



## **Nursing Home Staffing Levels Are Inadequate in Oklahoma**

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**Prepared for Rep. Brad Carson**

**Minority Staff  
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Committee on Government Reform  
U.S. House of Representatives**

**May 24, 2001**

## Table of Contents

Executive Summary .....	1
I. Background .....	3
A. Conditions in Nursing Homes .....	3
B. Nursing Home Staffing Requirements .....	4
C. Need for Additional Nursing Home Staffing .....	5
D. Purpose of this Report .....	7
II. Methodology .....	7
A. Determination of Current Staffing Levels .....	7
B. Comparison of Current Staffing Levels with Preferred Minimum Staffing Levels .....	8
C. Determination of Current Compliance Status .....	9
D. Interpretation of Results .....	10
III. Staffing Levels in Most Oklahoma Nursing Homes Were Inadequate .....	10
A. Most Nursing Homes Did Not Meet Preferred Minimum Staffing Levels for Registered and Licensed Nurses .....	10
B. Many Nursing Homes Did Not Meet Preferred Minimum Staffing Levels for Nursing Assistants .....	11
C. Few Nursing Homes Met All Preferred Minimum Staffing Levels .....	11
D. Many Nursing Homes Failed to Meet Even the Lower Minimum Staffing Levels Identified by HHS .....	12
E. Oklahoma’s Staffing Levels Are Among the Lowest in the Nation .....	12
IV. Nursing Homes With Inadequate Staffing Were More Likely to Provide Inadequate Care .....	13
V. Conclusion .....	14

## **EXECUTIVE SUMMARY**

Many nursing homes in Oklahoma are not providing adequate care for their residents. In April 2001, a report released by Rep. Brad Carson found that 86% of nursing homes in Oklahoma did not meet federal health and safety standards during their most recent annual inspection. That report also found that more than one out of six nursing homes in Oklahoma had been cited by state inspectors for violations that caused actual harm to residents.

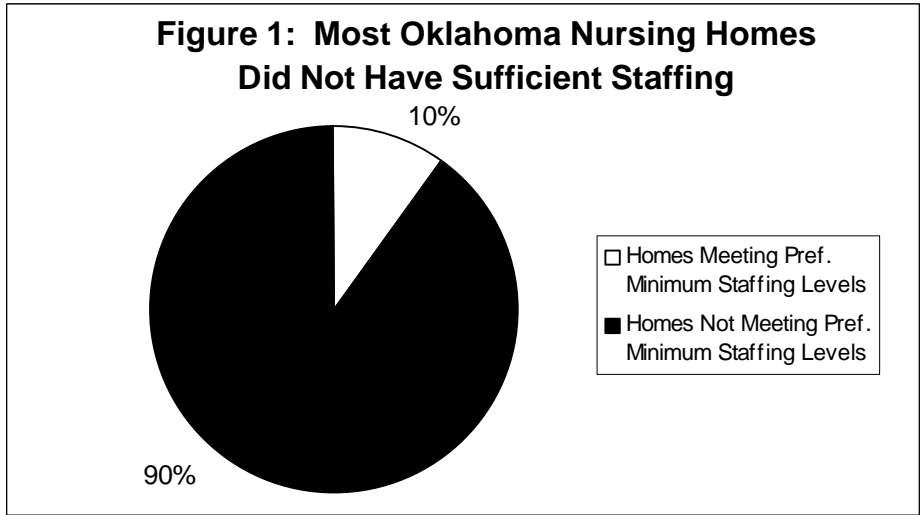
This report, the second study of Oklahoma nursing homes requested by Rep. Carson, investigates a potential cause of these inadequate conditions. It examines whether nursing homes in Oklahoma had enough staff to care for their residents during recent state inspections and whether insufficient staffing was linked to high levels of violations. The report finds that the majority of Oklahoma nursing homes did not have adequate staff to care for residents.

A recent report by the U.S. Department of Health and Human Services concluded that there are minimum staffing levels below which quality of care in nursing homes may be “seriously impaired.” The HHS report found that residents in nursing homes that did not meet these minimum staffing levels were far more likely to suffer from serious health problems than residents in nursing homes that met the minimum staffing levels. According to the report, residents in nursing homes with inadequate staffing were almost four times more likely to develop pressure sores and nearly twice as likely to suffer extensive weight loss as residents of nursing homes with higher staffing levels.

The HHS report identified a “preferred minimum” level of nursing home staff. To meet this staffing level, nursing homes must have sufficient nursing staff to provide each resident at least 3.45 hours of individual care per day, including at least 1.45 hours of individual care by registered or licensed nurses. For homes that meet this level of care, the report found that care was improved “across the board.” The report also identified a lower “minimum staffing level,” requiring 2.95 hours of individual care per day. Homes that provide this level of care have a “reduced . . . likelihood of quality problems in several areas.”

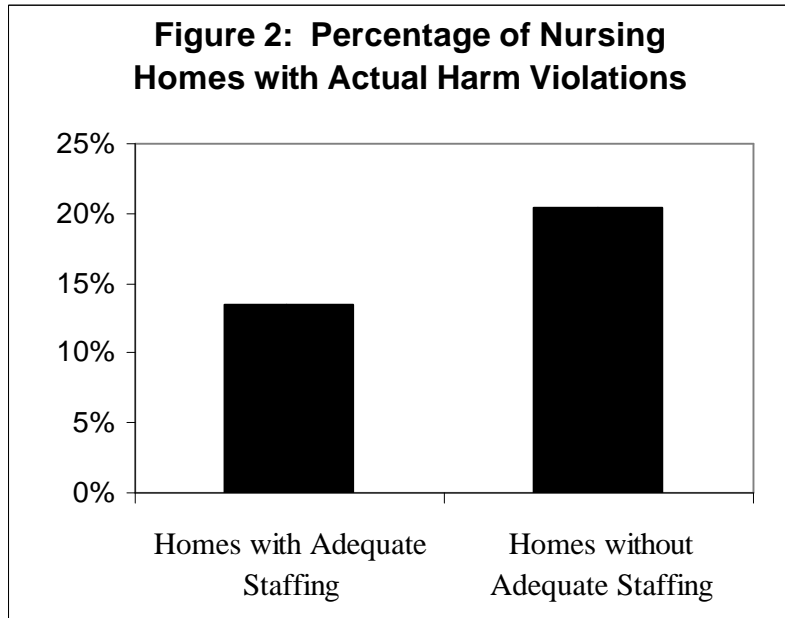
This report assesses whether Oklahoma nursing homes are meeting these staffing levels. It finds that 90% of the nursing homes in Oklahoma -- 348 nursing homes -- did not meet the HHS preferred minimum staffing level during state inspections conducted between March 1999 and March 2001 (Figure 1). These homes serve over 22,000 residents. Moreover, the report finds that 58% of the nursing homes in Oklahoma did not meet even the lower minimum staffing level identified by HHS.

Overall, Oklahoma ranked 45<sup>th</sup> among the 50 states in the median number of hours of nursing care provided to residents. Oklahoma ranked 48<sup>th</sup> among the 50 states in the median number of hours of care by registered nurses.



This report also finds that inadequate staffing correlated with poor conditions in nursing homes. The report uses data from HHS to compare conditions in nursing homes that met the preferred minimum staffing levels with conditions in nursing homes that did not meet these staffing levels. This analysis indicates that homes that met the preferred minimum staffing levels were more likely to provide better care.

Only 37 nursing homes in Oklahoma met the preferred minimum staffing levels. Compared to these 37 nursing homes, the 348 homes that failed to meet these staffing levels were cited for an average of 48% more health and safety violations and were 50% more likely to be cited for a violation causing actual harm or worse to residents (Figure 2).



## I. BACKGROUND

### A. Conditions in Nursing Homes

America's aging population is increasing demands on nursing homes. The U.S. Department of Health and Human Services has estimated that almost half of all 65 year olds will use a nursing home at some point during their lives.<sup>1</sup> The population in nursing homes is expected to quadruple over the next 50 years, from 1.5 million today to 6.6 million by 2050.<sup>2</sup> Over 40% of all 65 year olds will use a nursing home at some point during their lives.<sup>3</sup> The growing population in nursing homes increases the importance of ensuring that nursing homes provide a high level of care.

Unfortunately, several recent studies have indicated that many nursing homes in the United States are failing to meet the federal standards established to protect and maintain the health, safety, and dignity of residents. In 1999, the U.S. General Accounting Office (GAO), an investigative arm of Congress, found that "more than one-fourth of the homes had deficiencies that caused actual harm to residents or placed them at risk of death or serious injury."<sup>4</sup> Later that same year, the Coalition to Protect America's Elders concluded: "Every day, thousands of frail elderly Americans are endangered by nursing home abuse and neglect that have reached epidemic proportions."<sup>5</sup>

The first study to investigate the conditions of nursing homes in the Oklahoma was released by Rep. Carson in April 2001.<sup>6</sup> This report found that there are serious violations in

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<sup>1</sup>HCFA Report to Congress, *Study of Private Accreditation (Deeming) of Nursing Homes, Regulatory Incentives and Non-Regulatory Initiatives, and Effectiveness of the Survey and Certification System*, §1.1 (July 21, 1998).

<sup>2</sup>American Health Care Association, *Facts and Trends: The Nursing Facility Sourcebook*, 5 (1999).

<sup>3</sup>HCFA Report to Congress, *Study of Private Accreditation (Deeming) of Nursing Homes, Regulatory Incentives and Non-Regulatory Initiatives, and Effectiveness of the Survey and Certification System*, §1.1 (July 21, 1998).

<sup>4</sup>GAO, *Nursing Homes: Additional Steps Needed to Strengthen Enforcement of Federal Quality Standards*, 3 (Mar. 1999).

<sup>5</sup>Coalition to Protect America's Elders, *America's Secret Crisis: The Tragedy of Nursing Home Care*, 6 (Sept. 14, 1999).

<sup>6</sup>Minority Staff Report of the House Committee on Government Reform, *Nursing Home Conditions in Oklahoma: Many Homes Fail to Meet Federal Standards for Adequate Care* (Apr.

many Oklahoma nursing homes. The report found that 86% of the nursing homes in Oklahoma were cited for violations of federal health and safety standards in recent state inspections. Moreover, the report found that 17% of the nursing homes in Oklahoma had been cited by state inspectors for a violation that caused actual harm to residents or placed them at risk of death or serious injury.

The investigation conducted for Rep. Carson reviewed a sample of state inspection reports to assess the severity of the violations cited by the state inspectors. This review indicated that the violations cited by state inspectors were for serious care problems, including improper medical care, untreated pressure sores, malnutrition, and dehydration.

## **B. Nursing Home Staffing Requirements**

Nursing homes cannot provide a high level of care unless they have enough well-trained staff to care for their residents. The Institute of Medicine, a branch of the National Academy of Sciences, found in 1996:

The preponderance of evidence from a number of studies using different types of quality measures has shown a positive relationship between nursing staff levels and quality of nursing home care, indicating a strong need to increase the overall level of nursing staff in nursing homes.<sup>7</sup>

However, the staffing requirements under the 1987 federal nursing home law are minimal. In general, the law allows each nursing home to decide for itself how many hours of nursing care to provide to residents each day.

The 1987 federal law recognizes three types of nursing staff: registered nurses, licensed nurses, and nursing assistants. Registered nurses, who are usually in a supervisory position, are nurses who have obtained comprehensive training in resident care and basic medicine.<sup>8</sup> Under the 1987 law, all nursing homes must have a registered nurse on duty for at least eight hours per day.<sup>9</sup> This standard applies regardless of the size of the nursing home or the number of residents. The law does not specify a minimum registered nurse-to-resident ratio.

Licensed professional nurses provide a level of care between the nursing assistant and the

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9, 2001).

<sup>7</sup>Institute of Medicine, *Nursing Staff in Hospitals and Nursing Homes*, 153 (1996).

<sup>8</sup>Training to become a registered nurse takes two to four years, and all registered nurses are required to take state licensing examinations. *Id.* at 69.

<sup>9</sup>42 U.S.C. § 1396r(b)(4)(c)(i).

registered nurse. Licensed nurses generally undergo a 12 to 18 month period of training in basic bedside nursing in order to provide care under the supervision of a registered nurse.<sup>10</sup> Under the 1987 law, nursing homes must have a licensed nurse on duty 24 hours a day.<sup>11</sup> Again, this standard applies regardless of the size of the nursing home or the number of residents and does not specify a minimum licensed nurse-to-resident ratio.

Nursing assistants provide the majority of care in most facilities. Federal law requires that nursing assistants receive a minimal amount of special training.<sup>12</sup> The law does not, however, contain any requirements regarding the level of staffing by nursing assistants. Rather, each nursing home is permitted to determine for itself how many hours of nursing assistant care it will provide residents each day.

In 2000, Oklahoma enacted a law requiring minimum staffing levels in nursing homes. This law currently requires that each resident receive 2.14 hours of direct care each day.<sup>13</sup> The minimum staffing levels will increase to 2.44 hours on September 1, 2001, and 2.87 hours on September 1, 2002. The Oklahoma staffing requirements, even when fully implemented in September 2002, are substantially lower than the preferred minimum staffing levels identified by HHS, which are discussed below.

### **C. Need for Additional Nursing Home Staffing**

There is a widespread consensus among nursing home experts that the current federal staffing requirements are inadequate. In January 2000, a panel of nursing home experts concluded:

The evidence shows that . . . nurse staffing levels are important factors in ensuring high quality of care in nursing homes. These findings, along with the evidence for poor quality of care in many nursing homes, support the need for increased

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<sup>10</sup>*Nursing Staff in Hospitals and Nursing Homes*, *supra* note 7, at 76.

<sup>11</sup>42 U.S.C. § 1396r(b)(4)(c)(i)..

<sup>12</sup>The 1987 federal nursing home law requires that nursing assistants receive 75 hours of training and testing within four months of employment. Nursing assistants must also receive 12 hours of additional training annually. *Nursing Staff in Hospitals and Nursing Homes*, *supra* note 7, at 157.

<sup>13</sup>63 Okla. Stat. 1-1925.2. The current 2.14 hour staffing requirement allows nursing homes to include “activity and social services staff who are not providing direct, hands-on care to residents.” After September 1, 2002, such staff cannot be counted for purposes of meeting the staffing requirement.

minimum nurse staffing levels to improve quality of care.<sup>14</sup>

To assess the need for new staffing standards, the U.S. Department of Health and Human Services released the results of the first part of an eight-year study, entitled *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes*, in July 2000. In order to determine whether minimum nursing home staffing ratios could be identified, researchers analyzed detailed staffing and resident data from almost 1,800 nursing homes. The analysis examined the ratio of nursing assistants, licensed nurses, and registered nurses to nursing home residents, and assessed whether these staffing ratios affected resident outcomes, such as the risk of hospitalization or the risk of developing pressure sores.

The report found “associations between low staffing levels and the likelihood of quality problems across an array of measures for different types of staff.”<sup>15</sup> For example, the report found that nearly half of the nursing homes that provided less than 2.0 hours of daily care by nursing assistants per resident experienced significant pressure sore problems. As a result, residents in these homes were almost four times as likely to develop pressure sores as residents of homes that provided more than 2.0 hours of individual care by nursing assistants each day. Similarly, residents of nursing homes that provided less than 0.5 hours of individual daily care by registered nurses were nearly twice as likely to suffer significant weight loss as residents of nursing homes that provided more care by registered nurses.

Based on these findings, HHS identified two sets of minimum staffing levels. First, HHS identified a “preferred minimum” staffing level, above which “quality of care was improved across the board.”<sup>16</sup> The preferred minimum staffing level requires 3.45 hours of care per resident per day, with 2.0 hours of this provided by nursing assistants, 1.00 hours provided by registered or licensed nurses, and 0.45 hours provided by registered nurses. The 3.45 preferred minimum staffing level is well above both the current Oklahoma staffing requirement and the higher requirement that will go into effect in September 2002.

Second, HHS identified a lower minimum staffing level that “reduced the likelihood of quality problems in several areas.”<sup>17</sup> The minimum staffing level requires 2.95 hours of care per resident per day, with 2.0 hours of this provided by nursing assistants, 0.75 hours provided by registered or licensed nurses, and 0.20 hours provided by registered nurses.

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<sup>14</sup>Gerontologist, *Experts Recommend Minimum Nurse Staffing Standards for Nursing Facilities in the United States*, 5 (Jan. 2000).

<sup>15</sup>Department of Health and Human Services, *Report to Congress: Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes*, 12-1 (Spring 2000).

<sup>16</sup>*Id.* at 12-4

<sup>17</sup>*Id.* at 12-4.



A third analysis by HHS suggested that minimum staffing levels may need to be even higher than the “preferred minimum” level identified by HHS. This approach, a “time-motion” analysis, estimated the nursing assistant time required to conduct five care activities that are essential to nursing home residents. Using this approach, HHS determined that the minimal staffing level required for nursing assistants to provide “humane care” is 2.9 hours per day, significantly above the “preferred minimum” level of 2.0 hours per day.<sup>18</sup>

#### **D. Purpose of this Report**

This report investigates nursing home staffing in Oklahoma. Rep. Carson requested this report as a follow-up to the April 2001 report he released on conditions in Oklahoma nursing homes. He specifically requested that the report assess whether inadequate staffing is one of the causes of the poor conditions in Oklahoma nursing homes.

This report is the first of its kind in Oklahoma. It investigates current staffing levels in Oklahoma nursing homes and compares them to the minimum staffing levels identified by HHS. The report also evaluates whether inadequate staffing is correlated with higher rates of violations of federal health and safety standards.

## **II. METHODOLOGY**

#### **A. Determination of Current Staffing Levels**

Data on the staffing levels in Oklahoma nursing homes comes from the Online Survey, Certification, and Reporting (OSCAR) database, which is maintained by the Health Care Financing Administration (HCFA). HCFA is the agency within HHS that is charged with administering federal nursing home standards. The OSCAR database contains information on staffing levels and violations of federal nursing home standards for almost 17,000 nursing homes in the United States.

Federal law requires that all nursing homes that receive payments from Medicare and Medicaid meet basic health and safety standards established by HCFA. In order to determine if homes are meeting these standards, HCFA contracts with the states to conduct annual inspections of nursing homes. As part of these inspections, data on staffing levels are provided by the nursing homes to the state inspectors. The nursing homes provide staffing information for the

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<sup>18</sup>See Testimony of Dr. John F. Schnelle (UCLA School of Medicine; HCFA contractor) before the Senate Special Committee on Aging (July 27, 2000); *Report to Congress: Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes*, *supra* note 15, at 14-1. The HHS report released in July 2000 was the first phase of a two-phase study. In the second part of the HHS study, HHS will seek to further validate the results of the first part of the study, determine the budgetary implications of alternative minimum staffing requirements, and decide whether to recommend the establishment of specific national minimum staffing requirements.

two weeks prior to the inspections. This information on staffing levels is then reported by the states to HCFA and entered into the OSCAR database.<sup>19</sup>

The staffing data used in this report is the data contained in recent inspections of Oklahoma nursing homes. These inspections were conducted between March 1999 and March 2001. Staffing data that was erroneous or inconsistent or did not otherwise meet standards of accuracy was removed from the database.<sup>20</sup>

## **B. Comparison of Current Staffing Levels with Preferred Minimum Staffing Levels**

As discussed in part I, there are no federal standards that specify the number of hours of care that residents of nursing homes should receive. For this reason, the report compares staffing levels reported in the OSCAR database to the preferred minimum staffing level identified by HHS. As summarized earlier, this preferred minimum staffing level requires 3.45 hours of nursing care for each resident each day, with 2.0 hours of this care provided by nursing assistants, 1.0 hours by registered or licensed nurses, and 0.45 hours by registered nurses. The report also compares staffing levels reported in the OSCAR database to the lower minimum staffing level identified by HHS. This lower minimum staffing level requires 2.95 hours of nursing care, with 2.0 hours of this care provided by nursing assistants, 0.75 hours by registered or licensed nurses,

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<sup>19</sup>According to some experts, this data might overestimate the number of staff involved in resident care. Researchers have suggested that some nursing homes increase their staff during the period around the inspection, meaning that reported staffing levels would be higher than the staffing levels found at the nursing homes during most periods of the year. Charlene Harrington, et al., *Nursing Home Staffing and Its Relationship to Deficiencies*, 17 (Aug. 1999). HHS research also suggests that the OSCAR data may overestimate actual staffing levels in some instances. HHS compared the staffing data in the OSCAR database with the staffing data contained in “Medicare Cost Reports,” which are audited cost statements that are prepared by nursing homes in order to receive Medicare payments. Although the HHS analysis found that average staffing levels in the OSCAR database and in the Medicare Cost Reports were similar in the aggregate, the analysis also found that for homes with lower staffing levels, the staffing levels reported in the OSCAR database were higher than the staffing levels reported in the Medicare Cost Reports. This indicates that for homes with lower staffing levels, the OSCAR database could overestimate actual staffing levels. See *Report to Congress: Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes*, *supra* note 15, at 8-7, 8-8.

<sup>20</sup>To ensure the accuracy of the data, all facilities that reported more residents than beds, all facilities that reported more than 24 hours of daily nursing care per resident, all facilities that reported staffing levels of less than 0.5 hours of nursing care per resident, and all facilities for which recent survey results were not available were removed from the data sample. See *Report to Congress: Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes*, *supra* note 15.

and 0.2 hours by registered nurses. Table 2 summarizes these staffing levels.

**Table 2: Comparison Between Preferred Minimum and Lower Minimum Staffing Levels**

	<b>Preferred Minimum Level</b>	<b>Lower Minimum Level</b>
<b>Nurse Assistants</b>	2.00 hours/resident day	2.00 hours/resident day
<b>Registered or Licensed Nurses</b>	1.00 hours/resident day	0.75 hours/resident day
<b>Registered Nurses</b>	0.45 hours/resident day	0.20 hours/resident day
<b>Total</b>	<b>3.45 hours/resident day</b>	<b>2.95 hours/resident day</b>

Data in the OSCAR database was reported for each nursing home in terms of the number of hours worked by registered nurses, licensed nurses, and nursing assistants divided by the number of residents. To compare staffing data for each individual home to the HHS preferred minimum staffing level, the total time worked by registered nurses and licensed nurses was added together. If this sum was equal to or exceeded 1.45 hours per resident per day, with at least 0.45 hours of this care provided by registered nurses, then the nursing home met the HHS preferred minimum staffing level for registered and licensed nurses. Similarly, if the amount of time worked by nursing assistants was equal to or exceeded 2.0 hours per resident per day, then the nursing home met the HHS preferred minimum staffing level for nursing assistants.

**C. Determination of Current Compliance Status**

The report also used the OSCAR database to determine the number of health and safety violations at Oklahoma nursing homes. As part of the annual inspections required by HCFA, state inspectors are required to document any violations of federal nursing home standards and to determine the scope and severity of these violations. The violations observed by the inspectors in each individual home are reported by the state to HCFA and compiled in the OSCAR database.<sup>21</sup> In addition, this report used the nursing home complaint database maintained by HHS, which contains the results of state investigations into complaints filed by nursing home residents, staff, and family members.

To assess the relationship between staffing and nursing home conditions, the report

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<sup>21</sup>In addition to tracking the violations at each home, the HCFA database compiles the following information about each home: the number of residents and beds; the type of ownership (*e.g.*, for-profit or nonprofit); whether the home accepts residents on Medicare and/or Medicaid; and the characteristics of the resident population (*e.g.*, number of incontinent residents, number of residents in restraints). To provide public access to this information, HCFA maintains a website (<http://www.medicare.gov/NHcompare/Home.asp>) where the public can obtain data about individual nursing homes.

compared the compliance status of homes that did and did not meet the preferred minimum staffing levels identified by HHS. The analysis compared the average number of violations in homes that did and did not meet the preferred minimum staffing levels.

#### **D. Interpretation of Results**

Because this report is based on recent annual inspections and complaint investigations, the results are representative of current conditions in Oklahoma nursing homes. However, conditions in individual homes can change. New management or enforcement activities can bring rapid improvement; other changes can lead to sudden deterioration. Staffing turnover in nursing homes is high, and the addition or subtraction of individual staff or individual residents could change staffing hours and staff-to-resident ratios in a short time. For this reason, the report should be considered a representative “snapshot” of overall conditions in Oklahoma nursing homes, not an analysis of current conditions in any specific home. Staff-to-resident ratios could be higher or lower -- and conditions could be better or worse -- at any individual nursing home today than when the most recent inspection was conducted and the most recent staffing data was reported.

Moreover, in 2000, Oklahoma enacted a new law mandating minimum levels of nursing home staffing. Although the new law is less stringent than HHS’s preferred minimum staffing levels, the changes in state law could have a favorable impact on the level of staffing provided to nursing home residents.

### **III. STAFFING LEVELS IN MOST OKLAHOMA NURSING HOMES WERE INADEQUATE**

There are 389 nursing homes in the Oklahoma that receive Medicaid or Medicare payments. For 385 of these nursing homes (99%), there is sufficient data in the OSCAR database to evaluate staffing.<sup>22</sup> These 385 homes serve a total of 23,224 residents. Medicaid pays for 14,953 of these residents. Medicare pays for 1,388 of these residents. These 385 homes receive over \$239 million in state and federal funding to care for these residents each year.

A review of these homes shows that the majority of the nursing homes did not meet the preferred minimum staffing levels and that there was a correlation between the level of staffing in a nursing home and the quality of care provided by that home.

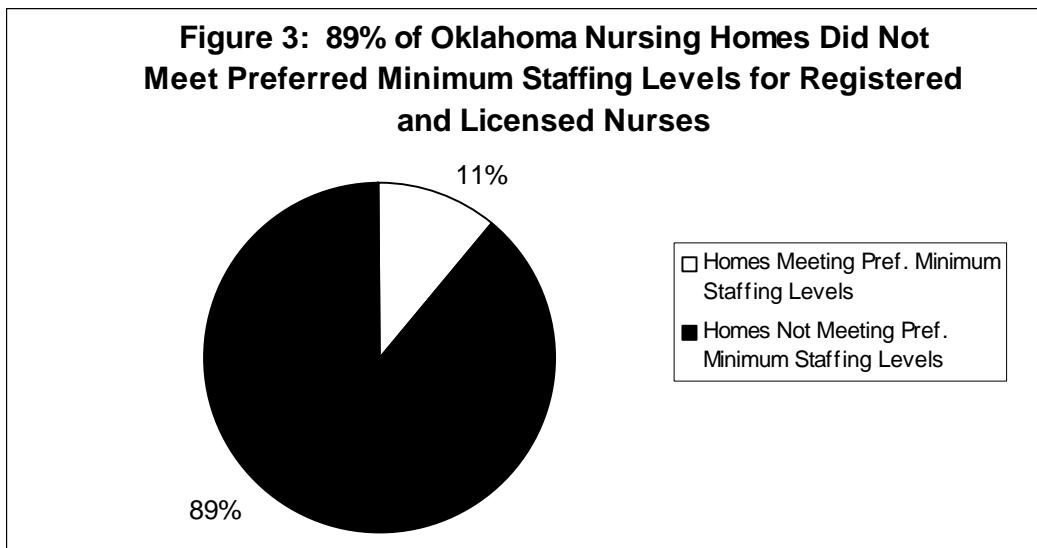
#### **A. Most Nursing Homes Did Not Meet Preferred Minimum Staffing Levels for Registered and Licensed Nurses**

The vast majority of Oklahoma nursing homes failed to meet the HHS preferred

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<sup>22</sup>For the remaining four homes, available data was erroneous or inconsistent or did not meet standards of accuracy. *See supra* note 20.

minimum staffing levels for registered and licensed nurses during state inspections conducted between March 1999 and March 2001. HHS identified a preferred minimum staffing level of 1.45 hours of daily care for each resident by registered and licensed nurses, with at least 0.45 hours of this care provided by registered nurses. In total, 343 of the 385 nursing homes for which data is available (89%) failed to meet this preferred minimum staffing level for registered and licensed nurses (Figure 3). These nursing homes provide care for more than 22,000 residents.



Staffing in many nursing homes falls far below the preferred minimum level. A total of 225 homes (58%) failed to provide an average of even one hour of daily care by registered and licensed nurses per resident, and 103 homes (27%) did not provide an average of even 45 minutes of daily care by registered and licensed nurses per resident.

**B. Many Nursing Homes Did Not Meet Preferred Minimum Staffing Levels for Nursing Assistants**

Forty-two percent of the homes in Oklahoma -- 163 of the 385 homes for which data is available -- did not have adequate nursing assistant staff to meet the preferred minimum staffing level of 2.0 hours per resident per day. These homes serve over 9,800 residents.

**C. Few Nursing Homes Met All Preferred Minimum Staffing Levels**

In sum, only 10% of the nursing homes in Oklahoma -- 37 out of 385 -- met all of the preferred minimum staffing levels identified by HHS. A total of 348 nursing homes -- 90% -- did not meet at least one of the preferred minimum staffing levels. These 348 homes served a total of 22,270 residents and received over \$280 million in state and federal funding. Table 3 summarizes the results.

**Table 3: The Majority of Oklahoma Nursing Homes Did Not Provide Sufficient Staff to Meet Preferred Minimum Staffing Levels Identified by HHS**

Status of Nursing Home	Number of Homes	% of Homes	Number of Residents
Nursing Home Met All Preferred Minimum Staffing Levels	37	10%	954
Nursing Home Failed to Meet Preferred Minimum Staffing Levels for Registered and Licensed Nurses	343	89%	22,073
Nursing Home Failed to Meet Preferred Minimum Staffing Levels for Nursing Assistants	163	42%	9,827
Nursing Home Failed to Meet All Preferred Minimum Staffing Levels	348	90%	22,270

**D. Many Nursing Homes Failed to Meet Even the Lower Minimum Staffing Levels Identified by HHS**

As noted earlier, in addition to identifying preferred minimum staffing standards, HHS also identified lower minimum staffing levels. The lower minimum staffing level requires 2.95 hours of nursing care, with 2.0 hours of this care provided by nursing assistants, 0.75 hours by registered or licensed nurses, and 0.2 hours by registered nurses. Overall, 225 nursing homes in Oklahoma (58%), serving over 15,000 residents, failed to meet the lower minimum staffing levels identified by HHS.

**E. Oklahoma’s Staffing Levels Are Among the Lowest in the Nation**

Compared to other states, the level of staffing in Oklahoma nursing homes ranked near the bottom. During the period from March 1999 to March 2001, one-half of the nursing homes in Oklahoma provided less than 3.0 hours of nursing care per resident per day. This median level of daily care ranked 45<sup>th</sup> among the 50 states.

Similarly, Oklahoma ranked 48<sup>th</sup> among the 50 states in the median number of hours of care provided by registered nurses. The median nursing home in Oklahoma provided only 16.7 minutes of care by registered nurses per resident per day during the period from March 1999 to March 2001.

Part of the explanation for the low staffing levels may be Oklahoma’s low rate of reimbursement to nursing homes. The largest single source of payment for nursing home care is the joint, federal-state Medicaid program. Unlike Medicare rates which are established by the federal government, individual states determine the amount of reimbursement under Medicaid.

At the beginning of 2000, the reimbursement rate in Oklahoma was only \$66.75 a day per

resident, which ranked Oklahoma 49<sup>th</sup> lowest in the country.<sup>23</sup> In fact, between 1995 and 2000, Oklahoma's rank among the 50 states in Medicaid rates rose above 49<sup>th</sup> only once; Oklahoma ranked 48<sup>th</sup> in 1995.

Last year, Oklahoma enacted a "Nursing Facilities Quality of Care Fee" that will produce \$37.2 million in fees from nursing homes, which in turn will generate an additional \$92.2 million in funds, largely from the federal government.<sup>24</sup> The new funds will allow Oklahoma to raise its Medicaid reimbursement rate to \$90.49 a day per resident.<sup>25</sup> Nevertheless, Oklahoma will still lag behind last year's national average of \$107.56 a day per resident.<sup>26</sup>

#### **IV. NURSING HOMES WITH INADEQUATE STAFFING WERE MORE LIKELY TO PROVIDE INADEQUATE CARE**

In Oklahoma, inadequate staffing was directly correlated with inadequate care. This report finds that nursing homes that did not meet the preferred minimum staffing levels had more violations of federal health and safety standards than nursing homes that met the preferred minimum staffing levels.

As discussed above, 37 nursing homes in Oklahoma met all of the HHS preferred minimum staffing levels. During recent inspections, state inspectors found an average of 5.3 violations of federal standards at each of these homes.

In contrast, 348 nursing homes in Oklahoma did not meet all of the preferred minimum staffing levels. During recent inspections, state inspectors found an average of 7.9 violations of federal health and safety standards at each of these homes. Compared to the nursing homes meeting all of the preferred minimum staffing levels, the nursing homes failing to meet these levels had, on average, 48% more violations of federal health and safety standards.

There was a similar correlation in the percentage of homes cited for serious violations. Of the 37 homes meeting all of the preferred minimal staffing levels, 14% of these homes were cited for the most serious category of violations -- violations that caused actual harm to residents or placed residents at risk of death or serious injury. In contrast, of the 348 nursing homes failing to meet all of the preferred minimal staffing levels, 20% of the homes were cited for these types of serious violations.

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<sup>23</sup>HCIA-Sachs/Arthur Anderson, *Guide to the Nursing Home Industry* (2000).

<sup>24</sup>*Health Care Initiative Among 122 New Laws Effective July 1*, Journal Record (June 26, 2000).

<sup>25</sup>This figure was provided by the Oklahoma Health Care Authority.

<sup>26</sup>This figure is based on data compiled by the Texas Health Care Association.

Similar correlations are present when the preferred minimum staffing levels are examined individually. For example, 42 nursing homes met the preferred minimum of 1.45 hours of care by registered and licensed nurses, with at least 0.45 hours of this care by registered nurses. State inspectors cited 14% of these facilities for actual harm violations or worse. In contrast, 343 nursing homes in Oklahoma did not meet the preferred minimum staffing level for registered and licensed nurses. Twenty percent of these facilities were cited for actual harm violations or worse.

Likewise, 222 nursing homes in Oklahoma met the preferred minimum nursing assistant staffing level of 2.0 hours per resident per day. Sixteen percent of these facilities were cited for actual harm violations or worse. In contrast, 163 nursing homes in Oklahoma did not meet the preferred minimum nursing assistant staffing level. Twenty-five percent of these facilities were cited for actual harm violations or worse.

Overall, the findings of this report provide strong evidence that inadequate care was directly correlated with insufficient staffing. Table 4 summarizes these results.

**Table 4: Homes That Did Not Provide Sufficient Staff Were More Likely to Be Cited for Actual Harm Violations**

<b>Preferred Minimum Staffing Level</b>	<b>Status of Home</b>	<b>Percentage of Homes Cited for Actual Harm Violations</b>
<b>All Preferred Minimum Staffing Levels</b>	<b>Met Staffing Levels</b>	<b>14%</b>
	<b>Did Not Meet Staffing Levels</b>	<b>20%</b>
<b>Preferred Minimum Staffing Level for Registered and Licensed Nurses</b>	<b>Met Staffing Level</b>	<b>14%</b>
	<b>Did Not Meet Staffing Level</b>	<b>20%</b>
<b>Preferred Minimum Staffing Level for Nursing Assistants</b>	<b>Met Staffing Level</b>	<b>16%</b>
	<b>Did Not Meet Staffing Level</b>	<b>25%</b>

## V. CONCLUSION

This is a follow-up study of Oklahoma nursing homes conducted at the request of Rep. Carson. The first study found widespread failures by nursing homes to provide adequate care for their residents. This report investigates one of the potential causes of this inadequate care: insufficient staffing. It finds that the majority of Oklahoma nursing homes did not meet the minimum staffing levels identified by HHS and that this insufficient staffing was linked to poor resident care.