FAX COVER

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DATE: July 24, 2000

TO: Devorah Adler

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FROM: Karen & Karen

SUBJECT: Nursing Home

NO. OF PAGES (INCLUDING COVER SHEET): _____

COMMENT:

Gary Ackerman

Press Advisory
July 24, 2000

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WAXMAN AND GEPHARDT TO INTRODUCE NURSING HOME BILL

NEW STUDY ON STAFFING LEVELS IN LOS ANGELES NURSING HOMES TO BE RELEASED

Background. Nursing homes are in a state of crisis. Far too many nursing homes in the United States are violating federal health and safety standards. According to GAO, one in four nursing homes have violations that cause actual harm to residents, such as pressure sores, broken bones, severe weight loss, or even death.

Investigative reports in members' districts by the minority staff of the Government Reform Committee confirm that many nursing homes violate federal health and safety standards and that these violations often involve serious neglect and mistreatment of residents. Examples of poor care described in these reports include a nursing home in Los Angeles where state inspectors found over 60 residents suffering from bed sores; a nursing home in Chicago where state inspectors found dozens of residents in physical restraints, many in violation of federal requirements; and a nursing home in San Francisco where state inspectors found hundreds of ants crawling over an 83-year-old resident.

The Nursing Home Quality Protection Act. To address this crisis, Rep. Henry A. Waxman, Minority Leader Richard A. Gephardt, and other members will introduce the Nursing Home Quality Protection Act. This legislation will:

- Impose tougher sanctions on nursing homes that violate federal health and safety standards.
- Provide more funding for nursing homes to hire additional staff and provide better care for residents.
- Increase public disclosure about nursing home conditions by requiring HHS to post detailed information about nursing homes on the Internet.

Release of Los Angeles Staffing Report. Rep. Waxman will also release a new report on staffing levels in Los Angeles nursing homes. This report finds that (1) the vast majority of nursing homes in Los Angeles fail to meet recommended staffing levels and (2) inadequate levels of staffing in nursing homes in Los Angeles are correlated with higher levels of violations of federal health and safety standards.

Date, Time, and Place. The Nursing Home Quality Protection Act and the new Los Angeles staffing report will be released at a press conference at 2:30 p.m. on July 25, 2000, in HC-9 Capitol.

Congress of the United States

Washington, DC 20515

PROTECT OUR MOST VULNERABLE CITIZENS

COSPONSOR THE NURSING HOME QUALITY PROTECTION ACT

July 24, 2000

Dear Colleague:

Our nursing homes are in a state of crisis. Far too many nursing homes in the United States are violating federal health and safety standards. According to GAO, one in four nursing homes have violations that cause actual harm to residents. And as a new federal study will show, many nursing homes have inadequate staffing.

We must not turn a blind eye to this crisis. We must take strong steps to insure that our most vulnerable citizens are treated with care, dignity, and compassion. This week we are introducing legislation to improve conditions in nursing homes. This legislation will:

- Impose tougher sanctions on nursing homes that violate federal health and safety standards;
- Provide more funding for nursing homes to hire additional staff and provide better care for residents; and
- Increase public information about the quality of care provided by nursing homes.

We have a moral obligation to provide adequate care for vulnerable and frail seniors in nursing homes. If you would like to be an original cosponsor of this bill or have questions, please contact Matt Noyes at 225-3976.

Sincerely,

Richard A. Gephardt
Democratic Leader

Henry A. Waxman
Member of Congress

SUMMARY OF
THE NURSING HOME QUALITY PROTECTION ACT

The Nursing Home Quality Protection Act of 2000 has three components. The bill:
(1) imposes tougher sanctions on nursing homes that violate federal health and safety standards;
(2) provides more funding for nursing homes to increase staffing and improve care for residents; and
(3) increases public information about the quality of care provided by nursing homes.

Tougher Sanctions.

Under current law, nursing homes that violate federal health and safety standards are rarely fined. GAO has found that many facilities with serious violations exhibit a "yo-yo pattern" of noncompliance and compliance. These facilities correct documented violations in time to avoid paying fines, only to slip back into noncompliance as soon as the threat of sanctions is removed.

To address the deficiencies in the current enforcement system, the bill imposes a new set of sanctions that are immediate and certain. Nursing homes that violate federal health and safety standards must refund a portion of the federal Medicaid funds they receive. The amount of the required refund varies from $2,000 for violations that have the potential to harm residents to $25,000 for violations that place residents in immediate jeopardy. These refunds are automatic and will be withheld from future payments to the nursing home if they are not paid within 30 days. Nursing homes can appeal the refunds, but only after the refunds are paid.

Increased Funding.

The bill recognizes that some nursing homes need increased resources to hire more staff and comply with federal health and safety standards. For this reason, the bill reinstates the "Boren Amendment," which was repealed by Congress in 1997. Under the Boren Amendment, nursing homes are guaranteed "reasonable and adequate" reimbursements for providing quality care.

The bill also establishes a new grant program to help nursing homes hire and retain qualified staff. This grant program is funded from the refunds collected from nursing homes that violate federal health and safety standards. This program ensures that any payments collected from nursing homes under the bill will be used to improve the quality of care in nursing homes.

Increased Public Disclosure.

The bill requires the Department of Health and Human Services to post detailed information on the Internet about conditions in nursing homes. The information that must be made available to families through the Internet includes copies of inspection reports, summaries of enforcement actions taken against nursing homes, and new information about the staffing levels in nursing homes.

THE NEED FOR
THE NURSING HOME QUALITY PROTECTION ACT

There is an urgent need for federal legislation to improve conditions in nursing homes. Investigations by GAO, Congress, and other experts have found that conditions in many nursing homes are abysmal; health and safety violations are widespread; and current staffing levels are inadequate.

Investigations by GAO.

The U.S. General Accounting Office (GAO), an investigative arm of Congress, has released a series of reports on nursing home conditions over the past two years. These reports have found that more than one-fourth of nursing homes have violations that cause actual harm to residents or place them at risk of death or serious injury. GAO found that these violations are serious, causing pressure sores, broken bones, severe weight loss, and even death.

Moreover, the GAO reports have shown that the current enforcement system does not succeed in holding nursing homes accountable because "sanctions initiated ... against noncompliant homes were never implemented in a majority of cases and generally did not ensure that homes maintained compliance with standards."

Investigations by Congress.

The Special Investigations Division of the Minority Staff of the House Government Reform Committee has initiated a series of investigations of nursing home conditions in members' congressional districts. Since November 1999, the minority staff has released reports on nursing home conditions in Los Angeles, Chicago, San Francisco, and other areas. These reports have confirmed that many nursing homes violate federal health and safety standards and that these violations often involve serious neglect and mistreatment of residents. The examples of poor care described in the reports include:

- A Los Angeles nursing home where state inspectors found over 60 residents suffering from bed sores;
- A Chicago nursing home where state inspectors found dozens of residents in physical restraints, many in violation of federal health and safety standards;
- A San Francisco nursing home where state inspectors found hundreds of ants crawling over the body and in and out of the mouth of an 83-year-old resident.

Investigations by Other Experts.

Many other studies have reached similar conclusions. For example: in July 1998, investigators from the University of California-San Francisco found that current level of nurse staffing is "completely inadequate to provide care and supervision"; in April 2000, HHS reported that the number of nursing homes cited for failing to prevent abuse of residents has doubled since 1997; and in a soon-to-be-released report, the HHS Secretary concludes that inadequate staffing is endangering the health of nursing home residents.

HCFA has established a ranking system in order to identify the violations that pose the greatest risk to patients. This ranking system is used by state inspectors, and the rankings are included in the OSCAR database. The rankings are based on the severity (degree of actual harm to patients) and the scope (the number of patients affected) of the violation. As shown in Table 1, each violation is given a letter rank, A to L, with A being the least serious (an isolated violation that poses minimal risks to patients) and L being the most serious (a widespread violation that causes or has the potential to cause death or serious injury). Homes with violations in categories A, B, or C are considered in "substantial compliance" with the law. Homes with violations in categories D, E, or F have the potential to cause "more than minimal harm" to residents. Homes with violations in categories G, H, or I are causing "actual harm" to residents. And homes with violations in categories J, K, or L are causing (or have the potential to cause) death or serious injury to residents.

Table 1: HCFA's Scope and Severity Grid for Nursing Home Violations

Severity of Deficiency	Scope of Deficiency		
	Isolated	*Pattern of Harm*	*Widespread Harm*
Potential for Minimal Harm	A	B	C
Potential for More Than Minimal Harm	D	E	F
Actual Harm	G	H	I
Actual or Potential for Death/Serious Injury	J	K	L

This report analyzed the results, as reported in the OSCAR database, of the most recent state inspections of each nursing home in Los Angeles County. These inspections were conducted between November 1997 and August 1999. Following the approach used by GAO in its reports on nursing home conditions, this report focused primarily on violations ranked in category G or above. These are the violations that cause actual harm to residents or have the potential to cause death or serious injury.

In cases where nursing homes were reported to have violations causing actual harm to residents in the most recent inspection, the report also analyzed the results of the previous inspection of the nursing home. This analysis was undertaken to assess whether there was a pattern of noncompliance at nursing homes in Los Angeles County.

B. Analysis of State Inspection Reports

In addition to analyzing the data in the OSCAR database, this report analyzed a random sample of the actual inspection reports prepared by state investigators surveying nursing homes in Los Angeles County. These inspection reports, prepared on a HCFA form called "Form 2567," contain the inspectors' documentation of the conditions at the nursing home.

The minority staff selected the forms for review using a two-step process. First, the staff prepared a list of all nursing homes in Los Angeles County cited for violations at the actual harm

KEY FINDINGS FROM LOS ANGELES STAFFING REPORT

- More than four out of five nursing homes (85%) in Los Angeles County do not meet the staffing standards recommended by two expert panels.
- Homes that do not meet recommended staffing levels have more violations and are more likely to have serious violations, as compared to homes that meet staffing levels.
    - Homes that do not meet staffing standards have 40% more violations than homes that meet staffing standards.
    - Homes that do not meet staffing standards are almost twice as likely to have serious violations of health and safety standards as homes that meet staffing standards.

EXAMPLES OF DIFFERENT LEVELS OF VIOLATIONS

Violations that Have the Potential to Cause More than Minimal Harm ($2,000 refund)

- Residents at one home weighed up to 70 lbs. below their ideal body weight (Chicago).
- A resident was physically abused by a staff member (Chicago).
- The wrong dosages of medications were given to residents at one home (Chicago).
- A resident was bathed in water soiled with feces (Los Angeles).

Violations that Cause Actual Harm to Residents ($10,000 refund)

- A home had 60 residents with bed sores (Los Angeles).
- A resident had ants crawling on her face, going in and out of her mouth (San Francisco).
- A resident with both legs amputated was dropped on the ground, suffering a fractured thighbone (Los Angeles).
- A resident was sexually abused by a staff member (San Francisco).

Violations that Put Residents in Immediate Jeopardy ($25,000 refund)

- A resident was given 50 times the ordinary dose of morphine and died (San Francisco).
- An Alzheimer's resident was allowed to wander away from a building and was found injured a mile and a half away (Chicago).

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.....
(Original Signature of Member)

106TH CONGRESS
2D SESSION

H. R. _____

IN THE HOUSE OF REPRESENTATIVES

Mr. WAXMAN (for himself, **[see attached list of cosponsors]**) introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XIX of the Social Security Act to improve the quality of care furnished in nursing homes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) IN GENERAL.—This Act may be cited as the "Nursing Home Quality Protection Act".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. INCREASED SANCTIONS FOR SUBSTANDARD CARE FURNISHED IN NURSING HOMES.

(a) IN GENERAL.—Section 1919 of the Social Security Act (42 U.S.C. 1396r) is amended—

(1) by redesignating subsection (i) as subsection (j); and

(2) by inserting after subsection (h) the following new subsection:

"(i) REFUND OF FEDERAL MONEYS FOR SUBSTANDARD NURSING CARE.—

"(1) IN GENERAL.—From amounts paid under a State plan to a nursing facility, the nursing facility shall refund to the Secretary (for deposit in the Account established in subsection (j)) for deficiencies identified in a survey under subsection (g) the following amounts:

"(A) $2,000 for each deficiency that had the potential to cause more than minimal harm to a resident of the nursing facility.

"(B) $10,000 for each deficiency that caused actual harm to a resident of the nursing facility.

"(C) $25,000 for each deficiency that placed a resident of the nursing facility in immediate jeopardy.

Amounts under this subparagraph shall be adjusted annually to account for inflation in the manner provided for in section 1924(g).

"(2) DEADLINE FOR SUBSTANDARD CARE REFUND.—Payment of the amounts payable by a nursing facility to the Secretary under paragraph (1) shall be made not later than 30 days after the nursing facility receives notice of the deficiencies and the amount of substandard care refund due.

"(3) WITHHOLDING OF PAYMENTS FOR FAILURE TO PAY A SUBSTANDARD CARE REFUND TO THE SECRETARY.—In the case of a nursing facility that does not pay a substandard care refund required under paragraph (1), in order to ensure that payments under the State plan to the facility are reduced by the amount of substandard care refund due from the facility, the Secretary shall withhold from payments attributable to this section the amount of such substandard care refund.

"(4) APPEAL.—

"(A) IN GENERAL.—The Secretary shall establish a procedure for a nursing facility to appeal to the Secretary a substandard care refund paid or an amount withheld under this paragraph.

"(B) REPAYMENTS BY THE SECRETARY.—If a nursing facility is successful on appeal, the Secretary shall pay to the nursing facility an amount equal to the amount of the substandard care refund paid under paragraph (1), or the amount withheld under paragraph (3), or both, if applicable, plus interest accruing on such amount at the rate applicable under section 1903(d)(5).

"(5) RELATION TO OTHER SANCTIONS.—

"(A) IN GENERAL.—A substandard care refund paid by or an amount withheld from a nursing facility for a deficiency under this paragraph—

"(i) shall not affect the authority of a State or the Secretary to take enforcement actions or impose sanctions against the nursing facility under any other provision of law with respect to the deficiency;

"(ii) shall be deducted from civil money penalties assessed by the Secretary with respect to the deficiency under other provisions of this Act; and

"(iii) shall not affect any remedy available to an individual at common law.

"(B) PRESERVING RIGHT TO APPEAL.—The failure of a nursing facility to appeal a substandard care refund paid by or amount withheld from the facility for a deficiency under this paragraph shall have no effect on the right of the facility to appeal any enforcement action taken or sanction imposed by the Secretary with respect to the deficiency under other provisions of this Act.".

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to surveys conducted on or after the date that is one year after the date of the enactment of this Act, without regard to whether or not final regulations to carry out such amendments have been promulgated by such date.

SEC. 3. INCREASED RESOURCES TO IMPROVE THE QUALITY OF CARE FURNISHED IN NURSING HOMES.

(a) REINSTITUTION OF BOREN AMENDMENT PAYMENT METHODOLOGY.—

(1) PURPOSE.—In 1997, Congress repealed the Boren amendment, which required that the States make reasonable and adequate payments to nursing homes and other health care facilities in order to provide quality care to residents. The purpose of this section is to restore the Boren amendment so that those facilities can provide better care to residents.

(2) PROVISION FOR PAYMENT OF REASONABLE AND ADEQUATE COSTS.—Section 1902(a)(13) of the Social Security Act (42 U.S.C. 1396a(a)(13)) is amended to read as follows:

"(13) provide for payment of services through the use of rates determined under this paragraph as in effect on August 1, 1997;".

(3) EFFECTIVE DATE.—The amendment made by paragraph (2) shall apply to services furnished on or after the date that is one year after the date of the enactment of this Act.

(b) GRANT PROGRAM TO IMPROVE QUALITY OF CARE FURNISHED IN NURSING HOMES.—Section 1919 of the Social Security Act (42 U.S.C. 1396r), as amended by section 2(a), is further amended—

(1) by redesignating subsection (j) as subsection (k); and

(2) by inserting after subsection (i) the following new subsection:

"(j) NURSING FACILITY QUALITY IMPROVEMENT ACCOUNT.—

"(1) ESTABLISHMENT OF NURSING FACILITY QUALITY IMPROVEMENT ACCOUNT.—

"(A) IN GENERAL.—There is hereby created on the books of the Treasury an expenditure account to be known as the 'Nursing Facility Quality Improvement Account' (in this subsection referred to as the 'Account').

"(B) DEPOSIT OF FUNDS IN THE ACCOUNT.—The Secretary shall deposit in the Account—

"(i) all substandard care refunds from nursing facilities under subsection (i)(1); and

"(ii) amounts withheld under subsection (i)(3).

"(C) APPROPRIATED AMOUNTS FROM SUBSTANDARD CARE REFUNDS.—There are hereby appropriated to the Account such amounts as the Secretary deposits to the Account under this paragraph.

"(2) GRANTS FOR IMPROVEMENT OF QUALITY OF CARE.—

"(A) IN GENERAL.—Subject to the succeeding provisions of this paragraph, from amounts available in the Account, the Secretary shall make grants to States for the purpose of improving the quality of care furnished in nursing facilities operating in the State.

"(B) USE OF GRANT FUNDS.—Grants made available to States under subparagraph (A) may be used for any or all of the following specified purposes:

"(i) To enable a nursing facility to recruit additional nursing staff or to retain existing nursing staff (including through the use of financial incentives).

"(ii) To increase education and training of nursing staff.

"(iii) To provide incentives to increase the level of nursing staff in a nursing facility.

"(iv) Any other purpose that the Secretary determines is likely to improve the quality of care furnished to residents of a nursing facility.

"(C) TERMS AND CONDITIONS.—The Secretary shall establish such terms and conditions as the Secretary determines to be appropriate for the receipt of grant funds under this paragraph. Such terms and conditions shall include the following requirements:

"(i) A State shall develop a plan for the use of grant funds.

"(ii) In developing the plan required under clause (i), the State shall consult with representatives of nursing facility residents, of nursing facilities, of nursing staff, and of other interested parties, and shall provide for an opportunity for public comment.

"(iii) The State shall submit to the Secretary annual reports on the use of grant funds under the plan.

"(D) AGGREGATE AMOUNT OF GRANT FUNDS FOR STATES.—The amount of a grant to a State under this subsection may not exceed the aggregate amount of substandard care refunds (under subsection (i)) from nursing facilities operating in the State.

"(E) NONPARTICIPATION BY STATES.—Notwithstanding subparagraph (D), if a State does not receive a grant under this subsection, the Secretary may redistribute, in a manner consistent with section 2104(f), the substandard care refunds received from nursing facilities in that State to other States.

"(F) LIMITATIONS ON USE OF GRANT AMOUNTS.—A State may not use amounts made available under a grant under this paragraph—

"(i) to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

"(ii) to make payments to a nursing facility that is not in compliance with Federal labor and employment laws or that has a pattern of violations of such laws.

Amounts made available under a grant under this paragraph shall be in addition to, and may not be used to supplant, any funds that are or would otherwise be expended under any Federal, State, or local law by a State or local government.

"(G) DEFINITION.—In this subsection and subsection (g)(5)(E), the term 'nursing staff' means a registered professional nurse, a licensed practical or licensed vocational nurse, or a certified nurse aide.

"(3) ANNUAL AUDITS.—

"(A) IN GENERAL.—The Secretary shall conduct annual audits of the use of grant funds made available under paragraph (2). The Secretary shall assess the extent to which such funds have resulted in increased nursing staff, reduced nursing staff turnover, increased training of nursing staff, and improvements in the quality of care furnished in nursing facilities located in States receiving such grant funds.

"(B) ADDITIONAL TERMS FOR RECEIPT OF GRANT FUNDS.—As a part of a plan under paragraph (2)(C), the State shall afford the Secretary access to any records or information relating to the plan for the purposes of an audit of the State's use of grant funds.

"(C) ANNUAL REPORT.—The Secretary shall submit to Congress an annual report on the audits conducted under this paragraph.".

SEC. 4. INCREASED PUBLIC DISCLOSURE OF NURSING HOME CONDITIONS.

(a) INTERNET DISCLOSURE.—Section 1919(g)(5) of the Social Security Act (42 U.S.C. 1396r(g)(5)) is amended by adding at the end the following new subparagraph:

"(E) PUBLICATION ON THE INTERNET OF NURSING FACILITY INFORMATION.—As soon as practicable, but in no case later than January 1, 2002, the Secretary shall make available to the public on the Internet site of the Department of Health and Human Services, and by such other means as the Secretary determines appropriate, the following information with respect to each nursing facility:

"(i) COMPLIANCE WITH FACILITY STANDARDS.—A summary of the facility's compliance or noncompliance with Federal nursing facility standards.

"(ii) COPIES OF RECENT SURVEYS.—A copy of the three most recent surveys conducted of the nursing facility under subsection (g).

"(iii) COMPLAINTS FILED AGAINST THE FACILITY.—A summary of each complaint filed against the nursing facility during the three most recent years and a

summary of the outcome or current status of the complaint.

"(iv) ENFORCEMENT ACTIONS AGAINST THE FACILITY.—A summary of each enforcement action undertaken by the Secretary or a State during the three most recent years with respect to the facility and a summary of the outcome or current status of the action.

"(v) NURSE STAFFING RATIOS.—Data on the nursing staff of the facility for each of the four previous calendar quarters, including the following ratios:

"(I) The ratio of registered professional nurses to residents of the facility.

"(II) The ratio of licensed practical or licensed vocational nurses to residents of the facility.

"(III) The ratio of certified nurse aides to residents of the facility.

"(IV) The ratio of aggregate nursing staff to residents of the facility.

Such data shall include information on such ratios by shift. Such ratios shall be calculated by comparing the number of hours such staff expend providing nursing care to residents of the facility to the number of residents in the facility.

"(vi) OWNERSHIP DISCLOSURE.—The identity of the owner and operator of the nursing facility, including an identification of whether the facility is a part of a chain of nursing facilities, and if so, the identity of the chain and the number of facilities in such chain.

"(vii) LABOR VIOLATIONS.—Violations of Federal labor and employment laws, and costs incurred for activities directly related to influencing employees with respect to unionization, during the three most recent years.

"(viii) OTHER PERTINENT INFORMATION.—Any other information that the Secretary determines appropriate to inform the public on conditions and quality of care furnished at the facility.

After January 1, 2002, the Secretary shall continuously update the information posted on such Internet site and shall ensure that such information is never more than 90 days out of date.".

(b) POSTING OF STAFFING INFORMATION.—Section 1919(e)(8) of the Social Security Act (42 U.S.C. 1396r(e)(8)) is amended by inserting before the period the following: "and the nurse staffing ratio information under subsection (g)(5)(E)(v)".

(c) RECORDINGKEEPING AND REPORTING REQUIREMENTS.—Section 1919(d) of the Social Security Act (42 U.S.C. 1396r(d)) is amended by adding at the end the following new paragraph:

"(5) RECORDKEEPING AND REPORTING REQUIREMENTS.—

"(A) IN GENERAL.—A nursing facility shall maintain such records and make such reports to the Secretary as the Secretary may require for the administration and enforcement of this section, including providing to the Secretary such information as the Secretary may require to implement subsection (g)(5)(E). The Secretary may specify the form and manner of any report required under this section, and

shall establish a procedure for the electronic transmission of such records.

"(B) CERTIFICATION.—A report required under this paragraph shall be certified by the administrator of the nursing facility as being true, accurate, and complete.".

EXECUTIVE SUMMARY

Background

Purpose

The purpose of this study and Report to Congress is to examine the appropriateness of establishing minimum nurse staffing ratios for nursing homes. This report was mandated by Public Law 101-508 which required the Secretary to report to the Congress on the feasibility of establishing minimum caregiver ratios for Medicare and Medicaid certified nursing homes.

The issue of minimum nurse staffing for nursing homes has been debated since the Omnibus Budget Reconciliation Act of 1987 (OBRA '87). Nursing home consumer advocates tend to believe that poor care is directly tied to inadequate staffing. Providers associations are more likely to view staffing problems as a series of complicated interactions involving the short supply of nursing home workers, facility differences in resident acuity and functional limitations, and Federal and State reimbursements.

The examination of this issue has been divided into two phases. This report on Phase 1 examines whether there is a causal relationship between staffing levels in nursing homes and quality of care. The second phase report will: 1) examine the costs associated with establishing staffing minimums; 2) expand the data used in the multivariate analysis from three States to a more representative national sample; 3) explore ways to case mix adjust required staffing levels; 4) do case studies to validate the survey findings; and 5) examine other issues which impact the recruitment and retention of certified Nursing Assistants. The results of Phase 2 of this study are necessary before recommendations could be made on how to implement a minimum staffing requirement at the individual nursing home level.

Public Concern and the Role of the Health Care Financing Administration

Public and congressional concern about staffing has been heightened by the Health Care Financing Administration's (HCFA's) comprehensive 1998 nursing home Report to Congress that identified a range of serious problems including malnutrition, dehydration, pressure sores, abuse and neglect, as well as similar reports from the U.S. General Accounting Office, and the Office of the Inspector General.

Over 95% of the 16,480 nursing homes in the United States participate in the Medicare and/or Medicaid program(s). Under the statutory authority of the Omnibus Budget Reconciliation Act of 1987, HCFA issued regulations and program guidance that included a *general* requirement

that nursing homes must provide ". . . sufficient nursing staff to attain or maintain the highest practicable . . . well-being of each resident . . ."

This general requirement, as well as the minimum requirement of 8-hour registered nurse and 24-hour licensed nurse coverage per day outlined in regulation, has been criticized as too vague. In addition, because this minimum requirement is the same for all nursing homes, from 60 bed facilities to 600 bed facilities, many advocates and professionals view this standard as inadequate. For these reasons, increasing minimum nurse staffing ratios has been proposed as a way to improve the quality of care for residents.

Research Objectives and Study Approach*

Study Objectives

We are submitting this report to Congress in two phases. The Phase 1 and Phase 2 reports will determine: 1) if minimum nurse staffing ratios are appropriate; if appropriate; 2) the potential cost and budgetary implications of minimum [illegible] requirements; and 3) if there are nurse staffing ratios that strongly determine good or *optimal* resident outcomes. The Phase 1 report will address the first and third study objectives. The Phase 2 report will provide a broader validation of the Phase 1 results, including the [illegible] qualitative case studies and site visits to nursing homes. In addition Phase 2 will include an analysis of costs and feasibility of implementing minimum ratio requirements.

In both Phase 1 and Phase 2 reports the phrase "nurse staffing" refers to all three categories of nurses: Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Nurse Aides/Nursing Assistants.

It is important to acknowledge that HCFA contracted with a number of research firms to conduct this study. [illegible] convened a panel of nationally recognized experts in the fields of long-term care, nursing [illegible], and other disciplines to review the literature on staffing. In addition, we consulted extensively with a number of stakeholders, including consumer advocates, nursing home industry [illegible] representatives from labor unions. A full discussion of our consultation process is presented in Chapter 1.

Report Layout

Chapters 2 through 6 provide additional background and policy context for the study, including examination of staffing citations and the results of focus group discussions with direct care workers, nurse aides, and nursing facility management. Chapters 7 through 12 present the results of multivariate analyses on the effects of nurse staffing on selected quality measures derived from a number of data sources. Chapters 13 examines three specific time-motion methods for setting nurse staffing levels, and Chapter 14 presents the results of a simulation analysis that estimated the amount of nurse aide time required to implement five specific daily care processes

that have been linked to good resident outcomes.

Study Approach

In this report, we used three basic research strategies for addressing the key study question of whether there are appropriate minimum nurse staffing ratios:

Review of Prior Research and Expert Consensus Evaluation of that Research

This strategy included a literature review and consultation with experts in the field. The research we examined evaluated the relationship between staffing and resident outcomes. Under the first research strategy, a review of literature indicated no consistently strong positive association between staffing and resident outcomes. Results of the literature review are detailed in Chapter 6.

Empirical Determination (Multivariate Analysis) of the Relationship Between Staffing and Quality

Measures of nurse staffing and outcome measures were obtained for a number of nursing homes, and the relationship between the two were analyzed using multivariate analysis. The analyses were designed to identify potential critical thresholds. This approach focused directly on the examination of whether there is a correlation between staffing and quality.

Some of the outcomes examined included avoidable hospitalizations, improvement in activities of daily living (ADLs) functioning, incidence of pressure sores, weight loss, and resident cleanliness and grooming. Strong associations between low staffing and the likelihood of quality problems across these measures, adjusted for case mix, were found for all nurse staffing. Results of this analysis are detailed in Chapters 9 through 11 of the text.

A Time-Motion Approach to Setting Nurse Staffing Standards

Time-motion studies are designed to determine the amount of time it takes to perform certain functions or tasks. In this report, we examined three specific time-motion methods for setting nurse staffing levels: the Medicus Company Workload Management System for Nursing, William Thomas' "Management Minutes" system, and HCFA's own Staff Time Measurement studies on nursing care in nursing homes performed from 1995-1997. These analyses are presented in Chapter 13. This approach simulated the nurse aide time necessary to implement certain essential tasks that have been linked to good resident outcomes.

Finally, we estimated the nurse aide time required to implement five specific daily care services that have been linked to good resident outcomes: repositioning and changing wet clothes; repositioning and toileting; exercise encouragement/assistance; feeding assistance; and ADL independence enhancement (morning care). A simulation analysis estimated these times for six major categories of residents with different functional limitations and care needs that broadly

define the nursing home population. Results of this analysis are detailed in Chapter 14.

Other Policy Issues

Apart from the empirical findings in this report, we also examined several specific policy issues. They include: 1) the potential impact of a specific recommended minimum standards by a consumer group; 2) whether raising the current minimum requirement levels have the unintended consequence of lowering the staffing levels of other facilities that, in the absence of the new higher minimum, would staff at relatively higher levels; 3) whether nursing homes affiliated with chains experiencing financial difficulties have reduced their nursing staff levels in an effort to control costs; 4) whether State surveyors can typically meet the consistency burden of documentation required to determine compliance with the HCFA's general sufficiency requirement; and determine nursing home compliance with HCFA's *general* nursing home requirement that staffing must be sufficient to meet the resident needs.

III. Findings

Strong findings on the relationship between staffing and quality were derived from the multivariate analysis and the time motion studies. Details of these findings are below.

- ***Findings from the Literature Review***

A review of the literature revealed no consistently strong positive or negative association between staffing levels and patient care outcomes. In addition, even if the evidence had been stronger and more consistent, none of the reviewed studies were designed to identify a critical ratio of nurses to residents below which nursing home residents are at substantially increased risk of quality problems.

- ***Findings from the Multivariate Analysis of the Relationship between Staffing and Quality***

The analysis of the data from three States demonstrated that after controlling for case mix, staffing thresholds existed below which quality of care is seriously impaired. These thresholds were at staffing levels that were above staffing ratios for a significant percentage of facilities. In addition, the analyses suggested that minimum levels reduced the likelihood of quality problems in several areas, but higher "preferred minimum" levels existed above which quality was improved across the board. These levels are outlined below.

Staff	Minimum Staffing Level	Below Standard
Aide	2.00 hrs/resident day	54%
RN and LPN	.75 hrs/resident day	23%
RN	.20 hrs/resident day	31%
	Preferred Minimum Level	
Aide	2.00 hrs/resident day	54%
RN and LPN	1.00 hrs/resident day	56%
RN	.45 hrs/resident day	47%

Higher or lower thresholds were identified for different case mix categories. Future analyses involving more states, facilities that were certified only for Medicare (which were excluded from this analysis), and refinement of methods for taking case mix into consideration will be required to establish national critical staffing levels. This empirical analysis provides the core approach for developing minimum nurse staffing ratios. ~~In addition, a separate analysis was also conducted using a time-motion approach.~~

- ***Findings from the Time-Motion Studies***

The minimal nurse aide staff necessary to provide optimal care covering the five specific daily care services outlined above is 2.9 hours per resident day. This time-motion derived standard should be viewed as a necessary condition for optimal care by nurse aides. Over 92% of nursing homes in the United States fall below the 2.9 per resident day standard. In addition, nearly half of these facilities would need to increase nurse aide staffing by 50% or more to reach this threshold.

- ***Findings of the Other Policy Issues Examined***

We analyzed a population of facilities that would be affected by the 4.55 minimum total hours per resident day recommended by the Hartford Conference. We found that only 11% of facilities had more than 4.55 total hours in 1998, and many facilities would have to increase staffing by 50% or more to be in compliance with this requirement. A complete discussion of this analysis is presented in Chapter 6.

We also compared a variety of measures of the State-level distribution of staffing across three groups of States --those with no requirement, those with a less demanding standard, and those with the most demanding standard. The analysis, conducted with an inherently limited study design, found that States with more demanding minimum standards had higher average staffing levels. However, the evidence was mixed and inconclusive as to whether higher-staffed facilities reduced their staffing in response to more demanding minimum standards. Results of this analysis are presented in Chapter 3.

We found that total nursing hours for chains with financial difficulties and other large chains decreased relative to other facilities. Total hours for facilities associated with bankrupsy-filed chains decreased by 2% for 1998 and 3.5% for 1999. This analysis is more fully explained in Chapter 3.

Finally, the analysis of staffing citations, both before and after the State Operations Manual changes, and an analysis of the HCFA 2567 ("Statement of Deficiencies and Plan of Correction"), raised doubts that surveyors can typically meet the considerable burden of documentation required to determine compliance with the *general* staffing requirement that staffing must be sufficient to meet resident needs. In addition, the new mandatory investigatory protocol for surveyors to use in assessing the adequacy of staffing that was implemented in July 1998 through HCFA's State Operations Manual (SOM) interpretive guidelines appears to have had no effect. In contrast, when surveyors have a very *specific* requirement to enforce, the determination of compliance is more easily and accurately made. A more thorough discussion of the results is presented in Chapter 4.

IV. Conclusions

The analyses conducted for this Report have established that there are critical ratios of nurses to residents below which nursing home residents are at significantly increased risk of quality problems:

- Using multivariate analysis, the minimum staffing level associated with reducing the likelihood of quality problems is 2.0 hours per resident day for nurse aides, regardless of facility case mix.

- Using multivariate analysis, the preferred minimum staffing levels for RN and total licensed staff (RN and LPN) in which quality was improved across the board are .45 and 1.0 hours per resident day, respectively.

- Using a time-and-motion derived standard, the minimal nurse aide time necessary to provide optimal care in delivering five specific daily care processes is 2.9 hours per resident day.

These estimated staffing thresholds are relatively high, and a considerable number of facilities will be impacted if these thresholds were to become minimum requirements. Given the strength of the research findings, it is unlikely that further research would alter this basic conclusion or the order of magnitude of results.

Next Steps

The potential establishment of a regulatory minimum ratio requirement will require further research on more states in order to identify the exact minimum thresholds and optimal case-mix adjusters. In addition, more research will be required to assess the cost and feasibility of

implementing minimum ratio requirements. We intend to address these issues in the Phase 2 Report to Congress.

Phase 2 will more fully examine empirically-derived minimum staffing levels and methods for case-mix adjustment as suggested by Phase 1. We will conduct five basic analyses in the Phase 2 report. First, in order to identify specific optimal ratios, we will analyze more current staffing data, in more States, and with more refined case-mix adjustments. We will also conduct case studies in a sample of nursing homes in each of the targeted States to better understand the relationship between staffing and quality found in the Phase 1 study. This includes examining other issues that may affect quality of care-- turnover rates, amount of training, and management of staff resources.

The Phase 2 analyses will also examine the costs associated with possible study recommendations for a regulatory requirement of minimum staffing ratios. We expect this cost analysis to include an assessment of the impact of reimbursement changes on providers and payers, including Medicare and Medicaid. We also expect to include a workforce analysis with the cost analysis because, even if cost increases associated with staffing levels could be absorbed, it may not be possible to secure the necessary nursing staff at realistic wage levels. Finally, we will address the issue of developing appropriate staffing data.

*** Attribution and Phase 1 Analyses**

A footnote on the first page of each of the 14 chapters details the appropriate attribution and acknowledgements for all of the analyses contained in the chapter. Although this is a HCFA Report for which HCFA alone is responsible, *each of the reports received from contractors and subcontractors has been changed or altered in any way*, other than minor editing.

New Nursing Home Staffing Initiative

Grants to the States

The Administration proposes to establish new incentive grants to states that commit to raising their staffing levels in nursing homes. States will compete for these grants and have flexibility in creating plans to increase staffing levels. The Secretary will be given the discretion to determine the total number of grants awarded to the states. The goal of these grants is to test innovative ways to increase staff levels, reduce turnover and ultimately improve quality of care in nursing facilities. The federal government will provide grants to states to develop programs:

- to enhance facility staff recruitment and retention efforts;
- to accelerate physical plant upgrades necessary to ensure patient safety or improve quality of life;
- for the education and training of nursing staff;
- to establish career ladders for CNAs;
- to convert outdated nursing homes to assisted living facilities; and
- for other nursing home staffing initiatives approved by the Secretary.

States could use also these funds to reward facilities meeting certain quality standards, such as the IOM recommended staffing levels for registered nurses or an absence of serious quality violations for a period of years.

Grant Funding Level-- The Administration will seek mandatory funds of $1 billion over five years for these grants. The grants will be administered by HCFA. The Administration also proposes to use funds collected by the federal government from civil monetary penalties (CMPs) imposed on nursing homes to augment these grants.

Distribution of Funds-- Grant funding will be divided into two pools:

- Funds for States Committing to Meet CNA Staffing Standards. Seventy-five percent (75%) of the funds will be used for states whose current nurse aide staffing levels are below two (2) nurse aide hours per resident day but who clearly demonstrate that they will raise their staffing levels to the two hour level. States must submit a clear plan demonstrating how they will meet the standards within twelve months after receiving grant funds. They may demonstrate this by:

(1) by instituting a two hour minimum staffing level statutorily,
(2) by including the level as a condition of participation for nursing homes to receive Medicaid funds, **or**
(3) by submitting data to the Secretary indicating how the state will raise its average staffing level to the two nurse aide hour level. The state must submit data showing that the state has achieved its goal, after the program has been implemented.

- Funds for States Already Meeting or Exceeding CNA Staffing Standards. Twenty-five percent (25%) of the funds will be used for those states above the recommended level. These states will still be expected to use their funds to further increase staffing and improve

quality.

This level was chosen based on HCFA's analysis in Phase One of its report to Congress on *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes,* July, 2000, which suggested that two nurse aide hours per resident day was the minimum staffing level necessary to reduce the likelihood of quality problems in a nursing home.

New Requirements

Enhanced Reporting Requirements -- As a Condition of Participation for Medicaid or Medicare, nursing homes (or certified portions) will be required to provide detailed reports to HCFA on all nursing staff, including the total number of hours, the coverage per shift, whether the staff were CNAs, LPNs or RNs, and the average wage rate for each class of employees. Nursing homes will also be required to classify all residents in certified facilities into Medicare Resource Utilization Groups (RUGs) so that the severity of the facilities case-mix could be determined in a uniform manner. Similar to Rep. Stark's bill, the new reporting requirement would be included as part of the BBA giveback proposal to provide SNFs the full market basket update.

National Minimum Staffing Requirements – Based on findings and recommendations from Phase Two of HCFA's report on *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes,* the Secretary will commit to develop and publish regulations on standards for minimum staffing levels in nursing homes, and will review federal reimbursements necessary to achieve these standards within 12 months of the release of Phase Two. one year

Civil Monetary Penalties -- Currently the federal government collects a small percentage of the revenue from CMPs assessed against nursing homes (States collect the remainder). These funds return to the Medicare Trust Funds. By statute, if a nursing home appeals a CMP, the federal government does not collect the penalty until after the appeal is settled. The Administration proposes two legislative changes to CMPs. The first will require that CMPs be withheld from future payments to the nursing home immediately following the imposition of a fine. In the event that a nursing home won its appeal, the federal government would return the funds with interest. Second, funds from these CMPs would be used for the new incentive grants to States, rather than returned to the Medicare Trust Funds. *(more on this from HCFA)*

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- to enhance facility staff recruitment and retention efforts;
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- for the education and training of nursing staff;
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(2.) update periodically

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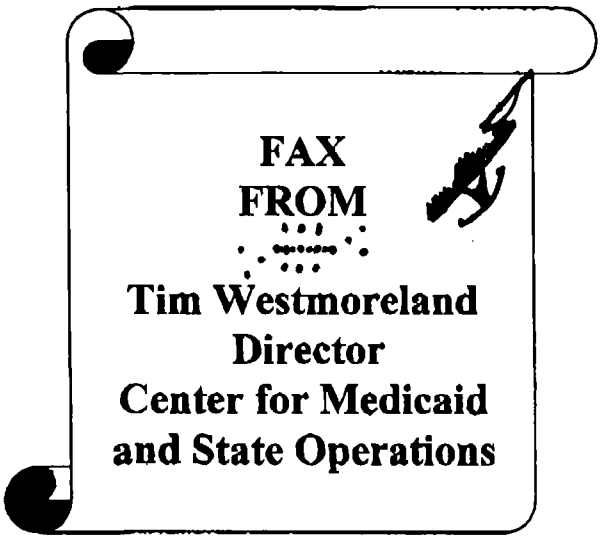

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COMMENTS

As discussed. (me)
?'s to Maria Martino.

APPROPRIATENESS OF MINIMUM NURSE STAFFING RATIOS IN NURSING HOMES

EXECUTIVE SUMMARY

Background

Purpose

The purpose of this study and Report to Congress is to examine the appropriateness of establishing minimum nurse staffing ratios for nursing homes. This report was mandated by Public Law 101-508 which required the Secretary to report to the Congress on the feasibility of establishing minimum caregiver ratios for Medicare and Medicaid certified nursing homes.

The issue of minimum nurse staffing for nursing homes has been debated since the Omnibus Budget Reconciliation Act of 1987 (OBRA '87). Nursing home resident advocates tend to believe that poor care is directly tied to inadequate staffing. Providers associations are more likely to view staffing problems as a series of complicated interactions involving the short supply of nursing home workers, facility differences in resident acuity and functional limitations, and Federal and State reimbursements.

The examination of this issue has been divided into two phases. This report on Phase 1 examines whether there is a causal relationship between staffing levels in nursing homes and quality of care. The second phase report will: 1) examine the cost associated with establishing staffing minimums; 2) expand the data used in the multivariate analysis from three States to a more representative national sample; 3) explore ways to case mix adjust required staffing levels; 4) do case studies to validate the Phase 1 findings; and 5) examine other issues which impact the recruitment and retention of Certified Nursing Assistants. The results of Phase 2 of this study are necessary before recommendations could be made on how to implement a minimum staffing requirement at the individual nursing home level.

Public Concern and the Role of the Health Care Financing Administration

Public and congressional concern about staffing has been heightened by the Health Care Financing Administration's (HCFA's) comprehensive 1998 nursing home Report to Congress that identified a range of serious problems including malnutrition, dehydration, pressure sores, abuse and neglect, as well as similar reports from the U.S. General Accounting Office, and the Office of the Inspector General.

Over 95% of the 16,480 nursing homes in the United States participate in the Medicare and/or Medicaid program(s). Under the statutory authority of the Omnibus Budget Reconciliation Act of 1987, HCFA issued regulations and program guidance that included a *general* requirement

that nursing homes must provide ". . . sufficient nursing staff to attain or maintain the highest practicable . . . well-being of each resident . . ."

This general requirement, as well as the minimum requirement of 8-hour registered nurse and 24-hour licensed nurse coverage per day outlined in regulation, has been criticized as too vague. In addition, because this minimum requirement is the same for all nursing homes, from 60 bed facilities to 600 bed facilities, many advocates and professionals view this standard as inadequate. For these reasons, increasing minimum nurse staffing ratios has been proposed as a way to improve the quality of care for residents.

Research Objectives and Study Approach*

Study Objectives

We are submitting this report to Congress in two phases. The Phase 1 and Phase 2 reports will determine: 1) if minimum nurse staffing ratios are appropriate and if appropriate; 2) the potential cost and budgetary implications of minimum ratio requirements; and 3) if there are nurse staffing ratios that strongly determine good or *optimal* resident outcomes. The Phase 1 report will address the first and third study objectives. The Phase 2 report will provide a broader validation of the Phase 1 results, including the results of qualitative case studies and site visits to nursing homes. In addition Phase 2 will include an assessment of costs and feasibility of implementing minimum ratio requirements.

In both Phase 1 and Phase 2 reports, the phrase "nurse staffing" refers to all three categories of nurses: Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Nurse Aides/Nursing Assistants.

It is important to acknowledge that HCFA contracted with a number of research firms to conduct this study. We also convened a panel of nationally recognized experts in the fields of long-term care, nursing economics, and other disciplines to review the literature on staffing. In addition, we consulted extensively with a number of stakeholders, including consumer advocates, nursing home industry officials, and representatives from labor unions. A full discussion of our consultation process is presented in Chapter 1.

Report Layout

Chapters 2 through 6 provide additional background and policy context for the study, including an examination of staffing citations and the results of focus group discussions with direct care workers, nurse aides, and nursing facility management. Chapters 7 through 12 present the results of multivariate analyses on the effects of nurse staffing on selected quality measures derived from a number of data sources. Chapters 13 examines three specific time-motion methods for setting nurse staffing levels, and Chapter 14 presents the results of a simulation analysis that estimated the amount of nurse aide time required to implement five specific daily care processes

that have been linked to good resident outcomes.

Study Approach

In this report, we used three basic research strategies for addressing the key study question of whether there are appropriate minimum nurse staffing ratios:

Review of Prior Research and Expert Consensus Evaluation of that Research

This strategy included a literature review and consultation with experts in the field. The research we examined evaluated the relationship between staffing and resident outcomes. Under the first research strategy, a review of literature indicated no consistently strong positive association between staffing and resident outcomes. Results of the literature review are detailed in Chapter 6.

Empirical Determination (Multivariate Analysis) of the Relationship Between Staffing and Quality

Measures of nurse staffing and outcome measures were obtained for a large number of nursing homes, and the relationship between the two were examined using multivariate analysis. The analyses were designed to identify potential critical minimum thresholds. This approach focused directly on the examination of whether there is a correlation between staffing and quality.

Some of the outcomes examined included avoidable hospitalizations, improvement in activities of daily living (ADLs) functioning, incidence of pressure sores, weight loss, and resident cleanliness and grooming. Strong associations between low staffing and the likelihood of quality problems across these measures, adjusted for case-mix, were found for all nurse staffing. Results of this analysis are detailed in Chapters 9 through 12 of the text.

A Time-Motion Approach to Setting Nurse Staffing Standards

Time-motion studies are designed to determine the amount of time it takes to perform certain functions or tasks. In this report, we examined three specific time-motion methods for setting nurse staffing levels: the U.S. Army Workload Management System for Nursing, William Thomas' "Management Matrices" system, and HCFA's own Staff Time Measurement studies on nursing care in nursing homes performed from 1995-1997. These analyses are presented in Chapter 13. This approach simulated the nurse aide time necessary to implement certain esential tasks that have been linked to good resident outcomes.

Finally, we estimated the nurse aide time required to implement five specific daily care services that have been linked to good resident outcomes: repositioning and changing wet clothes; repositioning and toileting; exercise encouragement/assistance; feeding assistance; and ADL independence enhancement (morning care). A simulation analysis estimated these times for six major categories of residents with different functional limitations and care needs that broadly

define the nursing home population. Results of this analysis are detailed in Chapter 14.

Other Policy Issues

Apart from the empirical findings in this report, we also examined several specific policy issues. They include: 1) the potential impact of a specific recommended minimum standards by a consumer group; 2) whether raising the current minimum requirement levels have the unintended consequence of lowering the staffing levels of other facilities that, in the absence of the new higher minimum, would staff at relatively higher levels; 3) whether nursing homes affiliated with chains experiencing financial difficulties have reduced their nurse staffing levels in an effort to control costs; 4) whether State surveyors can typically meet the considerable burden of documentation required to determine compliance with the HCFA's general sufficiency requirement; and determine nursing home compliance with HCFA's *general* nursing home requirement that staffing must be sufficient to meet the resident needs.

III. Findings

Strong findings on the relationship between staffing and quality were derived from the multivariate analysis and the time motion studies. The details of these findings are below.

- ***Findings from the Literature Review***

A review of the literature revealed no consistently strong positive or negative association between staffing levels and patient care outcomes. In addition, even if the evidence had been stronger and more consistent, none of the reviewed studies were designed to identify a critical ratio of nurses to residents below which nursing home residents are at substantially increased risk of quality problems.

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THE COMMONWEALTH FUND

Briefing Note

MALNUTRITION AND DEHYDRATION IN NURSING HOMES: KEY ISSUES IN PREVENTION AND TREATMENT

June 2000

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At least a third of the 1.6 million nursing home residents in the United States may suffer from malnutrition or dehydration, conditions that can aggravate or cause more severe medical problems, national experts on nutrition in nursing homes conclude in a new report.

Despite federal laws—including the Nursing Home Reform Act of 1987—that require nursing homes to meet residents' nutrition needs, one study cited in the report found as many as 85 percent of the elderly living in some of the nation's more than 17,000 nursing homes are malnourished. And in some nursing homes, from 30 to 50 percent are underweight.

The report, *Malnutrition and Dehydration in Nursing Homes: Key Issues in Prevention and Treatment,* was written by Sarah Greene Burger and Julie Prince Bell of the National Citizens' Coalition for Nursing Home Reform, and Jeanie Kayser-Jones, a professor of nursing at the University of California, San Francisco.

Malnutrition and dehydration have a variety of causes. Inadequate staffing, a lack of individualized care, high nurse aide turnover, and other structural factors within the nursing home setting contribute to the problem.

The understaffing situation at nursing homes is underscored by the fact that one certified nursing assistant (CNA) typically must help seven to nine residents eat and drink during the daytime, and as many as 12 to 15 during the evening meal. Ideally the ratio should be one CNA for every two or three residents who require eating assistance, the report says. Compounding the problem is the profession's 93 percent yearly turnover rate, which leads to inconsistent care.

Chronic conditions such as depression and cognitive impairment—and the side effects of treatments for these conditions—are also a major factor. Residents suffering from depression, for example, are more likely to experience weight loss, the report says. Another obstacle to good nutrition is that nursing home residents commonly have a limited choice in what they eat, with their cultural and ethnic food preferences frequently ignored. Poor dental health also contributes to inadequate nutritional intake.

The report describes a range of potential solutions, noting that changes in public policy, further research on key issues, seeking creative solutions from providers, and enforcing existing standards could help begin to solve the problem.

Facts and Figures

- It is estimated that 43 percent of all Americans who turned 65 in 1990 will spend some time in a nursing home during their lifetimes.
- Anywhere from 35 percent to 85 percent of nursing home residents are malnourished.
- Sixty to 70 percent of nursing home residents are cognitively impaired; many of them require assistance with eating.
- Swallowing disorders (dysphagia) due to dementia, stroke, Parkinson's disease, and other neurological diseases affect from 40 percent to 60 percent of nursing home residents.

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