Research Supporting 24 HR RN Presence in Nursing Homes

* There is mounting research evidence that higher levels of RN time is associated with positive outcomes and less RN time associated with negative outcomes:
* Of particular relevance to today’s health care improvement initiatives is the positive effect of RNs in decreasing unnecessary hospitalizations of nursing home residents. (Decker 2008), (O’Malley, Caudry & Brabowski 2011), (Dorr, Horn and Smout 2005), (Horn, Buerhaus, Bergstrom and Smout 2005) Most importantly, one study (Dorr et al) showed that the savings in hospitalizations paid for the increased RN time.
* Higher RN levels significantly and positively affect quality resident outcomes including lower antipsychotic use, and fewer pressure ulcers, restraint use and cognitive decline. (Meret Hanke, Neff, and Mor 2004); reduced incidences in four related conditions, catheterizations, Urinary Tract Infections(UTI) antibiotic use and pressure sore development. (Cherry, 1991); decreased pressure ulcers and UTIs (Konetzka, Stearns, Park 2007).
* The presence of RNs not only affects resident outcomes, but also impacts nursing home citations for deficient practice by state survey agencies. Lower RN and total staffing levels are associated with more deficiencies.(Johnson-Paulson & Infeld 1996), (Konetzka, Yi, Norton, Kilpatrick 2004), (Castle, Engberg, 2010) (Harrington, Zimmerman, Karon, Robinson, Beutel, 2000).
* In 2004, the Institute of Medicine report, *Keeping Patients Safe, Transforming the Nursing Workforce* recommended updating the nursing home reguations to require at least one RN on duty at all times (Institute of Medicine, 2004). The presence of an RN twenty-four hours a day, had also been recommended by two prior IOM reports (Institute of Medicine 1996, Institute of Medicine 2001).

**References:**

Castle, N., and J. Engberg, 2010. “An Examination of Special Focus Facility Nursing Homes.” *Gerontologist., 5*0 (3): 400-7

Cherry, R.L..(1991) ”Agents of nursing home quality of care: Ombudsman and staff ratios revisited.” *The Gerontologist,* 31, 302-308.

Decker, F.H. 2008. “The Relationship of Nursing Staff to the Hospitalization of Nursing Home Residents,” *Research, Nursing and Health.* 31 (3):238-51.

Dorr, D.A., S.D. Horn, and R.J. Smout. 2005. Cost Analysis of Nursing Home Registered Nurse Staffing Times. J. *American Geriatric Society.*  53 (5):840-5.

Harrington, C., Zimmerman, D., Karon, S.L., Robinson, J., and Beutel, P. 2000. “Nursing Home Staffing and Its Relationship to Deficiencies.” *The Journal of Gerontology: Social Sciences.* 55B (5):S278-286.

Horn, S.D., P. Buerhaus, N. Bergstrom, and R.J. Smout. 2005. “RN Staffing Time and Outcomes of Long-stay Nursing Home Residents: Pressure Ulcers and Other Adverse Outcomes Are Less Likely as RNs Spend More Time on Direct Patient Care”. *American J. of Nursing.* 105 (11):58-70.

Institute of Medicine.(2001) *Improving the quality of long term care*. Washington, DC Academy of Medicine.

Institute of Medicine. 2004. *Keeping patients safe: transforming the work environment of nurses.* Washington, DC: National Academy of Medicine.

Institute of Medicine 1996, *Nursing staff in hospitals and nursing homes: Is it adequate?.* Washington, DC National Academy of Medicine

Johnson-Pawlson, J. and D. Infeld. 1996. “Nurse Staffing and Quality of Care in Nursing Facilities.” *J. Gerontological Nursing.* 22:36-45.

Konetzka, R.T., D. Yi, E.C. Norton, and K.E. Kilpatrick, 2004. “Effects of Medicare Payment Changes on Nursing Home Staffing and Deficiencies.” *Health Services Research.*  39 (3):463-487.

Konetzka,R.T., Stearns, S.C., Park, J. (2008) ”The Staffing-Outcomes Relationship in Nursing Homes.” *Health Services Research*, 43(3):1025-1042.

O’Malley, A.J., D.J. Caudry, and D.C. Grabowski. 2011. “Predictors of Nursing Home Residents’ Time to Hospitalization”*. Health Services Research*. 46 (1):82-104.