Oregon

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Oregon Department of Human Services
Senate Bill 714 (2021)
Results of Pilot Facilities Testing Acuity-Based Staffing Tool
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SUMMARY:

The Oregon Department of Human Services (ODHS) developed an Acuity-Based Staffing Tool (ABST) as required by HB 3359 (2017). Residential care and assisted living facilities can use the tool to determine the number of staff needed to adequately provide care to residents in accordance with their needs.

Senate Bill 714, passed in 2021, directs ODHS to expand the purpose of the ABST and establish requirements "for the design of an acuity-based staffing tool adopted by a facility to **ensure that the tool recommends staffing levels, intensity and qualifications necessary to meet the scheduled and unscheduled needs of all residents** 24 hours a day, seven days a week." [1]

The new law (SB 714) also requires ODHS to conduct a pilot test of the ABST and submit a report to the Legislative Assembly summarizing the results. Eleven facilities participated in the pilot from July 19 to September 17, 2021 and provided valuable feedback and suggestions.

Key elements the pilot facilities liked:

- The tool was easy to use.
- The instructions were clear.
- The graphical summary of the data is useful.

Key elements the pilot facilities recommended changing:

- Use established time studies to create baseline or pre-set times for each task.
- Some of the ADLs in the ABST database were redundant and vague and one key ADL (bathing) was missing.
- Entering time for every ADL for every day for a week was very tedious and time consuming.
- Add care levels within ABST.

ODHS is now working to incorporate the changes to the ABST suggested by the pilot facilities.

[1] SB 714(2021), Section 2, paragraph (1)

BACKGROUND:
The Acuity-Based Staffing Tool (ABST) was introduced in HB 3359 (2017). That law required the Department to "…develop or obtain, maintain and use, in collaboration with residential care facilities, an objective, technology-based, acuity-based staffing tool…" The original intent was for facilities to use the optional ABST at their discretion to dispute allegations of staffing shortages. To date, no facility has requested use of the ABST and it had not been "piloted" or been available online.

Purpose of an Acuity-Based Staffing Tool

Acuity-based staffing databases are designed to assist facilities to estimate the number of staff required to provide care for residents based on a resident acuity level. This methodology is different than a staff-to-resident ratio model, which does not factor individual care needs or acuity.

The facility pilot of the current ABST database underscored the need for an effective database that calculates acuity using a comprehensive list of resident activities of daily living (ADL). In fact, several residential care and assisted living facilities throughout Oregon already use their own acuity-based staffing tools. However, the Department is required to develop a model ABST and establish the standards of all ABSTs used throughout the state.

Revised Role for Oregon's ABST

Two Senate bills from the 2021 Legislative Session refined the definition and purpose for Oregon's ABST. SB266 states that ODHS shall conduct an assessment for:

> "…determining whether a facility has qualified, awake, direct care staff in sufficient numbers to meet the scheduled and unscheduled needs of each resident 24 hours a day…."[2]

SB714 addresses the acuity tool specifically and requires the Department to adopt rules:

> "(a) **Establishing minimum requirements for an acuity-based staffing tool** adopted by a facility and the frequency with which a facility must reassess the facility's staffing patterns with the acuity-based staffing tool.
>
> (b) Establishing requirements for the design of an acuity-based staffing tool adopted by a facility to **ensure that the tool recommends staffing levels, intensity and qualifications necessary** to meet the scheduled and unscheduled needs of all residents 24 hours a day, seven days a week." [3] (emphasis added)

The new law requires the Department to conduct assessments to determine whether a facility is using an acuity-based staffing tool that meets the requirements of rules and is:

> "(c) **Consistently staffing to** the levels, intensity and qualifications indicated by **the acuity-based staffing tool**; and

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[2] SB 266 (2021), Section 2
[3] SB 714 (2021), Section 2, paragraph (1)

(d) **Consistently meeting the scheduled and unscheduled needs of all residents** 24 hours a day, seven days a week." [4] (emphasis added)

If the Department determines a facility is not using an acuity-based staffing tool and not meeting the scheduled and unscheduled needs of all residents 24 hours a day, seven days a week, the Department must take action and impose sanctions. [5]

The primary impact of SB 714 is the requirement that all Oregon memory care, residential care facilities and assisted living facilities adopt an acuity-based staffing tool to determine adequate staffing to meet the unique and specific care needs of their residents. Facilities are not required to use the ABST provided by the Department, however facilities must use a comparable staffing tool to determine adequate staffing to meet the scheduled and unscheduled needs of residents. Memory care communities are required to select a staffing tool by February 1, 2022.

The Department soon will be required to use ABST results to evaluate claims of inadequate staffing. These assessments will be conducted during each biennial survey of the facility and any time there is a complaint against the facility that alleges insufficient staffing. To ensure consistency, ODHS is required to adopt standards all facilities must follow when assessing staffing levels.

Again, although each facility may select their own ABST, those tools must still address the list of Activities of Daily Living (ADLs) identified by the Department and meet standards the Department will establish in rule. For this reason, it is essential that clear and comprehensive ABST standards be developed for all facilities to use.

BODY:

The new law included the requirement that the Department's ABST must be tested by facilities. The ABST database was initially tested internally by Department staff, who then provided feedback to the DHS Web Application team. Following that internal test, stakeholders began a pilot on July 16, 2021. Department staff presented a live virtual training on ABST registration and navigation accompanied by instructional guide handouts. Pilot participants were secured and feedback on the ABST was gathered from July 16 through September 17, 2021.

Pilot Test Participants

Participants tested the ABST at 11 facilities of various license types and service levels, including Assisted Living, Residential Care, Memory Care Communities, Enhanced Care, Special Needs

[4] SB 714 (2021), Section 2, paragraph (3)

[5] SB 714 (2021), Section 2, paragraph (4) requires the Department to: "(A) Place a condition on the facility's license … until the facility implements an acuity-based staffing tool and meets the minimum staffing levels identified by the department as necessary to meet the scheduled and unscheduled needs of all residents 24 hours a day, seven days a week; and (B) Impose fines, penalties or conditions required by law or that the department deems necessary to compel compliance."

Units and Bariatric Care. Test participants also included three Operations & Policy Analysts from Aging and People with Disabilities, Safety, Oversight and Quality Unit.

Pilot Participant Recommendations

Pilot participants provided valuable insights regarding the operation of the ABST, as well as recommendations for content and database modifications. Most pilot participants found the ABST easy to use and several indicated the guidance instructions were clear and easy to follow.

Pilot participants offered consistent recommendations for modifying the existing ABST Activities of Daily Living (ADLs). First, there were several consistent positive comments from participants. These positive reactions concerning the ABST are summarized as:

1. Easy to use
2. Clear instructions
3. Appreciated the graphical summary of data

Participants also identified potential areas of improvement of the ABST:

1. Some of the ADLs listed in the ABST were redundant, vague and lacked one of the essential ADL responsibilities (for example, bathing).
2. It was tedious and time consuming to enter time required for performing each ADL. Concerns were expressed that using guess work for this data could lead to inaccurate data entry. Some facilities recommended creating baselines or pre-set times for tasks that could be done by referencing time studies.

A list of the 21 questions included in the ABST pilot version of the database is included at the end of this Legislative Summary, along with the amended ADL list incorporating changes recommended by the pilot facilities.

Pilot participants recommended the ABST database include the ability to select from four levels of caregiving support for each ADL. As recommended, once a facility has selected the appropriate level of care, the database will automatically populate the time associated with that level of care. This would make the process much faster for facilities because staff would be able to estimate time needed and match that time to the correct pre-established levels:

- **Independent** – Resident can complete ADLs without assistance.
- **Minimal assist** – Cueing or stand-by assist.
- **Moderate assist** – Hands-on assistance, resident able to assist some.
- **Full assist** – Resident is unable to perform any part of the task and needs a caregiver to perform the task for them.

A fifth category would allow providers to indicate **extra time** when a resident requires a unique amount of time for ADL assistance.

Additional comments and suggestions made by pilot facilities:

- Some of the drop-down menus didn’t work.
- There should be a place to record tasks that are not performed weekly.
- There should be a comments section where the facility can explain results.
- There should be a way to publish reports from the ABST.
- It would be helpful if the ABST software could interface and link up with other acuity-based programs (for example, Point Click Care)

CONCLUSION:

The Department is working to amend the ABST and incorporate key recommended changes. ODHS is also amending administrative rules to develop the standards required by SB 714 and developing guidance materials to assist facilities in adopting these new requirements. Another report will be presented to the Legislative Assembly by December 15, 2021, describing progress at that point.

On the following pages, the Activities of Daily Living (ADLs) appear as they were in the version of the ABST tested by pilot facilities. The last page includes the current list of ADLs with edits as suggested by the pilot facilities.

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Acuity-Based Staffing Tool List of ADLs:

(This is the version that was tested by the pilot facilities)

1. How much time is spent on personal hygiene such as shaving and mouth care?
2. How much time is spent on grooming such as nail care or brushing hair?
3. How much time is spent on dressing and undressing?
4. How much time is spent helping with bowel and bladder management?
5. How much time is spent transferring in or out of a bed or a chair?
6. How much time is spent helping reposition in a bed or a chair?
7. How much time is spent in assisting with range of motion or physical movement?
8. How much time is spent on ambulation, escorting to and from meals or activities?
9. How much time is spent supervising, cueing or supporting while eating?
10. How much time is spent with medication administration and passing out medication?
11. How much time is spent monitoring physical conditions or symptoms?
12. How much time is spent monitoring behavioral conditions or symptoms?
13. How much time is spent with personalized approaches to prevent or respond to behavioral challenges?
14. How much time is spent cueing or redirecting due to cognitive impairment or dementia?
15. How much time is spent with any other planned or scheduled tasks not included in the previous categories?
16. How much time is spent on unplanned medication administration, treatment or intervention due to a change in resident condition, such as pain management?
17. How much time is spent addressing unplanned medical events or emergencies due to unstable or fragile condition?
18. How much time is spent addressing unplanned incidents such as a fall or other incident requiring one-on-one attention?
19. How much time is spent responding to unplanned caregiving requests, such as a snack, special bath or other special request based on resident preference?
20. How much time is spent assisting with unplanned activities of daily living that are not scheduled but occasionally needed or requested?
21. How much time is spent with other unplanned or unscheduled tasks not included in the previous categories?

Amended ABST ADLS

1 How much time is spent on personal hygiene such as shaving or mouth care?

2 How much time is spent on grooming, such as nail care or brushing hair?

3 How much time is spent on dressing and undressing?

4 How much time is spent helping with bowel and bladder management?

5 How much time is spent with bathing?

6 How much time is spent transferring in or out of a bed or a chair?

7 How much time is spent repositioning in a bed or chair?

8 How much time is spent on ambulation, escorting to and from meals or activities?

9 If multiple staff are required to assist with transferring and completing tasks as described in previous question, how much additional time is needed?

10 How much time is spent supervising, cueing or supporting while eating?

11 How much time is spent with medication administration, passing out medications?

12 How much time is spent providing non-drug interventions for pain management?

13 How much time is spent providing treatments?

(for example,, skin care, wound care, antibiotic treatment.)

14 How much time is spent cueing or redirecting due to cognitive impairment or dementia?

15 How much time is spent ensuring non-drug interventions for behaviors?

16 How much time is spent assisting with leisure activities?

17 How much time is spent monitoring physical conditions or symptoms?

18 How much time is spent monitoring behavioral conditions or symptoms?

19 How much time is spent assisting with communication, assistive devices for hearing, vision, speech?

20 How much time is spent responding to call lights?

21 How much time is spent on safety checks, fall prevention?

22 How much time is spent performing resident specific housekeeping or laundry services performed by care staff?

23 How much time is spent assisting with unplanned activities of daily living that are not scheduled, such as smoking assistance or pet care?