



# **COVID-19 Chicago Long Term Care Roundtable**

05-30-24



# Agenda

- COVID-19 Epidemiology and Updates
- New SNF/AL/SL Outbreak Reporting Process
- Resource Distribution
- Northern Illinois Respiratory Protection Program Event
- Measles Update
- CNA Focus Group Results
- Questions & Answers

# COVID-19 Variant Proportions

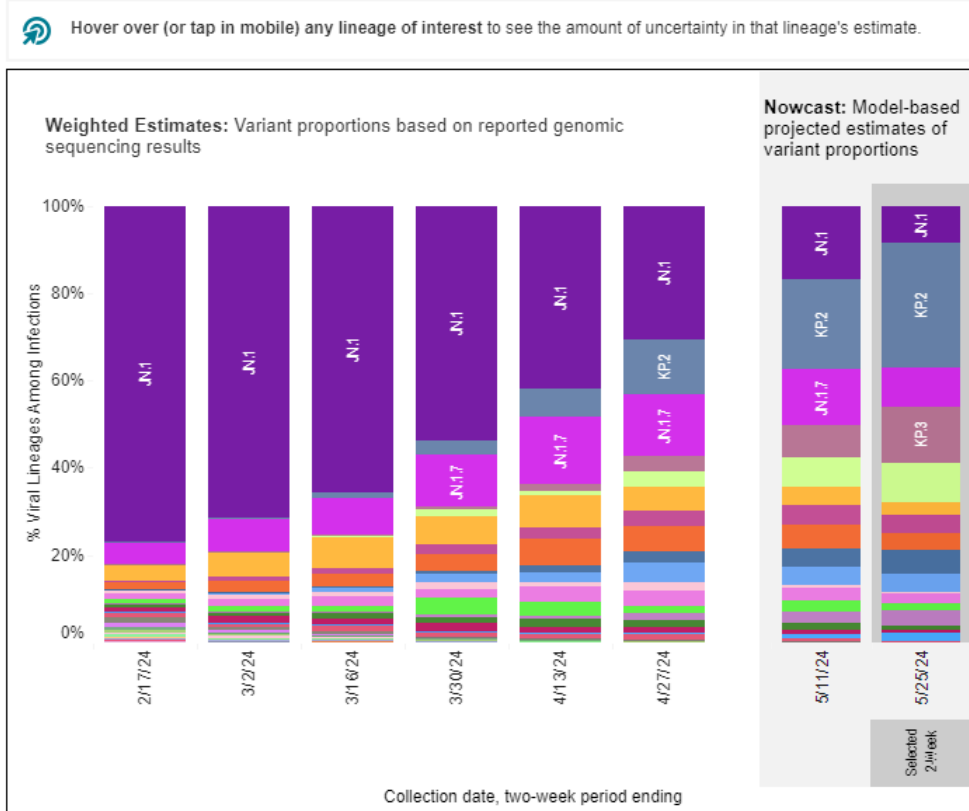


HHS Region:  Data for the 2-Week Period Ending on:

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 5/25/2024(Nowcast) if available.

**Weighted and Nowcast Estimates in United States for 2-Week Periods in 2/4/2024 – 5/25/2024**

**Nowcast Estimates in United States for 5/12/2024 – 5/25/2024**



USA			
WHO label	Lineage #	%Total	95%PI
Omicron	KP.2	28.5%	23.0-34.7%
	KP.3	12.7%	7.8-19.6%
	JN.1.7	9.2%	7.3-11.6%
	KP.1.1	9.2%	6.5-12.8%
	JN.1	8.4%	6.8-10.3%
	JN.1.16.1	5.4%	3.3-8.8%
	JN.1.16	4.2%	2.6-6.8%
	JN.1.13.1	4.0%	2.8-5.7%
	JN.1.11.1	3.9%	2.6-5.9%
	KS.1	3.5%	2.0-6.1%
	JN.1.8.1	2.7%	2.0-3.6%
	KQ.1	2.2%	1.2-4.0%
	KW.1.1	1.7%	0.7-4.2%
	JN.1.18	1.7%	1.1-2.5%
	JN.1.32	1.0%	0.7-1.5%
	XDP	0.6%	0.4-1.0%
	KV.2	0.4%	0.2-0.7%
	GE.1	0.0%	0.0-0.0%
	BA.2	0.0%	0.0-0.1%
	BA.2.86	0.0%	0.0-0.0%
	JG.3	0.0%	0.0-0.0%
	HV.1	0.0%	0.0-0.0%



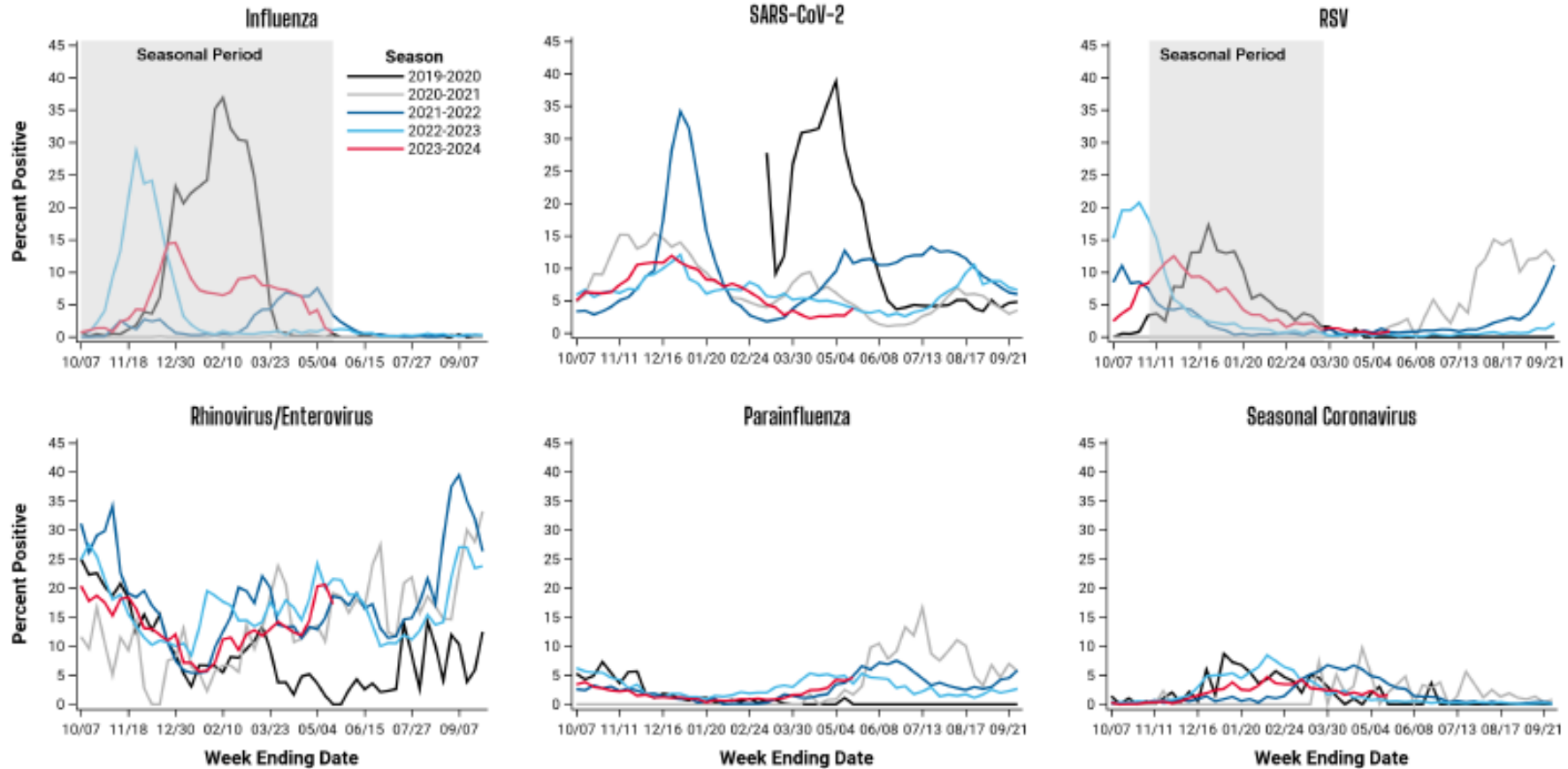
# Chicago Respiratory Virus Surveillance Report – Current Week & Cumulative

Respiratory Pathogen	Week Ending May 18, 2024		Since October 1, 2023	
	# Tested	% Positive	# Tested	% Positive
Influenza*	4,181	0.6	170,033	6.5
RSV*	2,695	0.9	114,066	4.9
SARS-CoV-2*	2,130	3.8	123,664	7.0
Parainfluenza	1,975	4.6	60,973	1.8
Rhinovirus/Enterovirus	908	17.3	34,434	13.0
Adenovirus	1,029	2.9	34,818	3.4
Human Metapneumovirus	912	4.8	34,666	2.6
Seasonal Coronaviruses <sup>†</sup>	1,850	1.6	60,354	2.0

\*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.



# Chicago Respiratory Virus Surveillance Report – Seasonal Trends





# \*New\* COVID-19 Reporting Process

- The case report form that you have been using to report individual COVID-19 cases should no longer be used.
- If you go to that link, it will redirect you to our new reporting form:  
<https://redcap.link/Itcoutbreaks>



AAA  
□ □

## SNF COVID-19 Case Report Form

Please fill out the form below to report an [individual skilled nursing facility case](#) of COVID-19 to the Chicago Department of Public Health.

If you have any questions, please contact us at 312-744-1100.

In response to the city-wide increase in COVID-19 cases, CDPH has modified the variables that are required for SNF-associated cases to reduce facility reporting burden. We have modified which variables are required and optional. All required fields are highlighted in YELLOW. All other questions on this form are optional.

### Reporter Information

Date of Report: 05-24-2024

Reporter:

Reporting Facility:

Phone Number:

### Case Information

Case First Name:

Case Last Name:

# **\*New\* COVID-19 Reporting Process**

- Moving forward, you will only need to report outbreaks of COVID-19, which CDPH is defining as at least 2 cases over a 14-day period.
- In these instances, we will request a limited amount of information via a linelist:
  - First name, last name, and DOB
  - Whether they are a staff or resident
    - If resident, date of their most recent admission and floor and room at time of specimen collection for the positive test
    - If staff, job title
  - Whether they are up to date on their COVID-19 vaccinations
  - Whether they were admitted to a hospital and/or expired
  - What type of test was done and on what date the specimen was collected







# Reporting Other Communicable Disease Cases & Outbreaks

- The new reporting form also allows for reporting of select other reportable communicable diseases:
  - Norovirus and other GI illness outbreaks
  - RSV outbreaks
  - Scabies outbreaks
  - Invasive Group A Strep\* (iGAS) cases
  - Flu\* outbreaks
  - Legionella\* cases
  - Any other communicable disease outbreak



## Long-Term Care Facility Outbreak Report Form

This form should be used by skilled nursing, assisted living, and supportive living facilities to report outbreaks of reportable communicable diseases.

Reporter Information	
Reporter Name: <small>* must provide value</small>	<input type="text"/>
Reporter Job Title: <small>* must provide value</small>	<input type="text"/>
Reporter Phone Number:	<input type="text"/>
Reporter Email:	<input type="text"/>
Facility Type: <small>* must provide value</small>	<input type="button" value="Skilled Nursing Facility (SNF)"/> <input type="button" value="Assisted Living or Supportive Living (AL/SL)"/>
<small>reset</small>	
Disease Information	
What disease would you like to report? <small>* must provide value</small>	<input type="button" value="COVID-19"/> <input type="button" value="Invasive Group A Strep (iGAS)"/> <input type="button" value="Influenza"/> <input type="button" value="Legionella"/> <input type="button" value="Norovirus and other GI Illness"/> <input type="button" value="RSV"/> <input type="button" value="Scabies"/> <input type="button" value="Other"/>
<small>reset</small>	

\* Facilities reporting these diseases/outbreaks will be redirected to other disease-specific forms



# Reporting Other Communicable Disease Cases & Outbreaks

- Certain diseases will have line list templates specific to that disease

Scabies Outbreak Line List																								
Name		Information				Symptoms			Diagnosis By: (Answer All by Yes/No)					Date Treatment Started		Date Treatment Started		Hospitalized		Additional Information (Use Separate List if)			Comments	
Last	First	Staff (S), Patient (P) or Visitor (V)	was the Individual Immunocompromised, Debilitated, or bedbound	DOB	Symptom Onset Date	Rash	Location	Pruritis	Date of Diagnosis	Skin Scraping Yes/No	MD Exam Yes/No	Other Yes/No	was Diagnosis for Crustead	Date	Product	Date	Product	Yes/No	Date	Close Contacts/Relationship	Exposed to someone with Scabies	Ever Had Scabies before		

## LTC Acute Gastroenteritis Surveillance Line List

Date:

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

Yellow boxes indicate a drop-down list.

Line List Table 1

- 0: Negative
  - 1: Salmonella
  - 2: Campy
  - 3: C. diff
  - 4: Shigella
  - 5: Norovirus
  - 6: Rotavirus
  - 7: other (specify)
- N: nausea
  - F: fever
  - B: blood in stool
  - LA: loss of appetite
  - O: other (specify)
- S: stool
  - B: blood
  - O: other
- 0: no test
  - 1: culture
  - 2: PCR
  - 3: other

#	A. Case Demographics					B. Case Location				C. Signs and Symptoms (s/s)						D. Diagnostics				
	Name	DOB (mm/dd/yy)	Gender	Resident / Staff	Residents Only (Stay)	Residents Only (Building / Floor)	Residents Only (Room / Bed)	Staff Only (Primary floor assignment)	Staff Only (Food handler)	Symptom onset date (mm/dd)	Abdominal pain or tenderness	Diarrhea	Vomiting	Additional documented s/s (select all that apply)	Other s/s	Type of specimen collected (Select all that apply)	Date of collection (mm/dd)	Type of test ordered (Select all that apply)	Pathogen Detected (Select all that apply)	
1																				
2																				

# ★ Resource Distribution

- Chicago-based SNFs, ALs, and SLs will shortly receive a number of items from CDPH:
  - Pocket-sized hand sanitizers (delivered by our team)
  - Chlorine water testing kits (delivered by a third-party vendor)





# Northern Illinois Respiratory Protection Program (RPP)

- In-person sessions on June 25<sup>th</sup> or 26<sup>th</sup> in Des Plaines
- By participating, you will get all equipment and supplies for conducting in-person fit testing, two air purifiers, and one PAPR at no cost

Date: June 25<sup>th</sup> or 26<sup>th</sup>, 2024 from 10AM – 2PM

Location: Hilton Garden Inn, 2930 S. River Road, Des Plaines, IL

Register now and reserve your place:

<https://forms.office.com/r/XqLxagBdGZ>

You may also register using our QR code:



For more information about the program, please contact:  
Shelly Fischer, PhD, RN, Project HOPE Clinical Program Lead at [sfischer@projecthope.org](mailto:sfischer@projecthope.org)

# Measles Update

- The measles outbreak is over effective today as there have not been any cases for two incubation periods.

## Measles Dashboard

Data last updated 5/27/2024

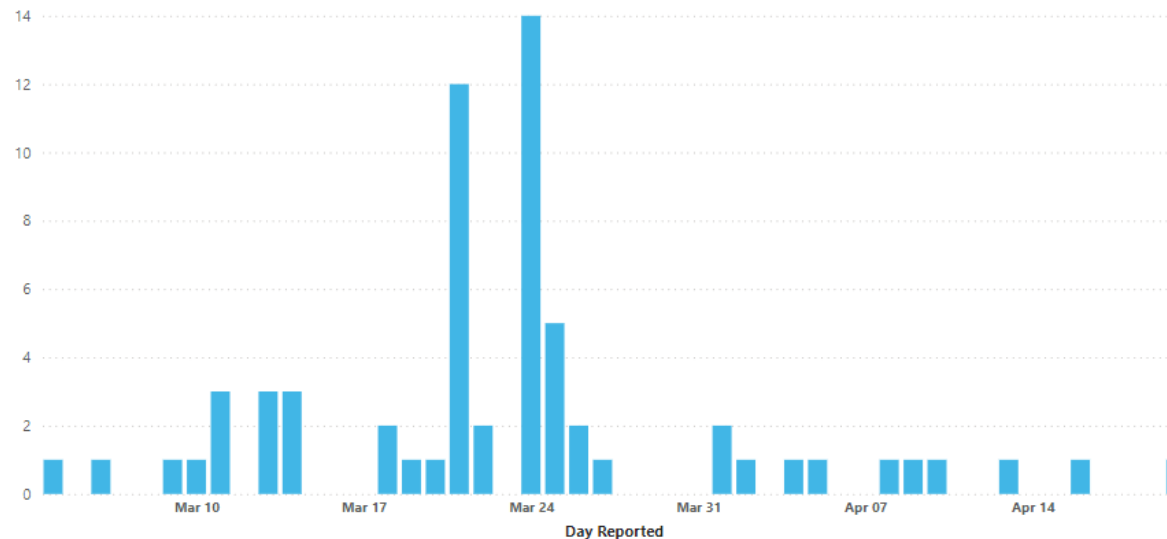
Data are updated Monday - Friday at 1 p.m. All data are provisional and subject to change.

### Chicago Measles Outbreak 2024

Cases This Year
64

Cases This Week: 05/26 - 06/01
0

### Cases by Date Reported



### Cases by Age Group

Age Group	Count	%
0 - 4 years	33	52%
5 - 17 years	9	14%
18 - 49 years	18	28%
50+ years	4	6%



Certified Nursing Assistant Retention at Long-Term Care Facilities  
Research Results & Strategic Recommendations  
May 2024

## Contents

- Research Objectives and Audience
- Research Methodology
- Participant Characteristics
- Summary & Strategic Implications
- Detailed Findings: Infection Prevention and Retention
- Detailed Findings: Interpersonal Retention Factors

# Research Objectives & Audience

1. Assess drivers and barriers to retention of Certified Nursing Assistants (CNAs) at Chicago's long-term care facilities (LTCFs)
2. Understand how infection control work (related to COVID-19) fits into these drivers and barriers

N=61 Current CNAs at Chicago Long-Term Care Facilities

*Note: Total N varies by question, as respondents were free to leave and join the discussion session, and some skipped questions. Quantitative result percentages are based on a range of N=48 to N=60.*



## Q2 Discussion Room Methodology

- Keyboard-based, synchronous discussion (like a chat room)
- No audio or video
- Employees able to participate anonymously
- Every participant has opportunity to answer every question
  
- N=61 CNAs participated across two sessions scheduled to accommodate shifts:
  - n=20 Tuesday, May 7<sup>th</sup> 10:00 – 11:00 a.m. CDT
  - n=41 Wednesday, May 8<sup>th</sup> 8:00 – 9:00 p.m. CDT

# Participant Characteristics

# CNA Characteristics (N=61)

## Tenure

0-5 years: 52% (32)  
5+ years: 48% (29)

## Shift

7am – 3pm: 54% (33)  
3pm -11pm: 44% (27)  
11pm-7am: 20% (12)  
Other: 8% (5)

## Gender

Female 87% (40)  
Male 13% (6)

**Mean Age**  
41.7

## Other Employment

None: 82% (50)  
In nursing or healthcare: 16% (10)  
Outside nursing or healthcare: 2% (1)

## Race/Ethnicity

Black or African American: 62% (38)  
Hispanic/Latinx: 11% (7)  
Prefer not to answer: 2% (1)  
Not collected: 25% (15)

## Facilities Represented (Total: 30)

Admiral at the Lake	3% n=2
Alden Lakeland	2% n=1
Aliya on 87th	10% n=6
Atrium Health Care	5% n=3
Austin Oasis	3% n=2
Belhaven Nursing and Rehabilitation	8% n=5
Birchwood Plaza Nursing and Rehab	2% n=1
Center Home for Hispanic Elderly	3% n=2
Central Nursing Home	5% n=3
Elevate Care Chicago North	3% n=2

Fargo Health Care Center	2% n=1
Harmony Healthcare and Rehab	2% n=1
Little Village Nursing Home	2% n=1
Mercy Circle	3% n=2
Montgomery Place	2% n=1
Morgan Park Healthcare	2% n=1
Norwood Crossing Skilled Nursing	2% n=1
Park View Rehab	2% n=1
Paul House and Healthcare Center	7% n=4
Pavilion of Logan Square	11% n=7

Pavilion of South Shore	2% n=1
Ryze on the Avenue	3% n=2
South Shore Rehabilitation	5% n=3
The Clare	3% n=2
Uptown Health Center	2% n=1
Warren Barr Lincoln Park	5% n=3
Warren Park Health and Rehab	5% n=3
Waterford Care Center	3% n=2
Westwood Village	2% n=1
Villa at Windsor Park	2% n=1
Other (multiple facilities)	3% n=2

# Summary and Strategic Recommendations

## Findings and Implications Summary: Infection Prevention

### **Infection prevention is a key retention factor for CNAs.**

- Several flagged consistent training and educational reminders as considerations for their workplaces.

### **Continuous education matters.**

- It is critical to establish required infection prevention practices, provide appropriate training on a regular basis, and continue to communicate expectations. Additionally, it is beneficial to provide ongoing reminders on its importance through multiple communication channels including in-person huddles.

### **CNAs identified facilities' strengths around infection prevention.**

- The vast majority of CNAs access PPE with ease, and many rated their facilities' infection prevention (IP) policies and practices as satisfactory.

### **CNAs also identified many areas for improvement.**

- Key opportunities for improving IP include more efficient PPE stocking practices, increased availability of alcohol-based hand rub (ABHR), facility cleaning, policy enforcement, and bridging communications gaps across shifts.

# Strategic Recommendations Summary: Infection Prevention

## REINFORCE THE IMPORTANCE OF INFECTION PREVENTION

- **Establish and communicate required IP practices and provide appropriate training** on a regular basis (e.g., quarterly). Continue to communicate expectations through reminders. Shift huddles are good place.
- Additionally, communicate the "**what and when**" around IP stocking - when to expect replenishing and when it is available. For hand sanitizers, additional signage at point of distribution can reinforce it is readily available.
- Build **handoff communications mechanism** between shifts (e.g., what residents are on precautions)

# Findings and Implications Summary: Interpersonal Retention Factors

## **Residents are CNAs' primary motivation.**

- Frame CNAs' work and accomplishments in terms of supporting residents to reflect their values and motivations back.

## **CNAs emphasized the importance of a healthy team dynamic across different discussion topics.**

- A culture built on teamwork can help drive job satisfaction and support retention. Remind managers of the importance and the impact on retention when CNAs feel like there is team that's in this together.

## **About half think that shifts do not receive equal treatment. The overnight shift is most often identified as receiving less recognition and communication with leaders.**

- Ensure that CNA appreciation initiatives are inclusive of all shifts, when possible. Consider strategies to show appreciation to overnight shift CNAs specifically.

## **A few called out issues of more general favoritism at their facilities, attributed to leadership preference or even ethnicity.**

- Consider additional training for managers to ensure fair treatment and acknowledgement across the team.

## **"Thank you" goes a long way for many, especially when it demonstrates that administrators, management, and nurses understand the importance of CNAs.**

- Formalize a recognition program, driving a positive dynamic between higher level administration and management in a more public forum. Remind nursing staff of the important role CNAs play and ensure they are recognizing them for their assistance.

## **Two key moments for leaders to show they care are ensuring fair treatment of CNAs accused of wrongdoing, and showing up to help when the facility is short on staff.**

- Reinforce the impact of management support during challenging times and establish best practices around what has been successful.



# Findings and Implications Summary: Interpersonal Retention Factors

**Many are asked to do tasks outside their job description with some frequency, most often housekeeping, offsite errands, and some medical duties.**

- Continue to maintain clarity in job descriptions, policies, and rights. Ensure that leadership and colleagues (e.g., nurses) clearly understand what is within and outside of the scope of practice for a CNA.

**Those who report that they are not asked to do things outside their job description on a regular basis credit personal boundaries and facilities with clear policies.**

- Build this as a best practice and requirement for all facilities. Establish and clarify job descriptions. Review and share policies to ensure clarity around what is and is not part of the job. Retrain management on adhering to policies.

**The impact of being asked to take on duties outside job description is usually frustration, depending on circumstances like learning opportunities, risk, and whether a colleague or resident asks.**

- Consider additional management training around requests, clarifying what is not a job requirement of CNAs and ensure management understands staff should have the option to say no to tasks that are clearly not within the scope of their job (e.g., wound care) without fear of reprisal.

# Strategic Recommendations Summary: Interpersonal Retention Factors

## WHAT YOU DO MATTERS



- **Formalize a recognition program**, driving a positive dynamic between higher level administration and management in a more public forum.
- Find ways **to create appreciation among the staff working together** daily. "Shout out" board for staff to acknowledge each other within and between roles.

## DRIVE CLARITY AROUND JOB DUTIES AND WHEN IT'S OK TO SAY NO.

- Build a best practice and requirement for all facilities to **establish and clarify job descriptions as well as review and share policies** to ensure clarity around what is and is not part of the job.
- **Consider additional management training around requests**, clarifying what is not a job requirement of CNAs and ensure management understands CNAs should have the option to say no.

## LET'S BUILD A CULTURE WHERE TEAM IS CELEBRATED

- Actions that create hierarchy vs. a team dynamic negatively impact the culture and can create an environment that is not psychologically safe. Consider additional training for managers **to ensure fair treatment of all employees.**
- Consider additional management training around the impact of teamwork on culture and retention. **Reinforce the impact of management support during challenging times** and establish best practices around what has been successful.

# Detailed Findings: Infection Prevention

Infection prevention is a key retention factor for CNAs. Several flagged consistent training and educational reminders as considerations for their workplaces.

**100%** indicated that adequate infection prevention in the facility (e.g., access to PPE) is important when it comes to staying at their current job

*N=54, When it comes to staying at your current CNA job, how important or unimportant are each of the following to you? Very important, somewhat important, not very important, not at all important.*

*Important = very/somewhat*

**24%** have considered leaving a job due to inadequate infection prevention practices

*N=13, Which of the following are true for you when it comes to infection prevention? Please select all that apply.*

*What, if anything, should change at your facility when it comes to infection prevention? What changes or additions would have the biggest impact in preventing infection?*

*“It would work excellent if everyone was on the same page, but we have floaters and new employees. I don't know where they got the certification; I don't know if they went online or never went to class, but they need a lot of help.”*

*“Everyone should wash their hands more often and wear they mask and if sick please stay at home.”*

*“Reminders of the importance of infection prevention. Also, educating family members, residents, and caregivers.”*

## Implication:

It is critical to establish required infection prevention practices, provide appropriate training on a regular basis (e.g., quarterly) and continue to communicate expectations (e.g., monthly). Additionally, provide ongoing reminders on its importance through communications channels including in-person huddles.

The vast majority of CNAs access PPE with ease, and many specifically called out their facilities' infection prevention policies and practices as satisfactory.

<i>How often are the following available at your facility when you need them?</i>		
N=56	Always/Usually/ Sometimes (%Always)	Rarely/Never
Masks (e.g., surgical masks)	100% (75%)	0%
Gowns	98% (57%)	2%
Hand sanitizer	96% (77%)	4%
Nitrile gloves in my size	96% (68%)	4%
N-95 respirators	96% (50%)	4%
Cleaning products for surfaces	86% (48%)	14%
Eye protection (e.g., face shields, goggles)	84% (52%)	16%

***What, if anything, should change at your facility when it comes to infection prevention?***

***What changes or additions would have the biggest impact in preventing infection?***

*“My facility is pretty good at infection prevention.”*

*“Management is very respectful to workers when it comes to infection control within our workplace. I’m satisfied.”*

*“I think my facility does a great job with [infection prevention].”*

*“I think we have a good infection control policy.”*

## Implication:

Continue to reinforce the importance of IP and provide ongoing reminders.

Key opportunities for improving IP include more efficient PPE stocking practices, facility cleaning, policy enforcement, and bridging communications gaps across shifts.

*“Having everything we need: gloves, mask, gowns, etc. We shouldn't have to go floor to floor looking.”*

*“For the facility to hire more housekeepers to clean throughout the day.”*

*“Making sure they keep the hand sanitizer filled”*

*“If everyone communicated with everyone then we would know when COVID positive residents are near us, and we could use appropriate PPE. We aren't notified until rounds at 10 am, and that's late for COVID positive rooms”*

*“My facility keeps everything that's needed for infection prevention...they can enforce people to use it more, though.”*

*“Continuous monitoring to make sure that there 100% compliance to prevention practices.”*

*“More sanitizing period needs to happen throughout the whole facility.”*

*“More PPE available especially for isolated residents. More face shields and gowns provision.”*

*What, if anything, should change at your facility when it comes to infection prevention? What changes or additions would have the biggest impact in preventing infection?*

## Implication:

Establish what CNAs can expect regarding stocking, including who is responsible for replenishing, how often to expect replenishing, and when items that were out of stock are made available. Ensure sufficient housekeeping staff are present. Develop a handoff communications approach between shifts – where critical information about resident health is easily shared right at shift change.

One clear “easy win” is supplying CNAs and others with pocket hand sanitizer. Many also want more hand sanitizer stations at key touchpoints. Some point out that they prefer handwashing over hand sanitizer.

**84%** report using hand sanitizer every time it’s called for.

*“We should have a small bottle of [hand sanitizer] kept on us regardless if we use going in the patient's room.”*

*“Always have one in your pocket or attached to the hem of your uniform.”*

*“It should be outside every room.”*

*“Hand sanitizer keeps germs down and some infections, but soap and water is the best.”*

*“I prefer hand washing. Most time we deal with fluids, and we move from one resident to another.”*

*“By having hand sanitizer readily available in my pocket.”*

*“Sanitizer should be kept on walls, near elevators, outside patient rooms, near computer stations, etc.”*

*“I will use more hand sanitizer when it becomes more accessible.”*

*“Making sure its hand sanitizer in eye reach in multiple places.”*

*“To me I prefer washing my hands to using sanitizers because sanitizers has hard chemicals.”*

N=48

On a typical shift, to what extent does your use of hand sanitizer align with hand hygiene guidelines? This includes before and after touching a resident, before and after handling invasive medical devices, and after contact with potentially contaminated surfaces.

What are some ideas you have to increase use of hand sanitizer by staff like you?

## Implication:

CNAs feel that having access to pocket hand sanitizers, in addition to wall-mounted units, will improve their compliance with hand hygiene.

# Providing residents with easy access to hand sanitizer allows for additional opportunities to perform hand hygiene

*“Make it part of our routine to sanitize their hands.”*

*“Always having it visible and have signs posted encouraging the use of Hand Sanitizer.”*

*“Give them travel size sanitizers on their bedside.”*

*“Give all the residents that is alert and oriented hand sanitizer and make sure we sanitize the residents that aren’t.”*

*“Maybe reminders as signs throughout the facility could remind residents to use the stations.”*

*“Encourage them to use it after they touch things and offer it to them.”*

*“We can keep some in their room.”*

*“Keep it by their room.”*

*“Give them personal ones.”*

*“Offer it to them.”*

N=52

How about ideas you have to increase the use of hand sanitizer by residents?

## Implication:

Additional signage, having hand sanitizer available inside the room, and incorporating cleaning residents’ hands into routine practice can lead to more frequent hand hygiene by residents.



## CNAs' Thoughts on Infection Prevention & Control (N=55)

Statement	Agree, n (%)
I would be comfortable reporting that I am not feeling well to leadership	35 (64%)
I received adequate infection prevention training	35 (64%)
I would be comfortable reporting others' poor infection prevention practices to leadership	28 (51%)
I have considered leaving a job due to inadequate infection prevention practices	13 (24%)
I have witnessed a negative resident/colleague outcome due to inadequate infection prevention practices	12 (22%)
I have personally experienced a negative outcome due to inadequate infection prevention	10 (18%)
Not all staff at my facility have the same access to PPE	9 (16%)
I have considered leaving a job due to excessive PPE requirements	2 (4%)

## CNAs' Thoughts on Injury Prevention (N=54)

Statement	Agree, n (%)
I would be comfortable reporting an injury I received at work to leadership	39 (72%)
I received adequate injury prevention training	25 (46%)
Not all staff at my facility take the same precautions to prevent injury	22 (41%)
I would be comfortable reporting others' poor injury prevention practices to leadership	22 (41%)
I have witnessed a negative resident/colleague outcome due to inadequate injury prevention practices	11 (20%)
I have considered leaving a job due to inadequate injury prevention practices	9 (17%)
I have personally experienced a negative outcome due to inadequate injury prevention practices	8 (15%)
I have considered leaving a job due to excessive injury prevention requirements	3 (6%)

## Detailed Findings: Interpersonal Retention Factors

# Residents are CNAs' primary motivation.

## 96% of CNAs say that that residents think they are important

*"Most important to me is the patient, at all times. They are the reason we are there."*

*"I like working with the residents. I get to meet and take care of people who have lived some great lives."*

*"My residents! They are the ones that need us most."*

*"What I like best about my work at my long-term care facility is the residents because they bring me joy, and I know when I have done a great job when I see a smile on their faces."*

*"I love working with the elderly because my mom is 89 years old, and I treat my residents like I would treat my mom."*

*"I love my residents because they are loving and give so much love and I love helping people in need."*

*"I get to make a difference in someone's life."*

*"The residents are most important because we are there for them and without them there is no work."*

*"The patients, they need someone that genuinely cares for them. That's what we are here for."*

N=49, What do you like best about your work at your long-term care facility, and why? Who is most important to you at work, and why?

### Implication:

Frame CNAs' work and accomplishments in terms of supporting residents in order to reflect their values and motivations back.

# CNAs emphasized the importance of a healthy team dynamic across different discussion topics.

*“We all work as a team, and no one gets behind in working together. We make each laugh and smile, and we work together in making the residents smile and feel comfortable.”*

*“My coworkers always make the days easier.”*

*“Teamwork is very important in this line of business. I have had other CNAs speak up about issues we face to the administration.”*

*“Working as a team makes the job go faster and easier.”*

*What are some examples of ways that people have supported you or advocated for you? Who is most able to make your workday enjoyable or fulfilling, and why?*

*“The main factor is I can come to any of the nurses, administration, and DON with any problem. They will try to solve it, and they really listen to you.”*

*“Being able to freely communicate with the manager without feeling less or devalued, without someone trying to yell at you because you are a CNA.”*

*“Mutual respect, accessibility, trust.”*

*“Communication and appreciation.”*

*What are the main factors that determine a good relationship with managers and leaders? If you are employed via an agency, how does that factor into your experiences at your current facility?*

## Implication:

A culture built on teamwork can help drive job satisfaction and support retention. Remind managers of the importance and the impact on retention when CNAs feel like there is team that's in this together.

Many are asked to do tasks outside their job description with some frequency, most often housekeeping, offsite errands, and some medical duties.

**19%** are asked multiple times per shift, **22%** a few times per week, **19%** a few times per month.

*"Sometimes we do more than the nurses. We sometimes do some wound care or do things beyond that."*

*"I've been asked to watch the main desk downstairs."*

*"Changing of colostomy bags."*

*"Sometimes doing cleaners assignments."*

*"Residents want their food warmed up, massage their legs or arms, change their bedding multiple times in a shift, go to the store for various things, etc."*

*"Sometimes we have to go out on an appointment with a patient."*

*"I feel like I do it all fix the food wash the clothes give medicine housekeeping"*

*"Sometimes we have to do housekeeping work: we have to mop up spills, sometimes we sweep the floor in a patient's room."*

*"I've been asked to call and schedule interviews."*

*"For example, house keeping duties. It's always not enough staff, so I find myself cleaning."*

*"Tasks outside my job description I do are janitorial jobs such as declogging toilets."*

*n=11, n=13, n=11*

*About how often do you do tasks outside of your job description?*

*Explain the situation around your previous response. What tasks outside your job description do you do? Who, if anyone, asks you to do these tasks?*

## Implication:

Continue to maintain clarity in job descriptions, policies, and rights, even as CNAs become more seasoned.

Those who report that they are not asked to do things outside their job description on a regular basis credit personal boundaries and facilities with clear policies.

**26%** are never asked and **8%** are asked a few times a year or less.

*“According to the state law on medical issues, I’m not allowed to carry out any tasks that are outside my duty.”*

*“Everyone knows what’s within their scope of practice.”*

*“I believe the facility is trying to play safe because they’ve had issues with staff who reported them to union before.”*

*“I feel because they know our scope of practice and wouldn’t [ask] us to do what is outside our job.”*

*“Because I have my job description and my supervisor never involved me in task outside my job.”*

n=15, n=5

About how often do you do tasks outside of your job description?

If you are not asked to do tasks outside your job description at your current facility, describe why you think that might be.

## Implication:

Build this as a best practice and requirement for all facilities. Establish and clarify job descriptions. Review and share policies to ensure clarity around what is and is not part of the job. Retrain management on adhering to policies.

The impact of being asked to take on duties outside job description is usually frustration, depending on circumstances like learning opportunities, risk, potential avenues of support, and whether a colleague or resident asks.

*"I feel like I have to make my residents comfortable, but at the same time I feel a mistake might jeopardize my license, but I also fear retaliation if I refuse."*

*"Frustration kicks in when asked. If I don't get supplies, then I have no supplies to work. Taking meds from one nurse to another I hate doing because if something happens, I can lose my job for doing things I shouldn't be doing."*

*"I've been asked to hand a patient some medication if I'm standing closer or while the nurse does something else but I always say no it's out of my scope of practice and I'm not going to jeopardize my license or anyone else's for something so small that can be avoided."*

*"It really doesn't bother me, I'm a team player, and if it helps things be better for the residents I'm all for it, just don't make it a habit."*

*"If I was asked to do anything outside my job, I won't feel bad about it, only if it is educational and has an impact in my life and dream career."*

*"I politely refused, and nothing happened because is not in my job description."*

*"I have never been asked to do a job outside of my description. If I did, I would just report it to the charge nurse or DON."*

*Explain how being asked to do tasks outside your job makes you feel. What would happen if you refused to do these tasks? If you are never asked to do tasks outside your job description, how would you feel if you*

## Implication:

Consider additional training for management, nurses, and other staff members around requests, clarifying what is and is not a job requirement of CNAs and ensure everyone understands the ramifications of them acting outside of their scope of practice (e.g., performing wound care, passing meds)



About half think that shifts do not receive equal treatment. Night shift is most often identified as receiving less recognition and communication with leaders.

### 53% think that not all shifts are treated equally

*"The day shift has more things going and they get celebrated more."*

*"They treat morning shift 7 to 3 better than any other shifts."*

*"11-7 doesn't get to interact with everybody."*

*"They treat the day and evening shift better than night shift we don't get no free food at night we have to bring our own food, order food and we don't have security."*

*"Plenty of times I've picked up overnight shifts, and the rewards the day shift get night shift don't get to be a part of. For example, if it's a pizza party to acknowledge the CNAs, it don't be no pizza left for night shift and management never orders extra."*

*"The night shift and the issues that occur is completely ignored compared to any other shift."*

*"The morning shift gets treated better, mostly because they can communicate with them more unlike me (night shift) because I barely see them."*

*"I think day shift carries the bulk of the workload."*

*"1st shift most times gets more CNAs than 2<sup>nd</sup> and 3<sup>rd</sup> shifts."*

N=32, Are all CNA shifts treated equally at your facility? Use the green button to indicate "yes" or the red button to indicate "no," then use 2-3 sentences to explain your response.

#### Implication:

Ensure that CNA appreciation initiatives are inclusive of all shifts, when possible. Consider strategies to show appreciation to overnight shift CNAs specifically.

A few called out issues of more general favoritism at their facilities, attributed to leadership preference or even ethnicity.

*“There is preferential treatment of certain CNAs over others due to them being management’s friend or informant. I have seen people offered bigger bonuses for working short on the floor as opposed to others (myself).”*

*“There are a lot of cliques that are there at the facility that I am currently working at. And if you are not one of them you will get mistreated.”*

*“Some people getting treated differently based on their race & other reasons.”*

*“Hispanic CNAs are given more work, heavier sets. Get in trouble for leaving floor while other CNAs face no consequences.”*

*“Seniority, and ethnicity often dictates how management will treat you.”*

*“Some CNAs are treated differently if they are friends with the administrators, how long they've been at the facility, and by how much they pick up extra shifts.”*

*Are all CNA shifts treated equally at your facility? Use the green button to indicate "yes" or the red button to indicate "no," then use 2-3 sentences to explain your response.*

## Implication:

Consider additional training for managers to ensure fair treatment and acknowledgement across the team.

“Thank you” goes a long way for many, especially when it demonstrates that administrators, management, and nurses understand the importance of CNAs.

*“The corporation and the management staff. A thank you consideration when were short staffed.”*

*“Sometimes I believe that people think of CNAs as unimportant, butt wipers, but we are more than that, we are the blood that keeps the facility pumping”*

*“I think the Nurses should recognize all the CNA’s because we really do help them out a lot. Sometimes it’s okay to just say thank you once in a while.”*

*“I would say the big boss [should] do more in recognizing more on how important my job as a CNA really is, I would like to get recognized as a hard worker.”*

*“The administrative staff and higher stakeholders should be doing more to recognize the importance of my work. There are times when I feel taken for granted. Some of the administrators are not equipped to hand conflict resolution and so fail at being adequate leaders in the workplace. I would like to be recognized by increase in pay, words of affirmation, and just more acknowledgement of the work”*

*Who, if anyone, do you think should be doing more to recognize the importance of your work? How would you like to be recognized?*

## Implication:

Formalize a recognition program, driving a positive dynamic between higher level administration and management in a more public forum. Remind nursing staff of the important role CNAs play and ensure they are recognizing them for their assistance.

While raises and bonuses were often mentioned, CNAs provided other non-monetary suggestions that would make them feel appreciated.

*"I think the facility should recognize the CNAs more than what they do and how we should be recognized with a thank you a bonus every now and then for the hard work we do."*

*"Appreciation week gift cards and award ceremonies."*

*"Letters of acknowledgment."*

*"Remembering my birthday."*

*"I like to be recognized by a compliment saying they see how hard I work and the passion"*

*"I would say the DON and the Administrator because they work more closely with the nurses and the CNA's. I would like to be recognized at least with a handshake or dinner. Its not always about money."*

*"Management. Specifically Administrators and HR. I think my opinion on certain things about residents should be heard at the very least since I spend [the] most amount of time with them. An occasional bonus or first preference for overtime won't be amiss either"*

*"The administration should be doing more to recognize the importance of our work. A thank you goes along way and gifts for CNA week would be appreciated also."*

*Who, if anyone, do you think should be doing more to recognize the importance of your work? How would you like to be recognized? What are some examples of ways people have supported you or advocated for you?*

## Implication:

Small gestures of appreciation, such as compliments, thank you cards, food, or gifts can go a long way to make CNAs feel valued.

Two key moments for leaders to show they care are ensuring fair treatment of CNAs accused of wrongdoing, and showing up to help when the facility is short on staff.

**64%** feel cared for/appreciated by management/leadership.

*“My former DON had vouched for me when a resident reported me. An allegation that turned out to be false after investigation”*

*“By standing up and fighting for me when lies was told on me.”*

*“I was accused of something I didn’t do, and someone stood up for me.”*

*“When we were working extremely short staffed in a meeting the Don expressed that she stood with us and understood every complaint we had and that she would try to make good on things. That was everything.”*

*“A coworker of mine saw how unfairly a specific night nurse treated me. She slept most of her shifts but wrote you up for failing to do a round or a small misstep. My coworker defended my contribution to the work in HR”*

*“My DON has been advocating for me because I hardly call in and I work very [hard] as a team leader.”*

N=36; To what extent do you agree or disagree with each of the following statements about the facility where you work? Strongly agree, somewhat agree, somewhat disagree, strongly disagree  
What are some examples of ways that people have supported you or advocated for you?  
Who is most able to make your workday enjoyable or fulfilling, and why?

### Subgroup Comparisons

- 11pm-7am shift is less likely to feel appreciated by management/ leadership

### Implication:

Reinforce the impact of management support during challenging times and establish best practices around what has been successful.



# Questions & Answers

For additional resources and upcoming events,  
please visit the CDPH LTCF HAN page at:  
<https://www.chicagohan.org/covid-19/LTCF>