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Nurse Staffing Ratios

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Objectives

- Overview of staffing requirements in Skilled Nursing Facilities (SNF)
- Discussion of the PubMed Central Article (white paper)
- What other states have done regarding ratios
- SB361 [2015 Session] challenges we might face



CMS's Regulations

CMS SOM Appendix PP

§483.35 Nursing Services

The facility must have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).





CMS's Regulations

§483.35(a) Sufficient Staff.

§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- (i) Except when waived under paragraph (e) of this section, licensed nurses; and
- (ii) Other nursing personnel, including but not limited to nurse aides.

§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.





CMS's Guidance

INTENT §483.35(a)(1)-(2)

To assure that there is sufficient qualified nursing staff available at all times to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being.





CMS's Guidance

PROCEDURES AND PROBES: §483.35(a)(1)-(2)

Although federal regulations do not define minimum nursing staff ratios, States may. If a facility does not meet State regulations for staffing, we don't cite it as a deficiency here, rather we refer to Administration, §483.70(b). In addition, if a facility meets the State's staffing regulations that is not, by itself, sufficient to demonstrate that the facility has sufficient staff to care for its residents.





CMS's Regulations

§483.70(e) Facility assessment.

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:

§483.70(e)(1) The facility's resident population, including, but not limited to,

- (i) Both the number of residents and the facility's resident capacity;
- (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
- (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;
- (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
- (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.





CMS's Guidance

INTENT §483.70(e)

The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary care and services the residents require.

GUIDANCE §483.70(e)

The facility assessment will enable each nursing home to thoroughly assess the needs of its resident population and the required resources to provide the care and services the residents need. It should serve as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources, and may include the operating budget necessary to carry out facility functions.



Nevada Administrative Code

NAC 449.74469 Standards of care. ([NRS 449.0302](#)) A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to [NAC 449.74433](#) and the plan of care developed pursuant to [NAC 449.74439](#).





Nevada Administrative Code

NAC 449.74517 Nursing staff. ([NRS 449.0302](#))

1. A facility for skilled nursing shall ensure that there is a sufficient number of members of the nursing staff on duty at all times to provide nursing care to and attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient in the facility in accordance with his or her plan of care.

2. A facility for skilled nursing shall employ a full-time registered nurse to act as the chief administrative nurse. The chief administrative nurse must have:

(a) At least 3 years of experience providing nursing care in a hospital or facility for long-term care; and

(b) Experience supervising other employees.

3. A licensed practical nurse must be designated on each shift as the nurse in charge. The chief administrative nurse may be designated as the nurse in charge only if the facility has an average daily occupancy of not more than 60 patients.

4. A registered nurse must be on duty at a facility for skilled nursing for at least 8 consecutive hours per day, 7 days a week.





PubMed Central (PMC) Article

Titled: Appropriate Nurse Staffing Levels for U.S. Nursing Homes

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7328494/>

-This is a comprehensive white paper that identifies numerous studies

The abstract indicates, “Minimum nurse staffing levels have been identified in research studies and recommended by experts.” However, SNFs must also account for acuity to assure they have staffing levels that will meet the needs of their residents.





PMC Article

The article proposes 5 basic steps for determining whether a particular SNF has sufficient nurses as follows:

- (1) determine the collective resident acuity and care needs,
- (2) determine the actual nurse staffing levels,
- (3) identify appropriate nurse staffing levels to meet residents care needs,
- (4) examine evidence regarding the adequacy of staffing, and
- (5) identify gaps between the actual staffing and the appropriate nursing staffing levels based on resident acuity.



PMC Article

The article explains the dangers of insufficient nurse staffing and the relationship of higher nurse staffing to improved outcomes.

The following stats/facts are provided:

- In 2014, 25% of SNFs had dangerously low staffing
- In 2017 and 2018, 75% of SNFs almost never met CMS's expected RN staffing levels based on acuity
- In 2020 during the pandemic, adequate nursing home staffing became even more critical, in protecting the health and safety



PMC Article

While the article describes a methodology for determining whether nurse staffing in a nursing home is sufficient, rather than establishing ratios, it is a foundation point for determining what those ratios should be.

There is no easy method for assigning an appropriate ratio.





Other States

Minnesota – requires nursing personnel based on hours per resident [2 hrs/per resident/per resident day]

Oklahoma – rule refers to 2.9 hrs. direct care services [not necessarily a nursing ratio]

California – established nurse ratios for hospitals, but not for nursing homes





Challenges We May Face

- SB361 of 2015 Session failed
- Regardless of the ratios, there's a shortage of nurses
- Ratios, may establish minimums, but they don't account for acuity





Questions

Questions?