



The National

CONSUMER VOICE

for Quality Long-Term Care

formerly NCCNHR



BETTER STAFFING

THE KEY TO BETTER CARE



Nursing Home Staffing Campaign

- **Implementation of system to collect staffing information through payroll data**
- **24-hour Registered Nurse (RN)**
- **Minimum staffing standard of at least 4.1 hours of nursing care per resident per day**
 - **Certified nursing assistants, licensed practical nurses, registered nurses**
 - **Direct care only**



Order of Speakers

Sarah Greene Burger, Coordinator, Coalition of Geriatric Nursing Organizations

Robyn Grant in the role of Diane Carter (American Association of Nurse Assessment Coordination)

Jeff Kelly Lowenstein, Lecturer, Journalism Department of Columbia College

Sarah Greene Burger

Cathy Hurwit, Chief of Staff for US Representative Jan Schakowsky (D-IL)

Robyn Grant

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

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The Coalition of Geriatric Nursing

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Support for 24 hour RN Staffing

- Research on RN staffing in acute care hospitals strongly supports that higher RN staffing is associated with lower adverse outcomes and higher quality of care (Welton)
- These findings have dramatic implications for RN staffing in Nursing Homes
 - RN staffing in Hospitals is over 10 hours ppd in a 24 hour period (Welton)
 - RN staffing in nursing homes averages 30-38 mprd in a 24 hour period (Harrington)
- Castle synthesized the research on nurse staffing in nursing homes over a 15 year period and found results consistent with those in acute care settings
 - Higher nurse staffing levels were positively and significantly correlated with improvements in 40% of the quality indicators studied
- Low numbers of RNs force LPNs to function outside their legal scope of practice (Corazzini et al 2013a,b)
- Three Institute of Medicine reports have recommended 24 hour RNs (2001,1996, 1986)

Citations for 24 hour RN Staffing

Castle,N. (2008). Nursing home caregiver staffing levels and quality of care: A literature Review. Journal of Applied Gerontology: 27, 375-406

Corazzini,K., Anderson, R., Mueller, C., Hunt-McKinney, T., Day,L, & Porter,L. (2013a)Understanding RN and LPN patterns of practice in nursing homes. Journal of Nursing Regulation. 4(1), 14-18.

Corazzini.K., Mueller,C., Anderson,R., Day, L., Hunt-McKinney, & Porter, K. (2013b)Pain management in nursing homes and scope of practice. Journal of Gerontological Nursing, 39(4) 40-46.

Harrington, C. Carillo, H. Dowdell, M., Tang, P., Blank, B. (2011). Nursing facilities, staffing, residents, and facility deficiencies: 2005-2011. Department of Social and Behavioral sciences, University of California San Francisco, Retrieved April 23, 2013.

Institute of Medicine (1986) Improving the quality of care in nursing homes;(1996)Nursing staff in hospitals and nursing homes: Is It Adequate?; (2001), Improving the Quality of Long Term Care, Washington, DC: National Academy of Medicine

Welton, J.,(2007). Mandatory hospital nurse to patient staffing ratios: Time to take a different approach. Journal of Issues in Nursing, 12(3) Retrieved April 23, 2013.

Evidence for Consumer Voice 4.1 Cite CMS, HIGN and Resident Acuity

CMS/ HIGN Reports and Increased acuity:

- CMS' own report in 2002 recommended 4.1 hprd of **direct** nursing care including .75 for RN, .55 for LPN and excluding administrative RNs. Centers for Medicare & Medicaid Services (CMS). 2001. *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes. Report to Congress: Phase II Final. Volumes I to III. Baltimore CM (prepared by ABT Associates).*
- That report references the Expert Panel recommendation , a joint effort by NCCNHR/HIGN for a 4.13 minimum direct care staffing standard published in the Gerontologist in 2001. Harrington, C, Kovner, C, Mezey, M, Kayser-Jones, J, Burger, S, Mohler, M, Burke, R, Zimmerman, D.2000, Experts recommend Minimum Nurse Staffing Standards for Nursing Facilities in the United States., *Gerontologist*.Vol 40:1
- As you all know resident acuity has increased markedly from 3.7 in 2007 to 4.14 in 2012 for activities of daily living, mobility, transfer, eating, toilet use, and bathing. American Health Care Association. 2013 Quality Report accessed 11.1.14

<u>Staffing</u>	<u>Level</u>	<u>What it is</u>	<u>Direct or indirect</u>
CONSUMER VOICE	4.1	Needed to provide quality care	Only Direct Care
CMS 2002 Study on Appropriateness of Minimum Staffing Levels Ratios in Nursing Homes	4.1	Needed to provide quality care	ONLY Direct care
5-Star Quality Rating	4.1	Needed to qualify for 5-star quality rating	Includes direct and indirect care
5-Star Quality Rating	4.1	Average nursing home Staffing in nursing homes today	Includes direct and indirect care

24 hr. RN Coverage
and Scope of Practice:

***Situation
Critical***

AANAC Study

- AANAC pulled the narrative of all deficiencies cited in the U.S. at the IJ and/or Substandard Quality Care level from January 1 to March 31st 2012.
- Done to examine the failures of nursing practice that lead to tragic events or death.
- Intention is to use the information to inform nurses on how to improve their practice to avoid such events.

AANAC Study

- discovered that nursing scope of practice was never cited
- RNs and LPNs have a different scope of practice meaning which functions RNs and LPNs can legally perform
- most state nurse practice acts limit nursing assessment to RN practice

AANAC Study

- Nursing assessment not a function of the LPN role.
- Often LPNs were put in the untenable position of having to practice outside of their scope.
- One way to ensure that an RN is present 24hr./day is to raise questions about cited deficiencies and whether the nurse who was present was being asked to practice outside of her scope of practice.

Example of Citation

- LPN not aware of the lethal combination of a head injury in the presence of a blood thinner
- To manage that risk notify the physician immediately of the head injury in the presence of the anti-coagulant. Monitor neuro signs and notify the physician immediately at the first sign of mental status changes.
- Nursing assessment is not within the scope of LPNs. It was critically important to involve the RN immediately in assessment of risk.

Deficiency Citation

Ask why surveyors are not citing 483.75 (b) Compliance with Federal, State, and Local Laws and Professional Standards. It states:

483.75 (b)The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.

Including compliance with:

Related Procedures: §483.75(b)

- Accepted professional standards and principles include the various practice acts and scope of practice regulations in each State, and current, commonly accepted health standards established by national organizations, boards and councils.

Advocacy Strategy

1. Review your state nurse practice act
2. Identity the most critical state citations
3. Watch for citations that include interviews with LPNs only (no RN appears to have been involved in the incident)
4. Question surveyors about whether the LPN was being asked to practice outside of her scope because she is performing nursing assessment.
5. Let Consumer Voice know of your concern.

National Consumer Voice Presentation

Staffing Discrepancies and Racial
Disparities in American Nursing
Homes

Edna Irvin, former CNA





What Did We Do?

- a. Joined NHC data with calculation based on Medicare cost reports. Repeated with quarterly data.
- b. Followed analysis of Drs. Hawes, Kash and Phillips, recommendation from Dr. Harrington.
- c. We ended with about 10,000 homes out of more than 15,000.
- d. Hours Paid, not Hours Worked. Figures less precise, a little conservative.

What Did We Find?

- Systematic discrepancies across the country.
- All positions, all types of nursing homes.
- Particularly high for Registered Nurses.
- More than 80 percent of homes had these gaps for RNs. In more than 25 percent, the gap was at least double.
- Not inevitable. We found 48 5-star homes with a less than 10 percent difference between all staffing positions and total staffing.

Findings, Continued, Part II.

- Two levels of disparities for majority black and Latino facilities relative to majority-white homes.
- First was Nursing Home Compare disparity.
- Staffing levels for all groups lower in the cost reports analysis, but cost reports gap for majority white and majority black or Latino greater than Nursing Home Compare. For a city, black-white RN disparity greatest in Chicago.
- Cost reports disparities not accounted by a series of variables about the residents, the area or the market.

Why does this matter?

- Amount of care and turnover very closely associated with quality in close to 100 peer-reviewed studies.
- The gaps mean that the care the public thinks they're receiving may not be what they're getting on a daily basis.

Why does this matter?

- This moment in our society. The “Silver Tsunami” means an exploding number of seniors in the country.
- A decreased number of inspections each year from 2008 to 2012 makes accurate information even more important.
- CMS has said since at least 2001 that self-reported data is inaccurate, comparing payroll data to a “gold standard” and in 2005 saying that Medicaid cost reports are a more accurate source than Nursing Home Compare.

Why does this matter?

- IT'S THE LAW.
- We identified minimum state staffing standards violations for more than 740 nursing homes, including more than 270 in Illinois. This has implications for state oversight, federal certification.
- Section 6106 of the ACA required transition to payroll data by March 2012.

What has CMS Done About This?

- CMS said in late 2011 needed an extension, carried out a pilot payroll data project on about 120 homes.
- CMS said passage of IMPACT Act and infusion of \$11 million means will be done by end of 2016.

Where can I see the work?

- Center for Public Integrity: publicintegrity.org
- NBCNews.com
- HoyChicago: vivelohoy.com (Forthcoming)
- [Instagram.com/JonLowenstein](https://www.instagram.com/JonLowenstein)

Instagram Dialogue



jonlowenstein

Following

2 days ago

South Side - Chicago In one of the more heart wrenching interviews I've ever done Mary Mims described the demise of her daughter 36 year old daughter. When she showed us the images of her bed sore ridden body I couldn't believe that such suffering could be endured. We attended Letasha's funeral and then met with Ms. Mims at her home and listened to her story. Mary Mims prays during

♥ [pearlitrodden](#), [piccola__espo](#), [salomayasser](#) and 321 others like this.



bhmrob

Reminds me of visiting "shut-ins" as a church teen; our adult leader met his mentor from college staying in a disgusting nursing home. Sorrow vs. rage.



jeffklo

Thanks for your interest, [@dorseyd1964](#). We found that what nursing homes report for staffing times on the public website people use to help decide where to place their loved ones are often higher than the daily average we calculated through an analysis of annual financial documents. We found that close to 30 percent of the 1-star nursing homes that received HUD-backed mortgages had previously received a similar loan.



Leave a comment...



How can I learn about my community?

Find a nursing home:

Camellia

CAMELLIA ESTATES
1714 WHITE STREET
MCCOMB, MS

Total care

■■■■■
4:14 hours of care per patient per day
reported on Nursing Home Compare

■■■
2:38 hours of care per patient per day
calculated from cost report

Registered nurse care

■
54 minutes of care per patient per day
reported on Nursing Home Compare

4 minutes of care per patient per day
calculated from cost report

Source: Center for Public Integrity analysis of
Centers for Medicare and Medicaid Services 2012

Downloadable Data

Nursing Home Name	Street	City	State	Zip Code	Total CR H
BELLAKEN SKILLED NURSING CTR	2780 26TH AVENUE	OAKLAND	CA	94601	2.07
FREEDOM VILLAGE HEALTHCARE CENTER	23442 EL TORO ROAD	LAKE FORI	CA	92630	2.19
MISSION LODGE SANITARIUM	824 S GLADYS AVE	SAN GABR	CA	91776	2.37
PLYMOUTH TOWER CARE AND LIVING CENTER	3401 LEMON STREET	RIVERSIDE	CA	92501	2.39
BAYWOOD COURT HEALTH CENTER	21966 DOLORES STREET	CASTRO V	CA	94546	2.39
FREDERICKA MANOR CARE CENTER	111 THIRD AVENUE	CHULA VIS	CA	91910	2.45
VISTA DEL SOL CARE CENTER	11620 WASHINGTON BLVD	LOS ANGE	CA	90066	2.49
VILLA MESA CARE CENTER	867 E. 11TH STREET	UPLAND	CA	91786	2.59
GARDEN GROVE CONVALESCENT HOSP	12882 SHACKELFORD LANE	GARDEN G	CA	92841	2.6
BRASWELL'S HAMPTON MANOR	11970 4TH STREET	YUCAIPA	CA	92399	2.6
THE VILLAGE HEALTHCARE CENTER	2400 WEST ACACIA AVENUE	HEMET	CA	92545	2.73
THE REHABILITATION CENTR OF FRESNO	1665 M STREET	FRESNO	CA	93721	2.86
COUNTRY VILLA TERRACE NRSNG CTR	6070 W. PICO BOULEVARD	LOS ANGE	CA	90035	2.91
SOUTHLAND	11701 STUDEBAKER ROAD	NORWALK	CA	90650	2.92
BONNIE BRAE CONVALESCENT HOSP	420 SOUTH BONNIE BRAE ST.	LOS ANGE	CA	90057	2.99
NORTHGATE CARE CENTER	40 PROFESSIONAL CENTER PARKWAY	SAN RAFA	CA	94903	3
TRACY CONVALESCENT AND REHABILITATION CENTER	545 WEST BEVERLY PLACE	TRACY	CA	95376	3.02
COLLEGE VISTA CONV HOSPITAL	4681 EAGLE ROCK BLVD.	LOS ANGE	CA	90041	3.08
EMERALD TERRACE CONV HOSPITAL	1154 S.ALVARADO ST	LOS ANGE	CA	90006	3.12
PARK VISTA AT MORNINGSIDE	2525 BREA BLVD.	FULLERTO	CA	92835	3.12
VETERANS HOME OF CALIFORNIA -	700 EAST NAPLES COURT	CHULA VIS	CA	91911	3.13

Fierce Advocacy, Creative Strategies



To Continue The Conversation

- Jeff Kelly Lowenstein
- jkellylowenstein@gmail.com
- (312) 532-7902

American Academy of Nursing (AAN)

American Assisted Living Nurses Association (AALNA)

American Association for Long Term Care Nursing (AALTCN)

American Association of Nurse Assessment Coordination (AANAC)

Gerontological Advanced Practice Nurses Association (GAPNA)

Hartford Institute for Geriatric Nursing (HIGN)
College of Nursing, New York University

National Association of Directors of Nursing Administration in Long Term Care
(NADONA/LTC)

National Gerontological Nursing Association (NGNA)

The Coalition of Geriatric Nursing

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Staffing Recommendations

- A Registered Nurse must be present at all times for oversight or resident care, resident assessment, supervision of licensed nursing staff and delegation to nursing assistants
- The Director of Nursing be either prepared at the baccalaureate level or certified in nursing administration by one of the CGNO organizations
- The hours of direct nursing care for each resident be at least 4.1 hours per resident day with a minimum 30% of that consisting of licensed nurses (RN/LPN).
- 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 41. Hours per resident minimum.

FORMING AND EXPANDING COALITIONS IS KEY TO ACTION

Tips for Coalitions

- Find a leader who:
 - o Wants to make it work
 - o Can listen
 - o Makes suggestions without meddling
- Start by getting used to working with each other
- Focus on an issue that all can coalesce around
- Look for likely allies
- There are levels of coalition building
 - o Expand coalition or engage allies to achieve goals
 - o Reach out to groups you wouldn't necessarily consider an ally
 - o Never give up on a potential ally

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American Association for Long Term Care Nursing, American Association of
Nurse Assessment Coordination, Gerontological Advanced Practice Nurses
Association, Hartford Institute for Geriatric Nursing, National Association of
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Nursing Home Staffing Campaign Update

Campaign Goal	Status	What YOU Can Do
Implementation of system to collect staffing information through payroll data	CMS commitment to implement system nationwide by end of 2016	Stand by in ready mode if widespread advocacy is needed to make sure we have proper, timely implementation
24-hour RN	Bill introduced; Assigned to House Ways & Means and Energy & Commerce Committees; 4 Democratic sponsors; CV network asked 245 House members to co-sponsor	Ask YOUR US representative to co-sponsor the bill, particularly if Republican
Minimum staffing standard of at least 4.1 hours of nursing care per resident per day (CNAs, LPNs, RNs; direct care only)	Public education and awareness campaign underway; 205 US senators and representatives contacted, 300 people signed postcards	<ol style="list-style-type: none"> 1. Use our staffing toolkit 2. Send messages to your US senators and representatives



1. Go to: theconsumervoice.org/betterstaffing
2. Click here:



**Send a Letter to
Congress in
Support of
Stronger Nursing
Home Staffing!**



The National
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Better Staffing: The Key to Better Care Postcard



NURSING HOMES NEED MORE STAFF

Lack of enough staff in nursing homes can harm residents and prevent them from getting even the most basic care they need. Understaffing has been linked to pressure ulcers (bedsores), malnutrition, dehydration, preventable hospitalizations and even death. Residents may also experience loneliness and isolation as a result of understaffing. Even the best nurses and nurse aides cannot provide quality care if there are not enough of them. Nursing home residents are not the only ones who suffer. Insufficient numbers of staff cause on-the-job injuries for overworked employees; distress and anxiety for residents' families; and unnecessary costs for taxpayers when residents end up in the hospital and Medicare must pay the bill.

CURRENT FEDERAL LAW MUST BE CHANGED

Federal law only requires a nursing home to have "sufficient" staff to meet the needs of residents. The term "sufficient" is vague and very difficult to measure. A study by the federal government determined that nursing home residents need at least 4.1 hours of care per day. This is the minimum amount of care residents need to prevent common quality of care problems and loss of the ability to do things independently, like eating. Staffing levels in nursing homes should be increased so each resident receives the recommended minimum of 4.1 hours of care every day.



- **Pick up staffing postcards at CV resource table**
- **Prize for the most cards collected by Dec 24, 2014**

HAVE FUN WITH 4.1!



4.1

It can be done!





IT CAN BE DONE!!!!



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The National Consumer Voice for Quality Long-Term Care
www.theconsumervoice.org

Better Staffing: The Key to Better Care
Campaign Webpage
www.theconsumervoice.org/betterstaffing