



HB 2348/Nursing Home Staffing

Preventing injury, illness and death through improved nurse staffing

Kansas Advocate for Better Care // AARP Kansas

Current Kansas Standards

Your own sub headline

- **The current standard is 1.85 average hours in 24 hours, with a weekly average of 2 hours per resident/day**

1 nursing staff for every 30 residents

- 4.8 min = RN

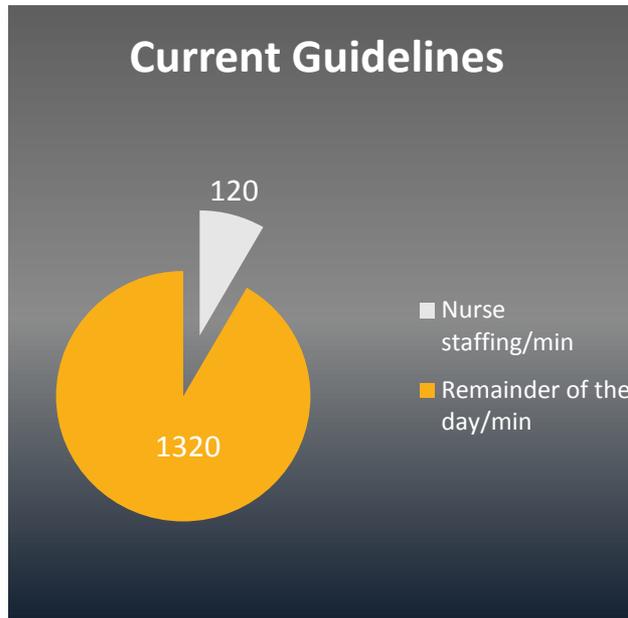
- 28.8 min = LPN

- **Resident acuity has substantially increased since the standard was adopted more than 30 years ago.**

With no corresponding increase in the minimum standard for nursing care.

Current Guidelines

Nurse staffing in Kansas nursing homes



Currently, nursing homes are directed by guidelines to provide a minimum of 2 hours of nursing care to each resident each day. There is a staffing ratio requirement of:

- 1 CNA for 30 residents and
- 1 licensed nurse for 60 residents and
- there must always be two nursing personnel in the building (regardless of number of residents)

These requirements have not been updated or adjusted for increased resident needs since they were adopted in 1980.

HB 2348

What it proposes

Public Notice of Staffing

HB 2348 requires an adult care home to conspicuously post the current number of licensed and unlicensed nursing personnel -- **RNs, LPNs, nurse aides, nurse aide trainees, medication aides and paid nutrition assistants** -- who are directly responsible for resident care and current ratios of residents to licensed and unlicensed personnel for each wing and each shift.

Training

The bill sets in statute the training requirements for unlicensed staff and paid nutrition assistants, consistent with the requirements currently set in Kansas regulations.

Civil Monetary Penalties

HB 2348 increases the cap on the maximum amount a facility can be fined for noncompliance with state and federal requirements from \$2,500 to \$3,000. The maximum fine for citations for repeated deficiencies over an 18-month time period also is increased, from \$5,000 to \$6,000

The facility "does not have enough staff. We are always short and things slide when we are short."
-- Staff member

It's not the staff's fault, there is not enough of them.
-- Resident

"Staff don't get me up as much as they used to. I only get up in the evenings now."
-- Resident

- Facility cited for failing to ensure the daily staff posting available and prominently displayed for residents, and visitors, and failed to maintain the retention of the daily posted staffing schedules for 18 months.
- The facility failed to ensure adequate staff for 4 residents at risk for pressure sores related to repositioning

"The staffing is low; I wear a diaper because they do not get me to the bathroom in time."
-- Resident

"It is hard to get this all done with only 2 aides. We also have the showers and meals to do."
-- Staff Member

Comments made by residents and staff as documented in reports citing Kansas nursing homes for inadequate nurse staffing.

Resident Outcomes

The results of low nurse staffing



2 hours isn't enough

Avoiding injury, illness and death



According to CMS data, more than 69% of Kansas nursing home residents are taking antipsychotic medications, about 4% higher than the U.S average.

KDOA/KDADS issued cited 407 Kansas facilities with 636 deficiencies related to unnecessary medications from 2009-2012.

Decubitus ulcers, commonly known as pressure sores or bed sores, are entirely preventable if a person is receiving adequate care.

KDOA/KDADS issued cited 136 Kansas facilities with 198 deficiencies from 2009-2012.

Incontinence that is not properly managed can contribute to the development of bladder and kidney infections. Incontinence can also increase the risk for skin rashes and pressure sores and falls.

KDOA/KDADS issued cited 529 Kansas facilities with 1,153 deficiencies from 2009-2012.

2 hours isn't enough

Avoiding injury, illness and death



Dehydration is among the most common outcomes of poor care. It is associated with infections, pressure ulcers, anemia, hypotension, confusion and impaired cognition, decreased wound healing and hip fractures. When hospitalized for an acute illness, malnourished or dehydrated residents suffer increased morbidity and require longer lengths of stay.

KDOA/KDADS issued cited 123 Kansas facilities with 1766 deficiencies related to dehydration from 2009-2012.

Nursing home residents are at risk of injury or death as a result of falling. Frail elders with muscle weakness, chronic conditions that make walking difficult, medications, and environmental hazards all increase the risk of falling

KDOA/KDADS issued cited 705 Kansas facilities with 1,640 deficiencies from 2009-2012.

An inadequate number of nursing staff can contribute to all of the above resident outcomes as well as a host of others, such as poor dental care, cleanliness and safety issues.

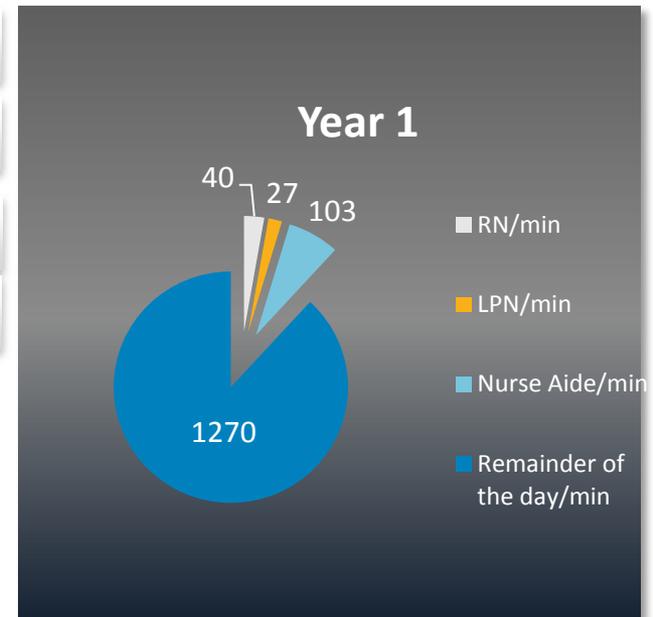
KDOA/KDADS issued cited 106 Kansas facilities with 131 staffing deficiencies from 2009-2012.

Nurse staffing improvements

Phased-in over three years

Year 1

- Minimum nurse staffing care: 2 hrs. 50 min/resident/day
- 40 min = RN care
- 27 min = LPN care
- 1 hr. 43 min = Nurse Aide care

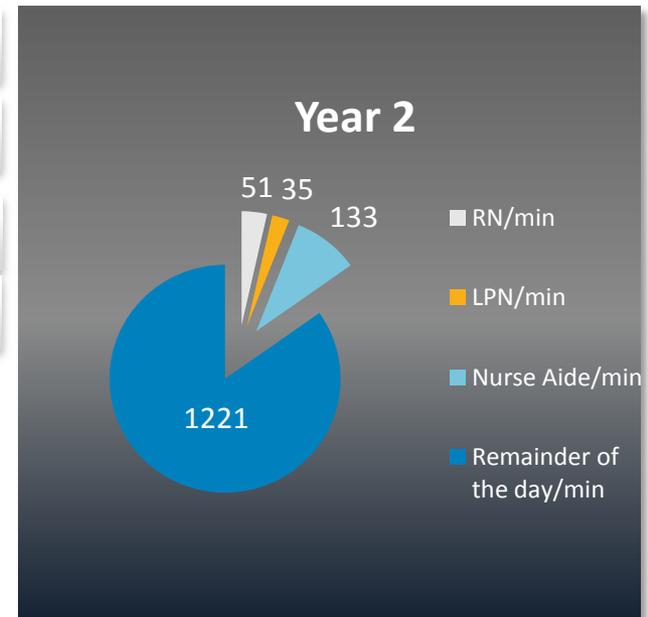


Nurse staffing improvements

Phased-in over three years

Year 2

- Minimum nurse staffing care: 3 hrs. 51 min/resident/day
- 51 min = RN care
- 35 min = LPN care
- 2 hr. 13 min = Nurse Aide care

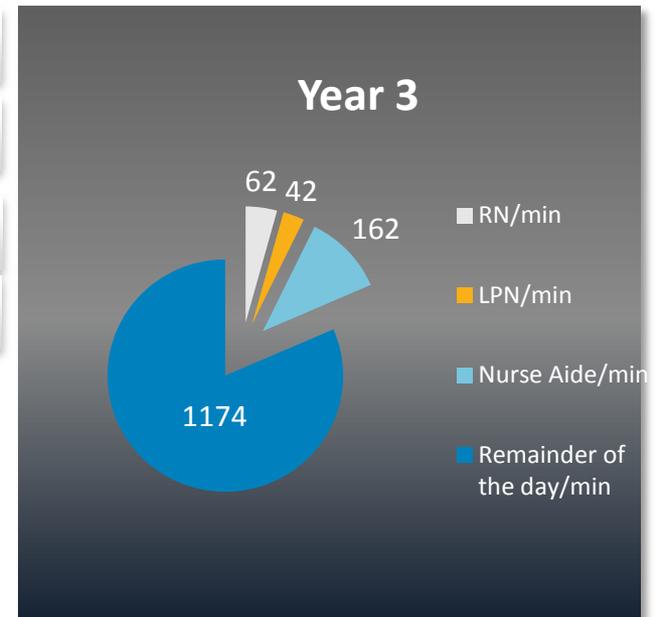


Nurse staffing improvements

Phased-in over three years

Year 3

- Minimum nurse staffing care: 4 hrs. 26 min/resident/day
- 62 min = RN care
- 42 min = LPN care
- 2 hr. 42 min = Nurse Aide care



The cost of poor care

Your own sub headline

Improved health outcomes

1

“The cost of poor care in America’s nursing homes is staggering, whether it is measured by poor health outcomes and the number of lives lost, or by the amount of money spent on treating preventable conditions. While the trauma inflicted upon nursing home residents and their loved ones is not easily categorized and calculated, the financial costs are quantifiable. The financial burden of poor care rests not only on individuals and families, but also on all American taxpayers, through Medicare and Medicaid.” – The Consumer Voice

Cost savings

2

Real savings have been documented in other states. The University of Utah found that increasing the ratio of nurses to patients enough to all nurses to spend 30-40 min./day with a patient resulted in an annual savings to Medicaid of nearly \$3,200 per nursing home resident.

For Kansas, that could mean a potential savings of up to \$32 million.

HB 2338

A win-win opportunity



1. It is time to update the standard of nursing home care to meet current recommendations thus avoiding illness, injury and death.
2. The Quality Care Assessment Fund was created to “finance initiatives to maintain or improve the quantity and quality of skilled nursing care” in Kansas facilities.
3. This offers meaningful employment opportunities in communities across Kansas as well as reducing the high rate of turnover in nursing homes.