



The Post Mandate Reality:

Efficiency vs Compliance

*Adapting to New Standards in Skilled Nursing
Facility Staffing*

WHITE PAPER

Author: Michael Fragala , PhD, MBA, RN, WCC, CSPHP, AMS Vice President, Clinical Solutions

EXECUTIVE SUMMARY

The repeal of the federal **3.48 Hours-Per-Resident-Day (HPRD)** staffing mandate has transformed the evaluation criteria for skilled nursing facilities. While the numeric standard was removed, accountability has not diminished. Instead, regulatory oversight has shifted to the **defensibility of outcomes through the Facility Assessment**. In this new environment, operational efficiency has become a strategic imperative rather than a matter of preference.

This white paper explores why relying solely on headcount increases exposure to survey risk, staff burnout, and turnover. It demonstrates how deliberate efficiency strategies can protect staff, reduce physical burden, and ensure compliance. Anchored in the CMS-mandated Facility Assessment, we present a practical framework and mathematical rationale that position **efficiency as the new staffing currency**.

1. THE POST-MANDATE REALITY: ACCOUNTABILITY WAS NOT REMOVED—IT MOVED

The removal of the federal 3.48 HPRD rule did not eliminate CMS's expectation for adequate staffing. It **removed a numeric ruler**, not the underlying standard. Sufficiency is now evaluated based on:

- Resident acuity and complexity
- Mobility and cognitive burden
- Clinical risk and variability of care needs

Facilities must now demonstrate that their staffing model is appropriate for their residents, rather than conforming to a national average. The Facility Assessment is the reference point for surveyors, who examine whether:

Your documented assessment of resident needs aligns with actual care delivery—and whether outcomes validate that alignment.

This expectation demands professional judgment, operational clarity, and defensible execution.



2. THE STRATEGIC MISCONCEPTION: “LESS MANDATE” DOES NOT MEAN “LESS RISK”

A common but dangerous misconception following the repeal is that facilities can relax their focus on outcomes. In reality, the opposite is true.

CMS surveyors now look for **signals of insufficient staffing**, such as:



Any deterioration in outcomes serves as indirect evidence that staffing—regardless of headcount—may not be meeting resident needs. The removal of the numeric requirement did not create a safe harbor.

Facilities that shift their focus away from outcomes in the post-mandate landscape increase both regulatory and operational risk.

3. FACILITY ASSESSMENT AS THE NEW COMPLIANCE MATH

The Facility Assessment requirement has effectively replaced the HPRD mandate as the **primary enforcement mechanism**. CMS expects facilities to:

1. Assess resident acuity, functional status, and required services
2. Determine the staffing resources needed to meet those needs
3. Deploy staff according to the assessment
4. Produce outcomes consistent with the plan

Compliance risk emerges when there is a gap between:

What the assessment says is required, and what operations make possible

This can be expressed mathematically:

Staffing Sufficiency = (Available Staff Time × Operational Efficiency) ≥ Resident Care Demand

When labor supply is fixed, **efficiency becomes the only scalable variable**.

4. WHY EFFICIENCY IS NOW THE PRIMARY STAFF PROTECTION STRATEGY

Efficiency is often misunderstood as “doing more with less,” but in healthcare, this view is counterproductive. In the post-mandate environment, efficiency means:

- Reducing wasted motion
- Eliminating unnecessary manual tasks
- Designing workflows that conserve physical energy
- Allowing staff to focus on care, not compensating for poor systems

Inefficient workflows can **consume staffing capacity faster than census growth**. Repetitive manual tasks and outdated processes lead to fatigue, injury risk, and burnout.

Facilities focused solely on hiring will continue to feel understaffed, while those redesigning care delivery through technology, layout, and task alignment can achieve staffing sufficiency **without increasing headcount**.



5. THE PHYSICS OF BURNOUT: WHY UNSUSTAINABLE WORK DRIVES ATTRITION

Burnout is not just emotional—it is physical. Repetitive manual tasks cause cumulative micro-trauma, leading to:



**Musculoskeletal
injuries**



**Chronic
fatigue**



**Loss of confidence
in job safety**

When staff believe their work will eventually harm them, retention collapses, regardless of culture or benefits.

Efficiency protects staff by **reducing the physical load per episode of care**, extending careers, and stabilizing teams. Efficiency is therefore a **retention intervention** as much as an operational metric.

6. OPERATIONAL ALIGNMENT: MAKING THE FACILITY ASSESSMENT DEFENSIBLE

A defensible staffing strategy requires alignment across three areas:

- **Documentation** – Facility Assessment accurately reflects resident needs
- **Operations** – Workflows and tools efficiently support those needs
- **Outcomes** – Clinical and staff-related results validate the approach

The goal is to close the gap between **what the assessment claims** and **what daily operations can realistically deliver**.

Facilities that achieve this alignment are not only prepared for surveys but are also resilient in workforce management.

7. A PRACTICAL 90-DAY FRAMEWORK FOR LEADERS



Leaders can significantly reduce risk within 90 days by:

1. Reviewing the Facility Assessment to identify high-burden care activities
2. Mapping where staff time and effort are consumed
3. Eliminating inefficiencies through workflow redesign and technology
4. Validating improvements via outcome tracking

When staffing is guided by both acuity and efficiency, rather than habit or headcount alone, compliance becomes defensible.

CONCLUSION

The post-mandate era did not make staffing easier. It made it smarter. CMS now emphasizes outcomes and reasoning over ratios and numbers. In this context, efficiency is the mechanism that protects staff, sustains performance, and ensures compliance.

Facilities that view efficiency as an infrastructure investment, not just an optimization, will be best positioned to thrive in the post-mandate reality.

PUTTING EFFICIENCY INTO PRACTICE

The framework outlined in this paper, aligning documentation, operations, and outcomes, requires more than process redesign. It requires infrastructure that actively supports the work.

[Joerns Integrated Care Solutions](#) are engineered specifically for the operational realities of long-term and post-acute care. Every solution is designed around a single principle: **that the equipment caregivers rely on every day should reduce burden, not create it.**

This means beds, surfaces, and lift systems that work together as a unified ecosystem rather than a collection of sourced components. It means standardized controls that reduce training burden across a high-turnover workforce. And it means digital capability that transforms equipment into defensible, auditable operational data.

Integrated care solutions are uniquely designed to address caregiver strain, resident safety, and compliance readiness simultaneously, **making efficiency not just a goal, but a daily operational reality.**

To explore how Joerns Integrated Care Solutions support your Facility Assessment strategy, [visit joerns.com](https://www.joerns.com) or **speaking with a Joerns specialist.**

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info@joerns.com



800.826.0270