Hello Senator Ingwersen, Representative Meyer and Distinguished Members of the Health and Human Services Committee.... Intro self

- Amy Bennoch- Director of Client Care at LTIHC
- Worked 30 years in the helping profession
- In every job I have had my focus has been on excellence in client care and being an advocate for the clients.
- I have worked for LTIHC for several years
 - o Caregiver
 - o Client care manager
 - Director of client care
 - Discuss services with potential clients or their families to determine if we would be a good fit for them and if we can meet their needs
 - Do meet and greets and perform very detailed intakes
 - Provide client care in homes
 - Supervise and coach caregivers
 - Write comprehensive care plans, info sheets, medication lists, etc.
 - Example to pass out
- I would like to address the mandate for supervisory visits where the supervisor would be expected to observe the caregivers giving personal care.
 - Although that does not seem overly difficult for the supervisor or caregiver, what about the client. Is it easy on them? Not at all!
 - First the client has already had to admit that they can't do everything for themselves anymore. (Loss of Independence)
 - Then they may need assistance for personal care. (Loss of modesty and dignity)
 - Then for no benefit to them we would be asking them to allow another person to come and watch personal care being performed.

Example

- A gentleman we have worked with for years recognized he was not able to do fasteners anymore like buttons, zippers, snaps.
 - Rather than let a caregiver help him. He threw out all his clothing that required assistance and started wearing sweat pants and T-shirts.
- We had a lady who was 100 years old.
 - She was very modest and hated to have anyone new. She had significant trauma in her life.
 - There was a very detailed set up for the shower, and even setting that up could be a challenge
 - Wrong towel, towel not folded correctly, bench too far in or out. And just when you thought you had mastered it she would change something.
 - She would **never** have allowed 2 people to be in the bathroom with her and her bathroom wouldn't have been big enough anyways. In fact it would end up creating a safety issue.
 - She would have told the caregiver and the supervisor both to leave.
- Sometimes it takes us weeks or even months to get a client to be comfortable with us doing personal care.
 - It is about establishing positive relationships, and helping the clients feel comfortable with the individual caregiver.
 - Adding an additional person would result in many of our clients refusing the personal care entirely
 - o It is uncomfortable at best and highly intrusive.
 - They have a right to privacy
 - Why subject them to a process that in my opinion does nothing to improve their care

- I have to say I respect the people who have been trained as CNAs, PSS, etc but skills can be taught in a classroom, one on one, in small groups or on the internet.
 - But having the passion for the job, wanting to improve someone's life, truly caring about the clients we serve, a good work ethic, etc. These are what really makes a good caregiver.
 - If they don't have those qualities and simply have the technical skills they are often asked to be removed from homes.
 - While having our office painted we met a wonderful lady who said she had always wanted to be a caregiver, and had only had experience with assisting an elderly family member, but she loved it.
 - We hired her and she has 3 different clients she goes to, every week. The clients and family members from all 3 homes have called to say how much they love her, how amazing she is, and she is their favorite caregiver. I have never received feedback from a client or family member saying that someone's skills in personal care were lacking. Or wanting them to have more training in that.

I do not want to ask the client or caregivers to go through this dog and pony show just to check off a box that it was done.

- I do see the benefit of supervisory visits but not forcing clients to have personal care on demand. We allow the client to do activities of daily living as it works for them, not on our time schedule.
- We are in the homes on a regular basis, providing caregiving, doing shadows when a caregiver goes to a new client, stopping by to pick up log notes and visiting.
- I feel I need to remind people that the elderly still deserve as much respect, privacy and dignity as any one else

 How would you feel? If this was expected for you, or one of your loved ones?