

Daughterhood The Podcast Episode #35: Infections in Nursing Homes and Long-term Care Facilities with Dr Buffy Lloyd-Krejci

SUMMARY KEYWORDS

nursing homes, cms, staff, surveyors, people, citations, residents, care, support, qi, nhsn, funding, state, infections, hospital, cnas, podcast, ppe, loved ones, reporting

doctorbuffy.com

IPCWell.com/consumer

Locate your QIO Program <https://qioprogram.org/locate-your-qio>

National Healthcare Safety Network <https://www.cdc.gov/nhsn/index.html>

Ombudsman <https://www.ombudsassociation.org/what-is-an-ombuds->

60 Minutes report on Kirkland Nursing Home <https://www.cbsnews.com/news/covid-19-outbreak-nursing-facility-kirkland-washington-60-minutes-2020-11-01/>

Nursing Home Resident Advocacy Group

[https://theconsumervoicereport.org/issues/recipients/nursing-home-residents/getting-quality-care#:~:text=Citizen%20advocacy%20groups%20\(CAGs\)%20are,concerned%20about%20nursing%20home%20residents](https://theconsumervoicereport.org/issues/recipients/nursing-home-residents/getting-quality-care#:~:text=Citizen%20advocacy%20groups%20(CAGs)%20are,concerned%20about%20nursing%20home%20residents)

SPEAKERS

Rosanne, Dr Buffy

Dr Buffy 00:02

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Rosanne 00:43

Hello, and welcome to Daughterhood the Podcast. I am your host Rosanne Corcoran, Daughterhood Circle Leader and primary caregiver. Daughterhood is the creation of Anne Tumlinson who has worked on the front lines in the healthcare field for many years and has seen the multitude of challenges caregivers face. Our mission is to support and build confidence in women who are managing their parents care. Daughterhood is what happens when we put our lives on hold to take care of our parents. We recognize this care is too much for one person to handle alone. We want to help you see your efforts are not only good enough, they are actually heroic. Our podcast goal is to bring you some insight into navigating the healthcare system, provide resources for you as a caregiver as well as for you as a person and help you know that you don't have to endure this on your own. Join me in Daughterhood. Today, my guest is Dr. Buffy Lloyd-Krejci, one of the foremost authorities on infection prevention and control in nursing homes and long term care facilities. Her Phoenix based practice IPC Well is devoted to reducing infections, antibiotic resistance, readmissions, and death in health care settings across the country and around the world. She is a frequent contributor and interview source for national and trade press concerning infection prevention and control and mitigation. Dr. Buffy is also the author of Broken How the Global Pandemic Uncovered a Nursing Home System in Need of Repair and the Heroic Staff Fighting for Change. Dr. Buffy and I speak about the challenges staff face when dealing with infections, the Quality Improvement Organization referred to as QIO's, which is a group of health quality experts, clinicians and consumers organized to improve the quality of care delivered to people with Medicare, as well as her observations about infection control that began during the h one n one outbreak, the necessity and frustration of regulations, and how you can help your care partner while they are living in these communities. I hope you enjoy our conversation.

Dr Buffy 02:40

I was actually working in a hospital in the intensive care unit. As a hospital unit coordinator. I worked with doctors and nurses and what I saw in that taught me how infectious diseases viruses, bacteria take people down so fast and our biggest challenges. We can't see them. We can't see the viruses, we can't see the bacteria. I was so driven to advance my degrees and really start working in this area. And that's what I did from there. It was in 2015 that I started working for the QIO okay, I was working on the hospital, I was working with five states I would evaluate analyze their data working to try to reduce their healthcare associated infections. Now fortunately, we have the data or the hospitals to do this. Right. And in 2016, is when the CMS pilot study came out saying nursing homes are not enrolled. There was 300 nursing homes nationwide in 2016 that were enrolled into NHSN. It's the National Healthcare Safety Network. It's it's the gold standard for reporting health care associated infections in our country. Hospitals are required to certain outpatient like dialysis centers are required to nursing homes are not federally required. Some states are require their some of their H AIS to be reported. Well, I was invited to participate. I was super excited. Actually, I was working in the analytics department at the time and we're like we're going to do this pilot study we're going to afford the goal is 15% of nursing homes to enroll into the CDC start reporting C diff. It's clostridioides difficile infection or C Diff CDI. It's a nasty infection that causes major diarrhea, it really I mean, if anybody listening has had it, they'll they'll shake their head and they know it's just terrible some time and people die from it. And it's especially dangerous for our elderly or vulnerable communities and it's highly contagious. The spores can live on a surface for up to five months research is showing that it's now maybe can live indefinitely if it's not

appropriately cleaned. So basic practices such as cleaning with bleach and things like that, but that's when I learned that there's like one to 3 million infections occurring nursing homes every year leading to 380,000 deaths. This is what the the research says that's over 1000 people every day dying from infections. And I was like, Wait a second. And we're not what what's, you know? Like, why aren't we doing more about this, I was really shocked. And that's really where I dove in on the nursing home site. And I haven't stopped. I mean, my passion that started in 2016 is just as intense, if not more now that we've been going through this global pandemic, we can prevent these infections, we can prevent the harms. But we have to we have to have a process for doing that.

Rosanne 05:32

I want to go back to that for a second. Because it's so staggering when I read that, and this is this was in 2019. Right? So your data was, from what From what point to what point

Dr Buffy 05:41

The data actually was from a decade earlier. Oh, dear lord. Okay. So there's an it's estimates only Sure. Because we're not we don't have this robust data reporting for our long term care, right, we just don't. And so it's estimates based off of maybe small cohorts of nursing homes or hospital data that you know, that we can get, we can glean some information based on what's reported to the hospitals, but it's, it's estimates. And what I would say and what the what the industry really thinks is that it's grossly under reported. I have no doubt. Yeah. Well, if they don't, this data came out a decade earlier. So we've known about this for a long time, we really have, and, unfortunately, long term care. There's many reasons why our long term care industry is the second I just heard this week, it may now be the most heavily regulated in the country, it was second next to nuclear power. So when you have such a heavy burden of regulations, I mean, just massively regulated it. It's like just jumping through hoops all the time, right. So we can never say all nursing homes aren't working on this, or this or this, because they've got 500 Other things they're trying to function and with limited resources. So it's this challenge of it wasn't as big of a priority because we had other things that were a priority, which are a priority. But my advocacy is, let's especially since we've been in this pandemic, let's make it a higher priority, not only make it a higher priority, but provide the support and the collaboration and the assistance for this

Rosanne 07:34

So 10 years before COVID. We knew that the numbers were underestimated, and they were at 380,000 deaths each year, which is 1000,

Dr Buffy 07:45

About 1041 a day

Rosanne 07:47

And that's before COVID hit. So they already there, there was already definitely a problem. In the regulatory area. It's almost like you're buried in paperwork.

Dr Buffy 07:59

Yeah. 100%.

Rosanne 08:01

Can you talk about that a little bit?

Dr Buffy 08:02

Well, in my book, I think I have three chapters dedicated to and I'll just say, when I, when I started writing my book, My intention was not to write anything about the regulatory, like, I did not intend on that. I'm an infection prevention as an epidemiologist, that's what I was writing about. But you can't write about infection prevention without writing about the burdens that the nursing homes face that they so they're like kind of held in a straitjacket. And they can actually do what they need to do. So you can't talk about one without the other. No, and, and just even my own experience with it. But But what happens is, there may be a nursing home a bad actor or something terrible happens. And we know those stories, then what happens in a quick knee jerk reaction to that story. More regulations are added more, you must do this. And so almost like the entire industry, gets it and feels it from maybe this isolated situation. None of us ever want anything bad to happen in our nursing homes. And I know things have, and so I'm very sensitive to that as well. And I'm sensitive to the fact that we absolutely need regulations. But what's happened is the regulations on like, the surveyors also used to be more collaborative. You know, it wasn't just this check a box it and the punishment of it. So yeah, you had more surveyors could come in, they could maybe offer a little advice, it was more supportive, and it has swung so far to the opposite, where the surveyors are not allowed to offer advice. They're not allowed to collaborate there. They're there because we're told that Qi O's are there for collaboration and quality regulators are there to you know, point out what's wrong. And so they need that kind of that strong arm I guess, but what happens is it it's just what you said they get buried in paperwork and just buried in these processes to check a box. And so what happens is it takes just an incredible amount of staffing and resources As to keep up with with this, which we could then use to dedicate to our our residents to our staff, and it's just the burden of it is just, we need, we need to kind of overhaul the regulations. And we need to really scale it down and really look at what exactly are our regulations? And how can we actually create them in a way that they're actually going to be observed. And it's going to be a more appropriate versus where they're at right now, which is just, it's just nearly impossible. Really,

Rosanne 10:32

It sounds like somebody would come in, and instead of saying, you have a hole in your wall, let me help you fix it. It's just you've got a hole in your wall. See you later.

Dr Buffy 10:41

Well, it's not only that, that knowledge to help, you know, it's more like you have a hole in your wall, I'm going to find you by \$5,000. Minimum, or worse, I'm going to bury you in paperwork for the next two weeks. You know, it's like, it's not just until you can show you fix it. Now, again, we need the regulations, we need the process we have, because we want to know we want we need the complaint surveys, we need all these things to protect our residents, of course, because not everybody always acts with integrity. I'm not No, I'm not saying they do. And I've been in many facilities, that I wouldn't ever have a loved one. And so I'm not. I mean, I've seen it all. So I'm in support of it. What I would say is, we need, let's say we didn't do anything with the regulations, let's say we just left it the way it is fine. Let's add that amount of funding and support for the QIO's, right for support where we can like so what my company does, we do boots on the ground approach. We go into buildings, we work with the staff,

we work with the housekeepers, the CNAs, the nurses, the how, you know, the food service, we work with them, we coach them, we mentor them, and they're just like, Ah, why can't we have more of this, they feel celebrated, they feel supported, and we identify what gaps they have, and provide them solutions to mitigating those gaps. So I'm just saying we need more of that. How do we get more of that? Well, we get more of that through funding funding through the QA. So here's the neat thing. We already have this built in system, we already have the infrastructure of the QIO's, where to have this, it's all about budget, and there has to be accountability. Of course, we want to make sure that the funding is the projects are actually making an impact. But with the QIO is just like the work I did it was it's all very data driven. I mean, you are showing your data, right. So we have a built in we have a built in already process through CMS, they did they need more funding. And and also we need it to where I would like to see it. And I'm probably not the most popular for this. But I would like to see it where right now it's voluntary to work for the QIO's, they don't have to, I would like to see it. I don't know if I like to say have to but part of a challenge with the QIO's is all the amount of time it takes recruiting the nursing homes to work with them. And so that's a huge, huge resource and lift for the QIO's. So maybe having that requirement like you work with your QIO as part of as part of you know the requirement because that is the supportive arm of this of this work.

Rosanne 13:24

And are the QIO's in every state. Are they? How does that work? How do you get hooked up with a QIO?

Dr Buffy 13:31

Yeah, exactly. So there are I believe there's 12. Now there used to be 14, but there's 12, QIO's and so some QIO's will have multiple states. And like the one I work for is Superior Health, and it's Michigan, Minnesota, Wisconsin, so I do a lot of work with them, do a lot of site visits that are actually funded by CMS. So that's wonderful. And so you can look up even on the website under CMS QIO. You can put in your state, and it'll it'll show show you what QIO works for you. Now, the problem is if well, if they don't have funding to be helping you, then there may not be any support for you. So it's all based on what CMS says is a priority of what we're going to do because QIO's has don't just help nursing homes, they help acute care, they help outpatient they they do a lot of work of other provider types. So when you know when I was working with the QIO in 2016, and through to Well, I was 2015 through 2018. We had the funding for the nursing home. But then shortly after I left and when we went into the 12 scope of work, that funding got massively cut. I mean, there were major layoffs in the QIO world. We didn't continue with the NHSN work. So all that work was like why did we even started if we weren't going to continue and I was I was very disappointed because we had an opportunity to capture the state ADA. So so we need to advocate for more funding for our QIO, specifically in nursing homes, to do quality improvement projects to work on reducing infections. Now, the good thing is during the pandemic, the CMS required all nursing homes to enroll into NHSN. Horrible timing for full timing. Yeah, but it happened. And that was the way they were able to capture their COVID data COVID vaccination data. So that's been a positive in this. It's very difficult for the nursing homes to do this right now, because of the staffing shortage. And so this is definitely a burden, I would say it's very necessary to do to be able to capture this data. But what's the staffing shortages, right now, it's very, very challenging. But this is something if we had funding where we could continue, we could start reporting C diff, and multidrug

resistant organisms and UTIs. And we could really expand this program. So we understand the true nature of what our infections are, and we could really start working towards reducing them.

Rosanne 16:06

The budget was cut by 80%, is what you had listed in the book,

Dr Buffy 16:10

It was in 2019. For nursing homes, right.

Rosanne 16:13

Which is horrifying, because there's already not enough QIO's across the country.

Dr Buffy 16:18

Oh it was devastating. I mean, when we thought so I had already left the the QIO. At that time, I was I was frustrated with the limitations that CMS was putting on the QIO like, oh, well, you can help them remote, but you can't miss you don't We don't have funding for you necessarily to go on site, or, you know, what I get was so limiting, and I just the cry was so loud for more help. And also, I was pulled in other directions, like, you know, we'll put you working on the hospitals because the funding was so small, even when I was working with you, I Oh, and my heart was just absolutely captivated and just just captured to help these nursing homes. And so I knew this is what I wanted to do full time. So I started my own company to do it. But and so the the cuts actually happened in 2019. But, I mean, I have friends who lost their jobs I had that we're working with the nursing homes, it just was cut so dramatically that you know, the QIO is we're just like, what are we going to do, you know, the the funding was just not there. Now, through the pandemic, they've gotten funding to support the nursing homes. But you know, it's still very much remote, there's not a whole lot of on site support. CMS would like to see more on site support. But we need more funding for that, of course, because that is more resource intensive. I mean, when you're going traveling and going on site, but I'm telling you that those dollars, those are such well spent dollars. And I'll just tell you why I can do a zoom call a virtual visit with the nursing home, they can take me around, they can show me what's going on. I can go on site to the same facility. And it's like night and day. I mean, really, it's night and day. I mean, what I see on site because I you know, my eyes are trained to kind of pick out things that maybe they're not pointing their camera towards. Right. And it is amazing to me. So I feel personally like if somebody's in a pinch, and they need help virtually fine. But man, nothing beats the on site. Because I mean, that's really where relationships are built true help and support comes on the in those on site visits, for sure.

Rosanne 18:22

Well, and it's no wonder then that COVID ran through all of these communities. It's no wonder that between how it was already set up, and then not being able to get PPE to try to combat what was happening. It makes more sense now that that's why it was such a wildfire through there.

Dr Buffy 18:42

Well COVID Being airborne and spreading winds before somebody has symptoms which the flu does as well, which people don't realize, but COVID really spreads longer, then, you know, before somebody actually has symptoms. So the tricky thing is, as as you read my book, so nursing homes were not set

up to care for residents with an airborne virus, like tuberculosis, measles, they have a special room negative air pressure, we have special PPE and N95 respirators. We don't we don't that is not the level of care. So when COVID came in, and they were to the US and they're like it's airborne, I'm like, okay, nursing homes aren't going to be required because we don't, we don't have N95s. We don't have negative air pressure rooms, but then they downgraded to contact droplet. And then we were in many states forced to take the residence so because of the airborne component. That's why I mean, and the earlier strains of COVID were so so much I mean, just so much deadlier, right? And without any type of medications or vaccinations on board, I mean, the but but I've never seen anything so contagious ever, where when somebody finally turned positive, it was throughout the whole building. So that really, really is not how good or bad their infection control practices are. And in fact, the research came out really demonstrating to the extent that the virus in the community was the extent that it was going to be in your nursing home because of the staff coming in and out yet. So really, that was what was correlated. The research. What it did demonstrate, though, is the number of deaths, the better the infection control program, the fewer the deaths, right, and even the more staff we had, of course, the care for our residents. But what I will say is what was very harmful to us is no, we did not have PPE, we were the very kind of last on the totem pole to get PPE. I mean, I worked with nursing homes that were duct taping garbage bags together. We couldn't I mean, I describe in my book, just the efforts I went through to try to secure PPE and it was it was all it was so so difficult, and then not having the right masks, we didn't have the n95 respirators for our staff. So that contributed to the spread. So there was, you know, that was that was all part of it. It was just very sad. To me, it was probably one of the darkest times I've ever been in because I've been very active with public health. And it was the first time I'm reaching out to public health and nobody has answers. And I'm like, what, what do we do? Yeah, so it was a very frightening time. But to the credit of nursing homes, you know, nursing homes, where I always say we're scrappy. We know how to rally, we know how to pull things together. And we do and the biggest challenge that I encountered across the country during this pandemic wasn't so much dealing with COVID. We dealt with that we knew what to do at that point. But it was it was honestly the survey process that occurred during it. That was the most devastating that that our nursing home operators and staff had to had to go through. Was that survey process.

Rosanne 21:51

Why?

Dr Buffy 21:52

So I'll just give a little background is perfect question. Thank you. You're welcome. Because in March of 2020, all CMS surveys were halted hospitals. Every CMS certified health care facility has an annual survey, hospital, nursing home assisted living, they were all halted because of COVID. However, nursing homes, they actually there was funding \$80 million went towards funding additional surveys for infection control for nursing homes, not hospitals, not any other health care sector, just nursing homes. The first nursing home that had an outbreak was in Kirkland, Washington, horrible outbreak of COVID, the nursing home administrator called the CDC, half their staff was gone. This they call the CDC strike team to come and help them before the strike team came to help them the surveyors state surveyor showed up they administrator there's a 60 minutes 60 minute segment on this that people can listen to it's very gripping, as she begged the surveyors to leave, they were just trying to care for the residents. She even called the governor and just asked, please have them leave, they were denied. So now they

have to jump through all these hoops of getting all this paperwork together for the surveyors. I mean, it's a big process. Meanwhile, that time was taken away from caring for residents, they ended up being fined over \$600,000 and citations. They were hand they were issued in immediate jeopardy, which is the worst that you can get basically saying you're not providing care to your residents. And that really set the precedent for what our nursing homes would go through. So anytime they were in an outbreak, the CMS surveyors would show up state or federal, and they would conduct an assessment and infection control targeted survey, in the midst of the outbreak in the midst of the outbreak, when half their staff were gone because they were sick, or quit out of fear. No, or very low PPE, you're in a crisis. It's like being in the middle of a fire. And now we're gonna come and check your your, your fire alarms to see if they're working, right. And we're gonna have you pull out the manual, and the paperwork, and we're gonna have you show us all this while you're in the middle of fighting a fire, right? I mean, It's sickening. Now I understand the other side of it say, well, we want to make you know, we had no visitors at the time, things were close. So we need to make sure the care is good. We need to make sure that our loved ones are made take care of totally support that. But that is not what happened. That is not the attitude of many of the surveyors. I won't say all because I don't know. But uh, many of the people that I talked to, it became because \$80 million was funded for this, you better show that you're doing your job. And so it truly became this we're gonna find something wrong, and we're not leaving until we do. And I talk about Arizona actually got called on the carpet by CMS. They had to provide a plan of correction to CMS because As they weren't issuing enough citations compared to other states, and I give it to our bureau chief because she's like, we're not handing out citations unless they're actually deserve the citations, which is exactly how it should be attached. And I described very chilling descriptions of this in my book of even what I experienced myself, where I had to email the CDC team, because I know them well. And I had to send them emails, asking them for things that I knew didn't exist, that state surveyors were asking for, all in an effort just to kind of trip, trip them up in the middle of an outbreak. Like it's just sick. It's just sick. And I talked about I talked about a facility that had a bad outbreak, and their staff were depleted. And they were just begging for help. Before the state walked in, they had had three different agencies, do virtual visits with them and tell them you're doing everything you can, there's nothing else you can do. And then state walks in, the staff actually said, Oh, somebody's here to help us. No, nobody was there to help them. And they stayed for three days, literally just pointing out anything wrong, that they could find me and I'm talking nitpicky stuff, I'm talking to nurses holding a pen and didn't sanitize it, get a citation for it, I'm talking to a nurse maybe didn't tie the back of her gown and get citations for I mean, I know those things are important. But and this is all at a time to which I really want the public to understand this guidance was changing so fast. The directives from CDC, from the state from CMS from county literally changed sometimes daily. And so we were doing everything we could to keep up with that guidance, it no longer became guidance, it became law. And if you didn't follow it, based on what was written, which a recommendation you were cited, and it became, I couldn't keep up with it. And this is all I was doing every single day all day there. I mean, in the nursing homes, they were trying to care for our loved ones I talked about in my book in Texas, there was a nursing home that had part of their property had was in two counties. The two counties actually had different guidance, because they were trying to keep up with it was insane. Yeah, so I'm just saying, I'm just advocate, I'm just wanting the general public to understand what they were up against. And how I go in and I,

Dr Buffy 27:17

I cried with these nursing home administrators, I sat with them. And they tell me, you know, we have 3040 residents die. And these are their loved ones, and they care for them. And then you have a state surveyor come in and point a finger at them and say this was your fault. I mean, In what world is that? Okay? It's not. And we need to do better, because I'm telling you, what's happening now is our staff are leaving, our nurses are leaving, our CNAs are leaving, our administrators are leaving, our directors of nurses are leaving, our executives are leaving, because who wants to, they want to do the right thing. But the system is so broken that they don't have, they don't have what they need to take care for our loved ones in the right way. And if we don't rally and support this industry, instead of always blaming and I'm saying this to like, even as loved ones, we have such a bad idea of what nursing home care is that we go in, and we're looking for every single thing that could be wrong. What if we changed our attitude and say, How can I help you? How can I support you? What do you need today, but that's not how it is, it's really like almost we've almost like are on the hunt for looking for every little thing that's wrong, and you're gonna find it trust me. When you've got a CNA that has to care for 20 residents, because of our reimbursement models, sorry, you're going to that person can't provide the care they need to so there's so many layers that we need to fix. And I'm just saying let's, let's shift this paradigm to constantly punishing. And let's shift it to supporting and helping, like when are we going to do that? Or we're going to wake up and be like there's no there's no post acute care.

Rosanne 28:57

There's no one to care for any yes exactly.

Dr Buffy 28:59

And we absolutely need, like we talked earlier, people can keep their loved ones at home, but not everybody can. And we will always need post acute care. So we need to support and we also need to hold people accountable, that are the bad actors. I'm not denying that, yes, those people need to be held accountable. And we need to put we do need to put accountability measures in place that hold them accountable. Let's just stop thinking the entire industry is bad because not

Rosanne 29:26

You bring up a good point because there is this this shortage and you start to wonder Well, where is everybody what happened and if you continually have to bang your head on the wall when you go to work, you're going to look for a different job. If sure if you have to hit all of these marks but don't have the support to hit those marks and then you're going to be cited for it and let's be clear being cited is a monetary fine, correct.

Dr Buffy 29:50

It is monetary but it's it's also reputation. And so for somebody let's say you're a CNA, you're a certified nursing assistant. Well, that's not coming out of your paycheck but Do you know how that makes you feel? You look bad in the eyes of your leadership, you look bad in the eyes of your peers, you feel horrible. If you're the one that was responsible, one of your actions led to the facility getting in immediate jeopardy, you feel terrible, right? Like the staff have quit sure they have left when that's happened, because they just that is, I mean, you're they're doing the best you can. And maybe you forget to do something, or there's, you know what I'm saying?

Rosanne 30:28

I do. And it sounds like, it's like you're set up to fail.

Dr Buffy 30:31

You Are you very much are IT people. I mean, this is not true for everyone in some states are better than others. But it's so funny when I go on the rounds around the country, like, nobody's as bad as this, nobody's as bad as, as I'm like, everybody says that. As far as the surveyors, like, you know, the surveyors in this state are worse than anywhere. My everybody kind of says that. But, but truly, it's like, it's, it's not a system that I feel is helping. And I'll tell you another reason, because let's say even if you do something that is you're not supposed to, and you get a citation. And you have to go through a DPOC, which is directed plan of correction, you have to go through this process, well, you have a certain amount of time, 10 days to submit what you're doing and maybe set send in some audits, but you're basically just jumping through hoops to clear this site, this citation. It's doesn't promote ongoing work, it doesn't promote ongoing change. It's it's to fix it now, which anybody can do that. But then also, the flip side of that is, if you have a real lenient surveyor who doesn't maybe find things that you are clearly doing wrong, then you think everything you're doing is right, right. And you might not be I mean, the I used to hear that all the time before the pandemic, like, Oh, we don't need infection control help. We're good. Our survey was good. Well, not necessarily, right. So we really shouldn't base our care off of how good or bad a survey is. Right? It should be about best practices. And unfortunately, because of how punitive the regulatory system is, we do base our care off of what the state survey is.

Rosanne 32:12

Aye Aye Aye.

Dr Buffy 32:15

Welcome to my world.

Rosanne 32:16

Oh, my goodness. It's horrible. It's horrible. Because it's like, okay, well, all of that energy, and all that time and all of that money could be spent in training.

Dr Buffy 32:28

Yeah

Rosanne 32:29

In training for in training and best practices in training in infection control in training and how to clean or even in training of, you know, turning patients moving patients. Dementia Care

Dr Buffy 32:43

In bringing more staff in.

Rosanne 32:44

Bringing more staff in

Dr Buffy 32:45

Having more hands. Yeah,

Rosanne 32:47

All of that. Yeah. It can all be used for something because here's the reality, no one can take care of 20 people. No one person can take care of 20 people, it just

Dr Buffy 32:56

And you know what, that's not what our CNAs want. That's not what are nurses want, they don't they that goes against their own moral compass, because they know that's not the quality that they that they deserve. So then you have this whole other psychological really damage and trauma of the staff that are like, I know, they deserve better care, and I can't deliver it. Right. So there's, I mean, it goes deep. And I know the solution isn't going to be fixed overnight. But that's why I'm such really on such a mission, to have a voice to it. Because if we, if all we know is what we see on the media, then we don't know what we don't know. And as, as consumers of this health care, we deserve to know what the challenges are, instead of always pointing our fingers at these horrible nursing homes, because they're not, but we need to understand their their barriers to providing the quality of care. And then we need to rally and support them to delivering the best care possible.

Rosanne 33:56

And it's emotionally charged because it's caregiving.

Dr Buffy 33:59

Its caregiving

Rosanne 34:00

Because the people that are working there are caring for these people. Right? And when you can't, it's like, right, it's a powder keg. Yeah. But how do we turn this around? How do we get that information out? That this is an actual real, like this is a real problem.

Dr Buffy 34:17

It's a real problem. And what I'm saying now is I just want people to know, you walk out your front door and you go into the grocery store, you go anywhere and you would think COVID is done. Right? In our nursing homes. What our health care workers we are still wearing full PPE, we are still wearing N95 respirators and face masks and eye protection. We're still twice a week testing, like these practices and those practice I just did an assessment today that saying they have a hard time with the staff because they still have to wear eye protection and they're burned out like capital letters burned out. Absolutely. So we who once again the staff are burned out it's easier to go get a job at Amazon making three bucks. For an hour, you don't have to wear head to toe PPE. You don't have state regulators on your back. I mean, we just have to look at all of that. And that what I just want to say, I mean, you asked me earlier why I do this, because I'm in these buildings. And I work with the health care workers, the administrators, the operators that love this work, there are bad actors, but there are people that want to do the right thing for our loved ones. And I look in the eyes of the residents who want us to, you know,

who want us to be empowered to do what we need to do I just say, take the straitjacket off for God's sakes like help us help your loved ones. That's what we need. Help us.

Rosanne 35:40

Yes, you know, yes, because we're talking about people here.

Dr Buffy 35:45

These are people and these are the people that are the most vulnerable population, they have comorbidities, they have many, many, many of them in long term care have mental decline, you know, Alzheimer's, dementia, they don't all have family members or loved ones coming to visit them, you know, so they're, like, I wouldn't be where I am without my grandparents, we stand on the shoulders of our grandparents and our elderly. So let's give them the best chance to have the most dignified quality of life till their end. Right. Like, that's, that's what they deserved. And our health care workers deserve to be supported in that, in that role are I'm just telling you, we could talk all day long about the love that our healthcare workers have. And I know there's bad actors. And I keep saying that, because I do I'm very sensitive to the harms that have occurred. But I mean, it's sweet. They take these off these they take our the nursing home residents on is their loved ones. They're my either housekeepers, I'm cleaning my family's rooms, like this is their loved one, you know, and they take pride in their work. But yeah, it's, it's it's, they need the support for sure.

Rosanne 36:56

With all of this, how can somebody feel okay, or confident with their loved one being in one of these communities? How can they feel okay, about it.

Dr Buffy 37:06

Yeah well, that's great. So the last chapter of my book, chapter 13, is all about the consumer. And really what the consumers can do to be involved, they can join the patient family advocacy group, they can really, they can make sure they're sitting at the care plan meetings for their loved ones. Even if you're just a volunteer and you're you don't even have a loved one in a nursing home, you can volunteer, there's different volunteering positions that can just create, you know, have an extra set of hands to help, you know, deliver water, sit with the residents, you know, there's different things that that you can do to volunteer your time, even, that can help go really, really long ways. We need more people in the nursing homes to help so but then I also say it's important for our you know, if you have a loved one in nursing home, like being involved is so critical. I like I said, I really talked about that in the last chapter, because I discussed a mom that cared that her son was in a nursing home for 20 years, you know, in her advocacy was so instrumental in creating so much change for nursing home that wasn't doing that great, you know, so I tried to show both sides of it, you know, and but there are ways that you can be involved, you're not powerless. And then of course, you know, I just was on in DC earlier this week on Capitol Hill advocating for change, you can write your your state representatives, your senators, I used to be so intimidated by that. And I'm like, oh, it's not that hard. And I learned, like, they have to read everything, they have to log everything, like every single thing that you write, yes, has to be recorded. So I used to think, Oh, my emails or my voice is going into a black box. It's not it actually does matter. Yes. So that's something I'm becoming more familiar with, because change really does have to happen at the government level. But it also happens at the facility level, as well as, as

even just community members, you know, what we can just do on a day to day basis can really go a long ways.

Rosanne 39:03

Is there anything that the communities can do themselves to try to push it up the chain? If you will?

Dr Buffy 39:10

Yeah, sure. I mean, I would just, I would just say even the more people that continue to reach out to their state representatives, or, you know, their, their local district representative, you can look that information up, like who's my district rep, based on where you live? And then because they're all looking at these issues, and there's bills constantly being put out right now all the time for improvements or changes. There's a proposed bill out right now for 3% Medicare cut to happen, like very shortly we're like, can you just at least extend it over three years versus you know, doing it right away? So we need we need more voices, though, because if the people do not speak up and have the voice, then it'll just you know, they'll just pass these things through. So in my book, the the last page on 188, it actually has a place where consumers can go. It's four IPC well.com, forward slash consumer hyphen resources. And people can go there as if you have a loved one in a nursing home. And you can actually, we have downloadable PDFs and checklists, and just to make it a little easier for you. So you can go, and you have some of those items that you don't have to figure it out, you know, so we have created that too.

Rosanne 40:30

No it's it's incredibly helpful. And I think the part that is so confusing is when you hear CMS, the Centers for Medicare and Medicaid, when you hear that it's like, this big thing. Sure. So many regulations, and there's so many rules, and you don't know what's happening, and you don't know how to breach that wall. And the fact that there hasn't been a reform a Nursing Home Reform in over 35 years, and there isn't the requirement to to report infections like there is in the hospital, how is that even possible? How is that possible that you don't have to report?

Dr Buffy 41:03

Well, so again, those challenges are, you know, it's not just so easy. We don't if we don't have staff to do it, we we can't do it, you know, like, if we talk about we can't even get staff to care for our residents. We can't just simply like, I'm all for it. Like I'm a huge NHSN champion, anybody who knows me will be like, Oh, she's like, ridiculous. But, but I'm also very sensitive that we can't just say you have to federally This is federally mandated, because if we don't have the staff, then you're sinking the nursing home, well, I got you I have. So we do have to Oh, my goodness, support like we need right now we need to build up the workforce. That's our number one priority, right now we need to build up the workforce. And we need to fall we need to care for that workforce. We need to foster them, grow them, nurture them, really help them feel valued in this very important role, instead of just feeling beaten down and you know, kind of traumatized from the situation, you know. So definitely, we need to build up the workforce right now. That's super, super important. We have to otherwise be you know, we just, I mean, just that's the biggest pain right now.

Rosanne 42:15

You have such a passion for this. And what I find is people that have passions for things are personally touched by them. Was there something in your life that that touched you that made you want to be in this because this is this is an uphill climb.

Dr Buffy 42:30

Sure. Well, both my grandparents lived out their lives in a nursing home, Mimi and Didi, they're from Florida. So how southern southern team, but I was very young, I was 19 when they went into nursing homes, I, I had kids early, and I was I had kids and I was taking care of them. They were so stubborn, they refuse to go into a nursing home for so long. Because, well, I mean, who wants to you know, they're independent anyway, but it didn't fall with a broken hip is what my grandfather needed to go in, was long term. And then my grandmother went in to join him. And to be honest, I didn't know what I didn't know. And all these things we kind of know today, like five star ratings and quality, you know, these types of things. I didn't know anything about that. I was never invited to plan of care plan for them. I was just happy, they were getting the care. I was just happy. They weren't home alone. My grandparents were stocky, 30 people like I could I had two kids, I couldn't take care of them at my home, you know what I mean? And they needed that care. And I was just so grateful. And from what I remember, you know, they got the good care, I, my grandfather died in his sleep the day after his 90th birthday. And my grandmother, I was with her when she passed, it was a beautiful experience. And I really felt like they did have the dignity at the end of their life. But I also know that going into a nursing home, it kind of weakened them. And I think it kind of took away some of who they were. But I just I just to me, I think the biggest thing is, I do this for them. I have a picture of my grandfather there with me. And you know, I just I asked for their help all the time, because it is such a hard climb. And so many people like why do you even try Buffy? It's been this way forever, it's never going to change. I'm like, Well, if we all said that nothing would ever change. So I just keep at it for them. And I'm a very, I just love people. And when I go into these nursing homes, and I talked to the staff and I see the residents and I tell them, I'm here to help. I have an obligation to that because they don't necessarily have a voice and when they look at me like Yeah, yeah, you're not gonna help you heard that before. Yeah, right. Yeah. And I so to me, it's an obligation and I just like I'm not I just keep going you know, and I just keep trying and doing what I can and you know, I feel like this opportunity doing the podcast writing the book. I was in DC this week, like gets we are tamping change and the more we talk about it and advocate, we can see change.

Rosanne 45:07

I believe that because you're right, if we say how it has always been, and?

Dr Buffy 45:11

Yeah.

Rosanne 45:11

Like we have to move forward with this, right? Does every community have a family advocacy group?

Dr Buffy 45:17

Yeah, there's the patient advocacy group in every single facility. Yes, there absolutely. Should be. Yeah.

Rosanne 45:24

Wow. Okay. So

Dr Buffy 45:25

So if there if there isn't, you should start one,

Rosanne 45:28

Start one. Yes. Absolutely. Start one.

Dr Buffy 45:31

You start one. So, and, you know, I'm in people, I'm happy to talk to them. And if they need more guidance on this, they can reach me at DoctorBuffy.com. I'm happy to, you know, lead them in the right direction to there's there there is support there support through your local QIO is through your local, the euro, either as an ombudsman, you know, just I think you, you just have to start asking the questions. And then how do I get involved? What can I do to support right? And I think that when we have that attitude, we can, we can really do a lot of good.

Rosanne 46:05

And we have to start above, it's got to start higher up.

Dr Buffy 46:09

I have to say, so it has to start from the top and go down. But it also starts from the bottom and goes up. Yep. You know, and when I go on site, and even my staff, you know, we we work, like I said, one on one with this with the facilities, we work. I love working with the housekeepers because they get the least amount of love and support and training. You know, just being able to touch somebody and say, You matter so much the work you're doing is saving lives, when you can say those words to one person that changes them to actually feel valued. Like they're actually making a difference. So the more I mean, just that little bit of those words. I mean, I've made housekeepers cry before just saying you matter. What you do is so important. And and we need you like everywhere I go, I make sure I say thank you. Thank you for being here. Thank you for showing up. We need you. If every family member said that every day, oh my gosh, that in and of itself could make such a huge change.

Rosanne 47:15

A big thank you to Dr. Buffy Lloyd-Krejci for being my guest today. For more information and to reach her check out her websites at Dr. Buffy, D O C. T O R. Buffy.com and IPC well.com. I hope you enjoyed our podcast today, head over to daughter hood.org and click on the podcast section for Show Notes including the full transcript and links to any resources and information from today's episode. You can find and review us on Apple podcasts or anywhere you listen to your podcasts. We are also on Facebook, Twitter, and Instagram, at Daughterhood The Podcast and on my blog HeyRoe.com. Feel free to leave me a message and let me know what issues you may be facing. And we'd like to hear more about or even if you just want to say hi, I'd love to hear from you. Also a very special thank you to Susan Rowe for our theme music, the instrumental version of her beautiful song mamas eyes from her

album lessons in love. I hope you found what you were looking for today, information, inspiration or even just a little company. This is Rosanne Corcoran. I hope you'll join me next time in Daughtehhood.