

**Testimony of Kelly Smith Papa, MSN, RN**

**To the**

**Aging Committee**

**Tuesday, February 25, 2014**

**In support of Senate Bill 179, An Act Concerning the Alzheimer's Disease and Dementia Task Force's Recommendations on Training.**

Senator Ayala, Representative Serra and distinguished members of the Aging Committee. My name is Kelly Smith Papa, MSN, RN, and I am the Corporate Director of Learning at Masonicare in Wallingford, Connecticut. I am here today in my capacity as the Chair of the Workforce Training and Development Subcommittee of the Alzheimer's and Dementia Task Force to testify in support of Senate Bill 179, An Act Concerning the Alzheimer's Disease and Dementia Task Force's Recommendations on Training.

As you are aware, Special Act 13-11, which established the Task Force, required as part of the membership composition, the appointment of representatives from the provider community, and in particular several from long-term care facilities and community-based health care. I was honored to be appointed by Representative Al Adinolfi, and was inspired by the collaborative effort and work of the entire task force.

The Workforce Training and Development Subcommittee held numerous meetings, discussions and deliberations before we presented our recommendations to the full task force for adoption. The subcommittee found that individuals with Alzheimer's or other dementias are served throughout the health care system as well as throughout the community. It is in our opinion that many health care professionals and other professionals in the community are neither informed nor equipped to deal with the unique needs of individuals with Alzheimer's or related dementias. In particular, there was overwhelming consensus that enhanced training in dementia care is necessary to prepare the direct care workforce for the unique challenges in caring for these individuals. Dementia training will lead to the delivery of quality care, and ensures a dementia competent workforce.

Over the past 15 years I have had the honor of working in aging services in a variety of nursing leadership roles and have had the opportunity to teach many health care professionals across the county. Through my personal and professional life experience I feel I have many examples of the benefits of providing people who care for people with dementia meaningful education. For example I remember a 3pm to 11pm RN supervisor, named Rose. Every night when Rose worked she found herself overwhelmed by the actions of a male resident with dementia. Rose was getting frustrated that her interventions to keep this gentleman, and her staff safe, were not effective. He fell, he hit staff he wouldn't eat and Rose had reached her capacity of her

knowledge to provide him safe care. Every day Rose and her staff were frustrated and the resident was becoming more distressed. His family was upset and staff morale was low. At that organization, where I worked as a clinical educator, we were able to put together a day of learning for Rose and her team. They learned that there are countless reasons that can cause a person with dementia to feel distressed and overwhelmed. Through the learning experience, they understood how distress and a diminished ability to communicate verbally can lead to physical aggression. They learned skills to approach a person with dementia which were more dignified and person centered. One of the days following the education I went to see Rose to learn how the resident was doing. Her answer was one I will never forget, she said "He was fine last night." I was a bit shocked mostly because her answers to that question were always flooded with emotion and frustration. I asked her "what changed?" She said "I did, I changed my approach." Offering quality education for the people who support people with dementia has a large return on investment. Not only do we see results in quality of care as evidenced by a reduced use antipsychotic medications, hospitalizations and falls to name a few, we also see results in staff retention and engagement.

I have witnessed situations where employees working in skilled nursing homes who have not had dementia training have not been able to handle intense situations, and experienced staff had to be called. I have also seen many situations where better outcomes would have resulted, had the minimal amount of education in dementia care been provided. That is why the subcommittee recommends that the dementia-specific training should be completed within 120 days for direct care workers in specialized dementia care units rather than the current requirement of six months.

Many older adults who are receiving aging services in nursing homes and in the community are diagnosed with Alzheimer's or dementia. Since there are currently limited training requirements other than for those working in special care units, and there is a broad spectrum of aging services workers that interface with individuals with dementia that are not cared for in special units. Therefore the task force determined that requiring minimum training in dementia care for all staff in residential care homes, assisted living facilities, adult congregate living facilities, adult day care centers, hospice, home health agencies and homemaker/companion agencies upon hire and annually thereafter was appropriate and would go a long way in improving patient care and safety.

We proposed the training requirements in this bill with the goal of developing a dementia competent workforce throughout the aging services field. Our intent was to create reasonable requirements and expectations that would not be costly or overbearing for the workforce or the provider community. We also felt strongly that the training requirement could and should be interconnected with the existing training requirements, particularly in the nursing home

environment. For instance, nursing homes could develop a training curriculum that would modify other mandatory training modules, such as fire safety, to focus on the dementia resident's needs during a fire emergency.

Thank you for your support in raising this bill and advancing the workforce training recommendations of the Task Force. I would be happy to answer any questions.