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***TESTIMONY RE: RAISED BILL 388 AN ACT CONCERNING DIRECT CARE
PROVIDER STAFFING LEVELS IN NURSING HOMES.***

Select Committee on Aging Committee Hearing
February 25, 2008

Good morning Senator Doyle, Representative Serra and members of the Select
Committee on Aging

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Dr. Mary Jane Williams, past-president of the Connecticut Nurses' Association, current chairperson of its Government Relations Committee and professor and chair of nursing at the University of Hartford. I have practiced nursing for over 40 years and have been educating nurses in Connecticut in both the public and private sector for over 35 years. I am providing testimony in support of R.B. No.388 An Act Concerning Direct Care Provider Staffing Levels in Nursing Homes.

The present requirements for nursing home staffing were established several decades ago at a time when the acuity level and number of co-morbidities of residents was less and the care needs very different. Through additional home care programs and more care being delivered either in the home or assisted living facilities, the resident of long term care facilities is sicker and more dependent now. Connecticut's regulations in this area have not kept up and resident classification systems developed through the Centers for Medicare and Medicaid and others have offered methodologies to determine the number, experience and qualifications of nursing personnel needed to meet the resident's needs. Connecticut's regulations have determined staffing by a static number of licensed and

unlicensed nursing personnel.

Although we are supportive of this bill as it would raise the number of direct care providers, we have one other recommendation regarding nurse staffing in long term care facilities. The number of registered nurses (RNs) now required and potentially required through this bill are not adequate for the responsibilities that the RN carries. The RN is ultimately responsible for all care that is delivered – including the assessments, changes in care plans (including receiving any verbal order with changes), licensed practical nurses, certified nursing assistants and now feeding assistants. There are times now in a 120 bed facility that an RN supervisor with 4 licensed practical nurses covering 4 units of 30 residents has needed to cover a unit when an LPN scheduled to work has called out. This is not only unsafe for residents but also for the RN whose license could be at risk.

With a shortage of registered nurses that is one of the worst in the Nation, the registered nurse has many job opportunities and workplace and working conditions are part of how they make decisions where they will practice. The long term care can offer tremendous opportunities for registered nurses but their choices will be limited to other health care situations that offer better working conditions for better salaries and less risk for their license. Just adding additional unlicensed personnel to the staffing equation and even adding additional licensed practical nurses will not reduce the responsibilities of the registered nurse. We urge the committee to assure that nurse staffing is not just a greater number of less qualified individuals.

Thank you for considering our support of this bill and our concerns. We encourage the committee's support.