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Counting Nurses

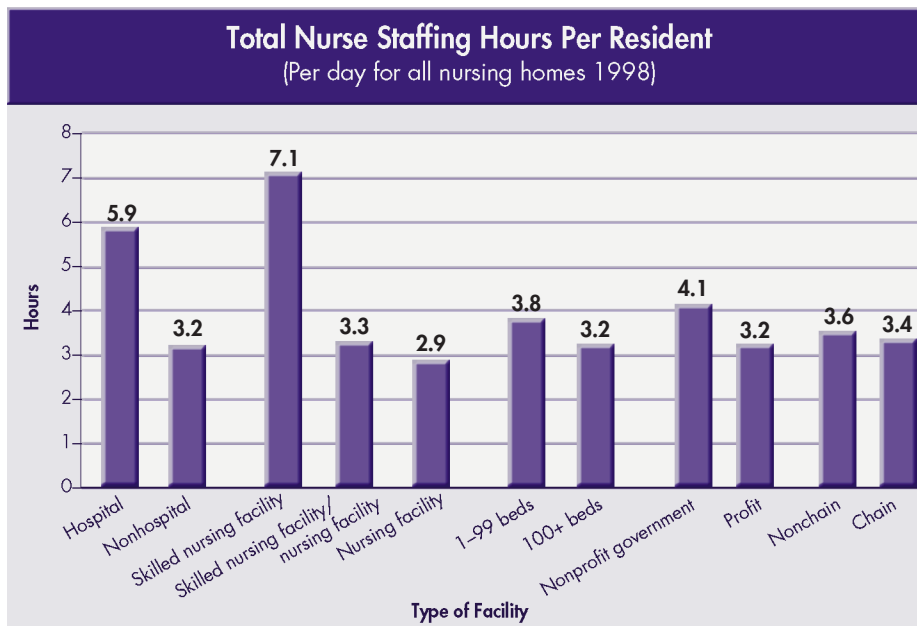
Data show many nursing homes to be short staffed.

Given that nurses need to assist nursing home residents with bathing, dressing, eating, toileting, walking, and taking medications, just over an hour per shift with each patient can't be adequate. But a recent survey shows that in 1998 nurse staffing time averaged just 3.5 hours per resident per day (little more than one hour per shift).

According to the On-Line Survey, Certification, and Reporting System (OSCAR), RNs, including administrators, spent 48 minutes, LVNs and LPNs spent 42 minutes, and nursing assistants spent 126 minutes per resident per day. (It's likely that these numbers are overstated, seeing as they're self-reported by facilities.)

The OSCAR, a source of comprehensive data about nursing home conditions sponsored by the Health Care Financing Administration (HCFA), gathered information from more than 90% of U.S. nursing homes in 1998. The results show that there were just one RN and one LVN for every 32 to 35 residents and one nursing assistant for every 11.5 residents.

The survey also pointed out wide disparities in nurse staffing levels among different types of facilities. Hospital-based nursing homes and skilled nursing facilities for residents covered by Medicare have almost twice the nursing staff as other facilities. Smaller, nonprofit, governmental, and nonchain facilities have sig-



Source: Harrington C, et al. Nursing facilities, staffing, residents, and facility deficiencies, 1992 through 1998 [PDF file]. San Francisco: Department of Social and Behavioral Sciences, University of California; 2000. <http://www.hcfa.gov/medicaid/nursfac98.pdf>.

nificantly more staff than comparison groups.

Approximately 36% of U.S. nursing homes offered less than three hours of nursing care per resident per day, and 11% of facilities had staffing levels well below

the average of 3.5 hours per resident per day. In late July, HCFA announced to the Senate Special Committee on Aging that it was beginning to "determine the costs and feasibility of implementing minimum staffing requirements."

FAST FACTS

- ▼ There were 103,028 RN full-time equivalents (FTEs), 113,514 LVN and LPN FTEs, and 364,382 nursing assistant FTEs working in 96% of U.S. nursing homes in 1998.
- ▼ The occupancy rate in nursing homes was 84% in 1998.
- ▼ Of nursing home residents in 1998, 7.5% were bedridden, 23% had contractures, 7.1% had pressure ulcers, 51% had bladder incontinence, 42% had bowel incontinence, and 12% were placed in restraints.
- ▼ In 1997, women who were at least age 65 represented 75% of nursing home residents, whereas men who were at least age 65 represented 25%.
- ▼ In 1997, 50% of nursing home residents over age 64 were at least 85 years old.

Sources: Harrington C, et al. Nursing facilities, staffing, residents, and facility deficiencies, 1992 through 1998 [PDF file]. San Francisco: Department of Social and Behavioral Sciences, University of California; 2000. <http://www.hcfa.gov/medicaid/nursfac98.pdf>. Kramarow E, et al. Health and aging chartbook. Health, United States, 1999. Hyattsville (MD): National Center for Health Statistics; 1999. PHS Pub. No. 99-1232-1.

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Staffing Is a State and Federal Concern

The serious labor shortage in nursing homes is under scrutiny.

In 1999, 21 states were considering legislation to increase staffing standards in nursing homes, according to the National Citizens' Coalition for Nursing Home Reform and the National Committee to Preserve Social Security and Medicare.

California has succeeded in changing its statutes to increase minimum staffing standards. It passed an amendment to the Health and Safety Code in the California State Budget Act of 1999 that states "commencing January 1, 2000, the minimum number of actual nursing hours per patient required in a skilled nursing facility shall be 3.2 hours." Nursing hours include those worked by aides, nursing assistants, orderlies, LVNs, and RNs. In addition to the change in minimum standards, the legisla-

ture appropriated \$36 million (to be matched by \$36 million in federal dollars) to increase staffing and Medicaid reimbursement rates for wages and benefits for nursing home staff. These legislative changes were supported by a coalition of nursing home advocates, senior citizens' organizations, union representatives, nursing organizations, and the nursing home industry.

HCFA has also been studying the problem of nursing home staffing and displays on its Web site nurse staffing information from all U.S. nursing homes. Visit www.medicare.gov/nhcompare/home.asp for specific information about nursing home facilities, their residents, and their assets and deficiencies.

Frequent reports about serious labor shortages in nursing

homes and noncompetitive wages and benefits have also caught Congress's attention. Senator Chuck Grassley (R-IA), chairman of the Senate's Special Committee on Aging, held a forum in November 1999 about the need to increase nursing home staffing. In July, the Clinton Administration called on Congress to recommend strict new rules for additional staffing of nurses in nursing homes around the country. A few members of Congress are considering more hearings and possible legislation on staffing in nursing homes.

Nurses should talk to their congressional representatives, inquire about state regulations for nursing home staffing, and discuss this issue with their state representatives.

Quality of Care Linked to Nurse Staffing Levels

Fewer pressure ulcers are among the benefits to nursing home residents.

A recent literature review shows a positive relationship between nurse staffing levels and the quality of care nursing home residents receive. Increased RN hours were associated with fewer pressure ulcers, lower rates of catheterization and urinary tract infection, and a probability of longer life. Yet current nurse staffing ratios, which are regulated by HCFA and state agencies, aren't adequate for addressing the complex needs of residents.

The authors presented recommendations about the amount and type of nursing staff needed to provide an acceptable minimum level of nursing care to nursing

home residents. This includes substantial increases in the total nursing hours per resident per day; 24-hour RN coverage, substituting nursing assistants with RNs or LPNs and LVNs for direct care; raising current staffing levels for residents with greater nursing needs (such as those with difficulty swallowing); and increasing the number of nurses during mealtimes. Significant increases in education and training levels were also recommended. Because the government is paying for 61% of nursing home expenditures, the researchers concluded, HCFA must hold nursing homes accountable for providing high-quality nursing care.

At a one-day meeting held in April 1998 at the Hartford Institute for Geriatric Nursing at the Division of Nursing, New York University, the majority of attendees supported these recommendations. The authors of the study asserted that legislation should be initiated to adopt recommendations from the meeting's panel of experts. These call for the establishment of minimum nurse-patient ratios that are clearly specified and carefully regulated. ▼

Source: Harrington C, et al. Experts recommend minimum nurse staffing standards for nursing facilities in the United States. *Gerontologist* 2000; 40(1):5-16.