

To: HB2284 Workgroup

September 25, 2007

I'd like to share a recent experience that illustrates the importance of recognizing that people with developmental disabilities are better served when recognized as a separate community from the aging/elderly community.

My son Michael broke his hip three weeks ago requiring surgery. You may recall he accompanied me to your second meeting – red hair and more freckles that one could possibly count. From the moment he was admitted to the hospital to the day he left we were treated with great respect by all hospital staff. The staff, well trained and experienced in caring for the usual elderly patient on the orthopedic floor, recognized that Michael was indeed different and that they would need guidance in caring for him.

That guidance came from his parents and care helpers who have worked with Michael and came to the hospital to be of assistance. Doctors, nurses, nurse's assistants, physical therapists, dieticians solicited information and our hands on help in caring for Michael. In short, it was a team approach with the **"untrained experts"** giving guidance and direction to the **medical staff**.

When faced with a decision for post op care we asked for and received input from the hospital staff including a social worker and a CNA who is employed at one of the best skilled nursing facilities in the area. Each and every person advised that his rehab regimen take place in the home as a nursing facility would be challenged to adequately care for him. To paraphrase the comments –“they are use to elderly patients and you and his care helpers will need to be there to assist and help them understand what is required for Michael in order for him to get good care and attention”. They acknowledged that it was the information and experience specific to Michael not general training that was paramount.

Michael's recovery is well underway and we are grateful to the hospital staff that was so able and respectful of Michael as a person with developmental disabilities. This respect was in word as well as deed. Their farewell comments revealed their initial concern and hesitancy when Michael was first admitted. In the end they shared their gratitude to us for our help and for they learned by having Michael as a patient.

I and many others who have let you know that we should not be “lumped” in with the aging/medical model would hope that you would be as respectful as the hospital staff. Instead of dragnet bill that serves a special interest at the expense of our community we should be asked to identify the problems with the current training requirements and curriculum relative to our community and if there are problems then how do we fix them?

It is my hope that at the end of your hard work an understanding that a “one size fits all” training requirement that does not help but hurts us will be reflected in your recommendations.

Respectfully,

Ron Ralph