



STATE OF CONNECTICUT

STATE DEPARTMENT ON AGING

LONG TERM CARE OMBUDSMAN PROGRAM

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HUMAN SERVICES COMMITTEE

Public Hearing

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Good morning Senator Slossberg and Representative Abercromble and members of the Human Services Committee. My name is Nancy Shaffer and I am the State Long Term Care Ombudsman. Pursuant to the Older American's Act of 1965 and Connecticut General Statute 17b-400-417, it is the duty of the State Ombudsman to provide services to protect the health, safety, welfare and rights of the residents of skilled nursing facilities, residential care homes and managed residential communities/assisted living facilities. As State Ombudsman it is my responsibility to advocate for changes in laws and governmental policies and actions that pertain to the health, safety, welfare and rights of residents with respect to the adequacy of long-term care facilities. I appreciate this opportunity to testify on behalf of the many thousands of Connecticut residents who receive long term services and supports.

I testify today in strong support of Raised Bill No. 5322 AN ACT CONCERNING NURSING HOME FACILITY MINIMUM STAFFING LEVELS. On behalf of the Statewide Coalition of Presidents of Resident Councils and all of Connecticut's 16,000 skilled nursing facility residents, I sincerely thank the members of the Human Services Committee for proposing this bill.

A number of variations of this bill have been proposed to the General Assembly over the past years. I want to stress that today it is even more important to seriously consider passage of an increased staffing mandate. The Centers for Medicare and Medicaid Services (CMS) compared national data on "Patient Characteristics" from 2001 to 2012 and found:

- 107% increase in residents with psychiatric diagnoses
- 19% increase in residents with dementia diagnosis
- 41% increase in residents with bathing dependence
- 40% increase in residents with toileting dependence
- 39% increase in residents with dressing dependence
- 36% increase in residents with transfer assistance dependence
- 11% increase in residents with bladder incontinence
- 5% increase in residents with bowel incontinence
- 10% decrease in residents with ambulation independence
- 22% increase in residents using psycho-active medications
- 9% increase in overall average ADL (activity of daily living) score

Though it is not recorded in these statistics, I can assure you that it takes a significant amount of staff time and attention to assist each resident who likely is experiencing one or more of these diagnoses and/or declines in status. It is not at all unusual on a day shift for one Certified Nursing Assistant (CNA) to be responsible for the care of ten to fourteen residents. Under these circumstances what is a CNA to do when, for instance, meals have just been served to her residents, many of whom require some level of assistance, and at the same time one of her residents needs assistance to use the bathroom and another resident needs assistance to get ready for a doctor's appointment? These are the typical difficult decisions caregivers make every day, probably multiple times daily. When confronted with these decisions, the quality of life, health and well-being is often in the balance for the resident. Meals alone can take a tremendous amount of time when a staff member assists an individual with dementia. Sufficient staffing is a key element to maintaining a resident's level of functioning. Maintaining or slowing decline in physical and cognitive abilities as well as injuries, falls, hospitalizations can be related to sufficient staff, proper training and good supervision.

I expect you will hear testimony from providers in opposition to increasing staffing levels. Some of them may suggest increasing the minimum standard is unnecessary because many of them already exceed Connecticut's minimum staffing requirements of 1.9 hours. And this is true. So, it does not appear that cost should be a factor. And, there may be discussion that due to the State's rebalancing efforts there is not a need to revisit staffing levels. But I suggest that the higher acuity of today's nursing home residents warrants improved staffing levels and that this, along with good training and appropriate supervision is a significant factor to ensuring the health and quality of life for residents.

It is worth a reminder that Connecticut has the dubious distinction of being the state with the second lowest staffing mandate in the entire country. In 2000, the Centers for Medicare and Medicaid established safe staffing guidelines for federally licensed nursing homes. CMS recommended residents receive a minimum of 2.75 hours of nursing care each day. Connecticut has chosen over the last fourteen years not to improve the staffing requirements. I am not sure why that is, but I am sure it is time to commit to making this change on behalf of current and future nursing home residents.

I am grateful for this chance to talk with you about improving nursing home staffing standards in order to better protect the health and safety of nursing home residents.

Nancy Shaffer, State Ombudsman