

# The Coalition of Geriatric Nursing Organizations

## Nursing Staffing Requirements to Meet the Demands of Today's Long Term Care Consumer Recommendations from the Coalition of Geriatric Nursing Organizations (CGNO)

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Unprecedented demands are faced by today's nursing homes and assisted living communities. The clinical complexities of the residents served have significantly increased. New pressures exist to avoid and reduce hospital readmissions of this population. The culture change movement has offered new standards and expectations for an improved quality of life for residents to replace the traditional institutional model. These changes and new expectations require that higher hours of nursing care and different skill mixes (RNs, LPN/LVNs) be provided and more licensed nurses be available to address complex care needs.

The CGNO, representing over 28,700, nurses is comprised of the leading associations representing nurses who provide geriatric care in a variety of clinical settings including nursing homes and assisted living communities, knows that providing safe, high quality, necessary, and cost-effective care requires avoiding and removing barriers that are imposed by insufficient numbers of licensed nurses or restrictions on the total hours of nursing care provided.

### *Nurse Staffing in Nursing Homes*

#### **Recommendations**

The CGNO proposes that the following *minimum* staffing levels be adopted, funded, implemented, and publicly reported for nursing homes:

- A registered nurse be present in the nursing home at all times for oversight of resident care, resident assessment, supervision of licensed nursing staff and delegation to certified nursing assistants.
- The Director of Nursing be either prepared at the baccalaureate level or certified in nursing administration by one of the CGNO associations.
- The hours of direct nursing care for each resident be at least 4.1 hours per resident day with minimum 30% of that consisting of licensed nurses.
- Administrative RN positions such as the Director of Nursing and Assistant Director of Nursing not be counted as direct nursing hours for resident care.
- Skilled nursing facility residents have licensed staffing based on clinical acuity, which may necessitate more than the 4.1 hours per resident minimum.

#### **Rationale**

Meeting nursing staffing requirements in nursing home settings has been a challenge for many years as evidenced by the following industry reports:

- *Fewer nursing hours provided as compared to demonstrated residents' need.* A 2007 industry report found that while staffing levels have remained relatively stagnant, resident acuity has increased from a dependency of 3.7 to 3.98 activities of daily living (American Health Care Association, 2007). The ADLs were 4.10 in 2012.(AHCA 2013) . CMS' staffing study found that nursing home residents need an average of 4.1 hours of direct care staff ( including .75 for RN, .55 for LPN) time per day in order to live safely and not suffer harm .(CMS 2001). The 2011 Staffing Survey Report, 3.67 are total hours actually provided (American Health Care Association, 2012).
- *Insufficient registered nurses in nursing homes.* Only 10% of the nursing staff are RNs. RN staffing in **hospitals** is over 10 hours per patient in a 24 hour period (Welton, 2007). In startling contrast, RN staffing averages 30-38 minutes direct care per resident in a 24 hour period (Harrington, et al, 2011). The insufficient number of RNs has serious implications in that residents achieve poorer quality outcomes. ( Castle , Engeberg 2005, Castle and Engeberry (2010).
- Insufficient numbers of RNs and total nursing staff create considerable quality and financial problems for the long term care sector such as:
  - *Poor resident outcomes.* There is a relationship between insufficient RN staffing and resident outcomes. A synthesis of research on nurse staffing in nursing homes over a 15 year period (1991-2006) showed higher nurse staffing levels were positively and significantly correlated with improvements in 40% of the very diverse quality indicators studied. Those most frequently examined were pressure ulcers, physical restraints and deficiency citations (Castle 2008). To compensate for this diversity , Castle conducted a longitudinal study that included 3941 nursing homes across the U.S., examining the relationship between 4 staffing characteristics (staffing level,

use of agency staff, stability and staff turnover) and 4 quality indicators (physical restraint use, catheter use, pain management and pressure sores). He found that high RN staffing was associated with higher quality of care. CMS (2013) own data showed a correlation between staffing levels and quality in that facilities with greater levels of RN staffing and staffing in general achieved higher star rating in the 5 star quality rating system. (Note: these hours include administrative nursing hours.)

Staff category	One-star facility	Four-star facility	Five-star facility
RN	0.36 hours/resident/day	0.43 hours/resident/day	0.52 hours/resident/day
CNA	2.36 hours/resident/day	2.47 hours/resident/day	2.55 hours/resident/day

- *High turnover.* Turnover rates are highest among nursing employees at 62.8% for staff RNs, 55.3 % for nursing assistants, and 43.1% for licensed practical nurses (LPNs) (American Health Care Association, 2012). Turnover, of RNs, LPNs and CNAs and the high agency use that often accompanies it, has been found to be correlated with worse quality outcomes (Castle 2007).
- *Low numbers of RNS result in LPNs functioning outside of their legal scope of practice.* When there are insufficient RNs, LPNs must perform activities beyond their preparation and scope of practice, performing such activities as comprehensive nursing assessments, initiating care plans from those assessments, evaluating the effectiveness of the care plan, and delegating to and supervising unlicensed nursing personnel. LPNs reported that the reasons they find themselves practicing outside their scope of practice is not having enough registered nurses available for providing direct care, RNs that are available are engaged in administrative work, and an inadequate number of licensed nurses in the facility (Mueller et al 2012).
- *Low RN levels have a negative impact on quality and costs.* Increasing RN staffing levels improves several indicators of health outcomes such as continence care, mental health and pressure ulcers. This improved quality of care ultimately reduces hospitalization rates, which leads to greater cost savings. A study of RN staffing time found that an increase of 30 to 40 minutes per day could result in an annual savings of \$3,191 per resident (Dorr et al, 2005).
- Research has repeatedly demonstrated the relationship of nursing staffing and RN presence to quality of care and costs. This evidence about the impact of low staffing must be become part of a solution. It is imperative that action is taken to address the nurse staffing needs.

### *Nurse Staffing in Assisted Living Communities*

#### **Recommendations**

The CGNO proposes that the following staffing recommendations be adopted, funded, implemented, and reported for assisted living communities:

- Assisted living residents should have access to licensed nurses and nursing services directly in the assisted living community as needed, whether via staff nurses, consultant nurses, or home health nurses.
- State assisted living regulations should not modify or limit the scope of practice for nurses working in the assisted living community.
- Nurses should have an active voice in assisting individual assisted living providers to develop nurse staff plans, models, and budgets that are based on resident acuity.
- Assisted living staffing budgets should have systems built in to address changes in resident acuity during a given budget cycle.
- State boards of nursing should develop official memorandums of understanding related to the role of nurses in assisted living communities in their state, including when RN oversight is required and the role of licensed practical/vocational nurses.
- State assisted living regulations should allow for a nurse’s assessment to be part of resident move-in and retention decisions.
- Any nurse staffing decisions or policy requirements should be made with full consideration for the impact it has on affordability and access to assisted living for low-income residents.

#### **Rationale**

Appropriate utilization of nursing staff is essential to meet the increasing pressures to reduce overall health care costs, avoid unnecessary hospitalizations, and find ways to retain residents as their healthcare needs evolve.

- *Resident acuity and overall care needs are rapidly expanding in the assisted living setting.* Recent CDC data reveals that 40% of assisted living residents receive assistance with three or more activities of daily living, and 75% of residents have at least two chronic health conditions, such as heart disease, diabetes, COPD, or dementia.
- *Assisted living consumers demand a solution to their healthcare needs.* Assisted living is primarily paid for using private funds. As such, consumer demand drives much of the innovation in the industry. Overall

consumer and resident satisfaction is high, with 94% of assisted living residents reporting that they are satisfied with their overall quality of life (Assisted Living Federation of America., 2013).. Consumers want to stay in assisted living, and meeting their expanding healthcare needs requires active involvement from licensed nurses.

- *State nurse practice acts and assisted living regulations are sometimes in conflict.* Assisted living is regulated at the state level. In many states these regulations have been developed without full consideration of nurse practice acts, creating conflicts and areas where there is lack of clarity. This is particularly true with issues such as medication management, management of medical/nursing services, and resident retention. Additionally, in some states the assisted living regulations attempt to limit a nurse's role when he/she is working in an assisted living community (e.g., not allow the nurse to administer medications).
- *Unlicensed assisted personnel play an important role.* Because assisted living is primarily a private pay setting, and the availability of Medicaid-funded assisted living services is in limited supply in most states, affordability and ensuring access is a significant concern. Assisted living has long innovated new approaches to resident services and staffing, including the use of unlicensed assistive personnel. The best example of this is the use of medication "aides" or "techs." Research has shown that medication aides, when properly trained, are able to administer medication with error rates no higher than when medications are administered by nurses. Using unlicensed staff in this fashion allows nurses to focus on higher level activities, such as assessments, service planning, staff training, and overall management.

The CGNO members welcome the opportunity to discuss these recommendations; for more information contact Sarah Burger at [SGBurger@rcn.com](mailto:SGBurger@rcn.com).

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