

I am Mary Gauthier from Groton CT .I am a Licensed Practical Nurse currently working in a large assisted living and memory care facility which also has a large independant community.

I hardly know where to begin to put into words, using the best choice of words, and relate accurately what is happening in facilities when families can not come in. I am going to try .

Families truly are the voices of the residents/patients we care for. This is most obvious to me personally because when family members are in the facility and they can see or hear things they see not right for their loved one , they make their complaints or questions or requests , known to the nurse or supervisor or administration who can then look into the situation. Since they are not in the facility there are not many issues to adress!

The staff can only pick up on things from a limited point of view. And also sadly, often the voices of staff members ,will not be heard as well as the voice of family, by the ears of administration. Administration rarely cares for our observations. Voices of nurses and aids s concerning the well being of patients should have a stronger weight. With no families making their cases , I believe the quality of care has suffered greatly.

The nurses and aids I work with do try to do the best they can. It is exhausting to work giving a shower while wearing a mask. Be in a warm shower fully dressed and a mask! It is suffocating. And yet they do it. They are exhausted and getting burned out.

There are not enough staff per patients and here is where the ability to give good care falls apart. 1 aide for 9-11 or more dementia patients is ridiculous. Imagine if you had to get 9-11 children up and cleaned and dressed and fed for breakfast and every meal and then to bed!!!

Now change that to impaired adults who need more time to take cues and understand what you are trying to tell them! And factor in also at least 2 with mobility issues and you need another person to help you . This also includes the toileting and incontinent care as well .Then the burn out sets in , after awhile the job becomes just that, a job .

It is what healthcare in general is turning into. Doctors only allowed to spend 15 min with an office visit does not leave time for compassionate listening. Healthcare can not be a " for profit" enterprise. No facility that offers care to people can be doing it for profit! Payscales for the higher up admin positions should be capped somewhere too .

Healthcare is becoming an oxymoron. There is no health, and little caring, but alot of money being moved around.

Back to staffing, a review of the State's minimal staffing ratios needs to be done and updated to reflect what staff is being required to handle on each shift! People with more complicated conditions has changed the norm in SNF facilities and the number of aids seems to be kept at what is the least amount required . Some facilities will say they are "Above state staffing standards" and this is still sad.

The required posting of the number of staff in the building will also include the administrative nurses who do no hands on care ,so it may seem like there are plenty of nurses but only one is actually managing the aids and giving meds and trying to do assessments on 30 patients and that is during the day . At night it may be one nurse caring for 60.

But if you read the official posting ,it always looks good.

When there are staff call outs and no one to cover ,the ratios get even worse. I can only guess that although these numbers are required to be posted , there is no one of any importance, for lack of a better word, actually looking at them . If there were that person would be shocked.

My current job we have staffing problems , at night we have 1 aide and 1 nurse with over 30 dementia patients and around 30 assisted living . Hope there isnt a fire! A few nights ago there was no aid , just the nurse. Then another night no nurse and just the aid! Glad I wasn't on.

Next is wages. Many CNAs and nurses work more than one job. ! Insurance is expensive and most single parents work in a few different places to make enough money to survive. One job is usually just the insurance and the second job is for the rent. Working in different facilities may be needed also as there are not enough full time positions available. So you have health care givers working in different facilities during a pandemic .hmmm ...cant imagine how this could be good!

So how are facilities dealing with this ? If you tell staff only work at one place , then you have just cut your usable staff and are now struggling to push your core staff as hard as you can to make up the difference? Parttime staff cant make enough money now for their needs.

Healthcare training needs to be updated to match the changing needs of SNF environment. SNF, assisted living, and memory care units should have requirements for better staffing and proper equipment , such as hoist lifts . Better wages for CNAs so they dont have to work in more than one facility. A new way must be found soon , I cant imagine that these places can even exist much longer. Taking in ALOT of money and delivering a poorer and poorer quality care. Just like the boxed cake mixes and containers of icecream, only now its you lying in a bed and need help to go to the bathroom , just like the other 29 people that your nurse and her 3 aids are " caring" for.

We would rather you stop with all this "hero" nonsense and figure out how to get us some help. We need more good , qualified , caring, staff.

Mary Gauthier

~ Sent from my iPhone ~