

Core Competencies for the LTC Workforce

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IOM “Retooling for an Aging America” Report

- Demonstrate competencies in basic geriatric care for all licensing and certification
- All schools and training programs expand geriatric and gerontological coursework
- Special focus on development of appropriate content to teach needed competencies across all settings
- Most recommendations focused on hospitals and ambulatory care settings



Core Competencies Study

- Examined gerontological and LTC workforce literature 2000-2008
- Review website of professional associations, LTC providers, worker/advocacy organizations, academic institutions
- Interviews with select stakeholders



Roles/Responsibilities of Professional LTC Workforce

- Physicians—medical directors; signoff on care plans; few involved in integrated approach
- Administrators – overall supervision and management
- Nurse Practitioners – augment medical care in nursing homes, home health care
- RNs – assuring quality of clinical care, supervising LPNs and direct care workers
- LPNs – Frontline nursing supervisors, med pass



Roles/Responsibilities (cont.)

- Social workers – psychosocial support to consumers/families; admissions and discharge responsibilities
- Consultant pharmacists/Senior Care Pharmacists—oversight of medication distribution, medications-related problems
- PT, OT, ST – responsible for primary and secondary rehab; prevention



Direct Care Workers Responsibilities

- “Eyes and ears” of LTC
- High touch, personal care
- Strongest relationship with clients and families
- Consumer-directed care
- Universal worker in culture change nursing homes/AL



Current System Deficits

- No medical school rotations require clinical rotations in LTC settings
- 86% of medical directors spend 8 hrs or less/ wk in a nursing home
- Only 4% of nursing programs are exemplary in emphasis on geriatrics, less on LTC
- Most RNs receive no training in management and leadership skills
- Only 6.4% of recent nursing grads are practicing in LTC



Current System Deficits cont.

- As of 2002, only 6% of MSWs and 5% of BSWs specialized in aging
- Only 720 out of 200,000 pharmacists have a geriatric certification
- Lack of palliative care training across the settings
- No information on content and quality of continuing education



Defining Competencies for Licensed LTC: Medical Directors, Administrators, Consulting Pharmacists

- LTC Professional Leadership Council – developed core document re: knowledge & skills needed by nursing home administrators, DONs, pharmacists and medical directors
- AMDA – Pioneer Network Collaboration – help medical directors incorporate person centered care competencies



**Defining Competencies for
Licensed LTC: Medical Directors,
Administrators, Consulting
Pharmacists** cont.

- NAB – job analyses of “knowledge, tasks, skills” of entry level nursing home/AL administrator
- ACHCA – broad guide to assessing leadership roles
- AAHSA-Workforce/Talent Cabinet



**Defining Competencies
for LTC Nursing**

- University of Minnesota School of Nursing – requires LTC course (roles and skills in nursing homes and HCBS—coursework plus on-site assignment to a nursing home)
- AHCA– Nurses Leader in LTC Program—defines leadership and management competencies
- FL guide to competency-based curriculum and dementia care



**Defining Competencies for
LTC Nursing**

- Hartford Centers of Geriatric Nursing Excellence—Nursing Home Collaborative (5 nursing schools, providers, regulators, advocates) focus on RN competencies in nursing homes
- RWJF comprehensive end-of-life curriculum (ELNEC) – items integrated into AACN competencies and curriculum guide lines
- American Assisted Living Nurses Association – scope and standards of AL nursing practice



Defining Competencies for LTC Social Work/Mental Health Practice

- NASW- standards for social workers in nursing homes (do not define needed competencies)
- Standards of practice for geriatric case managers
- No standards or competencies for medical social workers, those practicing in home care settings



Direct Care Worker Education and Training

- CNAs – 75 hrs., competency evaluation and 12 hrs./yr; 12 states & DC require at least 120 hrs.
- Home health aides – suggested 75 hrs.; must pass competency test in 12 areas
- Personal/home care aides – no federal requirement; state requirements ranged from 2 to 120 hrs.
- Consumer directed workers – little training required



Building Direct Care Worker Knowledge & Skills

- Increase orientation & continuing education hours
- Develop core competencies across settings
- Infuse geriatric content into training
- Expand specialties (e.g., dementia, med management, palliative care, peer mentoring)
- Using technology



**Differences in Competencies
Required to Practice in
Acute/Ambulatory and LTC
Settings**

- Regulatory environments are different (e.g., survey and certification, MDS and OASIS)
- Need for an interdisciplinary care team
- Reliance on unlicensed staff
- Flat hierarchy with substantially more direct care workers (delegation issues)
- Essential integration of formal and informal care in home-based settings



**Differences in Competencies
Required to Practice in
Acute/Ambulatory and LTC
Settings cont.**

- One-on-one nature between caregiver/client in home care
- Negotiated risk in AL
- Limited experience with IT
- Typical LTC client is “long stayer” – quality of life and client/caregiver relationships are paramount



**Potential Strategies to Enhance
Geriatric Competencies in LTC**

- Teaching Nursing Homes
- Tying survey process for home health and nursing homes to demonstrated staff competencies
- More clinical placements in community based settings
- Creation of “Geriatric Nursing LTC Specialists Program” – aimed at RNs with less than baccalaureate level
- New models of care (transitions, managed LTC, new integrated models)



Next Steps

- Commission study to examine geriatric competencies and how they fit/need modification for LTC workforce
- Identify set of core competencies for LTC
- Vet competency get with study group and disseminate results
- Establish process for building consensus on specific competencies to be incorporated into educational institutions and continuing ed.
- Process for diffusing competencies into curricula (schools and vendors)


