

## Nursing Home Staffing

- Issue:** Sufficient, qualified staff receiving a livable wage are key to the well-being of nursing home residents. However, inadequate staffing has been the norm for decades.
- Goal:** The level and competency of nursing home staff are the two measures most closely linked to quality care. Consequently, the current MA staffing standard of 3.58 hours per resident per day (HPRD) [includes .75 RN HPRD] must be increased to at least 4.1 HPRD, to provide quality care. It's also imperative to support the long-term care workforce, both financially plus educational opportunities, to ensure qualified staff.
- Problem Statement:** Nursing home residents, their families, and advocates already know what research confirms - there is a direct relationship between sufficient staffing and quality care in order to achieve the best possible quality of life for residents. In April '21, MA initiated a care standard of 3.58 HPRD, including .75 RN HPRD. However, this new standard is too low to fully protect residents. And the COVID-19 pandemic has further reduced the pool of qualified staff, partly due to heightened stress levels.<sup>i</sup>
- Background:** Unfortunately, MA did not “raise the bar” with the recently implemented 3.58 HPRD rate<sup>ii</sup>, which was based on the 2017 statewide average<sup>iii</sup>. A 2001 CMS study<sup>iv</sup>, found that care levels above 4.1 HPRD are required just to prevent harm. Even higher standards are necessary now, since 20+ years later, residents have more complex needs<sup>v</sup>. Also, the 2001 rate does not consider quality of life and dignity issues that are rightful expectations. In order to fill these positions, better wages, and benefits, including additional training opportunities, are necessary to stabilize the workforce.
- Benefits and Cost Savings:** There is a high cost for poor care. But providing quality care translates into improved safety, better health, and reduced mortality for nursing home residents. Numerous studies show that facilities with higher levels of staffing had better outcomes overall, including better COVID-19 outcomes during the pandemic.<sup>vi</sup> Higher wages and additional training for staff reduce turnover, attract new applicants, and strengthen care. These benefits are not only humane but are economically meaningful.
- Recommendations:**
1. **Require a minimum staffing standard of 4.1 HPRD, including at least 0.75 RN HPRD.** Some experts recommend even higher staffing standards (4.55 HPRD), with further adjustments based on resident acuity.”<sup>vii</sup>
  2. **Require 24/7 RN coverage.** Higher RN levels bring many care improvements, including fewer pressure ulcers, decreased infections, reductions in the misuse of antipsychotics, and lower mortality rates.<sup>viii</sup>
  3. **Improve CNA training.** Increase 75 hours of required training to 120 hours (per National Academy of Medicine) and create a career ladder grant program.
  4. **Improve CNA retention rates.** Increase CNA wages to a livable wage, require hazard pay at necessary times, provide comprehensive employee benefits, and give CNAs respect and a voice in resident care, including care plan meetings.

For more information, please contact Facilities Workgroup Chair: Arlene Germain, [agermain@manhr.org](mailto:agermain@manhr.org).

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- <sup>i</sup> “Between February 2020 and January 2022, The Bureau of Labor and Statistics found nursing homes suffered a 15 percent decline in employment.” Stated in *Worker shortage hitting nursing homes hard*, Boston 25 News, Jim Morrelli, 3/2/22, <https://www.boston25news.com/news/local/worker-shortage-hitting-nursing-homes-hard/FTYVJA5ZUJDATKTVDG4XSMPQK4/>
- <sup>ii</sup> As of Q3 '21, only 27% (96 of 360 MA nursing homes) of MA nursing homes had achieved or exceeded a 3.58 HPRD.
- <sup>iii</sup> 10/18/19 Nursing Facility Taskforce Workforce Presentation, Massachusetts Senior Care Association, presented by Tara Gregorio, 10/18/19 Nursing Facility Taskforce Workforce Presentation, slide 18 <https://www.mass.gov/doc/october-18-2019-presentation-msca/download:>
- <sup>iv</sup> Abt Associates for U.S. Centers for Medicare and Medicaid Services, “Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes.” December 2001.
- <sup>v</sup> Op. Cit., 10/18/19 Nursing Facility Taskforce Workforce Presentation, slide 5: 3-5 ADLs — 2002 44% of residents, 2014 72% of residents.
- <sup>vi</sup> “...A review of 87 research articles and reports from 1975-2003 found that nursing homes with higher staffing levels had residents with better health outcomes, including in the areas of functional ability, pressure ulcers, and weight loss...” Bostick, J.E., Rantz, M.J., Flesner, M.K. and Riggs, C.J. (2006). Systematic review of studies of staffing and quality in nursing homes. *J. Am Med Dir Assoc.* 7:366-376.— as noted in: *Inadequate staffing During the COVID-19 Pandemic*, Consumer Voice, March 2022, COVID Statement Source: Georges RJ, Konetzka RT (2020) Staffing Levels and COVID-19 Cases and Outbreaks in U.S. Nursing Homes. *JAGS* 68: 2462-2466 <https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/jgs.16787>.
- <sup>vii</sup> Appropriate Nurse Staffing Levels for U.S. Nursing Homes, [Charlene Harrington](#), [Mary Ellen Dellefield](#), [Elizabeth Halifax](#), [Mary Louise Fleming](#), and [Debra Bakerjian](#), 6/29/20: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7328494/>.
- <sup>viii</sup> Harrington C, Dellefield ME, Halifax E, Fleming ML, Bakerjian, D. Appropriate Nurse Staffing Levels for U.S. Nursing Homes. *Health Services Insights.* 2020; vol. 13.