

Congress Should Increase Nursing Home Staffing Levels to Protect Residents
Change in Federal Law Would Improve Quality and Cost-Effectiveness
ISSUE BRIEF

Background

Over the past 25 years, more than 100 studies, articles and government documents have identified the important relationship between nurse and nursing assistant staffing levels and outcomes of care in nursing homes. Higher staffing levels result in higher quality of care. The benefits of higher staffing levels can be seen in resident health outcomes and include: lower mortality rates; improved physical functioning; less antibiotic use; fewer pressure ulcers, catheterized residents and urinary tract infections; lower hospitalization rates; and less weight loss and dehydration.ⁱ

Not only do higher staffing levels result in better care for residents, they have the potential to save money as well. For instance, studies have found that increasing staffing levels is cost effective.ⁱⁱ Research shows that increasing staff levels increases staff interaction with residents, reducing the need for psychotropic drugs that not only are expensive but increase falls leading to more hospitalizations.^{iii iv} In addition, low staffing levels have been linked to high staff turnover rates.^v Elevated staff turnover rates are, in turn, associated with adverse clinical outcomes in nursing homes, including substantially increased rates of infectious disease and acute care hospitalizations, both of which can lead to higher (and potentially avoidable) Medicare and Medicaid expenditures.^{vi} When outcomes improve, resident health improves, and nursing homes and the government spend less money.

The Problem

There is no minimum number of nurse and nursing assistant hours per resident/day required in nursing homes by the federal government. In 2001, the Department of Health and Human Services (HHS) released a report that included guidance regarding specific minimum staffing thresholds below which quality of care would be compromised. This report recommended a daily minimum standard of 4.1 hours of total nursing time (registered nurses, licensed practical/vocational nurses, certified nursing assistants) and found that staffing levels falling below this minimum put nursing home residents at risk.^{vii} A 2001 report by the Institute of Medicine supported these findings.^{viii}

Current federal law requires that nursing homes participating in Medicare and Medicaid have “sufficient staff to provide nursing services to attain or maintain the highest levels of physical, mental and psychosocial well-being of residents.”^{ix} This requirement is vague and ambiguous. As a result, it is difficult to identify staffing violations. The lack of specificity also means that the

The National Consumer Voice for Quality Long-Term Care (formerly NCCNHR) is a 501(c)(3) nonprofit membership organization founded in 1975 by Elma L. Holder that advocates for quality care and quality of life for consumers in all long-term-care settings.

decision about staffing levels is up to individual nursing homes. Studies have shown that for-profit facilities, particularly those owned by multistate chains, are more likely to reduce spending on care for residents and to divert spending to profits and corporate overhead.^x With no specificity at the federal level, it is left to the states to establish staffing requirements. There is wide variation in state law as it relates to minimum staffing in nursing homes. Most states fall far short of the 4.1 hours per day recommended by the federal government report.

Proposed Policy Solutions

Even the best nurses and nurse aides can't deliver quality care if there aren't enough of them. Minimum staffing standards need to be strengthened in both federal and state law, especially since nursing home residents have higher acuity levels than ever before. In order to ensure resident health, safety and well-being, Consumer Voice urges policymakers to adopt the 4.1 hours per resident per day staffing standard put forth by the 2001 HHS study.

ⁱ Charlene Harrington et al: "Experts Recommend Minimum Nurse Staffing Standards for Nursing Facilities in the U.S." *The Gerontologist* (2000) 40 (1): 5-16.

ⁱⁱ Mukamel, D. et al. "*The Effect of State Regulatory Stringency on Nursing Home Quality*" *Health Services Research* 47:5. October 2012.

ⁱⁱⁱ Mustard CA, Mayer T. Case-control study of exposure to medication and the risk of injurious falls requiring hospitalization among nursing home residents. *Am J Epidemiol.* 1997; 145(8):738-745.

^{iv} Wang PS, Bohn RL, Glynn RJ, Mogun H, Avorn J. Zolpidem use and hip fractures in older people. *J Am Geriatric Soc.* 2001;49(12):1685-1690

^v New York Office of the Attorney General: "Staffing Levels in New York Nursing Homes: Important Information for Making Choices." January 2006.

^{vi} Collier, E. & Harrington, C. (2008). Staffing characteristics, turnover rates, and quality of resident care in nursing facilities. *Research in Gerontological Nursing*, 1(3), 157-170.

^{vii} Abt Associates for U.S. Centers for Medicare and Medicaid Services, "*Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes.*" 2001.

^{viii} Institute of Medicine: "*Improving the Quality of Long-Term Care.*" (2001)

^{ix} Omnibus Budget Reconciliation Act of 1987; Pub. L. 100-203; 101 Stat. 1330.

^x Center for Medicare Advocacy: <http://www.medicareadvocacy.org/non-profit-vs-for-profit-nursing-homes-is-there-a-difference-in-care/>