



STATE OF CONNECTICUT

STATE DEPARTMENT ON AGING

LONG TERM CARE OMBUDSMAN PROGRAM
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PUBLIC HEALTH COMMITTEE

PUBLIC HEARING

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TESTIMONY OF

NANCY SHAFFER, STATE OMBUDSMAN

Good morning Senator Gerrantana and Representative Johnson and members of the Public Health Committee. My name is Nancy Shaffer and I am the State Long Term Care Ombudsman. The Long Term Care Ombudsman Program is mandated by the Older American's Act and Connecticut General Statutes 17b-400 through 17b-406 to provide services to protect the health, safety, welfare and rights of residents of long term care facilities. As the State Ombudsman it is my responsibility to facilitate public comment and represent the interests of residents in order to recommend changes to the laws, regulations, policies and actions which affect residents' quality of life and care. As State Ombudsman I serve as a member of the Long Term Care Advisory Council, the Money Follows the Person Steering Committee and I am a member of the CT Elder Action Network (CEAN). I am a Gerontologist and have more than twenty-five years of experience in long term care in Connecticut. Effective January 1, 2013, the Long Term Care Ombudsman Program is now under the umbrella administration of the newly created State Department on Aging. I appreciate the opportunity to testify before you today regarding certain legislative proposals.

H.B. No. 6594 (RAISED) AN ACT CONCERNING RESIDENTIAL CARE HOMES AND DEFINITIONS OF "NURSING HOME FACILITY" AND "MEDICAL REVIEW COMMITTEE."

The Ombudsman Program respectfully recommends that language is added to this proposal to ensure transfer rights of Residential Care Home (RCH) residents. This may be done with a reference to 19a-535a to section 22 of 19a-550. Protecting the transfer and discharge rights of this particular population of individuals is especially important. Often times these individuals

have a variety of co-existing health, mental health, and social and economic issues which compromise their ability to advocate for their rights. I do not believe the intent of the proponent of H.B. 6594 is to diminish RCH residents' rights. The additional language will ensure that the repeal of Section 19a-521 of CT general statutes accords RCH residents rights of transfers and discharge.

S.B. No. 1064 (RAISED) AN ACT CONCERNING THE ADMINISTRATION OF MEDICATION IN NURSING HOMES BY CERTAIN NURSE'S AIDES.

As a steering committee member of the Money Follows the Person Program and as a contributor to the Workforce Development subcommittee, I wholly support development of career ladders for health care workers. It is essential for Connecticut to develop strategies to improve the delivery of both home and institutional health services for the coming wave of elders and disabled individuals. As important, is the need to develop satisfying careers for those who will provide that care. The Ombudsman Program fully supports creative and appropriate strategies to improve both the lives of the patients and their caregivers in all delivery settings.

Connecticut has the second to lowest staffing requirement for nursing homes in the country. The Ombudsman Program and the Statewide Coalition of Presidents of Resident Councils has proposed to the General Assembly for many years that these staffing requirements be revisited and revised according to current nursing home residents' needs. Connecticut staffing levels were instituted decades ago prior to the trend toward greater acuity of the nursing home resident population. Again this year a proposal was offered to improve staffing level mandates, but due to financial constraints and budgetary considerations the proposal did not move beyond preliminary discussion.

The Ombudsman Program responded to 2,241 complaints from residents and their families in 2012. Many of these complaints are related to issues of direct care and services. Supervision and training are key to good care. As a Program mandated to protect the health, safety and welfare of nursing home residents it is difficult to fully endorse S.B. 1064 with Connecticut's low staffing requirements. Federal studies point out that 4.10 hours per resident per day is necessary to meet minimum quality needs for residents. The Kaiser Family Foundation studies national health data. In 2010, Connecticut exceeded the national average of certified nursing facilities receiving a deficiency for actual harm or jeopardy by nearly 10 per cent: Connecticut average was 32.9% and the national average 23.4%. Connecticut also exceeded the national average in the deficiency of quality care, CT 51% as compared to national average of 34%. And CT ranked as the 38th worst state overall per this report in that reporting year. Given these statistics and contrasting data that indicates actual staffing at Connecticut nursing homes generally compares fairly well to national averages our concern is that on any given day, staffing at some homes is not adequate to meet residents' needs. As long-term care professionals we see

this when we go into nursing homes and observe call bells unanswered, bathroom needs not met, residents not being fed in a fashion and in a timely manner that supports the person's nutritional needs as well as his/her dignity, residents not positioned properly or not in or out of bed when they desire. With current low staffing mandates, this added and extremely important responsibility to a Certified Nursing Assistant's list of duties will detract from his/her many other duties, likely causing neglect of those other duties or adding those responsibilities to colleagues who also are struggling to accomplish their many duties.

The Ombudsman Program is supportive of the concept to improve and professionalize the role of non-licensed nursing home staff. But the Program cannot support this current proposal if homes are required to do so or if the initiative is not tied to improve staffing, both at the licensed supervisory level and the direct caregiver level.

Thank you for this opportunity to provide testimony regarding these important legislative proposals.

Nancy Shaffer, M.A.

State Ombudsman