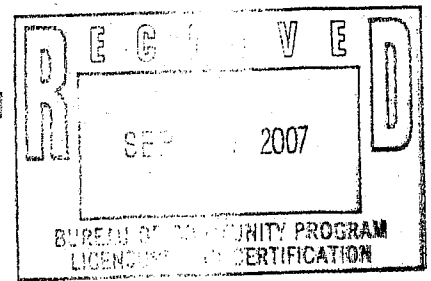


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September 6, 2007

Pennsylvania Department of Health
Janice Staloski, Director
Bureau of Community Program Licensure and Certification
132 Kline Plaza, Suite A
Harrisburg, PA 17104-1579

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INDEPENDENT REGULATORY
REVIEW COMMISSION



Dear Ms. Staloski,

I am taking this time to comment, as a private citizen, on the proposed regulations for Home Care Agencies and Home Care Registries that were published Saturday, August 4, 2007. My comments are going to focus primarily on the training and competency requirements of these Regulations because, as currently written, I feel they will have the gravest impact on personal care being delivered in a home care environment.

I would like the training regulations to return to the previous draft and hope the following information will justify this request.

I have over 30 years of experience working in the Home Health and Home Care areas. I have worked with Medicare certified and agencies licensed by the State of as well as those providing solely private duty care.

As a young nurse I helped open two cardiac intensive care units and worked in a general (both surgical, neuro and cardiac) intensive care unit. I mention this pre-historic work experience to establish that "way back then" I was considered to be very sharp.

The reason I want to establish the fact that I was a capable young nurse is to lend some credibility to my experience as a graduate nurse. When I graduated from nursing school and actually went to work, I can still remember the terror I felt when I was confronted with certain tasks. Yes, I had been trained in those tasks but a lot of time and additional training had transpired between that tasks training and the immediate need. It left me with a lasting impression that effective training must be used within a reasonable amount of time for it to be truly useful.

Jan, I know from past conversations with you that you do have a good understanding of our industry and are sensitive to our realities. I would like to take this opportunity to re-emphasize the differences between nursing home, certified care and even homemaker services provided by our AAAs. I want to paint our picture for you so that it is clear in your mind as you go about the very difficult task of finalizing these regulations.

I think it should be noted that for years home care has provided entry-level positions to women who have developed homemaking and care skills as a result of being the homemakers and caretakers for their families.

When their children enter or finish school, many of these women want to enter the work force. Far too many of them do not see themselves as having skills thus they too often feel they lack potential. Many are intimidated by the thought of returning to "school" (training course) and end up in low-paying dead-end jobs as clerks in retail, or fast-food services.

Private duty home care has been able to appeal to and utilize many of these women by courting them to enter our area of long-term care. By recognizing their life skills and, as they develop self-confidence, providing for the up-grading of their skills with in-services, one-on-one training and mentoring this menu of options has proven to be effective and appealing to and for them.

After working in the home health and home care industries for several years I determined that my ideal non-licensed home care worker was not the one who came with lots of formal training but rather the individual who cared about their clients and was willing to learn. Anything that acts as a barrier to caring individuals entering long-term care is, I believe, a huge mistake.

The reason I feel so strongly about the caring is that I have found that caring brings elevated client care results. I believe that when an employee cares about:

- Their client's dignity—they listen to the client and try to accommodate their wishes
- Their client's comfort—they are more attentive to the "little" things that help improve their client's quality of life
- Their client's well-being—they recognize changes in their client's condition(s) and call and report them
- Their client's state of mind—they report to work on time and don't call-off with "headaches"
- Their client's safety—they take their toothbrushes to work with them when bad weather may prevent their relief from getting to the client so the client will not be alone

None of these very important characteristics are generally "taught". My experience has shown that:

- It is almost impossible to teach caring to an indifferent individual but
- There is an excellent success rate of teaching skills to the caring individual

Add to the above thoughts the facts that:

- **Private duty home care is almost always one-on one care and this means that it could be months or years before the Personal Care Aide may need to utilize previously taught hands-on skills**—(remember my reference to myself as a young nurse?)
- Many of our clients start out needing little, if any, hands on care but will gradually deteriorate over time
- Maintaining the bond of caring and trust developed while the client is more independent is probably far more important to our elderly than the provision of a formally trained aide to replace their companion—as long as the companion is willing and able to develop competence in the skills needed by that client at the time that they need them

When the above thoughts are added to the importance of caring I hope you'll agree to and be more comfortable with a more results oriented training path.

I want to re-emphasize that while there is certainly a place for classroom training, once you get away from certain widely shared needs of our elderly population such as confidentiality, recognizing changes in the consumer that need to be addressed, the handling of emergencies, teaching what abuse and neglect is as well as its signs, how to effectively deal with difficult behaviors, and infection control, additional training path may teach skills at the beginning of an employee's work experience that may not be utilized for months, if not years, resulting in wasted training. Wasted or ineffectual training is, in reality, money down the drain.

Another interesting fact to enter into the training equation is that we have women who join our company and at the outset declare, "I won't provide any hands on care—period. I want you to know this right up front." We say, "okay" but frequently find that when **their** client needs hands on care they are willing to be trained to provide that care to that individual because they cannot bear to "desert" them when their client most needs them.

I have been involved with the efforts to get a licensure bill passed by our legislators for a number of years. The effort was frustrating, challenging and finally satisfying. One of the obstacles to the legislators passing a licensure bill for home care was their fear that it would add to the cost for these services. They recognized that the consumer privately pays for the vast majority of this care.

I think it is important to remember that as we move to add protection to private duty services, we have an almost equally important mandate to be good and effective conservators of these individuals' funds. I think little will be gained if many of our clients are forced into public programs because they ran out of funds because our regulations drove up the costs of delivering care.

Remember, the vast majority of this care is one on one care and not similar to contracts that require an employee to go from person to person. These regulations cannot look at the need for training required by Medicare or AAA programs or other state funded programs and determine that this is the gold standard—I submit that this thinking is critically flawed and will result in higher cost without substantially improving care.

Again, remember that many consumers are paying out of their savings and/or pensions. I do not believe that either the State or Federal Government can afford to absorb the cost of a substantial increase in elderly persons seeking assistance because they are no longer able to pay their own way.

It is my opinion that a previous draft of regulations dated March 7, 2007 was a much more realistic and effective set of regulations. They stated:

§. _____ .15. **Training requirements.**

- (a) Prior to assigning or referring a direct care worker to provide services to a consumer, the home care agency or home care registry shall ensure that an individual has satisfied the requisite training requirements. An individual will have satisfied the training prerequisites if the individual:
- (1) Has a valid nurse's license issued by this Commonwealth; or
 - (2) Has demonstrated competency by passing a competency examination developed by the home care agency or home care registry and approved by the Department; or
 - (3) Has successfully completed one of the following:
 - i. A training program developed by the home care agency, home care registry, or other entity and approved by the Department;
 - ii. A home health aide training program meeting the requirements of 42 CFR 484.36 (relating to the Conditions of Participation: home health aide services) and approved by the Department; or
 - iii. The nurse aid certification and training program approved by the Department of Education.

- (b) To be eligible for approval by the Department, a training program or competency examination must address, at a minimum, the following subject areas:
- (1) Confidentiality;
 - (2) Consumer control and the independent living philosophy;
 - (3) Recognizing changes in the consumer that need to be addressed;
 - (4) Basic infection control;
 - (5) Universal precautions;
 - (6) Handling of emergencies;
 - (7) Documentation;
 - (8) Recognizing and reporting abuse or neglect; and
 - (9) Dealing with difficult behaviors.
- (c) The training program and competency examination, to be approved by the Department, also must include options for additional training or testing to ensure competency in the following subject areas:
- (10) Bathing, shaving, grooming and dressing;
 - (11) Hair, skin and mouth care;
 - (12) Assistance with ambulation and transferring;
 - (13) Meal preparation and feeding;
 - (14) Toileting;
 - (15) Assistance with self-administered medications; and
 - (16) Home management.
- (d) Every direct care worker must be trained or demonstrate competence in the subject areas listed in (b). Training or competency testing for each direct care worker in subject areas listed in (c) may vary depending upon the type of services to be provided by the direct care worker.
- (e) The home care agency or home care registry shall include documentation of the individual's satisfactory completion of training prerequisites in the individual's personnel file. If the individual has a nurse's license or other licensure or certification as a health professional, the individual's personnel file shall include a copy of the individual's current license. Documentation of satisfactory completion of training prerequisites is transferable from one home care agency or registry to another home care agency or registry, provided the training meets the requirements of subsection (a) and the break in the individual's employment or roster status does not exceed 12 months.
- (f) The home care agency or home care registry also shall include documentation in the individual's personnel file that the agency or registry has periodically reassessed the individual's competency to perform assigned duties through direct observation, testing, training, or other method approved by the Department or through a combination of methods. Periodic reassessment shall occur not less than once per year after initial competency is established, and more frequently when discipline or other sanction, including a verbal warning, is imposed because of a quality of care infraction.

(g) Individuals employed by a home care agency or rostered by the home care registry on the effective date of this subpart shall achieve compliance with the training requirements imposed by this subpart within 2 years of the effective date of this subchapter.

I hope that as you re-read these regulations you too will feel that their flexibility and progression makes for an efficient and effective training program and will return this format to the final set of regulations.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Celia T. Rick', written in black ink.

Celia T. Rick, R.N., B.S.N.
125 Dunharrow Drive
Lancaster, PA 17601

