

LD 1246 An Act to Promote Greater Staffing Flexibility without Compromising Safety or Quality in Nursing Facilities

Greetings Senator Craven, Representative Farnsworth and Members of this Honorable Committee:

I am Helen Hanson, a Certified Nurse Aide now working in a 38-bed, skilled nursing facility. I am against allowing nursing facilities "greater staffing flexibility" when currently there is not sufficient staff to meet residents' needs. I say this because I have worked many shifts when we have been short. By short I mean three aides to 38 residents. Do the math; that is 12 or 13 residents to one aide. Think about that for a minute, 12 or 13 residents to one aide. It is not possible to deliver quality care when the ratio is so high. All that can possibly get done is the bare bones care, assist with toileting, bathing, hygiene, dressing, eating, obtaining vital signs, and charting. This is not the quality care I wish and strive to deliver to residents in my care.

Let me back up a bit. I work the evening shift, 3 p.m. to 11 p.m. The current state regulation for staffing at my facility allows for two nurses, one med tech, and three aides for the evening shift. That is not enough; not enough at all. The two nurses are doing what they need to do; pass medications, change dressings, treatments, writing all the notes they need to, dealing with all sorts of residents' pain levels and monitoring what we aides do. The med techs are busy with their medication passes. That leaves the three aides to pick up everything else, from patient care, to dining services (I liken this one to playing waitress), to feeding those who need help in this manner, to unclogging toilets, cleaning up all sorts of fecal and urine spills, changing beds, answering resident questions as to "why is the TV not working?" "when will I get my meds?" "what time is supper?" to taking and recording vital signs and weights, to bathing residents, to cleaning up the tub rooms, to taking out all the trash on the unit at the end of the shift, to charting all that we do with our residents in the course of the shift. Three aides for 38 residents are not enough. When an aide has a resident that is a two-assist, a resident that needs two aides to help with whichever ADL, that leaves only one aide on the floor, while the two aides are transferring the two-assist resident, or getting that resident dressed, or changing the resident because he/she is incontinent.

The night shift, 11 p.m. to 7 a.m. has it even worse. Two aides and a nurse is all that is required for the 38-bed unit. Granted, the residents are sleeping, but are they? They need to get up in the night to void. Some may want a snack. Some are incontinent and need to be changed and turned every two hours. If one is a two-assist; that leaves the nurse on the floor to assist the others. I know of one resident that fell because while she was assisted to the bathroom in the middle of the night, the aide had to leave to assist someone else and the resident tried to get back to her bed by herself and she fell. This is horrible! This is not quality patient care.

Inadequate staffing also has adverse effects that oftentimes are not taken into consideration. When my unit works with 3 aides on the evening shift, rarely do the aides get to take their 30 minute break. The aides do receive monetary compensation when they do not get their breaks, but not receiving a break hits hard on physical and mental stamina. When you are taking care of people in this fashion, you need a break. Inadequate staffing leads to all staff having to be mandated. Not familiar with mandation? Let me give you a quick lesson. Mandation occurs when a staff member on the next shift does not come to work for whatever reason, or when there is not enough staff for the next shift. The facility pulls the necessary staff from the previous shift. Nurses, med techs and aides have all been mandated to work an extra 8-hour shift at my facility. That means that on top of working your regular shift, you work the next 8-hour shift, you work a total of 16 hours. This does not lead

to safety; or quality care by any means. How can an aide or a nurse that has already worked 8 hours be able to provide quality care for an additional 16 hours? It is not too bad at the 12 hour mark, but those last four hours are a challenge. When it happens to me, I try to continue to be positive with my residents, but usually by 4 a.m. I am no longer empathetic. I am tired and usually in pain in my back, knees, and feet. Another adverse effect of inadequate staffing occurs for the aides that are students, going beyond being a CNA and becoming a nurse. Two of my coworkers are working on becoming nurses. Both have faced flunking classes because they have had to work mandated hours, thereby not being able to attend their classes or do their assigned classwork. Their education is being sacrificed because of inadequate staffing. That is horrible.

Consider this; you have a parent that needs long-term care in a facility because you are not able to provide that care at home, or are not able to find care at home for your mom or dad. Do you want your parent to receive less than quality care the way they want it delivered in a nursing facility? Think about this for a minute. What type of facility do you want your mom or dad in? Do you want one that is more than adequately staffed so that your mom or dad can receive quality care? Or do you want one that staffs only to the minimum, thereby not providing quality care?

Before this committee decides which way to vote on this bill, I encourage all its members to visit a nursing home in their districts. Just stop in and talk to the residents, the aides, and the nurses to get an idea of what happens on a day-to-day basis in the facility. Ask the residents and nursing staff about staffing, if they feel it is adequate. Ask the residents if they notice when staffing is inadequate. Ask the residents if their needs are met and if they are met in a timely fashion. Ask the residents if their care is quality care. Ask the aides and the nurses what it is like working with inadequate staff or with the state minimum ratios. Ask the aides all that they do while at work, not only in regards to patient care, but also what other tasks they get assigned, like unclogging toilets and taking the trash out. Do not let the nursing home administration know that you are visiting. They will make sure the facility is on its best behavior. Just show up and start asking questions. You'll be surprised at what you may find.

Thank you for reading my comments about working as a Certified Nurse Aide in a 38-bed facility on the evening shift. It is a challenge when staffed inadequately. I will be bluntly honest with you. I am getting out of this line of work altogether because physically, I am getting to the point where it is wearing out my body. I am in pain all the time. Mentally, I am tired not being financially sound. I am tired of worrying about having enough money to put heating oil in my tank to stay warm in the winter. I am tired of worrying if I have enough money to put healthy food on the table. I am tired of having no money after my bills are paid. We aides are not paid much for all that we do.

Thank you,

Helen M. Hanson