

NURSING HOME NURSE STAFFING
SENATE PUBLIC HEALTH COMMITTEE
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There are many unknowns in an issue as complex as nursing home nurse staffing levels, particularly given the current discussions about changing our Medicaid delivery system. What we do know, intuitively and quantitatively, is that more nursing care is better than less. What we don't know is how much money could be redirected to care from fewer preventable hospitalizations, reduced turnover /higher retention, less reliance on pain medications and chemical restraints.

We recognize that this is a significant change. We believe this is the appropriate time to review a dated regulation with a standard that matches the needs of the 18,700 adults who live in the 342 Kansas nursing homes. Care for slightly more than 50% of these adults is covered by Medicaid. Setting a reasonable MINIMUM of direct nursing care at the beginning of a major overhaul of the Medicaid system, provides the baseline to measure meaningful health outcomes against adequate staffing levels. The following questions and answers have guided our research and position on the issue of nursing home nurse staffing levels.

Q. What is the current Kansas minimum required nursing staffing hours for nursing home residents each day?

A. Kansas Administrative Regulation (KAR) 28-39-154(7)(A) requires a “*weekly average of 2.0 hours of direct care staff time per resident and a daily average of not fewer than 1.85 hours during any 24-hour period. The director of nursing shall not be included in this computation in facilities with more than 60 beds.*” The earliest verified date of this regulation was 1982. It may have been in effect earlier before such records were computerized.

The minimum staff to resident ratio is *1 nursing staff to 30 residents*. Nursing care is provided by Registered Nurses (RN), Licensed Practical Nurses (LPN) and Certified Nurse Aides (CNA) during the 24-hour period.

Q. What is the Kansas average for nursing staffing hours?

A. Based on annual self-reported data, Kansas nurse staffing averages range of 3.59 to 3.75 hours per resident per day, during the past two reporting periods (2010 & 2009). Facilities are required to provide a two-week staffing snapshot prior to their annual State inspection. Twenty-eight Kansas facilities currently meet or exceed the 4.44 hours of resident care/day (based on 2010 data).

Q. Shouldn't 2 hours of care per day be adequate?

A. Based on quantitative data and consumer experience, the answer is clearly, **no**. More than 70 national nursing studies over more than two decades agree: **2 hours is not adequate to avoid injury or “maintain an adult’s level of physical and cognitive functioning.”** “Maintaining an adult’s level of physical and cognitive functioning” is the standard clearly stated in the Nursing Home Reform Law of 1987 and adopted by Kansas statutes.

A recent study from the University of South Florida found the quality of care “substantially improved” in Florida nursing homes after the 2001 passage of legislation to increase nurse staffing levels and other quality standards. Average deficiencies per facility decreased and more importantly, the citations for the more serious deficiencies decreased dramatically and remained lower than the national average. The percent of Florida facilities receiving a citation for harm decreased from 21.1% of all facilities in 2001 to 9.9% in 2002. In 2004 and 2005, only 5.9% of Florida nursing homes received a deficiency for actual harm or immediate jeopardy of residents. **Last year in Kansas 132 of 344 nursing facilities in Kansas were cited during their most recent survey for mistreatment of an adult/abuse, neglect or exploitation; 92 were cited for actual harm of a resident.**

Q. What is the recommendation for raising the minimum standard for nursing staffing to 4.4 hours per resident per day based upon?

A. No fewer than four national studies have researched and recommended increased resident care by nursing staff in nursing facilities. Those same studies have concluded residents have improved outcomes when receiving levels of care from 4.13 up to 4.85 hours per day. Twenty-eight Kansas facilities currently meet or exceed the 4.44 hours of resident care/day.

In 2000, the Centers for Medicare and Medicaid Services (CMS) established safe staffing guidelines for federally licensed nursing homes. CMS recommended residents receive a minimum of 2.75 hours of nursing care each day, and optimally 3.9 hours. Kansas did not adopt these guidelines at that time.

Q. Will increased nurse staffing minimums really make a difference?

A. Adequate and consistent staffing helps maintain or slows the decline of an adult's physical and cognitive abilities. It also results in fewer injuries, falls and hospitalizations. Our nursing home residents need extra help and often extra time to walk, get dressed, eat, perform personal hygiene tasks. They are often dealing with confusion, depression, or anxiety. KDOA data shows that residents live an average of 3 years in a nursing home. Those are, of course, the last years of that person's life. Those residents have become over the past 30 years, more frail and medically fragile, requiring more direct care.

Q. What about the cost?

A. *"The cost of poor care in America's nursing homes is staggering, whether it is measured by poor health outcomes and the number of lives lost, or by the amount of money spent on treating preventable conditions. While the trauma inflicted upon nursing home residents and their loved ones is not easily categorized and calculated, the financial costs are quantifiable. The financial burden of poor care rests not only on individuals and families, but also on all American taxpayers, through Medicare and Medicaid."* -- The High Cost of Poor Care: The Financial Case for Prevention in America's Nursing Homes; the Consumer Voice; 2011

We really don't know what the cost of raising the minimum nurse staffing levels would be. We also do not know what savings would be realized through better health outcomes and quality of life. We are hopeful the upcoming Legislative Post Audit will give us a starting point at quantifying potential savings. The LPA, expected to be completed in April-May, is looking at the correlation between an increased minimum hours, quality outcomes and reduced health costs. It is also exploring the cost to implement the minimum standards outlined in SB 184 and potential offsetting savings might be expected.

Real savings have been documented in other states. A study conducted by University of Utah School of Medicine found that increasing the ratio of nurses to patients enough to allow nurses to spend between 30 and 40 minutes a day with a patient (as opposed to fewer than 10 minutes a day) resulted in an annual savings to Medicaid of nearly \$3,200 per patient.

A policy change of this size requires solid data from which to make decisions. For that reason, we support capturing critical data through the managed care organizations such as nursing facility payroll data. A study by the Centers for Medicare & Medicaid Services (CMS) said "facilities self-reported staffing and quality measure data cannot be relied on to provide an accurate picture of a nursing facility."

Taxpayers, families, residents – we all expect nursing home residents to receive the nursing care for which they pay more than \$4,000/month. It is well past time that Kansas reviews its nursing home nurse staffing levels and not only adjusts them to current needs but also plans for the needs of our seniors to come. We request an interim committee hearing on the issue of nursing home nurse staffing.