

AN AARP OVERVIEW OF DIRECT CARE STAFFING AND RELATED POLICIES IN FLORIDA

Why Does This Matter? Research clearly demonstrates that a strong direct care staff (e.g., adequate staff numbers, skilled staff, etc.) is associated with better quality care in nursing homes. Yet, direct care staffing numbers have steadily declined in Florida, and across the US, in recent years. In response to this workforce shortage, Florida legislators reduced minimum nursing home staffing requirements in 2022. **How might this affect Florida nursing home residents and families?**

This Brief Covers...

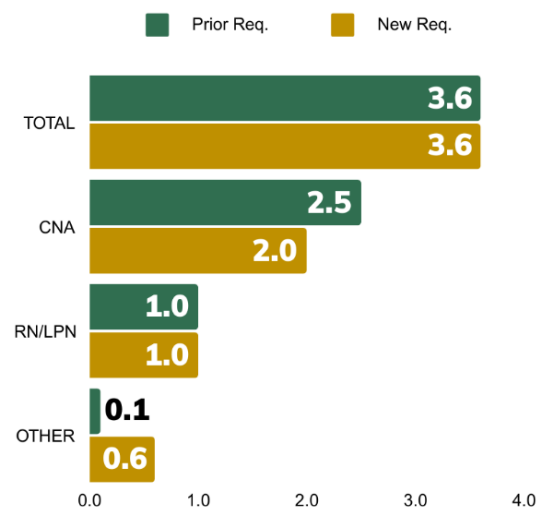
- ✓ Detail on nursing home **direct care staffing trends** in recent years
- ✓ A history of Florida **legislative action** on staffing requirements
- ✓ The potential impact of staffing trends and legislation on **quality care and resident safety**
- ✓ **Future directions** to address these staffing challenges

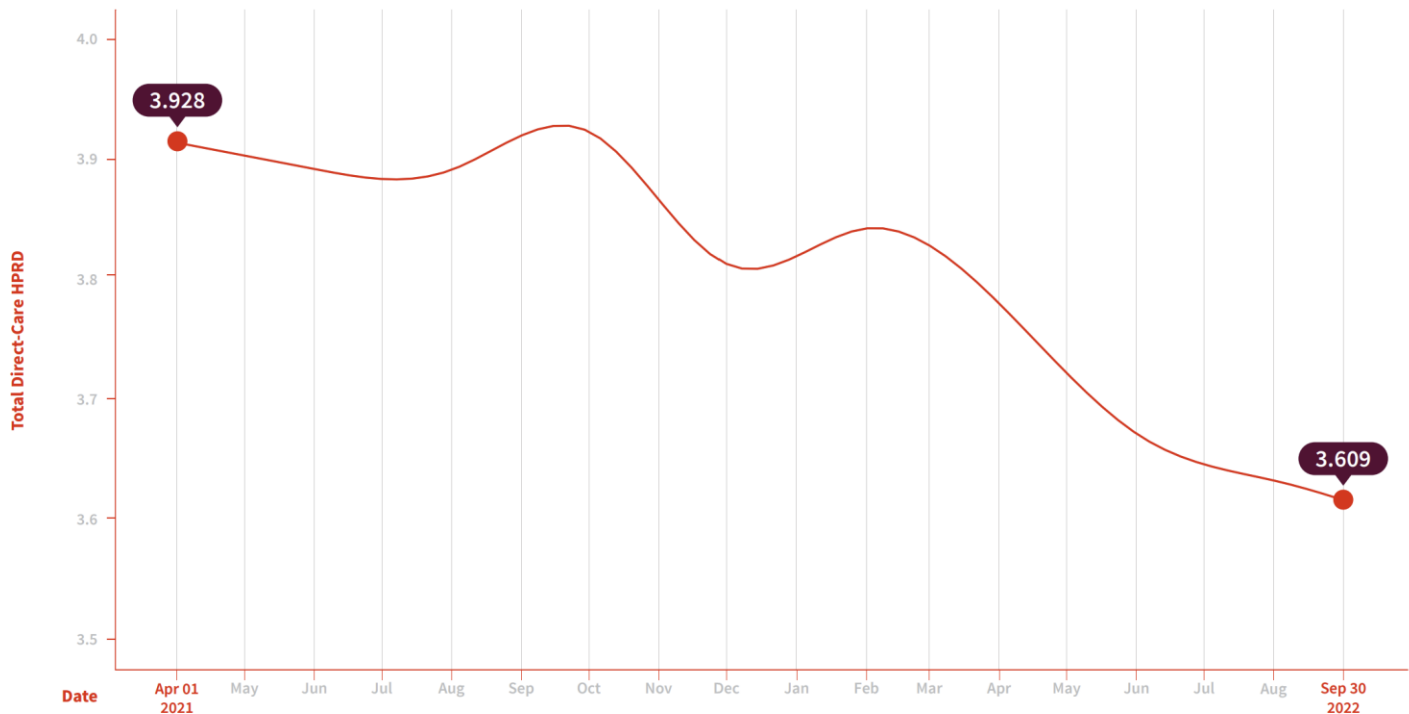
DIRECT CARE STAFFING TRENDS

Overall, direct care staffing declined across Florida's seven-hundred nursing homes (NHs)

from April 2021 to October 2022. There was even more notable decline after Florida legislators reduced minimum staffing requirements in April 2022. Prior to the reduction, nursing homes were required to provide 3.6 hours of direct care per resident per day, including 2.5 hours of Certified Nursing Assistant (CNA) care and 1 hour of nursing care from a Registered Nurse (RN) or Licensed Practical Nurse (LPN). While much of the requirement remains the same, CNAs now only need to provide 2 hours of care per resident per day (down from 2.5), and a number of other positions (e.g., feeding assistants, activities personnel, etc.) can fulfill the other 0.6 hours.

REQUIRED HOURS OF DIRECT CARE PER RESIDENT PER DAY.





How did this shift impact staffing trends?

The chart above demonstrates that in **April 2021 Florida NH residents received, on average, 3.928 hours of direct care per resident per day** from personal care attendants (PCAs), CNAs, RNs, and LPNs, and by **October 2022 residents received 3.609 hours per resident per day**, with a notable decline in hours after the legislation passed.

Below is a more specific breakdown of staffing trends from April 2021 to October 2022:

- ✓ **CNA care declined the most** from 2.55 hours per resident per day to 2.33 hours. CNAs are the backbone of direct care in NHs.
- ✓ **PCA care also declined** from 0.06 to 0.04 hours per resident per day. There was a spike in hours in the latter part of 2021 after legislators allowed PCAs to count as CNAs, followed by a steep decline.

- ✓ **RN care declined** from 0.52 to 0.45 hours per resident per day.
- ✓ **LPN care remained relatively consistent** from 0.78 hours per resident per day to 0.79. This may be because LPNs are less costly to hire than RNs, but still fill the RN/LPN minimum requirement. However, research demonstrates that NHs that rely heavily on LPNs have worse quality outcomes.

Interestingly, many of the non-nurse positions that count toward the direct care minimum since the 2022 change, including therapy, mental health, and social services, also declined in this timeframe from an average of 0.82 hours of care per resident per day to 0.75 hours. The only two positions that increased in hours were dietetics and activities.

While the legislative change appears to have impacted the decline in direct care hours, they were already trending downward. **Why?**

There are several possible contributing factors:

- ✓ An overall workforce shortage
- ✓ Low pay
- ✓ High workload
- ✓ Post-pandemic burnout
- ✓ High resident needs
- ✓ Limited resources & training
- ✓ Gaps in care due to high turnover

The declining trend in direct care continues to be an issue all over the US, including Florida. In fact, about 400,000 NH workers across the US left their jobs from January 2020 to January 2022. Solutions must consider that these contributing factors are intricately intertwined. For example, lowering direct care hour minimums could lead to poorer care and worse resident health outcomes which, in turn, could create a higher workload for existing CNAs.

Also note that these direct care hours are averages across Florida NHs, and there are several NHs throughout the state that fall below these averages. These NHs are often in poorer communities, a majority of residents are Medicaid beneficiaries, and facilities have minimal resources.

FLORIDA LEGISLATIVE ACTION

All NHs in the US with Medicare/Medicaid beneficiaries must abide by the national minimum staffing requirements established by the Centers for Medicare and Medicaid (CMS). However, some requirements are vague, such as “sufficient nursing staff,” so many states, including Florida, have created more specific minimum staffing requirements. In fact, Florida was a pioneer in 2001 when legislators established minimum NH staffing requirements, along with other improvement provisions, in response to reports of poor quality care.

This early legislation set a goal of 2.9 minimum hours of CNA care per resident per day to be phased in over several years. However, the goal was never achieved. Alarming, ***the 2022 iteration of Florida’s minimum staffing legislation reduced CNA minimum hours by 20%, the steepest cut in CNA minimum***

hours since the regulations were established. Even more, the 2022 minimums are more similar to the initial 2001 minimums, created over twenty years ago, than they are to the legislative goal of 2.9 CNA hours per resident per day (see the timeline below).

2001

Florida staffing minimums were established with planned increases over 3 years. NHs were required to provide a minimum of 1.7 CNA hours per resident per day, and 0.6 RN/LPN hours.

2002

Daily minimum hours were increased. CNA daily minimum hours increased to 2.3. RN/LPN daily minimum increased to 1.0

2003

CNA daily minimum hours increased to 2.6. The planned 2.9 CNA daily minimum was delayed for the next three years.

2006

The planned 2.9 CNA daily minimum hours were enacted in a revised capacity. NHs were required to provide 2.7 CNA daily minimum hours that averaged to 2.9 daily hours throughout the week.

2010

The 2.7 CNA daily minimum remained. The 2.9 CNA daily average was dropped. Instead, NHs were required to provide a total daily average of 3.9 hours of direct care per day completed by CNAs, RNs, and/or LPNs.

2011

The CNA daily minimum was reduced to 2.5. The total daily average minimum was reduced to 3.6.

2022

The CNA daily minimum was reduced to 2.0. The total daily average remained 3.6, but other positions, including activities, therapy, mental health, and dietetics were allowed to fulfill 0.6 of those hours.

Why do these seemingly small changes in minimum hours matter?

CMS commissioned a nationwide study on adequate minimum direct care hours in the early 2000s (when Florida established state staffing minimums). The study found that NHs should provide 4.1 hours of direct care per day

to meet residents' basic needs. This includes 2.8 hours of CNA care, 0.75 hours of RN care, and 0.55 hours of LPN care. Research also demonstrates that adequate staffing minimums correlate with better quality outcomes.

RESIDENT CARE, HEALTH, AND SAFETY

A robust body of research demonstrates that adequate NH direct care staff numbers are positively correlated with better quality care and resident health outcomes.

- ✓ **More RNs are associated with fewer...**
 - deficiencies
 - pressure ulcers
 - urinary tract infections
 - emergency department transfers

- ✓ **More CNAs are associated with fewer...**
 - deficiencies, particularly quality care deficiencies
 - hospitalizations
 - uses of physical restraints
 - uses of catheters
 - pressure sores
 - reports of pain

The associations between higher direct care numbers and positive quality and health outcomes are strongest for RNs, followed by CNAs. The research on LPNs is mixed—some research found higher LPN numbers to be associated with lower quality care. As mentioned above, this may be the case when NHs **replace** RNs with LPNs rather than add LPNs to an adequate staffing mix.

Similarly, a more recent study found that higher physical and occupational therapy numbers were associated with better quality outcomes, whereas higher therapy assistant numbers were associated with poorer outcomes. Again, poor outcomes may occur when NHs overdepend on therapy assistants to **replace** certified therapists **rather than support them**.

Interestingly, two recent studies suggest that more social services and activities staff are associated with fewer deficiencies and complaints.

Given the clear associations between direct care numbers and quality care, the 2022 legislative reduction in minimum hours is alarming. Even more, the CMS study findings in the early 2000s indicate minimum total direct care hours needed for basic resident care (4.1 per resident per day) are **0.5 hours more** than the current minimum requirements. Additionally, the recommended 2.9 minimum CNA hours are **nearly an entire hour more** than the current minimum requirement of 2.0 hours.

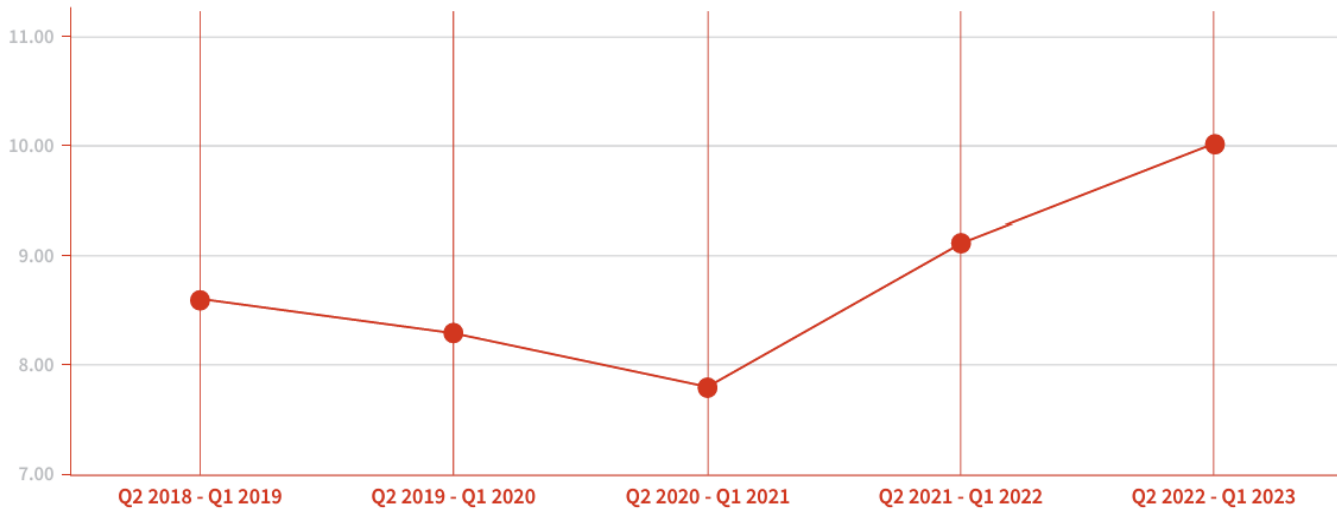
A current day study may find that residents' needs are even greater than they were in the early 2000s. That is because many older adults with care needs now receive in-home services, and NHs are serving a more impaired population with a need for dementia care, IV therapy, or hospital rehabilitation. Even more, hospitals are discharging patients to NHs for rehabilitation "sicker and quicker" than in the past.

"Among the dozens of studies conducted over the past 25 years, including studies using rigorous methods, the consensus is that higher nurse staffing levels are associated with better quality."

A deeper look at the cycle between hospitalization, emergency department (ED) visits, and NH stays could provide even more insight into the role staffing and related legislation play in care outcomes.

Research demonstrates that transitions between hospitals and NHs can place older adults at higher risk for delirium, injury, illness, infection, and medication errors. High transfer rates in NHs can also be indicators of inadequate care. Higher nurse staffing, however, is associated with fewer hospitalizations and emergency transfers, possibly because nurse staff can identify and minimize potential issues early on.

Percentage of short stay residents who had an outpatient emergency department visit



Prior to the 2022 legislative change in minimum staffing hours, Florida was ranked 49th in the country for frequency of long-stay hospitalizations. **After the 2022 legislation, hospitalizations and emergency department visits increased for short- and long-stay NH residents.**

- ✓ From 2019-2020 to 2022-2023 rehospitalizations among short-stay residents increased 12%
- ✓ From 2020-2021 to 2022-2023 ED visits among short-stay residents increased 28%
- ✓ From 2021-2022 to 2022-2023 unplanned hospitalizations among long-stay residents increased 20%
- ✓ From 2021-2022 to 2022-2023 ED visits among long-stay residents increased 30%

Overall, the increased rates of hospitalizations, ED visits, and transfers for short- and long-stay NH residents are alarming indicators of worsening quality, along with increased rates of depression, and pressure ulcers. Yet, some quality measures have improved in the same timeframe, demonstrating that staffing, health, and quality are interconnected components of an intricate network.

Some quality improvements include:

- ✓ Improved day-to-day function
- ✓ Fewer residents received antipsychotic medications
- ✓ Fewer urinary tract infections

Direct care worker numbers and hours of care are only two of the many components of the NH staffing issue. Quality outcomes are also impacted by:

- ✓ **Turnover.** Higher turnover means periods of being understaffed and frequent new staff who may not have an understanding of individual residents' needs and/or limited training. This leads to heavier workloads and poorer outcomes.
- ✓ **Retention.** Nursing staff that stay longer get to know residents' needs, and can often minimize poorer health outcomes. Research shows that both increased wages and staff empowerment (e.g., shared decision-making) contribute to better retention.
- ✓ **Skills & Training.** States that require CNA training above the federal minimums have better resident outcomes, including less pain, lower rates of depression, and fewer falls with injuries.

FUTURE DIRECTIONS

This analysis of NH direct care staffing trends and legislation demonstrates that Florida is facing a difficult staffing issue that is intricately related to many health and quality care outcomes. ***It also shows that addressing one piece of the issue may not be sufficient, or even exacerbate other pieces of the issue.***

- ✓ The 2022 legislation increases the diversity of positions that can fulfill the direct care minimum. While this change may make it easier for NHs with limited staff to meet the minimum, it does not equate to any actual increase in numbers of overall staff.
- ✓ Florida lowered its staffing requirements in 2022. Concurrently, CMS is proposing to increase direct care staffing minimums nationally, perhaps above the current Florida minimums. The competing and shifting benchmarks could cause difficulty for Florida NHs.
- ✓ A national study found that NHs in poorer areas with more Medicaid beneficiaries are less likely to meet staffing minimums. Although increased staff minimums are associated with higher staff numbers, nursing homes in these areas may be disproportionately penalized.

So, what are some strategies to help stakeholders address this complex issue?

- ✓ **More research.** The 2022 legislation is an opportunity to assess how decreased staffing minimums relate to care outcomes, directly. More research is also needed to intricately understand the underlying causes of the direct care workforce shortage. Large scale surveys and in-depth qualitative research could provide insight into solutions.
- ✓ **More collaboration.** A broad spectrum of perspectives, including legislators, NH administrators, and even investment companies, must come together to

pinpoint approaches to improve the staffing shortage, including pay structures and career ladders.

- ✓ **More funding.** Grant and program funding needs to be utilized to specifically support education and training of RNs and CNAs who want to work in NHs. Health studies students should be exposed to NHs during internships and clinical rotations with the support of Geriatrics Workforce Enhancement Programs.

Some stakeholders say that these 2022 direct care staffing minimums are too low given research links level of staff with quality and health outcomes. Other stakeholders think they're still too high given the workforce shortage. Ultimately, many stakeholders can agree that this is a complex issue that will only get more important as our older population continues to grow. Clear understanding of the relationships between legislation, staffing, and care outcomes, along with collaborative solutions, are imperative to the health and wellbeing of Florida's older adults.

ORIGINAL ARTICLES

Peterson, L. (2023). *A Comprehensive Snapshot of Nursing Home Staffing in Florida: A History of Nursing Staffing Standards in Florida Nursing Homes* (Issue No. 1). AARP Florida. <https://aarp-states.brightspotcdn.com/91/6e/fb193fed4b17a446d7ba1d6d820d/2022-nursing-care-staffing-and-regulations-report-issue-1.pdf>

Peterson, L. (2023). *A Comprehensive Snapshot of Nursing Home Staffing in Florida: Direct Care Staffing Decline in Florida Nursing Homes* (Issue No. 2). AARP Florida. <https://aarp-states.brightspotcdn.com/1e/94/c1617d014ce3ae96740c70c45c78/2022-nursing-care-staffing-and-regulations-report-may-2023-issue-2.pdf>

Peterson, L. (2023). *A Comprehensive Snapshot of Nursing Home Staffing in Florida: Hospitalizations of Florida's Nursing Home Residents* (Issue No. 3). AARP Florida. <https://aarp-states.brightspotcdn.com/b7/b2/46072451436fb855d4fa7067e540/hospitalizations-of-floridas-nursing-home-residents.pdf>

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