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Tony Morrow

Testimony before the House Aging and Older Adult Services Committee on Elder Abuse:

Good morning, my name is Tonya Morrow. I'm a CNA at a nursing home in northeast PA where I've worked for over 11 years. I work the day shift on a floor with long term residents, residents who will probably spend their final days in the facility.

I appreciate the opportunity to speak to the Committee about elder abuse. As a nursing home worker, I see every day the conditions faced by our elderly. And as an Executive Board member with my union – the Service Employees International Union Healthcare Pennsylvania – I regularly speak with caregivers from across the state and hear many stories that, I would argue, should be considered neglect and abuse.

I love my job because I love my residents. I enjoy getting to know them and becoming part of their lives. For many of my residents, I am the person who sees them the most.

But, nursing home work is not easy. Just last week the government announced that nursing homes have the highest incidence of workplace injury and illness. And the chronic understaffing that I and my fellow caregivers experience every day is a major factor contributing to a dangerous workplace and a dangerous place for seniors to live.

So before I talk about my own and some of my co-workers' experience with neglect and abuse, I'd like to provide some general context about nursing home care and staffing.

In 2012, my union conducted a phone survey of nursing home workers and we asked a number of questions, including questions about staffing. 54% said their facility is sometimes adequately staffed and 27% said their facility is never adequately staffed.

When there are not enough staff in a facility, residents wait longer in their urine or waste if they are incontinent, they may not receive a full shower or bath, they may

not have their teeth adequately brushed, and they are more prone to falls or accidents.

Low staffing can also lead to pressure sores, higher rates of infection and an overall lower quality of life for residents.

On my floor, I have 10 residents to take care of per shift. Based on my conversations with other caregivers, 10 residents during a day shift is pretty good. However, we used to have 8 until the facility decided to pull staff from the long term care floors and move them to rehab floors.

The change has been significant for residents. Call bells go unanswered for longer periods, residents are falling more, and there is an overall decline in quality of life. The residents and their family members see the change and they are upset.

As I was preparing for today, I looked up some of the definitions of elder abuse and neglect. One really stood out for me. Passive neglect is "the deprivation of goods or services, which are necessary to maintain physical or mental health, without a conscious attempt to inflict physical or emotional distress.

I would argue that what happens at my facility could at times be considered passive neglect.

As I mentioned, my facility has a good reputation and 10 residents for 1 aide is comparatively good – though I should note that a national advocate organization recommends 6 residents to 1 aide.

Unfortunately, larger ratios are more common. One of my fellow union members spoke recently at a meeting where he said at his facility, on a good day he has 12 residents to care for, but it's not uncommon for him to have 24 residents. When that happens, it's literally a mad dash to make sure residents are out of bed, cleaned up, and fed.

When a facility is so short staffed, it's hard to call what happens quality care. It means residents are spending more time in soiled briefs, they are lined up in a hall in their wheelchairs waiting to be moved to a dining area, there are increased falls, residents are developing pressure sores because from the wet briefs, their food is often cold by the time they eat, and it means they are not getting proper bathing.

In fact, nursing home workers have terms for what we do when we don't have time to properly bath residents – the most polite is a "wipe down," where we just wipe the vital areas instead of giving a full bath or shower. Sometimes that's all we can do. But if you've been in a soiled brief, you deserve more.

When a provider is staffing a facility so low, I would argue this goes beyond "passive neglect," and should be considered "active neglect," which is "the willful deprivation of goods or services which are necessary to maintain physical or mental health."

If a caregiver has 13, 15, 20, or 24 residents, management probably knows short cuts are happening.

They know it because when it comes time for the annual state inspection, there is always enough staff to provide high quality care. Whenever I talk to other nursing home workers, I ask them what it's like when the state is there and it's always the same – it's great, we have enough staff to do our jobs.

That tells me that providers also know what staffing should be like if they want to provide high quality care.

There is another side to elder abuse that I'd also like to address and that is how it affects caregivers.

Most providers have a zero tolerance for elder abuse. I support this, as does my union. Being a nursing home worker is so physically and emotionally demanding, you have to really love caring for seniors to stick with it. I have never met a caregiver who would ever intentionally harm a resident.

However, when there is such chronic low staffing, incidents occur. Falls are a very good example, as is incontinent residents not being changed every two hours. When these types of incidents occur, many providers are quick to label them abuse or neglect and suspend the caregiver pending investigation.

I'll give you an example from a fellow union member in another facility who was suspended just last week pending an investigation for abuse.

At this facility, aides are supposed to change residents every two hours. On her shift she had 26 residents with two aides. When you properly care for a resident, it can easily take you at least 30 minutes if you are bathing and helping to toilette them. In addition, if you have a resident that requires more than one aide, you are either leaving your assignment to help your co-worker or vice versa.

According to this staff person, they rarely had time to get to residents every two hours. The math just doesn't work.

This person's supervisor yelled at her for not doing her job because it took her three hours to change a resident and now she is under investigation for abuse.

Unfortunately, this is not uncommon. Facilities will blame caregivers when a resident is not changed on time, suffers a fall, or is not fed on time. Typically this is happens because a facility is under staffed and it's just not physically possible for caregivers to be in more than one place at a time.

Most of my fellow union members could tell you stories about getting the job back for a caregiver who was fired for abuse after we showed that the incident was the result of short staffing.

If we are really serious about cutting down on abuse and neglect in nursing homes, we have to address chronic low staffing.

Caregivers will tell you it's the biggest issue in the facilities where they work and we know that we are not providing the care these seniors deserve because we are under staffed.

I also know that many providers use the current staffing standard to justify their level of staffing.

As most of you probably know, the Pennsylvania regulation for nursing home staffing is 2.7 hours of direct resident care per day.

Last week I checked the Department of Health web site and of the 712 nursing homes listed in the state, not one was below the 2.7 standard. Not one.

Remember, 81% of nursing home workers said their facility was either sometimes or never adequately staffed. But they are all compliant with the 2.7 hours of direct care regulation.

What this says to me is the 2.7 measure is meaningless if not one nursing home in the state is in violation at the same time caregivers are saying there is chronic understaffing.

If we are really serious about tackling abuse and neglect in nursing homes, let's start there.

My union is supporting legislation that would set a minimum standard for nurse aide hours of care within the 2.7 regulation and require a minimum amount of a facility's Medicaid reimbursement be spent on direct resident care.

These will help. But we also know they don't go far enough.

There is a current regulation that says Pennsylvania's nursing homes need sufficient staff to meet the needs of residents.

Let's just start there. If we did, we could probably eliminate most neglect and abuse tomorrow.

Thank you.