## Data Minute Takeaways:
- According to an article from The Atlantic, 11% of nursing homes in Arizona, Florida, and Texas do not have a one-week supply of N95 masks (as of July 6th).
- A recent JAGS article shared that higher RN staffing is strongly associated with fewer cases and deaths in Connecticut nursing homes.
- KFF reports that of all long-term care workers, 82% are women, 58% earn annual wages less than $30,000, 38% are over the age of 50 and 26% are Black non-Hispanic.
- A PHI report shares that from 2018 to 2028, the long-term care sector will need to fill 8.2 million job openings in direct care and suggests addressing this gap by improving compensation and building the workforce pipeline.
- A KFF article shows that long-term care coronavirus cases have increased at over 4x the rate in hotspot states as compared to non-hotspot states.

## Policy Update Takeaways:
- The CDC is now recommending a symptom-based strategy for removing residents instead of its previously recommended test-based strategy.
- CMS regulation says that only one RN needs to be on duty for 8 hours per day at a SNF. A working group of clinicians and nurse scientists have released a policy recommendation to mandate an onsite presence of an RN 24 hours a day, 7 days a week.
- According to the CDC, only 15 states and Washington, DC require the flu vaccine for health care personnel working in long-term care facilities. The flu vaccine will be more important than ever this year!
- The CDC is offering a free Infection Prevention Training course made up of 23 modules and sub-modules that can be completed in any order and over multiple sessions.
- There are many HHS guidelines around person centered care planning. You can use NCAPPS Health Care Person-Centered Profile to help guide this planning.

## Best Practice Takeaways:
- Prepare for staffing challenges by reviewing CDC criteria for COVID-19 prevention and mitigation strategies, reviewing CDC criteria for return to work guidance, and developing contingency and crisis capacity strategies.
- Try support opportunities for current staff, staff on the job, and as part of job recruitment through: Stress Support (e.g. Take 5 Policy), Life Support (e.g. Food Banks), Additional Engagement Opportunities (e.g. Connection Centers), Education Huddles on Current/New Issues, and Family Referral Programs.
- Town Hall meetings (both virtually and in person) can be used to remedy the fear and uncertainty of staff by keeping communication open amongst all personnel (clinical, kitchen, laundry, engineering, housekeeping).
- Financial support during this pandemic can include: 1) Hazard/Appreciation Pay; 2) Bonus/Stimulus Checks; 3) Paying Insurance Premiums; 4) Housing (rentals) to Isolate from Family; 5) $0.50/hour Incentive for Masking/Social Distancing Away from Work; 6) Uniforms/Laundry Services; or 7) Tuition Reimbursement.
- Try out the following Geriatric Care Models: Geriatric Emergency Department Innovations in Care through Workforce, Informatics, and Structural Enhancements (GEDI WISE) model; Acute Care for Elders (ACE) units, Transitional Care Model (TCM), Nurses Improving Care for Healthsystem Elders (NICHE), and Project Better Outcomes for Older Adults Through Safe Transitions (BOOST).

## One Good Thing Highlights:
- From Lisa M.: “Finished a book!”
- From Lori P.: “Families getting jobs at nursing homes so they can see loved ones!”
- From Beverly L.: “PPE delivered to ombudsmen!”
- From Kurt A.: “Played a new board game with my family last evening!”
- From Jennifer P.: “Boating all weekend!”