FORLTC Position on LTC Direct Care Workforce

Direct Patient Care has been defined by the CDC as: “Hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring.” In long-term care facilities direct care is provided by registered nurses (RN), licensed practical nurses (LPN), certified nursing assistants (CNA) and others. CNAs provide the majority of direct care for residents in nursing homes; they are the people who assist residents with essential daily activities, including bathing, dressing, continence care, eating, and more, as well as providing emotional support and social engagement. Paid home care aides referred to as “residential care aides” or “home health aides” also provide direct patient care.

Mandated long-term care staffing:

- RNs – The Nursing Home Reform Law of 1987 mandates that at least one RN be on the premises for eight hours each day, seven days per week.
- LPNs – There must be at least one LPN on duty, according to Medicare, 24 hours per day, seven days per week.
- CNAs – The federal government has failed to establish a specific requirement for either a ratio of residents to CNA workload, OR the number of hours of CNA care per day per resident. States may choose to do so, North Carolina has not. (Senior Tar Heel Legislature)

Understaffing – Without federal mandates for CNA minimum staffing it is hard to say for sure how many facilities are understaffed. In the absence of a federal rule, some states (such as California) have set their own minimum staffing requirements. Before COVID-19 hit, about 40% of nursing homes nationally would not have met California’s minimum staffing regulation. (Reuters.com “Pandemic exposes systemic staffing problems at U.S. nursing homes” by Chris Kirkham and Benjamin Lesser June 10,2020) Many advocates, including the National Consumer Voice for Quality, think that California standards are too low and call for 4.1 hours of direct patient care for each patient daily.

Understaffing matters to patient care and the direct care workforce alike:

- Negligence of residents - Understaffing is a major contributor to negligence of patients. Studies have shown it leads to a higher risk of malnutrition, weight loss, bedsores, falls and infections among the residents. (“Nurses Say Staffing Ratios in Long-Term Care Facilities are Unsafe,” by Portia Wofford, July 11, 2019 Nurse.org)

- Injuries to staff - Nursing assistants have a rate of injury that is 3.5 times higher than the national average for all other occupations. When it comes to musculoskeletal injuries their rate is six times the national average. It can only be assumed that their rate of injury would be lessened if they were given adequate time to complete their tasks and/or had a second person to assist them in moving residents into and out of beds and wheelchairs. ("Improving Quality of Care for Nursing Home Residents by Improving Wages, Benefits, Training and Working Conditions for Nurse Aides" by T. Edelman April 14, 2016 Center for Medicare Advocacy)

- Better quality of care – More RN hours often lead to lower antipsychotic use, fewer pressure ulcers, fewer urinary tract infections and catheterizations. There is a correlation between higher nurse staffing and reduced emergency room visits. ("Appropriate Nurse Staffing Levels for U.S. Nursing Homes by Charlene Harrington et al in Health Service Insights June 29, 2020) A university study of Covid-19 cases in nursing home residents and the length of time of RN coverage found that for every additional 20 minutes of RN time per day, there was a 22 percent decline in Covid cases. (Sari Harrar, Joe Eaton and Harris Meyer, "10 Steps to Reform and Improve Nursing Homes" January 13, 2021 AARP.com)

Demographics of North Carolina's Direct Care Workforce:

North Carolina – There are 56,780 nursing assistants and 62,310 home health aides. (PHI slides) 92% are women, 61% are people of color, 62% have some college and 5% are immigrants. (PHInational.org "Essential Jobs, Essential Care North Carolina)

The direct care workforce is largely responsible for the quality of life in any long-term care facility. To combat the chronic shortage of these workers the following is needed:

- An increase in wages - CNAs in NC have median annual earnings of $17,070. This is why 53% live in low-income households and 44% use public assistance. Twenty percent lack health insurance. (PHI)
- Adequate training – right now NC only mandates 75 hours of training for a CNA. This must be addressed if *any* steps at improving the safety and quality of the life for our long-term care residents are to succeed. Community colleges in North Carolina often break CNA education into two parts, Nursing Aide I and II. Each part takes about 160 hours of training, for a total of 320 hours. For workers who will be expected to carefully tend to our frail elderly this is not ideal and probably not sufficient. Compare this to North Carolina's licensing requirement for nail technicians of 300 hours and estheticians (who give facials) of 600 hours of training.
- Respect and recognition – as a society we have failed to let direct care workers know that they are valued.

FORLTC commits to working with stakeholders to address these issues.