



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

LONG TERM CARE OMBUDSMAN PROGRAM

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Human Services Committee

PUBLIC HEARING AGENDA

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Good morning, my name is Nancy Shaffer, I am the State Long Term Care Ombudsman. I am here on behalf of the thousands of residents of Connecticut who reside in skilled nursing facilities, assisted living facilities and residential care homes. There are a number of bills before you today which speak to the needs of residents, to improving the quality of life in their homes along with ensuring the financial solvency of the businesses which manage these homes.

As the State Long Term Care Ombudsman, I am heartened by the possibilities before the legislative body to improve Connecticut's long term care system. It is time to make positive and meaningful changes in the delivery of care to Connecticut's residents.

Proposed H.B. No. 5072 AN ACT CONCERNING APPROPRIATIONS TO IMPROVE NURSE STAFFING RATIOS.

As the State Ombudsman I am fully supportive of this legislation.

We know that today's nursing home residents are sicker and have higher care needs than decades ago when Connecticut staffing levels were put into place. I think it is appropriate to consider acuity levels but at the same time set minimum staffing levels as beginning point.

I believe there is sufficient evidence that directs us to require 4.1 hours of care per resident per day. The Centers for Medicare and Medicaid Services in 2001, studied this issue and found that 4.1 is the minimum staff a home must have to prevent harm or abuse of residents. Another study by Schnelle and colleague in 2004, supported the threshold of 4.1 total nursing hours per resident day to "ensure that the processes of nursing care are adequate". Other studies confirm these findings. Horn, et.al. in 2005, found that more RN direct care time per resident per day was associated with fewer pressure ulcers, hospitalizations, and urinary tract infections. More certified nursing assistant and licensed practical nurse time was associated with fewer pressure ulcers.

The research is decisive and the evidence clear, we must invest in increased staffing, but we must also direct efforts at education and training of long term care health care providers. As the legislature considers the question of improved staffing, I hope that it will also explore avenues to identify and promote strategies to strengthen the long-term care workforce. As Alice Hedt, Executive Director of the National Citizens Voice for

Quality of Care stated at a 2007 US Senate hearing, we must “include the development career ladders, mentoring programs, consistent assignment, skilled supervision and staff involvement in total quality management” as we move toward improving our long term care system. It is important to remember that if mandating increased staffing levels, the must be the trained workforce to meet that mandate.

As staffing levels are discussed we should also be reevaluating a requirement for criminal background checks for all long term care workers who have access to residents to ensure the safety and well being of residents in all spheres of their lives.

S.B. No. 32 AN ACT CONCERNING THE FINANCIAL CONDITION OF NURSING HOMES.

“The fundamental function of government is enforcement” per Toby Edelman, Esq., nationally known expert and advocate for nursing home quality.

The time to reform our system of oversight and enforcement is now. I therefore am highly supportive of a Nursing Home Financial Advisory Committee. Recent history has taught us that we must ensure vigilance and demand the highest levels of transparency and ethical business standards from those who own and operate our state’s long term care facilities. The potential for harm to the vulnerable residents of these homes is too great to do otherwise.

My understanding is that this Advisory Committee will be mandated to provide oversight to the nursing home industry on issues concerning the financial solvency of and quality care provided by nursing homes.

As you may know, the unique role of the Connecticut Long Term Care Ombudsman Program (LTCOP) is to investigate and resolve complaints submitted by consumers in skilled nursing facilities, residential care homes and assisted living facilities. The LTCOP provides an ongoing presence in long term care facilities by monitoring care and conditions and providing a voice for those who are not able to speak for themselves or make their voice heard in the broader context. The Older American’s Act gives the LTCOP the authorization to act solely on behalf of the resident-to view the dynamics of the situation through their eyes and to act upon their direction. It is therefore extremely important that this perspective be a part of any oversight committee. To leave this component out of the equation diminishes the ability of the committee to view the whole picture, in its entire context, with a rightful emphasis on the quality of care.

As important as an oversight board is, it must also have enforcement capabilities and also the ability to make recommendations to the various state agencies charged with licensing, certification and reimbursement.

Some enforcement considerations:

- Take action against all facilities under common ownership and management
- Stiffen penalties against facilities with chronic records of poor care

- Require substantial sanctions when deficiencies result in death
- Enforce minimum staffing standards: require facilities to complete daily report of staff from payroll records and submit a quarterly report of that data to the state (according to national expert, Charlene Harrington of the University of California San Francisco, staffing reports, made at time of an annual survey are “inadequate and sometimes inaccurate” per her research)
- Adopt Washington state’s high standards of enforcement by issuing “a stop placement order prohibiting admissions to facilitate correction of violations of statutes or regulations that demonstrate the health and safety of residents are jeopardized. (RCW 18.51.060(1), (5) Nursing Homes (NH) and WAC 388-98-001(22); 388-98-0032(2) NH Licensure Program Administration)

In a 1986 Institute of Medicine report, *Improving the Quality of Nursing Home Care*, three features were described as necessary for an effective regulatory system: **high standards of care, a survey process that determines compliance, and an effective enforcement system that sanctions noncompliance.**

I am available and look forward to working with this committee as you deliberate and decide on the specifics of a Nursing Home Advisory Committee and its mandate and authority.

S.B. No. 34 AN ACT IMPLEMENTING THE GOVERNOR’S BUDGET RECOMMENDATIONS WITH RESPECT TO SOCIAL SERVICES PROGRAMS.

As you are aware, many residents, over the entire continuum of care in Connecticut, are “aging in place” and their needs for care and supervision frequently increase as this phenomenon occurs. The Long Term Care Ombudsman Program receives complaints from residential care home residents regarding their care needs. It is important that the staff of these homes have the training to meet the needs of their residents. For this reason, as State Ombudsman, I am supportive of the change in statute which requires each residential care home to designate an appropriate number of staff to obtain certification for the administration of certain medications. For some of these residents, the administration of medication means the difference in their being able to remain in the more independent environment, which impacts not only the quality of their lives and the physical well being, but it is also a cost-saving to the state when they do not have to move to a higher level of care.

Another important consumer need is Hospice and end-of-life care. I am hopeful the Medicaid State Plan can be amended to include Hospice services in order to serve those needs of our citizens at that time in their lives.