

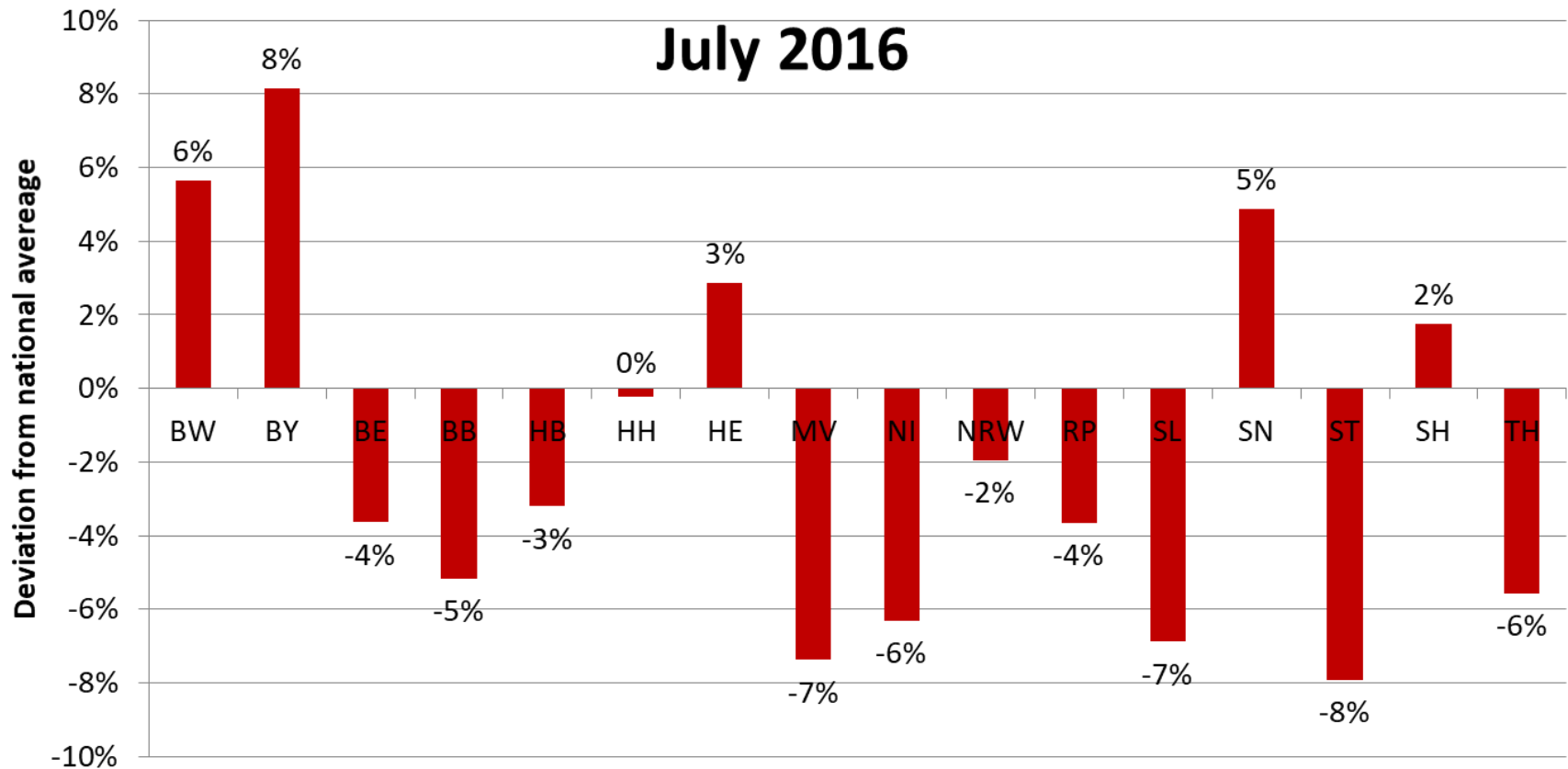
# A New Staffing Scheme for Nursing Homes in Germany

**INTERNATIONAL LONG-TERM CARE POLICY NETWORK**  
**London 7–10TH SEPTEMBER 2022**

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- I. Background
- II. Objectives
- III. Methods used to develop the Staffing Scheme
- IV. Findings
- V. Implementation
- VI. Discussion and conclusion

1. Staffing patterns have hitherto differed considerably between federal states → without any rationale

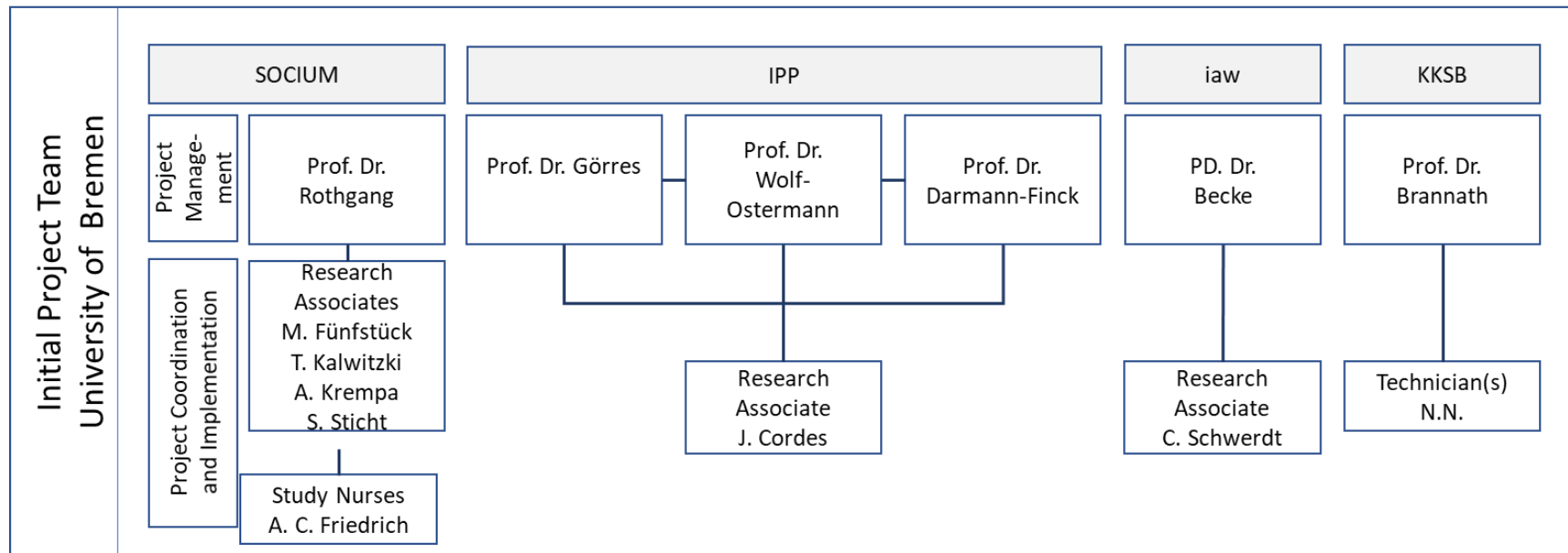


1. Staffing patterns have hitherto differed considerably between federal states □ without any rationale
  
2. Staffing patterns have generally been seen as too low.
  - Geriatric nurses complained about understaffing and subsequent working conditions (DGB 2018: 7f.)
  - In a survey half of all geriatric nurses admitted that understaffing led to deficits in the quality of care (DGB 2018: 16f.)
  - Nursing is one of the professions with the highest rates of sick leave (Isfort et al. 2018: 2f.) and invalidity pensions (Rothgang / Müller 2020).
  - Working conditions are the most important single reason why geriatric nurses leave their job (Hasselhorn et al. 2005).

1. Staffing patterns differed considerably between federal states □ without any rationale
2. Staffing patterns were generally seen as too low.
3. In 2015, the Second Long-term Care Strengthening Act was passed, requiring the Development of a new Staffing Scheme
  - The University of Bremen filed a bid for the tender and was commissioned to develop an instrument.
  - From 2017 to 2020 the staffing scheme was developed, and the final report was accepted in September 2020.

This contribution will

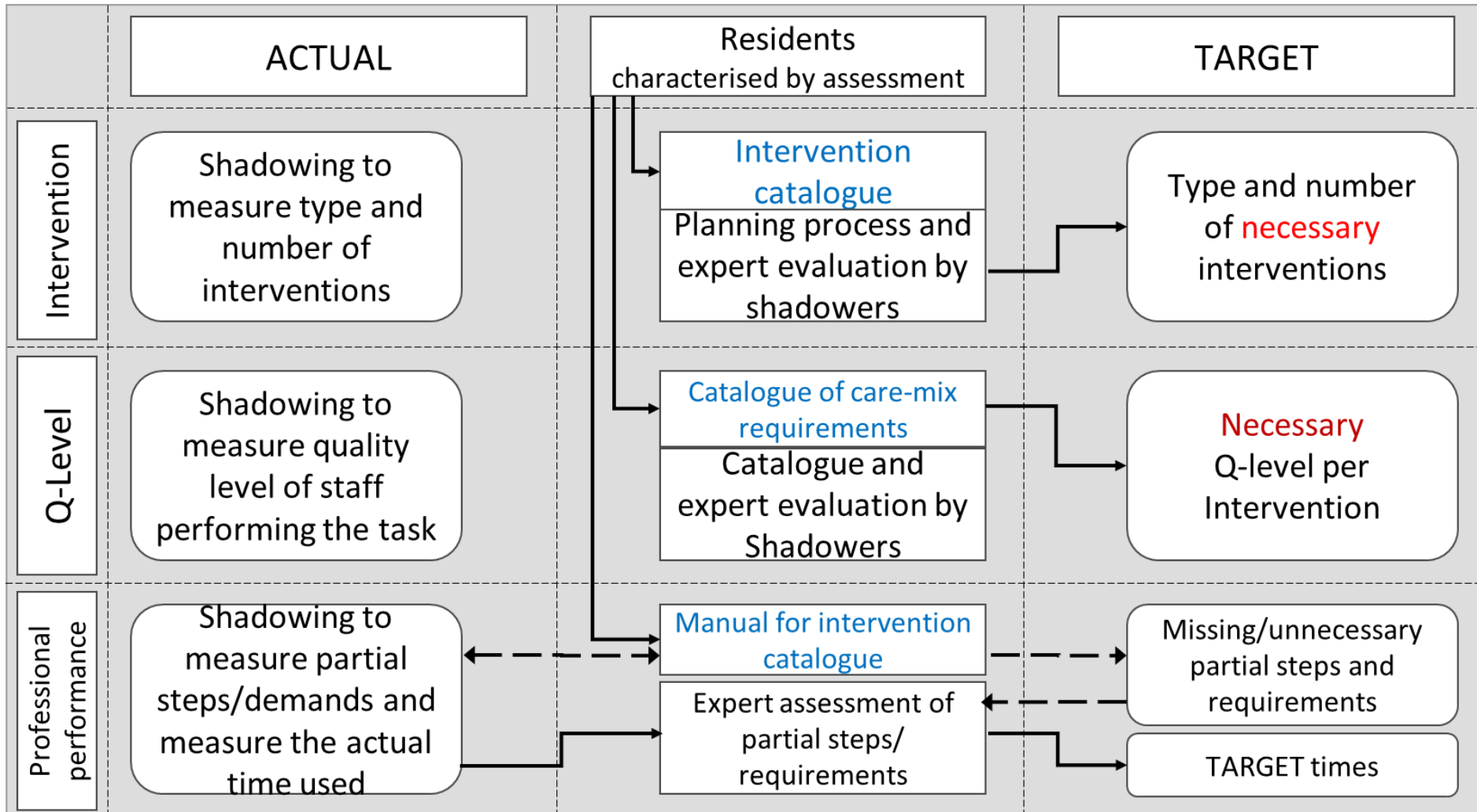
- describe the methods applied in developing the new staffing scheme,
- present what follows from the new scheme for Germany, i.e. changes in the number of staff as well as their qualification mix
- report the state of implementation, and
- discuss the applicability of the instrument to other countries.



- **Project director:** Prof. Heinz Rothgang
- **Nursing science:** Prof. Stefan Görres, Prof. Karin Wolf-Ostermann, Prof. Ingrid Darmann-Finck, Prof. Andreas Büscher, Dr. Claudia Stolle-Wahl
- **Labour studies:** PD Dr. Guido Becke, Cora Schwerdt
- **Registered nurses with academic degrees:** Mathias Fünfstück, Agata Krempa, Sarah Sticht, Janet Cordes
- **Gerontology:** Thomas Kalwitzki; **Social Sciences:** Lukas Matzner
- **Statistics:** Prof. Werner Brannath, Dr. Stephan Kloepf
- **Study nurses:** 242 registered nurses, half of them each from LTC funds and services providers

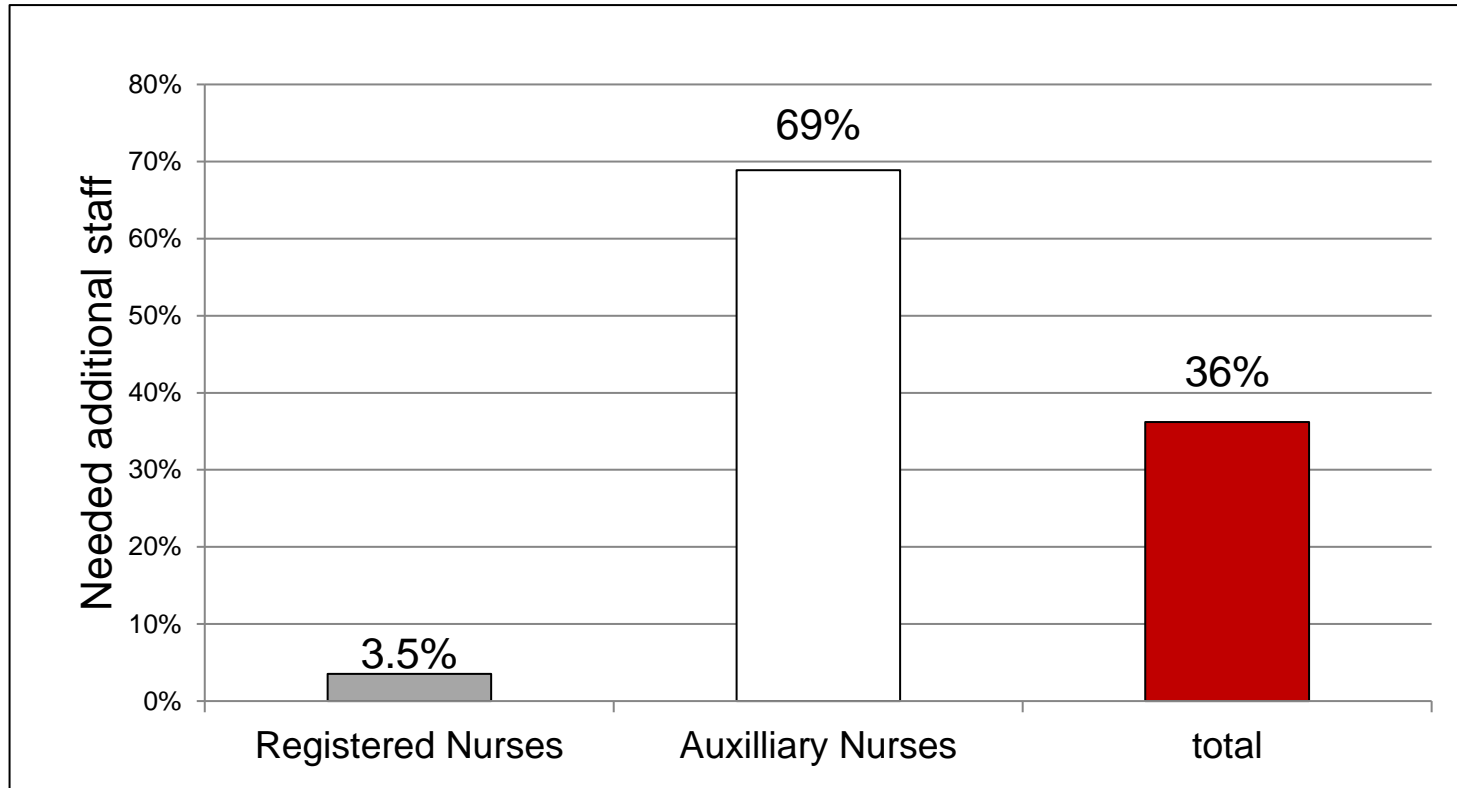
1. Step: Developing an instrument to guide observation  
→ **Catalogue of interventions**
2. Step: Definition of state of the art description of interventions and necessary qualification level (registered nurses, nurse assistants, helpers)  
→ **Manual for catalogue of interventions**  
→ **Catalogue of care-mix requirements**
3. Step: Shadowing of all nurses on a ward with respect to what does (positive) and should happen (normative)
4. Step: Calculation of necessary amount of care-giving by adjusting the observed time volumes with respect to the number of interventions, the time for each intervention and the qualification level of nurses





- Observations on
    - which interventions were conducted,
    - how much time was taken,
    - whether the intervention was necessary,
    - whether the intervention was performed according to the state of the art
    - how much additional time is necessary if state-of-the-art nursing is conducted.
  - Data base:
    - 130,656 interventions, on
    - 1,380 nursing home residents, in
    - 62 wards, in
    - 15 out of 16 federal states
- } POSITIVE
- } NORMATIVE

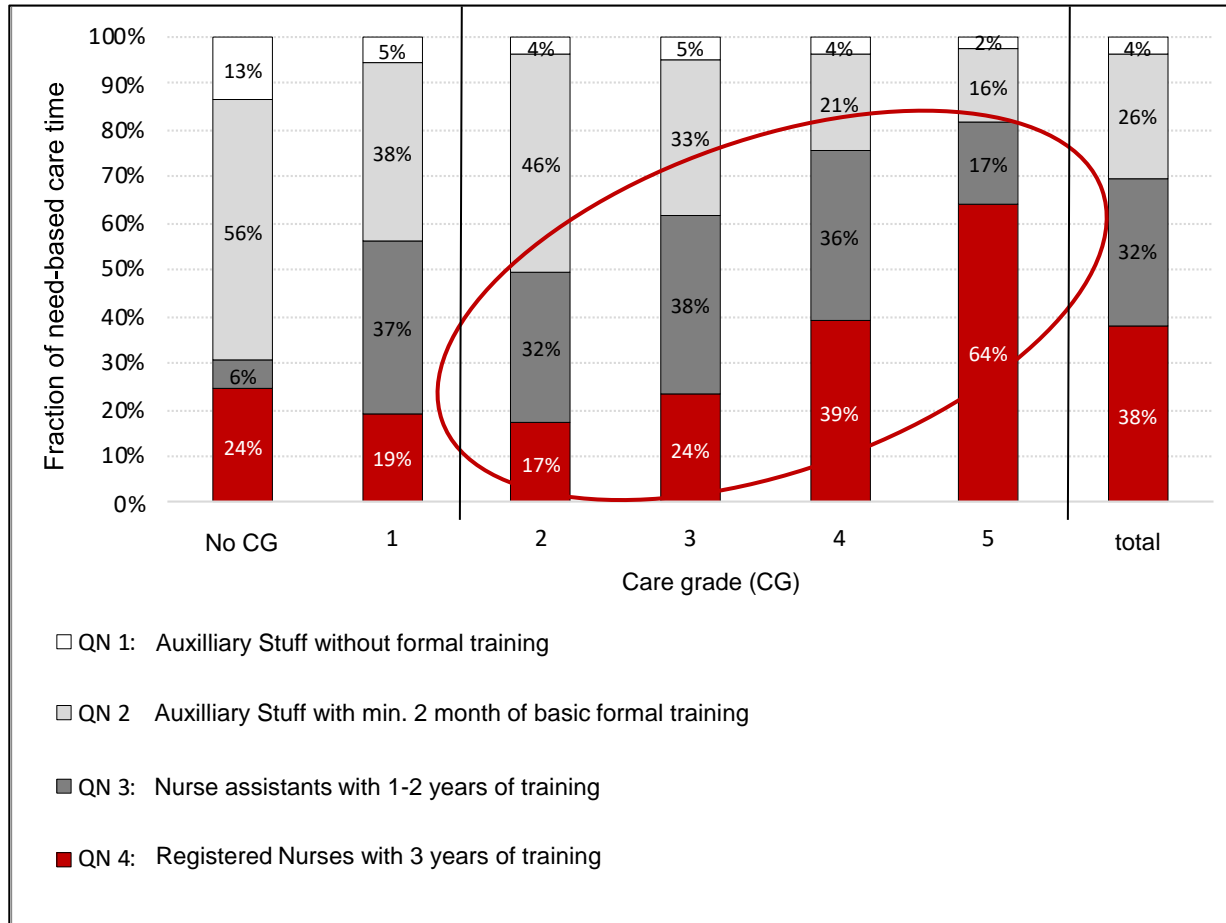
- The study reveals a considerable need for additional nursing staff, particularly nurse assistants.



Source: Rothgang und das PeBeM-Team 2020

- The study reveals a considerable need for additional nursing staff, particularly nurse assistants.
- Nursing homes with a higher case-mix need a higher care-mix.

## Care-mix according to case-mix of residents



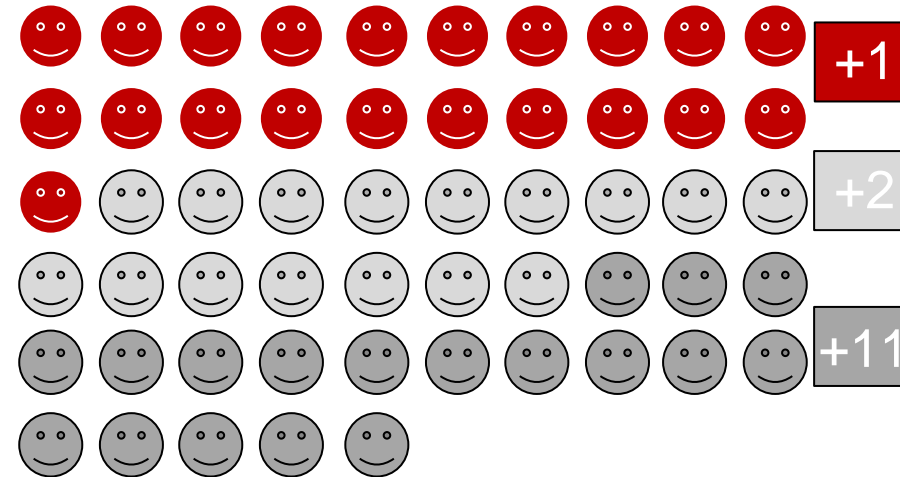
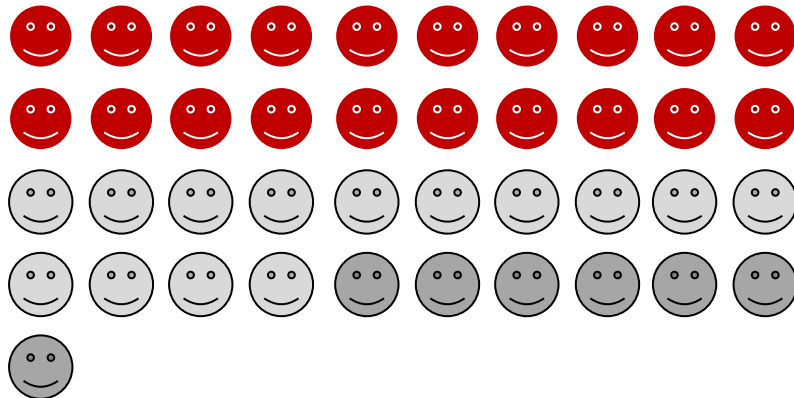
Quelle: Rothgang und das PeBeM-Team 2020

- The study reveals a considerable need for additional nursing staff, particularly nurse assistants.
- Nursing homes with a higher case-mix need a higher care-mix.
- The current quota of 50% registered (geriatric) nurses will be replaced by an individual care-mix according to the respective case-mix.
- On average the result is:
  - 38% of time for registered nurses and
  - 32% of time for nurse assistants with 1-2 years training (according to federal law).

Nursing home with 100 residents and average case-mix

Currently: 41 FTE


Need: 55 FTE



41

55

 Registered nurses  
(qualification level 4)

 Nurse assistants  
(qualification level 3)

 Auxilliary staff  
(qualification level 1 or 2)

Additional nursing staff will only improve quality of care and working conditions if accompanied by

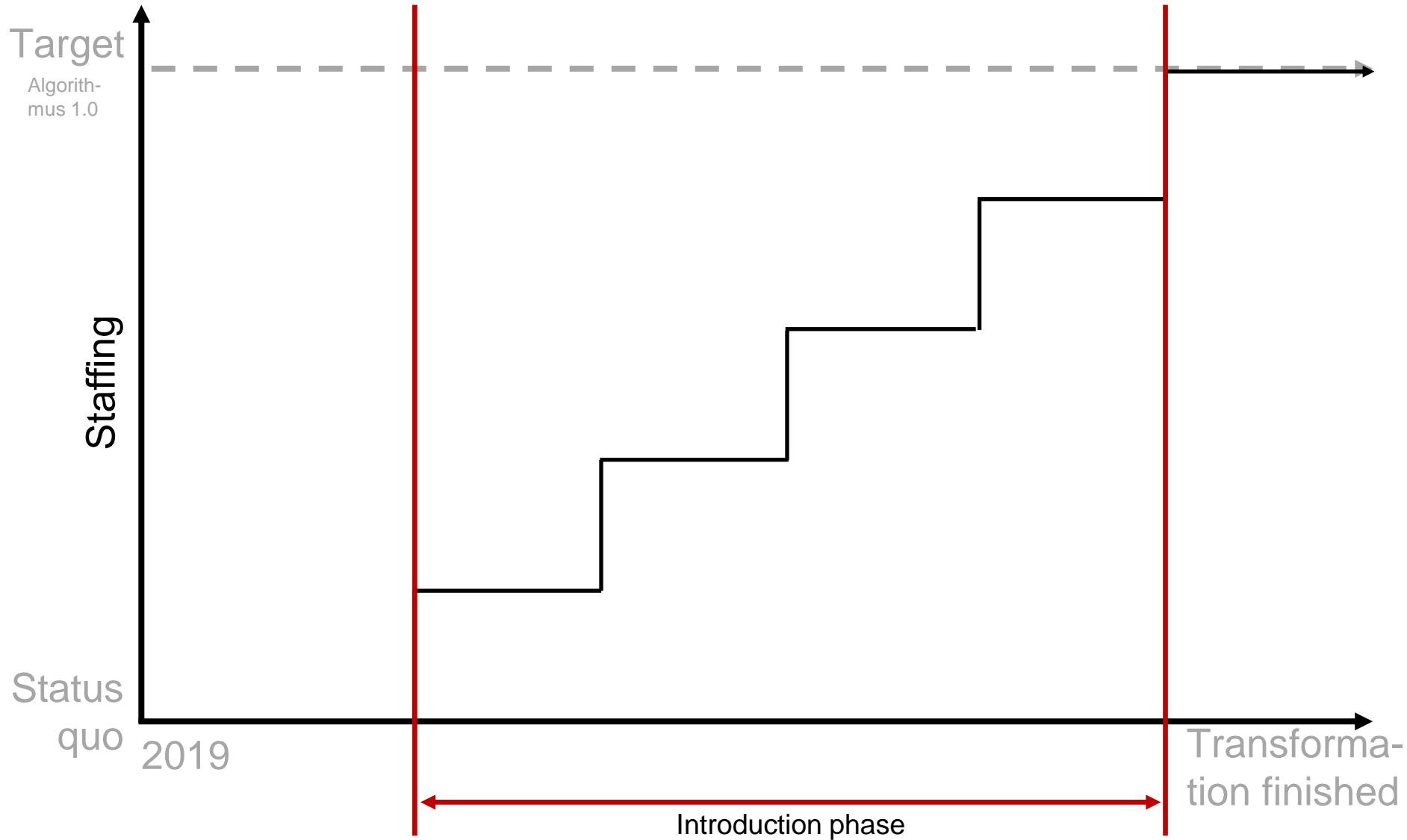
### ➤ Organisational development

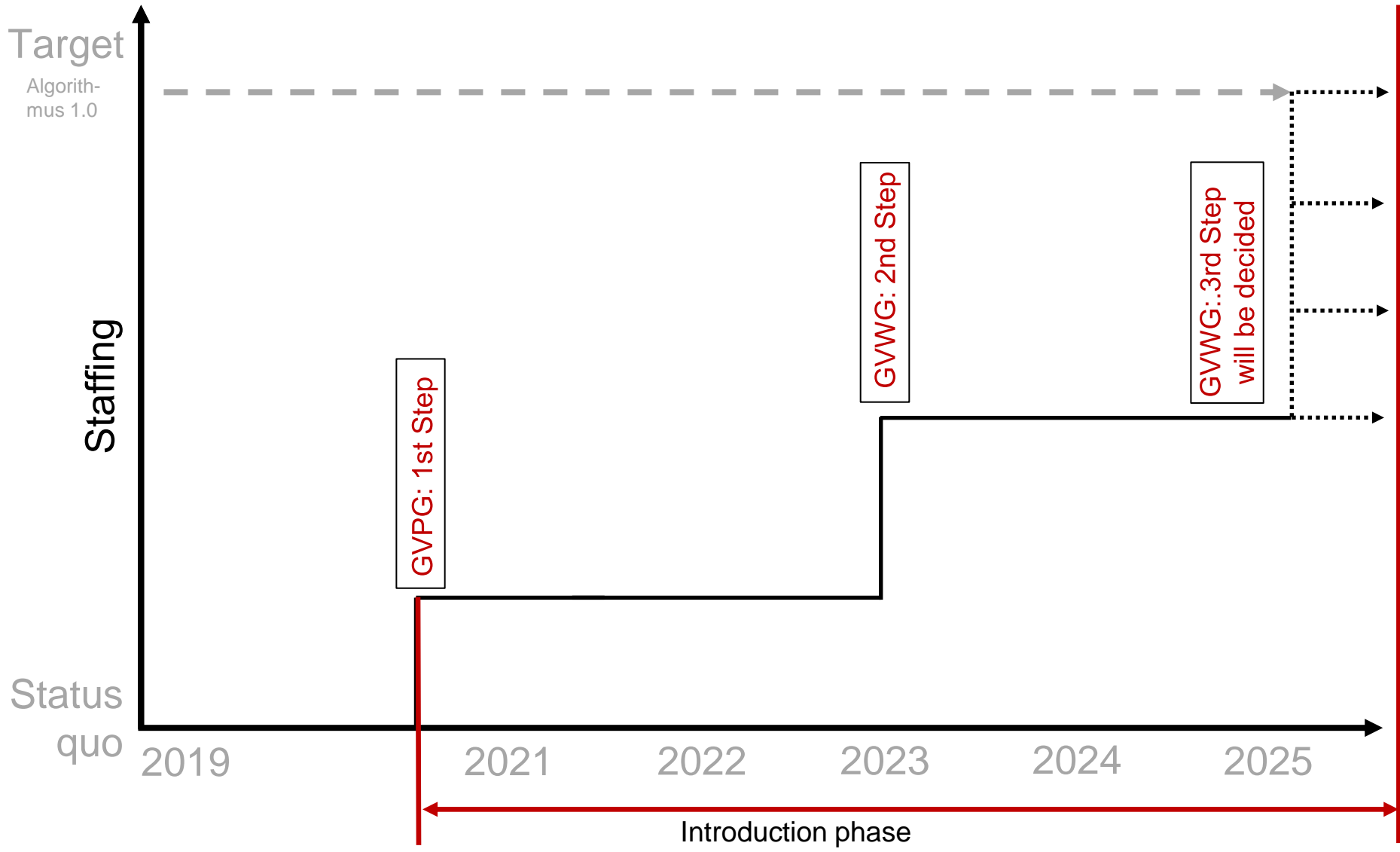
- New roles for registered nurses: planning, advising, supervising, evaluation, delegation
- Distribution of labour according to competences rather than everyone doing everything

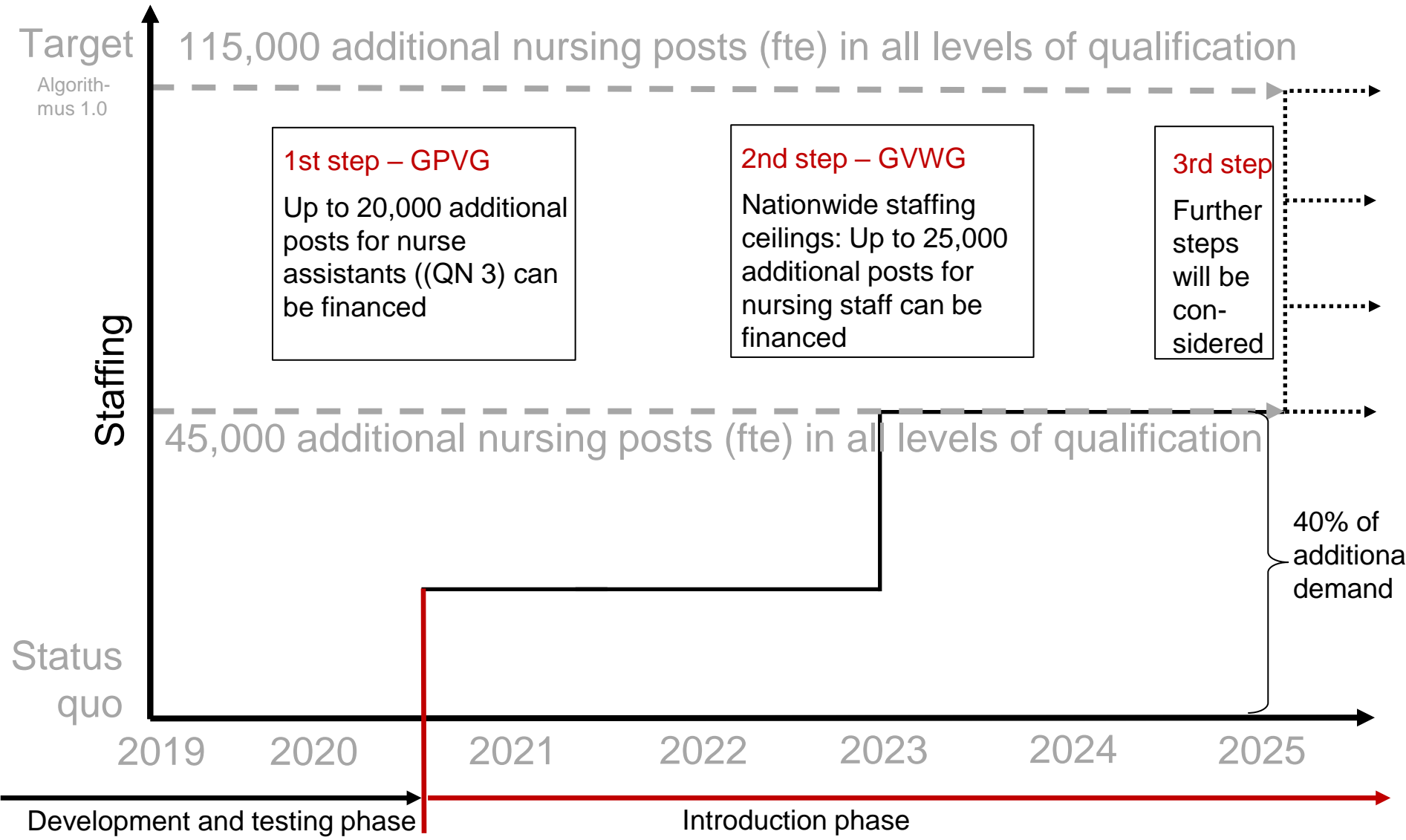
### ➤ Human resource development

- Nurses have to learn (anew) how to care with sufficient time.
- Registered nurses as well as nurse assistants have to accept new roles.
- Sufficient numbers of nurses have to be educated and trained. Respective structures are required.





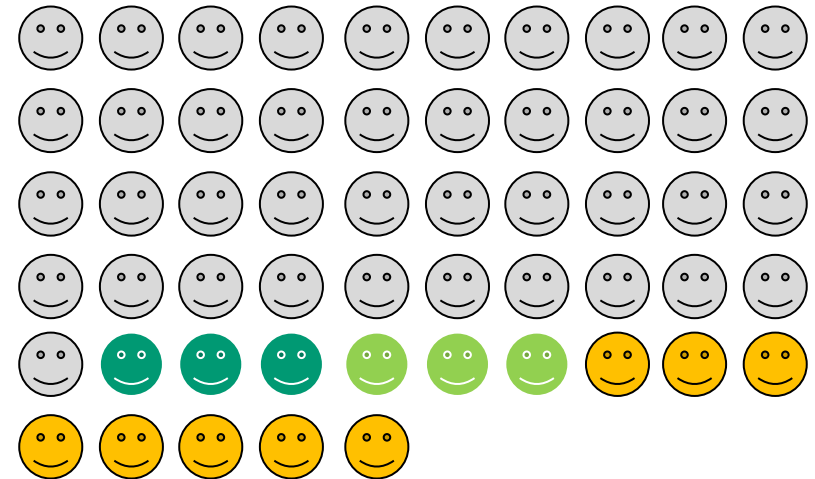
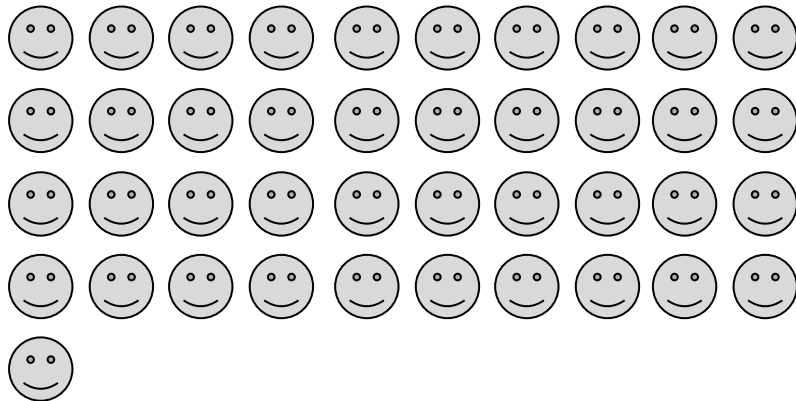






Nursing home with 100 residents and average case-mix


Currently: 41 FTE

Need: 55 FTE



 Implemented as part of the GPVG

 Implemented as part of the GVWG

 Implementation not decided yet

- After more than 20 years of discussion a staffing system has been developed and approved by all relevant actors.
- The new scheme calls for about 115,000 additional nursing posts in nursing homes (fte), almost all of them for nurse assistants, and a replacement of a generalized ratio of registered (geriatric) nurses to other nursing staff by case-mix dependent care-mix ratios.
- Recent legislation imposed two rounds of implementation (2021 and 2023) and the possibility for a third round in 2025.
- Implementation also requires organisational and human resource development – and respective efforts concerning education and training programmes.

Using Kingdon's three streams approach we can draw some lessons from the German experience:

1. If the situation is bad enough the increase of staffing patterns can be put on the political agenda (problem stream).
2. A close shadowing of nursing staff can be used to observe the status quo and to develop a normative view on what should be done and thus provide a formulae for necessary staffing patterns (policy stream).
3. If all relevant actors are part of the process (in this case financing bodies and providers were part of the project's steering committee), even without a particular entrepreneur the solution can be implemented (politics stream).

Thank you for your attention!

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