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Funder: Hawaii Community Foundation
Executive Summary

Beginning in October 2009, Kapiolani Community College’s Kupuna Adult Care Home Project strived to upgrade the skills and capacities of caregivers in Adult Residential Care Homes (ARCH) and adult foster homes through training. As of June 2012, the project successfully developed 9 training modules and provided 13 trainings to 908 foster home and care home caregivers. Topics included recreational activities, fall prevention, diabetes, incontinence, and nutrition and dining.

A December 2011 report provided interim findings from individual training evaluations and indicated that trainees were very satisfied with the trainers and session content. Evaluations of trainings also found consistent improvement in scores from pre-test to post-test across all training sessions, suggesting that the trainings improved caregivers’ knowledge of the topics. This final report provides 1) findings from a survey of care homes and foster homes on Oahu and 2) feedback from key stakeholders on the impact and sustainability of the training modules.

The project developed a survey that was fielded to all Oahu foster homes and care homes in January and February 2012. The survey gathered information on the characteristics of the home and operator, as well as interest and need for training. The survey results provide feedback to the Kupuna Education Center on approaches to sustain its training program. Findings indicate that caregivers are willing to pay for training sessions. Caregivers also own and know how to use the computer, which suggests that online training is an option. The survey results also suggest that training is an important area of development over the next 5 years, given that more clients increasingly have complex issues such as dementia and behavioral problems.

The survey findings support the overarching goal of the Kupuna Adult Care Home project, which is to create a sustainable training program for caregivers who are supporting increasingly complex residents. The project will launch a Kupuna Online Training program in June 2012. The web-based program will include short, 30 minute trainings that feature demonstrations and presentations by experts on 24 different topics. This online program represents an important first step in creating a sustainable training program for residential care homes statewide, including neighbor island homes who have limited access to training. This online program needs to be embedded within larger systemic changes including regulatory changes, health plan contract revisions, and quality assurance protocols. These changes will support quality care in residential care homes, an industry that is experiencing increasing growth as federal and state policies support community based long-term care options.
Background

The Kupuna Adult Care Home Project began in October 2009 with support from a Hawaii Community Foundation grant awarded to Kapiolani Community College’s Kupuna Education Center (KEC). The goal of the project was to upgrade the skills and capacities of caregivers in Adult Residential Care Homes (ARCH) and adult foster homes through training. The first phase of the project entailed developing nine training modules for adult foster homes and care homes with the assistance of Chi Partners, a California-based consultant group charged with the responsibility of conducting a national scan of best practice materials and preparing initial drafts of each module. In the second phase of the project, from April 2010 to November 2011, KCC conducted 11 trainings covering nine different topics with adult foster home and care home caregivers on ‘Oahu.

These trainings are timely given federal directions in long-term care. In the last few decades, there has been a shift in federal policy toward supporting individual rights for home and community based long-term care. In response, states are making systemic changes to their long-term care support systems by reducing reliance on institutional care and developing community-based options. One such community option is the small residential care home industry, which is experiencing rapid growth in Hawaii.

In Hawaii, there are five types of adult residential care homes: Adult Residential Care Homes (ARCH), Expanded Adult Residential Care Homes (E-ARCH), Adult Foster Homes, Developmentally Disabled Adult Foster Homes, and Developmentally Disabled Domiciliary Home (DD-Dom). Caregivers in the two types of homes for the developmentally disabled were not part of this current project. It is important to note that licenses for ARCH and E-ARCH are overlapping licenses and not mutually exclusive. The following table contains 2010 data on the number of small residential care homes statewide:
<table>
<thead>
<tr>
<th>Type of Home</th>
<th># of homes</th>
<th># of beds</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Residential Care Home (ARCH)</td>
<td>498</td>
<td>2,643</td>
<td>Provides care to unrelated adults who need minimum assistance with daily living, protection, and health services. Type 1 ARCHs provide care to 5 or less residents while type 2 homes can accommodate 6 or more residents.</td>
</tr>
<tr>
<td>Expanded Adult Residential Care Home (E-ARCH)</td>
<td>240</td>
<td>523</td>
<td>Provides the same services as regular ARCH homes but in addition can provide intermediate care facility and nursing facility level health care services. Type 1 E-ARCHs have 5 or less residents with no more than 2 at nursing facility level of care. Type 2 E-ARCHs can have 6 or more residents with no more than 20% at nursing home level of care.</td>
</tr>
<tr>
<td>Community Care Foster Home</td>
<td>977</td>
<td>2054</td>
<td>Provides 24 hour nursing home level of care services. These homes are licensed for 2 adults and 1 must be a Medicaid recipient. The Department of Human Services can authorize a 3rd bed provided it is for a Medicaid recipient.</td>
</tr>
</tbody>
</table>

*Source: State Health Planning and Development, 2010

The table above indicates that there are 5220 residential care beds in Hawaii. This capacity exceeds the 4185 nursing home beds available in Hawaii\(^1\). As the state expands its use of residential care homes in lieu of nursing home care, foster home and care home caregivers are providing care to residents that are medically challenging and complex. As the state relies on these smaller facilities for persons with higher levels of care, more attention is needed on increasing the amount and type of training commensurate with their increased responsibilities and skill requirements. According to a 2010 report by the Hawaii Long-term Care Commission, key stakeholders have raised concern as to whether caregivers have the skills to address their clients’ complex issues.\(^2\) Staff in ARCH and adult foster homes historically have had limited training in managing the complex health, personal and social care needs of the frail elder. In addition, care homes and foster homes are licensed by different state departments (Department of Health and Department of Human Services respectively) and require

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different training requirements in its rules and regulations, thereby adding another layer of complexity.

The following section highlights the key training requirements for the Community Care Foster Homes. The current DHS Administrative Rules contain the following guidelines related to training:

- Foster home caregivers must be a nurse aide, licensed practical nurse, or registered nurse (in §17-1454-41).  
- Caregivers must have documentation of current training in blood borne pathogen and infection control, CPR, and basic first aid.
- The primary caregiver shall attend 12 hours of in-service training annually (substitute caregiver attend 8 hours annually) that is approved by DHS and related to the care of its residents. Caregivers must maintain documentation of their training hours in a file at their home.
- Foster home case managers are responsible for developing a service plan, placing, and overseeing clients in the foster home. Specific to training, they are responsible for conducting and coordinating training as necessary to ensure that the caregiver has the skills to provide care to the client (§17-1454-23)

The following section highlights the key training requirements for the Adult Residential Care Homes. The current DOH Administrative Rules contain the following guidelines related to training:

- For Type 1 ARCHs, caregivers must be at least a nurse aide. They must complete ARCH teaching modules (e.g., Regulations, Accounts, and Community Resources; Common Diseases, Special Diets, and Medicines) that are approved annually by DOH. ARCHs must also have achieved acceptable levels of training in first aid, nutrition, CPR, nursing and behavior management. Finally, six hours of continuing education are required a year in areas including (but not limited to) pharmacology, behavior management, and personal care (§11-100.1-8).
- Type 2 ARCHs are required to have administrators to provide overall management and the administrator, primary caregiver, and substitute caregivers are required to have six hours of continuing education

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annually on topics including (but not limited to) pharmacology, behavior management, and personal care. All in-service training and educational experiences should be documented and kept current (§11-100.1-53).

- Expanded ARCHs must have staff on duty 24 hours a day sufficient and trained to meet the needs of Expanded ARCH residents. Primary and substitute caregivers must have documented evidence of 12 hours of continuing education courses per year on topics pertinent to the care of E-ARCH residents (§11-100.1-84).

DOH rules and regulations for care homes provide more specificity in its training requirements than DHS’s requirements for foster homes. Nevertheless, the regulatory inconsistencies raise questions on which department is accountable for quality care in community homes. As the state expands its home and community-based long-term care options, it is critical to ensure than these homes receive proper training to provide quality care for frail elders. For example, there is little clarification regarding what constitutes acceptable continuing education courses.

**Description of the Training Program**

**Module Development and Format**

The list of training module topics were derived based on three sources: the Kupuna Care Home Project Advisory Board, discussions with DHS MedQuest Division on the types of challenging residents in foster homes, and direction from the Hawaii Community Foundation. To support the development of quality modules, the project contracted with Terri Sult from Chi Partners, a California-based consulting firm to scan for national best practices and write initial drafts of the modules. The project staff and other KCC faculty provided additional expertise and cultural tailoring to Hawaii’s residents. For example, in the Developing Recreational Activities module, examples of local foods and activities common in Hawaii were provided in the handouts.

Each training is comprised of two parts: a PowerPoint presentation and a breakout session. The presentation provided an overview of the topic and strategies for care. In the breakout session, trainees met in small groups to discuss specific “scenarios” - problems or issues that are frequently encountered in the home. The small group work also encouraged trainees to meet and talk with other caregivers. At the end

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of the training, caregivers received a certificate of completion, indicating that they received 2-hours of training.

Brief Summary of Findings from Interim Report

The following is a brief summary of findings from trainings through December 2011. For additional information, please refer to the interim report (http://kupunaeducation.com/documents/KCCCareHomeTraining-InterimReport2-2_000.pdf).

The following is a schedule of the training sessions, the trainer and location for each session:

<table>
<thead>
<tr>
<th>Module Topic</th>
<th>Date</th>
<th>Trainer</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recreational Activities</td>
<td>4.30.10</td>
<td>Emelyn Kim¹</td>
<td>105</td>
</tr>
<tr>
<td>Medications</td>
<td>6.12.10</td>
<td>Linda Kim²</td>
<td>62</td>
</tr>
<tr>
<td>Recreational Activities</td>
<td>7.12.10</td>
<td>Emelyn Kim</td>
<td>99</td>
</tr>
<tr>
<td>Preventing Falls</td>
<td>8.7.10</td>
<td>Jill Wakabayashi³</td>
<td>96</td>
</tr>
<tr>
<td>Dementia</td>
<td>4.18.11</td>
<td>Emelyn Kim</td>
<td>53</td>
</tr>
<tr>
<td>Dementia</td>
<td>5.28.11</td>
<td>Emelyn Kim</td>
<td>21</td>
</tr>
<tr>
<td>Challenging Behaviors</td>
<td>6.22.11</td>
<td>Emelyn Kim</td>
<td>65</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8.24.11</td>
<td>Emelyn Kim</td>
<td>100</td>
</tr>
<tr>
<td>Incontinence</td>
<td>9.21.11</td>
<td>Linda Kim</td>
<td>89</td>
</tr>
<tr>
<td>Resident Centered Care</td>
<td>10.20.11</td>
<td>Emelyn Kim</td>
<td>57</td>
</tr>
<tr>
<td>Nutrition and Dining</td>
<td>11.14.11</td>
<td>Grant Itomitsu⁴</td>
<td>40</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>787</td>
</tr>
</tbody>
</table>

¹ Emelyn Kim, project staff, KCC Kupuna Education Center; ² Linda Kim, Professor of Nursing, Hawaii Pacific University; ³ Jill Wakabayashi, Director of Physical Therapy Assistant Program, KCC; ⁴ Grant Itomitsu, Clinical Dietician, KCC

Evaluation findings from the interim report suggested that the intended overall purposes of the training, to develop 9 quality modules and train foster home and care home caregivers on these topics, were achieved. Trainees were very satisfied with the trainers, module content, and the skills that they gained. In addition, analysis of the pre-tests and post-tests from the dementia, challenging behavior, diabetes, incontinence,
resident centered care, and nutrition and dining trainings indicated a statistically significant improvement in knowledge.

Additional Trainings

After the interim report was submitted in December 2011, the Kupuna Education Center conducted 2 additional trainings were repeated on the topics of diabetes (2/28/12) and nutrition and dining (4/16/12). The diabetes training had 77 attendees with a statistical significant improvement in scores from pre- to post-test ($t = -3.5$, $p<.001$). The nutrition and dining training had 44 attendees, again with a significant improvement in scores from pre- to post-test ($t = 4.4$, $p <.0001$). Both trainings employed a different approach to advertising and registering attendees. The caregivers who returned a survey (to be discussed in the next section) were eligible to attend the 2/28/12 diabetes training. The nutrition and dining training on 4/16/12 was different from past trainings because it required a $20 payment upon registration. With 77 attendees for this training, project staff were able to collect $1,540 of registration fees. This training represented a first step at testing the feasibility and willingness of caregivers to pay for training.

Survey of Care and Foster Homes on Oahu

The project developed a survey that was fielded to all Oahu foster homes and care homes in January and February 2012. The survey gathered information on the characteristics of the home and operator, as well as insights into the future of the business. Survey questions on computer use and willingness to pay for training also provides important information on sustaining the training modules. The survey was distributed to approximately 1584 foster home caregivers and 331 care home caregivers on Oahu using KEC’s mailing list. In total, 89 (5%) homes returned the survey. Survey findings were analyzed by descriptive statistics. Responses to open ended questions were analyzed using qualitative methods.

The results of the survey are presented here. Of the caregivers who responded to the survey, the vast majority had a Certified Nurses Aid background (59%, $n = 54$):
Over 90% of caregivers are female (n = 82) with an average age of 53. The survey asked about the caregiver’s motivation for becoming a care home or foster home operator. Caregivers, who could specify multiple reasons/motivations, indicated that the most prevalent reason for becoming an operator was to help older persons (34%, n = 40), followed by the ability to own a business (29%, n= 34).

Most respondents own their home (90%, n = 79) and homes were in operation for an average of 13 years. Twenty four percent (n = 19) were in operation for 25 years or more:
Two survey questions examined “What do you enjoy most about being a care/foster home operator?” and “What is the most challenging part of being a care/foster home operator?” For the former question, the most common themes are: 1. Enjoyment from taking care of elderly and 2. Owning own business/working from home. For the latter questions, the biggest challenges are 1. Having to work 24 hours a day; 2. Adjusting to and working with challenging clients; and 3. Not getting enough sleep.

A key component in understanding the future of the residential care industry is whether the children are willing to take over the business. Over 90% (n = 81) of caregivers who responded to the survey had children (mean = 2.5 children). Forty two percent of caregivers (n = 37) responded that their children would not take over the business whereas 40% (n = 36) stated that their children were interested in taking over. Among those respondents who have children interested in the business, caregivers indicated that their children are or are going to school in the nursing or social work field and therefore interested in taking over the business. Among caregivers who did not have children who were interested in the business, responses frequently commented that their children had their own interests/lives.
The next part of the survey gathered data on willingness to pay for training and computer use. The majority of respondents stated that they would pay for training (63%, n = 56). Although half of the respondents did not indicate how much they were willing to pay for training, 23% (n = 20) responded that they would pay $20.

The survey found that the majority of care home and foster home caregivers are familiar with computers. Eighty five percent (n = 75) of respondents owned a computer, 80% (n = 70) knew how to use the computer, and 77% (n = 68) knew how to use the internet.

The next section of the survey asks caregivers whether they have seen changes in the type or amount of help their residents need. Eighty four percent (n = 75) of caregivers stated that they did see a change in the acuity of residents. The next survey question asked about the type of changes caregivers noticed in their residents. Caregivers could select multiple responses including medical problems, behavioral problems, dementia, co-morbidity, more help with walking, more help with transferring, and incontinence. The most frequent response was dementia (47%, n = 42) and behavioral problems (47%, n = 42).

The final question of the survey is an open-ended question asking about changes they would like to see in the next five years in the residential care industry. The responses fall under the following themes. First, caregivers indicated that they would like more training, and two examples given were training on sensitivity with residents and training on DOH rules and regulations. Another theme was payment. Caregivers either wanted to see an increase in pay or parity in rates between DOH care homes and DHS foster homes. Another theme was quality of care within the home. Caregivers
would like to see additional services such as respite, dietician services, and day care. The final theme related to rules and regulations with wide ranging comments including increasing the number of clients allowed per home, the qualifications of caregivers, and requiring less paperwork from homes.

**Discussion of Survey Findings**

The survey results provide useful feedback to the Kupuna Education Center on approaches to sustain its training program. Findings demonstrate that almost half of caregivers are willing to pay for training sessions. Most caregivers also own and know how to use the computer, which suggests that online training is a feasible option. Findings indicate that training is an important area of development over the next five years, given that more clients increasingly have complex issues such as dementia and behavioral problems. Despite the small sample size, the survey provides important hints to the future of the industry. The industry may need to consider issues of recruitment and retention of homes if children do not take over the operation of their parents’ business. Issues of quality of care, payment, and regulations are issues that require further examination both now and in the future.

**Impact and Sustainability**

The project strives to have a sustainable and long-term impact on the quality of care in small residential settings in Hawaii. The overarching project goal is to see the training modules regularly accessed and used by a sizable number of care and foster home caregivers. To support this goal, the evaluator conducted structured key informant interviews with key players within state departments, health plans, and care home and foster home associations for their feedback on trainings, perspectives on the sustainability of trainings, and development of methods that could link training with improvement in industry performance.

Information was gathered from key stakeholders and guided the discussion that follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. David Herndon</td>
<td>United Healthcare</td>
</tr>
<tr>
<td>Mr. Harris Nakamoto</td>
<td>Ohana Health Plan</td>
</tr>
<tr>
<td>Ms. Madi Silverman</td>
<td>DHS MedQuest Division</td>
</tr>
<tr>
<td>Ms. Myriam Tabaniag</td>
<td>Care Home Operator, Association of Care Home Operators</td>
</tr>
<tr>
<td>Ms. Nancy Walch</td>
<td>Foster Home Case Manager</td>
</tr>
<tr>
<td>Ms. Mitzi Hester</td>
<td>Community Ties of America</td>
</tr>
</tbody>
</table>
Demonstrating Evidence of Quality

The key to health plan support of the training modules is evidence of its quality and impact. One source of evidence is the Kupuna Care Home Interim Evaluation Report (http://kupunaeducation.com/documents/KCCCareHomeTraining-InterimReport2-2_000.pdf), which indicated statistically significant gains in knowledge from pre- to post-test across trainings. Increased collaboration with the Hawaii Department of Health (DOH), Hawaii Department of Human Services (DHS), and Quest Expanded Access (QExA) health plans, United and Ohana, will facilitate additional measures of the impact and quality of the trainings. Ideally, outcomes from the trainings should be the following:

Training → Improved Knowledge → Use of New Knowledge/Skills In the Home → Quality of Care/ Reduced Costs

The training clearly demonstrated that it accomplished the immediate goal of improving knowledge (see Interim Evaluation). It is also important to determine whether caregivers are employing their new skills within the home. One approach is a collaboration among Community Ties of America (CTA; agency that certifies adult foster homes in Hawaii), health plans, and community case managers to form review teams and examine the content quality of the trainings. This approach was advocated by Nancy Walch who is a foster home case manager, Mitzi Hester of CTA, and Madi Silverman from DHS. Furthermore, service coordinators and case managers play a key role in placing persons in care and foster homes and conducting follow-up on the placement. These professionals need to know which caregivers attend trainings in order to follow-up with them during regular visits. For example, the challenging behaviors and managing medications trainings provided practical tracking sheets to log behavioral incidents and note medications administered. For Madi Silverman and Nancy Walch, the key question is whether caregivers are employing these tools in the home. Collaboration with DOH, DHS, and the health plans can result in a clear protocol for tracking trainings and impact.

For David Herndon of United Health Care and Harris Nakamoto of Ohana Health Plan, a key question is whether the training can be linked to quality and lower costs. For example, can administrative data link those who take the managing medications training to fewer medication errors within the home? If this can be demonstrated, the cost of conducting training would be significantly less than ER and hospitalization costs associated with medication errors. Although difficult to measure this long-term outcome, such evidence will help to demonstrate that the Kupuna Care Home project has value added over other training available in the community. In a
partnership between KEC and the health plans, KEC can provide information to the health plans on caregivers who have taken multiple trainings and health plan administrative data can be used to analyze patterns of cost and service use.

**Sustainability of the Training Modules**

The KEC has considered several approaches to sustain the training and continue to offer the modules for care and foster home caregivers, including pursuing QExA health plans resources to continue to offer trainings statewide and working with QExA health plans, DHS, and DOH to mandate or at minimum, endorse KEC trainings. Currently, KEC is developing and launching an online, direct care worker training program in mid-June 2012. KEC contracted with Trilogy Integrated Resources LLC, a national company that developed the Network of Care websites (including for Hawai‘i’s Adult Mental Health Division) and focuses on improved training in the government and private sectors. Trilogy acquired 23 online health care videos produced by the Medifecta company. Each video features live action demonstrations by certified care providers in residential care settings and interviews with professional experts. Most videos are 30 minutes long on topics such as Alzheimer’s disease, fall prevention, transferring, cultural competence, and HIPAA compliance in residential care. Trilogy is working with KEC to offer these 23 training videos to Hawaii’s direct care workforce. The website will be re-branded to the “Kupuna Direct Care Online Training Program”. The rebranding of the online training program will facilitate acceptance by Hawaii people who will not be familiar with the Trilogy name.

Diabetes, a popular and well-attended KEC training topic, was not an available topic in the Trilogy package. KEC is working with Trilogy on creating four smaller diabetes modules from the KEC diabetes training: overview, managing symptoms, psychosocial impact of diabetes, and management techniques. The diabetes modules will not be a video like the other topics. Instead, it will feature powerpoint slides with a professional voice discussing the content of the slides. This diabetes training will represent an additional training on the website, for a total of 24 topics. KEC staff are planning to pursue additional funding to put other KEC trainings online.

Through a link on the KEC home page, direct care workers will be directed to the online training portal. The portal will track registration, payment, exam scores, and generate a certificate of completion. According to Myriam Tabaniag, care home operator and Vice President of the Adult Residential Care Association, the advantages of this approach are that: 1. Caregivers can take advantage of all trainings without needing to find a substitute and 2. Training videos are short in length with demonstrations of the appropriate behavior/skills, which may be more feasible and attractive to potential trainees. In addition, the training program will reach neighbor
island caregivers who may not have regular access to in-person trainings. Myriam Tabaniag further advises KEC to screen all online trainings to ensure that it is understandable at a 6th grade level, and therefore well-understood by caregivers and substitute caregivers of all professional backgrounds. In summary though, if the training program developed by KEC does not continue, the health plans, DHS, and DOH will need to address how they will be able to provide continuing education.

Systems Change and Quality Assurance

The new online training program is an important step, but should be embedded within larger systemic changes including regulatory changes, health plan contract revisions, and quality assurance protocols. Revisions of DHS and DOH rules and regulations are a long-term strategy that has been the subject of intermittent discussion and a key area of advocacy for Myriam Tabaniag, care home operator and Vice President of the Adult Residential Care Association. Most recently, bills in the state legislature have advocated for parity in pay between care and foster homes caring for residents with the same level of care. In addition, bills have proposed unifying care and foster homes under the same department, rather than housed separately in DOH and DHS respectively. These bills, if passed, can provide standardization and unified rules and regulations governing all residential care homes. According to Mitzi Hester of CTA, language on sanctions for foster homes could also be more specific to help in ensuring quality. Currently, DHS rules allow for suspensions and revocation but fines are underutilized. Hester suggests a closer collaboration between health plans and DHS on these issues.

QExA health plans can play a role in promoting training. One option is for QExA health plans (Ohana and United Health Care) to revise annual contracts with care homes and foster homes to include training requirements. This is a key strategy pursued by Madi Silverman of DHS. A less stringent approach would be for health plans to endorse and encourage their contracted homes to participate in certain trainings. This strategy would require KEC and health plans to partner together to examine the quality and longer term impact of the trainings before it would be endorsed by the health plans (as discussed in the previous section).

The development of quality assurance protocols is another systemic change needed to promote training and quality care within care homes and foster homes according to Madi Silverman of DHS. For example, within the foster home system, adverse events are reported by case managers and service coordinators to the CTA, health plans, and DHS via an adverse event report. A protocol could be developed to identify and track adverse events in a database. A single incident or recurring issues with a client (e.g., falls, behavior problems) can trigger a notification of a caregiver that
training is required. Similarly, the health plans (David Herndon and Harris Nakamoto) suggested the development of quality indicators for care homes and foster homes. These quality indicators (e.g., medication errors, emergency room visits, falls) could be tied to key knowledge/skills taught in trainings. Tracking trends in these quality indicators over time can provide important information to state departments, health plans, and the caregivers themselves. Care and foster homes could be informed that they are being monitored and be given feedback on where they stand amongst peers. Developing quality indicators and providing feedback to homes can be key components in a larger quality assurance system.

Summary and Discussion

The evaluation of the Kupuna Adult Care Home project has tracked the development of training modules, assessed individual trainings for satisfaction and knowledge gained, and examined options for ensuring quality, sustainable trainings. In addition, project staff fielded a survey of all Oahu care and foster homes to gain additional insight on training needs, the business of operating a home, and meeting the changing complexity of residents. This final report has also examined options for sustainability of the training program. The main outcome of this project is the Kupuna Online Training program, a comprehensive package of 24 training modules to be launched in June 2012 that will reach neighbor island homes and enable caregivers the ability to take trainings at their own pace and convenience. Further examination of the training program is recommended in order to assess its implementation, use, and outcomes.

This new training program is an important step, but needs to be part of a large system of quality improvement. Project staff understand the need to assess the impact of trainings on quality care and are interested in working with other stakeholders, including DHS, DOH, QExA health plans, case managers, and residential care home caregivers. Formal collaborative meetings between these groups could examine issues of training impact, ensuring quality care, and the strengthening of rules and regulations to create a system of quality assurance and improvement. Collaborative partners could also support the implementation of the Kupuna Online Training program by encouraging its use, providing resources to create additional needed modules, and helping to examine the impact of these training modules on care within the home. Ongoing collaboration among key stakeholders is necessary to promote and provide quality paraprofessional training to residential care homes in the state. Such efforts are necessary in a state and federal policy environment that is rebalancing long-term care systems toward residential, community-based care settings.