DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality/Quality, Safety and Oversight Group

Ref: QSO-22-08-NH

DATE: **January 07, 2022**

TO: CMS Certified Nursing Home Operators

FROM: Director
Quality, Safety and Oversight Group

SUBJECT: Nursing Home Staff Turnover and Weekend Staffing Levels

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Memorandum Summary

- **CMS will begin posting the following information for each nursing home on the _Medicare.gov Care Compare website_:**

    o **Weekend Staffing:** The level of total nurse and registered nurse (RN) staffing on weekends provided by each nursing home over a quarter.

    o **Staff Turnover:** The percent of nursing staff and number of administrators that stopped working at the nursing home over a 12-month period.

    This information will be added to the Care Compare website in January 2022 and used in the _Nursing Home Five Star Quality Rating System_ in July 2022.

- **Posting Detailed Staffing Data:** CMS will begin posting the submitted employee-level staffing data for all nursing homes.

- **Reminder for Nursing Homes to Link Employee Identifiers** when they are changed due to the changes in the facility's staffing data systems.

Background
Staffing in nursing homes has a substantial impact on the quality of care and outcomes residents experience. For more than ten years, CMS has been posting information on facility staffing measures on the Medicare.gov website _Nursing Home Compare (now known as Care Compare)_, including the average number of hours worked reported for nursing staff, per resident per day. These staffing measures are also used to calculate each nursing home's star rating for the staffing rating domain as part of the _Nursing Home Five Star Quality Rating System_. Over the last several years, CMS has made several improvements to the information reported, most notably, transitioning to using data electronically submitted through the Payroll-Based Journal (PBJ) system, as required under section 1128I(g) of the Social Security Act (the Act) and 42 CFR §483.70(q).

After the transition to the use of PBJ data, CMS continued to implement enhancements to the information posted on the _Care Compare_ website and used in the _Nursing Home Five Star Quality Rating System._ For example, due to concerns related to low staffing on weekends, in November 2018, CMS began identifying facilities with reported low weekend staffing to state

agencies and requiring state agencies to conduct surveys in a portion of these facilities on weekends (see QSO 19-02-NH). Also, in April 2019, CMS encouraged facilities to improve their staffing by adjusting the staffing rating's methodology by adding new thresholds for staffing levels and to increase the weight registered nurse (RN) staffing has on the staffing rating (see QSO 19-08-NH).

The information announced in this memorandum further enhances the information available to consumers, residents, and families to help support their healthcare decisions and incentivizes quality improvement among nursing homes.

Weekend Nurse Staffing

Since nursing homes submit the number of hours that direct care staff work each day, the data can also be used to analyze differences between the level of staffing provided on weekends as compared to weekdays. As indicated above, CMS has had concerns related to low staffing on weekends. Also, the Office of Inspector General (OIG) analyzed the level of staffing from day to day and raised concerns that consumers may not be aware that some nursing homes have considerable variation in their daily staffing levels. In August 2020, the OIG recommended that CMS explore ways to provide consumers with additional information on nursing homes' daily staffing levels and variability, such as how nursing homes' weekend staffing compares to that of other nursing homes with the same Staffing Star Rating. Furthermore, in April 2021, the OIG noted the impact that COVID-19 has had on CMS' oversight of nursing homes and recommended CMS report measures of nurse turnover as soon as practicable.

CMS acknowledged the concerns raised by the OIG and is also concerned that consumers may not have a clear understanding of how nursing homes' staffing levels may change from day to day, particularly on weekends. Therefore, CMS will begin posting data on the level of weekend RN and total nurse (e.g., RN, licensed practical nurse (LPN), certified nurse aide (CNA)) staffing for all nursing homes on the *Care Compare* website in January 2022. This will be reported in terms of the average number of RN and total nurse hours worked per resident per day on weekends. Furthermore, to encourage facilities to increase nurse staffing on weekends, CMS will also add the measure of total nurse staffing on weekends to the staffing rating domain of the *Nursing Home Five Star Quality Rating System* in July 2022.

Nursing Home Staff Turnover

In addition to the number of hours of care nursing homes are required to submit, under section 1128I(g) of the Act, nursing homes are also required to include information on employee turnover and tenure. We believe making this information available to consumers will help them understand more about each facility's staffing environment. CMS has previously stated that we plan to develop staff turnover measures and post them on *Care Compare* (see QSO 18-17-NH). In doing so, we explored the relationship between staff turnover and quality. For example, preliminary (unadjusted) analysis indicates that lower RN, total nurse, and administrator turnover are associated with higher Five Star Ratings. The below figure shows that the average turnover decreases as overall star ratings increase, suggesting that lower turnover is associated with higher overall quality (see Figure 1).

Figure 1.
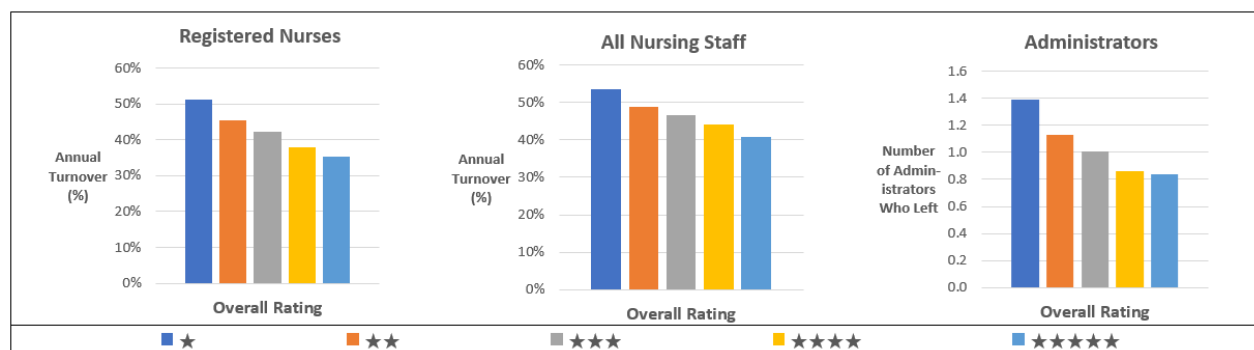
This association may be due to a number of factors. For example, facilities with lower nurse turnover may have more staff that are familiar with each resident's condition and may therefore be more able to identify a resident's change in condition sooner. In doing so, the facility may be able to implement an intervention to avoid an adverse event, such as a fall, acute infection, or hospitalization, which are indicators of quality. Similarly, facilities with lower nurse turnover may be more familiar with the facility's policies and procedures and can potentially operate more efficiently and swiftly to deliver a higher quality of care to residents. Lastly, facilities with lower administrator turnover may have greater leadership stability, direction, and operations, which may help staff provide care more consistently or effectively to residents.

That being said, regardless of the cause, the association between turnover and quality is important and is valuable to consumers. Therefore, CMS plans to post the following measures of staff turnover in January 2022 and include these measures in the staffing domain of the *Nursing Home Five Star Quality Rating System* in July 2022:

- The percent of RN staff that left the facility over the last year.
- The percent of total nurse staff that have left the facility over the last year.
- The number of administrators that have left the facility over the last year.

The technical specifications for weekend staffing and staff turnover measures will be included in the Five Star Rating System Technical Users' Guide on January 14, 2022.

Posting Additional Staffing Data
CMS has a long-standing commitment to transparency. This includes making data available for all stakeholders to support their efforts for consumer or resident advocacy, nursing home quality improvement, academic research, or other analysis to inform actions for our collective efforts to improve residents' health and safety. For example, after requiring nursing homes to submit staffing data through the PBJ system in 2016, CMS quickly began releasing the data in 2017 (see QSO 17-45-NH). The data posted includes the number of hours staff are reported to have worked each day, aggregated by job category and staff type. This information is located in the Quality of Care section on the data.cms.gov website and is updated quarterly.

While the current staffing data posted allow stakeholders to conduct a variety of analyses, it does not include the level of detail that would enable stakeholders to analyze staff turnover. Specifically, it does not include the employee-level data that are needed to identify when a staff member begins and ends work at a facility. Therefore, CMS will be posting the employee-level staffing data in January 2022 for stakeholders to conduct their own analysis to

help improve nursing home staffing.

The employee-level data will be posted in the PBJ section of data.cms.gov on January 26, 2022. Additionally, CMS will add the measures of turnover and weekend staffing to the facility-level files posted on the Provider Data Catalog, in the section for "Nursing homes including rehab services."

Linking Employee Identifiers
CMS is aware of situations when a facility changes its employee identifiers. For example, when facilities change their payroll or time-keeping system, it may be necessary to change its employee identifiers. Employee identifiers are used to calculate each facility's staff turnover measures by identifying when each employee starts and stops working at a facility. If a facility changes an employee's identifier, that event is viewed the same as an employee ending their work at a facility. Therefore, it is critical that facilities use the methodology to link old and new employee identifiers together when these identifiers change. If a facility does not do this, it will artificially increase its staff turnover measures, which can be viewed as worse performance.

Facilities **must** link employee identifiers to ensure their turnover measures are accurate. Instructions and templates for linking employee identifiers are listed here:

- The technical submission XML file template and instructions to create linked IDs can be found here. Depending on your machine settings, this may open as a download and not open in Excel directly.

- An XML Schema Definition (XSD) file can be located here. The XSD defines the layout of the XML document, acting as a "data contract" so those providing the XML know what format is to be expected.

- Detailed instructions for submitting the XML file are located in section 4 of the PBJ Provider User's Guide located here.

- The Linking Methodology document in the downloads section shows examples of when and how the linking is used and some FAQs. This document can be found here.

Closing
CMS recognizes that each resident, family, or individual seeking nursing home care has their own specific needs and goals. The *Care Compare* website and *Nursing Home Five Star Quality Rating System* are one source of information about nursing homes, but individuals should seek other sources as well. For example, we encourage families to visit facilities and speak to the administrator, other staff, current residents, or the family or resident councils. Through a variety of sources, consumers can find the nursing home that is most suited for their needs or the needs of a loved one.

Improving nursing home staffing is a top priority for CMS. There are many different factors that impact how nursing homes are staffed, and the PBJ program aims to help us understand these factors, how nursing homes are staffed, and how staffing relates to nursing home quality. This information can then be used to inform future actions aimed at improving staffing to protect and enhance the health and safety of nursing home residents.

Contact:

- For questions on this memorandum, please email: NHStaffing@cms.hhs.gov.
- Technical questions from vendors or software developers related to the data submission specifications should be sent to: NursingHomePBJTechIssues@cms.hhs.gov.
- The PBJ website, Policy Manual, and Frequently Asked Questions is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers, and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
David R. Wright