

Premise: The current long-term care system for children and adults with disabilities and the elderly is too complicated, cumbersome, highly regulated and bureaucratic. We can safely care for these individuals with well-trained staff in their homes and community by using high-tech models that allow for delegation all “skilled tasks”.

Currently we are dealing with antiquated Systems of Care that were developed many years ago. This was a time when mothers stayed in the hospital for two weeks for a normal delivery. Children with Long-Term Care needs lived in hospitals, nursing homes and institutions. Adults with Long-Term Care needs lived in nursing homes and institutions.

Now children with Long-Term Care needs live at home with their parents and go to school with their peers. Adults live in houses, apartments, and condos either alone or with friends and family.

The current Home Health system requires anyone that requires Certified Nursing Assistant supports to get those supports in their home. They cannot get them in the community.

Quote from a parent C.N.A “If you are ever grilled by the state - my husband was home and he did the G-Tube” Agencies have developed intricate tracking systems to ensure that C.N.A.s do not do RN/LPN task. Basically parents are clocking in to do the C.N.A. task, then clock out to do the skilled task. This happens in the Elder world too. A C.N.A or companion comes in to take care of Mom or Dad, but the family hires the neighbor next door to come over and give the medications when it is time.

Night nurses - two nurses - have a lead nurse - they text and send pictures back and forth - this is what I did - how did you handle it. If - then happens then do_____. Same care on four different care plans.

Recommendations:

1. First Aid - if you have taken and passed CPR and First Aide training then you are authorized to use any product in a standard first aid kit unless a Doctor orders differently.
2. Medication Administration - if a DSP/C.N.A. has been taken and passed a standard QMAP training, they are allowed to give medications.
3. Any long term care task should be able to be provided almost anywhere. There of course will be exceptions, but most can be accomplished in any environment with 21st century technology.
4. A workgroup should be established to create reasonable rules and regulations so that:
 - a. DSP/CNAs can be delegated to provide any long term care task with appropriate training and support unless otherwise limited by a physician.

- b. A LTSS client has access on ONE nurse or nursing agency that knows them well and ONE care plan to reduce redundancy and costs in the systems, minimize paperwork and allow people with LTSS needs to live their lives instead of managing care plans/personnel and agency requirements.