
LTC Facilities February 2023 Survey Results

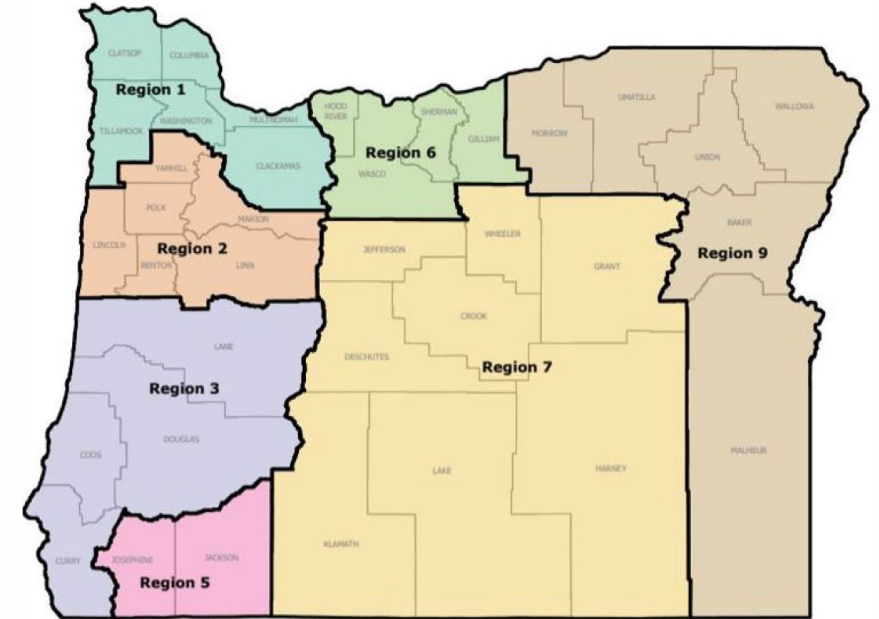
Bed Availability, Capacity & Workforce Challenges

June 29, 2023



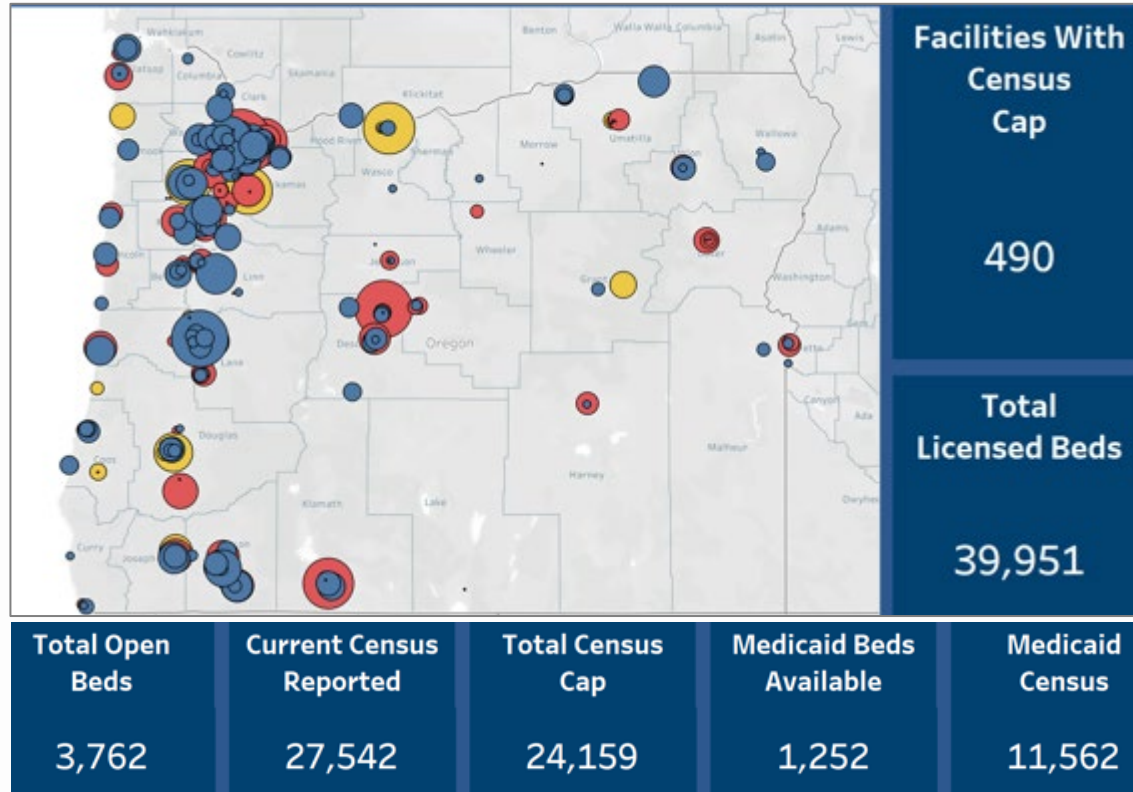
Table of Contents

- Bed Capacity & Availability
- New Placement & Denied Referrals
 - Inappropriate Referrals for Admission
 - Major Barriers
- Operating Levels
 - Average Daily Census to Budget
 - Medicaid Census
 - Risk for Displacement
- Workforce Challenges
 - Vacancies & Turnover Rate
 - CBC Clinical Gap
- Appendix
 - Survey Overview & Future Considerations



Bed Capacity & Availability

- There were open staffed beds in all LTC facility types in every region despite census capping
- Medicaid, Transitional Care and Memory Care beds were available in all regions



Region	NF	ALF	RCF	Transitional Care	Memory Care
1	282	560	790	68	449
2	129	272	295	76	243
3	112	212	170	19	135
5	34	151	196	21	132
6	56	22	1	2	1
7	29	84	190	9	118
9	24	56	75	21	43
Total	666	1357	1717	216	1121

* The regions used are Oregon's Hospital Preparedness Program Regions, which have been used for state emergency response since pre-COVID times

Barrier to New Placement

- 43% of all hospital referrals for admission to an LTC facility were denied
 - Note: The reported number of denials sometimes exceeded the number of referrals within the previous 7-day period. This discrepancy may arise due to a lag in the time it takes for a referral to be received and subsequently denied, leading to a spill-over effect from the previous week's reported denials. As such, the current 1:1 ratio of denials to referrals does not accurately reflect the true rate of denials.

Admission Denial Rates

Regions	NF	ALF	RCF
Region 1	54%	20%	31%
Region 2	66%	23%	26%
Region 3	50%	34%	45%
Region 5	54%	23%	44%
Region 6	64%	38%	27%
Region 7	43%	14%	48%
Region 9	52%	29%	50%
Total	55%	22%	35%



* The regions used are Oregon's Hospital Preparedness Program Regions, which have been used for state emergency response since pre-COVID times

Inappropriate Referrals for Admission

**% of Facilities Reporting Inappropriate Referrals
(in the last 7 days)**

- 46% of LTC facilities reported that they received inappropriate referrals given their offered services
 - Note: Data collected during capacity building missions suggest that there is inconsistency with determining what should be considered an inappropriate referral versus a denied referral

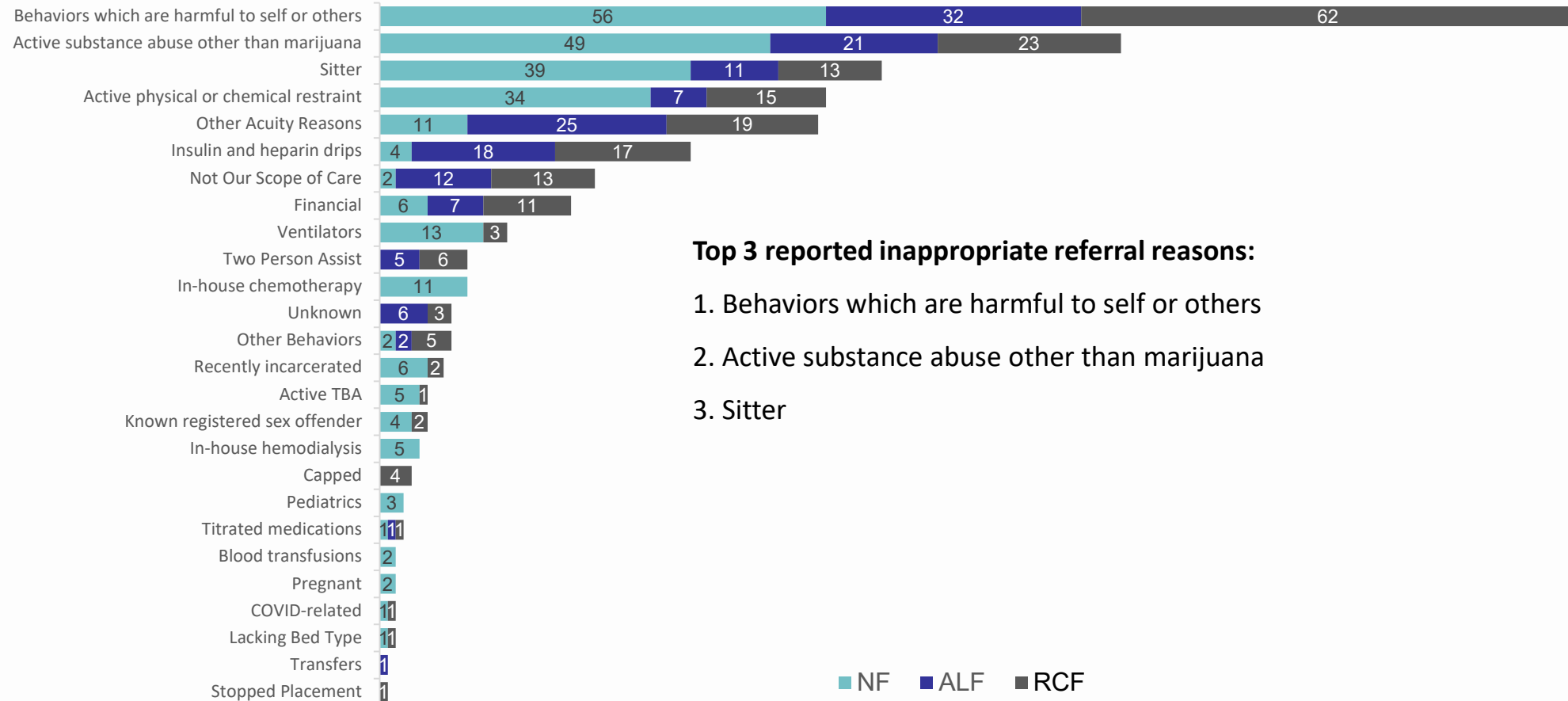
	NF	ALF	RCF
Region 1	53%	43%	43%
Region 2	52%	44%	34%
Region 3	75%	43%	40%
Region 5	78%	55%	36%
Region 6	50%	43%	50%
Region 7	100%	36%	46%
Region 9	60%	47%	41%
Total	62%	44%	41%



* The regions used are Oregon's Hospital Preparedness Program Regions, which have been used for state emergency response since pre-COVID times

Inappropriate Admission Referral Reasons

of Facilities Reporting Inappropriate Referrals Reasons for the last 7 days, by Reason



Top 3 reported inappropriate referral reasons:

1. Behaviors which are harmful to self or others
2. Active substance abuse other than marijuana
3. Sitter

Major Clinical Barriers

If facility responded that they had denied a referral, they were then asked:

“In the last 7 days, please rate the following clinical denial reasons from 1- Not a barrier, 2 - Sometimes a barrier, 3 - Major barrier” for each of the following:

% of facilities who responded “Major Barrier”:		Requires excessive intervention to monitor and manage behaviors***	Behavioral health*** resources not available	Chemical dependency	Complex medical care	Requires Memory Care (Dementia/Alzheimer)	Specialized resident care (ex/ Traumatic brain injury)	High risk for hospital readmission	Diabetic Care	Vital Signs unstable/lab work abnormal	Other –Clinical
ALL	NF	43%	42%	48%	16%	30%	15%	8%	0%	3%	3%
	ALF	28%	29%	24%	39%	33%	21%	10%	14%	5%	6%
	RCF	28%	20%	19%	27%	6%	11%	8%	9%	4%	4%
MEDICAID	NF	21%	30%	43%	18%	30%	14%	9%	0%	2%	2%
	ALF	27%	31%	31%	32%	39%	27%	10%	17%	7%	13%
	RCF	31%	23%	23%	19%	12%	16%	10%	10%	6%	4%

* Referrals do not consider a unique consumer; ex. consumer A might have 10 referrals to multiple and/or the same facility

**Last 7 days from when facility filled out the survey

***Survey did not include the American Medical Association (AMA) definition for “behavioral health” when asking about behaviors. The American Medical Association (AMA) defines “behavioral health” as “[...]mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions.” American Medical Association, www.ama-assn.org, accessed 4/12/2023.

Major Non-Clinical Barriers

If facility responded that they had denied a referral, they were then asked:

“In the last 7 days, please rate the following non-clinical denial reasons from 1- Not a barrier, 2 - Sometimes a barrier, 3 - Major barrier” for each of the following:

% of facilities who responded “Major Barrier”:		Not enough staff	No appropriate discharge plan	Financial Risk	No insurance	Cost of Care exceeds insurance	Lack of surrogate decision maker	Other – Non-clinical	Diabetic Care - No RN for delegations*	Facility issues (gender specific rooms, etc.)	Lack of proper training
ALL	NF	37%	22%	14%	16%	12%	3%	8%	1%	10%	0%
	ALF	6%	10%	6%	3%	7%	4%	9%	8%	2%	2%
	RCF	14%	8%	8%	4%	3%	12%	5%	8%	4%	4%
MEDICAID	NF	30%	9%	5%	14%	7%	5%	5%	0%	14%	4%
	ALF	5%	5%	12%	5%	5%	7%	15%	10%	2%	0%
	RCF	10%	8%	9%	4%	6%	10%	6%	13%	8%	6%

* Referrals do not consider a unique consumer; ex. consumer A might have 10 referrals to multiple and/or the same facility

**Last 7 days from when facility filled out the survey

Operating Levels

- 66% of all facilities report that their Average Daily Census (ADC) was below their budget
 - Note: Sub-optimal volume was reported as a reason facilities were in financial distress (Distressed Provider Relief Fund)

Average Daily Census (ADC) relative to Budget

	ADC was ON Budget	ADC was LOWER than Budget	ADC was HIGHER than Budget	“Unsure”	Other
NF	7%	75%	18%	0%	0%
ALF	14%	67%	13%	2%	4%
RCF	16%	61%	13%	5%	5%
Total	13%	66%	14%	3%	3%

Census of Medicaid Consumers

- **55% of NF census were Medicaid**
 - Regions 1, 2, 3, and 9 have above 50% of their NF census on Medicaid
 - 14% reported having no Medicaid consumers
- **38% of CBC census were Medicaid**
 - 34% of the census in ALFs were Medicaid
 - 43% of the census in RCFs were Medicaid
 - 30% reported having no Medicaid consumers

Mean % of Census that are Medicaid Consumers

	NF	CBC	Total
Region 1	56%	34%	39%
Region 2	53%	36%	40%
Region 3	64%	45%	49%
Region 5	49%	47%	47%
Region 6	34%	32%	33%
Region 7	49%	39%	40%
Region 9	58%	54%	54%
Total	55%	38%	43%



* The regions used are Oregon's Hospital Preparedness Program Regions, which have been used for state emergency response since pre-COVID times

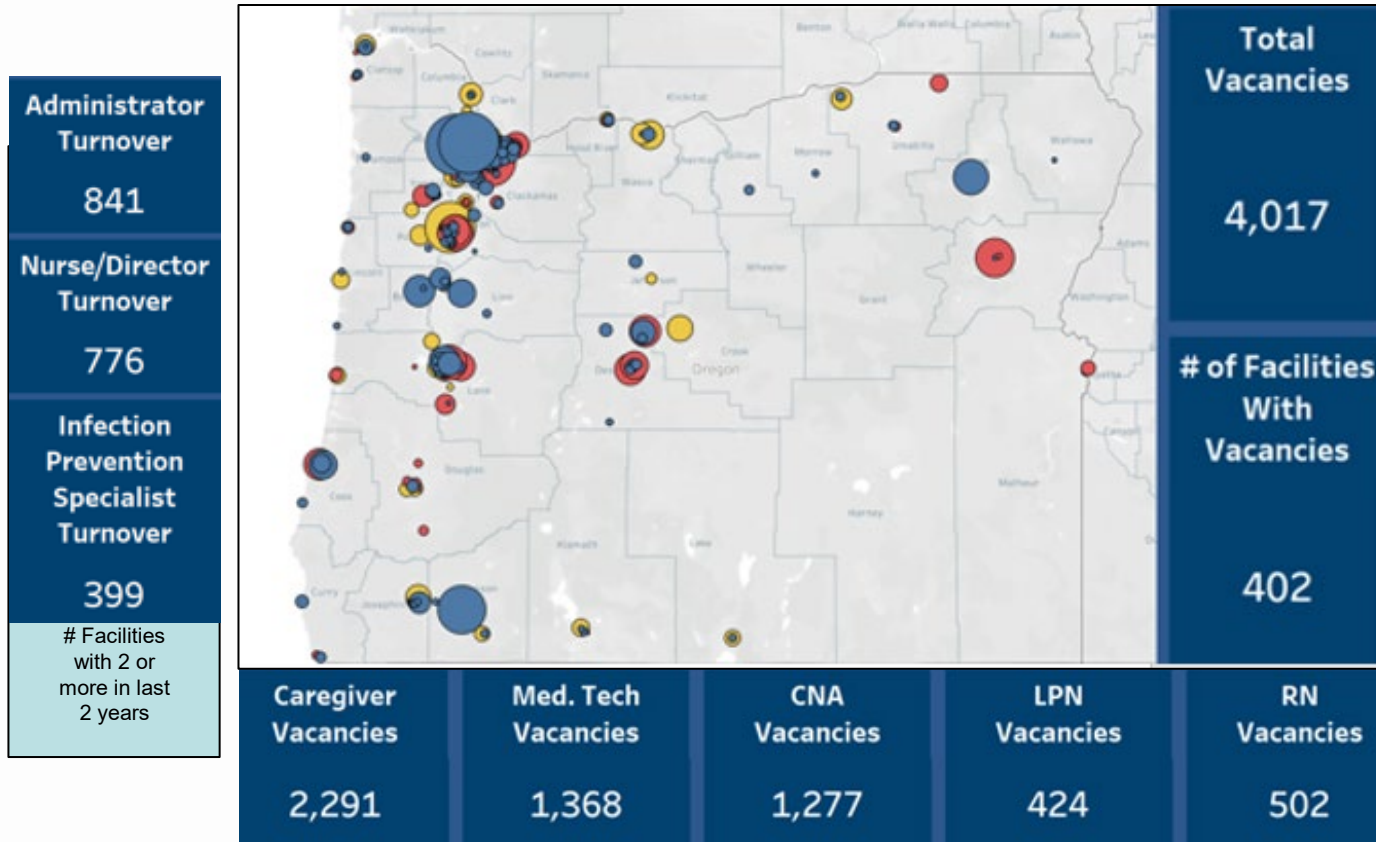
Risk for Displacement

In the last 90 days, how many patients/residents were sent to the hospital because the facility could no longer meet their needs? Of those that were sent, what percentage displayed behaviors that impacted their care and/or safety?

	NF	ALF	RCF	Total
# of Consumers Sent	428	112	45	585
% of Facilities that Sent Consumer (# of Facilities that Sent Consumers/ Total # of Facilities)	37% (47/128)	16% (37/234)	9% (29/320)	17% (113/682)
% of Facilities that Sent Consumers with behaviors that impacted their care (# of Facilities/Total # of Facilities)	16% (21/128)	11% (26/234)	6% (19/320)	10% (66/682)

- 585 of consumers were sent to the hospital in the last 90 days
- 17% of all facility types sent consumers to the hospital in the last 90 days
- 10% of facilities sent consumers because they displayed behaviors that impacted their care

Workforce Barriers



Reported vacancies in Full Time Equivalent (FTE)

- Turnover is a major problem in 54% of LTC facilities
- Direct care staff vacancies remain high although reported values beyond the upper limit of the distribution might be overstated
 - Outliers have been identified but have not been omitted

October 2022 Survey

Region	RN	LPN	CNA	Med Tech	Caregiver
1	160	147	414	344	556
2	55	73	221	104	207
3	51	42	204	112	225
5	14	19	45	55	95
6	8	7	45	29	39
7	14	16	47	46	80
9	11	6	33	30	60
Total	313	310	1008	719	1261

CBC Facility Nurse

- 27% of CBCs reported that they turned over their Facility Nurse 2 or more times in the last 2 years
- 19% of CBCs reported a vacancy
- 29% of CBCs have a Facility Nurse with less than a year of experience in a CBC

Turnover, Vacancy, & Experience

CBC Facility Nurse	% of CBCs (RCFs & ALFs)
# of CBCs that have turned over 2 or more Facility Nurses in the last 2 years*	27% (149/553)
# of CBCs reporting a Facility Nurse Vacancy	19% (90/459)
# of CBCs reporting a Facility Nurse has less than 1 year of CBC experience	29% (113/389)

*One facility was removed for extreme values in "# of CBCs that have turned over 2 or more Facility Nurses in the last 2 years", they reported 40 facility nurse turnovers

APPENDIX

Survey Background & Research Methods

Background

The findings from the October 2022 Workforce Survey confirmed that hospital decompression challenges are caused by a range of factors, rather than a lack of available beds. Notably, staffed and open beds were present in all regions, including open Medicaid beds. However, a high denial rate was observed across all facility types with Medicaid referrals. Alongside staffing constraints, the causes of these denials were driven by various factors, such as acuity issues, complexity of consumer needs, insurance, and payor issues. Workforce shortages were also found to be prevalent across all regions and disciplines, with Caregivers and Med Tech workers having the highest vacancy rate.

Given these insights, new questions were identified. Specifically, these include exploring changes in LTCFs since October 2022, examining workforce and bed capacity, investigating the reasons for consumer denials related to acuity, analyzing barriers to consumer transitions from hospitals to LTCFs including inappropriate hospital referrals, examining how many consumers are being sent to the hospital, and the number of consumers sent to the hospital for behaviors.

*Last 90 days of when a facility took the survey which could be as early as November 2022 and as late as March 2023

**Average Daily Census within the last 4 weeks of reporting

Research Methods

Participants: The participants in this study were long-term care facilities located in Oregon. These facilities were identified through ODHS' CALMs database using "Active" facilities contact information accessed 03/06/23.

Data Collection: The survey started 02/06/2023 and was administered through an online Qualtrics form and sent to the facilities via email. The form included questions related to the facility's demographics, census, denials, referrals, staffing, and other relevant topics. Facilities that did not respond within a specific time frame were followed up with email and phone calls to encourage participation. The survey closed with a response rate of:

	Responded	Total	Response Rate
NF	129	129	100%
CBC	557	573	97%
Total	686	702	98%

Data Review and Correction: Once the data was collected, it was reviewed for incomplete responses and responses that exceeded defined thresholds. Responses that did not meet the threshold criteria were prioritized and those facilities contacted to correct their responses or provide clarification through both phone and/or email. Four facilities who had responded to the survey were removed from analysis because they were under construction (1), had temporary holds (2), and one had no census because they could not staff their facility (1).

Data Analysis: The data was analyzed using descriptive statistics, including means, medians, % change over time, standard deviations, and frequency distributions. Analysis sometimes uses Oregon's Hospital Preparedness Program Regions for geographic analysis, which have been used for state emergency response since pre-COVID times.***

Limitations: The limitations of this study include user error, potential for response bias and social desirability bias. Additionally, the use of self-report data may result in inaccuracies due to memory bias or misinterpretation of questions.

***More details on Oregon's Hospital Preparedness Program Regions can be found here:

<https://www.oregon.gov/oha/PH/PREPAREDNESS/PARTNERS/Pages/Regional-Support.aspx>.

OCS Hospital Discharge Delay Dataset

Description: The Oregon Capacity System (OCS) database managed by Apprise, under Oregon Association of Hospitals and Health Systems (OHAAS), is the new system used to track all patients whose discharge is delayed for lack of receiving facility as reported by hospitals. The field that hospitals fill out in OCS asks for the “census of all patients whose discharge is delayed for lack of receiving facility.” Data can only be exported as recent as the previous day. Weekly meetings are held between OHA, Apprise, and hospitals, but the details of these discussions and ongoing improvements to the system are unknown.

Current Limitations:

- Discharge delay data are one of the only type of data in OCS that must still be collected and entered manually, which can result in limitations due to response bias
- There is currently no standardized definition for what qualifies as a “discharge delay” (ex. length of delay)
- Not all hospitals have entered data in this field
- There is no field that provides when the data entered was last updated and no notes sections. These fields were viewable in the older HOSCAP database

Other notes:

- Providence St. Vincent Children’s Hospital now reports their data to OCS under Providence St. Vincent Hospital
- The Oregon State Psychiatric Hospital does not submit any data to OCS