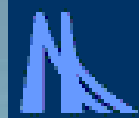


**UCSF**



**School of  
Nursing**

# **Nursing Home Labor Market Issues**

**Testimony for the Institute of Medicine Committee  
on the Future of Health Care Workforce for Older  
Americans**

**Charlene Harrington, Ph.D., R.N., FAAN  
Professor of Nursing and Sociology**



**Poor Nursing Home Quality**

**US Senate Committee on Aging, Hearings 1974**

# **Poor Quality in Nursing Homes Continue**

- | US Senate Committees, 1998-2003**
- | Institute of Medicine, 1996, 2001, 2003**
- | Health Care Financing Admin., 1998**
- | US General Accounting Office, 1997  
1998; 1999a,b; 2000; 2002 a,b; 2003,  
2005, 2007**
- | US Office of the Inspector General,  
1999, 2003**

# Poor Care in Most CA Homes

- § Weight loss problems (4 to 7 minutes of help)
- § Incontinence – toileted 1.8 times in 12 hrs
- § Residents turned every 5-6 hours
- § Bedfast –left in bed (>22 hrs)
- § Walking assistance – only 1 time a day
- § Untreated pain most of the time
- § Untreated depression

Schnelle et al., Health Serv Res, 2004

# **Causes of Poor Nursing Home Care**

- 1. Inadequate nurse staffing levels and staffing standards**
- 2. High staff turnover rates (poor retention)**
- 3. Low wages and benefits**
- 4. Inadequate education & training**



# **Improve Nurse Staffing Levels**

# **NURSING HOME RESEARCH STUDIES: POSITIVE RELATIONSHIP BETWEEN NURSES & QUALITY - IOM 2001 and 2003**

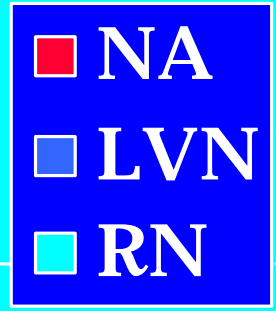
- | **Linn et al. 1977**
- | **Fottler et al. 1981**
- | **Nyman 1988**
- | **Kayser-Jones 1989**
- | **Monroe 1990**
- | **Gustafson et al 1990**
- | **Spector/Takada 1991**
- | **Cherry 1999**
- | **Braun 1991**
- | **Johnson-Pawlson 1993**
- | **Cohen/Spector 1994**
- | **Kayser-Jones 1997**
- | **Bliesmer, Smayling et al, 1998**
- | **Kayser-Jones, 1999**
- | **Harrington et al 1999**
- | **Harrington et al 2001**
- | **Carter & Porell, 2003**
- | **Weech-Maldonado, Meret-Hanke, Neff, 2004**
- | **Zhang & Grabowski, 2004**
- | **Intrator, Zinn, Mor, JAGS, 2004**
- | **Carter & Porell, 2005**
- | **Horn, et al, 2005**
- | **Dorr, Horn & Smout 2005**
- | **Weech-Maldonado, Shea & Mor, 2006**

**Includes RNs, LVNs, and Nursing Assistants**

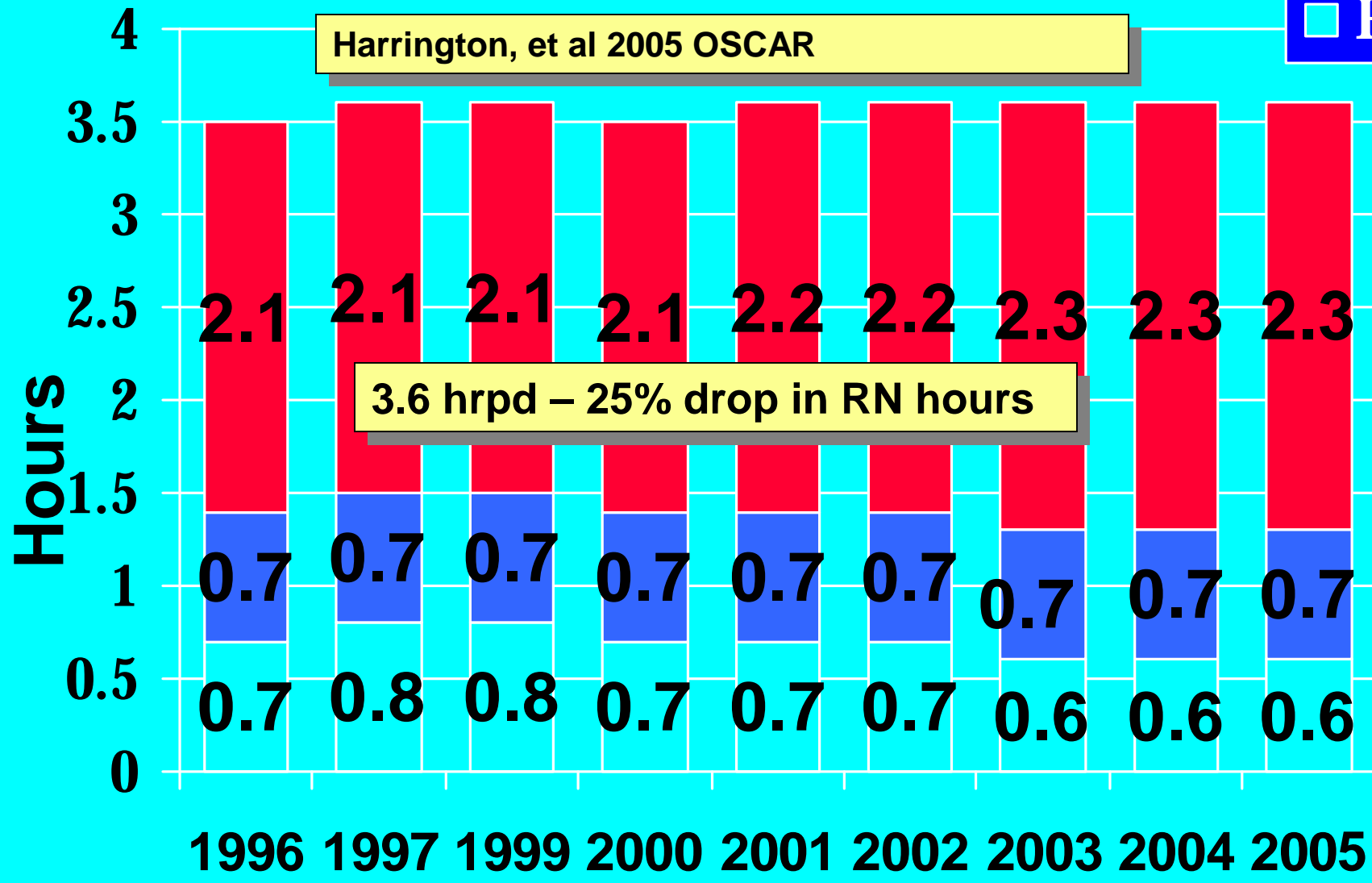
# **MORE NURSES (Especially RNs) IN NURSING HOMES**

- | Improve functional ability**
- | Improve nutritional status**
- | Improve quality of life**
- | Reduce pressure ulcers**
- | Reduce mortality**
- | Reduce hospitalizations**
- | Reduce UTIs and catheterizations**
- | Reduce restraint use**
- | Reduce weight loss**
- | Reduce behavioral problems**
- | Reduce deficiencies**

# Total Nurse Staffing Hours Per Resident, 1996-2005



Harrington, et al 2005 OSCAR



3.6 hrpd – 25% drop in RN hours

# Average US Staffing Ratios 2005 Are Dangerously Low

- | NA -- 1 to 10 residents
- | LVN – 1 to 34 residents
- | RN – 1 to 40 residents

Harrington et al 2006.  
OSCAR data

# CMS 2001 STAFFING STUDY

## Staffing levels below

- 2.8 NA hprd (1:8 ratio)
- 1.3 licensed hprd (1:18 ratio)  
including .75 RN hprd
- 4.1 hprd total
- have substantial probability of jeopardizing the health and safety of residents – shows a threshold

Excludes the Director of Nursing

CMS 2001. Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes. Final Report. Prepared by Abt Associates.

# CA Nurse Staffing Study

- | **Facilities with 4.1+ hprd had better nursing care processes**
- | **Confirmed a staffing threshold (4.1 hprd)**
- | **Staffing is the best indicator of quality**

NY Times 2-18-02 #1

# 9 in 10 Nursing Homes Lack Adequate Staff, Study Finds

By ROBERT PEAR

WASHINGTON, Feb. 17 — More than 90 percent of the nation's nursing homes have too few workers to take proper care of patients, a new federal study has found.

But the Bush administration, citing the costs involved, says it has no plans to set minimum staffing levels for nursing homes, hoping instead that the problem will be resolved through market forces and more efficient use of existing nurses and nurse's aides.

The report, ordered by Congress and prepared by the Department of Health and Human Services, concludes that "it is not currently feasible" for the federal government to require that homes achieve a minimum ratio of nursing staff to na-

Congress in a few weeks, found "strong and compelling" evidence that nursing homes with a low ratio of nursing personnel to patients were more likely to provide substandard care.

Patients in these homes were more likely to experience bedsores, malnutrition, weight loss, dehydration, pneumonia and serious blood-borne infections, the report said.

Its conclusions about the prevalence of staffing problems were borne out in interviews around the country with relatives of nursing home residents.

Anna M. Spinella, 67, of Tampa, Fla., said she had friends and relatives at nursing homes that were

# **Nursing Home Reimbursement Rates**

- | Medicare & most states use prospective payment systems (PPS) (payment set in advance)**
  - Incentive for facilities to cut costs**
  - Facilities cut costs of staffing and wages/benefits**
- | Most state Medicaid rates are too low**

# **Policies to Increase Staffing & Quality**

- | Medicaid reimbursement rate increases**
  - improve quality & use of RN staff**
  - reduce deficiencies (Grabowski, 2001)**
  - reduce pressure sores (Grabowski, 2004)**
- | State licensed nurse standards have stronger effect on higher staffing levels than Medicaid rates (Harrington, Swan, Carrillo, 2007)**

# State Legislative Actions

- | **14 States increased nurse staffing**
- | **California --3.2 hprd direct care - 1999**
- | **Delaware – 3.3 hprd direct care - 2002**
- | **D.C. – 3.5 direct care -2005**
- | **Florida -- 3.9 hprd (total care) - 2005**
- | **State staffing levels are well below the 4.1 hprd that are needed -- they need to be increased**

# Recommendations

- Reaffirm the 2003 IOM Keeping Patients Safe nursing home staffing recommendations for minimum standards (based on the CMS 2001 study)
  - 24 hour RN coverage
  - 4.1 hours per resident day total
  - .75 RN hours
  - 1.3 total RN and LVN hours

# Nurses Practitioners

- **NPs/PAs employed by NHs have doubled to 20% in 2002** (Intrator et al., 2005)
- **Facilities in states with higher Medicaid rates are more likely to use NPs** (Intrator et al., 2005)
- **NPs provide 16% of all FFS NH visits** (Bakerjian and Harrington 2007)
- **NHs with NPs/PAs employed have lower hospitalization rates** (Intrator et al., 2004)
- **Increase the use of NP/PAs**

# **Nursing Homes**

**Have High Turnover and Poor  
Retention**



# Nursing Home Nurse Turnover Rates in 2003

- **High turnover rates**
  - RN Turnover Rates – 50%
  - NA Turnover Rates -- 71%
- **Turnover ranges from 4% to 300%**
- **Causes poor continuity of care & quality**
- **High staffing reduces worker injury rates**

AHCA, 2003

Trinkoff, Johantgen & Muntaner, AJPH, 2005

# Nurse Home Staffing and Turnover

## I Predictors of Low Staffing

- Low wages for NAs
- High turnover

## I Predictors of Low Turnover

- High staffing

Harrington and Swan, 2003.

## I High Turnover

- Related to low staffing, low quality, for-profit, large facilities

Castle & Engber, 2006

# Increase Wages & Benefits

## I NA wages

- \$8.57/hr in 2000 –

- need to increase 17-22% (\$1.45-\$1.89/hr)

## I RN wages

- need increase by 5-7%

## I LVN wages

- need 3.3 to 4.5% increase

CMS 2001: Appropriateness of Nurse Staffing

# **Inadequate RN Education & Training**

- | Most NH RNs have 2 years of education and geriatric training**
- | No education and training requirements for Directors of Nursing**
- | Need geriatric and management training for RNs and LVNs**
- | Need RNs with BS or MS degrees with management training for Director of Nursing roles**

# Inadequate Nursing Assistant Training Requirements

- | **75 hours for nursing assistants (US requirement)**
- | **100 hours for Eyebrow Care\***
- | **350 hours Manicurists\***
- | **600 hours Skin Care\***
- | **1500 hours Hair stylists/barbers\***
- | **Need to increase training requirements - (\* CA requirements)**

# Recommendations

- | **Staffing is dangerously low & RN staffing levels are declining**
- | **Conclude that minimum nursing home staffing levels must be regulated**
- | **Federal and state standards should specify 4.1 hprd as a minimum and be adjusted for resident casemix**
- | **Encourage use of CNSs and NPs**
- | **Increase wages and benefits**
- | **Increase educational and training requirements**