

Understaffing at Long-Term Care Facilities Is Not Unique to the Holyoke Soldiers' Home. It's Embedded in Federal Standards.

By Andrew Mikula, Peters fellow

Over the past month, it has become increasingly clear that nursing homes are bearing the brunt of the COVID-19 pandemic, with almost 60 percent of all COVID-related deaths in Massachusetts occurring in long-term care facilities as of May 3.¹ The Holyoke Soldiers' Home (HSH) in western Massachusetts accounts for 74 of those deaths, and mismanagement at HSH has allegedly compounded the inherent vulnerabilities of the frail and elderly to infectious diseases.² By the time Governor Baker called in the National Guard on April 6 to mitigate staffing issues and distribute protective gear, 11 veterans had already died.³ The facility's superintendent, Bennett Walsh, was placed on paid leave, and the facility's medical director later resigned.⁴ HSH is not alone, as a facility in Medford, Massachusetts has reported 54 deaths due to COVID-19.⁵

However, HSH had been in the news for failing to provide adequate care to its residents long before this deadly strain of Coronavirus developed. On September 10, 2017, the Springfield Republican published an investigative series reporting that falls at HSH left nearly 600 veterans injured over a 44-month period (see Figure 1).⁶ Families of residents and staff members alike complained that HSH lacked adequate staffing or protocols to prevent these falls.⁷ As reporter Mike Plaisant's investigation revealed, employees further identified "poor management and deployment of existing staff" and "a lack of well-being checks on veterans who live in dormitory rooms" as compromising the quality of care at HSH. In the meantime, the workers' union that represents many HSH workers declared that the facility was "chronically understaffed" and they signed a petition expressing that "they had no confidence in the leadership" of the nursing personnel.⁸

That said, the data reveal that Holyoke Soldiers' Home's fall rate didn't differ substantially from the average as reported by the CDC. Falls at nursing homes are of widespread concern because they can lead to fractures, hospitalizations, and even deaths of particularly elderly and frail residents.⁹ While the volume of injuries from falls at HSH reported by the Springfield Republican is concerning in and of itself, the fact that 90 percent of HSH residents are in long-term care units likely indicates an increased vulnerability to injury.¹⁰

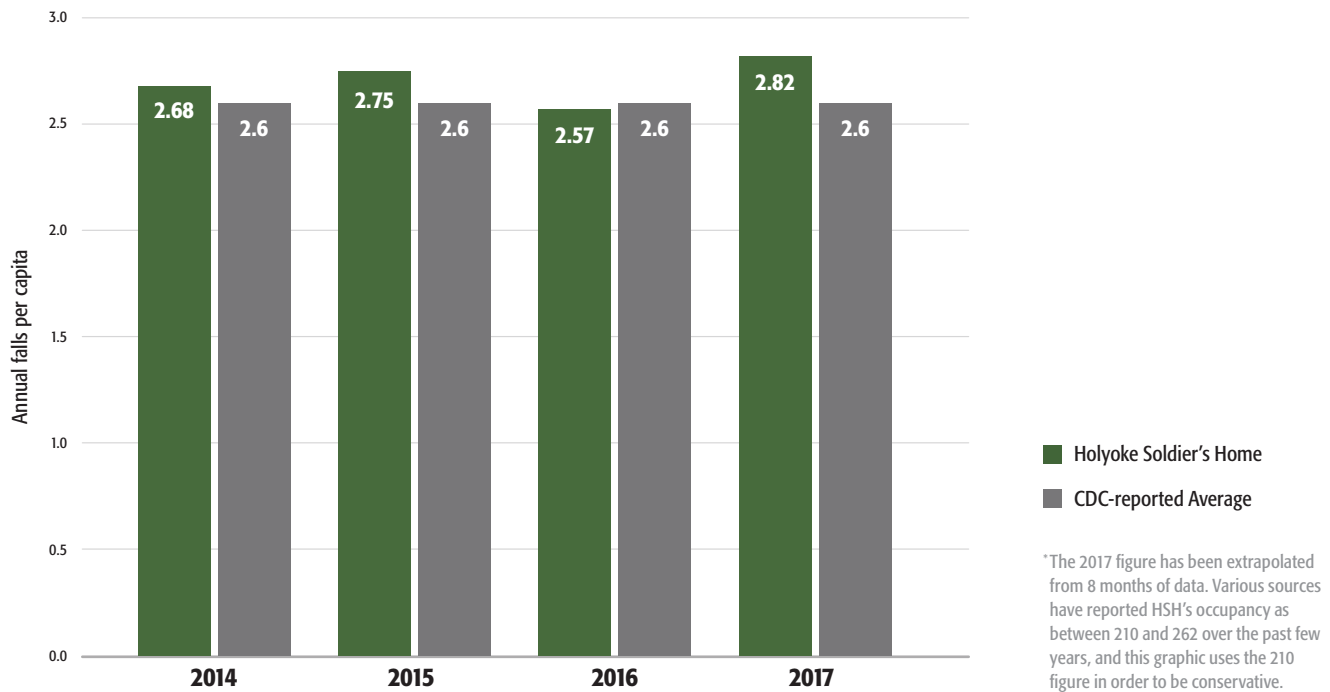
Moreover, after the Springfield Republican published its investigative reports, two separate audit reports were published, one by the U.S. Veteran Affairs Department and the other by the Massachusetts State Auditor's Office, neither of which cited a staffing shortage.

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Figure 1: Per capita fall rate at Holyoke Soldiers' Home from 2014–2017, as compared to CDC average of eldercare facilities*¹¹



The federal review of HSH was published in March 2018, and included a certification that “there are sufficient, knowledgeable administrative and clinical staff assigned to provide quality care within the domiciliary.”¹² In a January 2019 survey, HSH met 98 percent of the VA’s standards required to pass inspection.¹³ It later submitted a plan to implement reforms that would improve its sub-standard practices, which the Veteran Affairs Department then accepted.

The Office of the State Auditor report, published on December 14, 2017, evaluated “whether the number of nursing staff members scheduled for a shift met the minimum required by SHH’s staffing plan and 38 CFR 51.130.”¹⁴ While the scope of this audit is limited, the report did not identify any issues with inadequate staffing, notwithstanding the workers’ union petition declaring that the Home was “chronically understaffed.”¹⁵ The only finding about staff adequacy in the auditor’s report concerns “unnecessary payroll costs for overtime hours.” In 2019, a Suffolk University report on the Holyoke Soldiers’ Home asserted that excessive overtime is “one of the primary indicators of possible problems with staffing,” but the 2017 audit report didn’t make that connection, and thus the warnings of union representatives went unheeded.¹⁶

The above evidence constitutes a clear discrepancy between the on-the-ground reality as reported by union representatives, staff members, and residents’ families, and that reported in fall data and audits by administrative officials at multiple levels of government. However, the federal standards underlying these

audits, cited in the 2017 state audit as “38 CFR 51.130,” appear inadequate to ensure a high quality of care for nursing care facility residents, as argued by various experts.

In 2001, the U.S. Centers for Medicaid and Medicare Services (USCMS) recommended that regulators require 4.1 hours of nursing staff on hand (RNs, LPNs and CNAs) for each day a given nursing home residents spent at a facility.¹⁷ As of 2014, most U.S. nursing homes do not meet these standards, and some organizations have further advocated for an increased concentration of registered nurses (as opposed to aides) and adjustments to standards based on the level of resident independence (see Table 1). At HSH, where most residents need substantial assistance to eat and use the bathroom, staffing standards would ideally be far above the current standard of 2.5 nursing hours per resident day as applied in the 2017 state audit.¹⁸ In fact, the 2019 Suffolk University report attributes the difference of opinion between union representatives and HSH management regarding staffing concerns to the fact that “the required 2.5 benchmark...does not account for acuity or changing needs.”¹⁹ According to the same report, only one of HSH’s six wards met USCMS’s recommended standards (see Table 2).

The report did not identify any issues with inadequate staffing, notwithstanding the workers’ union petition declaring that the Home was ‘chronically understaffed.’

Table 1: Nursing hours per resident day among all U.S. nursing homes in 2014, with percentiles and USCMS standard comparison²⁰

| Percentile of all U.S. Nursing homes | RN Hours Per Resident Day | LVN/LPN Hours Per Resident Day | CNA Hours Per Resident Day | Total Nursing Hours Per Resident Day |
|---|---------------------------|--------------------------------|----------------------------|--------------------------------------|
| 90th percentile | 1.36 | 1.26 | 3.27 | 5.39 |
| 75th percentile | 0.98 | 1.02 | 2.80 | 4.55 |
| Mean | 1.00 | 0.90 | 2.64 | 4.54 |
| 50th percentile (median) | 0.72 | 0.81 | 2.40 | 3.97 |
| 25th percentile | 0.53 | 0.60 | 2.08 | 3.53 |
| 10th percentile | 0.39 | 0.39 | 1.83 | 3.18 |
| CMS study recommended minimum standard | 0.75 | 0.55 | 2.80 | 4.10 |

■ Meets or exceeds CMS standard

■ Doesn't meet CMS standard

Table 2: Nursing hours per resident day among Holyoke Soldiers' Home wards in a recent staffing plan, with USCMS standard comparison²¹

| Holyoke Soldiers' Home Ward | RN Hours Per Resident Day | LPN Hours Per Resident Day | CNA Hours Per Resident Day | Total Nursing Hours Per Resident Day |
|---|---------------------------|----------------------------|----------------------------|--------------------------------------|
| 1 & 2 North | 0.16 | 0.98 | 2.45 | 3.59 |
| 2 East & West | 0.14 | 0.86 | 1.71 | 2.72 |
| 2 South | 0.67 | 0.25 | 5.00 | 6.00 |
| 3 East, West & North | 0.59 | 0.69 | 2.47 | 3.75 |
| 4 East & West | 0.32 | 0.93 | 2.40 | 3.65 |
| Total | 0.38 | 0.74 | 2.81 | 3.94 |
| CMS study recommended minimum standard | 0.75 | 0.55 | 2.80 | 4.10 |

■ Meets or exceeds CMS standard

■ Doesn't meet CMS standard

These seemingly weak federal standards still do not explain why HSH has seen such a disproportionate amount of suffering at the hands of COVID-19, and some have suggested there is mismanagement at play. Beyond mere understaffing, HSH employees have cited a “culture of secrecy,” failure to isolate the sick, negligence of healthcare protocol, a refusal to seek outside help, and inadequate protective gear at the facility in recent weeks.²² As dozens of staff members became infected and called in sick, it was reported that management tried to make it easier to monitor residents by having up to nine veterans sleep in the dining room at a time. Healthy residents used the same restrooms as the infected.²³ Employees who tested positive for COVID-19 but had no visible symptoms were still required to complete their shifts.²⁴

By the end of March 2020, a flurry of negative press made the increasing death toll a matter of public concern.²⁵ Shortly thereafter, U.S. Attorney Andrew Lelling, Massachusetts

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Governor Charlie Baker, Massachusetts Inspector General Glenn Cuhna, and Massachusetts Attorney General Maura Healy all announced investigations into whether the tragic fallout of COVID-19 at HSH constituted a civil rights violation, with some observers alleging recklessness on the part of HSH’s management team.²⁶

While these investigations should determine whether the Holyoke Soldiers’ Home was mismanaged, it’s also critical that federal staffing standards at nursing homes, which have been the subject of academic literature for decades, be investigated and, where appropriate, improved.²⁷ Unfortunately, regulators at multiple levels of government inadequately implemented the recommendations of this literature, leaving long-term care facilities like the Holyoke Soldiers’ Home fundamentally ill-equipped to provide maximum-quality care to elderly veterans, let alone handle the COVID-19 pandemic.

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