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## **Nursing Home Staffing Levels: How Much Is Enough?**

**By Phyllis Staff**

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During the week of February 17, 2002, headlines screamed the news – more than 92% of US nursing homes fail to have an adequate number of staff to provide quality care for elderly residents. Newspapers and radio programs based their stories on the new study the Health Care Financing Administration (HCFA) recently provided to the Senate's Special Committee on Aging.

Interesting findings led us to reexamine our current data set of nursing home deficiencies. What we found may surprise you; there was no relationship between the level of staffing and the number of deficiencies reported for nursing homes. However, there was a relationship between level of staffing and percent of residents with pressure sores and physical restraints.

This article is provided to you so you'll have a greater understanding of what these findings mean.

### **The HCFA Study**

**Purpose** – HCFA's study was performed at the request of the Senate's Special Committee on Aging to determine what minimum level of nursing home staffing was required in order to provide quality care.

**Findings** – The study reported that a minimum level of staffing, determined to be 2.9 hours of Certified Nursing Aide (CAN) time per resident was required for quality care. A number of measures went into this finding. Among them, a time and motion study examined the time required for basic services such as dressing and toileting.

A correlational study that examined the relationship between pressure (bed) sores and staffing found that a higher level of staffing was related to lower levels of pressure sores. This study was somewhat limited by the fact that homes with very low levels of staffing refused to participate; it may be inferred that the correlational findings would have been stronger with the participation of these homes.

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In addition, the HCFA study examined the accuracy of reported level of staffing in survey and cost reports. They found that cost reports were more accurate than survey results in reflecting an accurate level of staffing as determined by nursing home payrolls.

Limitations – The report was limited by the extent of the data gathered (3 states included) and may not be generalizable across all states.

### When Should Staffing Concern You

When the best is yet to come began examining long-term care, we attempted to gather data on staffing and found that it was extremely difficult to acquire accurate information. Then a well-respected administrator advised us that while staffing was important, it was not as good a measure of quality as the level of care residents actually received. We have learned through experience how right his advice was.

So what should you look for when determining the quality of care residents receive? Look for residents who are well groomed and not lethargic. Look for residents actively engaged in activities; although each nursing home is required to have an activities director, this does not mean that scheduled activities actually occur. Check the latest survey ratings for the percent of residents with pressure sores. Look for a rating close to zero. We also suggest that you examine the percent of residents with physical restraints because physical restraints may be used as a substitute for staff. Again, look for a rating close to zero. Look for the quality of interactions between staff and residents. Even though a minimum level of staffing is required for quality care, merely having staff at that level does not guarantee quality care. Homes may have high numbers of staff that do not interact appropriately with residents. Listen for reactions to resident complaints. Staff who ignore requests and complaints are not providing quality care.

What You Can Do to Find Good Care Check nursing home ratings and visit only those with few or, still better, no deficiencies. Call your state's long-term care ombudsman to get information on resident/family complaints. Although these complaints are not standardized and may include wide variations in severity, a large number of complaints should warn you away from homes receiving them.

Consider non-profit care first. In general, non-profit homes have fewer reported deficiencies and higher levels of staffing than do for-profit homes.

### What Else Can You Do?

The current growth in an aging population means that more and more people will require long-term care unless we do something about it now. That something becomes very personal for those of us in the Baby Boomer generation who will, within a few years, be part of the generation potentially needing nursing home care.

So, how's your health? Do what you can to ensure that your later life will not be complicated by any of the three leading causes of nursing home stays: heart disease, stroke and cancer.

Phyllis Staff, Ph.D. – Phyllis Staff is an experimental psychologist and the CEO of The Best Is Yet.Net, an internet company that helps seniors and caregivers find trustworthy residential care. She is the author of *How to Find Great Senior Housing: A Roadmap for Elders and Those Who Love Them*. She is also the daughter of a victim of Alzheimer's disease. Visit the author's web site at

### **5 Myths You Should Know Before Choosing Elder Care**

**By Phyllis Staff, Ph.D.**

Myths associated with selecting quality nursing home care suggest quick and easy ways to identify quality care. In fact, relying on these myths can lead to disastrous results. I have identified a few of the most common myths in hopes of helping you avoid some of the problems commonly found in many nursing homes.

#### 1. The Smell Test

You've heard it repeatedly: "The best way to determine the quality of care a nursing home provides is to be alert to bad odors when you visit the home."

It seldom, if ever, works. Why? Nursing home administrators have heard the very same advice. As a result, they are particularly sensitive to unpleasant odors in any area that might receive visitors. Almost all will do their best to remove offensive odors as quickly as possible, even when it means avoiding their primary responsibility to their residents.

#### 2. The Personal Recommendation

Recently, I heard a guest on a radio talk show state that the very best way to find great nursing home care is to get recommendations from a friend. Like other myths, there is a grain of truth here, but you must check whether your friend has had extensive interactions with the nursing home recommended. Often that is not the case.

Last weekend I dealt with an emergency call from Jim, a friend who had placed his mother in a nursing home recommended by a friend. Although she was recuperating from a stroke, no nurse or aide checked on her condition for more than 14 hours. Jim discovered her in the morning with many cuts and bruises, her bedsheets soaked in blood. He was astonished that anyone would recommend such a poor care facility.

"My friend said her grandmother was in this particular nursing home," he reported. "So, I thought it would be good care."

"How often does your friend visit her grandmother?" I asked him.

"I didn't think to ask," he responded.

"And did you check the latest survey for that nursing home?"

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"No," he answered. "I thought a personal recommendation was all I needed."

Jim's mother is now back in an area hospital. No one knows yet how much damage this experience caused to her recovery.

### 3. You Get What You Pay For

Nowhere is this statement less applicable than in nursing home care. In fact, I'd replace it with another shibboleth — "Buyer Beware." Our own research, encompassing more than 6000 nursing homes and more than 100 assisted living facilities shows no relationship between cost and quality of care. You may find quality care in an expensive facility, or you may not! Similarly, the fact that a facility is low-cost does not indicate whether you'll get poor, average, or quality care. You have to do your homework. Relying on price as the sole indicator of quality care can lead to disastrous results.

### 4. Adequate Staffing Equals Quality Care

A recent report by the Senate's Special Committee on Aging indicated that quality care for a single nursing home resident requires more than three hours each day of nursing and nursing aide time. However, statistical analysis of the latest federal database on nursing home deficiencies indicates no relationship between quality of care and staffing levels. This finding is consistent with a number of university studies.

What should you look for, then, in nursing home staffing levels?

There is a level below which nursing homes are so understaffed that quality care can not be provided. I'd suggest that you not consider any home providing a level less than two hours per day per resident. For levels greater than this, I'd focus not on the number of hours available for care but on the motivation of staff available to provide care. Those who are motivated to care for the elderly will do so. Those who are motivated only by a paycheck will probably provide shoddy care regardless of their numbers.

### 5. A Well-Known Chain Will Provide the Best Care

This is another myth that can lead to tragedy. Sometimes, well-known companies do provide top-quality care. In other instances, however, a quick review of newspapers and magazines will show you other companies with long records of legal troubles stemming from accusations of neglect and abuse. One such company has been sued simultaneously by several states' attorneys general.

How will you know? The company is not likely to tell you, so you won't know unless you take the time to look into the company's historical performance.

There you have it — 5 myths exploded!

What does work? There is no substitute for your own personal investigation. With a little research, with personal visits to nursing homes before you sign anything, you can avoid many of the difficulties that

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have come to those who relied on such myths.

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