The Coalition of Geriatric Nursing Organizations

**Nursing Staffing Recommendations for Proposed Changes in Nursing Home Regulations**

 **from the Coalition of Geriatric Nursing Organizations (CGNO)**

 The Coalition of Geriatric Nursing Organizations consists of the major associations representing long term care nursing, including: American Academy of Nursing, Expert Panel on Aging, American Assisted Living Nurses Association,

American Association for Long Term Care Nursing, American Association of Nurse Assessment Coordination,

Gerontological Advanced Practice Nurses Association, Hartford Institute for Geriatric Nursing, and

National Association of Directors of Nursing Administration in Long Term Care, and National Gerontological Nursing Association.

 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 includingnursing 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.

**Recommendations**

The CGNO strongly urges the following be included in the new nursing home regulations:

1. **A registered nurse shall be present in the nursing home 24 hours a day for oversight of resident care, resident assessment, supervision of licensed nursing staff, and delegation to certified nursing assistants.**
2. **A registered nurse shall serve as the Director of Nursing. Waivers of this requirement shall not be permitted.**
3. **The hours of direct nursing care for each resident shall be at least 4.1 hours per resident day. A minimum of 30% of these hours shall consist of care provided by licensed nurses. Administrative RN positions such as the Director of Nursing and Assistant Director of Nursing shall not be counted as direct nursing hours for resident care.**

These recommendations are based on the following rationale:

* *Fewer nursing hours are 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 hoursof 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).
* *There are* i*nsufficient 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 ofresearch 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.)

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| **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.

 There have been a considerable number of studies demonstrating the positive fiscal and quality outcomes of these recommendations.

 The CGNO welcomes the opportunity to discuss these recommendations further and strongly urges their inclusion in the revised conditions of participation. The CGNO contact is Sarah Burger at at SGBurger@rcn.com.

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