

Welcome to the first issue of *Nursing Counts*!

Through the generous support of the Hartford Institute for Geriatric Nursing, *Nursing Counts* will focus on nursing workforce issues in particular as they affect the elderly. The goal of *Nursing Counts* is to keep you informed and up to date. Workforce issues include the supply, demand, and need for registered nurses and other nursing staffing levels in health care organizations such as hospitals, nursing homes, and home health agencies, and how these staffing levels impact the quality of care. The focus will be national, but we will occasionally provide state and regional information. In each issue we will print **Fast Facts** - those numbers that you wish you had when you wanted to impress someone - a legislator, a professional group, or insurers. We will include **Research Briefs** - short summaries of research articles, including their full citations - about the nursing workforce.

Each issue will also include a brief article describing new data or reinterpreting data that has been presented elsewhere.

Our first issue is devoted to nurse staffing issues in nursing homes. We want to respond to your data needs and welcome your comments. We also welcome your submission of original material of less than 250 words and suggest you contact one of us prior to sending the material.

We thank the members of the Editorial Advisory Board whose names are listed on the fourth page of this newsletter. We are grateful for their advice. We are two nurses - teachers and researchers - who care deeply about nurses and the contribution they make to health care. We work a continent apart, but through the electronic marvels of our current world, were able to put this together.

Please e-mail us at hartford.ign@nyu.edu

FAST FACTS	
<p>STAFF</p> <ul style="list-style-type: none"> ▶ 170,856 RNs worked in nursing homes or other extended care facilities in 1996. ▶ Nursing care in nursing homes was provided by 913,500 FTE RNS, LPNs, nurse aides and orderlies in 1995. ▶ Nursing care workers represent 68.5% of all full-time-equivalent employees working in nursing homes in 1995. ▶ There were 7.3 full-time-equivalent RNS per 100 nursing home beds in 1995. 	<p>RESIDENTS</p> <ul style="list-style-type: none"> ▶ There were 16,700 nursing homes with 1,770,900 beds in 1995. ▶ 1.7 Million elderly people were admitted to nursing homes in 1995. ▶ 90% of people in nursing homes were 65 years old or older in 1995. ▶ Only 87% of the beds in nursing homes were occupied in 1995. ▶ 43% of people 65 and older will use a nursing home before they die.

In this Issue:

[Nursing Home Characteristics](#)

[Staffing in Nursing Homes](#)

[Research Briefs](#)

Forthcoming...

[Fall 1998 Home Health Care](#)

Staffing Issues

In this issue of *Nursing Counts* we use data from federal reports to compare 1985 and 1995 nurse staffing levels in nursing homes. RN staffing levels increased 56% and staffing levels of all nursing staff increased 30%. Given these increases, is there still reason for concern about the nursing care being delivered in nursing homes? In our opinion, ABSOLUTELY.



Mathy Mezey
RN, EdD, FAAN

Three major reasons account for our concern. First, despite gains, RN staffing remains dangerously low. Second, we are concerned that RN staffing is insufficient to care for the large number of patients whose recuperation has shifted from a hospital to a nursing home. We know little about how these unstable patients fair in nursing homes, which have substantially lower RN to patient ratios than do hospitals.

Third, we are concerned about what happens when long term nursing home residents manifest unpredictable health care events that can have serious consequences (e.g., not eating resulting in dehydration; aspiration leading to pneumonia). These events require professional nursing judgement and experience. Yet, there are long periods where there is no RN, or at best one RN in the home. Our intent here is to raise issues for professional and public debate. Please contact us to "weigh in" on these issues. We will include some of your comments in future issues of Nursing Counts.

- Mathy Mezey and Christine Kovner

NURSING HOME STAFFING: 1985 AND 1995

FULL-TIME EQUIVALENT STAFF

	1985	1995	% Change
All Staff	1,200,000	1,330,000	+ 11%
Direct Care Provider	793,600	933,600	+ 18%
All Nursing Staff	704,300	913,500*	+ 30%
RNs	83,300	129,700	+ 56%
LPNs	120,000	185,700	+ 55%
Nurse Aides	501,000	600,500	+ 20%

FULL-TIME EQUIVALENT STAFF / NUMBER OF BEDS

	1985	1995	
All Nursing Staff /100 Beds	43.4	51.6	
RNs /100 Beds	5.1	7.3	
LPNs /100 Beds	7.4	10.5	
Nurse Aides /100 Beds	30.8	33.9	

PERCENT STAFF

	1985	1995	
Nursing Staff as % of All Staff	61%	69%	
RNs as % of All Nursing Staff	12%	14%	

* The nursing staff numbers do not add up to 913,500; however, the 913,500 was the figure in the original data.

Sources:

Dey, A.N. (1997). *Characteristics of elderly nursing home residents: Data from the 1995 national nursing home society*. Hyattsville, MS: U.S. Department of Health and Human Resources (NTIS No. PB97-193064).

Strahn, G.W. (1997). *An overview of nursing homes and their current residents: Data from the 1995 national nursing home society*. Hyattsville, MD: U.S. Department of Health and Human Resources (NTIS No. PB97-189708).

Strahn, G.W. (1988). *Characteristics of registered nurses in nursing homes: Preliminary data from the 1985 national nursing home society*. Hyattsville, MD: U.S. Department of Health and Human Resources (DHHS Publication No. 88-1250).

Strahn, G.W. (1987). *Nursing home characteristics preliminary data from the 1985 national nursing home society*. Hyattsville, MD: U.S. Department of Health and Human Resources (Vital Health Statistics No. 131).

STATE DATA ON NURSING FACILITIES, STAFFING, RESIDENTS AND FACILITY DEFICIENCIES, 1991 THROUGH 1996

One valuable source of data on nursing home facilities and the quality of care in these facilities is from the On-line Survey, Certification, and Reporting system (OSCAR). The OSCAR system has information from the state surveys of all (about 16,000) certified nursing facilities in the U.S., which are entered into a computerized database.

A new "state book" presents calendar year data on nursing facilities, staffing, resident characteristics, and surveyor reports of quality deficiencies by state. These OSCAR data are from surveys in 1991 through 1996 collected by state agency surveyors on nursing facilities during the federal certification process for each calendar year.

The "state book" presents a description of facility characteristics. Detailed summaries about the size, certification, bed size, occupancy, ownership, hospital-based and chain affiliations and other facility characteristics are presented.

Resident characteristics are shown as reported by the nursing facilities. These include activities of daily living (ASLs), restraints, incontinence, psychological problems, and other special care needs of residents.

Nurse staffing (RNs, LVNs and NAs) hours per resident day are presented for nursing home facilities. These data are reported by facilities for a two week period prior to when the state survey was conducted. The data are the only major source of information for all facilities on staffing levels.

Finally, data are presented on facility deficiencies based on state surveyor evaluations of the process and outcomes of care in the facilities. Deficiency data are presented for the 17 major areas used in the survey process: (1) resident rights; (2) admission, transfer and discharge rights; (3) resident behavior and facility practices; (4) quality of life; (5) resident assessment; (6) quality of care; (7) nursing services; (8) dietary services; (9) physician services; (11) dental services; (12) pharmacy services; (13) infection control; (14) physical environment; (15) administration; (16) laboratory services; and (17) other. The information compiled shows differences in the frequency of the deficiencies by type and category.

The report shows the total 14,477 facilities, which had useable staffing data for the staffing analysis in 1996.

Registered Nursing Hours

The average RN hours per resident day

was 0.4 in 1991-1993. The average RN hours per resident day increased to 0.5 in 1994-96. This is 30 minutes per resident day or 10 minutes per 8 hour shift.

LPN/LVN Nursing Hours

The average LPN/LVN hours per resident day was 0.6 hours per day in 1991-95 and increased to 0.7 in 1993-96. This is 42 minutes per resident day or 14 minutes per 8 hour shift.

Nursing Aide/Assistant Hours

The average NA hours per resident day was 2.0 hours in 1991-95 and decreased to 1.9 hours in 1996. This is 114 minutes per resident day or 38 minutes per 8 hour shift.

Licensed Nursing Hours

The average licensed nursing hours (RNs and LPN/LVNs) per resident day was 1.0 in 1991-92 and 1.1 in 1993-96.

Total Nursing Hours

The total nursing hours (RNs, LPN/LVNs, NAs) per resident day was 3.0 to 3.1 hours per resident day over the 1991-96 period. This is about 1 hour per shift.

- *Charlene Harrington*

Fax requests for the "State Book" can be sent to Charlene Harrington at (415) 476-6522. The "State Book" costs \$15.00.

The relationship between the ratio of nursing staff to residents and the overall deficiency index is significant in Medicare/Medicaid certified nursing staff scored lower on an overall index of deficiencies noted by surveyors. Using 1991-92 data from the Online Survey Certification and Reporting (OSCAR) database on 198 facilities in Maryland and controlling for case-mix, ownership and payer mix, quality was measured using a scale based on deficiency scores.

Johnson-Pawlson, J. & Infeld, D. (1996). Nurse staffing and quality of care in nursing facilities. *Journal of Gerontological Nursing, 22(8), 36-45.*

Inadequate staffing at meal time is a barrier to adequate nutritional intake. In a study at two nursing homes interviews with physician, nursing staff, and families indicated that an inadequate number of staff to help residents during meals was a barrier to eating, particularly on units with cognitively-impaired residents. Although nursing assistants provide the direct assistance to residents, lack of professional staff to supervise and direct these aides was also a problem.

Kayser-Jones, J. (1997). Inadequate staffing at mealtime: Implications for nursing and health policy. *Journal of Gerontological Nursing, 23(8), 14-21.*

NURSING COUNTS

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The Hartford Institute's primary mission is to identify and develop best practices in nursing care for the elderly. The Institute is committed to disseminating the practices into the knowledge-base and work environment of every practicing professional nurse as well as every nursing student. We seek to inform the public to expect best practice and to assume national leadership in establishing best practice as the standard for geriatric nursing care.

To accomplish this, we are focusing on advancing the competence of nurses and the role that the nursing profession plays within the integrated delivery system of elder care initiatives of The Hartford Institute cluster in four areas: practice, education, research, and policy and consumer education. Additional information about specific initiatives is available on request.

About the Authors

Christine Kovner, PhD, RN, FAAN is an associate professor in the Division of Nursing, School of Education, New York University. Charlene Harrington, PhD, RN, FAAN is a professor in the School of Nursing, University of California at San Francisco.

The Hartford Institute for Geriatric Nursing

New York University
School of Education, Division of Nursing
429 Shimkin Hall, 50 West 4th Street, New York, NY 10012-1165
Phone: (212) 998-9018
Fax: (212) 995-4770
e-mail: hartford.ign@nyu.edu
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