

March 5, 2025

Catherine Maynard

Subject: Opposition to Budget Article 8 (Section 4) and Article 10 (Section 2)

Good afternoon to all members representing the state of Rhode Island along with my fellow 1199 SEIU members. My name is Catherine Maynard, I am a registered nurse at Butler Hospital, and have also worked at Philip Hulitar inpatient hospice center. I am sending this testimony due to prior obligations inhibiting me from attending this lobby to discuss safe staffing for nursing homes. I write this in opposition to Budget Article 8 (Section 4) and Article 10 (Section 2).

I started my career in healthcare in 2014. I became a certified nursing assistant, or CNA. I was a bright eyed and bushy tailed 18 year old hopeful to make a difference. I worked at a small nursing home in Plainfield Connecticut where I worked for almost 5 years as I pursued my education to become a registered nurse. I will never forget my very first day on the job, my preceptor Kiki told me verbatim, “if you spend more than 10 minutes with each resident you are screwed for the rest of the day.” That means you have 10 minutes to complete all activities of daily living on one person then go to the next person, and the next person. Those words still ring in my head over 11 years later.

I really loved what I did at the nursing home. I formed a strong bond with the residents and worked alongside with people who quickly became my good friends. What I did not like about the job was the never ending list of tasks I had to complete by the time my shift ends. We were more accustomed to working short staff than we were working full staffed. In a 63 bed facility, my shift started with consistently working with 7 CNAs, then that number went down to 6 because administration felt that 7 staff was excessive. As staff retention was low and burnout was high, it was not uncommon working with 4 CNAs to complete the work for originally 7 people. On an average evening shift, I would be assigned anywhere between 13 to 17 residents. At 18, I didn't even know how to file my taxes but I was solely responsible for caring for that many geriatric residents. The lack of resources that we were given should be considered inhumane.

Fast forward to 2018, I graduated nursing school! I was so excited to start my first nursing job at Butler Hospital. I decided to take a position on Lippitt 1, which is the Senior Specialty Unit. I take care of fragile older adults primarily with Alzheimer's disease and various neurocognitive disorders. I do not have children, nor am I comparing my geriatric patients to a child, but the love I have for my patients is comparable to the love a mother has for their child. There is nothing I wouldn't do to protect them, even if who they need protecting from is themselves. It would make sense that a patient with end-stage dementia would have significant barriers to care for themselves at home, which leads to our next option: placement in long term care. An obstacle that we frequently encounter is that our patients often come from a nursing home that they were respectfully “kicked out of” due to their aggression towards staff or other residents in the facility. We spend week after week stabilizing the patients to decrease their aggression commonly used with antipsychotic medication and then placing them at a new facility. However, once they're at this

new facility, Medicare requires the providers to take them off antipsychotic medications thus causing the aggression to reoccur and the resident becomes the patient again. We do not encounter the “revolving door” phenomenon at the fault of the patient, but at the fault of the system. Nursing homes only allow three diagnoses to be prescribed antipsychotics: schizophrenia, Huntington’s disease, and Tourette’s syndrome. There is no one magic drug to cure dementia and take their aggression away as much as I dream for that day to come. Lippitt 1 is typically appropriately staffed and has proper training when caring for patients with dementia. My peers and I have a higher tolerance and allow certain behaviors because we have the manpower to do so. However, the facilities that the patients go to after being discharged not only have inadequate staffing, but also lack of dementia training. CNAs in nursing homes are not able to spend 20 minutes with a singular resident or have the ability to safely provide care to patients that require 2 or even 3 assists simply because they often do not have the staff to take three CNAs off the floor at once. Because of this, my patients spend much longer at the hospital waiting to be accepted from a facility. This issue exhausts medicare funds, state, and hospital resources. Along with Medicare allowing patients to stay on the medications that we stabilize them on, and giving the opportunity to have appropriate dementia training, providing adequate staffing to nursing homes would be the most imperative movement to significantly increase the chances to successfully place patients in nursing homes and decrease the chances of what is considered a failed discharge.

A phrase I frequently say to my patient’s family members and my peers is, “it’s not the person that’s doing it, it’s the dementia that’s causing it.” My patients are not bad people, they deserve so much more than what nursing home staff is able to provide for them. They deserve dignity, respect, individualized care, and fulfillment during their final years of life. The residents are simply older adults who are unable to care for themselves anymore. They lived full, beautiful lives, went to school, worked their jobs, raised their children, and grew old. A small number of people are privileged enough to hear their stories. They should not be rushed to brush their teeth or comb their hair because “Betty down the hall needs to get washed next.” Growing old should not be feared and “being put in a home” should not be used as a threat or punishment.

And now here I am, going into my seventh year of nursing, continuing to pursue a higher level of education by going to grad school. I continue to remain hopeful that little old me would make a difference in a broken healthcare system for the population I will remain dedicating my life to serving. Thank you for listening and I hope that my words change your perspective on the importance of safe and appropriate staffing in nursing homes.