Variations in Social Service Staffing and Nursing Home Quality Implications

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Agenda

- Introduction
- Study 1: A National Look at Social Service Staffing in Nursing Homes
- Study 2: Examining How Cost-Effective Investments in Nursing Home Staffing Impact Quality
  - Is it time to invest in Social Services?
- Interactive Question and Answer Session

Importance of Topic

Social service staff are uniquely responsible for providing psychosocial care. Psychosocial care supports residents’ physical and mental health to promote the highest possible quality of life (National Association of Social Workers [NASW], 2003).

Responsibilities of social service staff (e.g., Vourlekis, Zlotnik, & Simons, 2005; Bern-Klug & Kramer, 2013) include but are not limited to:
- Completing psychosocial assessments and care planning,
- Providing emotional support and psychosocial interventions to enhance coping skills for residents and families,
- Promoting individual decision-making to facilitate maximum resident choice and preferences, and
- Assisting with transitions in care.

Variations in Social Service Staffing in Nursing Homes (Study 1)

Research Questions

1. How are social service departments organized in nursing homes?
2. What structural characteristics of nursing homes and other macro-focused contextual factors explain differences in social service staffing patterns?
Methodology

- Data Source: CASPER (2009-2012)
- Analysis Technique:
  - Fixed effect panel regression to identify the effect from each type of staff
- Nursing home is the unit of analysis
- Sample includes nursing homes meeting the following criteria:
  - All CASPER survey inspections for nursing homes in the lower 48 states (excluding Alaska and Hawaii)
  - N=59,860 observations

Types of Staffing in Social Service Departments

CASPER tracks two types of Social Service Staff:

1. Qualified Social Workers (QSWs)
   - QSWs are individuals with a bachelor’s degree in social work or a human services field with at least one year of supervised social work experience in a healthcare setting working with older adults (CMS, 2015, p. 122-123).

2. “Other Social Service Staff” (Para-Professionals)
   - These staff are not required to have bachelor’s degrees in a human services field but are responsible for providing some medical social services to residents.

Three dichotomous dependent variables were created to describe whether the nursing home employs any QSWs, any Para-Professionals, or a combination of both which we refer to as an Inter-Professional Team.

Descriptive Findings

- % of Nursing Homes Using QSWs:
  - No QSWs: 10.88%
  - QSWs: 89.12%
- % of Nursing Homes Using Para-Professionals:
  - No Para-professionals: 42.85%
  - Para-professionals: 47.15%

Social Service Staffing Patterns

- % of Nursing Homes with No Social Services: 16.86%
- % of Nursing Homes with Only QSWs: 42.71%
- % of Nursing Homes with Only Para-professionals: 18.69%
- % of Nursing Homes with a Combination of QSWs and Para-professionals: 22.74%

Factors Affecting Social Service Staffing Patterns

- Least Likely to Hire QSW:
  - Small facilities
  - Rural locations
- Most Likely to Hire QSW:
  - Large facilities
  - Urban location
  - Within a healthcare complex
  - Non-profit ownership
  - Pay rates associated with more profitable reimbursement

Implications

Workforce Development
- Educational preparedness for the role varies
- What are the implications of this for practice?
- In almost half of all nursing homes, QSWs and Para-Professional staff are working together in Inter-Professional Teams.

Power of Federal and State Regulations
- Driven by size of facility, not level of psychosocial need or caseload of practitioners.
- Standards in regulations should be consistent with standards of practice in long-term care according to the NASW (2003).

Structural and Contextual Factors Affect Staffing Decisions
- Important to identify high-need areas to ensure proper psychosocial care.
Examining How Cost-Effective Investments in Nursing Home Staffing Impact Quality (Study 2)

Background

- Nursing homes must employ a team of different types of staff in order to provide proper care to residents.
- Minimum staffing regulations often impact nursing home choice over staffing levels.
  - Minimum direct care and licensed nurse staffing levels
  - Requiring a QSW in nursing homes with 121+ beds
- Most attention on staffing has been on nurses (RNs, LPNs, CNAs)
  - Higher nurse staffing levels can improve quality (Kim et al, 2009; Park & Stearns, 2009; Bowblis, 2011; Tong, 2011; Lin, 2014).
- Other types of staff may impact quality of care and quality of life
  - Some work has examined social service staff (Zhang et al., 2009; Vongxiburana et al., 2011).
  - To our knowledge, no or little work on activities and other non-medical staff.

Purpose of Study

To examine the types of nursing home staff associated with higher quality, with a focus on which types of nursing home staff have a more cost-effective impact.

Measures

Outcomes: Nursing Home Deficiency Citations

- Number of deficiency citations received by each nursing home
  - Further broken down by Quality of Life, Quality of Care, and Administration
  - The deficiency score, which accounts for the number of deficiencies, with each weighted by the severity and scope.

Highly relevant to providers because deficiency scores are used to calculate ratings on the Nursing Home Compare 5-Star Rating System. Lower deficiency scores are associated with more stars (better ratings).

Methodology

- Data Sources: OSCAR/CASPER (1998-Q1 of 2016)
- Analysis Technique:
  - Fixed effect panel regression to identify the effect from each type of staff
  - Nursing home facility is the unit of analysis
- Sample includes nursing homes meeting the following criteria:
  - All free-standing nursing homes in the United States and the District of Columbia with at least 10 beds and at least two observations over the study period.
  - N=237,714 inspections in 15,969 facilities.
**Major Findings**

- Our findings consistently support a relationship between higher staffing levels, fewer deficiency citations, and lower deficiency scores.
- While administrative RNs had one of the largest effects, they also have a high hourly wage. Among nursing staff, an additional HPRD of an RN was found to have an effect that is almost five times the size as a CNA.
- An HPRD of social service staffing resulted in the largest reductions in deficiency outcomes. After adjusting for wages, activities staffing was nearly as cost effective as social service staff.
- Social service and activities staff are over two to three times more cost-effective than nurses without administrative duties, depending on the measure examined.

**Policy Implications**

**Minimum Staffing Ratios for Social Services and Activities Staff**

- Social service staffing guidelines should identify a minimum level of social service staffing per resident, similar to direct care nursing staffing ratios (Bowles, 2011; Park & Sterns, 2009).
- While there are some suggestions on what these staffing levels should be (Bern-Klug, Kramer, Shart, & Cruz, 2010), resident characteristics and the level of psychosocial care needed should be determined based on a realistic caseload.
- Additional work is needed to determine the implications of social staff composition (e.g., QSDS vs. Para-Professionals).

**References**


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