

ESSHB 2284

Long Term Care Worker Training Workgroup

Meeting Notes

Date:	September 12, 2007
Location:	Highline Community College – Library Board Room 512 Des Moines, Washington

Workgroup Attendees

Attendees:	<p>Representative Dawn Morrell – Co-Chair, Rick Hall – Co-Chair – Executive Director HCQA, Cynthia Smith – Consultant - Treinen Associates, Hilke Faber – Resident Councils of Washington, Craig Frederickson – The Frederickson Home, Alice Curtis, Delegate for Liz Smith - L&I Apprenticeship, Jeannette Jordan, Delegate for Peter Nazzal – Catholic Community Services, Madeleine Thompson, Delegate for Eleni Papadakis – Workforce Training & Education Coordination Board, Charissa Raynor – SEIU Healthcare 775NW, Nancine Hawkins – Addus Healthcare, Patty Weaver – Eagle Healthcare, Inc., Donna Patrick – DD Council, Kathy Leitch – Aging & Disability Services Administration, Jonathan Seib – Governors Executive Policy Office within OFM, Louise Ryan – Washington Long Term Care Ombudsman,</p> <p>Staff: Marta Acedo – Aging & Disability Services Administration, Jane Beyer – Senior Council Democratic Caucus, Denise Gubbe Administrative Assistant for Long Term Care Workgroup, Virginia Brooks – Treinen Associates</p>
Invitees Not in Attendance:	Peter Nazzal – Catholic Community Services, Eleni Papadakis – Workforce Training & Education Coordination Board, Elizabeth Smith – L&I Apprenticeship
Public Attendees:	<p>Patricia Hunter – Alzheimer’s Associates, Mary Cornish - CRSA, Barbara Hanneman – ADSA, Grace Kiboneka – ADSA, Jay Crosby – PRN, Sylvia Fuerstenburg – SLStart CRSA, Melissa Johnson – ADDUS, Eric Erickson – WA Home Care Coalition, Vicki McNealley – WA Health Care Association, Julie Ferguson – WAPDA, Pat Ward – SBCTC, Susan “Sam” Miller – Careforce, Joanne O’Neill – ARC of King County, Michiko Iwasaki – UW, Michael Johnson – DOH, Kate Sheffield – PAS Port, Anita Koyier-Mwamba – DRW, Russell May, Eric Mandt - OFM</p>
Agenda Topic:	Care Deficiencies Continued & Training Needs

Minutes

<p>1. Welcome Housekeeping</p> <ul style="list-style-type: none"> Review of Workgroup Purpose Minutes Approval 8/16/07 & 8/29/07 Preamble Revision Review/Additions 	<ul style="list-style-type: none"> Cynthia addressed the minutes from August 16 and August 29. Requests for additions to the minutes will be honored and attached at the bottom of minutes. Minutes were approved. Preamble – Donna Patrick presented an addition to the Preamble to address “Do No Harm”. All agreed with the statement and it was added to the formal Preamble document. Cynthia reminded the Workgroup that we will hold three Stakeholders Meetings, the evenings of October 3, 5, and 8. Locations to be
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Agenda Review	announced at the next Board Meeting.
2. Care Deficiencies Pt. #1 – Deliverable #3	Cynthia Smith gave a presentation on Care Deficiencies. Deliverable #3 is on the LTC Workgroup web site.
3. Workgroup Comments on Deliverable	<p>Louise Ryan requested more info on orientation and format. Jay Crosby will be speaking on LTC Training Quality at the next meeting and can address this. Marta Acedo will also look into this.</p> <p>Patty Weaver requested acuity levels of providers in their care settings. What is their history/diagnoses. Marta Acedo will check into this.</p> <p>Hilke Faber stated that one of the goals is to identify training goals. ADSA uses the CARE Tool.</p> <p>Louise Ryan asked how quality assurance goals are being addressed.</p> <p>Kathy Leitch responded: requirements are under the waiver – Reviews are done with the case managers and are related to the goals of the consumer preferences.</p> <p>Louise asked if people are using the CARE Tool?</p> <p>Craig Frederickson: Has been to CARE training and the CARE Tool is still looking at the basics; it's an evolving process right now.</p> <p>Patty Weaver mentioned that some of the facts within the Deliverable contrast with what Joyce Stockwell said in her presentation.</p> <p>Cynthia noted that Joyce's time periods of reference were different than those on the Deliverable.</p> <p>Craig Frederickson mentioned the benefits of providing in home consultations because the needs of each person with disabilities is so broad.</p> <p>Nancine Hawkins agreed with Craig.</p> <p>Jonathan Seib: Are we providing the correct services or providing the services correctly? Deficiency was in the quality of service provided not necessarily the training itself.</p> <p>Also asked, did the plan of correction actually correct the problem? It's not going to be the formula that we'd like to have. We need to go determine if it's a gap in care or a gap in training.</p> <p>Cynthia asked can we tie any of this info into our training?</p> <p>Ingrid McDonald noted that there are so many subtleties – there are issues</p>

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	<p>that are below the radar.</p> <ul style="list-style-type: none"> • Caregiver talking to client in disrespectful way. • Caregiver rushing client through a meal. • Caregiver giving a bath that is uncomfortable for the client. <p>Nancine Hawkins agreed and would like to make sure we look at from all areas.</p> <p>Craig Frederickson mentioned in connection with Jonathans statement DDD is working towards this through the CARE tool.</p> <p>Hilke Faber stated that you can't isolate good supervision and good training.</p> <p>Louise Ryan: Deficiencies and ombudsman can tell us some things, but we will never have scientific data –barriers in communication make it difficult to separate. Verified and non-verified.</p> <p>Dawn Morrell: we are trying to determine if we have a deficiency with current system. Make sure were not creating a problem.</p> <p>Craig Frederickson: requested we should plug in first and see if our recommendations will work</p>
<p>4. Learner Centered Training – Ingrid McDonald, PHI</p>	<p>Ingrid McDonald presented on Learner Centered Training. Presentation and supporting documents are on the LTC Workgroup web site.</p>
<p>5. Public Comments on Presented Topics</p>	<p>Sam Miller of Careforce would like more information from DOH.</p> <p>Michael Johnson from DOH mentioned that Long Term Care is more than residential services. There's a huge world that doesn't seem to be represented. Mentioned Ingrid's statement of quality of life and that complaints are generally quality of life, not training issues. He isn't sure training can fix that. It's around supervision. One of top deficiencies is failure to supervise at recommended levels. Failure to re-evaluate in specified time or replace an absence. Michael offered to do a formal presentation at a later date.</p> <p>Dawn Morrell Stated that training needs double duty-- check on care and how to better help the client.</p> <p>Michael: some agencies fail to train that. Most agencies are doing on-going services. Training is important – more important is the monitoring of the people helping in these homes. They know how to do it. They just aren't doing it.</p>

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	<p>Dawn asked about advantage to a base training.</p> <p>Michael: Yes – some minimum standards – then we could require HCA to have that minimal training. Would rather have home care to speak to that. Emphasized importance of oversight and Supervision.</p> <p>Marta Acedo noted that HCA’s contract requires completion of 28 hrs FOC and the 2 hours orientation.</p> <p>Dawn Morrell: Not so for private pay.</p> <p>Nancine Hawkins suggested that we should train the trainers.</p> <p>Sylvia Fuerstenberg thinks there is confusion about the assessments SL Start for folks with DDD is designed to assess there needs, it’s completely separate from in home care and are rarely sited on that. There isn’t a problem. There is extensive supervision. There is a problem in the IP program but you can’t get at that from training. Would be a waste of time for us to do training on giving baths etc... because we would not use that training. SL Start does quality of life. There is a WAC on training we need but very different from what you’re talking about here. SL Start believes they are exempt from this group.</p> <p>Lauri St Ours from the Washington Health Care Association stated that they also believe they should be exempt from trainings. WHCA also believe there are base skills included in Fundamentals Of Caregiving.</p> <p>Cynthia Smith asked how often WHCA has training changes?</p> <p>Lauri wasn’t sure, but thought they could do a survey.</p> <p>Joanne O’Neill is worried about the unintended consequences that extra training will have on the care givers. Speaking to a base-line core of family members... they have been caring for sons and daughters for at least 18 years – they already know how to bathe their child. Their children are not residents, they are family members. Joanne thought it might be helpful to have more information on SIS.</p> <p>Kate Sheffield of PAS Port for Change: Information missing -- most helpful for the people in the homes to be trained on the dynamics of disability included in Jay Crosby’s presentations.</p>
<p>6. Workgroup Comments Ingrid’s Presentation of Learner Centered Training</p>	<p>Jane Beyer: Regarding certification program, are Core Competencies being used, or is it a proposal?</p> <p>Ingrid: It’s an ongoing work and will continue to update based on feedback.</p>

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	<p>Jane Beyer asked if it was being used now.</p> <p>Ingrid replied that it will be used in PHI base training and new curricula for the state of Pennsylvania.</p> <p>Jane Beyer also wanted to know if the legislature had passed the program.</p> <p>Ingrid replied that they have not.</p> <p>Dawn Morrell wondered if we can this fit into our Higher Ed and if we can put this in our curricula's here.</p> <p>Craig Frederickson said that programs are already being put into place – Dementia with WSRCC through UW and another you can access through Edmonds CC.</p> <p>Donna Patrick asked if HCQA do something compatible.</p> <p>Rick Hall, the Director of HCQA replied, Yes, but what's been more successful has been the background checks.</p> <p>Craig Frederickson: recognizes money issues. At his AFH, they pay for their own extra training. More money is needed for direct services.</p>
<p>7. Training Needs - Deliverable #5</p>	<p>Cynthia Smith gave a presentation on Training Needs. Presentation, Deliverable #5 is on the LTC Workgroup web site.</p>
<p>8. Workgroup Comments on Deliverable</p>	<p>Louise, Charissa, Hilke and Ingrid all have concerns about the Deliverable. They will send in concerns and they will be attached as comments to the Deliverable.</p> <p>Craig Frederickson reminded the group that we do need to be realistic. We can have the consultants go out and look for the data... this is what's out there. He again reminded the group that this is why it's important that if we make recommendations we put them into place and try them out first.</p> <p>Cynthia Smith: consultants' charge is to bring information in the most comprehensive way we can.</p> <p>Jonathan Seib noted that information will be given to us and we will all have our own insights into it... he is hesitant for the Deliverable to be changed.</p>
<p>9. Panel Insight</p>	<p>Panel Members:</p> <p>Louise Court: President of RCOW – Lived in own home before and group home. Was also caregiver to father and husband. Need a supervisor with authority. She recommended more unannounced visits and surveys for supervisors.</p>

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	<p>Rosemary Ammot: struggles with deep need for people to care for her and how to teach honesty. Some providers have bad work habits including lying on time sheets. Hesitant to report for fear of losing a provider. Suggested caregivers to attend some All-Anon groups that practice boundary setting and anger management classes, perhaps safe guards can be put in place?</p> <p>Kate Sheffield – Representing PAS-Port for Change. Issues for her are transportation, eating, buying prescriptions, getting dressed. She has to arrange well in advance whether or not she wants to spend money to get here or not. The whole issue around this meeting is the training of IP’s. Kate feels that while this is all well and good, she believes they need people to live the life of a disability in this society, is important as well. It would be helpful for workgroup to have visited a home with a person who had a disability. She has had 15 different IP’s in two months because of inadequate experience, support, and knowledge. When a caregiver leaves, it’s like losing a life partner every time. They need to know what they are getting into before they get into it. Training – no matter what the experts say, one size does not fit all. People need individualized training for the person they are helping. It shouldn’t be that difficult to find people.</p> <p>Debra Risko – Her parents are 89 and 83. They have licensed providers and they have all been excellent. The providers have had language and background issues, but in her opinion, the defining issue was the person. Not because of their training, but because they were dedicated. She thinks training is very important, but that training doesn’t convert to good health care. There’s been no mention of supervision of Caregivers. When she calls her provider she gets the supervisor. They have a plan book. In her point of view she did not see a lacking in the system. Many people that enter the field can’t afford to go on to be trained further.</p> <p>Ken Kerr – His son, Ryan began to develop severe seizures and along with that came brain damage. Ryan has very specialized problems and is in an Adult Family Home. Ken agrees with no one size fits all. He’s afraid that were going to get too many rules and regulations and force homes out of business.</p> <p>Anita Koyier-Mwamba – Disability Rights Washington For people with disabilities who direct there own services to be the center of any development is very concerning to them. They would like to include more people in the decision making process. Anita recommended more people on the consumer panel with medical issues, and more involvement from people with color.</p> <p>Cynthia Smith asked if Anita had any suggestions to get more folks of color involved.</p> <p>Anita will get contact info and email Cynthia.</p>
10. Public Comment	Sam Miller from Careforce Commented on PHI. Training experience with

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	<p>DSHS has been with adult care. She has some questions of PHI's evaluation. She owns a large home care agency and trained in Fundamentals Of Caregiving and report it's been very beneficial. Sam also talked about the Bridge Program, originated in 1979 at Shoreline. The data they have and use, they accept as fairly legitimate. Home Care Association, National Association for Home Care.</p> <p>Dawn Morrell asked if the Bridge Program was a self-study?</p> <p>Sam: No they did it in their agency.</p> <p>Dawn Morrell: Asked if the Bridge Program articulates with something else?</p> <p>Sam: yes – the can. It addresses issues not addressed in the current NAC curriculum.</p> <p>Dawn asked what would they do if they wanted to become an NAC</p> <p>Sam: 16 hour course completion and National exam. For a nursing home they would do the nursing assistant training.</p> <p>Michiko Iwasaki –Feels the current care services are not designed to meet minority needs. We need to look at different minority groups in the state of Washington.</p>
<p>11. Next Steps & Closing</p>	<p>Action Items:</p> <ul style="list-style-type: none"> • Stakeholdering Sites. Will be looking for sites to hold meetings. Louise Ryan has some ideas and will forward on to the Admin, Denise Gubbe. • LTC – Literature • Marta to provide feedback on acuity levels of current IP recipients of care. • Comments to Deliverables will be attached and posted on the website. <p>Positives / Deltas</p> <ul style="list-style-type: none"> • Consultants and researchers have done a great job. • Room was stuffy and has old technology. The next meeting will be moved back to Olympia and the following meetings will be scheduled in Seattle at a location soon to be announced. • Ingrid McDonald is concerned too much time is spent around background and wants to get into substance around the options for recommendations. • Cynthia Smith reminded that part of the bill is that we hear from everyone and get their ideas and models. Can make room on the

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	<p>agenda for that. Reports will just be given from now on instead of being presented.</p> <ul style="list-style-type: none">• Louise Ryan suggested inviting consumers or recipients of care back again. Cynthia asked if there was a specific topic for consumers to speak to? They will be speaking to each area during the Stakeholding Forums and we will get feedback from those 3 sessions. Louise Ryan will think on the topic and get back to Cynthia.• Dawn Morrell reminded group of charge and remaining time.
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