

Training to Serve People with Dementia: Is our Health Care System Ready?

Paper 5: Promising Practices Washington State - A Trailblazer in Dementia Training

ISSUE BRIEF • AUGUST 2015

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Introduction

States and advocates seeking strong and comprehensive models of dementia training requirements should take a close look at Washington State. The Washington model is summarized below. Characteristics of particular note include:

- A comprehensive approach encompassing many settings and provider types, and including managerial staff.
- Direct state involvement in development of training content and design of competency evaluations.
- Highly detailed training objectives.
- Outcome-based curriculum with examinations requiring a demonstration that competencies have been mastered.
- Requirements for continuing education in addition to pre-service training.

Table of Contents

Introduction.....	1
Summary of Washington Requirements	2
Nursing Homes	2
Enhanced Service Facilities	2
Assisted Living Facilities.....	2
Assisted Living Facilities - Special Care	2
Adult Family Homes	3
Certified Nursing Assistants	3
Home and Community Based Services.....	3
Long-Term Care Ombudsman.....	3
Conclusion.....	4

Summary of Washington Requirements

Nursing Homes

By statute, Washington requires its Department of Social and Health Services to offer long-term care workers the opportunity to accumulate 70 hours of training on topics including dementia, and by regulation, Washington requires nursing home staff who have contact with residents to have ongoing and consistent training in special dementia care and needs. See Wash. Rev. Code Ann. § 74.39A.351 (2012) and Wash. Admin. Code § 388-97-1040 (2014).

Enhanced Service Facilities

Washington enacted new regulations, effective in 2014, governing enhanced service facilities. Enhanced service facilities are a category of licensed residential facilities, limited to a maximum of 16 residents, and designed to provide a community placement option for individuals whose complicated personal care and behavioral challenges do not rise to a level that requires an institutional setting, and who no longer respond to active psychiatric treatment.

Dementia-training standards in effect for these facilities include: requirements that administrators and staff who interact with residents meet rigorous long-term care training requirements including requirements for specialty dementia care training. The regulations mandate both individual and continuing education. See Wash. Admin. Code § 388-107-0630 (2014), Wash. Admin. Code § 388-107-0650 (2014), Wash. Admin. Code § 388-110-220 (2014).

Assisted Living Facilities

By statute, the Department of Social and Health Services must review the training given to assisted living facility staff who interact with dementia patients and suggest possible enhancements. By regulation, assisted living facilities must make sure that all administrators, administrator-designees, and caregivers complete specialized training if any patients have dementia. In addition, assisted living facilities that have residents with dementia must ensure that staff complete specialized training. See Wash. Rev. Code Ann. § 18.20.230 (2012) and Wash. Admin. Code § 388-78A-2474 (2014).

Assisted Living Facilities - Special Care

By statute, for assisted living facilities that serve residents with special needs, administrators, their designees, and caregivers all must have additional training in dementia care. Specialty training must be outcome-based, and the effectiveness of the specialty training must be measured by demonstrated competency in the core specialty areas through the use of a competency test.

By regulation, staff who work in assisted living facilities with an enhanced adult residential care-specialized dementia care services contract, and who work directly with patients, must have six hours of continuing education per year on dementia care. The regulations list 11 topics that the training must cover. Furthermore, contractors operating such facilities must have in place a plan that identifies a professional experienced in dementia care who can serve as a consultant for staff to address behavioral issues for residents. See Wash. Rev. Code Ann. § 18.20.270 (2013), Wash. Admin. Code § 388-78A-2474 (2014), Wash. Admin. Code § 388-112-0390 (2013).

Adult Family Homes

Washington heavily regulates adult family homes. By statute, the Department of Public Health and Safety must define what level of care an adult family home is qualified to give (i.e. what licensure they attain) based in part on staff training. The Department, with input from other experts, is required to define what specialty training is required for patients with dementia. It is responsible for standardizing the requirements and developing tools to test efficacy. In addition, the Department of Social and Health Services must review the training given to adult family

home staff who interact with dementia patients and suggest possible enhancements to the legislature. The regulations also require that all caregivers, entity representatives, and resident managers in adult family homes must complete specialized training if any of their patients have dementia. See Wash. Admin. Code § 388-76-10146 (2011), Wash. Admin. Code § 388-76-10505 (2010).

Washington requires that providers and resident managers at adult family homes that serve dementia patients must undergo specialty training. Continuing education is required yearly after the initial specialty training. If a resident develops dementia and the staff is unprepared, they have 120 days to complete the specialty training. Otherwise the providers and managers must have completed the training before admitting dementia patients. Specialty training must be outcome-based, and the effectiveness of the specialty training measured by demonstrated competency in the core specialty areas through the use of a competency test. The regulations also require that adult family homes may not admit or retain a resident with dementia unless the resident manager and staff have had specialty dementia training. See Wash. Rev. Code Ann. § 70.128.060 (2013), Wash. Rev. Code Ann. § 70.128.210 (2012), Wash. Rev. Code Ann. § 70.128.230 (2013), Wash. Admin. Code § 388-112-0160 (2013).

Certified Nursing Assistants

In order to be certified to practice in Washington, regulations mandate that nursing assistants must be able to identify the psychosocial characteristics of patients with dementia and Alzheimer's disease. In addition, the regulations specify the areas of competency that are considered standards of practice for nursing assistants. A nursing assistant must demonstrate competency in the care of residents with Alzheimer's disease and dementia in the following areas: (a) uses techniques for addressing the unique needs and behaviors of individuals with cognitive impairment including Alzheimer's disease, dementia, delirium, developmental disabilities, mental illnesses, and other conditions; (b) communicates with cognitively impaired clients or residents in a manner appropriate to their needs; (c) demonstrates sensitivity to the behavior of cognitively impaired clients or residents; and (d) appropriately responds to the behavior of cognitively impaired clients or residents. See Wash. Admin. Code § 246-841-400 (2008) and Wash. Admin. Code § 246-842-100 (1991).

Home and Community-Based Services

Washington has specific training regulations for home and community-based services. The regulations provide that dementia is a topic that may be taught in home and community-based services training. The regulation requires that a training entity under the Department of Social and Health Services be responsible for administering and overseeing competency tests for dementia specialties in home and community-based services and programs. See Wash. Admin. Code § 388-71-1045 (2014).

Long-Term Care Ombudsman

Washington's state ombudsman for long-term care programs must ensure that all regional ombudsmen are educated about dementia. See Wash. Admin. Code § 365-18-060 (2000).

For more on Washington's requirements, see also generally Wash. Admin. Code § 388-112-0066 (2013), Wash. Admin. Code § 388-112-0078 (2013), Wash. Admin. Code § 388-112-0110 (2013), Wash. Admin. Code § 388-112-0125 (2013), Wash. Admin. Code § 388-112-0130 (2013), and Wash. Admin. Code § 388-112-0300 (2013).

Digging into the Details

A defining characteristic of the Washington model is the extent to which it fleshes out the general requirement for dementia training.

As an example, long-term care worker specialty training must include the following competencies and learning objectives: introduction to the dementias; dementia, depression, and delirium; dementia caregiving principles; communicating with people who have dementia; sexuality and dementia; rethinking ‘problem’ behaviors; hallucinations and delusions; helping with activities of daily living (ADLs); and working with family and friends.

Managerial staff, in addition to training in these competencies, must demonstrate competencies in medication and dementia including: extrapyramidal side effects; medications to treat dementia and their side effects; and treating dementia with antipsychotic drugs.

The requirements within each competency are spelled out in further detail. For example, the competency on communicating with people who have dementia, and communicating in a respectful and appropriate manner with residents with dementia requires that the person who has been trained be able to:

- (a) Describe common dementia-caused cognitive losses and how those losses can affect communication;
- (b) Identify appropriate and inappropriate nonverbal communication skills and discuss how each impacts a resident’s behavior;
- (c) Describe how to effectively initiate and conduct a conversation with a resident who has dementia; and;
- (d) Identify communication strategies to work with residents who have dementia.

See Wash. Admin. Code § 388-112-0132 (2013).

Conclusion

The Washington model has important elements of the type of comprehensive training requirements that advocates should be pushing states to implement. The regulations are strong across both facilities and job titles, the curriculum is specific, and there is accountability built into the system to ensure that dementia training is robust and relevant, more than just a box to check off for facilities, direct caregivers, and administrators.

Justice in Aging thanks the Alzheimer’s Association for its generous support in the development of this paper. The Alzheimer’s Association is the leading voluntary health organization in Alzheimer’s care, support, and research. Its mission is to eliminate Alzheimer’s disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.