

iowa direct care worker

TASK FORCE

Report Summary

December 19, 2006

Funding for Iowa Direct Care Worker Task Force

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Creation of the Iowa Direct Care Worker Task Force

- Iowa General Assembly responsible for creation of the Iowa Direct Care Worker Task Force
 - House File 781 (2005)
 - Iowa Department of Public Health (IDPH) was directed to convene and provide administrative support to the Task Force
 - Through a competitive bid process, IDPH contracted with State Public Policy Group to facilitate and staff the year-long project (December 2005 – December 2006)

Iowa Direct Care Worker Task Force Charge

The Iowa Direct Care Worker Task Force will review the education and training requirements applicable to and make recommendations regarding direct care workers.

Iowa Direct Care Worker Task Force Charge (Cont.)

- The Task Force was asked to address the following key issues:
 - ✓ Identify the existing direct care worker classifications.
 - ✓ Review and outline the corresponding educational and training requirements for each direct care worker classification identified.
 - ✓ Determine the appropriate educational and training requirements for each direct care worker classification identified.
 - ✓ Recommend a process for streamlining the educational and training system for direct care workers.
 - ✓ Recommend a process for establishing a direct care worker registry by expanding the Iowa Nurse Aide Registry to integrate direct care workers.

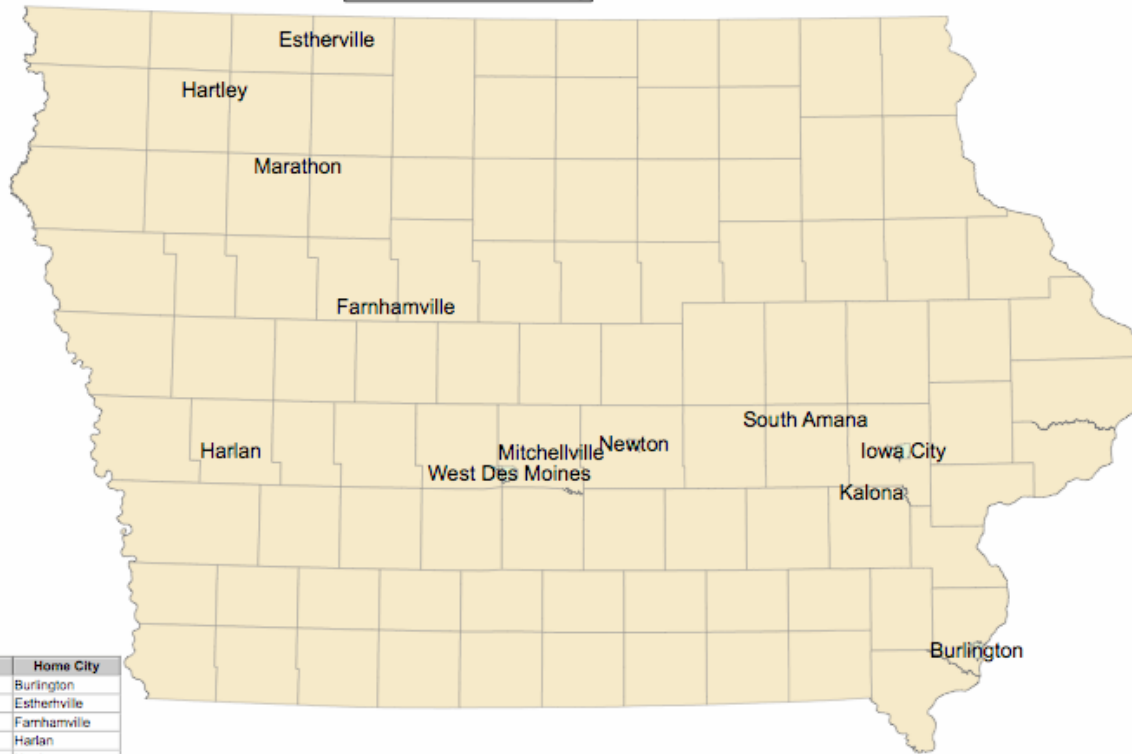
Task Force Membership

- 12 Task Force Members
 - Governor Appointed
 - Representatives from:
 - Direct Care Workforce
 - Health Care Providers
 - Consumer and Disability Advocates
 - Educators/Trainers of Direct Care Workforce
 - Co-Chairs Selected by Task Force:
 - Cindy Kail, Registered Nurse, Advanced Registered Nurse Practitioner, Associate Administrator and Public Health Director, Greene County Medical Center, Farnhamville
 - Tony Wells, Certified Nursing Assistant, Community Memorial Health Center, Hartley

Task Force Member Map

iowa direct care worker **TASK FORCE**

Task Force Member Map



Name	Home City
Suzanne Russell	Burlington
Diane Frerichs	Estherville
Cindy Kail	Farnhamville
Bill Miller	Harlan
Tony Wells	Hartley
Ginny Kirschling	Iowa City
Tony Breneman	Kalona
Judy Haberman	Marathon
Di Findley	Mitchellville
Bob Campbell	Newton
Larry Hertel	South Amana
Ivan Lyddon	West Des Moines

Ex-Officio Membership

- 6 Ex-Officio Members (non-voting)
 - 2 Members of the General Assembly
 - Appointed by the President of the Senate
 - Representatives from:
 - Iowa Department of Public Health
 - Iowa Department of Inspections and Appeals
 - Iowa Department of Human Services
 - Iowa Department of Elder Affairs

Guiding Principles of Task Force

- Represent the interests of the people of Iowa
- Listen to one another
- Consider all perspectives
- Help the group meet its challenges – time and complex issues
- Work toward ultimate consensus

Definition of Direct Care Worker

- For the purposes of the Iowa Direct Care Worker Task Force, a direct care worker was defined as an individual who provides services, care, supervision, and emotional support to people with chronic illnesses and disabilities. This definition does not include nurses, case managers, or social workers.

Applicable Federal and State Code

- **Federal and State Code and Rules**
 - Federal Code 484.36, Centers for Medicare and Medicaid Services
 - P.L. 100-203 Nursing Home Reform Act, Omnibus Budget Reconciliation Act (OBRA)
 - Iowa Administrative Code, Chapter 24, Iowa Department of Elder Affairs
 - Iowa Administrative Code, Chapter 25, Iowa Department of Elder Affairs
 - Iowa Administrative Code, Chapter 58, Iowa Department of Inspections and Appeals
 - Iowa Administrative Code, Chapter 80, Iowa Department of Public Health
 - Iowa Administrative Code, Chapter 81, Iowa Department of Human Services
 - Iowa Administrative Code, Chapter 114, Iowa Department of Inspections and Appeals

Task Force Outreach

- Six Focus Groups
 - 2 with each of the primary stakeholder groups (consumers/family members, direct care workers, and employers)
 - Mason City, Clarinda, Davenport (2 in each city)
 - Given low turnout for several of the focus groups, the report was not able to be generalized over the broader populations.
- Online Survey (Non-Probability)
 - 383 Respondents (84 counties)
 - Types of Respondents
 - Direct Care Workers = 32.1%
 - Consumers/Family Members = 11.2%
 - Employers = 26.6%
 - Other Respondents = 30%
 - Survey findings were qualitative and were not generalizable.

Other Information Gathering

- In addition to the focus groups and online survey, the Task Force collected information from:
 - Interviews
 - Presentations
 - Iowa Department of Inspections and Appeals
 - Overview of Federal Regulations
 - Current DCW Registry Demonstration
 - Iowa Department of Public Health, Summary of Chapter 80
 - State Public Policy Group, Review of Key Research Findings
 - Iowa Department of Human Services, Overview of Self-Direction and Consumer-Directed Care
 - The University of Iowa College of Nursing
 - AARP, Iowa State Office
 - Review of 14 States

Identification of Direct Care Workers (DCWs)

First Charge: Identify the existing direct care worker classifications.

- The Task Force initially identified three classifications of direct care workers based on function. These included:
 - Environmental / Chore
 - Instrumental Activities of Daily Living
 - Personal Care

Review of Current Education and Training for DCWs

Second Charge: Review and outline the corresponding educational and training requirements for each direct care worker classification identified.

- The Task Force reviewed and outlined the current education and training requirements for nearly 40 different job titles of DCWs
 - Development of a matrix

Determination of Appropriate Education and Training Requirements

Third Charge: Determine the appropriate educational and training requirements for each direct care worker classification identified.

- Task Force members systematically organized core functions performed by the six classifications of DCWs
 - Types of DCWs expanded from 3 to 6
 - Environmental / Chore, Instrumental Activities of Daily Living, Personal Care Support, Personal Care Activities of Daily Living, Health Monitoring & Maintenance, and Specialty Skills

Determination of Appropriate Education and Training Requirements (Cont.)

- Based on the 6 classifications of DCWs, the Task Force determined appropriate education and training requirements.
 - Definitions and Functions Determined
 - Inclusion of an Education and Training Orientation
 - Core Competencies / Learning Objectives Developed for Each DCW Classification
 - Task Force Subcommittee

Education and Training Orientation Components

- This orientation is an agency-specific training, but should address the following components.
 - Confidentiality
 - Ethics and Legal
 - Consumers' and Workers' Rights
 - Person Directed/Consumer Centered Care
 - Cultural Competency
 - Growth, Development, and Disability Specific Competency
 - Observation, Referral, and Reporting
 - Communication and Interpersonal Skills
 - Problem Solving
 - Safety and Emergency Procedures
 - Infection Control and OSHA Guidelines
 - Professional Education and Training

Environmental / Chore Functions

- Defined as functions that are necessary for an individual to live independently that encompasses heavier cleaning tasks, including outside maintenance and chores. There is no physical contact between workers and clients.
 - While the functions may include heavy household cleaning, garbage removal, shoveling snow, changing light bulbs, putting screens on windows, cover/uncover air conditioners, or lawn care/mowing, among others, there are no education and training requirements beyond the required agency-specific orientation.

Instrumental Activities of Daily Living Functions

- Defined as care to assist an individual to function independently. This care goes beyond basic needs and transcends into care necessary for an individual to be able to live independently. There is no physical contact between workers and clients.
 - Prevention of disease and injury (infection control)
 - Home management (using the phone, laundry, shopping, cooking, washing dishes, bed making, and light housekeeping)
 - Financial management (managing money, but not serving as a payee)
 - Food preparation and nutrition (food safety, shopping, awareness of special diets, but not cooking skills)

Personal Care Support Functions

- Defined as providing support to individuals as they perform personal and instrumental activities of daily living (support role for activities of daily living – personal and instrumental). There is no physical contact between workers and clients.
 - Testing / Training
 - Observation / Recording / Documenting
 - Coaching / Supporting / Supervising

Personal Care Activities of Daily Living Functions

- Defined as care to assist an individual in meeting their basic needs, acknowledging personal choices and encouraging independence. In most cases, physical contact would be involved between workers and clients.
 - Eating and feeding (swallowing, choking)
 - Bathing, back rubs, skin care, grooming (hair care, nail care, oral care, shaving), dressing and undressing, toileting (includes urinal, commode, bedpan)
 - Mobility assistance (transfers to chair/bed, walking, turning in bed, etc.)

Health Monitoring and Maintenance Functions

- Defined as medically-oriented care that assists an individual in maintaining their health on a daily basis. In most cases, physical contact would be involved between workers and clients.
 - Checking vitals (temperature, pulse, respiration, blood pressure, pain assessment), measuring height and weight, handling/gathering specimens
 - Measuring intake and output, catheter care, ostomy care, urinary care, collecting urine and fecal samples
 - Application of TED hose, heat and cold packs, range of motion exercises

Specialty Skills Functions

- Defined as functions that require additional education and training in order to provide specialty services to individuals. In most cases, physical contact would be involved between workers and clients. It is important to note that certain specialty skills must be delegated by licensed nurses in specific settings.
 - Dementia/Alzheimer's Care
 - Psychiatric Care (including all mental health issues), plan activities and exercises for social, physical, and emotional/mental health
 - Monitoring/Administration of Medications
 - Simple dressing changes, drawing blood, sputum, and cultures, giving shots, giving enemas, and respiratory management
 - Hospice and Palliative Care
 - Protective Services
 - Restorative and Strengthening Exercises – Ambulation
 - Mentoring

Process for Streamlining Education and Training System

Fourth Charge: Recommend a process for streamlining the educational and training system for direct care workers.

- Education and Training Matrix
- Recommendations
 - See Recommendations Section of PowerPoint Presentation

Education and Training Matrix

Recommended Education and Training Content for Each Direct Care Worker

Classification

Below is a matrix that outlines what education and training should be completed by direct care workers based on their classification. This matrix should be read horizontally. For additional details, read Recommendations 1 and 2 above.

		Education & Training Requirements						
		Overarching Education and Training Orientation	Environmental / Chore	Instrumental Activities of Daily Living (IADLs)	Personal Care Support	Personal Care Activities of Daily Living	Health Monitoring and Maintenance	Specialty Skills
Classifications	Environmental / Chore	X	No additional requirements					
	Instrumental Activities of Daily Living	X		X				
	Personal Care Support	X		X	X	Required components: only classroom, not clinical		
	Personal Care Activities of Daily Living	X		Required components: prevention of disease/injury + food prep. & nutrition		X		
	Health Monitoring and Maintenance	X		Required components: prevention of disease/injury + food prep. & nutrition		X	X	
	Specialty Skills	X		Required components: prevention of disease/injury + food prep. & nutrition		X	X	X

Process for Expanding Iowa Nurse Aide Registry

Fifth Charge: Recommend a process for establishing a direct care worker registry by expanding the Iowa Nurse Aide Registry to integrate direct care workers

- Recommendations
 - See Recommendations Section of PowerPoint Presentation

Task Force Recommendations

- 19 recommendations were made by the Task Force. The four categories of recommendations include:
 - Category One: Education and Training
 - Category Two: Implementation
 - Category Three: Establishment and Responsibilities of a Governing Body
 - Category Four: Directory of Certified Direct Care Workers

Category One: Education and Training Recommendations

- Establish Direct Care Worker Classifications Based on Function
- Establish Functions for Each Direct Care Worker Classification
- Implement Consistent and Appropriate Education and Training Requirements for Direct Care Worker Classifications
- Require Standard Curriculum for Direct Care Worker Education and Training
- Combine the Specialty Requirements for Medication Manager and Medication Aide

Category Two: Implementation Recommendations

- Designate the Iowa Department of Public Health with Responsibilities for Implementation
- Qualify and Adopt Curriculum Meeting Required Standards
- Establish Educational Equivalency Standards for Other Health Care Professions
- Ensure Competence of Existing Direct Care Workforce
- Qualify Educators and Trainers

Category Two: Implementation Recommendations (Cont.)

- Establish Continuing Education Requirements
 - Direct Care Workers and Educators/Trainers
- Develop Certificate Program Criteria for Direct Care Worker Classifications
- Ensure Title Protection for Certified Direct Care Workers
- Standardize Supervision of Direct Care Workers
- Shift Responsibility for Credentials to Individual Direct Care Workers
- Require Income Maintenance Workers and Case Managers to Provide Information to Home and Community Based Waiver Participants

Category Three: Establishment and Responsibilities of a Governing Body

- Establish a Governing Body for Direct Care Workers
 - Responsibilities to Include:
 - Protecting the public
 - Ensuring consistency and equity among and between classifications of direct care workers
 - Investigation of credentialing issues
 - Imposing disciplinary actions, including de-certification
 - Conducting ongoing review and authority to change requirements
 - Providing guidance and direction to the Directory of Certified Direct Care Workers administration
- Include Representation of Primary Stakeholders in Governance

Category Four: Directory of Certified Direct Care Workers

- Expand the Iowa Direct Care Worker Registry
- Only DCWs completing the education and training requirements will be listed in the Directory

Information Included in the Directory	Direct Care Worker	Current Employer	Training Institutions	Public
1. Name	X	X	X	X
2. Address	X	X		
3. County of Residence	X	X	X	X
4. Social Security Number	X	X		
5. Date of Birth	X	X	X	X
6. Active / Inactive Status	X	X		
7. Employability Status	X	X	X	X
8. Classification(s)	X	X	X	X
9. Certification(s)	X	X	X	X
10. Date of Certification(s)	X	X		
11. Work History	X	X		
12. Continuing Education Status	X	X		
13. Scores of Skills Tests and Written Tests	X	X	X	
14. Dependent Adult Child Abuse Training	X	X	X	

Report and Recommendations Submission

- The Task Force Report was submitted to Governor's Office and Iowa General Assembly on December 15, 2006.
 - General Assembly and IDPH to Determine Next Steps
 - Implementation Task Force
 - Legislation
 - Administrative Rules

Questions

- All questions regarding the Iowa Direct Care Worker Task Force should be directed to the Iowa Department of Public Health.

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