

Greetings to all:

I have been involved with dementia care for many years as an advocate for both my mother and now my husband. My husband's care is now going into its third year and, as a daily visitor, I have had more than sufficient time and close proximity to come to a number of conclusions. But first, I will say that in no way will my quest for reform within the corporate industry, which now appears to control quality and care at end of life profit me in any way.

I am listed as introducer and working with Representative Nancy Nathanson on HB 3345 which is currently in committee.

There are some real questions to be asked regarding how change provoking SB 714 will be and, how it will affect those whose finances may be further stretched.

One of my deep concerns is the staffing ratios for Alzheimer patients. For example, ten patients to one resident (9 ½ residents to one care giver) during the most active time of day for dementia victims is not workable and leads me to respectfully wonder if the drafters of this bill have ever been in attendance at those times. This is when 'Sun-downing', agitation and other mental problems most occur and staff is further stretched. Not to mention dressing and dental assistance at the same time. I am certain that one person with nine charges cannot adequately perform these tasks, no matter how well trained.

Addressing SECTION 2 lines 33-35

A more efficient and beneficial ration should be, including weekends:

4-6 residents from 7:00 a.m. to 3:00 p.m.

(Morning routine assistance with bathing and breakfast, lunch and social involvement and meal service and cleanup)

4-6 residents from 3:01 p.m. to 9:00 p.m.

(Dinner assistance with evening bedtime routine, sun downing problems and meal service and cleanup)

10-12 residents from 9:01 p.m. to 6:59 a.m.

(basically emergency care and care of wanderers)

My last major concern is the lack of definition regarding what constitutes a trained staff member. Is it a high school diploma, a certified CNA or just whoever applies? In house training by other undefined trainers could leave residents at risk.

I have watched in dismay as caring and hardworking staffs have struggled, especially on weekends to try to provide care without adequate staff numbers. Patients have a right to feel they are seen as individuals. Those working in this difficult environment are insufficiently recognized.

We are working toward the same end. Our concerns include care giver salaries, unreasonable working hours, unreasonable raises in yearly costs to families and, above all, that any added costs to corporations not be passed on to the consumer. Examples being increased charges for toileting, bathing and anything else which could be labeled extra services.

I know that together we can forge a better future for our elderly population and our families and friends when our time comes. For that I am grateful. In some small way I would like to be a part of your push for necessary reforms in elder care.

Respectfully,

D. Ann Musgrove