

Nursing Home and Assisted Living Oversight Working Group (NHALOWG)

Staffing Levels Subcommittee

Meeting Summary

Monday, November 30, 2020, 3:00 PM via Zoom

1. Opening Remarks

- Rep. Cook, Co-Chair, convened the meeting, and the people in attendance introduced themselves. Kate McEvoy, Co-Chair, shared that information continues to be gathered and shared, in the process of creating a Chart Book for the subcommittee. Rep. Cook asked for a motion to approve the minutes, which were approved unanimously.

2. Subject Area Presentations

- Jeanette Sullivan-Martinez, President of the Statewide Coalition of Presidents of Resident Councils
 - Ms. Sullivan-Martinez shared some of her experiences and perspectives as a resident of a nursing home for over 12 years. She described how staffing levels have been reduced significantly over that time. She explained that the amount of care she requires hasn't changed, but that staff has been stretched thin. Certain elements of care are severely reduced, such as the frequency of showers. Ms. Sullivan-Martinez talked about the dedication of the staff, and their level of burnout, due to low pay and not being recognized for their hard work. Residents need to have opportunities for socialization and to connect beyond basic care, so they are more than "a name on a list." Ms. Sullivan-Martinez added that she is aware of residents in other homes having similar experiences, and that they should be getting the care they deserve.
 - Kate McEvoy thanked her for sharing her lived experience and for her leadership. She highlighted the themes regarding adequacy of staff, professionalizing, compensation, and the importance of connections beyond direct service.
 - Zina Bennett, CNA, thanked Ms. Sullivan-Martinez for her perseverance and for seeing the bigger picture, including understanding CNAs' commitment to the people they work with. She added that increased staff would allow for more time for companionship.
 - Rep. Hughes asked what an ideal care schedule would look like. Ms. Sullivan-Martinez talked about the infrequency of showers, and how it has been several weeks since she's had a shower (and has only received bed baths) due to COVID. Ms. Bennett added that it is hard to get specific about how much time is needed, as different residents require different amounts of staff help, and the risk of injury increases when not enough staff are present. Rep. Cook asked what an

appropriate staffing level would look like, acknowledging that needs fluctuate. Ms. Sullivan-Martinez suggested 2.5 hours per person per day (as opposed to the current 1.9) would result in a lot more care and happier residents. She added that she struggles with quantifying it, because it is difficult to track the hours of care each person receives, and a broader conversation is needed. Ms. Bennett shared details about how staffing cuts have significantly impacted ratios, including a current example of there often being 15-16 residents per aide. Rep. Cook stated this is unacceptable to her, and she wondered where money is being spent.

- Ms. McEvoy shared that federal relief funds were allocated for COVID-related expenses, but the particular uses (PPE, staffing, etc) were not specified. Facilities must document how the money was spent. Sandy Arburr of Athena Healthcare pointed out that the staffing hours include time they must spend on documentation, which means less time for resident care.
- Toby Edelman, Center for Medicare Advocacy
 - Ms. Edelman provided a detailed presentation on federal law and federal and state regulations around staffing, comments on the Mathematica recommendations, and examples of emerging state legislation (including in New Jersey) that is being enacted in response to the COVID public health emergency. She shared concerns about the limited training Temporary Nurse Aides are receiving and what their roles would be going forward. She also addressed the complexity inherent in quantifying staffing ratios. Ms. Edelman concluded that state auditing of facilities is essential, and that more reimbursement is not necessarily needed (per a Leading Age study) but that facilities may need to spend reimbursement differently.
 - Rep. Cook asked if there was any data on how increased staffing ratios translated into savings due to fewer falls, hospitalizations, lower rates of infection, etc. Ms. Edelman said that it has not been fully studied, apart from some infection-prevention measures put into place by the Obama administration.
 - Katie Traber of 1199 asked if they had looked at the current funding structure vs. an acuity-based model. Ms. Edelman replied that researchers have been looking at it in different ways, and that US Representative Jan Schakowsky has a bill addressing this.
 - Jean Mills Aranha of CT Legal Services, asked about the impact of different types of ownership of facilities, including instances of private equity firms buying nursing homes. Ms. Edelman shared examples of large numbers of homes being bought and then neglected. She added that a major problem is that states have limited ability to monitor or approve ownership changes, and there should be standards for the quality of care an owner is expected to provide. Kate McEvoy shared that CT has a rigorous CON process.

3. Continued discussion of the five main topics for consideration:

Consideration of these topics was embedded in the conversation with the presenters.

- Ensure that facilities adopt appropriate staffing policies to minimize spread of infectious disease (SR 17)
- Increase minimum required staffing ratios; support increases in workers' pay and benefits (LR 14)
- Ensure that staff have access to guaranteed sick time under state's existing paid sick leave regulations (LR 15)
- Workforce retention and recruitment
- Increase transparency and identify staffing necessary for improved communication

4. Continue to identify subject area experts to invite to present to the subcommittee

- Kate McEvoy listed potential speakers to be invited to upcoming meetings. It was decided that Katie Traber would facilitate asking a representative of 1199's Training and Upgrading Fund to present to the subcommittee, and Sandy Arburr would help arrange for a recreation director to come speak with the group as well. Future speakers may include a non-union CNA and someone from Rep. Courtney's office.
- Liz Stern requested that the definition of "direct care" be more fully explored. Mag Morelli of Leading Age explained how some direct care responsibilities have changed during COVID, for improved infection control. She agreed to get information from epidemiology to present to the subcommittee, to delineate non-pandemic vs. pandemic practices, including what they would look like ideally. Ms. Morelli also raised the issue of the future of the Temporary Nurse Aide role. Rep. Cook suggested these topics could be discussed at the Dec. 14th meeting.

5. Next Meeting – Monday, December 7, 3:00 PM via Zoom