

QUALITY & TRAINING: LESSONS LEARNED

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ALTCEW Training Experience - 2006

Area Covered: Spokane, Ferry, Stevens,
Pend Oreille, & Whitman Counties

862 Caregivers trained: Fundamentals of
Caregiving (FOC)

809 Caregivers trained: Safety Training

158 Caregivers trained: Nurse Delegation

4,667 Caregivers trained: 10 Hrs. Continuing
Education classes (CE)

ALTCEW Training Experience - 2006

Over 190 CE classes annually

Over 40 4-day Fundamentals of Caregiving classes annually

8 Instructors for Fundamentals classes

40 CE instructors

Fundamentals and CE courses provided since 1996

Lessons Learned: General Issues

A. Caregivers:

- 40% - 50 % are not career oriented & will only care for a family member
- 35% - 40 % turn over each year in caregivers
- Individual Providers experience on-the-job isolation
- Routinely have:
 - a high school education, but not college
 - high test anxiety
 - 6th grade average reading level

Lessons Learned: General Issues

B. Changing Nature of Clients

- Increasing medical complexity of their conditions
- Challenging behaviors
- Destructive decision-making

C. Training Tracking & Compliance

- An art, not a science
- Goal: a pool of trained caregivers

Lessons Learned: Delivery of Training

- Classroom with group-interaction works best
- Decentralize locations whenever possible not only Spokane, but also rural communities - Newport, Colfax, Colville
- Urban training's subsidize rural training's
- Variety of instructors with expertise preferred to just one
- Mix of presentation styles




Lessons Learned: Delivery of Training

- Combine lecture, discussion, demonstrations
- Allow time for practicing tasks
- Deliver content in short “bursts”
- Caregiver interaction with each other is valuable
- Avoid online training for fundamentals

Lessons Learned: Suggestions for Improvements

- A. Provide Fundamentals training PRIOR TO Working

Goal: A “Shelf Ready” caregiver, day 1

-  Basic training completed
-  Background check completed & passed
-  Contracting process completed

Lessons Learned: Suggestions for Improvements

Options to reach this Goal:

- (a) Define a “minimum” level of training delivered “pre-work” (12 hrs?)
- (b) work site on-the-job training via an experienced “mentor caregiver” for a set initial period (one week?) prior to working alone with a client

- B. Expand the required Basic Training course for all caregivers (40 hours?)
 - Increase time for “experiential labs” where caregivers practice skills

Lessons Learned: Suggestions for Improvements

- Develop more caregiving scenarios for joint problem solving discussions
- Require completion within 30 days of initial employment
- C. Offer Advanced Courses
 - Provide in-depth training geared to specific health problems (diabetes: obesity: COPD, etc) and/or disabling conditions (Traumatic Brain Injuries; developmental disabilities, etc.) for example
 - Optional for family caregivers
 - Required for career oriented caregivers

Lessons Learned: Suggestions for Improvements

- D. Provide experienced “Mentor Caregivers” to consult as needed on caregiving situations with complex issues
 - Disease Specific care practices
 - Handling difficult behaviors - best practices
- E. Career Options
 - Basic & Advanced course work should count as credit towards other caregiving occupations
- F. Couple increased pay to successful completion of advanced courses

Final Thoughts:

- Build on Existing training; don't start over
 - Washington State is a leader in training caregivers
- Caregiver training is only one piece of Quality Care
 - Consider the trade-offs

How much more can be spent on training without having to reduce the hours of service to clients and/or the number of clients eligible for service?