

Long Term Care Community Coalition Urges New York State Leaders to Consider The Costs of Poor Care

With the legislative session in Albany underway, and numerous long term care regulatory proposals under consideration, the Long Term Care Community Coalition urges our state leaders to consider all of the costs of poor nursing home care in setting policy for 2004 and beyond. If policy makers only consider the costs of new regulations – such as mandating minimum nursing home staffing ratios- without considering the savings of avoiding poor care, then they are not providing real leadership.

We call on the state to consider all of the monetary issues connected with nursing home care, and to also consider the human issues – the impact of nursing home neglect and abuse on vulnerable nursing home residents.

Following is a review of key financial and humanitarian considerations:

I. FINANCIAL COSTS OF POOR CARE DUE TO INADEQUATE STAFFING:

Many leaders say they would welcome the idea of requiring nursing homes to have more direct care staff, but that the costs to government and providers make it prohibitive. The idea that hiring more workers would increase expenditures is logical, but it is not necessarily accurate. There is much evidence indicating that the costs of hiring more direct care staff might be less than the costs resulting from having too few workers: inadequate care and neglect of nursing home residents and poor working conditions for direct care workers.

Numerous studies have indicated that low staffing levels result in poor care and poor working conditions. A 2000 federal study reported that nursing home residents need about three hours of nurse aide time a day to maintain their peak mental and physical functioning.¹ According to this standard, 98% of New York's nursing homes fall short of this threshold. The study further indicated that there is a strong association between low staffing and the likelihood of quality problems, including avoidable hospitalizations, deteriorating activities of daily living and increased incidence of pressure sores, weight loss and poor resident hygiene.

In formulating laws, regulations and policies, we urge our state leaders to consider the following repercussion of inadequate care which have substantial financial costs. Following is a summary of some key indicators:²

¹ HCFA (now CMS) *Appropriateness of Minimum Nursing Staff Ratios in Nursing Homes*, Report to Congress (July 2000).

² Several of these indicators were identified in a 1991 National Coalition for Nursing Home Reform (NCCNHR) report, *Here's What Happens if We Don't Give Good Care*.

A. Financial Costs Due to Poor Resident Care

- **When residents are not properly fed, or are poorly hydrated, cleaned or kept mobile pressure sores can result.** Malnourishment and dehydration are two of the most common results of inadequate care. Pressure sores are one of the most serious repercussions of poor nursing home care. The skin breakdown that results in pressure sores is not a normal or necessary part of getting older, it results directly because of inadequate care or neglect. The cost of treating pressure ulcers in the U.S. was estimated at over \$3 billion per year in a recent article.³
- **Lack of help with toileting leads to urinary incontinence.** – Most nursing home residents can toilet themselves, though many need help, particularly in getting to and from the bathroom. Unfortunately, too often people are rendered incontinent because there is insufficient staff to help them, even for a few moments. In New York State, 50% of “low-risk residents” lose control of their bladder or bowels.”⁴ All too often we hear reports of people being told to relieve themselves in their bed or chair, or who are kept in diapers even though they can go to the bathroom by themselves, or who are forced to have “accidents” because their calls for help go unanswered. More than half of all nursing home residents suffer from incontinence at a cost of \$5.2 billion per year.⁵
- **The cost of treating pneumonia and treatment of residents with similar clinical presentations is also significant.** Pneumonia is a known potential consequence of malnourishment. For those who do not require hospitalization, the average cost to treat pneumonia is \$458 per person per incident. If treatment in an emergency room (without admission to hospital) is required, the average costs more than tripled.⁶
- **Additional financial costs incurred by hospitalizations are enormous.** Understaffing and the resulting poor care result in increased hospitalization of nursing home residents. The average charge for a hospital stay in New York State in 2001 was \$14,373. While we could not find information for the costs of people coming from a nursing home setting per se, it is worthwhile to note that the costs for older people was considerably higher: \$ 19,515 average cost for people 65 to 84 and \$18,042 for people 85 or over.⁷ Nursing home residents are typically older and have more health issues than people who are not in nursing homes.

³ Taylor, Jo, “Quality Measures: Article 5, Pressure Ulcers: Prevention & Early Detection,” *Quality Counts*, June 2003 (<http://www.qsource.org/NHQI/QCJune.pdf>).

⁴ Nursing Home Compare, www.medicare.gov (April 2004).

⁵ National Bladder Foundation, <http://www.bladder.org/diseases.html#UI>.

⁶ Kruse, R.L., Boles, K.E., Mehr, D.R., and others (March, 2003). “The cost of treating pneumonia in the nursing home setting.” *Journal of the American Medical Directors Association* 4, pp. 81-89.

⁷ *Healthcare Cost and Utilization Project (HCUP)*, HCUPnet, 2001 Data for the Nation and States (<http://hcup.ahrq.gov/HCUPnet.asp>).

B. Financial Costs Resulting From Poor Working Conditions

- **High staff vacancy rates and high turnover rates result in high costs.** Turnover among nursing home direct care staff is extremely high, estimated to be an average of 40-70% nationally,⁸ with many facilities experiencing 100% turnover or more per year. There are significant costs incurred when a new employee is hired and additional costs for training and acclimating the worker to his or her job. According to the Advisory Board Report, a Washington, DC based organization, it cost \$64,000 to replace a specialty nurse.⁹
- **Injuries to overworked direct care workers result in significant avoidable costs.** Certified nurse aides – who provide close to 90% of resident care – suffer a rate of on the job injury that is among the highest of any occupation. According to an article by the Service Employees International Union (SEIU), “Each year, more than 2 million workers suffer repetitive strain and musculoskeletal disorders. Health care employees, especially nursing home workers, suffer more than any other occupational group. Back injuries are the most common type of injury suffered by nursing home workers, and are considered to be among the most serious and costly of workplace injuries.”¹⁰ These injuries result in significant costs, from the resulting high rates of worker compensation to lost productivity. According to SEIU estimates, “the nursing home industry as a whole paid close to \$1 billion in workers’ compensation insurance costs in 1994.”¹¹

II. HUMAN COSTS OF POOR CARE DUE TO INADEQUATE STAFFING:

Nursing home residents are among the most vulnerable of our citizens, yet our society continues to allow widespread suffering to persist. The lives of residents are systematically devalued, with poor nursing home care accepted as a matter of course. However, nursing home neglect and abuse have a real impact on real people, whose age or infirmity makes them no less deserving of safety,

⁸ Cohen-Mansfield, J., “Turnover Among Nursing Home Staff,” *Nursing Management* 28 (1997):59–64 (referenced in Reinhard, Susan and Stone, Robyn, *Promoting Quality in Nursing Homes: The Wellspring Model*, (January 2001)).

⁹ Statement of the New York State Nurses Association Before the Joint Assembly Ways and Means and Senate Finance Committees on the Executive Budget Relating to Health Issues, February 10, 2003. (Testimony presented by Gail Myers, Senior Associate Director for Political and Governmental Relations, NYSNA.) Note: the cost indicated to replace a nurse is not specific to nursing home setting.

¹⁰ *When Pain Makes Politics Personal*, available on SEIU’s website:

http://www.seiu.org/education_leadership/solving_problems_on_the_job/politicspersonal.cfm.

¹¹ *Caring till it Hurts: How Nursing Home Work is Becoming the Most Dangerous Job in America*, SEIU (1997) Available for reading or download at http://www.seiu.org/docUploads/caring_till_it_hurts.pdf.

comfort and respect than other people. Following is an overview of some of the human costs of poor staffing:

A. Human Costs to Residents Due to Poor Care

- **Malnourishment and Dehydration:** These are both significant issues for nursing home residents, being among the most common outcomes of poor care. According to a 2000 report, “[s]tudies using a variety of measurements and performed over the last five to 10 years on different nursing home subgroups have shown that from 35 percent to 85 percent of U.S. nursing home residents are malnourished. Thirty to 50 percent are substandard in body weight.”¹² The authors of that report further noted that, “the level of malnutrition and dehydration in some American nursing homes is similar to that found in many poverty-stricken developing countries.... Under-nutrition is associated with infections (including urinary tract infections and pneumonia), pressure ulcers, anemia, hypotension, confusion and impaired cognition, decreased wound healing, and hip fractures. Undernourished residents become weak, fatigued, bedridden, apathetic, and depressed. When hospitalized for an acute illness, malnourished or dehydrated residents suffer increased morbidity, and require longer lengths of stay. Compared with well-nourished hospitalized nursing home residents, they have a five-fold increase in mortality in the hospital.”¹³
- **Pressure sores:** Decubitus ulcers, commonly known as pressure sores or bed sores, are a frequently cited ailment among nursing home residents which, as noted above, are entirely preventable if a person is receiving adequate care. Pressure sores can be painful and life threatening. According to the *Merck Manual*, “They lengthen the time spent in hospitals or nursing homes and increase the cost of care.”¹⁴
- **Incontinence:** “Urinary incontinence can lead to many complications,” according to the *Merck Manual* “For example, incontinence that is not properly managed can contribute to the development of bladder and kidney infections. Particularly among older adults, incontinence can also increase the risk for skin rashes and pressure sores (because urine can irritate the skin), and falls (because an incontinent person may fall when rushing to use the toilet).”¹⁵ According to the *Manual*, a person with incontinence is more likely to suffer from isolation and depression.¹⁶

¹² Burger, Sarah Greene, Kayser-Jones, Jeanie and Prince Bell, Julie, *Malnutrition and Dehydration in Nursing Homes: Key Issues in Prevention and Treatment*, National Citizens' Coalition for Nursing Home Reform (June 2000).

¹³ *Id.*

¹⁴ *Merck Manual*, Second Home Edition, Section 18, Chapter 205 (available at http://www.merck.com/mrkshared/mmanual_home2/sec18/ch205/ch205a.jsp).

¹⁵ *Id.* at Section 11, Chapter 147.

¹⁶ *Id.*

B. Human Costs to Workers Due to Poor Working Conditions

- **Inadequate staffing causes tremendous physical and emotional stress for workers:** As mentioned above, Certified Nurse Aides (CNAs) provide the vast majority of care to residents and suffer the consequences, as demonstrated by their extremely high rates of both worker turnover and injury. Our study on working conditions last year illustrated a number of ways in which inadequate staffing hurts CNAs: “The nurse aides uniformly felt that there was not enough staff to care for the residents. The word “stress” was used often. They complained of aches and pains and of having to fight with residents to care for them because they had to do it so quickly. They urged management and owners to come on the floors and “see how things really are.”¹⁷

Conclusion

While fiscal concerns are commonly relied on as justification for not mandating better nursing home staffing, there is ample evidence indicating that large scale financial benefits could ensue from enhanced staffing levels. The benefits of higher staffing levels for diminishing the human costs of poor care are clear: both residents and workers would have better conditions and less risk of injury if staffing levels increased. We call on New York’s leaders to consider all of the costs when making decisions on nursing home regulations, policies and laws this year.

¹⁷ Rudder, Cynthia, PhD., *What Makes for a Good Working Condition for Nursing Home Staff: What Do Direct Care Workers Have to Say?*, Long Term Care Community Coalition (2003) Available at http://www.nhccnys.org/documents/WorkingConditionsBooklet_000.pdf.