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My name is Charlene Harrington and I am a professor of nursing and sociology at the University of California, San Francisco. I am honored to be invited to serve as a moderator for the forum today and pleased by the agenda of speakers. This forum is addressing the single most important factor related to poor nursing home quality across the country -- the inadequate numbers and training of registered nurses, licensed practical nurses, and nursing assistants in facilities providing care to residents.

POOR QUALITY OF CARE

Recently, the US General Accounting Office found that one-third of California's nursing homes had seriously jeopardized the health and safety of residents and most other nursing facilities provided inadequate care. Another GAO study of four states found that many nursing homes had caused actual or potential death or serious injury to residents and 77 percent of those facilities had the same or more serious problems in subsequent surveys conducted by state licensing and certification agencies. This year the Inspector General also confirmed that many quality problems found in nursing homes are chronic and reoccurring. State surveyors report nursing home staffing shortages and inadequate staff expertise are major factors in poor quality.

RELATIONSHIP OF STAFFING TO QUALITY

Many research studies have shown the positive relationship between higher nurse staffing levels, especially RNs staff, and the outcomes of nursing home care. Studies show lower staffing is associated with high urinary catheter use and urinary infections, low rates of skin care and high pressure sore rates, low resident participation in activities, and poor physical functioning. Other studies show that higher ratios of RNs to residents reduce the likelihood of death and increase the probability of discharge to the home. Less RN staff and other direct care staff are consistently related to more deficiencies.

Studies show inadequate staffing and inadequately trained staff are major contributors to poor feeding, malnutrition, dehydration, starvation and the hospitalization of nursing home residents. Other studies show that nursing assistants have inadequate time to provide individualized and high quality of care and they cut corners on providing care to manage the heavy workloads. Psychological and physical abuse of residents by nursing assistants is related to the stressful working conditions in nursing homes. In summary, the evidence is strong that RN staffing and total nurse staffing levels are important factors in ensuring high quality of care in nursing homes.

CURRENT NURSE STAFFING IN THE US

For the past five years, I have been studying nursing home staffing, using HCFA data for all US nursing homes. The average RN time (including all nurse administrators) was 42 minutes per resident day, LVN/LPN time was 42 minutes, and nursing assistant time was 126 minutes in 1997. The total average nurse staffing time was 3.5 hours per resident day, but these staffing hours are probably overstated because they are self-reported by facilities and not audited by HCFA. In other words, there is only 1 RN and 1 LVN for every 34 residents and 1 nursing assistant for every 12 residents per day in the US. It is apparent that a little over 1 hour per shift is not enough time to provide good nursing care to residents.

Wide disparities in nurse staffing levels are found in different types of facilities and across states.

Hospital-based and skilled nursing facilities that take only Medicare residents have twice as much nursing staff as other facilities. For-profit facilities have significantly lower staffing as do those facilities with higher percentages of Medicaid residents. The large inequities in staffing levels across facilities is unacceptable.

Many facilities have dangerously low staffing, especially some for-profit and Medicaid only facilities. 12 percent of US nursing homes had only 1 and 2.5 hours of nursing staff per resident day, while another 28 percent had low staffing. Facilities with low staffing levels should be targeted for more frequent inspections and audits by nursing home surveyors, but HCFA does not require or encourage states to do this.

This year, the shockingly poor quality and low staffing ratios in California nursing homes were used to argue for increases in California minimum staffing levels and increases in wages for staffing. In 1999, California legislature passed a budget act that raised the minimum nursing home staffing levels from 2.8 hours per resident day to 3.2 hours per resident day in California and raised wages by 5 percent for direct care nursing home staff. Overall, the legislature appropriated \$72 million dollars for Medicaid (half federal and state funds) beginning January 2000 for these changes in nurse staffing in nursing homes, which will result in hiring 5,000 additional nursing home staff. Although we had hoped to further raise the minimum staffing over the next three years, the governor vetoed this request until the state assesses the effect of the 1999 staffing increases. Overall, we are pleased with this beginning and hope that California staffing will become a model for the nation.

EXPERT PANEL RECOMMENDATIONS

What are the appropriate nurse staffing levels for nursing homes? A group of experts have developed a set of recommended minimum staffing levels that should be set by government, available as handouts here today. The experts recommend more administrative and RN staff proportionate to the size of the facility, including 24 hour RN coverage. (1 licensed nurse should be available to care for every 15 residents during the day shift, 1 for every 20 in the evenings, and 1 for every 30 at night at a minimum. For direct caregivers, the experts recommend a minimum ratio of 1 caregiver to 5 residents on the day shift, 1:10 for evenings, and 1:15 for nights.) Overall, a minimum of 4.5 hours per resident day of total nursing time is needed, or one hour more than the current national average, with additional staff for residents with higher nursing care needs. Substantial increases in the training of nurses are needed. We hope that HCFA will use this information to establish minimum federal staffing standards for nursing homes.

ADMINISTRATIVE EXPENDITURES AND PROFITS

One way to increase staffing expenditures is to reduce expenditures on administration and profits in the nation's nursing homes. In the U.S., only 36 percent of total nursing home expenditures is expended on direct care (nursing staff and other direct care staff) in 1996. Administrative costs are 27 percent of operating expenses and profits are high in some facilities. Government, which currently pays 61 percent of nursing home costs, must be willing to pay for adequate staffing levels, while ensuring public accountability.

CONSUMER INFORMATION ABOUT STAFFING

For the past five years, my colleagues Sara Burger and David Zimmerman and I have been developing a consumer information system for nursing homes. In July 1998, President Clinton announced that HCFA would put consumer information about nursing homes on the Internet, as we had long proposed. Since

that time, we have been working with HCFA officials on an informal basis. In September 1999, HCFA added new information to Nursing Home Compare Web site. This includes information on individual facility characteristics and about residents, including: the percent of residents who are in restraints, with pressure sores, and with incontinence.

At the last minute, however, HCFA made a decision not to including the nurse staffing data on individual facilities, by making excuses that they were not certain the data were accurate. We were extremely disappointed in HCFA's decision that we did not find justifiable. We hope that HCFA will move forward with plans to put staffing information on the nursing home Website, so that the public will know what is going on behind the closed doors of the nation's nursing homes.

In summary, nursing home staff are the key to improving the quality of nursing home care. We are pleased that the US Senate Special Committee on Aging recognizes the importance of nursing care in nursing homes as demonstrated by this forum today. We look forward to hearing about the problems with staffing as well as how excellent nursing home care can be provided. We are all here today to ensure that our nation's nursing home residents have the right to a high quality of care and a high quality of life and human dignity.