

Illinois Family Council Conference Call Minutes

January 18, 2007, 7:00-8:00 PM CST

Topic: How Family Councils Can Resolve Staffing Issues

Speaker: Robyn Grant, United Senior Action of Indiana

Moderated by: Alicia Loucks, Illinois Citizens for Better Care

With support From: The National Citizens Coalition for Nursing Home Reform

Robyn Grant Commentary:

Illinois State Staffing Regulations

- In Robyn's opinion, Illinois staffing regulations are among the most complicated state regulations. The full text can be found at www.ilga.gov/commission/jcar/admincode/077/07700300sections.html (start at section 300.1230)
- Note that regulations cover ALL licensed care including that provided by registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs)
- Each level of patient care has a corresponding requirement for nursing care. For example:
 - A resident requiring skilled nursing care should receive 2.5 hrs. per day of care by an RN, LPN or CNA
 - A resident requiring general intermediate nursing care should receive 1.7 hours per day of care by an RN, LPN or CNA
 - A resident requiring light intermediate nursing care should receive 1.0 hour per day of care by an RN, LPN or CNA
- 20% of the total licensed nursing time provided to a resident must be provided by an LPN or RN
- Facilities must schedule nursing time to meet the following requirements:
 - 40% of minimum time must be on day shift (usually 7 a.m.-3 p.m.)
 - 25% of minimum time must be on evening shift (usually 3-11)
 - 15% of minimum time must be on night shift (usually 11-7)
 - Alicia noted that 20% of nursing time can be distributed as the facility sees fit
 - Families may negotiate with a facility to have some influence over how the facility schedules the remaining 20% of nursing time
- Illinois minimums are appallingly low. The National Citizens' Coalition for Nursing Home Reform's recommended staffing standard says that residents should receive at least 4.13 hours of nursing time per day. According to Robyn, a federal government study has validated this minimum standard.
 - Lower levels of nursing care put residents at risk
 - Even when a facility is in perfect compliance with Illinois regulations, their staffing levels are dangerously low
 - Families can advocate for change in the state regulations

Federal Staffing Regulations

- Federal laws that apply to all Medicaid and Medicare certified homes are much less specific about staffing.
 - Federal law says that facilities must provide sufficient staff to “meet the needs of the resident”
- Nurse staffing information: Robyn discussed this federal requirement. After the call, she did additional research on this regulation and wants to share the following information with you:
 - On a daily basis and for each shift, the facility has to post information about the number of nursing staff (nurses and nursing assistants) and the actual hours worked by both licensed (nurses) and unlicensed (aides) staff. This information must be posted at the beginning of each shift. The facility must include the number of residents in the facility. The staffing information must be made available to the public upon request. Note: the staffing data is not verified or audited by Public Health.
- Using NCCNHR’s suggested staffing level and the 40/25/15 ratio discussed above there would be:
 - 1 caregiver per 5 residents on day shift
 - 1 caregiver per 10 residents on evening shift
 - 1 caregiver per 15 residents on night shift.
- To meet this standard, caregivers would have to be devoted solely to resident care
- The keys to quality care are: staff members + training + supervision

Family Council Comments & Discussion

- Family member 1:
 - Confirms that staffing problems are related to both ratio and training
- Family member 2:
 - Is concerned by the staffing situation
 - Suspects short-staffing
 - Thinks that staff is underpaid, and the staff is frustrated by the work that they have to do for the amount that they are getting paid
- Robyn:
 - One aide to 24 residents is a huge issue – when you can’t provide care to the people you are assigned to, nobody feels good and residents suffer
- Family member 3:
 - Wants to work with the nursing home
 - Trying to get the owner of the home to a meeting, so that they can address some of the staffing issues
- Family member 4:
 - Last month was her first meeting at the FC
 - One of the issues they are working on is laundry – people’s own clothes are not properly returned to them, being told that the laundry room doesn’t separate the clothing. Have asked the supervisor of the laundry room to come and address the Council about this issue.
 - Positive thing: Have been allowed to put up a family council bulletin board,

- inform visitors of what they've been doing, announce activities
 - o Want to encourage more activity with some of the Alzheimer's residents
- Family member 5:
 - o Shortage of staff is a problem on the weekends at the home where her mom is
 - o Wants the administrator to impose more stringent penalties for staff that call in sick on the weekend
- Family member 6:
 - o Believes there are not enough staff members to do the job. Often when he goes there, they are short of staff.
 - o Some good things happening: is clean
- Family member 7:
 - o Family council has been in existence since October
 - o Group has brought up a number of issues including staffing
 - o If people had a better understanding of what staff is available to care for patients, they would have a better understanding of the standards for care that they should have – increase transparency
 - o Increased staffing costs more money – where will this money come from?
- Robyn:
 - o Posting requirement says number of present nursing staff must be posted in a prominent place
 - o The Family council can work to get it put in a place that makes sense (such as the front desk); could also advocate for the posting to be broken down by unit to increase transparency
 - o With regard to money, culture change is important, as it may be a way to reduce staff turnover, which saves money. Another piece of culture change is consistent assignment, and this is more satisfying to staff, and also reduces turnover. These things increase resident and staff satisfaction, and that is good for business.
- Family member 7:
 - o We need to work on a more global level
- Robyn:
 - o You can work globally while also focusing on specific and immediate problems. For instance, there are day to day issues which you might be struggling with (call lights not answered, residents soiled). To work to address these issues, try picking a shift where there are staffing problems and focus on the things that can be done to improve the care on that shift. Pushing culture change is important while you also try to improve the care incrementally.
- Family member 7:
 - o Are there models or outlines out there available regarding culture change?
- Robyn:
 - o Anyone interested should go to the NCCNHR website, where there is a section on culture change.
http://www.nccnhr.org/public/245_1265_12658.cfm

Brainstorming – what can family councils do?

- Family member 8:
 - Talk directly with the manager about issues. Invite department heads to your meetings so that they can explain what they do, and you can know who they are
 - Concerned that administrators respond with “band-aid” solutions when family members want long-term responses
- Robyn:
 - Continuing to advocate will pressure administration to seek long-term solutions
- Family member 9:
 - Family council has worked with administration to implement consistent staff assignments and schedules
 - Have invited the owner and assistant administrator to next meeting to work on further staffing issues
 - Keys to success: openly and consistently communicate with staff and administration, and build a relationship with them
 - Don't present selves as adversaries, present selves as partners
 - Always try to promote good news stories
 - Is in touch with administrator a couple of times a week, and also sits down and addresses whether complaints have been addressed
 - Home has grievance/commendation forms at every nursing station. They get turned in to receptionist to go to admin, get turned in to FC
- Robyn:
 - Partnership is key “how can we make this the best facility possible”
- Family member 10:
 - Be persistent and visible (as a family council)
 - Let the staff know the council exists and who is on it so that staff can be more receptive to family council members and will know when family council members are in the building.
 - Be educated about the home, residents' rights, etc.
 - Suggestions for making the FC visible:
 - Make sure the staff is aware of the FC
 - Let them know when the meetings are
 - Be in the building often
- Family member 11:
 - Family Council organized a meeting with the DON – this seems to have made a difference in staffing issues
- Robyn:
 - The DON is responsible for nursing schedules
- Family member 12:
 - Establish a partnership relationship
 - Developed a list of 5 positive things they enjoy and appreciate and acknowledge about the administration, followed by 5 areas they

