

**NORTH CAROLINA SENIOR TAR HEEL LEGISLATURE
2019 FACT SHEET**

Staff-to-Patient Ratios in Nursing Homes

The Senior Tar Heel Legislature recommends that the General Assembly enact legislation, which establishes either a mandatory Standardized HPPD (hours per patient daily) or minimum staff-to-patient ratios for direct patient care, including enforcement standards and consequences to ensure quality care in nursing homes in the state of North Carolina, regardless of whether they are a for-profit or non-profit organization.

The positive relationship between nurse staffing levels and the quality of nursing home care has been demonstrated widely. Increasing nurse (RN, LPN, and CNA) staffing levels facilitates enhancement of the outcomes of nursing home care. The federal Nursing Home Reform Act (NHRA), as part of the Omnibus Budget Reconciliation Act (OBRA) of 1987, requires minimum staffing levels for registered nurses (RNs) and licensed practical nurses (LPNs), and a minimum educational training for certified nurse's aides (CNAs), but fails to establish a specific requirement for minimum caregiver/resident ratio or a minimum standard for the number of hours per patient day that a resident should be receiving care. In a nursing home, the CNA is the true point-person when it comes to providing adequate one-on-one care to the resident. The quality of care that facilities provide to their residents is frequently evaluated across three domains including structure (resources used to provide care; e.g., staffing), process (actions used to provide care; e.g., restraints) and outcomes (end results for patients; may be bad outcomes or good outcomes).

Certified Nurse Aides, also known as CNAs, are responsible for performing routine tasks and providing hands-on patient care in nursing homes. Under the supervision of nursing and medical staff, CNAs answer patient call bells, serve meals, make beds, and help patients eat, dress and bathe. CNAs provide skin care, take vital signs, and help patients walk and get in and out bed. In a nursing home, the quality of care each resident receives is largely dependent upon the one-on-one care provided by CNAs. Studies have shown that facilities with a higher CNA staffing ratio have fewer health care deficiencies, lower hospitalization rates and fewer government cited deficiencies. The health and safety of residents are compromised when the facility is understaffed. Residents are at a higher risk of receiving poor care and being victims of abuse when the staff is unable to respond adequately to the patient needs.

There are staffing standards for health care workers in hospitals, nursing homes, and other long-term care facilities. Each state can mandate its own staffing ratios. The District of Columbia and seven states-Arkansas, Delaware, Maine, Michigan, Oklahoma, Oregon and South Carolina mandate ratios that specify the maximum numbers of residents to CNA. If you work as a CNA in one of these states, then the **maximum** number of patients assigned to your care on any given shift can not exceed the one specified by the state.

CNA: Resident Ratio

| | Day | Evening | Night |
|-----------------------------|------|---------|-------|
| Arkansas | 1:6 | 1:9 | 1:14 |
| District of Columbia | 1:6 | 1:10 | 1:15 |
| Delaware | 1:7 | 1:10 | 1:15 |
| Maine | 1:5 | 1:10 | 1:15 |
| Michigan | 1:8 | 1:12 | 1:15 |
| Oklahoma | 1:6 | 1:8 | 1:15 |
| Oregon | 1:10 | 1:15 | 1:20 |
| South Carolina | 1:9 | 1:13 | 1:22 |

There is not a staffing ratio mandate in North Carolina. Many nursing facilities in North Carolina are understaffed to the point of endangering the health of patients. The problem is not with the staff in nursing homes, it is with the staffing requirements as stated below:

10A NCAC 13D .2303 NURSE STAFFING REQUIREMENTS

(a) The facility shall provide licensed nursing personnel consistent with applicable occupational regulations and sufficient to accomplish the following:

- (1) patient needs assessment;
- (2) patient care planning; and
- (3) supervisory functions in accordance with the levels of patient care advertised or offered by the facility.

(b) The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the physical, mental, and psychosocial well-being of each patient, as determined by patient assessments and individual plans of care.

(c) A multi-storied facility shall have at least one direct-care staff member on duty on each patient care floor at all times.

(d) Except for designated units with higher staffing requirements noted elsewhere in this Subchapter, daily direct patient care nursing staff, licensed and unlicensed, shall include:

- (1) At least one licensed nurse on duty for direct patient care at all times.
- (2) A registered nurse for at least eight consecutive hours a day, seven days a week. This coverage can be spread over more than one shift if such a need exists. The director of nursing may be counted as meeting the requirements for both the director of nursing and patient staffing for facilities with a total census of 60 nursing beds or less.