

Vision for Training

It is our vision that providers leave the Basic training with a strong foundation of caregiving skills and knowledge that empowers them to provide high quality, compassionate care. We also want providers to leave with confidence and the skills and tools that will help ensure their own safety and well-being.

Goals and Outcomes

Through close and respectful collaboration with stakeholders, we are dedicated to providing a well-trained caregiver workforce so that consumers have access to providers that:

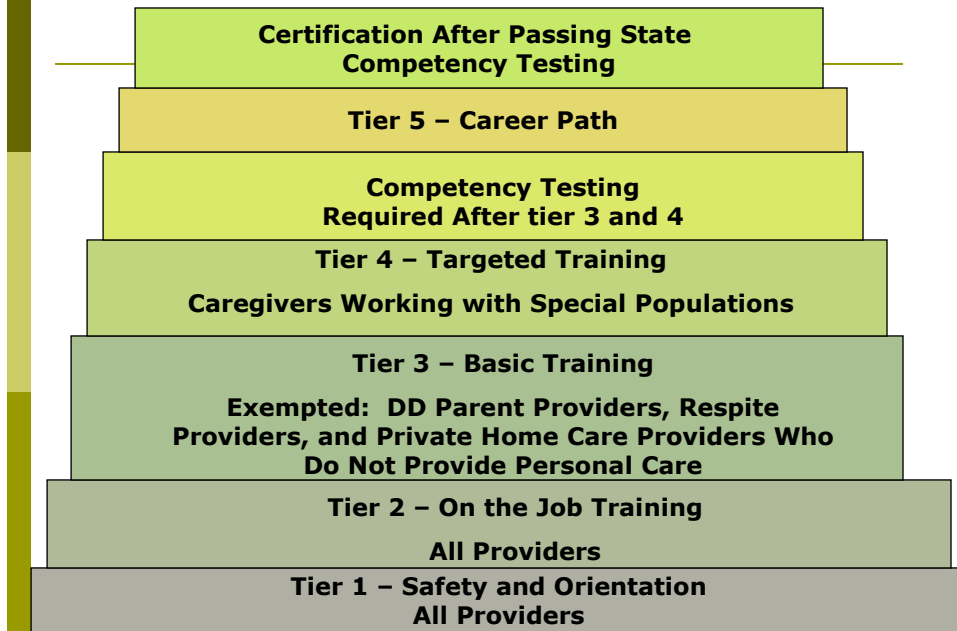
- Are confident of their caregiving abilities
- Can demonstrate the Core competencies as outlined in the Basic training
- Have the tools and skills necessary to ensure their self-care
- Feel supported
- Know where and how to get more information as needed

For consumers, our goal is to ensure that they:

- Feel safe and secure with the person providing care
- Have their preferences heard and honored in how care is provided
- Are encouraged and supported to remain as active, involved, and independent as possible
- Are treated at all times with dignity, respect, and as a person of great value

To that end, we respectfully suggest the following enhancements to the extensive training that is already being done. Building on the current training, we would like to see a tiered approach to training, as follows:

Tiered Training



Tiered Training

Tier 1—All providers would be required to take Orientation and Safety Training that is:

- 5 hours in duration
- Taken within 14 days
- Includes the following CORE competencies:
 - Care setting
 - Characteristics and special needs of the population served
 - Communication skills
 - Consumer rights
 - Infection control and standard precautions
 - Fire and life safety
 - Provider safety
 - Body mechanics
 - Hazards

For home care workers, both of these trainings are currently available in a self-study format. To enhance this training, we advocate that a DVD or CD be developed on using proper body mechanics and demonstrating some of the skills that may be required on the job.

Tier 2—All providers would receive on-the-job training. We recognize that this is already happening in every setting. Our suggestion is to add some structure to the process in order to make it more formalized. We suggest that employer/consumer training and peer mentoring hours be documented and

recognized as formal on-the-job training. (Peer mentoring, as defined in E2SHB 2284, section 3)

There are also mechanisms within the CARE assessment to trigger ADSA Nursing Services. If Nursing Services RNs identify a need for training and provide training, this one-on-one training should also be included as on-the-job training.

Tier 3—All Providers, except DD Parent Providers, Respite Providers, and Private home care providers who do not provide personal care*, would be required to take the Basic training that is:

- 30 hours in duration
- Taken within 120 days
- Includes the following CORE competencies:
 - Consumer rights
 - Abuse and mandatory reporting
 - Basic job responsibilities
 - Honoring differences/diversity
 - Observation, documentation, and reporting
 - Professional conduct and boundaries
 - Handling emergencies
 - Infections and infection control
 - Blood borne pathogens—including HIV/AIDS and Standard precautions
 - Mobility—including transfers, body mechanics, and fall prevention
 - Communication
 - Skin and body care
 - Personal hygiene
 - Nutrition and hydration
 - Safe food handling
 - Bowel and bladder function, problems and care
 - Medications and treatments
 - Self Care
 - *Depression*
 - *Dementia*

Based on stakeholder feedback, we suggest an enhancement to make materials relevant to working with people with developmental disabilities.

*DD Parent providers who choose to work for a home care agency would be required to take the Basic training. Respite providers who also work as an Individual Provider would be required to take the Basic Training.

**DD Parent providers and Respite providers who are not required to take the Basic training have the option to take the Basic training if they choose to.

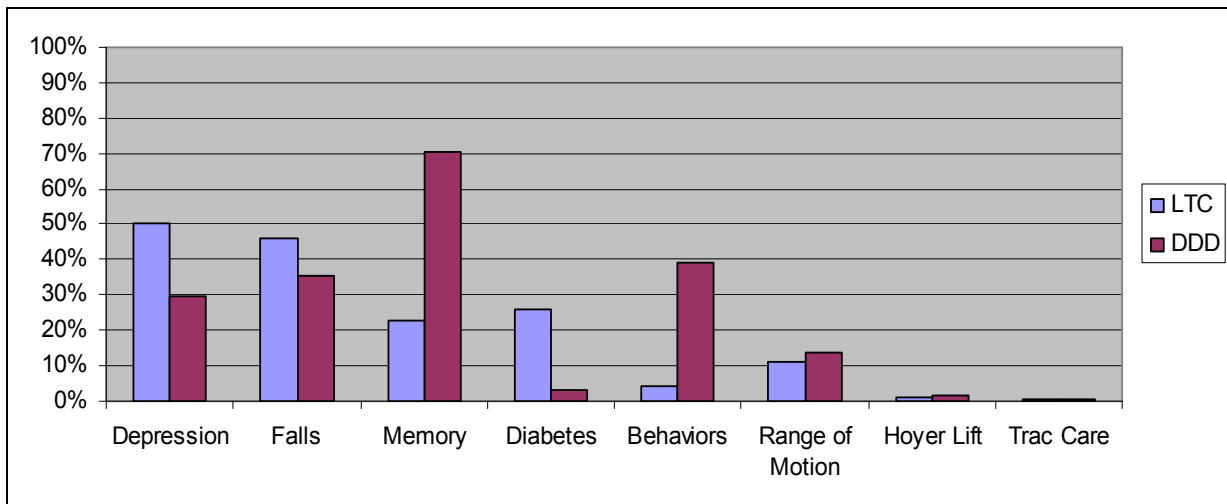
We advocate for flexibility in the teaching of the Basic course. Training could be chunked and taught in modules. If the provider, employer, and instructor are confident that the provider can pass the competency for a given module, the provider may choose to forgo a module.

We advocate for RNs to instruct the Basic course so that the class hours could articulate to a NAC.

Based on stakeholder input, we would like to see more time devoted to practicing skills in skills labs or on-the-job.

As stewards of state resources, we are mindful that all training should be targeted to the greatest need. To that end, with the increase in training hours, we suggest competencies be added on depression and dementia, as those are the areas of greatest need, as indicated in the graph below. (Data was taken prior to the implementation of the new DD assessment tool.) Also, based on this data, we suggest that the current training be enhanced on the topics of falls and nutrition, especially regarding ADA diets.

Training Indicators for Current CARE Assessments as of May 2007



Tier 4—Targeted training—required within 120 days for all caregivers working with special population that includes:

- Mental Health
- Dementia
- Developmental Disability
- Traumatic Brain Injury
- Supportive Living
- Community Protection

If the consumer has needs in more than one of the special needs areas, the provider would determine which of the trainings would most appropriately address the overall needs of the consumer. This specialty training is already required in some settings. We suggest that it be required for direct care providers working with a consumer in one of these groups.

Providers who are not required to take this tier of training would have the option to take Targeted training as a part of their advanced optional training. (Advanced training, as defined in E2SHB 2284, section 5.)

Tier 5—Career Advancement—optional, maybe as a part of an apprenticeship program

Competency testing

Competency testing would be required after Tier 3 and after Tier 4.

Testing for a certification would be taken after Tier 4, and would be administered and monitored by the department. This would ensure that the standards for competency testing are consistently applied across the state for both the written tests and skills demonstrations.

Certification

Providers could become Certified Care Providers after successfully passing the state competency testing. We advocate that certification be optional for relative providers.