

Senate Public Health & Welfare Committee

3/13/2012

Chairperson Schmidt, Senators:

I am David Scott. I am a licensed Social Worker and a licensed Adult Care Home Administrator. My perspective on Nursing Homes may be somewhat unique in that I managed a facility in the early 80's, left the business for quite a few years to pursue other interests, and returned to Long Term Care in 2007. What other Administrators may have experienced as many small, incremental changes, I simply walked into an environment very different than the one I had left. It is from this viewpoint that I would like to address the issue of staffing levels.

It was immediately apparent that the residents we were serving were, for the most part, much older and their health was much poorer than the residents I worked with 25 years ago. Admissions over time reinforced this initial impression. Overall, the medical, physical, and emotional needs of residents were more complex than I had observed previously. I attributed the increased acuity level to the success of home-based services – until I found that there were no providers serving the small town in which the facility was located. I eventually came to the conclusion that the majority of elders were simply waiting until the last possible moment to move into long term care facilities.

At face value, my observations appear to be inconsistent with Secretary Sullivan's statements to the effect that approximately 15% of current nursing home residents are inappropriately placed. It is my observations that this is not the case. Although the high acuity profile typified the majority of the elders served, a significant number of residents had chronic health issues that could have been met by PACE-type programs or comprehensive home based care. Several residents had a primary diagnosis of a Severe and Persistent Mental Illness with complicating medical conditions. In some instances, after a relatively short nursing facility stay to stabilize the individual, these conditions could have been managed in the community had appropriate supportive medical services been available. It is, quite simply, the lack of viable community options that keep some in Long Term Care.

So now we have a bit of a paradox. The elders and infirmed that are in need of the level of care provided in a Nursing Facility have more acute needs than ever before. That portion of most Nursing Home populations that could be served in the community does not have access to the services necessary to make that a

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reality. The result is a key component of the State's Long Term Care system is being underutilized.

Both Governor Brownback and Secretary Sullivan have stated the goal of reducing the inappropriate placement of individuals in Nursing Homes. That is a realistic goal when viewed in light of the number of individuals that could be served in the community when/if the necessary services are developed. I would suggest to you that there will be an impact on the operations of the State's Nursing Homes also.

Although demographics and acuity levels may have changed over the last couple of decades, mandated staffing levels have not kept pace with the changes. Should the State be successful in moving 15% of Nursing Home populations into more appropriate settings, staffing inadequacies will become painfully apparent. A facility completely occupied by frail elderly with multiple acute and chronic conditions will exacerbate the inadequacy of the already minimal mandated staffing. Unfortunately there are two philosophies of management regarding staffing standards. One group uses State standards as their target level; the other group uses those same standards as their minimum level.

Nursing Homes are frequently at a disadvantage in this free market competition for staff. Innovative thinking will be necessary to recruit and retain the staff qualified to meet the medical, physical, and psychological needs of the residents of the State's Nursing Homes in the future.

I believe a solution to this situation is to enhance Nursing Home resources in parallel to the development of community-based options. By mandating higher staffing levels, the needs of elders will be better met.