

Nursing Counts

Coordinated by Peri Rosenfeld, PhD, and Charlene Harrington, PhD, RN, FAAN

Nursing Counts, highlighting data that illustrate the value of nursing, appears in the *AJN* as a periodic column and is provided by the John A. Hartford Foundation Institute for Geriatric Nursing, the Division of Nursing, New York University, New York City, www.hartfordign.org.

Nursing Home Care for the Elderly

This month's *Nursing Counts* addresses the problem of poor quality of care in nursing homes and its relationship to nurse staffing levels, and examines three issues. First, there is new evidence that nurse practitioners play an important role in improving the quality of care and patient satisfaction in long-term care facilities.

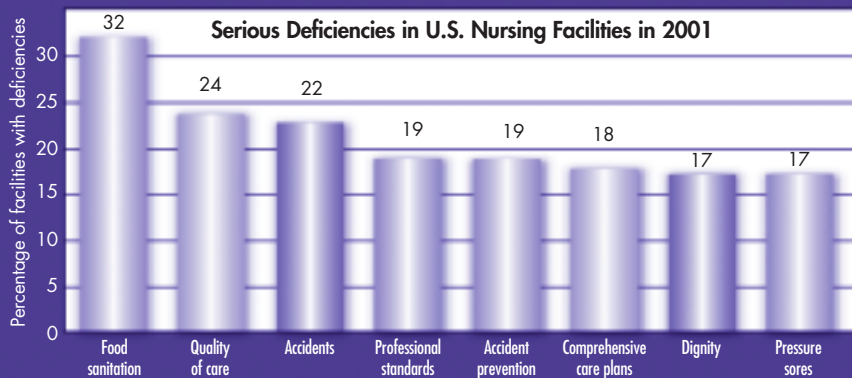
Second, recent findings of the Centers for Medicare and Medicaid Services, which demonstrated that staffing levels are one of the most significant quality-of-care indicators in these facilities, have been confirmed by a study of California nursing homes. It was found that the minimum threshold level at which quality improves is 4.1 or more total nursing staff hours per resident day. The new California Nursing Home Search Web site uses nurse staffing as a main quality-of-care indicator.

Third, nurses have a critical influence on the experience of dying among nursing home residents. In general, nursing care in nursing homes can be improved by ensuring adequate staffing levels, good supervision, and adequate training of nursing staff.—*Charlene Harrington*

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FAST FACTS

- ▼ The average number of nursing (RN, LPN-LVN, and CNA) minutes per resident day in nursing homes declined by 12.5% (from 48 to 42 minutes per resident day) between 1999 and 2001.
- ▼ Under Medicare's prospective payment system, nursing homes are reimbursed at a preset, specified rate that does not accommodate actual staffing levels.
- ▼ In 2001, of about 15,000 nursing homes surveyed by government inspectors
 - 86% were cited for deficiencies in meeting federal standards.
 - 21% had deficiencies that caused harm to residents or put them in jeopardy.



Source: Harrington C, et al. *Nursing facilities, staffing, residents, and facility deficiencies, 1995 through 2001*. San Francisco, CA: University of California; 2002. <http://nccnhr.newc.com/uploads/HarringtonCover02.pdf>. Bar graph adapted with permission.

Hackbarth GM. *Report to the Congress: Medicare Payment Policy*. Washington, DC; 2003. http://www.medpac.gov/publications/congressional_reports/Mar02_Entire%20report.pdf.

NPs' Role in Long-Term Care

The clinical and financial effectiveness of nurse practitioners (NPs) have been demonstrated in some settings, yet the role of NPs in long-term care has not been examined at the national level.

In order to fill this gap, this author and colleagues conducted a national survey in 2002, sponsored by the John A. Hartford Foundation Institute for Geriatric Nursing (www.hartfordign.org) and the American Medical Directors Association (www.amda.com), which examined the use and effectiveness of NPs in 882 long-term care facilities. The survey was sent to the facilities' medical

directors; all but three states (Hawaii, North Dakota, and Utah) were represented among the respondents. The survey (the results have not yet been published) found that NPs worked in 63% of facilities. Their activities included making "urgent" and "sick resident" visits, providing preventive care to long-stay residents, performing Medicare-required alternating 30- to 60-day visits, and providing hospice care. Approximately 64% engaged in 10 or more advanced-practice nursing activities. Facilities with more than 100 beds were more likely to use NPs. Those working in long-term care facilities were most likely to be employed in a pri-

Research Brief

Factors Influencing the Experience of Dying in Nursing Homes

In an ethnographic study of dying, in which data from two long-term nursing care facilities was gathered from January 1999 through June 2001, Kayser-Jones found that several factors affected this experience. Among the most influential were a lack of attention to the cultural needs of the resident, the cognitive status of the resident, and inadequate staffing of the facility. Residents who did not speak English and who couldn't communicate the need for assistance often became psychosocially isolated. The nursing care of cognitively impaired or comatose residents often was neglected. Inadequate staffing was an ongoing issue, as reported by nursing staff.

Resident pain often was not assessed, monitored, or managed adequately. This also was true of common symptoms such as depression, constipation, and fatigue. Interactions between nurses and dying residents and their families were, at times, problematic. Observations of certified nursing assistants showed that very little of their time was spent in verbal interaction. In communicating with residents and families, health care providers sometimes were found to be disrespectful and insensitive and the information they gave often was inadequate.

Overall, these problems adversely affected the experience of dying among residents and families. Further research on the experience of dying in a nursing home and on interventions that could address these problems is needed.

—Charlene Harrington

Source: Kayser-Jones J. The experience of dying: an ethnographic nursing home study. *Gerontologist* 2002;42 Spec No 3:11-9.

mary-care physician practice; other NPs were employed by an outside organization or company, or were employees of the facility itself.

More than 80% of the medical directors whose facilities used NPs stated that they were particularly effective in maintaining physician, resident, and family satisfaction. They rated NPs as highly effective in facilitating transfers of residents to hospital EDs (79%), increasing the overall quality of resident care (61%), and Medicare and accreditation survey preparedness (53%).

According to these respondents, a continued and increasing demand for NPs in long-term care seems likely because of their versatility and holistic approach, their favorable impact on patient outcomes, and the cost effectiveness of using them. For more information on the survey, contact the author at Hartford.ign@nyu.edu.—*Peri Rosenfeld*

New Nursing Home Web Site

The first to show ratings of nursing staff.

California Nursing Home Search (www.calnhs.org) is the first U.S. Web site to provide ratings of nurse staffing levels (RN, LPN-LVN, CNA) and quality. (The site is affiliated with the California HealthCare Foundation, which seeks to improve the quality of health care as well as expand access to affordable health care in underserved communities.) Consumers can compare data taken from more than 1,400 nursing homes to make informed choices and monitor the quality of care provided. For each nursing home, the site assigns ratings (“better than average,” “average,” or “worse than average”) to

- nurse staffing levels (hours per resident day), adjusted for resident case mix, nursing turnover rates, nursing wages per hour, and direct-care expenses per resident day.
- quality performance measures: the percentage of residents who lost weight, were bedfast, or were put into physical restraints.

- state and federal deficiencies and complaints.

This information, along with facility and resident characteristics, other financial indicators, and ownership data, is compiled from nine state and federal government sources and updated quarterly.

Nurse staffing was found to be the most important quality indicator in a not yet published study of 34 California nursing facilities conducted for the Web site. Facilities in the highest range of staffing levels (91st percentile; more than 3.7 total hours per resident per day) performed significantly better on 13 of 16 care process measures than facilities in both the lowest and mid-range levels. Residents in the highest-staffed homes were significantly more likely to be out of bed, to engage in activities during the day, and to receive more feeding assistance and incontinence care. Based on these findings, and the Centers for Medicaid and Medicare Services' 2001 report on appropriate

nurse staffing levels, the Web site set a goal of at least 4.1 hours per resident day, adjusted upward for higher case mix. When the site was launched in 2002, 92% of California nursing homes did not meet this staffing goal and 44% did not meet the state staffing standard of a minimum of 3.2 hours of direct care per resident day; the most recent data put these figures at 94% and 35%, respectively. Low staffing levels can cause serious harm to their residents and jeopardize their health. For more information on the study, contact the author at chas@ITSA.ucsf.edu.—*Charlene Harrington* ▼

Sources: California HealthCare Foundation. *California Nursing Home Search. Web Site Overview and Research Findings*. [Web site]. 2002. http://www.calnhs.org/documents/research/CalNHS_overview_project_findings.pdf; Centers for Medicare and Medicaid Services. Report to Congress: *Appropriateness of Minimum Nurse Staffing Ratios In Nursing Homes Phase II Final Report*. Baltimore, MD; 2001. <http://cms.hhs.gov/medicaid/reports/rp1201home.asp>.