

Data tracking options

Data type: Access

Name	Description	Source	What it has potential to tell the board; notes	Recommend?
Closures	Number of nursing homes closed in a year	Minnesota Department of Health (MDH)	Is there a trend? As new standards take effect, are there more nursing home closures? Do the standards affect different sized facilities differently? If yes, how so?	Yes, but track openings too
Bed layaway	Number of beds laid away	MDH, Department of Human Services (DHS) (from MDH data)	What is the net change in total bed access? Active beds (beds on layaway and beds that are closed) combined with current beds per thousand.	Maybe
Bed closure	Number of beds closed	MDH	Net change in total bed access	Maybe
Beds per thousand	Number of beds per thousand people who are 65+ or 85+	MDH	Relative amount of access, especially for 85+	Yes, but find out if this includes layaway
Hospital discharge			Provides insight into access and need of elder care services. Unknown who measures hospital discharge. Good as additional data. Workgroup seemed inclined to not have this be a top priority.	No
Census	Number of people in nursing homes	DHS, cost report	The board can use the numbers on the cost report. This would tell the board if people are opting more or less to be in nursing homes and can be discussed in conjunction with beds per thousand.	No

Data type: Quality

Name	Description	Source	What it has potential to tell the board; notes	Recommend?
Resident satisfaction	Results from a survey of residents	Report Card	Whether quality of nursing homes is getting better or worse for residents. Drawbacks could be that this can be influenced by a wide variety of things, such as changes in food providers, so trends would be hard to tie directly to standards.	No
Family satisfaction	Results from a survey of contact people for residents	Report Card	Whether nursing homes are getting better or worse for the families of residents. Similar to resident satisfaction, this could be influenced by a wide variety of things and might not be able to directly tie to standards.	No
Retention	Percent of workers who have had their job for at least one year	Report Card	Trends could be tied to working conditions in nursing homes getting better if retention goes up or getting worse if retention goes down. Sometimes retention will change drastically for reasons unrelated to the standards, for instance, a long-time nursing home administrator retiring.	Yes
Pool use	Percent of staff hours done by SNSA nurses	Report Card	Changes in pool use could indicate a drive or ability to move toward or away from staff hired not through an SNSA.	Yes, maybe
Direct care hours	Average hours of direct care provided a day	Report Card	Are direct care hours decreasing while costs are increasing? This may be evidence nursing homes are cutting hours to pay for the new minimum-wage standard. Could we confirm that? This data point could be compared with direct care hours versus compensated hours to see if there are similar or different trends.	No, maybe; do we want to examine OEWS and QCEW on employment numbers?
Compensated hours	Total compensated hours by job classification (might include non-direct care)	Cost, Report Card	Are nursing homes cutting hours to pay for the new minimum-wage standard? Because they have an increase in costs from the increase in pay? How would we know that? Could look at direct care hours versus compensated hours and see if there are similar or different trends.	No, maybe; do we want to examine OEWS and QCEW on employment numbers?
Minimum data set (MDS) quality indicators	Assessment that determines PDPM part of the overall star rating	Report Card	This is the important tracking of services provided to residents that helps determine what level of acuity or rates can be ascribed to a particular	No, PDPM makes this messy for now.

			resident. A trend toward higher or lower MDS could indicate a higher or lower acuity showing up in nursing homes.	
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Data type: Hours and benefits

Name	Description	Source	What it has potential to tell the board; notes	Recommend?
Wage data	Average wages of nursing home workers	Cost report	Trends could show if nursing home workers' wages are going up or down. Cost report includes roll up, so trends may not differentiate how increases or decreases in shift differentials, bonuses, etc., affect the wages.	Maybe
Wage data	National data that can be distilled by industry, occupation and geography for average wages and number of employees. Does not include premium pay, but includes hazard pay. Does not include owners of the place. See the frequently asked questions for more information.	Occupational Employment and Wage Statistics (OEWS) from the U.S. Bureau of Labor Statistics	Wage data and number-of-employees data by both industry (using the North American Industry Classification System (NAICS) code for skilled nursing facilities) and by specific jobs, including nursing assistants and many other positions the board frequently discusses. The board can track changes in average wages and number of employees over time, which could be very useful. However, note: <ul style="list-style-type: none"> This data is from a survey, so there can be a sampling error. Not all facilities using the NAICS code for skilled nursing facilities count as nursing homes under the Nursing Home Workforce Standards Board (NHWSB) Act, so some of the data would not necessarily be instructive to the board. Not all occupations listed count as workers under the NHWSB Act and, within some occupations, there could be a mix of NHWSB Act workers and non-workers. For instance, we do not know if directors of nursing are included under management positions or under registered nurses. 	Maybe
Wage data	Census of all employers who report unemployment insurance data, average weekly wages and number of employees. Includes all wages paid and total	Quarterly Census of Employment and Wages from the Department of	This data could help track how the nursing home industry is faring in relative terms over time and compared to other industries. For instance, is there overall wage growth? Is the number of employees increasing or decreasing? Relative to hospitals and assisted living facilities, are the wages of nursing home workers increasing or decreasing?	Question: Can we break out by percentage of people making \$15 to \$19 an hour? I did not see a way to do

	hours worked (so would include premium pay).	Employment and Economic Development	<p>While the board may not be able to draw direct causation between the actions of the board and changes within the industry – or compared to other industries, these can be benchmarks to watch.</p> <p>However, note:</p> <ul style="list-style-type: none"> • Not all nursing facilities count as nursing homes under the NHWSB Act, so some of the data included would not be instructive to the board. • Not all employees included in the weekly wages count as workers under the NHWSB Act and this data cannot be broken out by job title. <p>Additionally, the board would likely want to consider additional caveats when comparing this data across industries, particularly when examining wage data:</p> <ul style="list-style-type: none"> • The types of workers in each industry. For instance, one could assume hospitals include many doctors in their weekly wages, contributing to the higher industry average. On the other hand, nursing facilities likely have more registered nurses on staff than an assisted living facility, potentially contributing to the lower average the assisted living staff members make. • Size of the industry. Each industry is quite different in size and purpose. This will contribute to differing wages. 	this on the Minnesota webpage. I think this has to be a request.
Wage data	A biannual survey of employers to estimate hiring demand and job vacancy characteristics by industry and occupation. It is based on both wages posted in online postings for jobs and from mailed in surveys. There have been efforts to ensure those are statistically correct.	Job Vacancy Survey	<p>This data could be useful to gauge the amount of open positions in specific occupations and the wages workers are being offered when starting at a new employer.</p> <p>This data is from a survey, so there can be a sampling error.</p> <p>This information is by job title; for instance, the data about nursing assistants would include nursing assistants from all industries, not just nursing homes. Pulling individual job titles means the board would need to decide which job titles to track.</p> <p>Within a certain occupation, there could be a mix of NHWSB Act workers and non-workers. For instance, we do not know if directors of nursing are included under registered nurses.</p>	No

Health care insurance benefits	Workers who are covered by employer health care	Cost report, MNsure		The cost report lacks specifics, but might be good to see if there is a change in the spend or utilization between previous years and after caps. Maybe look at union contracts.
Changes in hours and benefits substitution patterns	Comparing compensated, direct care hours versus money spent on benefits or other items	Cost report	Making this comparison could help the board determine if the overall compensation package for nursing home workers is increasing or if increases in wages are causing cuts to benefits.	Yes, with caveats.

Data type: Medicaid rates and costs

Name	Description	Source	What it has potential to tell the board; notes	Recommend?
Medicaid and private pay rates (2-3 days) and nursing facility cost coverage (submitted request to DHS; years before it can be analyzed)	This would need to be calculated from audited or unaudited cost reports and the rates	DHS provider portal Minnesota (link)	High-level look at how the state's system is supporting 256Rs health and wellbeing versus working conditions. The board will encounter significant delays in acquiring this data.	Very important, but difficult. Revisit in 2027.
Facilities limited by caps			How many facilities were limited by CPI-U caps?	

<i>Facilities not eligible for rate add on</i>			<i>How many facilities are not eligible for the rate add on in calendar-year 2026?</i>	
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