



OREGON HEALTH
CARE ASSOCIATION

11740 SW 68th Parkway Ste. 250
Portland, OR 97223
Office: (503) 726-5260
Fax: (503) 726-5259
www.ohca.com

Oregon's Voice for Long Term Care & Senior Housing

**Testimony in Response to HB 3132
March 27, 2013**

The Oregon Health Care Association (OHCA) is a statewide, professional trade association representing over 600 health care providers, including for-profit and not-for-profit nursing facilities, assisted living and residential care facilities, independent senior housing providers, and private, licensed in-home care agencies. With nearly 40,000 employees, our members provide care and services to over 40,000 Oregonians in every community of the state.

On behalf of our assisted living and residential care members, which comprise 85% of these licensed communities, OHCA appreciates the opportunity to comment on HB 3132, a bill that would require residential care facilities to adopt standards ensuring caregivers have the practical knowledge and skills necessary to maintain the health, safety and welfare of residents. In addition, it requires providers to annually report to the licensing agency on compliance with these training requirements.

OHCA and its membership are committed to upholding the clear standards for care provided to Oregon's most vulnerable populations. However, HB 3132 gives OHCA and its members concern for the following reasons:

- HB 3132 proposes a departure from the successful and long standing practice of assuring proper training of facility staff, found in Oregon Administrative Rule (OAR) 411-054-0070. Under current rule, providers are required to train all employees prior to beginning their job on the following issues:
 - Residents' rights and the values of community-based care;
 - Abuse and reporting requirements;
 - Standard precautions for infection control; and
 - Fire safety and emergency procedures.

- Further, under OAR 411-054-0070, the facility must have a training program that has a method to determine performance and capacity through a demonstration and evaluation process.
- Additionally, OAR 411-054-0070, outlines competencies for those employees who will work as caregivers, including:
 - The facility is responsible to assure that caregivers have demonstrated satisfactory performance in any duty they are assigned. Knowledge and performance must be demonstrated in all areas within the first 30 days of hire, including, but not limited to:
 - The role of service plans in providing individualized resident care;
 - Providing assistance with the activities of daily living;
 - Changes associated with normal aging;
 - Identification of changes in the resident's physical, emotional and mental functioning and documentation and reporting on the resident's changes of condition;
 - Conditions that require assessment, treatment, observation and reporting;
 - Understanding resident actions and behavior as a form of communication;
 - Understanding and providing support for a person with dementia or related condition;
 - General food safety, serving and sanitation; and
 - If the caregiver's duties include the administration of medication or treatments, appropriate facility staff, must document that they have observed and evaluated the individual's ability to perform safe medication and treatment administration unsupervised.
 - ❖ These tasks may not be performed unsupervised until such time that the caregiver has been trained, evaluated and demonstrated satisfactory performance.
- OAR 411-054-0070 also requires continuous training, stating:
 - All direct caregivers must complete and document a minimum of 12 hours of in-service training annually on topics related to the provision of care for persons in a community-based care setting, including training on chronic diseases in the facility population.
- In addition to the above training and inservice requirements, any assisted living or residential care facility designated as a Memory Care Endorsed Community, further training requirements apply from OAR 411-057-0150 Memory Care Communities. See page 4 for outline Memory Care Community training requirements.

- **Finally, of greatest concern to OHCA and its members is that HB 3132 would add an unnecessary and redundant layer of reporting to a regulation that already has significant government oversight associated with it. Currently OAR 411-054-0070 requires that providers maintain documentation regarding all training and demonstrated ability required under OAR 411-054-0070. This documentation is subject to inspection by the Oregon Department of Human Services (DHS) at least upon each license renewal inspection. This documentation is also requested any time there is a complaint inspection or abuse investigation and inadequate training is suspected as part of the cause of the incident in question. Finally, DHS may audit or inspect these standards at any time if there is reason to suspect that the regulatory standard is not met by a provider. The additional reporting requirement added in this bill presents an additional burden on providers and may produce unwanted, redundant, and burdensome documentation for the Department of Human Services.**

OHCA is interested in continuing to work with Legislators and other stakeholders on improving care provided in Oregon's nationally recognized long term care delivery system.

We thank you for the opportunity to comment on HB 3132.

**OAR 411-057-0150 Training Requirements for Memory Care Communities
Table 1**

	All Caregiving Staff Must meet licensing training requirements for direct caregiving staff.	All Other Staff Must meet licensing training requirements for other staff.
	Memory Care Training Requirements for Direct Caregiving Staff	Memory Care Training Requirements for Other Staff
Pre-Service Training Requirements	<p>(1) The memory care community's philosophy that reflects a person directed approach that is related to the care of residents with dementia;</p> <p>(2) A description of the most common types of dementias and descriptions of disease process;</p> <p>(3) The need for careful diagnosis and available treatments;</p> <p>(4) The memory care community's policy and procedure on preventing elopement and procedures to follow in the event a resident elopes from the memory care community;</p> <p>(5) Environmental supports (e.g. staff interactions, lighting, room temperature, noise, etc.); and</p> <p>(6) Common behaviors and recommended interventions including:</p> <p>(a) Communication techniques that facilitate better resident-staff relations;</p> <p>(b) Approaches to implement with residents who have aggressive behavior, catastrophic reactions, and socially</p>	<p>(1) The memory care community's philosophy that reflects a person directed approach that is related to the care of residents with dementia;</p> <p>(2) A description of the most common types of dementias and descriptions of disease process;</p> <p>(3) The need for careful diagnosis and available treatments;</p> <p>(4) The memory care community's policy and procedure on preventing elopement and procedures to follow in the event a resident elopes from the memory care community;</p> <p>(5) Environmental supports (e.g. staff interactions, lighting, room temperature, noise, etc.); and</p> <p>(6) Common behaviors and recommended interventions including:</p> <p>(A) Communication techniques that facilitate better resident-staff relations; and</p> <p>(B) Approaches to implement with residents who have aggressive behavior, catastrophic reactions, and socially</p>

Memory Care Training Requirements for Direct Caregiving Staff

Memory Care Training Requirements for Other Staff

challenging behaviors; and
(c) Providing personal care to an individual with dementia.

challenging behaviors.

Required Training Within 30 Days of Hire

- (1) Integrating leisure activities into the daily life of the resident;
- (2) How to evaluate behavior and what behaviors mean by observing, collecting information, and reporting behaviors that require on-going monitoring and possible assessment;
- (3) Family support and the role family may have in the care of the resident; and
- (4) Use of supportive devices with restraining qualities in memory care communities.

- (1) Integrating leisure activities into the daily life of the resident;
- (2) How to evaluate behavior and what behaviors mean by observing, collecting information, and reporting behaviors that require on-going monitoring and possible assessment; and
- (c) Family support and the role family may have in the care of the resident.

In-Service Training

All care giving staff must receive 4 hours of documented in-service training annually that pertains to the physical and emotional needs of residents with dementia. This is in addition to the licensing requirements for minimum in-service staffing. Training to address the behavioral or health care needs of specific residents that could be utilized with future residents may be counted.