Opposition to House BIII 2049

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My name is Jennifer Terrien, and I am the Director of Clinical Education at the Kansas College of Nursing in Lenexa, Kansas. I obtained my Certified Nurse Aide certificate in 1991 here in Kansas and worked as a Certified Nurse Aide and Certified Medication Aide for ten years before attending nursing school. As an instructor of the CNA program and having worked in and mastered that role myself, I assert that reducing the CNA curriculum hours from ninety to seventy-five is both reckless and unconscionable. Should we not be more worried about our patient's quality of care?

One commonality I have noted as a CNA instructor is that when I receive students trained in the long-term care facilities to be "temporary aides," they have often been taught how to do things incorrectly. As an instructor, this takes considerable time to re-teach. Quite honestly, I often feel there is not enough time to adequately teach all the required components of the CNA curriculum in a ninety-hour course. There are twenty-five units in the curriculum guidelines that encompass roles and responsibilities, communication, infection control, mobility, personal living space, safety, personal care and grooming, nutrition and fluids, elimination, the care plan, observing, reporting, and documenting, physical changes with aging, sexuality in aging, comfort and rest, end of life care, restoring nutrition and elimination, maintaining and restoring mobility, dementia, and behaviors, additional resident care procedures, admission, transfer, and discharge, first aid, and working as a CNA (Kansas Department of Aging and Disability Services [KDADS], 2013). This does not consider the clinical hours we spend practicing these skills and the much-needed focus on promoting person-centered care in the long-term care industry. As CNA instructors, we set the bar for care standards. We lead by example, by experience, and by

expertise. I fear cutting the mandatory CNA curriculum hours will result in substandard care for Kansas long-term care facility residents.

My question is this. What exactly will be cut from the curriculum? I am reasonably sure that the rationale behind reducing curriculum hours is to encourage more students to enroll in the program and deliver CNAs to the workforce faster. But at what cost? In my opinion, ninety hours should be the minimum nationwide! Let's talk data. Maine, for instance, requires one hundred eighty hours for their CNA curriculum (State of Maine Department of Health and Human Services [DHHS], 2023). The average amount of deficiencies in a long-term-care facility in Maine is 6.3 per annual CMS survey (U.S. Centers for Medicare and Medicaid Services [CMS], 2023). Missouri requires seventy-five hours for its CNA curriculum (Missouri Department of Health and Senior Services [DHSS], 2023). The average amount of deficiencies in a long-term-care facility in Missouri is 10.6 per annual CMS survey (CMS, 2023). For the record, the average amount of deficiencies in a long-term-care facility in Kansas is 7.7 per annual CMS survey, and the nationwide average is 8.5 per annual CMS survey (CMS, 2023).

Now, while I realize that not all deficient practices stem from CNAs per se if you have never stepped foot inside a long-term-care facility, let me enlighten you. CNAs are the backbone of every facility. CNAs perform more hands-on care; they are the eyes and ears of the nurse, and they know our Kansas residents better than any other healthcare team member. According to a report by the Department of Health and Human Services (2002), nurse aide training has not kept up with the demands of the industry. Residents are more complex, with comorbidities requiring more skilled care (Department of Health and Human Services Office of Inspector General [DHHS OIG], 2002). President Biden also asserts that we must protect this Country's seniors at

all costs and ensure that facilities do not cause harm to our most precious resources, our elders (The White House, 2022).

Additionally, more CNA training is needed in cognitive impairments, catheter care, colostomy care, lifting, feeding, hydration, and caring for elders with infusions (DHHS OIG, 2002). Still, more training is needed in end-of-life care, interpersonal relationships, teamwork, time management, and technology (DHHS OIG, 2002). I realize this report is dated; however, so is the Kansas nurse aide curriculum, which was last updated in 2013 (KDADS, 2013). A lot has changed in the healthcare industry in the past ten years. Long-term care residents are younger, have more comorbidities, require more complex care, need more assistance with eating, mobility, and transfers, and with the rising numbers of dementia, require more anticipatory guidance from CNAs to stay safe.

I implore you to consider a reduction in CNA curriculum hours carefully. Consider your parents, your grandparents, your aunts, and your uncles. Knowing that CNAs provide most of the care in a long-term facility, would you not want your loved ones to receive the best care possible? Would you be content with your decision to move forth with such legislation that potentially puts Kansas elders at risk? Are you content with the prospect of Kansas meeting the minimum curriculum standards for CNA training? Kansas is better than that! Our elders deserve better than that! Our aspiring CNAs deserve better than that! You are uniquely positioned to make a decision that could impact many lives. Will you choose to improve Kansas CNA education to improve the quality of care and standards in Kansas, or will you be satisfied with the status quo in the interest of getting underqualified warm bodies to staff Kansas long-term care facilities? I implore you to make the right decision for our elders, for Kansas, and the future of healthcare.

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