



Return on investment (ROI)

Evidence for investing in nursing

REGISTERED NURSES PROVIDING DIRECT CARE IN NURSING HOMES

Increasing the time that registered nurses spend providing direct care to residents of nursing homes from 10 minutes to 30-40 minutes per resident per day achieves net cost savings by reducing adverse outcomes.

Background

Dorr, Horn and Smout¹ examined the additional cost of wages associated with increasing the care provided by registered nurses in relation to the savings associated with reductions in pressure ulcers, urinary tract infections and hospital admissions for residents in nursing homes in the United States. Retrospective data for high-risk residents in 82 long-term care facilities were collected for approximately one year. There was an overall cost saving to the health system when staffing levels in the nursing homes allowed for 30-40 minutes of direct care by registered nurses per resident per day, relative to nursing homes where care by registered nurses totalled less than 10 minutes per resident per day. The additional cost of wages for registered nurses was offset by the savings associated with reduced frequency of pressure ulcers, urinary tract infections and hospital admissions in those nursing homes where residents received more care by registered nurses. The authors calculated that a 100-bed home would realize an annual net saving of US\$319,120 (US\$3,191 per resident per year).

Bottom Line

- Longer duration of direct care provided by registered nurses is associated with better health outcomes for nursing home residents.
- Having registered nurses provide more care in nursing homes would reduce the number of hospital bed days and would thereby ease pressures on the acute care system.
- Having registered nurses provide more care in nursing homes would result in net savings to the health system through reductions in treatment costs.

¹ Dorr, D. A., Horn, S. D., & Smout, R. J. (2005). Cost analysis of nursing home registered nurse staffing times. *Journal of the American Geriatric Society*, 53, 840-845.