Long-Term Care Staffing During COVID-19

In response to a growing number of facilities experiencing challenges in staffing normal operations during the pandemic, the state has worked to create a workflow that can be leveraged by facilities to more effectively engage partners that can assist during an event causing a staffing shortage.

Develop emergency staffing plan prior to need

Activate emergency staffing plan as need warrants

Engage local partners (local hospitals, emergency management, local public health, other LTCs)

Reach out to professional assiciation (Iowa Healthcare Association and LeadingAge)

Engage the Department of Inspections and Appeals if staffing is not secured to meet minimum requirements

Recommendations for Facilities Anticipating or Experiencing Staffing Challenges

Prior to outbreak, facilities are expected to work proactively to plan for staffing shortages:

- Review the facility emergency staffing plan required by The Centers for Medicare and Medicaid (CMS) and prepare to implement this plan.
- Review in-house staffing strategy to ensure the highest efficiency in staff cohorting or scheduling.
- Determine staff needs such as ideal staffing vs. minimum staffing required with cohorting of residents.
- Determine the staff skill level and number needed per shift in standard vs. emergency staffing plans.
- Determine if there are metrics, such as absenteeism, that should be routinely evaluated that might trigger implementing emergency staffing plan.
- Outreach to:
  - Potential members of an emergency staffing workgroup as noted in the following sections.
  - Part-time staff to determine ability to work increased shift/hours. This may change so refresh outreach periodically.
  - Entities necessary to develop plans for incentive structures for current staff to compensate shift coverage.
  - Industry associations for support and best practices/lessons learned from other facilities.
  - Staffing agencies to formulate relationships such that contracts are in place to leverage in times of need.

Upon Incidence of COVID-19 Within Facility

- Establish an emergency staffing work group:
  - Initiate the work group upon the first positive case among staff, or sooner in response to positive residents. This early initiation will allow for more adequate time to identify staffing solutions and to arrange for the implementation of the emergency staffing planning.
  - Membership should include:
    - Facility administrator, medical director, and director of nursing.
    - Facility corporate representation (if applicable).
    - Sister or neighboring/regional LTC or similar facilities.
    - Hospital representatives
    - Local Public Health
    - County Emergency Manager
  - If resource/coordination needs exceed the facility/corporate capacity, or if multiple facilities in the county are facing similar challenges, the County Emergency Manager, with support from local public health can provide leadership for the workgroup.
    - How many and what staff skill levels are out
    - How many staff are available for each shift
    - How many staff are needed by date/shift
    - Who makes the final decision on how to move forward (e.g. board, local administrator, corporate leadership)
  - Staffing work group should consider and plan for the following, locally implemented, staffing solutions:
    - Health care education or training programs may have licensed students available for staffing support.
    - I-SERV volunteer list from IDPH (NOTE: This option has proven to be very limited in value and very few LTCs are successful in acquiring staff from I-SERV)
    - Staff sharing, reassignment, loaning:
      - Hospital that serves the LTC may be willing to assign hospital staff to the LTC in order to avoid unnecessary transfers to hospital beds.
      - The LTC medical director may have connections at local clinics that will be willing to provide staffing support to ensure adequate care for residents.
      - Create agreements with other LTC facilities for emergency staff sharing for coverage during emergency staffing shortages.
      - In all cases, the workgroup will need to address issues such a payment, reimbursement, premium pay, benefits coverage, legal protections, etc. Associations and legal counsel should be sought for guidance.

Crisis Capacity Staffing Guidelines

- If shortages continue despite other mitigation strategies, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough and willing to work but have not met all Return to Work Criteria to work. If HCP are allowed to work before meeting all criteria, this should be voluntary, HCPs must use appropriate PPE and follow appropriate infection control guidance, HCP should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order and understand that risk increases with additional exposure to susceptible persons:
  - If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services.
  - Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
  - Allow HCP with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
  - As a last resort in emergency staffing situations, allow HCP with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19.

Entity	Resource Available	Contact Information
Department of Inspections and Appeals	Point of contact for emergency operational technical assistance, including emergency staffing and planning for receivership.	If a facility experiencing an outbreak exhausted all staffing options (options include but are not limited to the following: cross-training staff, utilizing COVID positive staff in compliance with CDC guidelines and the crisis capacity staffing guidelines in this document, contacting staffing agencies, contacting Health Care associations, leveraging iSERV list through local EMA, etc.) and is unable to staff a shift, a facility should call 515-725-1727.
	For complaints:	DIA investigates complaints alleging a regulatory violation of a health facility (Long-Term Care, Assisted Living, Elder Group Homes, Home Health Agencies, Hospices, Hospitals, Intermediate Care Facilities for the Intellectually-Disabled (ICFIID), and Residential Care Facilities). DIA investigates all alleged regulatory violations, examples of complaints related to COVID: a facility fails to use proper PPE in accordance with CDC guidelines, failure to screen staff, failure to follow doctor orders, failure to comply with CMS and IDPH Visitation guidelines, etc. Complaints may be filed here: https://stateofiowa.seamlessdocs.com/f/DIA_Contact_Form
County Emergency Manager	Local coordination of resources available, including staffing.\n\nRequests for I-SERV list should be submitted through EMA.	https://www.homelandsecurity.iowa.gov/documents/county/COORD_Public_List.pdf
Local Public Health	Public health mitigation, infection control assistance, as well as local coordination.	https://idph.iowa.gov/lphs/local-public-health-agencies\n\nAsk to speak to the public health staff responsible for infection control, emergency response, or the administrator.
Iowa Department of Public Health	Infection control prevention and intervention assistance. Infection control contacts will not be able to assist with staffing supports.\n\nRMCC data may be used to assist to identify beds available in the event that transfers are necessary.	800-362-2736\n\nData available on the Iowa Health Alert Network, and accessible through County Emergency Manager, Local Public Health preparedness coordinator, or Hospital preparedness coordinator.