

10/25/16 Gov Commission on Healthcare Workforce shortages:

My name is Kathryn Kindopp, and I am first and foremost an elder advocate and have been so since 1989. I am a licensed physical therapist as well as a licensed Nursing Home Administrator. I am here representing the County Nursing Homes; 3 of which also have assisted living facilities, and among other statewide groups, I am part of the Monadnock Region Healthcare Workforce Group.

I am an immigrant. I was recruited to the USA due to the shortage of Physical Therapists in the 90's. I accepted my position in November of '94, moved to New Hampshire in March of '95, and despite every effort to get licensed as soon as possible, I was not fully licensed as a PT until May of '95. It would have been an additional 3 months later had I not driven up to Concord to ensure all necessary documents arrived as needed for the quarterly meeting of the board of allied health professionals. I share my story, because it is still an ongoing issue, even for Americans, and these delays affect the care of our residents.

I can tell you 2 stories that play out in each long term care facility in my geographic region. First, we tell an LNA graduate that we are interested in hiring them, however due to delays between passing the exam and being fully licensed, we lose this potential person to a non-health care service industry because they can't wait for a paycheck. They additionally realize the pay is similar to an LNA, but has so much less responsibility, so they chose to stay in the job they took while awaiting final licensure. Next, we get creative and in an attempt to avoid losing them, we hire the graduate LNA into a temporary non-existing position just to be sure not to lose the candidate. Our teams then work through the numerous licensing challenges, enduring a wait of weeks to upwards of 3 months for everything to finalize. While this is happening, we all have residents in our buildings that need 24/7 caregiving.

Admittedly, none of us usually put "living in a nursing home" on our bucket lists. Sadly, long term care facilities are sometimes portrayed negatively. However, please note that our state consistently is in the top 3 of our country for nursing home performance based on Federal performance standards. While no nursing home or assisted living is perfect, neither are all entities that provide care in homes, and neither are all families providing care to their own loved ones. I think hearing negative stories about any caregiving setting should not have anyone jump to generalizing that all such homes are therefore bad.

To illustrate the numbers of residents in nursing homes in our state, I have statistics from 2013: There were 83 nursing homes with 7665 licensed beds. 11 of those are County Homes representing 24% of all beds. Relative to Medicaid, County Homes represent 32% of the 4380 Medicaid beds.

I understand this Commission is not focused on payment issues, however I suggest a barrier to ensuring we consistently have qualified staff includes our low rates of Medicaid reimbursement that are roughly ½ of the cost of providing care. When I lose a veteran qualified LNA who was simply looking to pay her bills by finding an additional part time job, but instead finds a full time job that pays enough that she can leave her LNA job to an office job with similar hours, and receive better pay than her LNA pay, then this is a sign of a broken system with misplaced values. The payment structure of our system under rewards good people who care for our vulnerable population.

I am from the Monadnock region, and all area long term care homes, Home Health care and hospice as well as our two hospitals have been collaborating on the very issue of our workforce shortages for many months now and we have grown to include the nurse colleges and LNA training entities, and even the chamber of commerce. You have seen representatives from our Monadnock Regional Healthcare Workforce group at each of your meetings. Excluding one hospital and the home health agency, 9 of our facilities had 138 vacancies of just the nurses, LNA's and therapists in the second quarter of 2016. Our group met with the BON to discuss the licensing delays as well as the issues associated with the loss of the LPN programs. There is no simple solution for either problem identified. As an example, even programs that had offered the LPN level in the past would be quite challenged in restoring such programs despite providing RN programs, and there is little incentive for them to do so.

The home that Commission member Brenda Howard and I are from, has experienced vacancies of up to 25% of our nurses, as well as our nurse management team, and up to 25% vacancies of our LNA positions. At times we are able to augment our staff with nurses from agencies or hire traveling nurses. At the worst of times, we find our geographic region doesn't even have enough LNA's in the area who work with temporary agencies, and we have had to rely on our own staff to work overtime. When we've had less than desirable numbers of LNA's on a given shift, we've resorted to teaming up an LNA with a non-licensed staff person to work alongside our LNA's doing any tasks that are not license required. As an example of the dedication of our staff, we had an LNA work 2 shifts each day for 7 days in a row. Thank goodness for that level of staff commitment, however, we can't keep burning out our caregivers. If we don't take care of our caregivers, who will be left to take care of our vulnerable elders?

At this point, I have closed many of my beds due to the numerous vacant positions. This in turn puts pressure on our local hospitals. At times, our closest hospital has had to move patients to other hospitals further away due to their own combination of lack of staffing plus longer times waiting for a nursing home bed.

I am also a member of the State Long Term Care Ombudsman's Advisory Committee, and can share that there are increasing cases being opened for resident care concerns. Operating homes consistently with less than ideal staff numbers will increase the risk of elder care concerns. Many operators are limiting admissions, however, staffing losses at times outnumber resident deaths or discharges, and can take time to balance out.

We've learned that bordering states are simpler for licensing, thus we lose skilled workers to other states. These background checks are very important for due diligence, however, it's time for a recommendation on how to streamline this process or alter it in some fashion to avoid the licensing delay including the duplication of processes. Perhaps our state ought to consider temporary licensing including reciprocity as other states have implemented.

Other delays include a lengthy time to be accredited to host an LNA program and even longer if a long term care facility wants to additionally be the trainer. Hosting and running your own LNA class helps with the barrier of the tuition cost if you don't charge your students any tuition. This is expensive and removes a nurse from bedside care and places them in a training position, augmenting that shortage.

I know your Commission has already heard the results of our local nursing schools closing their LPN programs. The LPN programs were a pipeline to our long term care facilities, and LPN's are a perfect fit for long term care facilities that have nurses of all levels. While having higher prepared nurses stronger in assessment skills is very important for managing residents, day to day work including assisting residents with medication, dressing changes and so on are well suited for LPNs to manage.

Oftentimes, we employ single mothers in the positions of LNA's. There are numerous success stories about LNA's who could focus for one year to get their LPN. Years later, they can refocus and complete their RN program. Having the opportunity to do this in stages has brought many young women from a difficult time in their life to becoming a successful nurse.

Another issue has been the sad reality of reassigning highly qualified healthcare professionals to being in front of computers due to the administrative burdens our system continues to create. I have 2 RN's whose full time job it is to review care notes and translate and code this into a federally required document required for payment and oversight. Recently, I have had to take another LNA away from direct patient care and place them in my transportation department in part due to the additional administrative burdens Medicaid Managed Care has brought to us.

Reporting on behalf of the county homes, program initiatives to manage through our shortages have included: increasing Per Diem staff hourly rates, enhancing nursing tuition reimbursement, bringing LNA training programs in house, working through barriers of potential LNA's having to front the \$1500 tuition, removing barriers for their costs of the background/fingerprint checks and LNA license costs, improving Mentoring programs to effect retention, sign on bonuses, tuition assistance and tuition forgiveness opportunities, altering working shifts, working with local high schools' career centers to host their LNA training opportunities, as well as training non-licensed staff to be "paid feeding assistants".

A recommendation ought to be made to change the manner in which new legislation gets implemented. For example, there should not be duplicative tasks such as multiple criminal background checks for LNA's. Before laws are implemented relative to tasks for licensing healthcare providers, there ought to be a study on how the state will implement this to ensure it can handle the additional burden. An example of this can be found when one attempts to get themselves fingerprinted as is now required for many registrations. These laws and rules are well intentioned to protect consumers, however, when they create delays, the loss results in delays or limits care to the very population we aim to protect.

In summary I submit these questions; are there opportunities to explore more effective and efficient licensing processes including for out of country professionals? Can the whole approach to licensing be simpler and more supportive of our constituents trying to obtain their license? Can we streamline licensing and background checks? Can we promote that any new legislation must complete a study on its effects before becoming law to ensure a smooth transition and minimize or prevent the laws of unintended consequences including limiting administrative burdens placed on caregivers? Can we promote and support the LPN programs again? Can we encourage the state to consider Medicaid reimbursement levels?

I thank-you for your time and consideration.

