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Independent Regulatory Review Commission

CNA Workload: A Neglected Factor in Long-Term-Care Staffing Discussions

This comment addresses the proposed regulations for Long-Term Care nursing facilities. Specifically, it addresses staffing from the viewpoint of a Certified Nursing Assistant. If the pandemic has served any purpose, it's highlighted the disastrous consequences of substandard staffing levels. Often in workshops and zoom meetings I listen to respected leaders from the LTC world discount the importance of increased staffing, soft-pedaling the urgency of this crisis. To me this seems incomprehensible. I can only guess that they may not know the situation in a concrete way. I write as a former CNA to illuminate what a CNA's work-shift time constraints are and strengthen the argument for increased staffing.

Aides work an 8-hour shift which includes, in my home state of Pennsylvania, a mandatory one-half hour meal break. (In some facilities employees are also permitted a second 15-minute break.) The first and last ten or so minutes of a shift are spent getting and giving shift updates to the previous or next shift of aides. Thus each aide has about 7.25 hours left for care tasks. Assume that an aide may need a bathroom break or two during a shift and maybe a few moments for a calming 'time-out,' for a helpful conversation with another aide or a supervisor, for an urgent phone call from home. Factor in time spent walking from one room to another, one task to another, one resident to another. An aide might have seven hours, 420 minutes, to dedicate directly to resident care.

An aide will ordinarily be responsible for the care of six to ten residents on a shift which has plus or minus 420 minutes of available work time. (Would you believe the number of residents might be higher?) If we do the math, we see that aides may have 42 to 70 minutes for each resident on each shift. Over two shifts, this is a total of 85 to 140 minutes to help an elderly, frail resident with toileting, washing (on certain days showering), grooming, dressing and undressing, moving to the dining room, eating, returning to the day room, using the toilet during the day. If a resident has even a moderate degree of cognitive impairment, this has an added impact on the time an aide will need for each step of care-giving.* We expect —and CMS requires— that aides do all these tasks in a person-centered way.

These tasks mentioned are just the essential ADLs. We also expect aides to engage with residents to give them 'moments of joy,' in the words of one dementia-care author. Other tasks aides are responsible for during a shift:

- for safety purposes, keeping alert to where each resident is;
- distributing drinks to ensure hydration;
- serving snacks;
- checking toileting needs and assisting residents with this as needed;
- repositioning immobile residents every two hours;
- helping with transfers of wheelchair-bound residents (from bed to wheelchair, wheelchair to lounge chair, lounge chair to wheelchair, wheelchair to toilet and back several times in a day, wheelchair to bed);
- helping with transfers of residents who though ambulatory are unsteady or weak;
- helping other aides with two-person-assist transfers;
- responding to resident questions throughout the shift ("When can I eat?" "When will my son be here?" "I'm cold, where is my jacket?" "What time is it?" "Don't I have a doctor's appointment today?" "Where is my mother?");

- accompanying residents to other areas of the building as needed for medical care, hairdressing appointments, other events;
- engaging with residents through conversation;
- in between ADLs, assisting the Activities Staff with projects;
- throughout the day there are spills to clean up, phones to answer, paperwork to be done, visitors' questions to be answered;
- in some communities aides are also responsible for making beds, doing laundry and putting it away. refilling supplies of towels and toiletries.

How much time, pray tell, is left for hand-washing and infection control?

If an aide comes to work with a bad back, or sore knees, or is pregnant, these things will mean she has a lower energy level or slower response time. When an aide is tired from working a second job, or a double shift, this will slow him down. If an aide should call out at the last minute and the shift is short-staffed, this further impacts care. All these factors take a toll on resident care and on aides' job satisfaction and physical and emotional well-being. Even if seventy minutes of care per resident per shift were sufficient—and really, it's not—at the current staffing levels in most LTC homes, residents don't get even this. I challenge administrators to refute this with data.

Is it really acceptable to pare staff levels so thin that we impair not only the quality of care but the safety of residents and aides alike? Is it acceptable that the owners of long-term care homes sustain their organizations by controlling their costs with sub-par staffing levels (and, *ahem*, substandard wages)?

Owners of LTC homes will say, "We don't need more staff, we need better training; our CNAs need to work smarter." Yes, we do need to look at aides' training, especially related to dementia care. (Aides are often well-trained; they jut don't have the time to put that training into practice.) But tell me how all this will change the fact that over two work shifts a resident may, on a good day under ideal conditions, receive two hours of personal-care or skilled-care assistance. (A resident who may be paying $4,000 to $12,000 or more a month for care.) Owners will also claim there is no money for more staff. Before we accept this claim we should demand disclosure of the income, assets and expenses of LTC homes. Financial transparency is a part of culture change whose time, alas, has not yet come.

Costs notwithstanding, can those setting care standards justify the substandard staffing they've tolerated, thanks to lobbying efforts of the long-term care industry? Would we entrust our dog to a kennel that gives our pet only seventy minutes of attention a day? Long-term-care homes care for the people we love. Tell me please, how can we who care about residents continue to close our eyes to staffing imperatives? How can we sit still and stay quiet about this appalling reality one minute longer?

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*Cognitive acuity of long-term-care home residents must play a much greater role in determining resident needs and staffing levels.