

Long Island Region

Staffing for Quality Care – One size does not fit all

Delivering effective, reliable, patient-centered care requires a full care team based on individualized care needs

- Appropriate staffing plays an important role in quality outcomes, but research confirms that an arbitrary ratio does not ensure quality outcomes. Determining the right level of patient care is complicated and must be determined on an individual basis. Nurse staffing levels cannot be determined in a vacuum but must include a comprehensive assessment of all of the various factors which play a role in patient care.
 - The care needs of residents differ significantly and can change from day to day and hour to hour, requiring day to day changes in staffing patterns.
 - The care needs of an individual in a dementia unit compared to the needs of a stroke victim needing rehabilitation will vary greatly and therefore dictate a different staffing pattern.
 - The experience, education, preparation and continuity of staff will significantly impact the staffing needs at any given time.

There is no causal effect between nurse staffing ratios and quality

- Review of nursing home “compares data” shows there is no evidence supporting the claims that higher staffing rating leads to better survey or quality rating.
- The latest peer-reviewed studies on the California experiment have not found a direct link between a set, mandated statewide staffing ratio and improved patient outcomes. Studies that evaluate ratios in California acknowledge serious limitations in establishing causality between mandated ratios and quality improvements.

Outcome-based data best indicator of quality

- Staffing ratios run counter to outcome-based measurements of care. Key factors that impact quality and patient outcomes include level of nurse education and preparation, teamwork, communication, technology and adherence to evidence-based patient care protocols.

Staffing is already being monitored and evaluated

- Numerous state and federal laws and regulations provide significant oversight and transparency on quality and patient outcomes. Both the federal and state survey processes incorporate review of staffing and ensure that staffing meets the needs of patients and residents.

Staffing ratios would simply impose significant costs on providers, Medicaid and Medicare without impacting quality outcomes

- **Economic impact of New York nursing homes:** Nursing homes throughout the state generate \$19.8 billion in economic activity and support an estimated 176,000 jobs statewide. *The Long Island Region hosts 78 nursing homes. These nursing homes generate 24,700 jobs and \$4.2 billion in economic activity in the region.*
- **Economic impact of staffing ratios:** Staffing ratios could cost New York’s hospitals and nursing homes about \$3 billion annually, amounting to the largest ever unfunded health care mandate.
 - Hospitals and health systems already struggle under the cumulative impact of more than \$27 billion in recent and anticipated cuts at the state and federal levels.