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To: Senator Vicki Schmidt, Chairman  
Members of the Senate Public Health & Welfare Committee

From: Margaret Farley, P.A., Lawrence  
On Behalf of the Kansas Association for Justice

Date: March 13, 2012

RE: Informational Meeting Regarding Adequate Nurse Staffing Levels at Nursing Homes

The Kansas Association for Justice (KsAJ) is a non-profit professional association of attorneys. KsAJ appreciates the Committee's thoughtful inquiry and consideration of adequate staffing in Kansas nursing facilities.

I am a Member and Past President (2008-09) of the Kansas Association for Justice. Currently I also volunteer as President of Kansas Advocates for Better Care, a non-profit advocacy organization that assists nursing home residents and their families in Kansas. In addition to being a practicing attorney, I also earned a Bachelor of Science in Nursing from the University of Kansas.

As an attorney in Lawrence, I now mostly represent persons who have been seriously injured or who have died as a direct result of poor nursing home care. I come at the issue of understaffing in nursing homes from several different perspectives and with a long history of working closely with the problems faced by nursing homes residents. Most of the preventable harm and injuries to residents of nursing homes occur as a direct result of too few nursing personnel who have too little training, and not enough professional nurse supervision. With proper resources, such problems are almost entirely preventable.

The trial attorneys of the Kansas Association for Justice seek to redress the injuries which their clients have suffered, through the system of justice. But plaintiffs' attorneys, just like their clients, would really rather that these serious injuries and deaths not occur at all. We see preventable problems too much in our cases. That is why we urge you to take a hard look at the widespread problem of insufficiently trained, insufficiently supervised staff, provided in insufficient numbers in Kansas nursing homes.

I first started working in nursing home advocacy in the early 1980's as an RN discharge planner at Shawnee Mission Medical Center in Overland Park. That is when I first learned about the hazards of

poor nursing home care. It is inconceivable to me that the required number of direct care staff in nursing homes has not increased since that time---over thirty years ago. Yet today nursing home residents are sicker, require more care, and require much more sophisticated care than so long ago. Reformers and advocates in the 1970's and 1980's demanded a decent quality of life and a decent quality of care for adults dependent on others. And, yes, the care has certainly improved over time--but there are still far too many people who are being unnecessarily injured by substandard care in nursing homes.

There are time studies that others will testify about today about how many minutes or hours it takes to provide daily care. It turns out that research shows a simple truth: it takes a certain minimum number of nursing hours to keep residents as safe and as healthy as they can be. Just like builders know they cannot build a house without enough steel and stone, professional nurses know that they cannot safely care for residents without enough staff. It really is in many ways just a simple equation.

My own caseload as an attorney has contained the following cases:

- A man with unexplained injuries such as bruising and broken ribs, who could not help himself out of bed. He died within a few days of pneumonia.
- Or the case of a woman with a fractured pelvis and pelvic floor bruising: no one in her nursing home could explain how she got those injuries; She died within a month.
- Or the case of a lady who fell at her nursing home when she tried to go to the bathroom, and fractured her hip. After she returned to the nursing home, she developed a blood clot which despite many symptoms, no one figured out for several days. She died of a pulmonary embolism when the clot went from her leg to her lungs.
- Or the man who lost both of his legs to amputation from heel sores, because the nursing staff did not provide adequate daily foot care like his wife had, safely, for so many years.

All of these cases have at their root lack of enough professional and direct care staff. All of these injuries were preventable with enough staff.

As a nurse and as an attorney, I have watched this problem for so long that I have to ask, is it society's prejudices against the old and disabled adults that allows us to know our nursing homes are too often grossly under-staffed and still look the other way? How are we able to sleep at night when some residents lie awake in fear that no-one will answer their call light if they need to go to the bathroom? Or, that they will be dropped when untrained aides transfer them from bed to wheel chair? Or, even though they are dying of cancer, no one will bring them their pain medicine? How can we justify this lack of concern for those who can no longer help themselves? Isn't it really inhumane?

On behalf of the Kansas Association for Justice I respectfully request that you protect Kansas nursing home residents by supporting an increase in minimum staffing levels. And we ask that you hold another hearing in 2012 Interim Session to further examine the need for increased minimum staffing in Kansas nursing homes.