6-23-25 Weekly Clinical Update

There is a LOT of news this week related to our noble profession…after CMS decided to appeal a Texas judge decision to negate the staffing mandate a few weeks ago, a judge in Iowa in a similar suit decided that CMS had exceeded the authority given them by Congress & again negated the staffing mandate. Now we wait again to see if the Trump Department of Justice decides to appeal that decision also. But there is hope that perhaps those decisions are "one foot in the grave", as McKnights put it this morning.

The two QSO letters issued last week were pretty impactful. QSO-25-19-ALL (https://www.cms.gov/files/document/qso-25-19-all.pdf) clarifies that each CMS-2567 will be publicly releasable within 14 days after receipt by the provider. Now understand this guidance says, "will allow", NOT required to release the 2567. Per resources, this means that facilities should review that 2567 carefully when first received. There will still be time for the facility to review the document but knowing the public may be able see the document requires a bit of scrutiny for sure.

The second QSO letter, QSO-25-20-NH (www.cms.gov/files/document/qso-25-20-nh.pdf) describes changes to Care Compare by dropping the 3rd cycle standard surveys for Nursing Home Care Compare and star ratings. Additionally, CMS is incorporating updated long-stay antipsychotic measure on nursing home compare, removing COVID-19 vaccination measures from the profile and they will be posting performance data for multi-facility organizations on Nursing Home Compare in a "consumer-friendly format".

I had really planned on sharing some information I found in the Provider Magazine on "Why Orientation and Ongoing Training Matter for Reducing Turnover", (https://www.providermagazine.com/Articles/Pages/Why-Orientation-and-Ongoing-Training-Matter-for-Reducing-turnover.aspx?j=107232323&sfmc_sub=1860607205&l=1461445_HTML&u=2854946715&mid=524007639&jb=0&utm_source=MarketingCloud&utm_medium=email&utm_campaign=6.17.25&utm_content=turnover)

CMS is certainly taking orientation and ongoing training very seriously as they see the advantage. Per AHCA TrendTracker, the current direct care staff turnover rate (for SNF only) is 87.1% which is better than the national average of 100%. Those are some pretty staggering statistics. Per the article, "behind every statistic is a resident waiting for consistent, compassionate care—and a team struggling to keep up."

They begin the article by describing why orientation matters more than ever. "Research indicates that 69 percent of employees are more likely to remain with a company for at

least three years if they experience a positive onboarding process". They identify 3 "best practices" for an effective orientation including:

- "Customized role-specific training. Ensure that RNs, LPNs, CNAs, and ancillary staff each receive targeted content relevant to their scope of practice.
- Peer mentorship. Pair new hires with experienced staff mentors who can provide hands-on support during the first 30-90 days.
- Mission-driven integration. Introduce the facility's values, resident population, and team expectations—not just policies and procedures."

From experience, when it comes to "peer mentorship", the program needs to be planned very carefully. Sometimes, the best staff member isn't the best mentor. Mentors need to be loyal to the core values of the organization and they need to have the highest resident care as the number one priority. One successful technique is to offer a financial incentive to the mentor for clinical success and longevity of the mentee…

The article goes on to say that on-going training is the secret to retention. The strategies for successful on-going training include:

- "Quarterly in-services tied to real challenges, like dementia care techniques, infection prevention updates, and PDPM documentation skills.
- Leadership development programs for CNAs and nurses interested in career growth.
- Hands-on coaching. Administrators and DONs who round daily, offering real-time feedback and support, help staff feel seen and valued."

There is "cost" to not reviewing and improving your orientation and on-going education programs including poor survey results. Per the article, "When facilities neglect orientation and training, they pay for it—literally. The estimated cost of replacing a single CNA is over $5,000, not to mention the impact on resident care and survey readiness. Multiply that across multiple roles, and the financial and human costs become staggering.

If we want to create nursing homes where staff thrive—and residents receive the quality care they deserve—we must start by rebuilding our orientation and training processes. It's not enough to hire people; we must invest in them.

Turnover is a symptom. Training is part of the cure."