

Talking Points: Staffing Concerns in Care Centers

July 2018

BACKGROUND

The New York Times recently published an article ([‘It’s Almost Like a Ghost Town.’ Most Nursing Homes Overstated Staffing for Years. July 7, 2018](#)) that called into question staffing levels in nursing homes. The article cited data analyzed by Kaiser Health News that nursing homes submit to the Centers for Medicare & Medicaid Services (CMS) each quarter via the Payroll-Based Journal (PBJ) system, as well as staffing data that facilities previously submitted annually using the CMS-671 form.

Key Takeaways from the Times’ article:

- **Records for the first time reveal frequent and significant fluctuations in day-to-day staffing with particularly large shortfalls on weekends.**
 - *Payroll records show that there were, on average, 11 percent fewer nurses providing direct care on weekends and 8 percent fewer aides.*
- **Payroll records indicate “the government’s five-star rating system for nursing homes often exaggerated staffing levels and rarely identified the periods of thin staffing that were common.”**
 - *At least one day during the last three months of 2017, a quarter of nursing homes reported no registered nurse at work.*
 - *Since 2014, health inspectors have cited one of every eight nursing homes for having too few nurses.*
- **Payroll records indicate lower staffing levels under the new method of calculation that uses daily payroll reports to calculate average staffing ratings, which began in April 2018 and replaced the previous method that relied on nursing homes reporting staffing for the two weeks before an inspection.**
 - *Of the more than 14,000 nursing homes submitting payroll records, 7 in 10 had lower staffing under the new method with a 12 percent average decrease.*
 - *CMS discouraged comparison of staffing under the two methods as each uses different time periods and have different criteria for how to record hours that nurses work.*
- The article links to a [map of the U.S.](#), with data showing **ratios of residents-per-aide and residents-per-nurse at high and low points**, in order to show that staffing can fluctuate at an individual facility over time.
- **Minnesota nursing homes are staffing higher on average than facilities nationwide and on average are earning more than 4 of 5 possible stars for staffing.**
- **CMS does require the presence of an RN for eight hours a day and a licensed nurse at all times. It does not set a minimum resident-to-staff ratio as CMS prefers nursing homes to “make thoughtful, informed staffing plans based on the needs of residents.”**

LEADINGAGE MINNESOTA RESPONSE

We appreciate the New York Times raising awareness of an issue we are acutely aware of in Minnesota – workforce challenges in nursing homes. Minnesota, on average, rates higher than other states in its staffing ratings, and we are proud of the quality care we provide to aging Minnesotans. Quality and safe care requires a person-centered approach that allows for adjustment in staff levels based on the needs of people being served. Every day, long-term care providers work in collaboration with doctors, nurses, residents and families to appropriately staff their settings based on individual needs of the residents and the training, experience and capabilities of the care team.

The greater challenge we face in ensuring access to quality care is the shortage of professional caregivers. There are currently 2,800 open direct care positions in nursing homes across the state, and many nursing homes have made the difficult but necessary choice to decline admissions at certain times due to shortages in essential staff.

LeadingAge Minnesota and its members are actively pursuing a multitude of solutions to address this ongoing workforce crisis in aging services, including:

- Supporting cost-based reimbursement to ensure care centers can pay livable wages and benefits;
- Funding \$1 million in recruitment and retention projects in Greater Minnesota through our Foundation;
- Developing and implementing a new, online and on-demand nursing assistant training program that eliminates many of the barriers that prevent people from becoming professional caregivers;
- Maximizing the state nurse loan forgiveness and scholarship programs for care centers, assisted living and adult day services; and
- Rewarding scholarships from our Foundation to advance the education and skills of caregivers in our member communities.

With the 65+ population set to double in the next decade, it will take a lot of us working together to serve the needs of Minnesota's growing senior population. We look forward to continued collaboration with regulators, lawmakers and other stakeholders to elevate the professional of caregiving and ensure quality care, services and support that seniors deserve and families expect.

Key Facts - Workforce Challenges in Aging Services

- **High Open Positions in Nursing Homes**
 - *On any day there are 2,800 open direct care positions in Minnesota*
- **High Staff Vacancy Rates in Nursing Homes**
 - *Statewide Average: 12.2% RN; 16.8 LPN; and 15.4% Nursing Assistant*
- **Low Statewide Unemployment Rates, High Job Vacancies**
 - *3.1% unemployment; 4.5% job vacancies*
- **Too Many Jobs, Not Enough People**
 - *There is a near 1-to-1 between unemployed job seekers and job vacancies statewide*
- **Minnesota will need 25,000 ADDITIONAL professional caregivers over next 10 years**

Solving the Workforce Puzzle: LeadingAge Minnesota Initiatives

- **Workforce Solutions Grants**
 - Awarded \$1 million in grants for 40 staff recruitment and retention projects in Greater Minnesota:
 - 46% increase in new hires, a 45% decrease in open positions and a 33% increase in applications due to a digital marketing recruitment campaign. (Mother of Mercy in Albany)
 - 69% decrease in nursing assistant turnover and no open positions due to an improved new hire onboarding experience. (Perham Home Care in Perham)
 - 20% reduction in nursing assistant turnover due to assigned peer mentors. (Grand Village in Grand Rapids)
 - 46% reduction in non-illness absences by supporting staff with an Employee Resource Connector to help solve problems that affect work performance (Sunnyside Care Center in Lake Park)
 - 10% increase in 90-day retention and 9% increase in 12-month retention due to an intensive five-session leadership development training program (Benedictine Health Services of Duluth)
 - 70% reduction in staff injuries as the result of a new program for advanced dementia care (Winona Health)
- **OnTrack**
 - New online, on-demand nursing assistant training program designed exclusively for aging services. In six months, OnTrack has enrolled 120 students and state exam results are trending 6% higher than the statewide average, with a 90% overall pass rate.
- **Health Support Specialist Apprenticeship Program**
 - An education and on-the-job learning experience designed to elevate the direct caregiver. Apprentices are trained by mentors within their organizations and faculty from Minnesota State Colleges and Universities System.
- **LeadingAge Minnesota Foundation Scholarship Program**
 - Provided \$117,500 in scholarships over five years for caregivers in member organizations to advance their education and skills.

State of Minnesota Initiatives: Workforce Development in Aging Services

- **Value-Based Reimbursement**
 - A cost-based payment system that allowed nursing homes to increase wages and provide better benefits, which resulted in increased recruitment and staff retention.
- **Nurse Loan Forgiveness Program**
 - Continued state funding for program that helps recruit and retain health care professionals, particularly in areas with a shortage of access to care.
- **Nursing Home Scholarship Program**
 - Continued state funding for program that supports staff recruitment and development in nursing homes. Program first began in 2001 and has been continually supported by the Legislature.
- **Home and Community-Based Services Scholarship Program**
 - Continued state funding for program to support staff recruitment and development in assisted living, home care and adult day. The program, which first began in 2015, has seen far greater demand than funding is available.