



Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

Lessons Learned from the Forefront: Resident Socialization, Staffing Stabilization, and Facility Support

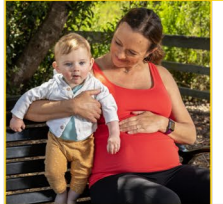


COMMUNITIES

FAMILIES



INDIVIDUALS



RESILIENT



READY





Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities



Lenise Cummings-Vaughn, MD, CMD

Division of Chronic and Post Acute Care

Quality Measurement and Value-based Incentives Group

Center for Clinical Standards and Quality

Centers for Medicare & Medicaid Services

Disclosures

- No relevant disclosures to report

Objectives

- Broad overview of the following themes:
 - Balancing socialization needs with infection control
 - Resource management
 - Staffing: stabilization, burn out and education

Balancing socialization needs with infection control



Infection Control

- Material
- Space
- Care



Socialization (1)

- Schedules
- Visitation



Socialization (2)

■ Goals

- Clinically necessary
- Integral part of a maintenance/restorative program
- Includes cognitive and physical exercise
- Important for both resident and staff well being

Socializations and Infection Control

■ Socialization

- Requires an infection control program
- Important for health and well being
- Small/short term changes are not worrisome

■ Infection Control

- Requires scheduled socialization
- Important for health and well being
- Small/short term outbreaks are not worrisome

Resource Management: Asset Management

■ Asset Management

- ▲ the process of maximizing the value an asset provides to an organization throughout its entire lifecycle, in the most cost-effective manner.

■ Assets

- Staff
- Residents
- Supplies
- Equipment
- Building
- Institutional memory

Asset Management and Maintenance: Supplies and Equipment

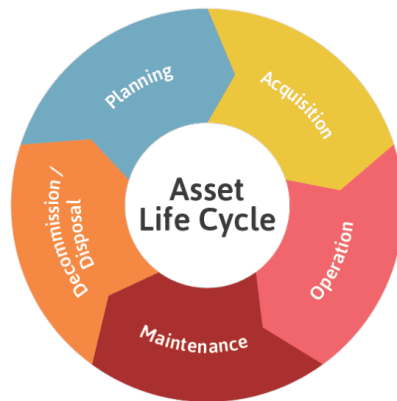
Example PPE/Testing Supplies and Cleaning Supplies

■ Management

- Acquisition
 - ▲ Vendors
 - ▲ Regional facility coalition

■ Maintenance

- Automation or virtual management systems
- Education on safe disposal
 - Regional and facility sponsored education



© 2023 FastTrak Software, Inc.

Staffing Shortage (1)

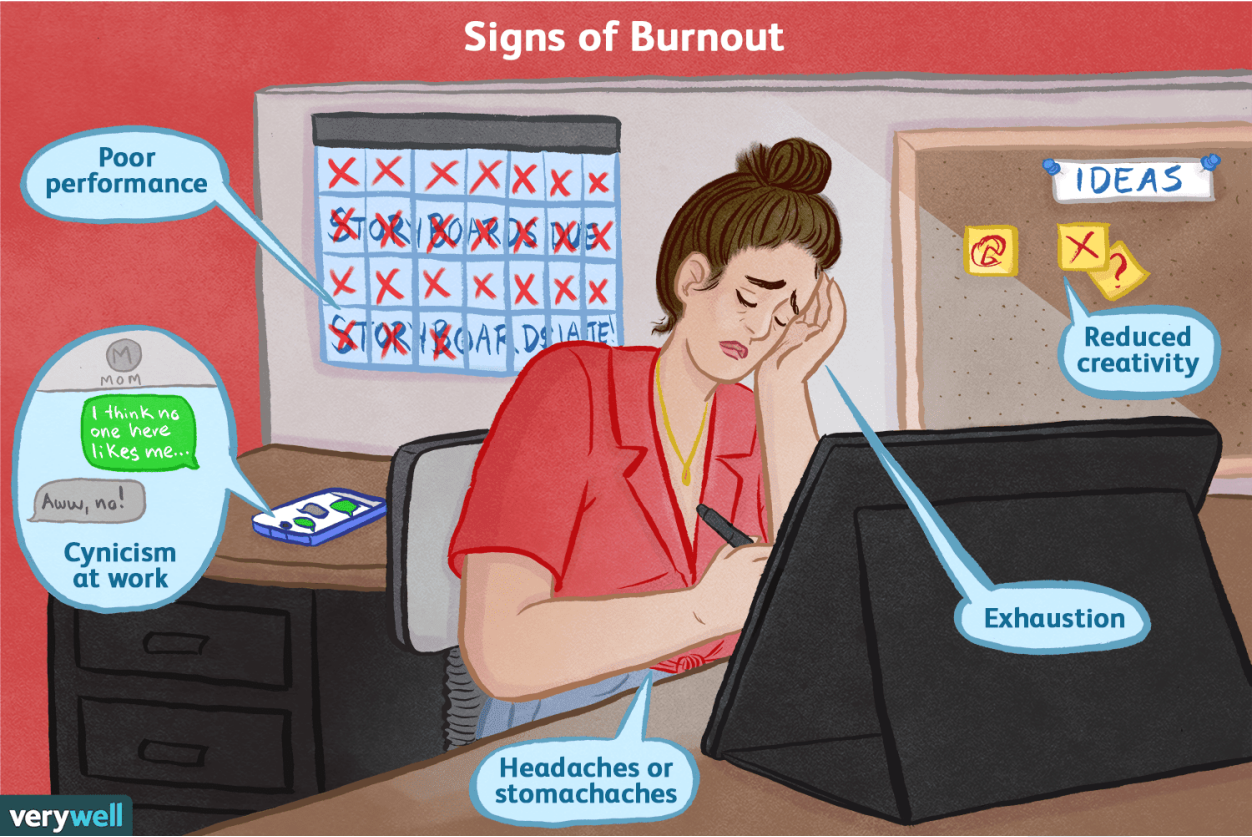
- Complex
 - Misunderstandings/bias
 - Financial
 - All care providers/care professional
- Compounded
 - Supply and demand
 - Increased dissatisfaction



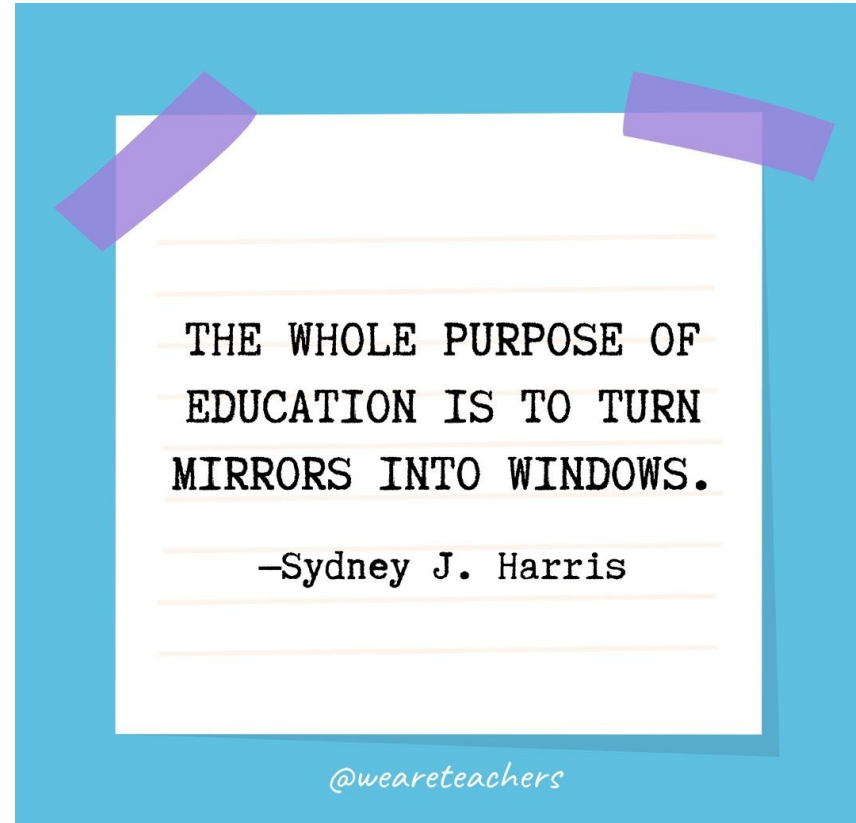
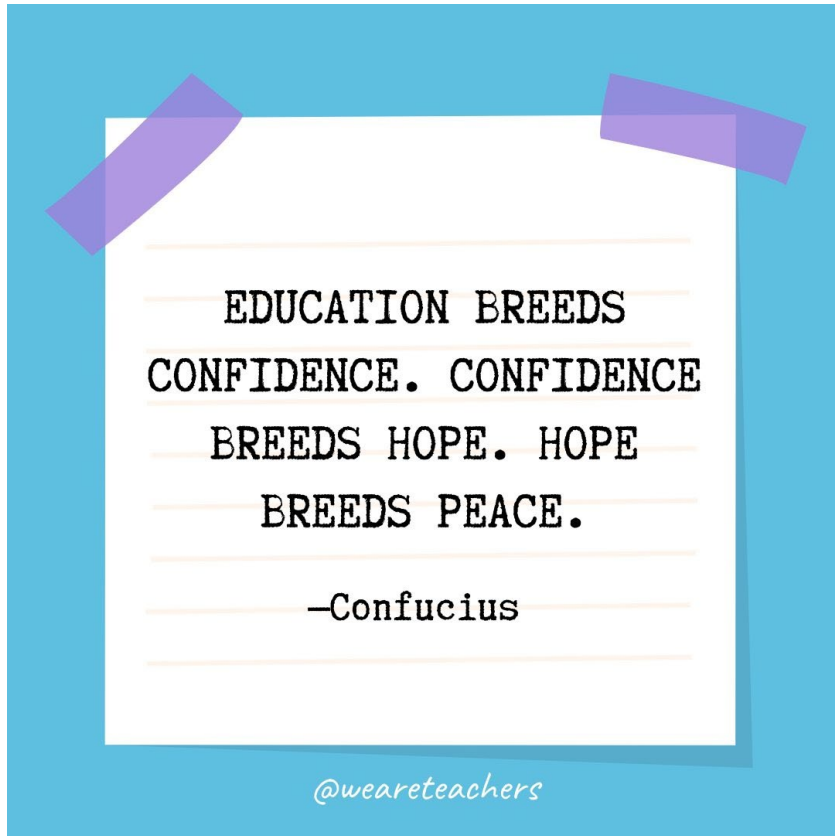
Staffing Shortage (2)

- Bureau of Labor Statistics' Employment Projections 2021-2031
 - Registered Nursing (RN) workforce growth by 6% over the next decade.
 - RN workforce is expected to grow from 3.1 million in 2021 to 3.3 million in 2031, an increase of 195,400 nurses.
 - Projects 203,200 openings for RNs each year through 2031 when nurse retirements and workforce exits are factored into the number of nurses needed in the U.S.
- The Advanced Practice Registered Nurse (APRN) workforce, including Nurse Practitioners, Nurse Anesthetists, and Nurse Midwives
 - Expected to grow faster than average for all occupation, by 40% from 2021 through 2031, according to the BLS' Occupational Outlook Handbook

Staffing: Burn Out



Staffing: Education (1)



Staffing: Education (2)

- Quality Improvement Resources
 - Private quality improvement organizations and companies
 - Contracted state quality improvement programs
- In service
 - Involving staff in quality improvement
- Local and regional resources
 - Educational institutions
 - Professional organizations
 - Industry

Lessons Learned

1. Preparations is key.
2. Balance expectations with preparation and education.
3. Think outside of the box!
 1. Consider forming local and regional coalitions with other facilities
4. Team effort: shared purpose and goals
 1. Owners/Management
 2. Staff
 3. Residents
 4. Families

