Residential Care Services

Continuum of Care Decisions for Critical Staffing Management in Long-Term Care Settings Guide

Management of staffing shortages should be done according to emergency preparedness plans. When faced with critical staffing shortages, LTC settings will activate emergency plans to adjust resources along a conventional, contingent and crisis continuum. Under emergency plans, LTC settings may modify resident care and referral policies (including when residents are referred to the emergency department) depending on the resources available within the health care system. References supporting this guidance are listed at the end of the document.

EXAMPLES OF CARE MODIFICATION:

General Care Guidelines: LTC settings should have a plan for prioritizing care if needed, with a focus on

- Providing essential supportive services including eating/drinking, personal hygiene, and safety
- Administering only essential medications and treatments
- Comfort care, including fluids and pain management

Medications: Focus on proven medical interventions and therapies that offer benefit; consider limiting those medications that lack clear evidence of benefit.

- Optimize medication management by requesting medical providers de-prescribe any unnecessary medications (e.g., multivitamins), simplifying medication regimens or their delivery (e.g., consolidating delivery times or changing timing for doses).
- Reduce nursing care requirements by adjusting the frequency of prescribed medical orders (e.g., routine yearly TSH orders for resident with stable hypothyroidism) or extending the interval between administration (e.g., extended release preparation of antihypertensive instead of multiple doses of short acting medication)
    - Monitor for changes if dosage intervals change.

Nutrition: Emphasize nutrition, hydration, skin and mouthcare.

- Promote nutrition modifying and liberalizing diets if necessary and offering liquid caloric supplements.
- Combine multiple tasks in one interaction—for example, monitoring of pulse oximetry, offering beverages, and repositioning the resident can all be done in one visit with proper infection control measures.

Critical Staffing Management Strategies: Emergency plans should include protocols to monitor and manage staffing resources under critical staffing conditions. Strategies should be implemented in order. For example, implement contingency strategies before crisis strategies. The table on pages 2-5 outlines regulations, care and services that could be delayed, decreased, stopped, or modified during contingency and crisis staffing conditions. LTC settings should suspend only the items that would help lessen the burden on staff or operations.

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PURPOSE AND USE OF THIS DOCUMENT: The primary goal of implementing critical staffing management according to emergency plans is to avoid the need for urgent or emergent transfer of resident/clients from their homes due to the staffing crisis. Communication with residents/clients, families, hospitals, community partners and the department are an essential component of emergency management. Emergency plans must be consistent with all applicable regulatory requirements. COVID-19 Federal Waiver Approvals can be accessed here. Modification of care for critical staffing management does not exempt the setting from meeting resident basic care needs or prevention and reporting of abuse/neglect. This document is a tool to help LTC settings consider options when faced with critical staffing crises. It is not mandated or required by RCS.

Regulations/Care services that could be delayed/decreased/stopped or modified	**Contingency** Demand for healthcare resources begins to exceed supply but adaptations are possible to still deliver functionally equivalent care	**Crisis** Resources are exceeded by demand or depleted; functionally equivalent care is no longer possible to address all requirements and there is a risk to patient/resident or provider
Showers	☐ Decrease (resident/client preference)	☐ Primarily bed baths/wash ups-showers as able
Nailcare	☐ Reduce	☐ Stop with exception of Diabetic nail care
Restorative programs (including toileting programs)	☐ Reduce	☐ Stop with exception of independent programs
Outings-facility arranged/organized	☐ Medically Necessary only	☐ Request family to assist with medically necessary appointments
Activities	☐ Reduce frequency	☐ Stop-focus on res care needs
Visitations	☐ Reduce times allowed	☐ Reduce times allowed
Resident council meetings	☐ Reduce frequency	☐ Stop-address grievances individually
Dining (including mealtimes)	☐ Modify mealtimes, allow variation, limit choices	☐ Focus on 3 meals/day & snacks; alternates may not be available for lunch/dinner meals
Menus	☐ Allow variation	☐ Stop requirement of following menu. Limit or stop alternate meal choices for lunch/dinner meals. Okay to repeat meal options without 3-week timespan

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Nutrition (weight loss)	☐ Allow for simplified menu/meal choices	☐ Reduce Registered Dietician visits to highest risk only
Homelike environment	☐ None	☐ Allow for dining variation-allow use of disposable dishes
Medications (non-essential meds i.e., Vitamins, supplements)	☐ None	☐ Stop all non-essential medications & treatments with approval from Primary Care Provider
Laundry Services	☐ Reduce hours of operation Reduce personal linen and personal laundry times	☐ Reduce frequency of complete linen change to PRN, reduce personal laundry washing (OK to wear clothing not visibly soiled or smelly)
Housekeeping Services	☐ Reduce hours of operation - Only complete when needed - Implement sanitation of high touch areas.	☐ Stop requirement to clean after each meal-focus on disinfecting tables, PRN mop floors, emptying garbage, routine room cleaning vacuuming, dusting, carpet cleaning. Stop washing windows, walls, dusting high reach areas
Care conferences	☐ Reduce to those with sig changes	☐ Stop. Contact family with changes
Minimum Data Sets (Quarterly, Annual, Significant Changes)	☐ None	☐ Reduce to annual and sig changes only
Quality Assurance	☐ Reduce focus to critical issues	☐ Stop QAPI meetings
Pharmacy Review	☐ Reduce to significant meds only	☐ Stop-with exception of severe/dangerous issues requiring immediate action

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Psychotropic medication reviews	☐ Reduce frequency	☐ Stop dose reduction requirement / AIMS testing
Regulations of Participation training (i.e., trauma informed care)	☐ None	☐ Stop until staffing improves
Food Handler Card	☐ None	☐ Stop requirement-focus on handwashing
Caregiver training/certification/annual in-services	☐ Reduce frequency	☐ Focus on competency and abandon continuing education requirement. Maintain waivers for all formal training and certifications
Quarantine Requirements	☐ Allow asymptomatic Healthcare Professionals (HCP) who had a higher risk exposure to SARS CoV 2 but are not known to be infected, to shorten their duration of work restrictions. ○ Asymptomatic and has recovered from SARS CoV 2 in the prior 3 months ○ Asymptomatic and is fully vaccinated ☐ Shortening quarantine per CDC's two acceptable alternatives: 7 or 10 days if a diagnostic specimen test negative and if no symptoms were reported during daily monitoring	☐ As a last resort consider allowing HCP with suspected or confirmed SARS-CoV-2 infection who are **asymptomatic** and willing to work but have not met all Return to Work Criteria to work
New Admissions	☐ Limit new admissions	☐ Prohibit admissions

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30 Day Notice of Changes to Services	☐ Maximize staff by transferring residents to units and wings.	☐ Close wings/units/hallways and condense residents to localized areas of the facility/home to maximize staff's ability to provide care
Transportation (0165)	☐ Reduce to work or school only	☐ Stop with exception of Medically Necessary appointments
Documentation – IISP (0210, 0215, 0230)	☐ Reduce to review and revise only as assessed needs change	☐ Stop until 6 months after end of crisis conditions
Documentation – IISP Accessibility (0225)	☐ Only when revised (see above)	☐ Stop until first IISP revision after crisis
Documentation – Client records & Client property records (0385 & 0390)	☐ Stop until 6 months after end of crisis	☐ Stop until one year after end of crisis conditions
Documentation – Client refusal of services	☐ None	☐ Stop with exception of prescribed medications (medication name, dosage, and date/time only)
Documentation – Disposal of medications (0345)	☐ None	☐ Stop with exception of controlled substances
Client Services (0145)	☐ Stop all except employment, health & safety, and exceptional medical/behavioral support needs in IISP	☐ Stop with exception of health & safety, exceptional medical & behavioral support needs in IISP
IISP – Implementation (0220)	☐ None	☐ Reduce to only basic health and safety need

References

CDC - Preparedness Checklist for Nursing Homes and Other LTC Settings

CDC - Strategies to Mitigate Healthcare Personnel Staffing Shortages

CDC - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

CMS – Nursing Homes Long Term Care Requirements CMS Emergency Preparedness Final Rule Updates Effective March 26, 2021

DOH - Interim Recommendations to Mitigate Health Care Worker Staffing Shortage During the COVID-19 Pandemic

DOH - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

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Federal Emergency Management Agency (FEMA) 2020 COVID-19: Considerations, Strategies, and Resources for Crisis Standards of Care in PALTC LTC settings https://files.asprtracie.hhs.gov/documents/covid-19-considerations-strategies-and-resources-for-crisis-standards-of-care-in-paltc-LTC settings.pdf

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