

Long-Term Care Survey Alert

Staffing: HHS CONCLUDES STAFFING RATIOS NOT CURRENTLY FEASIBLE

The second half of the long-awaited **Department of Health & Human Services** nursing home staffing study shows skilled nursing facilities are chronically understaffed but concludes that a staffing ratio is not feasible at this time.

The public got wind of the study prematurely last month after a leaked copy of the findings was published by the press on Feb. 17. Though a government spokesperson insisted that HHS hadn't approved the draft study yet, consumer advocates and policymakers pounced on its figures and recommendations immediately.

The majority of states have passed minimum staffing thresholds for nursing homes. Yet the federal government only requires facilities that participate in Medicare or Medicaid to provide licensed nursing coverage 24/7 (including an RN for eight consecutive hours a day) and sufficient nurses and other staffing to ensure residents attain their highest practicable level of well-being.

Pattern of Incremental Benefits

The HHS staffing study a sequel to an earlier August 2000 study that promised to consider recommending a federal staffing mandate found that a "pattern of incremental benefits" of increased staffing occurs until a certain threshold is reached, after which no further significant benefits were seen.

For nurse aides, this threshold fell between 2.4 and 2.8 hours per resident day, depending on facility case mix. For licensed staff, it was between 1.15 and 1.3 hours per resident day. And for registered nurses, the threshold ranged between .55 and .75 hours per resident day.

The report, prepared by **Abt Associates** of Cambridge, MA, also says that more than 91 percent of facilities do not have enough nursing assistants to provide a minimum of 2.8 to 3.2 hours of care per resident day, including essential services such as dressing and grooming, exercising, feeding, toileting and repositioning.

Yet despite these findings and much to the chagrin of nursing home resident advocates, the report does not call for new staffing standards. It does, however, direct HHS to continue to study the quality improvements and costs associated with increasing staffing up to the identified thresholds.

Observers say it isn't likely that the recommended figures will be used as standards by surveyors in the absence of any policy change based on the study.

The report also calls on the government to make more staffing data available to the public in the hope that market forces may help correct the problem. "With reliable information, nurse staffing levels may simply increase due to the market demand created by the informed public," the study maintains.