

NURSING HOME QUALITY REVISITED: THE GOOD, THE BAD, AND  
THE UGLY

THURSDAY, JULY 17, 2003

U.S. SENATE, COMMITTEE ON FINANCE  
Washington, DC  
Room 215, Dirksen Senate Office Building

TESTIMONY OF SENATOR KIT BOND

Chairman Grassley, Ranking Member Baucus thank you for the invitation to be here today. I appreciate your tireless work and the leadership you have shown on behalf of our nation's seniors. I share your commitment to protect the health and safety of our nation's frail and elderly nursing-home residents.

Elderly nursing-home residents are dying in Missouri and across the country due to failures to provide the most basic and fundamental elements of care. The General Accounting Office (GAO) has amply documented years of death and neglect due to the poor quality of care in too many of our nation's nursing homes. In 1999, the GAO estimated that residents of one in four nursing homes in my state of Missouri suffered actual harm for the care they received. And that is simply unacceptable. It is worse than unacceptable. It is a crime. In many cases, literally and it must be stopped and corrected. We simply cannot accept in a modern and humane society such as ours that elderly and vulnerable residents of nursing homes suffer from harm instead of care. In large part, societies are judged by how well they care for those who cannot care for themselves—the young and the old. And right now we cannot avoid the rather harsh judgment imposed upon us by these cruel statistics. We can no longer look away from the statistics. We have to confront them and deal with them. But most importantly there is a moral imperative that drives us to look at the human beings behind those statistics—our mothers, fathers, grandmothers and grandfathers. We can no longer look away.

I have been monitoring reports of abuse and neglect in nursing homes since the summer of 1999, when reports from my constituents called into serious question the quality of care provided in Missouri nursing homes. Since then, I have met personally with families of victims in Missouri to hear first hand reports of abuse and neglect. I have talked with these families, I have heard their heart breaking stories and I have seen pictures of their loved ones that haunt me to this day. As long as I live I will never forget one woman who shared with me the heartbreaking story of finding her mother covered with ants. There can never be any excuse for this tragic lapse in care. And, I am so afraid that the many stories—horrific stories, some that I cannot repeat—are repeated a thousand fold across this nation.

More recently in St. Louis we experienced a terrible collapse in care. We suffered the heat related deaths of 4 elderly women in Leland Health Care Center in University City, Missouri within a 48 hour period in April of 2001. The air conditioning was not

working at the time and these four elderly women literally baked to death on the third floor of a three story brick building as temperatures inside climbed to 95 degrees and higher. The searing tragedy of this case is that it was so simply avoidable and that many good people tried to raise the red flag on the conditions there, but were ignored by a system that long ago broke down.

According to a report of the Leland incidents released by the Missouri Division of Aging, this facility had failed to maintain a safe and comfortable temperature inside the building for four days straight despite repeated complaints from the paramedics, the fire department, and other emergency workers as well as family members of patients regarding the climbing temperature in the nursing home. The warning signs were there. People tried to intervene but no action was taken and four innocent people died as a result.

The record is undeniable. This facility placed patients under their care in immediate jeopardy and presented an imminent danger to the health, safety, and welfare of all their residents. Four people are dead. A clear case of negligence and no one was held accountable. The fines were reduced to \$43,000—that is little more than \$10,000 for each death. It is as if we, as a society, have forgotten that the elderly are still people—deserving the full range of legal and medical protection that we are all guaranteed. Something is very wrong with a system that allows four elderly women to die in the State of Missouri and holds no one accountable. It is simply appalling that this matter has been dismissed with only \$43,000 in fines. As the Leland tragedy has shown, seniors are not just suffering, they are dying from neglect.

But sadly, this is not a problem unique to Missouri; abuse, neglect and homicide in nursing homes is truly a national problem. How many other Lelands are out there? How many other elderly patients right now –this summer—are baking in nursing homes somewhere else in this country? It is time to admit that the perils of abuse and neglect in nursing homes have been apparent for too long, with too little action and with tragic consequences.

As Chairman of the Subcommittee on Veterans Affairs, Housing and Urban Development and Independent Agencies I also had an interest in veterans being placed in community nursing homes (CNHs). On December 31, 2002, the VA Office of Inspector General (OIG) provided to me a report that contains troubling information for veterans placed into private nursing homes when for one reason or another they cannot be placed in a VA facility. The VA OIG found that veterans in CNHs are vulnerable to incurring abuse, neglect, and financial exploitation. 63% of CNH review teams interviewed by the OIG knew of veterans who reported abuse or neglect while residing in CNHs. The OIG found incidents of abuse, neglect or financial exploitation of veterans and non veterans in the 25 CNHs visited. 27% of the veterans sampled were placed in Centers for Medicare and Medicaid Services (CMS) watch-list homes (nursing homes cited for placing residents in harms way or in immediate jeopardy). Accordingly, I request that the OIG report be placed into the record.

Neglecting an elderly, frail individual is no different than neglecting a child. Both are defenseless and lack a strong voice. Both are vulnerable and both suffer at the hands of those who are nothing more than cowards and criminals. Abuse of the elderly should be treated no differently than abuse of children.

That is why I am an original cosponsor of the Elder Justice Act, legislation introduced by Senator Breaux and supported by many members of this Committee. This bill is the first comprehensive federal effort to address the issue of elder abuse. This bill combines law enforcement and public health to study, detect, treat, prosecute and prevent elder abuse, neglect and exploitation. It is a successful approach that has been applied to combat child abuse and violence against women. This bill creates federal leadership and resources to assist families, communities and states in the fight against elder abuse; coordinates federal, state and local elder abuse prevention efforts; establishes new programs to assist victims; provides grants for education and training of law enforcement and facilitates criminal background checks for elder-care employees.

The tragic toll of nursing home deaths in Missouri is so compelling that I have also sought new ways to approach this seemingly intractable problem. I have met with Secretary Thompson and discussed with him a new bedside technology that can easily and accurately record individual information about nursing-home residents and the care they receive. This new technology is designed to streamline record keeping and improve the quality of patient care. In addition to keeping staff updated on a patient's status, this technology will help prevent errors in administering medication and will provide real-time clinical warnings for caregivers.

The University of Missouri's award winning QIPMO (Quality Improvement Program from Missouri) program, which presently provides all nursing homes in Missouri with reports about the quality of care they deliver, stands ready to marry bedside technology with its voluntary, consultative services. I believe QIPMO, if enhanced with bedside real-time technology providing real-time patient data, has the potential to erect an early warning system with the capacity to alert care givers to life threatening problems before they become widespread or have tragic consequences. Secretary Thompson has been enthusiastic in his support for propelling nursing home facilities into the technology revolution and has provided \$800,000 this year to fund a demonstration and evaluation project in Missouri. The University of Missouri will conduct a two-year test in as many as six nursing homes in Missouri. Researchers will then compare results from the use of bedside technology to different systems used in other nursing homes to improve care. Evaluation will center on whether the use of bedside technology improves the collection of daily measures of patient care, whether it improves the outcomes of care, and whether pairing bedside technology with clinical on-site consultation enhances patient outcomes.

We urgently need a technological revolution in nursing-home care that can save lives and spare our seniors unnecessary suffering. I thank Secretary Thompson for working with me and for offering his enthusiastic support and commitment to make this project a reality for nursing-home patients in Missouri. I look forward to sharing with

you, Mr. Chairman, and this Committee the outcome of this very promising demonstration project.

Missouri's elderly nursing-home residents and their families have suffered and been victimized by problem nursing homes for far too long. Thank you for holding this important hearing and for all your work to ensure the highest quality of nursing-home care for our seniors. Unfortunately, I need to depart for another event but I would be happy to address questions in writing from any members of the Committee.

Thank you.