

NURSING WORKFORCE

- Nursing is the nation's largest healthcare profession, with more than 3.8 million registered nurses (RNs) nationwide; there are three times as many RNs in the United States as physicians
- RN shortages are projected across the country until 2030, most intense in the South and West*
- Changing demographics (aging population and higher prevalence of serious, chronic illness) are increasing demand for nursing while at the same time a considerable proportion of the workforce is nearing retirement, staffing shortages are increasing stress and job dissatisfaction, and the recent pandemic has exacerbated the problem further**
- Multiple studies have reported a significant correlation between inadequate nurse staffing and higher rates of patient adverse events, morbidity, and mortality

*Am J Med Qual 2018; 33(3):229-36; **<https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage>

NATIONAL HEALTH NURSE SURVEY, PRE-COVID (N>7,000)*

Reported in the previous year....

- 14% assaulted by patient or family
- 23% experienced verbal and non-verbal aggression from a person in authority
- 31% experiences verbal and non-verbal aggression from a peer
- 24% said staffing levels were unsafe and 29% were often assigned a higher workloads than felt safe
- 27% reported excessive fatigue affecting their quality of life
- 63% experienced workplace stress

*Am Nurse J, October 2021

IMPACT OF COVID-19 ON NURSING WORKFORCE*

- Of 22 percent of nurses who indicated they may leave their current positions, 60 percent said they were more likely to leave since the pandemic began.
- Three major reasons reported: insufficient staffing, unsafe workload, and emotional toll**
- Reported problems included accelerated retirements, regional variations and shortages, specialized skill gaps, and need for strategic workforce planning
- Hence, as with inequities in patient access and care, problems with nursing workforce are long-standing and inbedded in the system, but COVID exacerbated and highlighted existing conditions.

*<https://www.easy-online-courses.com/course/future-of-nursing-2021-report>; <https://healthforce.ucsf.edu/blog-article/healthforce-research/how-covid-19-has-impacted-nursing-workforce>; Am Nurse J, Oct 2021

SERIOUSLY ILL IN LONG-TERM AND HOME CARE

- A majority of individuals receiving long-term care or home care have serious advanced illness
- A primary cause of morbidity and mortality in these individuals is infection, particularly with antimicrobial-resistant organisms
- Nursing homes (NH) serve as a major reservoir for transmission of infection and antibiotic-resistance
 - 2/3 of residents receive at least one antibiotic every year
 - ~2.6 million infections from NH are reported annually
 - ~4 million NH residents are transferred to hospitals annually, 40% of transfers are **due to** infection and 60% have infections on hospital admission

ONE EXAMPLE OF MITIGATION EFFORTS: PROJECT ECHO

- ECHO = Extension for Community Healthcare Outcomes
- Guided-practice model that **reduces health disparities** in under-served and remote areas.
- Through **telementoring**, ECHO uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics
- [https://www.ajicjournal.org/article/S0196-6553\(21\)00710-0/fulltext](https://www.ajicjournal.org/article/S0196-6553(21)00710-0/fulltext)



PROJECT ECHO'S COVID-19 ACTION NETWORK*

- Project ECHO launched the National Nursing Home COVID-19 Action Network in September 2020; ~ 9,000 NHs participated in weekly sessions and received a modest stipend
- Sessions included short lectures, case-based presentations, quality improvement skills, and group discussion
- NY Academy of Medicine's training center recruited, planned, and convened weekly sessions for ~150 NHs in NY and CT

*Funded by Cares Act: Coronavirus Aid, Relief, and Economic Security Act



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FINDINGS: LTC AND HOME HEALTH NURSING WORKFORCE

- Frontline caregivers (e.g., certified nursing assistants, CNAs) are often people of color and/or first generation immigrants without advanced degrees or formal training. They often received minimum wage and sometimes had several jobs to support their families, increasing risk of cross-transmission between facilities, reducing job satisfaction and staff retention
- Inequities in care were prevalent (e.g., Blacks were significantly less likely to receive vaccination)
- Outcome data were collected but rarely used for quality improvement or communicated to frontline staff; e.g., <40% of facilities used isolation precautions for infected residents
- Organizational culture and leadership were highly correlated with patient safety and care practices
- Although improved training is significantly associated with fewer citations for infection control violations, staff responsible for infection control generally wore multiple hats and most reported receiving no training

RECOMMENDATIONS TO SUPPORT NURSING WORKFORCE

- **Make workforce health and well-being part of the system** (provide equitable and adequate wages to frontline direct care staff; provide recognition, appreciation and economic rewards commensurate with value; provide resources for mental health and work breaks; provide transparent communication)
- **Increase workforce flexibility** (require less ‘overtime’; enhance client, staff, patient participation in decision making and scheduling)
- **Reimagine delivery models and improve organizational climate** (leverage digital tools; adapt care models based on patient and employee preferences; support leadership training programs and mentorship; build learning networks and coalitions across agencies and systems of care)
- **Strengthen talent pipelines and build skills for the future** (implement national training requirements for frontline staff based on core competency standards; support reskilling; bolster recruitment pipeline for clinical roles)

<https://healthforce.ucsf.edu/blog-article/healthforce-research/how-covid-19-has-impacted-nursing-workforce>

DATA SOURCES

- Center for Healthy Aging. E. Kieffer, Acting Director and team, NY Academy of Medicine
- Centers for Health Policy and Improving Palliative Care for Vulnerable Adults with Multiple Chronic Conditions. P. Stone, Director and team, Columbia University School of Nursing
- Coronavirus Commission for Safety and Quality in Nursing Homes:
<https://sites.mitre.org/nhcovidcomm/wp-content/uploads/sites/14/2020/09/FINAL-REPORT-of-NH-Commission-Public-Release-Case-20-2378.pdf>
- Houben F, et.al. PLoS One 2021; Oct 29;16(10):e0258701
- Centers for Medicare and Medicaid Services; Centers for Disease Control and Prevention

Thank you!