

7 of 18 DOCUMENTS

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HEADLINE: SMALL, OVERWORKED STAFFS ARE TRIGGER FOR PATIENT NEGLECT

BODY:

* Many nursing homes don't have enough people to provide basic care. The job often falls to low-paid, low-skilled workers. When quality employees do come along, they often burn out.

Identifying the cause of thousands of preventable deaths each year in America's nursing homes is not difficult, but fixing the problem is far more complex.

There simply are not enough nurses and aides to do the job.

This year, the U.S. Department of Health and Human Services reported to Congress that more than nine out of 10 nursing homes lack enough employees to provide adequate care and that most would have to increase staff by at least 50 percent to do the job properly.

Nursing home operators agree that staffing is a problem and point to a nationwide worker shortage that plagues the entire health care industry, including hospitals. Many people are unwilling to accept poverty-level wages for work that many consider unpleasant and demeaning. Because the industry says it lacks enough government money to provide proper care, managers frequently are required to employ skeleton staffing.

The life-sustaining care these nurses and aides provide is uncomplicated. It comes down to ensuring that residents get adequate food and fluids, are kept clean and dry, and have their wounds treated.

When caregivers fail at these basic tasks, the cost can be measured in human lives.

Lives like that of Martha Alice Anderson.

"Turn every hour," read the sign over her bed in a nursing home in St. Clair County. A staff member taped the sign to the wall to appease Anderson's daughter, Alisa Riley.

"I would sit all afternoon in her room reading my book and no one would come in," Riley recalled. "I would just turn her myself."

Riley feared that unless her mother was turned frequently, she would die from the massive bedsores tunneling through her body. And finally, she did, succumbing to sepsis, a blood poisoning related to the wounds.

A panel of academic researchers supported by the government recommended in 2000 that nursing home residents get 4.5 hours of direct nursing care daily. Last year, the Centers for Medicare & Medicaid Services, the division of the

SMALL, OVERWORKED STAFFS ARE TRIGGER FOR PATIENT NEGLECT St. Louis Post-Dispatch (Missouri)
October 14, 2002 Monday Five Star Lift Edition

Department of Health and Human Services that provides two-thirds of the money to nursing homes, reported that facilities with staffing below 4.1 hours per resident per day may provide a level of care that results in harm and jeopardy to the residents.

But nationally, the average home provides about 3.5 hours, according to a study last year by Charlene Harrington, a professor of sociology and nursing at the University of California at San Francisco and a nationally recognized expert in evaluating nursing home care. Missouri equals the national average, while in Illinois the figure is about 3.1 hours, tied for second lowest in the nation.

Those staffing hours may be overreported. Nursing homes report their own staffing levels for a two-week period prior to annual inspections, when staffing is often increased to improve the home's showing with regulators.

Homes are not required to certify the accuracy of the data reported, and the federal government also generally does not review the data for errors or misrepresentations.

"It's pitiful. It's criminal. It's a tragic commentary on our society that people are dying in our nursing homes because they need help and aren't getting it," said Catherine Hawes, professor and director of Texas A&M University's Southwest Rural Health Research Center and a national authority in evaluating nursing home quality. "These preventable causes of death have been known for years, and in moments of despair those of us in the field ask why nothing has been done."

Not all staffing problems result directly from worker shortages. For many for-profit homes, the issue comes down to the bottom line. For-profit homes, on average, have almost 32 percent fewer nurses and 12 percent fewer aides than nonprofit homes, according to a study published last year in the American Journal of Public Health.

"When for-profit chains understaff their facilities and underpay their workers, the chain makes money but the quality suffers," said Dr. Steffie Woolhandler, associate professor of medicine at Harvard Medical Center and co-author of the study.

The American Health Care Association, which represents about 12,000 nursing homes, blamed a lack of money from Medicaid and Medicare programs for staffing problems.

"Medicaid is underfunded by \$3.5 billion annually, or approximately \$10 per patient per day," Dr. Charles H. Roadman II, the association's president and chief executive officer, said in a prepared statement. "That's why we are operating so close to the margins."

Roadman noted a study this year by the Health and Human Services Department that says at least \$7.6 billion would be needed to alleviate the staffing problem.

"Their findings speak for themselves," Roadman said. "There is chronic underfunding of Medicare and Medicaid."

"Government must now step forward and invest the proper level of resources, not only to ensure we provide quality care today, but also to ensure quality care is provided to the imminent wave of baby boomers just now entering the system."

The trade group has called on Congress and the administration of President George W. Bush to join in "a national crusade" to recruit, train and retain thousands of nurse's assistants. The organization recommends training grants and liberalization of immigration laws to attract workers from outside the country.

Workers tell the story

The Post-Dispatch conducted interviews with and reviewed testimony of scores of nurses, aides and administrators across the nation who told of nursing home residents going hungry or thirsty or being left to lie in their soiled beds for

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October 14, 2002 Monday Five Star Lift Edition

hours on end without being turned.

They talked of medical records being falsified to overstate the amount of food and fluid residents consumed or the medication they were given.

They told of trays of food being placed on tables across a room from bedridden patients who were then given no help to reach, let alone eat, the meal. In some cases, food was improperly prepared for residents with chewing or swallowing problems, making it impossible for them to eat. Aides often had to rush to get residents through meals, blending food with liquids into an unpalatable and almost inedible slush. Other times, aides spooned food so quickly that residents choked.

Others told of residents forced to survive on liquid supplements because staff members lacked time to feed them. Caregivers routinely told of having to tend for dozens of patients, making it impossible to change soiled linens and feed, bathe, groom, turn and exercise residents. Instead, workers found themselves in a triage mode, able only to address the most pressing needs. They admitted cutting corners to make the workload manageable.

Registered nurse Louise Sloan of Jackson, Mo., told of tears streaming down her face as she and a nurse's aide tried to get 40 residents up from their afternoon naps, change their wet beds or diapers, help them go to the bathroom, get them to the dining room, feed them, get them back to their rooms, change them into pajamas, and then do it all again before the shift change.

"This isn't labor like picking tomatoes, or packing boxes," Sloan said. "I have to believe the vegetables in our country are treated more gently than our elders."

Certified nurse's aide Natasha Tucker Marshall struggled through many overnight shifts in St. Louis-area nursing homes when co-workers failed to show. At times, her patient load would double to more than three dozen people, and Tucker often worked herself sick trying to keep up.

Others with whom she worked didn't bother, she said.

"I see a lot of neglect," Tucker Marshall said. "It frustrates the hell out of me."

Instead of making four rounds during the night, she said, some aides might make only one near the end of their shift, leaving residents to lie for hours in wet and soiled clothes and bedding.

"I've seen it done too many times in every facility I've worked in," Tucker Marshall said.

Most duties fall to low-paid aides

About 1.3 million are employed in the nation's nursing homes to provide round-the-clock, personalized care. Many caregivers are conscientious, some almost saintlike, in their efforts to provide quality care to residents.

But often those efforts are too little to overcome the systemic failings of an industry that lacks enough skilled people to work as nurses and aides.

"Your nursing home is no better than your worst aide on their worst day," said Darrell Hendrickson, deputy director of Missouri's Division of Health Standards and Licensure.

Daily, aides provide 80 percent to 90 percent of care while earning wages that put them near the poverty level. In Missouri, for example, the average hourly wage for an aide is \$7.90. Many aides get no health coverage.

Federal law requires that aides get 75 hours of training. Although some states demand more hours, the training, in some cases, is still inadequate. In some states, workers get little training for dealing with patients who may have

dementia or serious illnesses.

The work is dirty, smelly and often unpleasant. The simplest tasks are often a challenge.

Earlier this year, aide Barbara Minner sat in the center of a doughnut-shaped, Formica-topped table at U-City Forest Manor in University City trying to feed lunch to eight residents unable to feed themselves. She slid her stool from side to side in an assembly-line fashion offering spoonfuls of beans or sips from straws to residents, some still in bed clothes.

Conversation was absent. One elderly woman sang a religious hymn between bites.

Minner spoke soothingly as she encouraged the residents to eat, almost as a mother might to a young child. Some cleaned their plates while others took only a few nibbles. One resident sat slumped in her wheelchair while another kept her face buried in the crook of her arm during the entire half-hour meal.

Low morale, high turnover

"As you have it now, we're stuck with an unhappy, demoralized work force and not enough of them. Realistically, it's a hopeless proposition to improve the quality of care," said Harrington, the professor at the University of California at San Francisco.

Over time, the stress of the demanding job can wear out even the best employees.

Although turnover rates vary by region, the American Health Care Association, the industry trade group, said a survey of its members indicated that annual turnover is 49 percent to 143 percent for nurse's aides and 28 percent to 59 percent for registered nurses.

The job also takes a physical toll, with aides and orderlies racking up injuries at rates higher than those of coal miners or steel mill workers, according to the Occupational Safety and Health Administration.

"This is incredibly hard work," said Deborah Mitchell of the National Citizens' Coalition for Nursing Home Reform. "When you have 40 residents to take care of, it's virtually impossible (for a single person) to care for them appropriately."

Hamstrung by short staffing, many workers are forced to take on unreasonable, if not impossible, patient loads that in the worst cases lead to a downward spiral of care that results in injury and death.

"You're trying to pick whether feeding them is more important than turning them," said Patty Ludwikowski, an aide at a home in Taylor, Pa. "It comes down to making a decision of do they starve or get a (bedsore). That's not what most of us came into this profession for."

The nationwide shortage of health care workers shows no sign of abating. Government studies show that demand for nurse's aides is expected to grow sharply with the aging of the baby boomers, but the number of people who have traditionally filled these jobs will change very little.

A study by the American Health Care Association reports that almost 107,000 additional health care professionals, such as nurses, are needed right now to help care for the nation's frail, elderly and disabled.

Often, understaffed homes rely on agencies to provide temporary workers who are there one day and may be gone the next.

Hendrickson, the Missouri official charged with overseeing nursing homes, said the shortage of workers intensified in recent years as the state's burgeoning casino industry offered better-paying entry-level jobs.

SMALL, OVERWORKED STAFFS ARE TRIGGER FOR PATIENT NEGLECT St. Louis Post-Dispatch (Missouri)
October 14, 2002 Monday Five Star Lift Edition

In a civil suit in St. Charles County, a former nursing home administrator estimated hiring 500 to 600 people each year to fill the home's 140 jobs.

A climate of fear

Last fall, six women, all nurses or aides, gathered in a hotel lobby in St. Peters and told about co-workers who neglected or abused residents, stole from their accounts or got drunk or high on the job.

They talked of the climate of fear that permeates a home where poor care is tolerated. Some said they were afraid to complain to management because they feared being labeled a troublemaker or losing their jobs.

"They don't care about the patients. All they're worried about is that the money keeps coming in," said Grace Huber, a nurse's aide.

Some homes resort to hiring workers before conducting pre-employment criminal background checks required by many states.

In August, police arrested 11 employees at Royal Heights Nursing and Rehabilitation Center in Belleville after checks turned up previous arrests including drug possession.

In a civil suit against the former Claywest nursing home, lawyers discovered that the home sent a bus each day from St. Charles to a downtown St. Louis homeless shelter, where it picked up people to work in the nursing home.

Attorney Tim Becker of the Dollar Law Firm in Kansas City said some of the workers wore court-ordered electronic monitoring bracelets, were drunk and got into fistfights in the hallways at the home. A nurse's aide at the home testified that workers were hired "straight off the street" who "had never done the job . . . didn't know the job . . . were put on halls by themselves, left to train each other."

A new operator bought Claywest and renamed the facility. Several wrongful death and personal injury suits against the former owners have been settled. The new owners have declined to discuss problems under the previous operators.

Often, homes cited by the state can correct a deficiency simply by firing the responsible employee. But substandard employees who get fired often have no trouble finding a new job.

Sharo Shirshakan, who operates about 40 homes in Illinois and Missouri, said many owners are reluctant to pursue state disciplinary action against employees, citing the time and effort needed to prove such cases.

"They're just like a bunch of flies," Shirshakan said. "When you try to eliminate them, they fly away and become someone else's problem. You can't get rid of them."

Lexus or Yugo

Despite the overwhelming evidence that more employees would reduce the likelihood of malnutrition, dehydration, skin breakdowns and death, government has been slow to take action.

Federal or state citations for inadequate staffing are rare.

Only a handful of states have been aggressive in requiring that nursing homes hire more staff members. That's primarily because the Medicaid program, which covers 46 percent of nursing home costs, is paid for with a combination of state and federal money, and adding staff members would cost states tax dollars they don't currently have.

Illinois has not changed its staffing requirement since 1992. Missouri ended its minimum staffing requirement in 1998.

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October 14, 2002 Monday Five Star Lift Edition

"We want a Lexus product and we're paying Yugo prices," said David Kieffer of the Service Employees International Union, the nation's largest nursing home union. "We have to remind ourselves that as a society we make this choice to do it on the cheap."

In May, U.S. House members introduced the Nursing Home Staffing Improvement Act, which would require that a resident get a minimum of 4.1 hours of nursing care each day. More than 100,000 people signed petitions backing the measure.

Staffing may get worse unless more money is made available. In August, about two dozen residents of Beauvais Manor on the Park nursing home in St. Louis crowded their wheelchairs and walkers into a sun-dappled meeting room to listen to politicians rail against any further cuts in government spending on nursing homes. Some clung to signs that read "Protect Seniors." Others dozed.

"We receive good care here," one elderly man commented. "But I hate to think what it would be like if they cut any more."

Some experts believe that Congress and legislatures should mandate staffing ratios, because the industry isn't going to do so voluntarily.

Harrington, the California professor, said: "They're large corporations and they have every reason to try to keep their costs down, so unless we mandate these levels and pay for it in the Medicaid program, it's just not going to happen, and we'll have another 25 years of horrible care."

NOTES:

Reporter Phillip O'Connor:: E-mail: poconnor@post-dispatch.com; Phone: 314-340-8321; Reporter Andrew Schneider:: E-mail: aschneider@post-dispatch.com; Phone: 314-340-8101; Photographer Robert Cohen:: E-mail: rcohen@post-dispatch.com

GRAPHIC: PHOTO, GRAPHIC; (1) Color PHOTO by ROBERT COHEN / POST-DISPATCH - Barbara Minner, a nurse's aide at U-City Forest Manor, works the "feeding table" at lunchtime, making her way around on a rolling stool. "The kind of work we do, we need to make more money," said Minner, who makes \$8 an hour. This is her fourth time working at the home, formerly University Forest Nursing Care Center, since 1997. "We are the most important people, when we have our health and strength, to take care of the residents," Minner said.; (2) Photo by Robert Cohen / Post-Dispatch - Mae Simpkins tends to the feet of her mother, Mattie Thomas, in June during her daily visit to U-City Forest Manor Nursing Home. "I think she has a good quality of life, but is she happy? No. What she wants is life the way it was," Simpkins says. "As most families do, we ask the staff to feed them, wash them and do no harm."; (3) Photo headshot - (Catherine) Hawes - Authority in evaluating nursing home quality; (Charlene) Harrington - An expert in evaluating care in nursing homes GRAPHIC (GRAPHICS); Post-Dispatch Graphic / Chart - Average number of nursing care hours;

STATE DAILY NURSE HOURS PER RESIDENT;Alabama 3.9;Alaska 4.8;Arizona 3.4;Arkansas 3.5;California 3.6;Colorado 3.6;Connecticut 3.5;Delaware 3.8;Florida 3.6;Georgia 3.3;Hawaii 4.0;Idaho 4.4;Illinois 3.1;Indiana 3.4;Iowa 3.0;Kansas 3.4;Kentucky 4.0;Louisiana 3.5;Maine 4.0;Maryland 3.6;Massachusetts 3.6;Michigan 3.6;Minnesota 3.2;Mississippi 3.9;Missouri 3.5;Montana 3.8;Nebraska 3.4;Nevada 3.7;New Hampshire 3.6;New Jersey 3.5;New Mexico 3.5;New York 3.3;North Carolina 3.6; North Dakota 3.9; Ohio 3.8;Oklahoma 3.4;Oregon 3.5;Pennsylvania 3.9; Rhode Island 3.3; South Carolina 4.1; South Dakota 3.1; Tennessee 3.4;Texas 3.5;Utah 3.8;Vermont 3.7;Virginia 3.4;Washington 3.8;West Virginia 3.8;

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October 14, 2002 Monday Five Star Lift Edition

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