Approved: February 4, 1997

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on January 28, 1997 in Room 423-S of the State Capitol.

All members were present except: Representative Tony Powell

Committee staff present Lois Hedrick, Committee Secretary

Conferees appearing before the committee:
John Kiefhaber, Executive Vice President, Kansas Health Care Association
Judy Bagby, R.N., Administrator, Midwest Health Services

Others attending: See Guest List (Exhibit 1)

The minutes of the meetings held on January 22 and 23, 1997 were distributed for review and, by policy, will be approved as read if no changes are reported to the Chairperson by 5:00 p.m.

There were no bills presented for introduction.

Chairperson Mayans stated the meeting was a continuation of the inquiry into the regulation and administration concerning quality care being administered in nursing care facilities. He welcomed John Kiefhaber, who presented testimony concerning care in Kansas Health Care Association members facilities (see Exhibit 2). Mr. Kiefhaber stated the members agree with the federal Health Care Financing Administration that efforts need to be focused on educating care staff and that regulators (surveyors) need to spend more time in each facility to delineate care requirements so staff is better able to establish quality care. Mr. Keifhaber also stated that it is KHCA's belief that increasing civil money penalties will not necessarily improve the quality of care.

Judy Bagby, of Midwest Health Services, described the usual daily duties of care staff and stressed the growing importance of training, mentoring, and supporting direct care staff, especially in geriatric care. (See testimony, Exhibit 3.)

Committee members asked if additional legislation (such as requring background searches of all care employees--including kitchen and janitorial staff) or other changes in the law or regulation were needed to improve the level of care. Mr. Keifhaber stated the association would support the expansion of background searches; but added no suggestions for other changes except to expand training.

Questions were raised about sanctioning care staff for drug use. Mr. Keifhaber answered that state regulatory agencies oversee these actions concerning professional staff; that there is a computerized registry concerning nurses aides (which includes those who have been guilty of abuse, neglect or exploitation); and that KCHA would support expansion of the registry to extend to all levels of care home employees.

Chairperson Mayans thanked the conferees for their presentation; and then announced that the committee will meet tomorrow, when SRS Secretary Rochelle Chronister will update the changes being made for welfare reform.

The meeting adjourned at 2:50 p.m.

The next meeting is scheduled for January 29, 1997.

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES COMMITTEE GUEST LIST JANUARY 28, 1997

NAME	REPRESENTING
John Kiefhaber	Ks Health Care Assn
Vicki Allen	Ks Health Care Assn.
Rick Guthrie	Health Midwest
Judy Bagby	Ks Health Care Assn.
Bruce Malen	KDHE
Gerald Bloch	KDHE
Joseph Kroll	KDHE
Darin Conklin	KPhA
Dassea Desch	BUSN
Rebecca Wennihan	BUSN
Lorrie Ann Brown	KS Hosp Assoc.
Kevin Eadon	Billie Vining - Intern
Ann Koci	SRS
Tracey Elmore	Legislative Post Audit
Jerry Pitman	Ks Found. For Medical Care
Rep. Marti Crow	Rep. 41st District
Debra Zehr	KAHSA
Dave Kerwin	Wichita Eagle
Sandra Strand	KS Advocates for Better Care

HOUSE HEALTH/HUMAN SERVICES
Attachment 1-1
1 - 28 - 97

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES COMMITTEE GUEST LIST JANUARY 28, 1997

NAME	REPRESENTING
Steve Peters	KDHE
Rachel Lindblom	KDHE / DHCI
Mark J. Nolgaard	AG
Bob Williams	Ks. Pharmacists Assoc.
David Hanke	
Susan Briggs	Topeka Prot. Living Ctr.
Elizbeth Cogolski	Baker School of Nsg
Don Brown	Ks Dept on Aging
John J Federico	
Tom Burgess	KHCA
D.B. Dalke	DOB

KHCA

Member of ahca

Kansas Health Care Association
221 SOUTHWEST 33rd STREET
TOPEKA, KANSAS 66611-2263
(913) 267-6003 • FAX (913) 267-0833

TESTIMONY

before the

House Committee on Health and Human Services

January 28, 1997

Chairman Mayans, members of the Committee:

The Kansas Health Care Association (KHCA), representing approximately 200 professional nursing facilities across the State, appreciates the opportunity to speak on issues relating to the findings of the recent Legislative Post Audit Committee report "Reviewing the Department of Health and Environment's Regulation of Nursing Homes." My name is John Kiefhaber, and I am the Executive Vice President of KHCA. After my remarks I will be introducing a member of my association, Ms. Judy Bagby, R.N., to speak further about the issues before this Committee. We would both be more than happy to answer questions from you, Mr. Chairman, or from members of the Committee concerning this important issue.

Everyday, more than 25,000 people wake up and begin their day in a Kansas professional nursing facility. Everyday, up to 20,000 professional nurses, certified nurses aides, activity directors, social workers, and professional administrators put in a full day caring for their facility's residents. Everyday, many of these employees work evening shifts and night shifts to care for and monitor the health and safety of their residents. Everyday, this is one of the hardest jobs you can find -- whether because of the stress of the hours or because of the repetitiveness of the task or because of the difficulty of the job. Yet these thousands of employees come to work to help care for those who need assistance with their most basic activities of daily living -- eating, dressing, toileting, washing and bathing. In addition to help with activities of daily living, these employees provide specialized care and services to treat the chronic health conditions that these frail elderly Kansans suffer from.

The last thing that the vast majority of these employees would stand for, for even one second, is the abuse or neglect of one of "their residents." And that is how they refer to residents of the facility whenever there is a discussion of program changes, opening of a new wing in the building, or new rules for

caregiving that could cause a break in the daily routine for residents -- "what about my residents?" is what I hear in meetings all the time.

There is no room for abuse, neglect or exploitation of any resident in a professionally run Kansas nursing facility. Allowing abuse or neglect at all is not good for the individual resident, it is not good for the whole group of residents in that facility, and it is not good for the business of the facility -- this too I have heard repeatedly from my members across the state.

Since provisions of the national Nursing Home Reform Act went into effect in October, 1990, we have seen a dramatic increase in staffing of nursing facilities by nurses, certified geriatric nurse aides, activities staff, and social workers. Our facilities have worked to standardize their individualized care planning documents for better communication of the resident's medical and social needs between clinical staff on the floor. While good care has always been given routinely in the vast majority of Kansas nursing facilities, we now have better documentation of that care and more quality assurance procedures to assure that the best care is given at all times, for all residents.

But the job is still not done. The acuity level of the average nursing home patient continues to rise, year after year. So there needs to always be improvements in care systems and staff training. The industry continues to offer regular staff training across the state, and the Department of Health and Environment has taken the lead in producing regular training sessions for our facility staff on a range of clinical and management topics. In addition, I would like to give recognition to Kansas Advocates for Better Care, who have offered courses around the state on how to be more sensitive to issues of abuse and neglect and how to avoid this happening in your own nursing facility.

KHCA does not see how an increase in the number or amount of civil money penalties would help in the ongoing campaign to educate and train nursing facility staff to be better and better caregivers. Instead we need to continue to use KDHE's educational resources more efficiently and effectively to continue improvements in the quality of long term care in the future. At a recent meeting with long term care specialists from the federal Health Care Financing Administration it was stated that the agency does not believe in leveeing higher and higher monetary fines on facilities which have problems -- but to focus more

time and education on those facilities to get them to better comply with care requirements.

Now, to give you a first hand account of the importance of quality care in a Kansas nursing facility, I would like to introduce one of my members -- the past president of the KHCA Nurse Advisory Committee and a leader in the area of nursing education in our industry -- Ms. Judy Bagby, R.N.

KHCA

Member of ahca

Kansas Health Care Association
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TOPEKA, KANSAS 66611-2263
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TESTIMONY

before the

House Committee on Health and Human Services

January 28, 1997

Mr. Chairman and Committee Members:

I appreciate the opportunity to talk to you from a health care perspective. My name is Judy Bagby. I received a B.S. in nursing from Avila College in 1974. My work experience includes acute care in a large metropolitan hospital, acute care in a rural hospital and public community health. In 1982 I was recruited to a staff nurse position in a long-term care facility. I quickly discovered this area of nursing provided a great opportunity to use the many nursing skills which had been associated with the acute care setting. My patient assessment skills were used numerous times throughout the day as I did not have a physician making daily rounds. I was the doctor's eyes and ears on many occasions. Caring for the geriatric resident was a specialty which did not receive clinical attention while I was in school. I found myself wearing

numerous hats as my gears shifted frequently throughout my shift. I also discovered there was not a strong support system for nurses in the field of geriatrics and often found nurses embarrassed by announcing what area of nursing they chose for employment. I found it very disturbing in the past that caring for a growing consumer segment of our society was not seen as a real nursing position.

It has only been in recent years that nursing schools are including geriatrics as a clinical rotation. New graduates often when approached about working in a long-term care facility will respond, "My instructors told us to work in a hospital so we can have experience and develop our skills." The geriatric setting is a garden of opportunity for patient assessment skills, care plan development and implementation, patient teaching and experience in team leading. As the geriatric population increases so will consumers of long-term care. Geriatric nursing is a specialty and educated nursing staff must always assist in maintaining a high standard of practice.

I would like to take a few minutes to give a view of a day in the nursing facility:

As I previously mentioned it has only been in the last few years that geriatric nursing is seen as qualified for clinical experience. Education is a very key factor to obtaining and retaining a highly qualified employee in the long-term care setting. A decreasing of staff turnover is a very important factor to having consistency in an environment which is not static. When caring for the geriatric resident you are always looking for a better way for a resident to maintain or enhance their independene. I have frequently described a Director of Nursing position as someone who is always seeking a better design for a mouse trap.

Nurses coming to long-term care often have no experience in supervising nonskilled staff. They often have had employment experience in the primary care setting. It will take 6-12 months to train and mentor a nurse new to this area of nursing. Too often I have had nurses leave saying the work environment

is stressful so they go back to the hospital. All staff needs education and encouragement to succeed in a challenging work setting. Staff that gets past the first six months and move on past the "job for a paycheck" mentality to now care for the person is a majority. These people see their area of work as important. They are proud to work in a long-term care and will not accept the residents receiving poor care. I once had a staff member who overheard another staff being verbally rough to a resident. The staff member stepped into the room and excused the staff giving care, making sure they were cared for as requested. The staff member immediately went to their supervisor and reported the incident. The employee with questionable interaction was suspended immediately and an investigation by the facility started. When a facility has limited staff turnover and does not need to employ agency help, staff are able to know the residents with more detail.

Health and Environment has been assisting in the education process to decrease the burnout for nurses and CNA staff. As I described a day at the nursing home, you saw how the direct care staff provides repetitive procedures

each and every day. Education to reduce stress, reinforce good standards of practice and a change in others perception of the long-term care employee will decrease the potential for mistreatment of the geriatric population.