

ESSHB 2284

Long Term Care Worker Training Workgroup

Meeting Notes

Date:	October 18, 2007
Location:	Tukwila Best Western, River's Edge

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, 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, Eleni Papadakis – Workforce Training & Education Coordination Board</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:	Elizabeth Smith – L&I Apprenticeship,
Public Attendees:	<p>Barbara Hanneman – ADSA, Grace Kiboneka – ADSA, Jay Crosby – PRN, Michael Johnson – DOH, Julie Peterson - WAHSA, Susan “Sam” Miller – Careforce, Dan Murphy – ADSA, Cindy Oneill – Special Care Agency, Sylvia Fuerstenburg – SLStart CRSA, Melissa Johnson – ADDUS, Eric Erickson – WA Home Care Coalition, Julie Ferguson – WAPDA, Sally Coomer – SCA, Kathy Medford – SEWALTC, Mary Cornish – CRSA, Tanisha Davis - Rescare, Anita Koyier-Mwamba – Disability Rights of WA, Joanne O’Neill – ARC of King County, Nancy James, Kathy Medford – SE WA ALTC, David Maltman – DDC, Merideth Kiley – ADSA/DDD, Lauri St. Ours – WHCA, Eric Mandt – OFM, Michiko Iwasaki – University of Washington</p>
Agenda Topic:	Follow Up Discussion

Minutes

<p>1. Welcome</p> <p>Housekeeping</p> <ul style="list-style-type: none"> • Review of Workgroup Purpose • Minutes Approval 9/26/07 and 10/10/07 • Stakeholder Input • Action Items Follow up <p>Agenda Review</p>	<p>Minutes were presented and approved for September 26 and October 10, 2007.</p> <p>Cynthia Smith reviewed the workgroup’s packet of materials including: Preamble update, Deliverable #7 Addendum and the Stakeholder Input Summary. A matrix was created and distributed to address questions that were asked during the meeting of 10/10/07 in accordance with Jody’s presentation on Apprenticeship.</p> <p>Louise Ryan asked if all were voluntary trainings (referencing Del 7 Addendum.).</p>
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	<p>Cynthia Smith stated a couple that are not, but for the most part, yes.</p> <p>Cynthia Smith briefed the workgroup on the Preamble. Numbers 7, 8, 9 and 10 were all added to the Preamble after the original was discussed. Cynthia asked for further changes before moving on.</p> <p>Cynthia Smith presented the Stakeholder Outcomes compiled from 3 forums, the panel presentations, and individual interviews. Five questions were used in each situation to frame the process and elicit responses in alignment with the Workgroup recommendations. Cindy reviewed the questions, most frequently cited responses and the major themes that came out of the stakeholder meetings. Stakeholder Summary is available on the Web site.</p>
<p>2. Workgroup Deliberations on Recommendations: Curriculum</p>	<p>The Recommendations Template was distributed. Cynthia asked that the workgroup think first about “what” and then about how the recommended trainings will affect each of the types of care providers. This will be a Reference Tool, a product of the workgroup, and will most likely be very prominent aide to the 2008 Legislature. As a tool, it will be updated as we gain additional information and or corrections. Cindy reminded the workgroup it is not the charge of the group to determine who is included or excluded from the training requirements recommended.</p> <p>Michael Johnson, DOH, had some corrections for the decision making tool, which will were added and to be placed on the Web site before the next meeting.</p> <p>Louise Ryan expressed that supervision is a big issue in the Home Care setting. Also concerned about 120 days – she feels it is a broad range of time.</p> <p>Supervision was discussed.</p>
<p>3. Workgroup Deliberations on Recommendations: Curriculum, Methodologies & Hours</p>	<p>Cindy: Distributed Basic Training Components Worksheet to the group as a discussion mechanism.</p> <p>Rick Hall explained the tool. Discussion focused on how best to view components.</p> <p>Ingrid McDonald believes we should list as competencies as opposed to calling them topics.</p> <p>Competencies were reviewed and separated into groups of CORE, Specialty Settings/Provider or parking lot (set aside to look at later). A summary of proposed Basic Training Components discussed will be compiled and presented at next meeting and available on the Web site.</p>

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The following represents highlights of the deliberations and discussion:

Patty Weaver mentioned that there is a broad category of safety for consumer and safety for caregiver.

Food handling was an issue due to the difference in licensee requirements. They are more legal requirements than there are for caregiver requirements.

Marta explained that the current food handling training is a result of five years of work with the DOH and Nursing Commission and has met their requirements and approval. She can provide documentation if needed.

Jane and Marta explained the difference between 28 and 29.
#28 is not CORE.

Louise Ryan believes medication assistance is a CORE.

Eleni Papadakis suggested that we broaden our decisions.

Kathy Leitch said we need to strike a balance. We can't train every caregiver for every competency.

Rep. Dawn Morrell suggested one need not know everything, but rather have an awareness about these issues.

CPR was discussed. Legally, small home care agencies are not allowed by law to perform CPR. They have to call 911.

Ingrid distributed a list of proposed CORE competencies from PHI to ensure we weren't missing something.

Craig cautioned the group against using the word "Professionalism" as a CORE competency because parent providers do not consider themselves professional workers – they consider themselves parents who provide care. It was decided to call worker, caregiver.

Kathy Leitch commented on stakeholder forum and what the consumers wanted -- respect and accountability, regardless of we're calling it. Professionalism or Caregiver Responsibilities and Accountabilities. We should not worry so much about titles or names, but what the competency entails and if it's CORE.

Consumer driven/directed care was moved to CORE.

Marta Acedo explained that self-care includes warning signs of stress and how to prevent burnout.

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	<p>Common Diseases, Marta explained how it was done in RFOC. A discussion ensued about diseases and whether they should be CORE or not. No consensus was made.</p> <p>Discussion about putting 20-24 in setting specific column and return if needed.</p>
<p>4. Public Comments on Presented Material</p>	<p>Sam Miller - Stated that we are training people on CORE competencies. And as a nurse would like to remind people that nurses are educated to assess. Caregivers are not. She is very nervous about training caregivers on diseases for this very reason. The caregiver should not be diagnosing. She would like the workgroup to consider this as well as many others tasks that caregivers are not allowed to do when making recommendations.</p> <p>Jonathan Seib asked what exactly do the companions do when they go into a home.</p> <p>Sam Miller responded: Scrap booking, laundry, play cards, help grocery shop. They do not do personal care.</p> <p>Eleni Papadakis would like to know if Sam had any suggestions to make sure we're preparing caregivers to learn the right thing.</p> <p>Sam Miller: It's all about Plan of Care and appropriate reporting. Please keep in mind the chore service group. If they are doing it for more than two people then they are considered a Home Care Agency.</p> <p>Kathy Leitch: The LTC definition in HB 2284 is too broad of Home Care Agency. She would like to say something in the report about chore workers being exempt from this.</p> <p>Joanne O'Neill: Very discouraged. Feeling like it's becoming a one size fit's all. See's the cost skyrocketing for parent providers and hopes the workgroup looks at the relevancies of additional training. Much of this doesn't cross over. Also please look at the respite care and consider exempting them.</p> <p>Sally Coomer: Everything that you're talking about is covered in the RFOC. It's just the approach, speaking from Home Care Agency angle. The RFOC is geared toward elder care. You're lumping one CORE curriculum for two separate groups. There is a big difference between Developmental Disabilities and Elder Care.</p> <p>Sally is also concerned that if there is training in the new requirements for something that the Home Care Agencies do not or can not do then she worries it will be confusing and people will inadvertently provide inappropriate care. Also has concern with costs, it's not always about</p>

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	<p>quantity of training, but about quality of care.</p> <p>Kathy Medford: RFOC is designed to meet the custodial needs of our patients.</p>
<p>5. Next Steps & Closing</p> <ul style="list-style-type: none"> • Confirm Assignments, Due Dates and Action Items • Next Meeting • Next Steps • Plus/Delta 	<p>Donna Patrick passed out documents to the group.</p> <p>Kathy Leitch: Passed out a Proposal from ADSA. Food for thought – ask group to step away from discussion in terms if we’re going to improve the curriculum. Have we violated some basic principles in accordance with the law? Look at the preamble, stakeholder input, trainer comments and future issues. Consider we are going to be in the business of creating a workforce of the future. The discussion that has happened twice before about what the CORE curriculum should be and is how we got RFOC. What if we added some time to this model, added to the curriculum, and included issues that come up a lot, like depression and dementia and made it more DD orientated? Would IP specific training make it more relevant? Discussed career advancement and certification as food for thought.</p> <p>Louise Ryan: Requested that we focus on the Proposal from ADSA.</p> <p>Cynthia Smith: Noted that the ADSA proposal was more of an implementation roadmap and not a set of guidelines that directed the Workgroup to the recommendations regarding basic training content, hours and criteria for certification required by HB 2284. Noted that this may be a useful document once the LTC Task Force has made the final recommendations.</p> <p>Rep. Morrell: Noted that the ADSA proposal would be helpful for her during the 2008 Legislative Session.</p> <p>Cynthia Smith asked the group to focus on the three recommendations the workgroup needs to make as we have not even made it through the first issue of CORE Content yet. Another meeting is scheduled for October 30, 2007 to fulfill HB 2284. We are running out of time to come to a consensus on the required recommendations.</p> <p>Eleni Papadakis requested identification of consumer needs be included in the parking lot for further discussion at next meeting.</p> <p>Cynthia Smith put Consumer Needs in the parking lot.</p>