

**Written Testimony of**

**Grane Healthcare & the Pennsylvania Health Care Association**

**Delivered by**

**Tammy Dunmyre**

**Quality Assurance Compliance Director, Grane Healthcare**

**For A**

**Public Hearing on the Workforce Challenges for  
Healthcare Providers in Pennsylvania**

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**Before the**

**House Health Committee**

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Good morning and thank you, Chairwoman Rapp, Chairman Frankel, and members of the House Health Committee, for the opportunity to come before you to testify on the challenges associated with recruiting and retaining a skilled workforce in Pennsylvania's long-term care sector.

My name is Tammy Dunmyre, and I am the Quality Assurance Compliance Director for Grane Healthcare, a long-term care company that operates skilled nursing and rehabilitation, memory care, hospice care, home health care, and personal care in Pennsylvania. We are based in Pittsburgh and have 12 skilled nursing facilities, 4 assisted living facilities, and 1 personal care home in the Commonwealth, and we employ more than 4,000 people across the state.

Overall, there are nearly 700 skilled nursing facilities in Pennsylvania, and more than 1,200 assisted living residences and personal care homes. There are more than 88,000 nursing home residents and 66,000 assisted living and personal care residents. **And the long-term care sector employs more than 83,000 people throughout the state.**

Pennsylvania is the fourth oldest state in the entire country, and we currently have 2.2 million residents age 65 and older. By 2030, Pennsylvania's 60 and older population is expected to be almost 30% of the total population—approximately 4 million people. Additionally, the number of Pennsylvanians age 85 or older is expected to exceed 400,000 residents in 2030. Those figures are important, because with the total number of senior citizens on the rise, long-term care facilities across Pennsylvania are already struggling with the recruitment and retention of direct care workers.

Let me give you some background on my career path: I've spent my entire professional nursing career in the long-term care sector. I've been an RN Supervisor, Nurse Aide Training Program Instructor, Restorative Nurse, Staff Development Coordinator, Assistant Director of Nursing, Director of Nursing, and a Quality Assurance Education Director. I've truly seen this sector from every angle.

In all, I've spent 25 years in long-term care. 17 of those years have been with Grane Healthcare. Today, unfortunately, someone with my decades-long career is the exception, not the rule.

I want to tell you about some of the workforce practices that set Grane Healthcare apart, and some of the innovative programs we've implemented to train and motivate our workforce. I'd also like to speak to the challenges that we and every provider of long-term care are currently experiencing, and how the members of this committee, the state legislature and Governor Tom Wolf's administration can help. Please know this is not simply a Pennsylvania issue—challenges associated with workforce, especially in long-term care, are cropping up nationwide.

First, there are standard staff retention and recruitment strategies that most, if not all, long-term care providers employ today, such as offering competitive wages—or as competitive as we can offer—sign-on and referral bonuses, advertising online and in newspapers, and holding staff appreciation events. But times are changing. Those tried and true strategies can't keep up with the rising demands. For instance, we offer sign-on bonuses for nurse aides, but our bonuses don't come close to the amounts hospitals can offer. And sign-on bonuses are paid in installments, not up front. They're spread out over the course of a year, and in almost every case, we don't even make it to the final installment. Employees leave for other facilities or other businesses that quickly.

So we've had to think outside the box. We've had to differentiate ourselves from the provider down the street—or the Walmart, Sheetz, or convenience store down the street—and offer or even create programs that may or may not already be available through the state.

For instance, we offer a **Nurse Aid Training Program**, or **NATP**, a free, 135-hour Nurse Aide training program in each of our twelve skilled nursing facilities. This program is approved and monitored by the state Department of Education.

There are three programs or positions being utilized to enhance recruitment into our NATP, as well as bolster retention after graduation:

- **Resident Assistants:** This is a non-certified position that was developed to accommodate folks needing employment while attending NATP. Resident assistants assist with the indirect care of residents, as directed by a Licensed Nurse. Duties include answering call bells, making beds, and passing hydration and feeding. This position benefits the employee, but also adds value to overall quality of care.
- **Nurse Aide Onboarding/Mentoring Program:** This is a structured program with set milestones that assures a new nurse aide is integrated and moving forward in their new role within the facility and its culture. Newly-hired nurse aides are oriented to the facility's policies, procedures and practices. They're also introduced to the facility's management team. Trained mentors are assigned to each new hire to provide support and encouragement during the new hire's first 6 months of employment.
- **Nurse Aide Developer Position:** This person serves as 'Mentor and Coach' to newly-hired graduate nurse aides and/or newly hired Certified Nurse Aides. They will also provide ongoing education, skill development and constructive feedback to all Nurse Aides, regardless of length of employment. This position is not responsible for 'hands-on' resident care, which would detract from its primary function.

We're also creating an environment that encourages professional advancement and development. Grane recently developed its **NurseTrack Program**, which is specific to our company and is currently being implemented in the Johnstown/Ebensburg area.

The NurseTrack Program is designed for employees who wish to begin or continue their nursing education and better position themselves for career advancement opportunities. The purpose of the program is to offer employees these career development opportunities and provide tuition assistance to help ease the costs associated with post-secondary education. Tuition assistance is accrued in the form of tuition credits, and all employees accrue tuition credits at a rate of \$2.00 per hour worked, including overtime, beginning on their first day of work.

The eligible career paths for this program are Certified Nurse Aide, or CNA, Licensed Practical Nurse, or LPN, and Registered Nurse, or RN.

Partnerships have also become extremely important, especially with local educational institutions. In 2018, Cambria Care Center in Ebensburg, one of our skilled nursing facilities, partnered with the Greater Johnstown Career and Technology Center to provide a satellite location for their Practical Nursing Program. The Career and Technology Center utilizes classroom space, as well as completes their geriatric clinical rotation within the campus of Cambria Care Center. Employees of Cambria Care Center can apply NurseTrack tuition credits toward their tuition. The first Practical Nursing class at Cambria Care Center campus began in fall 2018. Another Career and Technology Center campus will open soon in the campus of our Harmarvillage Care Center, located in the Pittsburgh area, with the first class planned to begin this July. Having these satellite locations within our skilled nursing facilities assists our employees in facilitating the pursuit of career advancement while continuing to earn an income. Something most must do.

Additionally, Cambria Care Center is currently partnering with the Penn State College of Nursing's Center for Geriatric Nursing Excellence in presentation of a pilot program to provide staff with educational seminars provided by professional nurse educators. Topics will include Leadership Development and a series of education focusing on the enhancement of Nurse Aide/Caregiver skills. The hope is to roll this program out to all Grane facilities after the pilot program ends in April.

It's worth noting that, on at least an annual basis, we also send out 'employee satisfaction surveys' to our skilled nursing facility staff. Every employee receives an anonymous, online survey, and results are tallied and sent to the facility Administrator. Results are then discussed with staff, and processes are put in place to continually improve the work environment. This survey asks questions regarding training, wages and benefits. At the end of the survey we provide a list of 10 areas that employees may feel need improvement. Employees are asked to rate in terms of importance. 'Recognizing strong performance' is almost always at the top of that rating. Interestingly enough, 'wage' is not.

### **Barriers**

When I began my remarks this morning, I mentioned that there are challenges and barriers standing in the way of recruiting and retaining a skilled workforce in long-term care. I'd like to explore some of those challenges, and how the members of this committee might be able to ease those burdens.

For instance, there is a real lack of existing personnel with leadership and mentoring abilities that can recruit, train, mentor and retain new nurses. There's an old saying in our sector: 'nurses eat their young'. New nurses come into facilities every day, but we don't have resources available on how to train our existing personnel to train and mentor our new nurses. State government could help us with this. A 'leadership training' program could be developed for existing nurses, administered by the state Department of Education, Department of Health or department of Human Services.

Additionally:

- The Facility Nurse Aide Training Programs can be terminated related to Civil Monetary Penalties, or CMPs, assessed to our facilities. Terminating training programs only puts the facility at higher risk for staffing shortages. The current program waiver process is very difficult to navigate and is essentially useless. When a waiver is approved for a facility that has had their program terminated, this only enables the facility to bring in a nurse aide program from an educational institution, which is very costly: \$1500 per student. We have experienced this 3 times in the last few years.
- The Department of Education will no longer waive the requirements allowing LPN and RN students to 'test-out' and obtain nurse aide certification after completing a semester of nursing school. After 1 semester of training, RN and LPN students could take the nurse aide certification exam, without having to complete a full Nurse Aide Training Program. This was beneficial for them to gain direct experience in their chosen healthcare field while completing their education. Now they must complete the 4-5 week nurse aide training program prior to taking the nurse aide certification exam. We hired many nurses with the "test-out" option, but it's no longer allowed by the state Department of Education. We're not sure why.
- Staff transportation and childcare issues will always be challenges for this sector. Many nurses are single mothers. Can the state offer tax breaks or tax credits for nurses with children? Or, perhaps the state can allow some flexibility in job training dollars to support services like childcare and transportation.

- There is overwhelming competition between nursing facilities and nurse staffing agencies. We lose dozens of nurses to staffing agencies because their wage rates are dramatically higher. For an LPN, for instance, an agency charges Grane \$47 an hour and can pay the LPN \$36 an hour. From 2008 to 2018, Grane did not use agencies. We've now been forced to, just to maintain safe staffing levels.
- There is a varying interpretation of Pennsylvania's Act 102: the Prohibition of Excessive Overtime in Health Care Act that was passed in 2008. We have to spend many hours proving we have 'adequate' staffing in our buildings. When it comes to direct care workers, attendance can be difficult to manage. There are call-offs. There are illnesses. There are issues with childcare. The state Department of Labor has fined our company for mandating workers in call-off situations, or asking someone who is already there to work for someone who just called-off before their shift. The Department of Labor has said that we should be able to foresee call-offs. And we have minimum staffing requirements we have to maintain for DOH regulations.
- I spoke about the Nurse Aide Training Program earlier. In May 2018, we were informed by the Department of Education that all 240 nurse aide training and competency evaluation programs in the state are now responsible to bring class and student records to the Department offices here in Harrisburg for review. We've been told that for programs whose records are in good order and that have trained fewer than 150 individuals within a review period, the Department makes every effort to complete the records review within one business day. Still, that's staff time and expense to bring these volumes of records to Harrisburg because the Department does not have sufficient staff to travel to us. These are individual student records, so there are also privacy concerns and risks when these hard copies are transported.

- We also understand the Department of State may be pushing to amend the Licensed Practical Nurse education requirements, placing additional burdens on educational providers like Career and Technical Centers and Community Colleges. This would make it more difficult to recruit educators and, in turn, would limit access for potential students. We should be encouraging individuals to go into these high demand and family-sustaining occupations, not deterring them. The Practical Nurse Vocational Programs we currently work with and recruit from are struggling to find the minimum number of students needed for any one class.
- And finally, the importance of adequate Medicaid reimbursement from the state cannot be stressed enough. The vast majority, or approximately 72%, of residents in nursing homes statewide are on Medicaid. Medicaid reimbursement from the state has simply not kept up with rising costs. For the last five years, Governor Wolf has proposed flat funding for nursing homes in his budget. Last year, only a handful of nursing homes currently in Phase III of the Community HealthChoices program received a \$6 million increase. Those nursing homes in the Philadelphia and Pittsburgh regions received nothing. Funding affects every facet of our business, especially the ability to offer competitive wages and benefits to direct care workers. A funding increase in this year's state budget would go a long way to retaining our current workforce.

Again, I'd like to thank you for the opportunity to testify before the committee this morning, and I and the entire long-term care sector looks forward to working with the members of this committee, the general assembly and the Wolf Administration to ensure our seniors are cared for by a strong and robust direct care workforce.

I'm happy to take questions at this time.