Letter to the

National Consumer Voice for Quality Long-Term Care

In Response to Its

Share Resident Voices in the Resident's Voice Challenge

By

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I am an octogenarian, with quadriparesis living in a North Carolina Skilled Nursing Facility, a mathematician and an advocate. Time has left my body destroyed partially by me [1955, spinal cord injury resulting in becoming a hemiplegic, fully independent], largely by a surgeon [2001, spinal cord surgery resulting in quadriparesis, fully dependent] and somewhat by age. However, my mind has brightened. I'm still doing research, publishing, and recently addressed an International Conference electronically.

With the passage of The *Rehabilitation Act* of *1973* I became an advocate for the disabled. I was president of The New York State Coalition for People with Disabilities, served on multiple New York commissions under Governor Mario Cuomo, member of the Board of Directors of the Western New York Independent Living Center and the NY Erie County Board of Directors for the Disabled, and on advisory committees of the University at Buffalo Departments of Rehabilitation, Occupational Therapy and the School of Architecture.

Since being admitted to a Skilled Nursing Facility 5 years ago, and therefore became the recipient of services, I extended my advocacy to include seniors.

Large corporations are buying up more and more long-term care facilities. They are changing these facilities from being service providers to becoming cost centers. Shortly before I was admitted to this skilled nursing home it had a 5-star rating. Then it was bought by a corporation and its rating fell to 1 in just a few years. it imposes a daily quota on each of its facilities regarding the size of staff it may employ. census refers to the number of occupied beds. The quota is determined by the census. the formula for calculating the quota does not take into account required staff levels in order to provide adequate care. This paper describes the impact of this policy on my nursing home.

In this facility I have observed problems, heard complaints from other residents, their families, staff and even the administrators frustrated with the Corporation that they report to. I had my own almost daily! When no CNA has been on the hall

for extended periods of time patients are often heard shouting for help. On one occasion I had to seek staff because a patient was on the floor.

I have filed many grievances with this facility and passed complaints on to the North Carolina Department of Health Services along with the Regional Ombudsman. I've also advised many how to do this.

Having been a past director at the University of Buffalo I offered advice to staff, the administration and to the Corporation.

- The facility once behaved as a service center but now is a cost center.
    - Many decisions are made on the basis of the census irrespective of whether or not the minimal level of service can be maintained.
        - I have witnessed staff being sent home when the number of occupied beds has fallen. In my facility I live on a hall with 30 beds. When the facility census falls often the number of aides on my hall drops to one. Incredibly, that number may fall to zero when the aide takes a break or is asked to assist on another hall. At this facility there are other occasions when the number is only one.
        - Restorative care has been discontinued at this skilled nursing facility.
        - This facility bases the total staff hours solely on the number of occupied beds rather than including consideration of providing the minimal level of required services.
    - Staff is being assigned duties outside of their job titles.
        - We used to have a person responsible for stock full-time. This job has three components: identification of the amount needed, ordering that amount and distributing it. The first two items were taking over by the assistant director of nursing, the director of nursing and the administrator. The distribution has been assigned to the sole bus driver on payroll. Needless to say, often we are out of one thing or another. In addition, for all practical purposes, all transportation for non-medical purposes has disappeared. Residents can no longer go shopping in the community.
    - Service levels on third shift, weekends and holidays are greatly reduced.
        - On 3rd Shift and other times there is no supervisory staff.
        - The ratio of staff to beds is reduced independent of census.
        - There are no bus drivers on weekends and holidays.
        - The ratio of staffing level to the number of beds is at best too low and possibly dangerously low.
    - Equipment suffers as well
        - If it is broken it is either not replaced or is frequently replaced with inferior equipment.

        - Rehabilitation had an exercise bike that was never replaced; Their wheelchairs were replaced but with poor quality chairs. These did not last long.
        - Currently, there is only one operational blood pressure machine for the 5 Halls. Lifts are often non-operational.
        - This results in staff, already a scarce resource, wasting more time searching for functional equipment.
- North Carolina is 1 of 11 states that has not adopted the National Institute of Health guidelines. North Carolina does not even have any guidelines.
    - As a result, it's Department of Health Services has little it can do when it identifies a facility with an inadequate level of staff.
- Staff turnover and continuity in the aides and nurses are critical components for the delivery of quality care. The backbone of quality care in nursing homes is an adequate, well trained and stable workforce. Pay is an issue, but only a part of the puzzle.
    - Staff may need to be replaced for a variety of reasons. The replacements may be short-term or long-term. In either case it is rare for the outgoing staff member to train the incomer. Generally, this leads to loss of continuity.
        - Incoming nurses tend to distribute medications by rounds regardless of when medications are due.
        - Replacement nurses often are unfamiliar with the medical computer system.
        - Replacement nurses often cannot find where medications are located on their carts.
        - Initially, replacement nurses do not know the location up their supply closet or it's combination code.
        - Replacement nurses are generally unfamiliar with the peculiarities of dealing with the pharmaceutical suppliers when reordering is necessary.
        - New staff are unfamiliar with the residents. It is particularly frustrating for all concerned when that resident cannot articulate.
- Cleanliness and its effect on the spread of disease is another issue. When Staffing is short cleanliness becomes a problem. Staff has less time to attend to the residents. As a result, they have to rush. To make up time cleanup is often sacrificed. This leads to the spread of disease.
    - I spend my days in the hall outside of my small room because it feels claustrophobic. My meals are taken in the hall. My tray table is only cleaned every few days. Completed meals remain there for hours. Sometimes other people's garbage is left on my table. When I had pneumonia, it was widespread throughout the nursing home. You could hear many residents coughing at the same time.

- **I heard a supervisor say that she was coming down with pneumonia and came to work in spite of it. I have heard many CNAs tell me they were sick but came to work anyways. Needless to say, rooms are left in an unsightly condition. Many of the staff no longer clean up after themselves.**

- **Consequences to me**
  - **I have had my own disasters. In December a treatment nurse was dismissed because she could only work 4 days a week. She had worked here for more than 10 years. Apparently, the instructions for my catheter maintenance were not passed on. I had complained that there was blood in my urine. In May my catheter was blocked and I had to be sent to the hospital. I required surgery to remove a golf sized crystallization about my catheter.**

    This surgery was entirely due to staff discontinuity when one treatment nurse was replaced by another.

  - **After returning from the hospital they were out of my ointment and replaced it another having a component for which I had a known allergy. The resulting rash had me sent back to the hospital a few days later. Three quarters of my skin was bright red. I heard a hospital doctor commenting he had never seen a rash that bad.**

  - **One night I requested to be adjusted in bed around 2 a.m. Around 3 a.m. I was very uncomfortable. Then and subsequently I requested to be readjusted but this was not done. At 5 I asked to see the nurse and then again at 6 because of light headedness. No one came, neither the nurse nor a CNA until after 7. A couple of days later I was sent to the hospital again. This time it was for pneumonia and associated heart problems.**
  - **Supplies are chronically short. Formerly, there was a full-time person responsible for this job. But, the census was low and that person was dismissed. Those duties have since been managed by senior staff who formerly were occupied to the point of stress. Since then supplies have been poorly managed.**
  - **My skin is very fragile. As a result, wipes are used in favor of towels and washcloths because they are too rough. Often, they are out of wipes. Medical supplies are also affected. Medicines are not reordered until they are out. They should be reordered when they are low. Frequently, they are out of one or more of my medications both for prescription and over the counter items. Included are medicines for my heart, blood**

pressure, bowel program and skin along with wipes, briefs, Lidocaine patches and lotions.

The following section of consequences due to low census is composed of comments from a questionnaire that I had sent out. Included were residents, CNAs, nurses, supervisors, senior directors, the administrator, the Corporation, friends and other advocates. Several of the managers told me of their interest in responding. I received none of their answers. Subsequently, I learned that the Corporation Legal Counsel had told them not to respond to my email.

None of these comments are mine.

- **Consequences to residents**
  - **Decreased overall safety / Falls or other accidents and injuries.**
  - **Inadequate client care / Pressure sores / Lack of timely medical interventions for illness**
  - **Overall quality of life**
  - **Decreased quality of care / Not enough individual care**
  - **The residents end up going without**
  - **Decreased 1:1 time with staff for personal assistance, emotional support, comfort measures and prompt assessment of health status changes**
  - **Increased possibility of falls, infections, malnutrition, decubitus ulcers, medication errors, abuse and neglect from overworked staff and potential increase in the use of restraints**
  - **Uncertainty/fear that they won't get help with they need it, especially in an emergency.**
  - **Embarrassment when they urinate or defecate on themselves because they weren't taken to the bathroom in a timely manner.**
  - **Physical problems like urinary tract infections, pressure ulcers.**
  - **Not getting their needs addressed in a timely manner, ex. call bells not being answered timely**
  - **I sat in soiled diapers for over an hour after I rang the call button. Called my 89 yr. parents to get nursing desk**
  - **If someone has fallen, it may take longer for staff to realize and/or get appropriate help**
  - **Medications not be passed in a timely manner**
  - **Food not be passed in a timely manner**
- **Consequences to staff**
  - **Injuries / Health issues**
  - **Burnout / Discouragement / Low morale / Decreased job satisfaction**

        - Frequent absences due to burnout
        - Increased risk of malpractice and liability
        - Increased stress, anxiety, exhaustion and onset of related medical problems
        - Working long hours / Mandatory overtime / Difficulty obtaining time off
        - Working harder without enough help. (This can lead to frustration which is taken out on residents.)
        - Becoming overwhelmed or burnt-out and leaving Long-Term Care
        - More work load on each individual
        - Less assistance for patients who are "2 person assist"
        - Higher burnout rate, higher turnover (which thus results in patients getting new caregivers daily instead of caregivers who get to know each patient and what each individual person needs)
        - Higher stress levels, causing unhappy employees
        - They end up being overloaded
        - Sometimes do not do what they were hired for a lot of calling out
    - Consequences to facility
        - More patient incidents
        - Harm caused to patients
        - Patient complaints
        - Loss of staff due to burn out
        - Sinking reputation
        - Increased liability issues
        - Increased staff turnover
        - Increased cost
        - Increased overtime payments
        - Decreased quality of care
        - Decreased reputation
        - Poor staff morale
        - Risk of potential fines if violating mandatory staffing issues
        - Risk of lawsuits related to patient harm
        - Loss of good staff who just can’t do it without adequate help
        - Constant staff turnover
        - Extra financial burden of using staffing agencies
        - Poor quality of care provided. Can lead to loss of reputation.
        - Poor state surveys-deficiencies can lead to fines and loss of reputation
        - High turnover rate means many new people, often new people don't know where things are or who to ask for things
        - Not enough nurses or CNAs
        - No one really in charge
        - Not enough supplies keep facility running smoothly

        - People are always taking vacations and there is no one to fill in for them
    - Consequences of using agency staff when there is an inadequate level of staff
        - Don't know patients as well
        - Puts more hands-on deck for patient care
        - Not knowing the residents
        - Some or not concerned for the residents that they are caring for
        - To them it's all about the mighty Dollar
        - Gives existing staff reinforcements
        - Don't care as much as regular staff
        - Costly for the facility
        - Potential lack of orientation, oversight and support for agency staff
        - Decreased quality of care
        - Increased risk of malpractice, abuse and neglect of residents
        - Facility develops a reputation of being a bad place to work and it becomes more difficult to obtain agency personnel
        - Staff don't know the residents. Loss of facility culture. Loss of relationships. Loss of trust.
        - Staff don't know company policies and procedures. Mistakes are more frequent.
        - Staff aren't committed to the community or the residents so care isn't as good.
        - Burdens the regular staff who do know the policies and do know the residents; they have to constantly tell the agency staff what they know
        - Agency staff doesn't seem to care as much. It's as if they have the attitude of "I'll be somewhere else tomorrow so it does not matter if I do a good job"
        - Agency staff doesn't get the time to actually get to know the residents which is sad to me for the residents. Who wants a new stranger daily providing care? I would not. I would want the same people. Plus, I think those relationships and friendships we develop, staff and residents, are very important. I feel agency staff tend to forget this is the residents' home

Conclusions regarding the four consequences

The census policy is as damaging to the facility and the corporation as it is to the residents and staff. It corrodes the primary function of nursing homes as a service provider. The most important asset of a service organization is its staff. This policy is detrimental to the staff resulting in poor service and ultimately their loss. Furthermore, because of the loss of

reputation it is increasingly more difficult to make up for the losses in census and staff.

Unfortunately, the facility is reduced to hiring staff from agencies with consequential effects. Obviously, though not the most important, is the increased cost to the institution.

Sadly, the census policy undermines the mission statements of the nursing home and the corporation.