

Testimony of the National Association of
State Long Term Care Ombudsman Programs (NASOP)

Mr. Chairman, members of the Committee, I am Mark Miller, State Long-Term Care Ombudsman for the Commonwealth of Virginia. It is a privilege to speak with you today on behalf of the National Association of State Long Term Care Ombudsman Programs (NASOP), concerning HCFA's nursing home initiatives. We applaud this Committee's interest in benchmarking states' progress in implementing these initiatives to improve care, including the national campaigns to reduce the incidences of malnutrition, dehydration, pressure sores and resident abuse.

NASOP supports the federal HCFA, initiatives to improve quality of care --- and while we recognize that progress is being made, much more needs to be done. At this point, I think it is fair to say that the implementation and measurable impact of these initiatives is uneven, both within and across states, and is yet to be fully recognized.

Surveys continue to be too predictable, and quality of care problems remain uncorrected for prolonged periods of time. State survey agencies with limited resources, and those with unionized surveyors, are experiencing difficulties fully implementing all the HCFA requirements to stagger surveys, conduct timely revisits, and investigate serious complaints within a reasonable timeframe, Enhanced monitoring of chronically noncompliant facilities is taking place, but is also diverting time from other survey agency responsibilities.

The Abuse Awareness Campaign has experienced a slow start. Ombudsman Programs in each of HCFA's ten regions volunteered to assist with the pilot campaign, but because of poor quality printing, education posters were recalled.

Not all states are imposing Civil Monetary Penalties (CMPs) for "each instance" of serious or chronic violations, though they are permitted to do so. In addition, some states may not be aggressively trying to collect imposed CMPS.

Abuse and Neglect is still a significant problem. The additional survey task of examining a facility's abuse intervention system is being implemented, but the incidence of serious abuse and neglect complaints persists. Last year in Virginia, ombudsman complaints concerning resident abuse, neglect and exploitation increased by 127%.

Guidance on key quality of life and quality of care indicators has not reached all concerned parties. The indicators and protocols for nutrition, hydration and pressure sores, have been developed, but apparently not all State Ombudsmen have been invited to, or made aware of available training on these protocols.

While we anticipate complete implementation of each of the initiatives, State Ombudsmen believe there are additional areas that need to be addressed.

Inadequate staffing continues to be the single biggest barrier to providing residents with a higher quality of care. Ombudsmen across the country frequently hear about a single certified nursing assistant (CNA) having to care for 20, 30 or even 40 residents on a shift. This **contributes to a higher risk of resident abuse and neglect, including malnutrition, dehydration, and pressure ulcers.** Quality care indicators, enhanced oversight by state survey agencies, and educational campaigns are all critical components to the quality care equation. But all these initiatives will fail to produce the desired result, if nursing homes do not have adequate numbers of well-trained staff.. Inadequate staff = inadequate

care. Therefore, NASOP strongly recommends federal requirements for minimum staffing.

In addition, NASOP would like to see clearer guidelines for pre-survey coordination and exchange of information between state survey agencies and ombudsman Programs, including more advance notice to Ombudsman of scheduled surveys, prior to the day of the survey. This would allow local ombudsmen a better opportunity to participate in the survey process, and to assist residents who may wish to speak with surveyors.

We appreciate this opportunity today and hope we can continue an open and ongoing dialogue with this Committee, and the Health Care Financing Administration.

[This statement is given on behalf of the National Association of State Long Term Care Ombudsman Programs (NASOP), but is not a position paper adopted by the association.]