

October 3, 2007

Subject: Input to the Long Term Care (LTC) Workers Training Workgroup

The following is a summary of comments for consideration by the LTC Workers Training Workgroup. Comments are from Pierce County stakeholders related to needs and standards for training workers in the long term work force.

- I would like to see continuing education requirements hooked to the disease environment the IP is working in. For example, brain injured clients need workers who are trained to work with injuries of the brain. Those classes should be immediate and on a continuation basis.
- Recommend that it would be helpful to have a training track for relative caregivers who only want to care for family members, (basic training.)
- Look at making training a true career ladder for those who want to obtain some type of certification and have this potentially be voluntary. Consider tying a financial incentive to advanced training.
- Consider certifications in areas such as Alzheimer's disease, diabetes management, mental health, etc. that would boost caregiver skills in specific areas.
- Don't punish the worker for not obtaining continuing education with job loss - instead build in a financial incentive to complete.
- As you may have guessed, my big concern is skin care. I think it needs to be part of annual mandatory training. Perhaps every 10 hours of CE would always include "skin", no matter what the other topic is. So each year they would have a 2(?) hour review.
- Three topics come to mind right away. 1 -Skin care including factors that impact skin integrity (e.g., overall health status, nutrition, hydration, mobility); 2- Effective Communication; 3-Professional boundaries: setting limits while maintaining a positive relationship. I hope that helps!
- Ensure that the relevancy of the continuing education training curriculum is related to the immediate needs of the client. The completion of 10 hours of training is not serving the greater good if it is not related to service needs.
- How and who is going to provide client services, while the worker is away receiving training, if the training curriculum is expanded? It is difficult enough now to get attendance at training with a 28 hour basic training and 10 hour continuing education curriculum.

- Should all workers receive the same training given that all workers are not providing the same level of care or have the same types of clients. Should there be specialized training versus all workers being generalist.
- Consider training in terms of cost and benefit. What is the interplay between dollar cost versus benefit to the clients, workers, and the state? When a worker is at training, as the system is presently constructed, a client is potentially without services either because the client refuses another worker, another worker is not available, or other factors. While this may appear to be an issue best resolved at the local level the ramifications are statewide. With changes in training requirements come an increase in cost for training and a potential increase in risk to the client and state.
- Is there quantitative, objective, data available to support a need for a major change in the current training curriculum? If this data is available and supports a need for a change perhaps the focus should be on modifying the current curriculum within the constraints of current perimeters.
- Consider the workforce demographics in determining training needs. We have workers ranging from age 20 through mid-90s. These workers are multicultural with varying degrees of formal education, ability to learn or understand basic caregiving concepts. Although they are providing caregiving services many are limited physically and cognitively.
- Consider that a community's worker pool is limited. There are other competitive jobs in the community with lesser requirements for greater rewards.
- Consider that many workers also have a second or third job which may prohibit attendance at additional training if the curriculum and hours are expanded.
- Recommend dual training tracks. One for workers caring only for family members and another for workers that consider caregiving a career.
- If not already done, recommend obtaining input from the many LTC stakeholders related to training needs (e.g. clients, IP's, agency workers, agency supervisors, AAA staff, and anyone else connected to caregiving).
- Determine if there is a connection between worker turnover and training and also between turnover and attrition.
- Consider mandating refresher courses in those client service areas that are problematic for workers (e.g., transferring, skin monitoring, maintaining professional boundaries, etc.).
- See attached from a survey by the Korean Women's Association.

# **KOREAN WOMEN'S ASSOCIATION**

## **IN HOME CARE CAREGIVER TRAINING SURVEY - AUGUST 2007 RESULTS & COMMENTS**

1. *Do you think you are receiving adequate training In order to be a good caregiver?*

**72 = Yes      19 = No      4 = Don't Know      Total = 95**

2. *Do you think there are adequate class topics offered for you to choose from?*

**87 = Yes      24 = No      6 = Don't Know      Total = 117**

3. *Do you feel you need more training hours per year?*

**44 = Yes      67 = No      6 - Don't Know      Total = 117**

4. *What other topics do you think should be covered in the Fundamentals of Caregiving?*

CPR

Dealing with clients who abuse prescription drugs

Any health Topics are good

CPR classes included with a card

CPR, more classes during the year

Nurse Delegation Basics

Classes on specific diseases

CPR

Maybe OCD

Maybe offer different classes on types of illnesses, ie. Diabetes, Alzheimer's

Classes on strokes

Mental Illness, Alcoholism

Laws we need to abide by

Topics am OK

CPR – more classes during the year

Hoyer lift

More for disabled people

Dealing with combative clients or clients who do not want to cooperate and/or expect more than the job allows

Diabetes

CPR

Domestic Disputes & assaults, Regular assaults

Importance of cleanliness

Vital signs measurable

Lack of knowledge in all aspect of caregiving, added brochure can help

Diabetic cooking prep

How to use hoyer lift

How to care for a dying client

#### #4 Cont'd.

Diabetic cooking prep  
Just more training in general  
More about cancer in women  
Health card, CPR  
Caring for people with dementia, MS and my other health problems that deal with loss of body mass and memory  
Dementia  
CNA  
More info on the do's and don'ts  
Training to assist client to sit up so they don't hurt  
Nutrition  
DDD Training

*5. What other training would you like to have but is currently not being offered?*

Qualified instructors can make any class or worth the effort  
Bi-polar – manic Depression  
The training I received was excellent  
Some nursing skills  
Receive more individualized training  
Mental Illness  
Training by caregiver in home before replacing her/him (paid)  
Would like to be able to specialize in one or two subjects  
Classes relating to current client's needs  
OC Disorder and other disorders  
On-line training  
Take class at home - on line  
Mental disorders  
First Aid & CPR, especially since the CPR standard has changed recently  
HIV  
More choices for CE classes - I have taken them all  
Safety  
How to properly bathe a client;  
What to do when the client has a bad fall  
All new hired caregivers should take a class before go to training skills  
Hoyer lift, more info on getting CNA certificate  
Medical care  
No, the classes I had have been very helpful  
Muscular dystrophy  
CAN  
More on the disabilities of our clients like the different mental disabilities  
Affects of stroke, heart attacks  
Clients need training too  
I would like to learn more about Alzheimer disease, arthritis  
Need more information about mentally ill people and on DDD

*6. Do you have any other recommendations related to training?*

More classes as needed for needs of client  
More interaction

**#6 Cont'd.**

First Aid

More classes to choose from - 2 hrs pd with new client - if needed

Training time (pd) second language of choice

Would like to be able to choose class to take or pass if subject is not useful to client

Being able to go on line and choose to take class that would help with present client's needs, and get credit

CPR

More topics offered

Some classes offered on line

More choices throughout the year

More hours required per year

More topics available

Yes, every 6 mos the worker needs to attend the training class to upgrade their Knowledge

CNA training

Need more training to know how and what are we doing in our job

I think when you have a client that has an issue that is not covered in the fundamental class there needs to be a class to follow after you get that client

Communication

I would like to see a lunch offered because I always forget mine and it's a long class

Need additional bedside manner, Give clients respect

*7. Are your language needs being met?*

**52 = Yes      37 = No      2 = Don't Know      Total = 91**

*8. Should there be more classes in your language?*

**50 = Yes      36 = No      2 = Don't Know      Total = 88**

*9. Additional Comments: (This is your chance to voice your input regarding training)*

So far good classes, information and instruction good

Make a meeting with all caregivers

Need to be trained more to meet client's needs -not so much restraint

Should be a wider variety of classes offered - more informed of client's history

Would like to be able to take accredited class on line as often as needed - needed for needs of different clients.

Korean class need & would like

Need Korean class

Mason County had only 3 choices this year – If someone has already taken all 3 what then? We should really have a dozen or more to choose from

Case workers and staff need to understand that the client's health needs come first.

Housekeeping should not even be on the list. The clients see that and every other listing goes out of their heads.

More class participation

Most of the instructors are good - some are too self involved - should stick to the subject matter closer – more involvement by the Union in teaching subjects

Its not easy to work with dementia client especially when they full of anger, but I am

## #9 Cont'd.

trying to calm their behavior so they won't be upset  
Additional training should be done in other languages besides English i.e. Tagalog & Ilocano

I think a CG should be trained. There is a lot of different kinds of challenges that come up we should be trained for all of them! Sometimes brush up training would be nice.

We really should have more training for caregiving

I believe if we're working with client with dementia, diabetes, etc. we should be trained by getting more training hours a year or according to the needs of the clients.

I understand the financial side of the program but it gets tiring and monotonous sitting for long hours. Recommend additional days and at least 7 to 8 hrs a day course. So the topic can be covered without rush and participants can have their concerns and questions answered

Jay was a very good teacher. She explained everything so that all would understand. Everybody was pleased with her.

When the client offer you meals one must decline. Clients offer meals to be polite. We must decline they are on a fixed income. Please do not discuss personal issue with client. Respond to client's request if reasonable. Most clients know how to care for themselves and we should listen to them. If a caregiver leaves something undone the 2<sup>nd</sup> caregiver should pick up the slack and take care of the client's needs. Remember the client for the most is an elderly person and have pains the younger caregiver doesn't understand. Some caregivers are not aware of pain. Before we hire a caregiver they should go before a panel of four individuals to be asked questions. Some caregivers feel as though they are used as servants.

New workers need more training because they don't want to work too hard.