Strategies for Rebuilding Census in a Post-Pandemic World

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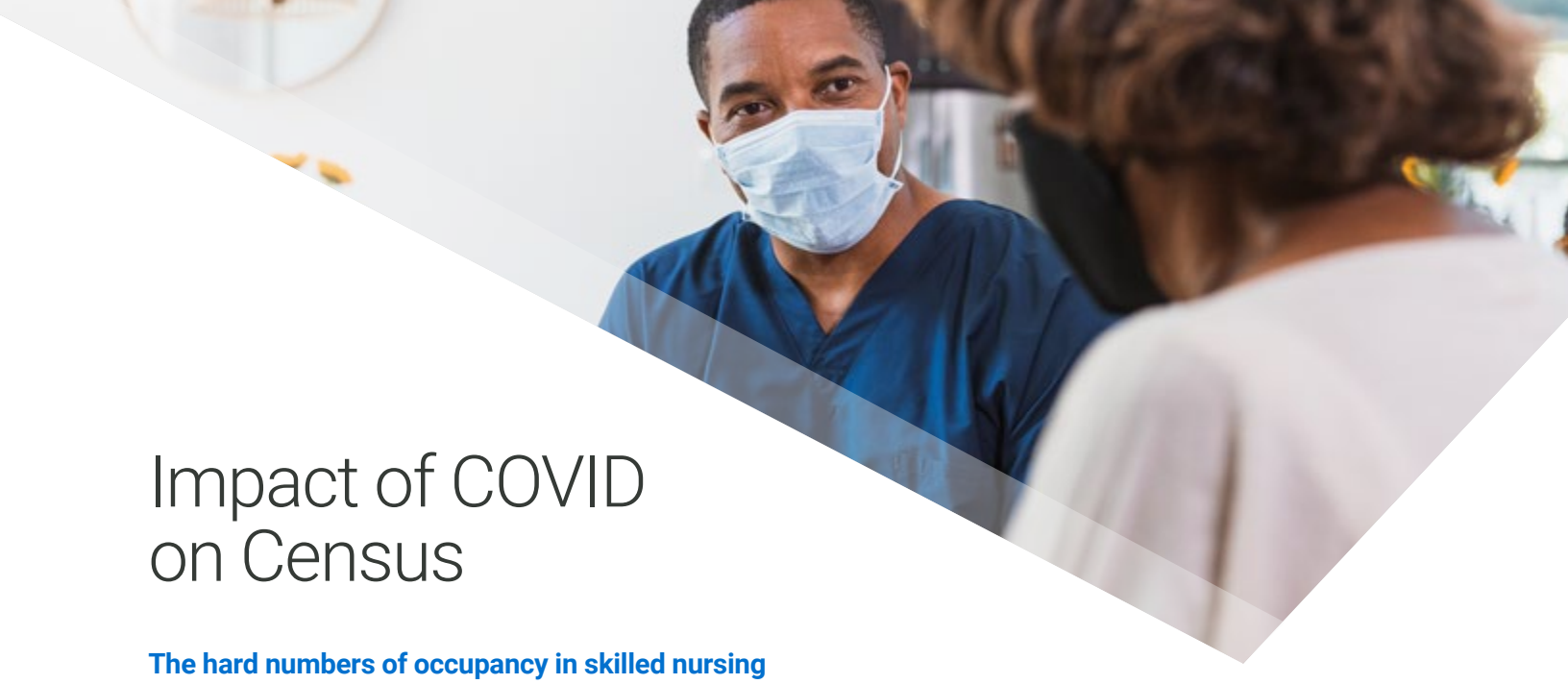
COVID-19 has diminished occupancy in skilled nursing facilities across the United States, yet no single reason explains the overall drop. Outbreaks of the disease led to self-imposed admission bans, hospitals halted elective surgeries and the reluctance and fear of family members to place loved ones in a congregate setting amid a pandemic slowed move-ins.

As a result, while SNFs rightly focus attention on infection control strategies to prevent and contain outbreaks, regaining the trust of family members and referral sources also demands immediate, concerted effort and hard work.

This white paper will examine ways SNFs can demonstrate their abilities to take admissions and keep residents safe, while securing the confidence of family members and referral partners alike.



Impact of COVID on Census

The hard numbers of occupancy in skilled nursing are alarming. The National Investment Center for Seniors Housing & Care (NIC) has been tracking occupancy numbers for senior housing and care properties for years, and the impact of the pandemic is apparent in the most recent figures.

NIC's MAP data service, which has numbers through the third quarter of 2020, reveals that the skilled nursing setting has seen the largest occupancy drop of any senior care setting since the start of the pandemic. That reflects two things: the fact that elective surgeries were stalled in the early months of the pandemic — due to both CMS recommendations and individual patient decisions — and that the disease is particularly dangerous for the elderly and people with multiple chronic health conditions.

"Specifically, there was a drop of 4.2 percentage points from the second quarter to the third quarter in skilled nursing to 76 percent," says NIC chief economist Beth Burnham Mace. "Combined with the second quarter drop of 6.5 percentage points, the nursing care occupancy rate has fallen by nearly 11 percentage points since the pandemic began."

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—**The National Investment Center for Seniors Housing and Care (NIC)**

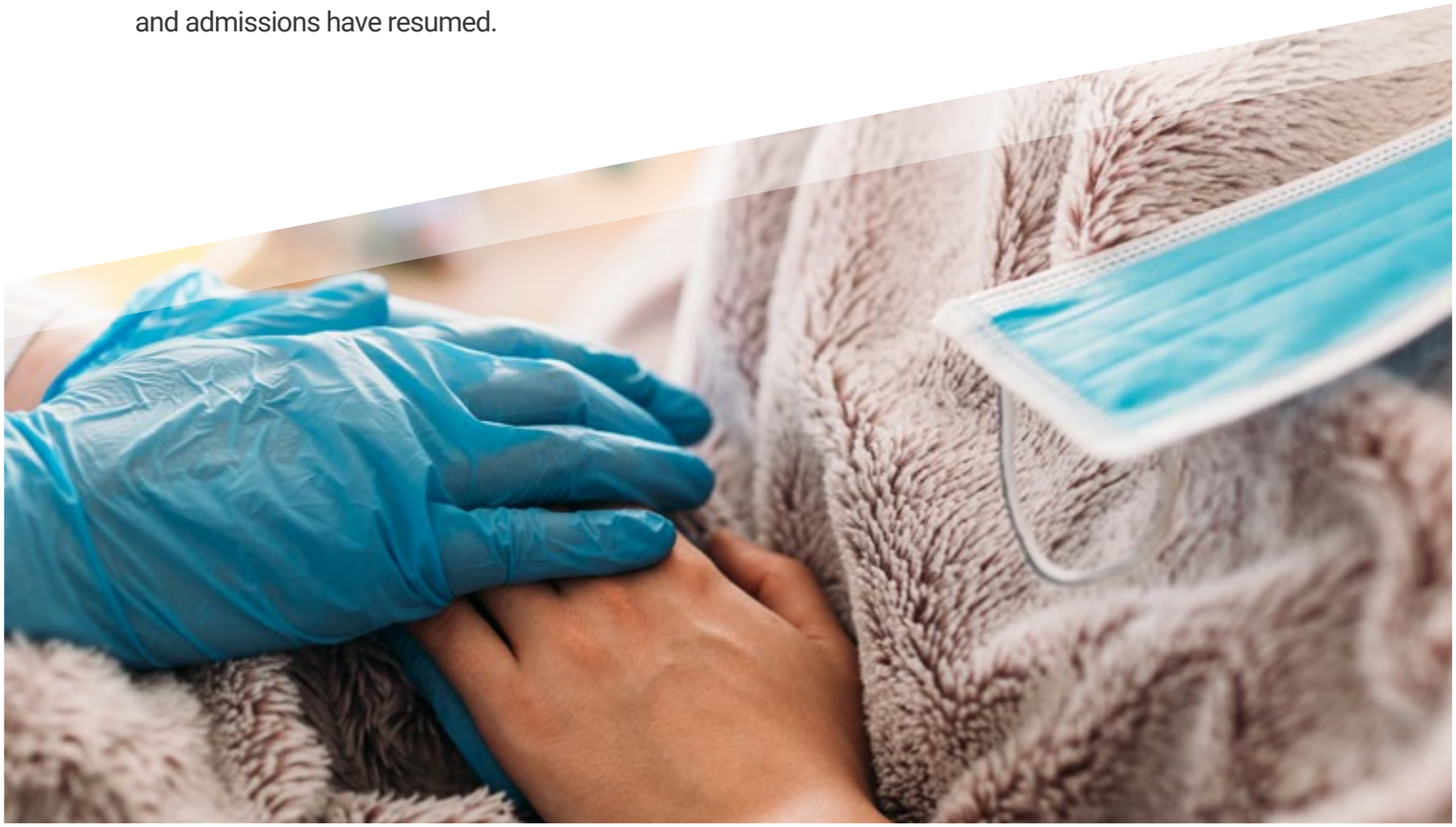
Impact of COVID on Census (continued)

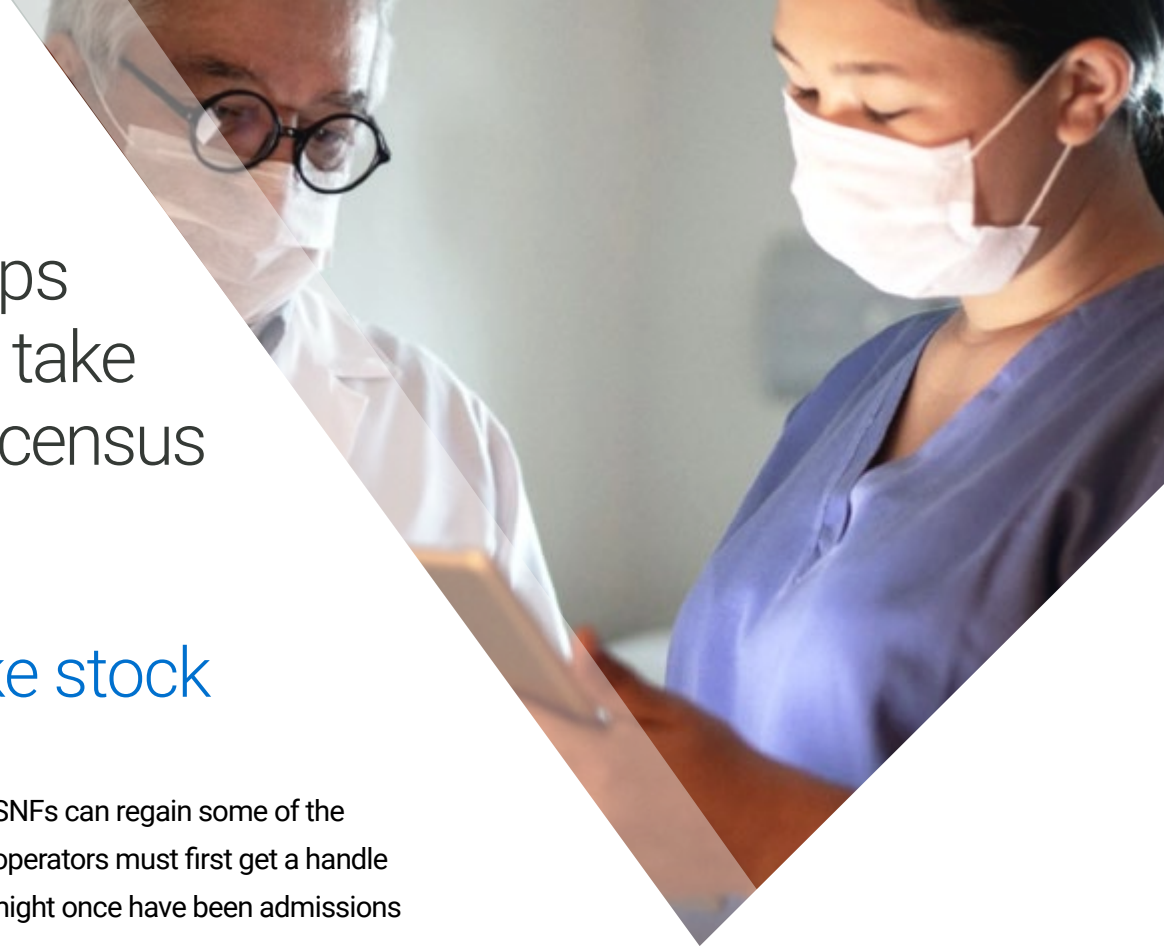
But the dismal numbers are not the final word on occupancy. For one thing, the vaccine rollout is underway as of January 2021, which will help stabilize SNF occupancy numbers and staffing uncertainty. For another, caregivers who could cope with the needs of a loved one in the short-term are going to feel the strain as the months wear on, both mentally, physically and economically, says Cheryl Field, group product leader at PointClickCare.

"Depending upon the economic situation of the family, the amount of fatigue that a family is dealing with, and really factoring in months of chronic incontinence, months of chronic dependent care in activities of daily living — bathing and dressing, transferring and at least preparing the food, 24-7, day after day — that really does fatigue and exhaust the best caregivers," Field explains.

But that alone won't be enough to convince family members to send their loved ones into a SNF. Skilled providers need to take proactive steps to show they're able to safely provide the care that families cannot, and they can start by taking stock of their current situation and capabilities.

It's a strategy that can also pay dividends with their referring hospitals, who may be wary of discharging patients to a SNF even if elective surgeries and admissions have resumed.





Three steps SNFs can take to rebuild census

1 Take stock

To get a sense of how SNFs can regain some of the losses in their census, operators must first get a handle on where people who might once have been admissions are going now.

For hospital referral sources, this could be dependent on whether there is a COVID-19 surge in the area suppressing elective surgeries, as well as "the occupancy upstream in their network," Field explains. That necessitates being in close communication with discharge planners at referring hospitals.

Getting a handle on the status of patients who came in from a community can involve a variety of approaches. Two stand out to Field:

- Reaching out to home health partners
- Reaching out to a facility's managed care payers

Even if a family isn't quite ready to make the full leap of transitioning a relative into a SNF as a resident, Field believes there are ways a facility can demonstrate its commitment to the needs of its community. One is to offer respite services for a family stretched thin by caregiving, perhaps setting up weekend services or one-time days to give families a break from caregiving duties. The experience could help build confidence for those families considering placement of a loved one, she explained, and put a SNF back to the fore of a community in a positive way.

Two steps for SNFs to learn the status of community-based patients

1 Reach out to home health partners

These agencies can identify social workers for patients in the community, and are likely to know of community members who might be at risk or in need of more help than can be provided at home.

Family members will want to have confidence in a SNF's staffing levels and their ability to keep out infection, but they'll also want assurance that their loved one won't be cut off from the world. Though visitation rules for SNF residents vary from state to state, Field stresses that SNFs need to set up and include some kind of visitation plan for any new admissions, to "make the quarantine period palatable for families and for the residents themselves."

2 Reach out to the facility's managed care payers

Field recommends reaching out directly to case managers who have an existing relationship with a given facility's managed care payers. From that call, SNFs can identify the payer's population of seniors and see where different patient populations are going after they receive surgery.

"Some of the chronic joint deterioration population … they're waiting it out [for a vaccine]," Field says. "The cardiac population may have reverted to telehealth with their doctor and are trying to avoid cardiac, acute cardiac conditions or cardiac surgeries." For falls with fractures, patients don't have a choice: they must get that emergent type of orthopedic surgery.

"In these urgent surgical situations, the family will have to be motivated to avoid the skilled nursing stay and opt for a hospital direct-to-home discharge plan by adding home services and relying more on family for care," Field says. "Thus, is there a supportive role the SNF can play in certain populations to improve the quality of the care outcomes? That is the crucial question."

2 Build trust

There is some overlap in the steps SNFs must take to ensure their hospitals and payers have confidence in their abilities. For both entities, SNFs have to demonstrate their clinical capabilities, and to do that, they need to have a good grasp of their own data.

In discussions with hospitals, SNFs need to be prepared to discuss the following, with documentation:

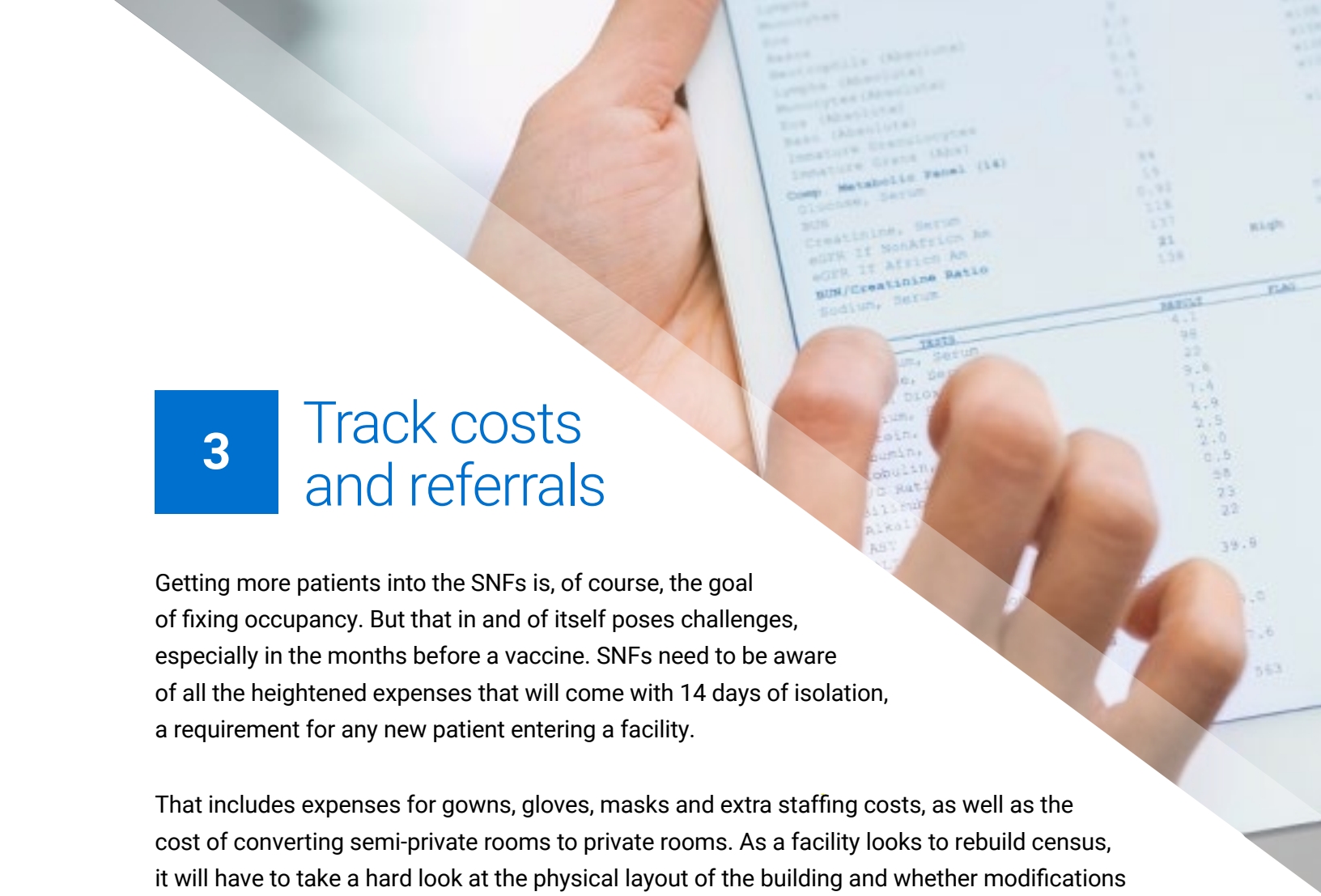
- Measurement of in-house acquired infection. The Centers for Medicare & Medicaid Services is seeking to have SNFs report on this, tracking patients who go to a SNF without COVID-19 and are returned to the hospital with COVID-19, but there are many other possible infections that could be acquired in-house, including Clostridioides difficile (C. diff) or vancomycin-resistant enterococcus, Field says.

  SNFs have to have those metrics available to bring to hospitals, whether hospitals want to talk about COVID or various infections requiring different transmission-based precautions.

  "Infection prevention and control have been long-standing challenges for the skilled nursing provider, so providers need to have the right policies and procedures for environmental cleaning, right policies and procedures and the right competencies within their direct care staff to contain infections and prevent outbreaks," Field says. "From a dietary and kitchen perspective, the whole environment has to be able to prevent the spread of an infection." Using data to communicate capability to hospital partners and payers will help build trust.

- Policies around testing and personal protective equipment (PPE), particularly for COVID-19. SNFs should be ready to talk about testing frequency, how test results are handled, and whether they can stop an outbreak if a staff member tests positive by tracing the residents that worker was in contact with. They should also be prepared to discuss PPE supplies and reporting.

- Staffing and whether there are enough people present to care for patients. When it comes to payers, the conversation might involve citing the relationship-building with a hospital, Field notes. SNFs should reach out to payers to find out what patient populations payers are struggling to handle, and what SNFs can do to help ease these problems. This might include offering to secure extra training, creating a care pathway or offering short stays to help coordinate care.



3 Track costs and referrals

Getting more patients into the SNFs is, of course, the goal of fixing occupancy. But that in and of itself poses challenges, especially in the months before a vaccine. SNFs need to be aware of all the heightened expenses that will come with 14 days of isolation, a requirement for any new patient entering a facility.

That includes expenses for gowns, gloves, masks and extra staffing costs, as well as the cost of converting semi-private rooms to private rooms. As a facility looks to rebuild census, it will have to take a hard look at the physical layout of the building and whether modifications are needed to make the building secure from an infection control standpoint.

Operators need to keep track of the most important measures in other ways as well. They have to be intimately familiar with their referrals and their conversion rates. They have to understand what's driving any changes and know how they stack up to their competitors in the marketplace.

"If I have ten open beds, ideally, I'd like ten referrals, but I'm not going to win them all," Field says. "So what's my normal win rate? Do I win two of the ten? If I lose eight, why do I lose them? Do I lose them to home? Am I losing them to a competitor in our market? And why? And has that changed as a result of local COVID outbreaks or another reason?" These are questions to ask when looking at your data, and in planning your path forward, Field says.

Changes might include a bad survey, a change in a facility's Nursing Home Compare star rating, or falling out of favor within a network. Field emphasizes that the mechanisms for keeping track of this hasn't changed – it's just that COVID is likely impacting all those measures.

"Without a referral, you're not going to fill a bed," she says. "So you have to look upstream."

By incorporating three strategies – taking stock, building trust and tracking cost and referrals – SNFs can rebuild census amid the ongoing pandemic. Operators must take the time to evaluate their current processes today to ensure that frontline staff have the tools they need to be efficient in their roles.

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