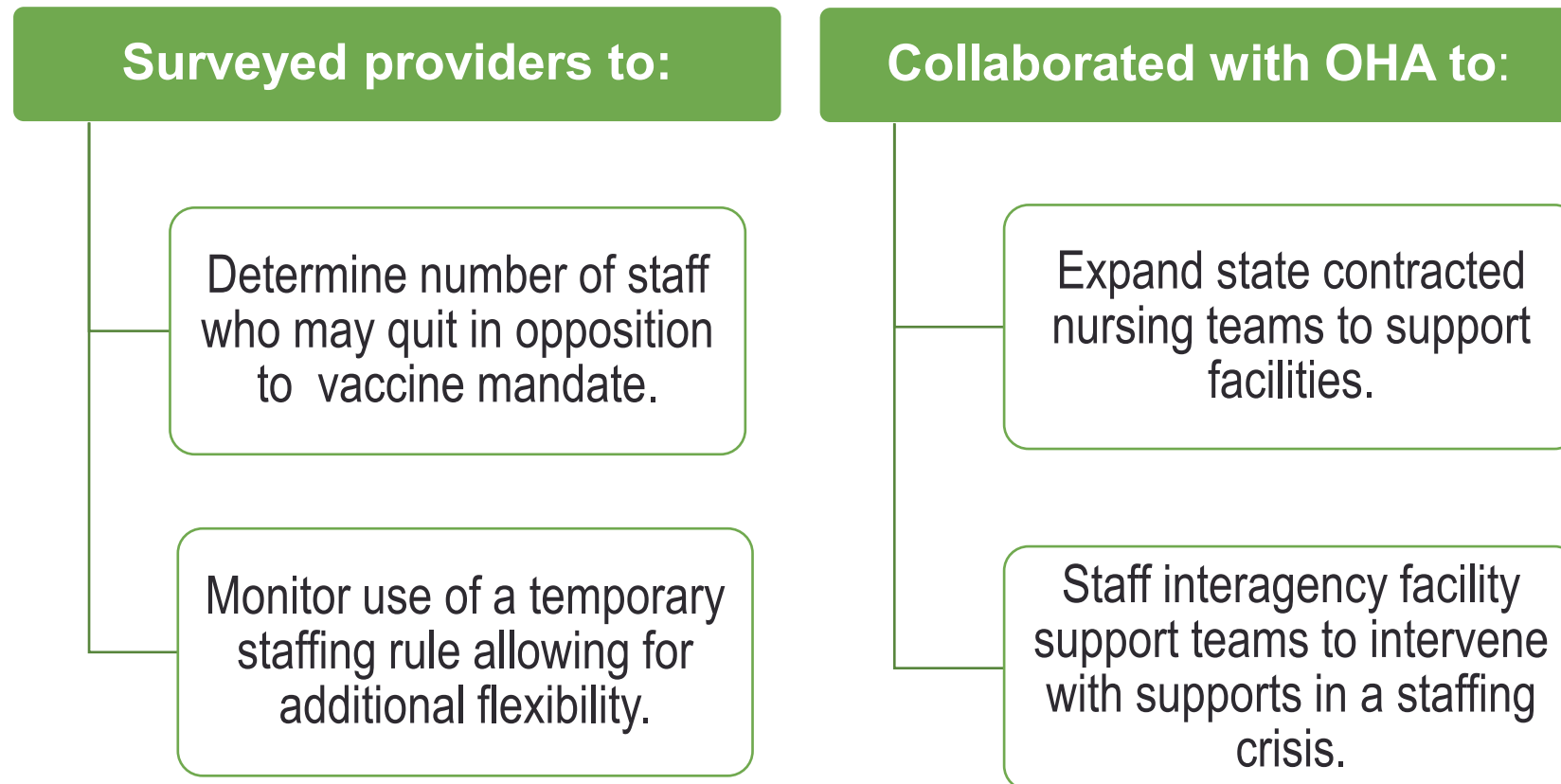
Progress made

About 20 hospitals have received help from APD with 700 patients who required care placements following discharge.

- Help requested is often for patients who have complex needs.
- 75% of cases routed to the APD team are Medicare beneficiaries or patients with other insurance.

Addressing bed shortages in long-term care

Along with helping hospitals, APD increased support for long-term care facilities.



Specialty care units expanded staffed-bed capacity

APD set up dedicated COVID-19 recovery units to assist facilities struggling to manage an outbreak or cohort COVID-19 positive residents.

- **8 Covid-19 recovery units are under contract.**

A short-term discharge unit was also established to:

- Provide placements for individuals requiring nursing-home level of care after discharge from the hospital.

Workforce investments

An Employee Retention Payment Reimbursement Program was launched in October.

- Provides a one-time reimbursement of \$500 per eligible staff member in licensed nursing facilities.
- APD also received funding from the Legislature to:
 - Provide more incentives and supports to retain health care workers.
 - Support training and apprenticeship programs for Certified Nursing Assistants (CNAs).
 - Increase rates paid for Oregonians living in long-term care facilities, which in-turn will support the opportunity for higher wages.
 - Add a member to the Quality Metric Council to represent direct care workers and conduct a study of direct care wages in long-term care facilities (SB 703).

Temporary rule revision provided more flexibility

To increase resident capacity in nursing facilities, CNA staffing requirements were temporarily revised in August.

Minimum CNA to resident ratios changed as follows:

Day shift 1:7  1:8.5

Evening shift 1:9.5  1:12

Night shift 1:17  1:18

- Nursing facilities may also temporarily use nursing assistants, personal care assistants, physical therapists and occupational therapists to account for up to 25% of the required minimum staff.
- Nursing facilities are still required to staff to acuity of residents.

CMS ranking of Oregon for staffing ratio

Oregon ranked 3rd in the nation for nursing staff to resident ratios.

State or Nation	Average Number of Residents per Day	Reported Nurse Aide Staffing Hours per Resident per Day	Reported Total Nurse Staffing Hours per Resident per Day
Alaska	33.8	5.01	8.15
Guam	10.7	4.26	8.95
Oregon	49.6	3.22	5.05
Maine	52.9	3.1	4.77
North Dakota	55.9	3.05	4.69
Nation	72.2	2.36	4.09

Source: The Centers for Medicare & Medicaid Services, Nursing Home Compare Data by State

CNA ratio to resident policy over time

Minimum requirements since 2008 for nursing facilities

Timeframe	Day Shift	Evening Shift	Night Shift
Prior to 03/01/2008	1:10	1:15	1:25
03/01/2008 - 03/30/2009	1:8	1:12	1:20
04/01/2009 - 03/30/14	1:7	1:11	1:18
03/31/2014 - 08/24/21	1:7	1:9.5	1:17
08/24/2021 (TEMP ONLY)	1:8.5	1:12	1:18
After Crisis (Pending)	1:7	1:9.5	1:17

Staffing Observation Team reviews

Summary of nursing facility reviews following passage of temporary staffing rule.

	Number reviewed	Percent of total
Facilities reviewed	130	100%
Facilities using personal care assistants, physical therapists and occupational therapists to meet ratio requirements	26	20%
Staffing at or above the temporary rules	106	81.54%
Staffing shortages related to resident care concerns	14	10.77%
Utilizing the temporary staffing rule	46	35.38%

Crisis management remains a strain on APD staff

Supporting hospitals has diverted teams away from their focus on core APD work on behalf of Oregonians.

- More than 30 APD staff are assigned to hospital discharge teams.
- Staff has had to cope with a series of crisis-response efforts in the past two years including a long wild-fire season.
- Oversight of licensed facilities during the pandemic has been demanding with crisis teams routinely responding outside of regular business hours.
- Burnout remains a concern.



Questions?