HB 2201/Nursing Home Staffing
Preventing injury, illness and death through improved nurse staffing

Kansas Advocate for Better Care // AARP Kansas
The current standard is 1.85 average hours in 24 hours, with a weekly average of 2 hours per resident/day. 1 nursing staff for every 30 residents:
- 4.8 min = RN
- 28.8 min = LPN

Resident acuity has substantially increased since the standard was adopted more than 30 years ago. With no corresponding increase in the minimum standard for nursing care.
Currently, nursing homes are directed by guidelines to provide a minimum of 2 hours of nursing care to each resident each day. There is a staffing ratio requirement of:

- 1 CNA for 30 residents and
- 1 licensed nurse for 60 residents and
- there must always be two nursing personnel in the building (regardless of number of residents)

These requirements have not been updated or adjusted for increased resident needs since they were adopted in 1980.
## HB 2201

### What it proposes

<table>
<thead>
<tr>
<th>Public Notice of Staffing</th>
<th>Training</th>
<th>Civil Monetary Penalties</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 2201 requires an adult care home to conspicuously post the current number of licensed and unlicensed nursing personnel -- RNs, LPNs, nurse aides, nurse aide trainees, medication aides and paid nutrition assistants – who are directly responsible for resident care and current ratios of residents to licensed and unlicensed personnel for each wing and each shift.</td>
<td>The bill sets in statute the training requirements for unlicensed staff and paid nutrition assistants, consistent with the requirements currently set in Kansas regulations.</td>
<td>HB 2201 increases the cap on the maximum amount a facility can be fined for noncompliance with state and federal requirements from $2,500 to $3,000. The maximum fine for citations for repeated deficiencies over an 18-month time period also is increased, from $5,000 to $6,000</td>
</tr>
</tbody>
</table>
**HB 2201**

What it proposes

<table>
<thead>
<tr>
<th>Safe Minimum Standard</th>
<th>3 year phase in</th>
<th>Increase Nursing Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 2201 sets a safe minimum standard of care for frail elders by licensed and unlicensed nursing personnel -- RNs, LPNs, nurse aides, nurse aide trainees, medication aides and paid nutrition assistants.</td>
<td>The bill provides for a three-year phase in period t which allows time for recruitment and training of nursing staff and allows facilities to spread the cost over 3 years.</td>
<td>HB 2201 provides a minimum of 4 hours and 26 minutes of direct care each day to frail elders in Kansas nursing facilities. Direct care is provided by Nurses and nurse aides with specific time allotted from each.</td>
</tr>
</tbody>
</table>
Facility cited for failing to ensure the daily staff posting available and prominently displayed for residents, and visitors, and failed to maintain the retention of the daily posted staffing schedules for 18 months.

The facility failed to ensure adequate staff for 4 residents at risk for pressure sores related to repositioning.

The resident was having trouble breathing and requested a breathing treatment. The resident's light went off for 35 minutes before staff answered the call light.

“Although the facility met the minimum staffing requirements, throughout the days of the on site survey, the facility staff failed to provide nursing and related services to attain and maintain the highest practicable physical, mental and psychosocial well-being of the residents.”

"Bottom line, the residents don't get the care they deserve here, especially on the weekends. I have complained to the DON, and to the administrator. They just tell us to deal with it and do the best we can. It's not going to change.”

-- Staff Member

Comments from residents, staff and inspection reports in citing Kansas nursing homes for inadequate nurse staffing.
Resident Outcomes

The results of low nurse staffing

- Unnecessary Medications
- Other health and safety issues
- Pressure Sores
- Falls
- Incontinence
- Dehydration
According to CMS data, Kansas ranks among the worst at 48th for high use of antipsychotic medications on nursing home residents, even after other states have achieved reductions.

**KDADS cited 279 Kansas facilities with 3,091 deficiencies related to unnecessary medications from 2011-2014.**

Decubitus ulcers, commonly known as pressure sores or bed sores, are entirely preventable if a person is receiving adequate care.

**KDADS cited 261 Kansas facilities with 1,978 deficiencies from 2011-2014.**

Incontinence that is not properly managed can contribute to the development of bladder and kidney infections. Incontinence can also increase the risk for skin rashes, pressure sores and falls.

**KDADS cited 248 Kansas facilities with 1,398 deficiencies from 2011-2014.**
Dehydration is among the most common outcomes of poor care. It is associated with infections, pressure ulcers, anemia, hypotension, confusion and impaired cognition, decreased wound healing and hip fractures. When hospitalized for an acute illness, malnourished or dehydrated residents suffer increased morbidity and require longer lengths of stay.

KDADS cited 108 Kansas facilities with 236 deficiencies related to dehydration from 2011-2014.

Nursing home residents are at risk of injury or death as a result of falling. Frail elders with muscle weakness, chronic conditions that make walking difficult, medications, and environmental hazards all increase the risk of falling.

KDADS cited 262 Kansas facilities with 1,737 deficiencies from 2011-2014.

An inadequate number of nursing staff can contribute to all of the above resident outcomes as well as a host of others, such as poor dental care, cleanliness and safety issues.

KDADS cited 117 Kansas facilities with 258 staffing deficiencies from 2011-2014.
Nurse staffing improvements
Phased-in over three years
Year 1

Minimum nurse staffing care: 2 hrs. 50 min/resident/day
40 min = RN care
27 min = LPN care
1 hr. 43 min = Nurse Aide care

Year 1

1270
40
27
103
RN/min
LPN/min
Nurse Aide/min
Remainder of the day/min

KABC & AARP KS – 10
HB 2201
Nurse staffing improvements
Phased-in over three years
Year 2

Minimum nurse staffing care: 3 hrs. 51 min/resident/day
51 min = RN care
35 min = LPN care
2 hr. 13 min = Nurse Aide care

Year 2

1221
51 35 133

RN/min
LPN/min
Nurse Aide/min
Remainder of the day/min
Nurse staffing improvements
Phased-in over three years
Year 3

- Minimum nurse staffing care: 4 hrs. 26 min/resident/day
- 62 min = RN care
- 42 min = LPN care
- 2 hr. 42 min = Nurse Aide care

Year 3

- 1174
- 62
- 42
- 162

RN/min
LPN/min
Nurse Aide/min
Remainder of the day/min
The cost of poor care
Your own sub headline

Improved health outcomes

“The cost of poor care in America’s nursing homes is staggering, whether it is measured by poor health outcomes and the number of lives lost, or by the amount of money spent on treating preventable conditions. While the trauma inflicted upon nursing home residents and their loved ones is not easily categorized and calculated, the financial costs are quantifiable. The financial burden of poor care rests not only on individuals and families, but also on all American taxpayers, through Medicare and Medicaid.” – The Consumer Voice

Cost savings

Real savings have been documented in other states. The University of Utah found that increasing the ratio of nurses to patients enough to allow nurses to spend 30-40 min./day with a patient resulted in an annual savings to Medicaid of nearly $3,200 per nursing home resident.

For Kansas, that could mean a potential savings of up to $33.6 million.
1. It is time to update the standard of nursing home care and avoid preventable illness, injury and death.
2. The Quality Care Assessment Fund was created to “finance initiatives to maintain or improve the quantity and quality of skilled nursing care” in Kansas facilities.
3. This offers meaningful employment opportunities in communities across Kansas as well as reducing the high rate of turnover in nursing homes.