

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): March 20, 2020

Response Date: March 23, 2020; Updated June 10, 2020

Type of TA Request: Complex, Urgent

Request:

ASPR TRACIE received a request for staffing models for Alternate Care Sites (ACS).

Response:

ASPR TRACIE reviewed several plans for key recommendations on ACS staffing and typical skilled nursing facility staffing for comparison. Relevant resources are highlighted in this document.

Additionally, the COVID-19 Healthcare Resilience Task Force released a toolkit to help state, local, tribal, and territorial entities address potential shortages in medical facilities during the COVID-19 pandemic. This toolkit and other resources for the establishment and operations of an ACS may be found in ASPR TRACIE's [COVID-19 Alternate Care Site Resources](#) Collection.

Please refer to CDC's [Coronavirus Disease 2019 webpage](#) for the most up-to-date clinical guidance on COVID-19 outbreak management.

Alternate Care Site Samples

California Department of Public Health. (2007). [Standards and Guidelines for Healthcare Surge During Emergencies: Volume II: Government-Authorized Alternate Care Sites.](#)

This document includes a comprehensive definition of the term “alternate care site” and guidance to help staff develop ACS planning teams, prepare for patient care, and plan for specific threats. It also provides a supply list, pandemic-specific considerations for medication storage, and job action sheets. Pages 42-51 include detailed staffing considerations for clinical and non-clinical staff requirements.

Florida Department of Health. (2013). [Alternate Care Site Standard Operating Procedure.](#)

This Standard Operating Procedure, developed by the Florida Department of Health, includes a sample staffing model on Page 14 for a 50-bed capacity, per 12-hour shift, for various settings. Table 3 is copied below.

Table 3 – Recommended ACS Medical Staffing – 50-bed – 12-hour shift

Class	Infectious	Non-Infectious	Quarantine
Physician	1	1	0
Physician extender (PA/NP)	1	1	0
RNs or RNs/LPNs	6	6	2
Health technicians	4	6	1
Unit secretaries	2	2	1
Respiratory Therapist	1	1	0
Case Manager	1	1	0
Social Worker	1	1	1
Housekeepers	2	2	1
Lab Personnel	1	1	0
Medical Asst/Phlebotomy	1	1	0
Food Service	2	2	2
Chaplain/Pastoral	1	1	1
Day care/Pet care	0	0	1
Volunteers	4	4	4
Engineering/Maintenance	0.25	0.25	0
Biomed-to set up equipment	0.25	0.25	0
Security	2	2	2
Patient transporters	2	2	0

Table 3 is from the *Rocky Mountain Regional Care Report for Bioterrorism Events* published by the Agency for Healthcare Research and Quality.

The Minnesota Department of Health, Alternate Care Site Plan includes the following information for staffing an ACS.

- a. ACS staffing needs for each 50-patient pod
 - i. 1 physician
 - ii. 1 PA/NP or 2nd physician
 - iii. 5 nurses and/or LPN's, paramedics (at least 3 RN's)
 - iv. 5 nursing assistants/EMT-B personnel
 - v. 1 social workers/case managers
 - vi. 1 environmental service
- b. Additional Support Personnel
 - i. 1 charge RN/250 pts
 - ii. 1-2 unit secretaries/100 pts
 - iii. 1 respiratory therapist/ 100 pts
 - iv. 1 patient admissions clerk/100 pts
 - v. 1 chaplain/100 pts
 - vi. 1 pharmacist (if hospital > 200 beds)

Higher Acuity ACS

We were unable to find specific models for higher acuity ACSs, but our ASPR TRACIE Subject Matter Experts recommend doubling the staffing models listed above and match them to acuity. Individuals should also consider adding respiratory therapy and lab capacity with appropriate staffing for the tests and procedures determined as necessary for patient management.

Long Term Care Staffing Information

The Nursing Home Reform Law of 1987 requires skilled nursing facilities to have:

- A registered nurse eight consecutive hours, seven days a week
- Licensed nurses 24 hours a day
- Otherwise “sufficient” nursing staff to meet residents’ needs

This article cites a [non-scientific survey conducted by Nurse.org](#) to gather information about various states' nurse to resident ratios.

A [USCMS study in 2001](#) established the importance of having a minimum of 0.75 Registered Nurse hours per resident day (hprd), 0.55 Licensed Vocational Nurse/Licensed Practical Nurse hprd, and 2.8 (to 3.0) Certified Nursing Assistant hprd, for a total of 4.1 nursing hprd to meet the federal quality standards.

Table 1

Nursing hours per resident day reported in all U.S. nursing homes in 2014 compared to recommended minimum staffing levels and expected staffing levels.

TOTAL NUMBER OF NURSING HOMES (15,391) AND PERCENTILES	RN HOURS PER RESIDENT DAY	LVN/LPN HOURS PER RESIDENT DAY	CNA HOURS PER RESIDENT DAY	TOTAL NURSING HOURS PER RESIDENT DAY
90% N = 1,539	1.36	1.26	3.27	5.39
75% N = 3,848	0.98	1.02	2.80	4.55
Mean	1.00	0.90	2.64	4.54
Median N = 7,696	0.72	0.81	2.40	3.97
25% N = 3,848	0.53	0.60	2.08	3.53
10% N = 1,539	0.39	0.39	1.83	3.18
CMS study recommended minimum standard (2)	0.75	0.55	2.80	4.10
Average CMS expected staffing based on resident acuity (3)	1.08	0.66	2.43	4.17

Notes: (1) CMS Casper Nursing Home Staffing Data (2014). (2) USCMS. (2001). (3) Abt Associates (2015).

Abbreviations: RN, registered nurses; LVN/LPN, licensed vocational or licensed practical nurse; CNA, certified nursing assistants.