

Residential Ombudsman & Public Guardianship Advisory Board

ROPGAB Caregiver Workforce Initiative

Staffing problems at residential facilities negatively impact residents' lives. As the state Residential Ombudsman and Public Guardianship Advisory Board, **we see the direct effects of short staffing, frequent turnover, and poorly trained staff on residents' rights, safety, and health.** Residents may bring concerns about their care to their Ombudsman. While we know that the complaints submitted to LTCO or RFO are not a full account of problems Oregonian's face in the state's residential facilities, we believe collective LTCO and RFO complaints data, along with other corroborative information, present a picture of the dire need to improve residents' conditions and experience vis a vis improved staffing.

State and federal data collection and surveillance of LTC facilities are minimal or non-existent

- Skilled nursing facilities have federal data and quality guidelines but the federal system is understaffed and inconsistent in reporting and remediating NHs^a implicated in abuse and neglect^b
- For all other residential care facilities (ALF, Memory care, AFH, RCF) there are no federal data surveillance requirements and state data tracking requirements are minimal
- The Centers for Medicare and Medicaid Services does not regulate staffing levels or education in these non-NH facilities; nor do they mandate routine site visits and surveys

a. NH nursing home, ALF assisted living facility, AFH adult foster home, RCF residential care facility

b. *Alonso-Zaldivar, Ricardo. Washington Post, June 12, 2019*

Complaints to LTCO and RFO do not capture full extent of problems: residents and families are known to not report concerns due to fear of retaliation. Both programs are also unable to regularly visit all care settings.

Top 10 Complaints to LTCO always include short staffing

Additional Top 10 Complaints include those which may stem from staffing shortage, turnover, and inadequate education:

- Medication administration or organization problems
- Inadequate or poor follow through of resident assessment and care plan
- Disrespectful staff attitudes
- Failure to respond to request for assistance
- Resident conflicts

Case Examples:

- Executive Director told by corporate leadership **to limit staff in memory care to 1 caregiver at night for 36 residents with dementia** (ED quit in protest)
- Caregivers with high school diploma **promoted to med techs after 20-hr online training and 'shadowing'**
- Corporate leadership **denied Nursing Director request to staff up to meet requirements of a Medicaid contract allowing facility to care for higher acuity residents** (ND quit in protest)
- Residents with dementia left **unattended, unsocialized in their room due to inadequate staff** to get them up to dining hall, or to fulfill the personalized care plan for residents' social and activity needs
- **Inadequate or undertrained care staff** to implement an Individual Support Plan for residents with Intellectual/Developmental Disability
- **Residents waiting hours for assistance** (left sitting on toilet for over an hour; or lying in soiled briefs despite attempts to call for help)

Residential Ombudsman & Public Guardianship Advisory Board

ROPGAB Caregiver Workforce Initiative

What ROPGAB sees as primary issues challenging the caregiver workforce in the long term care field:

- Acuity: ALF, MC, RCF, AFH care for residents with a level of medical or mental health acuity which once was considered nursing home or inpatient eligible
- Despite overseeing high acuity residents, administrators of non-NH facilities have significantly less education and certification requirements (high school diploma and 40-hours course) than NH administrators (college degree and 6mo certification program)
- Oregon law vague with a lot of room for interpretation: “Facilities must have qualified awake direct care staff, sufficient to meet the 24-hour scheduled and unscheduled needs of each resident.”
- No standardization for Caregiver education
- Lack of career advancement opportunities
- Weak caregiver staffing ratios
- Caregiver turnover and burnout
- Low wages and lack of benefits and protections

ALF: assisted living facility, **MC:** memory care, **RCF:** residential care facility, **AFH:** adult foster home, **NH:** nursing home

ROPGAB FOCUS OF ADVOCACY: Caregiving is a profession which warrants respect—from the social perspective of respecting caregivers as professionals and providing pathways for career development and advancement, and from the financial perspective of compensating caregivers appropriately for challenging, creative, humanistic work.

Staff education/training is important. However, mandating education, without attention to quality and practical applicability of learned subject matter to caregivers’ professional duties; and without more systemic change to facility standards does little to advance caregivers; or improve residents’ lived experiences.

After all, **it doesn’t matter how well-trained a caregiver is if they work in an environment of chronic understaffing, turnover, or low pay which undervalues the work performed.**



Our overarching goal is to improve residents’ lives—to respect individuals’ independence and rights, enhance safety, and promote health and quality of life. To this end, ROPGAB seeks a complete re-envisioning of the caregiver profession and in the context of long term care.

We wish to work with organizational and governmental partners who have shared concerns and goals. We advocate for the following changes.

- Changing Oregon law to include explicit staffing requirements based on medical complexity and functional status
- Improving and creating explicit state-wide certification standards for caregivers, med techs, and facility directors
- Guaranteeing a living wage with occupational protections and benefits for facility caregivers