

LTC TRAINING WORKGROUP: INFORMAL STAKEHOLDER SURVEY

WASHINGTON HEALTH CARE ASSOCIATION

- 1. What are the key issues that the Workgroup must consider when evaluating and recommending the appropriate number of basic training hours for long term care workers?**
 - *Washington state long term care stakeholders worked for five years in the development of learning outcomes and resulting DSHS course (Fundamentals of Caregiving). Careful deliberation and consideration was taken in order to meet the needs of home and community based care consumers, LTC providers, caregivers, and state representatives.*
 - *Demonstrated competency in a core skills set is more important than number of hours; some caregivers who have past experience and knowledge of caregiving skills and techniques may require fewer hours of instruction than “green” caregivers. Allowing this flexibility will result in a more focused and directed educational experience.*
 - *Currently caregivers in the boarding home setting benefit from both their basic training (28 hours) and on-the-job informal mentorship training. This on-the-job training and peer mentorship is an important aspect to acquiring skills and confidence to perform job duties and should not be overlooked as hours of instruction.*

- 2. What factors should the Workgroup examine in order to evaluate and make recommendations regarding the content of basic training curricula? Should any of the factors be weighted more than others for consideration?**
 - *This statute addresses a wide array of caregivers caring for vastly different populations, depending on setting and client needs/preferences. The Workgroup must keep in mind that each work setting is unique, and that a blanket approach to training will do disservice to both caregivers and clients alike.*
 - *The current learning outcomes as published by DSHS were developed after much stakeholder input and deliberation. These learning outcomes have been used by instructors and boarding home staff to implement in-house training opportunities, and have historically allowed for the development and implementation of alternative curricula.*
 - *A core number of common skills should be the focus of basic training, with continuing education hours used to augment basic training by providing caregivers with real-life specific knowledge and skills that pertain to the clients with whom they work.*

- 3. Given the current overall health care and long term care delivery approach and training structure in Washington state, what issues or factors are key for the Workgroup to consider when making recommendations regarding LTC worker certification criteria?**

- *Employers have a very important voice in the discussion; there are no provisions for covering costs for boarding home employees.*
- *Training must remain relevant, cost-effective for all involved, and accessible. Washington Health Care Association would like to explore the possibility of utilizing technology to contain costs and reach rural communities.*
- *The development of a certification must be in the realm of public safety, and not solely for a sense of accomplishment. Certification programs require oversight, monitoring, update, and investigation; this takes state moneys that may not be available.*
- *The development of a certification for long term care workers cannot cause undue pressure on caregivers due to a higher cost or time commitment. Creating barriers for employment access would only lead to further long term care worker shortages.*

4. What advice or recommendations can you provide to us in collecting specific information that will assist the Workgroup in their designated tasks?

- *Consider the work of the previous residential care training task force;*
- *Employers have an important voice in the design and development of any certification program; ensure that work group understands the attributes and skills that employers seek in long term care workers.*
- *Longitudinal data collection:*
 - *Employee turnover*
 - *Demographics regarding identity of the workforce – needs of the younger worker may not be the same as needs of older workers.*
 - *Employer survey*
- *Build on the work of already existing task forces and committees, including:*
 - *Health Care Personnel Shortage Task Force*
 - *Health Workforce Institute*
 - *K-12 Vocational Schools*
 - *Voc-Tech/community college programs*

5. What perspective or focus should the Workgroup consider as guidelines as they review, consider and develop recommendations for the number of required training hours, content, and criteria associated with certification of LTC workers?

- *Go back to the basics – why is certification necessary, and what advantages does it accrue for long term care workers and employers.*
- *Program affordability matters – to residents, workers and employers.*
- *Determine how a certification program can broaden the supply of long-term care workers including older workers, former TANF recipients, military personnel transitioning to civilian life, individuals with recent experience providing care to family members, and young people.*
- *Ensure that the program actually creates a career path, not barrier. The SEIU blueprint creates a more stringent training requirement for HCBS caregivers than for CNAs in nursing homes. – CNAs in SNFs complete 85 total hours; under the*

SEIU plan, to become a CNA, a home care worker would have to complete an additional 50 hours of clinical training.

- *Training hours are not indicative of caregiver comprehension – demonstration of skills is a better indicator, particularly for students with English as a foreign language.*
- *Regulations and care expectations vary across all home and community-based care settings. The only thing constant for all HCBS providers are fundamental skills for doing the job, including, handwashing, using latex gloves, one-person and two-person transfers, assisting with ambulation, turning and/or repositioning a resident, mouth care, denture care, shaving, fingernail care, foot care, bed bath, assisting with dressing, putting on knee high elastic stockings, assistance with eating, assistance with peri-care, catheter care, applying a condom catheter, measuring blood pressure, measuring respiratory rate, measuring pulse rate, taking a temperature, post mortem care. All other tasks are site/facility and resident specific.*