

Why Nursing Homes Need a Minimum Staffing Standard

In April 2022, the Centers for Medicare & Medicaid Services (CMS) announced it was beginning the process of implementing a minimum staffing standard for nursing facilities.ⁱ This standard would require nursing homes to have enough staff to provide each resident with a minimum amount of direct care each day. Since the announcement, CMS has undertaken a study to determine the standard and intends to publish proposed rules in early 2023. When implemented, this standard will be the most significant increase in protections for nursing homes in decades.

Why Staffing Matters

Staffing nursing homes adequately has multiple benefits to residents. Numerous studies have found that there is a correlation between higher staffing levels and improved care quality.ⁱⁱ Increased staffing levels also led to fewer deaths from COVID-19.ⁱⁱⁱ Poorly staffed nursing homes are more likely to be cited for abuse,^{iv} have worse health inspections, and have lower overall five-star ratings than adequately staffed nursing homes.^v

What is the staffing standard now?

Currently, the federal regulations require that nursing homes have “sufficient staff” to provide nursing and related services to assure resident safety and that each resident can attain or maintain their highest practicable level of well-being.^{vi} This “sufficiency” standard has proven to be too opaque and has resulted in a wide variation in how each facility is staffed and how much care each resident receives.

What should the staffing standard be?

A 2001 CMS study found that nursing home residents require 4.1 hours per resident day (hprd) of direct nursing care to avoid being at an increased risk of harm.^{vii} The study found that every day residents need, at a minimum, .75 hours of care performed by a Registered Nurse (RN), .55 hours of care performed by a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN), and the remaining 2.8 hours of care to be performed by a Certified Nursing Assistant (CNA).^{viii} Other studies show a correlational relationship between inadequate staffing and lower quality of care.^{ix} Further, a Consumer Voice report found that nursing homes adhering to the 4.1 or greater hprd level made up the vast majority of the most highly rated homes.^x

While the 4.1 hprd level is an adequate baseline, CMS must also incorporate resident acuity into the minimum staffing standard. Many residents have higher care needs that require more care each day than 4.1 hprd. CMS itself recognizes that higher care needs require more resources, as evidenced by CMS's use of the Patient Driven Payment Model (PDPM), which assigns different payment levels based on the resident's care needs. Despite paying nursing homes higher rates for residents with greater needs, CMS takes little action to assure that this care is provided.

A 2020 paper recommended a guide for determining adequate staffing that resulted in a proposal for six different minimum staffing standards based on PDPM resident acuity levels.^{xi} Consumer Voice strongly supports the creation of a staffing standard that creates different minimum staffing baselines based on the acuity of nursing home residents.

Any new federal staffing standard should separately mandate staffing hours for each nursing staff category, i.e., RN, LPN/LVN, CNA. In states that have enacted their own staffing standards and treated all nursing staff categories uniformly, the number of RN hours decreased.^{xii} RN staffing levels are particularly critical to resident health outcomes. Increased RN staffing levels reduce resident incontinence,^{xiii} increase functional improvement,^{xiv} reduce pressure ulcers,^{xv} reduce the use of antipsychotics,^{xvi} reduce infections,^{xvii} and decrease mortality rates,^{xviii} among other benefits. Additionally, a staffing standard should prohibit non-nursing tasks from being delegated to nurses and it should not include any administrative nursing duties.

**STAFFING BELOW
4.1 HPRD
INCREASES RISK OF
HARM TO NURSING
HOME RESIDENTS**

Lastly, when implementing a minimum staffing standard, CMS should provide direct care nursing staff to resident ratios, so residents and their families are able to easily ascertain whether they are receiving the appropriate care each day.

Conclusion

It is essential that this standard provide minimum staffing levels based on resident acuity and be broken down into nursing staff to resident ratios. A minimum staffing standard will save countless lives and result in better health outcomes for nursing home residents across the country.



Citations

- ⁱ <https://www.federalregister.gov/documents/2022/04/15/2022-07906/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>
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- ^{iv} <https://theconsumervoic.org/uploads/files/issues/Staffing-Matters.pdf>.
- ^v *Id.*
- ^{vi} 42 C.F.R. § 483.35.
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