

Testimony for Hearing 3-13-2012  
Senate Public Health Committee  
By Barbara Braa, *Eudora*

Hello. My name is Barbara Braa and I am here to speak as a family caregiver and due to my long affiliation as a member and a volunteer board member of Kansas Advocates for Better Care.

My mother, Doreen, spent a long-long time in care - - almost ten years - - first in assisted living, then in a specialty wound care hospital and finally the last years of her life, she was in a nursing home requiring that everything be done for her. She had a disease known as LewyBody whose symptoms mimic Parkinson's. For much of the last 5 years, she could not tell you much about what she was experiencing. If she was cold, she didn't press her bell. She couldn't do that. The caregiver had to notice her shivering. If she was hungry, she wasn't able to ask for a snack. If you brought her a food tray but failed to help her eat, she went hungry. If she was thirsty, she couldn't pick up the large glass of water, even if the aide had left her one. If her food was not pureed or was too thick or dry to swallow, she couldn't tell the aide who was trying to feed her she couldn't swallow the improperly prepared food. New aides would think "She just isn't hungry." Mom couldn't tell you she was cold, or hungry or thirsty or in pain. To care for her properly, you have to know her condition, her norm and respond to her needs. You get my point, I think. She needed to have absolutely EVERYTHING done for her and this is not unusual in full nursing care.

If you cared for a child in your home and only allocated two hours a day to care for that child, what do you think would happen? How long would it be before someone would knock on your door and take that child away from you? Caring for a dependent adult who needs to be dressed, bathed, fed and toileted is more than a two hour a day job. Caring for dependent adults is even more difficult than caring for a child. The sheer difference in size alone makes tasks more difficult and many tasks require two people to be done safely.

I'd like to share with you a few examples of the types of things that happened to my mother when there weren't enough staff hours to provide adequate or appropriate care:

- Mom is left in the same dirty gown for three days running. Her hair is dirty because staff can only find time to wash it every other bath time, perhaps once a week. When I ask about the dirty gown, hair, and lack of a bath I am informed that "Oh, no, that can't be. It says right here in the log she had a bath and hair wash just yesterday." Why would they choose to put her same dirty gown back on her after that nice bath?
- Each day at the end of my work day I visited Mom to feed her dinner. Often, on bath day I would find her shivering with cold caused by a wet bandage on the wound on her toe, under a clean now wet sock. This happened multiple times because the Certified Nursing Assistant (CNA) was not allowed to remove the bandage and the RN just hadn't had time in the last 6-8 hours since the bath to come change the dressing. Remember, Mom can't tell anyone her foot and leg are freezing cold and that the RN forgot. Remember it doesn't matter that I, the caregiver daughter, told the staff time and time again to at least remove the wet bandage and leave it undressed rather than wet.
- Or, how about the time when a Certified Medication Aides (CMAs) trainee is sent into a room unsupervised to dispense meds. The trainee enters my mother's room and gives her

meds to her roommate not realizing two 80 year old women can look the same to an untrained aide. I stop the trainee before she gives my mother the heart medication intended for Mom's roommate.

- Like many residents, Mom needs to be repositioned every two hours and should be kept on her side to avoid pressure sores. I come in after work to find Mom was left on her side too near the edge of the bed and is falling out, only stopped by her neck being pressed up against the bedrail. I try to pull her to safety but need help due to Mom's panicked distress. I pull the call cord and holler for help to hear an aide say something like "I'll be in a bit." Then I have to really, really yell to get assistance NOW. When we get Mom safely repositioned, it is obvious she was left that way too long by the marks on her neck and arms. Her room is right next to the nurse's station but remember she cannot call for help.

This is only a smattering of the types of care issues you'll likely encounter when there is not adequate staff to properly care for our dependent adults. Caring for a dependent loved one, whether 8 months or 80 years old is a full-time job! Realistically we cannot give each resident the 24/7 attention that we would love to shower upon them. But let us at least give them a shot at the basic care they deserve by doubling, yes, doubling the number of hours we would consider as a modicum of care. It won't solve all the problems but it is a move in the right direction to help alleviate some of the most neglectful practices.

In my volunteer duties for KABC, I have spoken to about 250 nursing home staff members in Kansas. I'd like to share the results of a little exercise I do before starting my presentations. This is how this scenario plays out. First, I ask the staff to stand and then ask them three questions: Question #1) Do you believe there is NO neglect, abuse or exploitation in your community? If you can answer yes, please sit down. Everyone remains standing. Question #2) Do you believe there is NO neglect or abuse in Kansas nursing homes? If you can answer yes, please sit down. No one sits down. Question #3) Do you believe you would like to see care in Kansas nursing homes much improved by the time YOU need care? Before I can even say "please sit down" everyone has already done so and that is when I begin my presentation on how they can help improve care.

**I would kindly ask that you please support the efforts to increase the minimum hours mandated for care of our dependent loved ones. And, that you hold another hearing in the interim to further consider the needs of our dependent adults for increased nursing staffing care.**

Thank you for your time.