

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

AS RESIDENT POPULATION SHRINKS, NURSING HOMES REMAIN UNDERSTAFFED

January 22, 2021 – Staffing levels are a key predictor of nursing home resident outcomes during the COVID-19 pandemic. Studies show that facilities with staffing shortages have been more susceptible to COVID-19 outbreaks, resident deaths, and other negative resident outcomes. A sufficiently staffed nursing home is not only better prepared to prevent the spread of infections but can also protect its residents from the devastating effects of isolation and neglect.

Today, LTCCC announces the [publication of the latest user-friendly data](#) on staffing for every U.S. nursing home (in compliance with mandatory reporting requirements). This information can help the public, news media, and policymakers identify and assess the extent to which nursing homes in their communities provided sufficient staffing to meet basic clinical and quality of life needs. The data are for the most recent period reported by the federal Centers for Medicare & Medicaid Services (CMS).

The latest federal data indicate that U.S. facilities remained understaffed during the 3rd quarter of 2020, averaging **3.43 total care staff hours per resident day (HPRD) and 0.47 RN care staff HPRD**. The nationwide averages fall short of the amount of time needed to ensure that residents receive clinical care (**4.10 total care staff HPRD and 0.75 RN HPRD**), according to a landmark 2001 federal study. Meanwhile, nursing homes have experienced a drastic decline (12.2%) in resident population nationwide since the start of the pandemic. Despite receiving billions of dollars in COVID relief aid, too many facilities are failing to invest in the staffing required to meet their residents' needs.

LTCCC's [Q3 2020 staffing report](#) provides easy-to-use files for every state that include: **1)** The levels of care staff; **2)** Staffing levels for important non-nursing staff, including administrators and activities staff; and **3)** The extent to which the facility relies on contract workers to provide resident care.

Staffing Facts for Q3 2020:

- Total care staff and RN HPRD (3.43 & 0.47) plateaued from the previous quarter (3.46 & 0.45).
 - The average facility census has declined 12.2% since the start of the pandemic—from **86.6 in Q4 2019 to 76.0 in Q3 2020**. The census decline is accompanied by a slight increase in total care staff HPRD (1.6%) and a more significant increase in RN HPRD (9.9%) since Q4 2019.
 - **Top five states for total staffing HPRD:** Alaska, Oregon, Hawaii, California, Vermont.
 - **Bottom five states for total staffing HPRD:** Missouri, Texas, Oklahoma, Illinois, South Dakota.
- **Note:** Nursing home facilities are prone to significant fluctuation in staffing and often have very low staffing on weekends and holidays. Data on staffing for specific days can be found by searching for a nursing home [in the CMS dataset](#).

LTCCC's Q3 2020 staffing report differs from previous reports by including additional staffing categories: RN Administrative (RN Admin), RN Director of Nursing (RN DON), Physician Assistant, Nurse Practitioner, Speech/Language Pathologist, Occupational Therapy, and Physical Therapy.