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## Preliminary Concerns of PL 100-203 and Nursing Home Reform: Implications for Nurse Aide Training

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Preliminary Concerns of PL 100-203 and Nursing Home Reform:

Implications for Nurse Aide Training

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Abstract: Public Law 100-203, the "Omnibus Budget Reconciliation Act of 1987," Subtitle C **Nursing** Home Reform has a dramatic impact on nursing homes and health occupations education. The requirements of the new law stipulate 75 hours of content specific preservice education for nurse aides employed in nursing homes. This stipulation impacts on existing health occupations education programs that prepare entry level workers for careers in the health industry.

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Background

A recent federal law dramatically strengthens the protection and rights of 1.4 million residents in over 25 thousand (25,000) nursing homes across the United States (Sirrocco, 1988). Public Law (PL) 100-203, the "Omnibus Budget Reconciliation Act of 1987," Subtitle C Nursing Home Reform focuses on facility performance and provision of quality care in nursing homes. Since nurse aides provide the vast majority of direct care to nursing homes residents, and since this new law stipulates regulations for preservice education of nurse aides, the law has implications for health occupations education. The following is an overview of this Nursing Home Reform, its impact on nursing home industry, and a discussion of curriculum guidelines for preservice education.

As of January 1986, there were 25,646 nursing homes providing bed and care to 1,609,419 residents in the United States (American Hospital Association, 1987). While less than 5% of persons 65 years of age and over reside in nursing homes (Wilson & Neuhauser, 1985), the nursing home industry constitutes a significant portion of national health care expenditure and the demand for nursing home beds and services is projected to escalate. Health Care Financing Administration (1987) reports that the long term care industry outlay was \$38 billion in 1986 and predicts that the outlay will increase to \$129 billion by the year 2000.

Government insurance dollars are directed at nursing homes. More than 90% of these facilities, which are classified either as skilled nursing

facilities or intermediate care facilities, receive Medicare and/or Medicaid reimbursement for care rendered to residents. Because of this the magnitude of participation in insurance reimbursement, the Health Care Financing Administration historically has been concerned about facility performance and care rendered. Concerns traditionally have focused on provisions for quality care, stipulations for safe and healthful environments, and capacities of facilities for providing appropriate services and care.

#### The New Law

PL 100-203 was prepared in response to: (a) public demand, (b) public interest group rallying, and (c) requests by and on behalf of nursing homes residents. The Federal Government sounded a clarion to the response and the law was passed by Congress on December 22, 1987. Because of its dramatic implications for health occupations education and for the nursing home industry, the law will be phased into effect over the next two years and will be required to be completely operational in all states by October 1, 1990. This implementation period allows vocational schools, community colleges, other postsecondary schools, and nursing homes to gear up for providing the nurse aide training stipulated by law.

#### Principles of the Law

There are six principles embodied in PL 200-203 Nursing Home' Reform.

These principles include the following:

1. The focus of the conditions in a facility is on facility performance rather than on compliance with procedural requirements.

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2. The law provides that each resident's needs are to be assessed and that, based on assessment, a specific Plan of Care be developed and that care and services be furnished appropriately.
3. The law provides facilities with flexibility in implementing resident plans of care and furnishing services without **overly** prescriptive requirements so long as the resident outcome measures are assured.
4. The law ensures that residents rights are protected by facilities and that residents receive care and services to which they are entitled.
5. The law enables nursing home inspectors to determine: (a) whether residents are receiving care and services in accordance with their assessments and **Plan** of Care, and (b) whether care is provided in a safe and healthful environment. It is noteworthy that under the new law, nursing homes **will** be subject to civil penalties for infractions. These penalties can be up to 10 thousand dollars (\$10,000) per day if a nursing home violates a **resident's** rights or other federal requirements related to the provision of services.
6. The law provides that resident quality of life be enhanced by:
  - (a) staffs who are caring and competent and treat all residents with dignity and respect,
  - (b) encouragement of close relationships with others,
  - (c) environments that stimulate independence and opportunity for **control** over life decisions and personal belongings, and
  - (d) savory foods, privacy, and participation in health care planning.

### Implications for Nurse Aide Training

It is estimated that there are over 800 thousand nurse aides employed in the nursing home industry with, for example, 16 thousand employed in Iowa's health care facilities alone (Petersen & Richards, 1987). While this number is large, the employment lists are expected to increase even more as the long-term care industry matures and expands. In accordance with Nursing Home Reform, the tens of thousands of aides who join the work force will be required, to undergo a minimum of 75 hours of nurse aide training prior to providing care to residents.

While nurse aides are at the lowest level in nursing home employment, they represent 70% of nursing staffs and provide 90% of direct resident care in nursing homes (Kidder, 1987). More interesting is that of all nurse aides employed in the United States, approximately 84% are employed in the nursing home industry while the remaining 16% are employed in such health care organizations as home health agencies and hospital's (Petersen & Richards, 1987).

The typical nursing home patient is an 81 year old female suffering from two or more chronic health care conditions requiring assistance with five out of six activities of daily living (bathing, eating, dressing, toileting, continence, transferring). Because of the special needs of this typical patient, nurse aides should be properly prepared for their responsibilities. It is mandatory that the paraprofessional activities of nurse aides be

undertaken properly for maintaining the dignity of each resident with primary concern for patient well-being.

Because of limited salaries offered to aides and because of some of the tasks **expected** of them, **the** requirements for nurse aides employment are sparse with few stipulations regarding formal education, relevant training, or experience in working with this special population. This lack of training has led, and continues to lead, to problems related to minimum standards of resident care.

For these reasons, Congress decided that not only would training include didactics and classroom participation, but that all nurse aides would be required to demonstrate competency. This demonstration would be through application of resident care skills and techniques. Demonstration of competency would allow for direct patient care. This proficiency requirement is similar in concept to the law in its entirety; both are based on performance rather" than on perceived ability to perform.

#### Nurse Aide Training Curriculum

The law not only stipulates training and proficiency, but also suggests core curriculum. The core curriculum includes specified minima for:

(a) communication and interpersonal relationships; (b) social, emotional, and spiritual needs of the elderly; (c) anatomy and physiology; (d) personal care; (e) nutrition; (f) infection control; (g) admission, transfer and discharge; (h) observation; and (i) charting and reporting. Clearly, 75 hours does not **allow** for a comprehensive **study** of the core of the curriculum. It

is for this reason that states may elect to require more than the basic 75 hours set forth by law.

#### Discussion

The nursing homes industry depends on nurse aides for care of residents and is, in fact, the greatest employer of this paraprofessionai group. Until the present time, the only qualifications for entry into the occupation have been criteria including: (a) performance reliability, (b) emotional stability, (c) a caring attitude, (d) a desire to help others, and (e) the ability to following directions. Historically, some of the skills needed for providing care have been learned on the job from co-workers and supervisors .

In some states, these health paraprofessionals may be, generally, non-skilled workers and need more education in a structured learning environment before working with elderly patients. Inadequate preparation means they have been care givers who are insecure, have low feelings of self esteem, and lack understanding of the elderly as a special population. These seif-perceptions are demonstrated, for example, in a 94% annual turnover rate for nurse aides in the Commonwealth of Kentucky (Kentucky Association of Health Care Facilities, 1988).

When workers do noc feel wanted and respected, they may not gain satisfaction from their jobs, become frustrated, and usually quit. Staff turnover, at any level, is costly and time consuming; produces a loss of team work which lowers quality of care; and increases tension and insecurity

which can be reflected in staff-resident relationships. Rapid turnover can (and does) diminish whatever good work is being done at a facility.

Education is a means of improving work standards and attitudes. Nursing home administrators and directors of nurses recognize that a key to efficient operations and quality care is through deployment of qualified and trained personnel. Any educational program must be well planned to be effective. An educational program for aides in nursing homes should be equally well planned if it is to improve work standards and quality of care. The educational program requires formal instruction, demonstration, practice, and evaluation components. Other factors that need to be considered when planning the training program include: selection of topics and procedures congruent with educational and cultural backgrounds of trainees; effective use of proven educational techniques; and employment of qualified and experienced educators.

A curriculum for nurse aides should provide sufficient knowledge, attitudes, and skills for safe, competent, and quality care. In general, educational programs should provide students with an understanding of elderly persons and their needs, working relationships, appropriate work and interpersonal behaviors, specific techniques for personal care and hygiene, and techniques for specific restorative care.

#### Summary

The greatest challenge in the Long-term care industry is that of making life meaningful to those who are incapacitated, aged, and/or have chronic

and degenerative diseases leading to long-term dependence on others . This challenge can be met when care givers respect the dignity of each resident. The challenge is met when care givers respect resident rights for safe, competent, and quality care.

PL 100-203 was passed on December 22, 1987, and constituted landmark legislation in the history of nursing home care. This law set forth federal guidelines for provision of quality care in a safe environment. The law focuses on nurse aide training for improved care to nursing home residents.

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