

Evaluation of the Kapiolani Community College, Kupuna Education Center's Kupuna Adult Care Home Project

Interim Report

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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. The project successfully developed 9 training modules and provided 11 trainings to 787 foster home and care home caregivers. Topics included recreational activities, fall prevention, diabetes, incontinence, and nutrition and dining. Each training session consisted of two parts: a powerpoint presentation and a breakout session. Trainees were provided with a packet of handouts to take home. The training program was evaluated using individual pre- and post-tests as well as session evaluation surveys.

Findings from individual session evaluations indicated that trainees were very satisfied with the trainers and session content. Responses to evaluation questions were in the form of a Likert scale (1 – 5), in which a higher number indicated a more favorable response. Questions on whether the session met objectives and on the quality of the trainer and materials were consistently rated between 4 and 5. Open-ended responses showed that trainees appreciated the quality of the trainers and session materials. The evaluation 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.

Key lessons learned from the trainings included:

- To advertise trainings, flyer mailings were more effective than announcements within association newsletters. Training announcements tended to get lost within the newsletters.
- Obtaining buy-in from associations, including the Adult Foster Home Association and Adult Residential Care Association, was critical although challenging given changing leadership and priorities.
- Trainings should be held separately from association meetings. Early trainings, which were held during association meetings, proved to be difficult because of competing agenda items and minimal control over registration and survey administration.

Next steps for the project include evaluator interviews with key stakeholders to examine options to institutionalize and sustain training modules. Also, the evaluator will explore potential means to identify mechanisms to link training to quality, long-term outcomes.

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 (KCC) Kupuna Education Center. 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 9 different topics with adult foster home and care home caregivers on ‘Oahu. In June 2011, Dr. Christy Nishita, a researcher with a background in Gerontology and home and community-based long-term care, was contracted to conduct an evaluation of the project.

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.

The following table contains 2010 data on the number of small residential care homes statewide:

Type of Home	# of homes	# of beds	Description
Adult Residential Care Home (ARCH)	498	2,643	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.
Expanded Adult Residential Care Home (E-ARCH)	240	523	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.

Community Care Foster Home	977	2054	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 3 rd bed provided it is for a Medicaid recipient.
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*Source: State Health Planning and Development, 2010

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.¹ 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 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 Rules and Regulations 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)

¹ O’Keeffe, J & Wiener, J (2010, September). Stakeholder’s views on Hawaii’s long-term care system: Problems, solutions, and barriers to reform. Prepared for Hawaii Long-term Care Commission. Washington, DC: RTI International

The following section highlights the key training requirements for the Adult Residential Care Homes. The current DOH Rules and Regulations 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 training requirements 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 6 hours of training 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.² As the state expands its home and community-based long-term care options, it is critical to ensure that these homes receive proper training to provide quality care for frail elders.

² O'Keeffe, J & Wiener, J (2010, September). Stakeholder's views on Hawaii's long-term care system: Problems, solutions, and barriers to reform. Prepared for Hawaii Long-term Care Commission. Washington, DC: RTI International

Description of the Training Program

Module Development and Quality

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 track 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.

The following 9 training modules were developed:

1. Developing Recreational Activities
2. Making Medications Available
3. Fall Prevention
4. Dementia Care
5. Challenging Behaviors
6. Diabetes Management
7. Incontinence Care
8. Resident-Centered Care
9. Nutrition and Dining

In addition, to the 9 modules above, the Kupuna Education Center was able to conduct two additional trainings. First, Emelyn Kim (project staff and lead trainer) developed and conducted a training on "Effective Communication for Caregivers of Older Adults" on September 24, 2010. Second, Ms. Kim coordinated the workshop on "Coping with Confused Residents" by Kareen King, a Registered Drama Therapist, Singer-Songwriter and former Activity Director in Kansas.

Handouts for each training session were distributed to each caregiver as a packet for their 3-ring binders. Each packet had the following handouts (refer to the Appendix for copies of all materials):

- PowerPoint presentation
- Sample forms
- Additional references

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, the trainer referred to a large “flower” at the front of the room, a visual aid that was used across each training to illustrate main points, key issues, and breakout session topics. Trainees referred to the cover sheet of their handout to find a “petal” number (from 1 to 7) which corresponded to their breakout group topic. Trainees then 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. Peer learning by sharing and listening to each other is an important part of this training. Other trainings provided to caregivers include only a lecture/presentation. After the breakout sessions, a representative from each group then reported the group’s ideas and strategies back to the larger group. At the end of the training, caregivers received a certificate of completion, indicating that they received 2-hours of training.

Program Evaluation Methods

Three measures were used to evaluate the trainings. First, the pre-test assessed knowledge on the topic just prior to the training. The post-test, completed following the training, contained the same questions and response categories. Both the pre-test and post-test were developed by project staff, trainers, and in a few cases, the evaluator. The content covered the most important knowledge and take home messages to be gleaned by the trainees.

The evaluation survey was completed anonymously at the end of each session. This survey was used to elicit feedback from trainees. It gathered information on the type of home (care home or foster home) and caregiver credentials (nurse aide, certified nurse aide, registered nurse, and licensed practical nurse). The survey also contained statements on the effectiveness of the trainer and materials as well as knowledge and skills gained. Likert scale responses ranged from 1 (strongly disagree) to 5 (strongly agree). Another set of questions asked about the training overall and the Likert scale responses ranged from 1 (poor) to 5 (excellent). Two open-ended questions on the evaluation form were designed to elicit comments about what trainees liked most and suggestions for improvement.

Data was entered and analyzed using Survey Monkey and SPSS. Descriptive statistics (means and frequencies) were used as appropriate to analyze the pre/post-test and the evaluation. To assess knowledge gained, the mean number of correct answers on the pre-test and the post-test was compared using a paired samples t-test. Among the evaluation forms that contained responses to these open-ended questions, a

sampling of meaningful responses (that were pertinent and descriptive; could be read and understood) were selected and included in this report.

Findings

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

Module Topic	Date	Trainer	Location
Recreational Activities	4.30.10	Emelyn Kim ¹	Filipino Community Center, Waipahu
Medications	6.12.10	Linda Kim ²	Pearl City Cultural Center, Pearl City
Recreational Activities	7.12.10	Emelyn Kim	Pearl City Cultural Center, Pearl City
Preventing Falls	8.7.10	Jill Wakabayashi ³	Filipino Community Center, Waipahu
Dementia	4.18.11	Emelyn Kim	Construction Training Ctr of Pacific, Waipahu
Dementia	5.28.11	Emelyn Kim	Filipino Community Center, Waipahu
Challenging Behaviors	6.22.11	Emelyn Kim	Construction Training Ctr of Pacific, Waipahu
Diabetes	8.24.11	Emelyn Kim	Construction Training Ctr of Pacific, Waipahu
Incontinence	9.21.11	Linda Kim	Construction Training Ctr of Pacific, Waipahu
Resident Centered Care	10.20.11	Emelyn Kim	Construction Training Ctr of Pacific, Waipahu
Nutrition and Dining	11.14.11	Grant Itomitsu ⁴	Construction Training Ctr of Pacific, Waipahu

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

Attendance. A total of 787 persons attended the 11 trainings that were part of this project. Attendance at each training ranged from 21 at a dementia training on 5/28/11 to 105 at the recreational activities training on 4/30/10. See the table below for attendance at all trainings:

Date	Module Topic	# Attend
4.30.10	Recreational Activities	105
6.12.10	Medications	62
7.12.10	Recreational Activities	99
8.7.10	Preventing Falls	96
4.18.11	Dementia	53
5.28.11	Dementia	21
6.22.11	Challenging Behaviors	65
8.24.11	Diabetes	100
9.21.11	Incontinence	89
10.20.11	Resident Centered Care	57
11.14.11	Nutrition and Dining	40
TOTAL ATTENDANCE		787

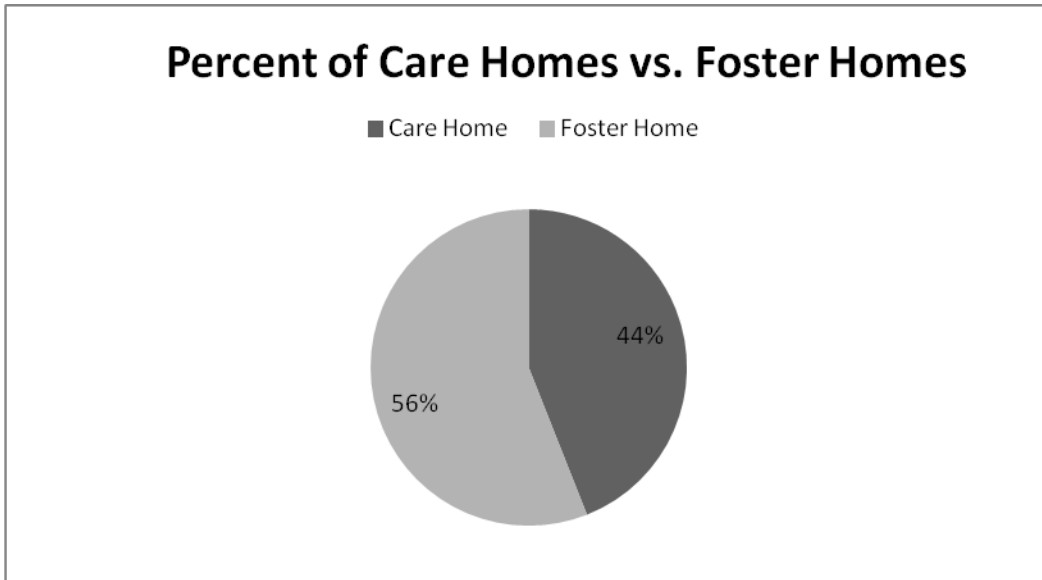
Detailed registration records were kept for 7 trainings starting with the 4/18/11 Dementia training through the 11/14/11 Nutrition and Dining training. For trainings prior to 4/18/11, attendance is estimated based on the number of post-test and/or evaluation forms returned.

Unduplicated Count and Multiple Attendees. Among the trainings with detailed registration records (7 trainings total), the evaluator examined the number of persons who attended multiple trainings. A total of 425 persons attended the 7 trainings. The unduplicated count of those attending the 7 trainings was 304. The majority (71%) of trainees only attended 1 training and another 19% attended 2 trainings. The most trainings a person attended was 5. The following is a breakdown of those that attended single and multiple trainings.

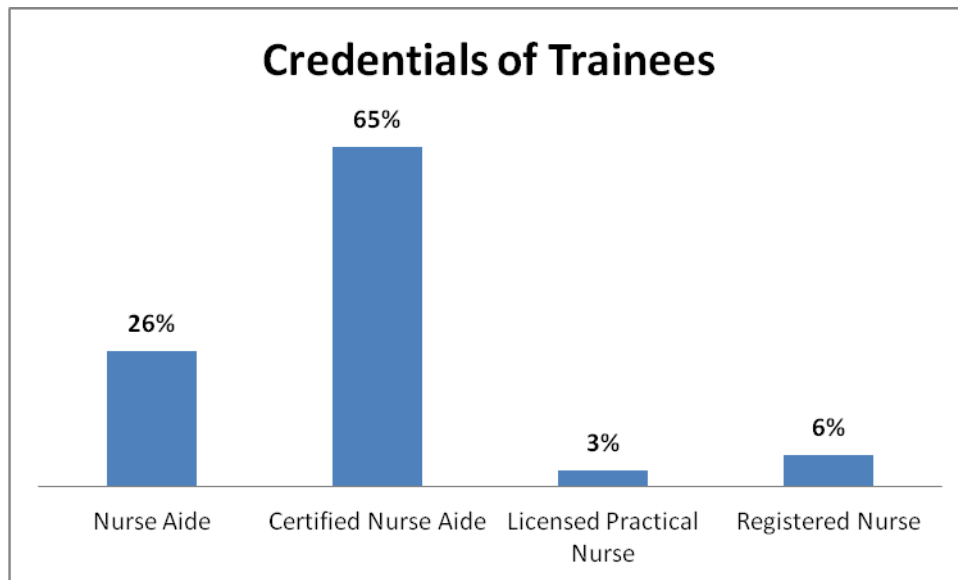
Attendance at 1+ Trainings	n	%
Attended 1 Training	217	71%
Attended 2 Trainings	59	19%
Attended 3 Trainings	23	8%
Attended 4 Trainings	4	1.3%
Attended 5 Trainings	1	0.3%
Total Unduplicated Count Attending 7		
Trainings	304	100%
Total Attending 7 Trainings	425	

Who Attended the Training? Using the evaluation survey question on “type of home”, the next analysis examined the number of adult foster home caregivers vs. care home caregivers that attended the trainings. Results indicate that 641(out of 787)

trainees answered the survey question on type of home and more foster home caregivers were trained over the 11 trainings:



Also on the evaluation survey, a question examined the credentials of trainees. Of the trainees that responded to this question (634 out of 787), results indicate that most were certified nurse aides.



The following sections provide results from individual training sessions.

Recreational Activities- 4.30.10 (Attendance = 105)

This training provided instruction on understanding resident interests, encouraged caregivers to ask their clients about their interests, and provided caregivers with an activity interest assessment form. A pre-test was not given during this training so no pre- to post-test analysis was performed. The following analysis is of the evaluation survey administered after the training.

Trainees consistently gave high ratings to the instructor, materials, and the skills they gained.

Evaluation Survey Items	Mean Rating
The materials used in this session were helpful and understandable.*	4.64
The instructor presented information and ideas clearly.	4.59
The instructor helped to make the material interesting.	4.52
My understanding of the knowledge and skills needed to provide care to an elder has improved through this training.	4.57
My ability to apply the skills to care for an elder has improved through this training.	4.62
Overall, the training was:**	4.71
Overall, the instructor was:	4.70
The room as a learning environment was:	4.56
Average based on Likert Scale: *5 = Strongly Agree , 1 = Strongly Disagree/ **5 = Excellent, 1 = Poor	

The following are sample comments from trainees:

Please comment on two things that you value most about training:

- The role play and the seven petals of wellness.
- Excellent training, learn a lot.
- Being more understanding.
- I enjoyed the social wellness and spiritual.
- Very good conversation to other caregiver.

Please make suggestions to improve training:

- Video demonstration of recreational activities for residents

Medications- 6.12.10 (Attendance = 62)

The medications training provided key guidelines for correctly making medications available to residents, described issues related to safety, disposing of medications and introduced a Medication Administration Record form. A pre-test was not given during this training so no pre- to post-test analysis was performed. The following analysis is of the evaluation survey administered after the training.

Trainees consistently gave high ratings to the instructor, materials, and the skills they gained.

Evaluation Survey Items	Mean Rating
The materials used in this session were helpful and understandable.*	4.83
The instructor presented information and ideas clearly.	4.85
The instructor helped to make the material interesting.	4.83
My understanding of the knowledge and skills needed to provide care to an elder has improved through this training.	4.80
My ability to apply the skills to care for an elder has improved through this training.	4.82
Overall, the training was:**	4.87
Overall, the instructor was:	4.85
The room as a learning environment was:	4.75

Average based on Likert Scale: *For 1st five questions: 5 = *Strongly Agree* , 1 = *Strongly Disagree*.

**For last three questions: 5 = *Excellent*, 1 = *Poor*

The following are sample comments from trainees:

Please comment on two things that you valued most about training:

- Keep in-service training- because this tool is very important to us learn and update our new information to apply our resident.
- The topics are informative and the training site is cool and nice place.
- The materials, information and instructor has a very high standard which is very good for us so we can continue to provide high quality care for our residents.
- The training is understandable and added knowledge on how to take care of the clients

Please make suggestions to improve training:

- Introduce the participants first... come early so have time to do it. If meeting starts at 9:00 start right away. So we have more time to talk and share more

- ideas that help.
- Dramatization or a skit on each situation problem to care of elderly with disability.

Recreational Activities- 7.12.10 (Attendance = 99)

The training content for this training was the same as the training on 4.30.11. A pre-test was not given during this training so no pre- to post-test analysis was performed. The following analysis is of the evaluation survey administered after the training.

Trainees consistently gave high ratings to the instructor, materials, and the skills they gained.

Evaluation Survey Items	Mean Rating
The materials used in this session were helpful and understandable.*	4.82
The instructor presented information and ideas clearly.	4.84
The instructor helped to make the material interesting.	4.78
My understanding of the knowledge and skills needed to provide care to an elder has improved through this training.	4.77
My ability to apply the skills to care for an elder has improved through this training.	4.83
Overall, the training was:**	4.82
Overall, the instructor was:	4.81
The room as a learning environment was:	4.54

Average based on Likert Scale: *For 1st five questions: 5 = *Strongly Agree* , 1 = *Strongly Disagree*. **For last three questions: 5 = *Excellent*, 1 = *Poor*

The following are sample comments from trainees:

Please comment on two things that you valued most about training:

Easy to understand. Good learning environment.

Helpful ideas on coping with the mentioned impairments.

I've learned how to interact with elderly client especially for those clients who have difficulty of hearing and vision problems.

I love that I learned so much about how much losses the elderly has gone through. This information will enable me to have more patience and understanding.

Please make suggestions to improve training:

Demonstrate more examples.

Shorter or start earlier.

Preventing Falls- 8.7.10 (Attendance = 96)

This training session discussed statistics on falls, risk factors, home safety concerns, and what do when a resident falls. A Fall Risk Self-Assessment Form was provided to identify fall risks within the home. A pre-test was not given during this training so no pre- to post-test analysis was performed. The following analysis is of the evaluation survey administered after the training.

Trainees highly rated the training materials, instructor, and the skills they gained:

Evaluation Survey Items	Mean Rating
The materials used in this session were helpful and understandable.*	4.57
The instructor presented information and ideas clearly.	4.49
The instructor helped to make the material interesting.	4.44
My understanding of the knowledge and skills needed to provide care to an elder has improved through this training.	4.48
My ability to apply the skills to care for an elder has improved through this training.	4.57
Overall, the training was:**	4.64
Overall, the instructor was:	4.66
The room as a learning environment was:	4.61

Average based on Likert Scale: *For 1st five questions: 5 = *Strongly Agree* , 1 = *Strongly Disagree*.

**For last three questions: 5 = *Excellent*, 1 = *Poor*

The following are sample comments from trainees:

Please comment on two things that you valued most about training:

- Very interesting the training and useful to us.
- Very professional and learning a lot.
- Knowledge content and getting into small groups to share our ideas.
- It was informative and well executed, the material covered allowed for excellent review in real life situations. The group discussions were engaging and made me think.
- Audience participation and use of interesting materials by the instructor.

Please make suggestions to improve training:

- There should be more visual aids.
- Put to the video different kinds of falls that was common to happen in all

hospitals or nursing homes.

- Sign-in table more organized, start right away, create several lines to sign in under the designated area, pass out all evaluations after all guest speakers are done so that when we're behind schedule there's no rush to get evals done and that we'd pay attention to the next guest speaker.
- More training to update and learn more knowledge.

Dementia- 4.18.11 (Attendance = 53)

The dementia training described the symptoms of dementia, compared dementia vs. normal aging, discussed treatment for the disease, and explained strategies to communicate and relate to persons with the disease.

Trainees showed a significant improvement in dementia knowledge from pre-test to post-test ($t = -8.5, p < .001$). Fifty four percent of trainees had higher scores on the post-test.

Knowledge Gained- Pre-test to Post-test:

	Mean out of 7	N	Std. Deviation
Pre-test	4.63	49	1.33
Post-test	6.08	49	1.13

$t = -8.5, p < .001$

54% had higher scores on post-test

The evaluation survey administered at the end of the training indicated consistently high ratings for the instructor and materials.

Evaluation of Survey Items	Mean Rating
The materials used in this session were helpful and understandable.*	4.84
The instructor presented information and ideas clearly.	4.92
The instructor helped to make the material interesting.	4.90
My understanding of the knowledge and skills needed to provide care to an elder has improved through this training.	4.86
My ability to apply the skills to care for an elder has improved through this training.	4.84
Overall, the training was:**	4.86
Overall, the instructor was:	4.90
The room as a learning environment was:	4.84
Average based on Likert Scale: *5 = Strongly Agree, 1 = Strongly Disagree/ **5 = Excellent, 1 = Poor	

Below are some sample comments from trainees:

Please comment on two things that you value most about training:

- Resident-centered care and symptoms of dementia were great topics. Helped understand more about the disease or illness.
- Very informative about AD. Explaining things, slowly and clearly.
- Job well done - Hope more training is coming ... congratulations!!!!
- Good review in taking care of Alzheimer's patients

Please make suggestions to improve training:

- More group activity

Dementia- 5.28.11 (Attendance = 21)

The content of this training was the same as the previous training on 4.18.11. This training did not have a pre-test, so no pre-test to post-test comparisons were made. The following only examines evaluation surveys from this training.

Trainees consistently gave high ratings to the instructor, materials, and the skills they gained.

Evaluation Survey Items	Mean Rating
The materials used in this session were helpful and understandable.*	4.81
The instructor presented information and ideas clearly.	4.76
The instructor helped to make the material interesting.	4.67
My understanding of the knowledge and skills needed to provide care to an elder has improved through this training.	4.71
My ability to apply the skills to care for an elder has improved through this training.	4.70
Overall, the training was:**	4.67
Overall, the instructor was:	4.71
The room as a learning environment was:	4.52

Average based on Likert Scale: *For 1st five questions: 5 = *Strongly Agree*, 1 = *Strongly Disagree*. **For last three questions: 5 = *Excellent*, 1 = *Poor*

The following are sample comments from trainees:

Please comment on two things that you value most about training:

- The education we received in a short time is very valuable. I feel more professional.
- Refresh my skills on how to take care and deal with dementia client.

- Handouts and presentation is good.

Please make suggestions to improve training:

- Provide more examples of event.
- Provide guidance steps on caregiver to take care of client.

Challenging Behaviors- 6.22.11 (Attendance = 65)

The challenging behaviors training covered the causes of challenging behaviors and presented strategies to respond to these behaviors. The training introduced a One-Week Behavior Tracking Form and a Specific Incident Tracking Form for caregivers to use in their homes.

There was a significant improvement in knowledge on the topic from pre-test to post-test ($t = -9.59, p < .0001$). Seventy seven percent had higher scores on the post-test than the pre-test.

Knowledge Gained- Pre-test to Post-test:

	Mean out of 7	N	Std. Deviation
Pre-test	2.66	64	1.31
Post-test	4.63	64	1.59

$t = -9.59, p < .0001$

77% had higher scores on Post-test

The evaluation survey administered at the end of the training found consistently high ratings of the materials, instructors, and the knowledge gained.

Evaluation Survey Items	Mean Rating
The materials used in this session were helpful and understandable.*	4.80
The instructor presented information and ideas clearly.	4.72
The instructor helped to make the material interesting.	4.81
My understanding of the knowledge and skills to care for an elder has improved through this training.	4.75
My ability to apply the skills to care for an elder has improved through this training.	4.75
Overall, the training was:**	4.91

Overall, the instructor was:	4.91
The room as a learning environment was:	4.89

Average based on Likert Scale: *For 1st five questions: 5 = *Strongly Agree*, 1 = *Strongly Disagree*. **For last three questions: 5 = *Excellent*, 1 = *Poor*

The following are written comments from trainees:

Please comment on two things that you value most about training:

- The instructor was very good!
- This training in-service is excellent for the training. Very interested to learned. Thank you very much.
- Understanding and having patience in behaviors of challenging patients
- Good location and very informative
- Please make more in services like this!

Please make suggestions to improve training:

- More training and information is good.
- Excellent - Keep doing it! Thank you Mrs. Kim.
- Please repeat this particular topic for our substitute caregivers to be able to also learn from it!!! Doing good. Please continue this way to provide training!!!
- More information and explain your answer with a short essay. More challenge questions more detail and information.

Diabetes 8.24.11 (Attendance = 100)

The diabetes training provided knowledge on the types and symptoms of diabetes, outlined skills to monitor clients with diabetes, and discussed healthy diet and exercise strategies.

Trainees had a statistically significant improvement in diabetes knowledge from pre-test to post-test ($t = -5.53$, $p < .0001$). Findings indicated that 43% had higher scores on the post-test.

Knowledge Gained- Pre-test to Post-test

	Mean out of 9	N	Std. Deviation
Pre-test	7.81	97	1.22
Post-test	8.53	97	0.72

t = -5.53, p<.0001

43% had higher scores on post-test

Ratings on the evaluation survey were consistently high:

Evaluation Survey Items	Mean Rating
The materials used in this session were helpful and understandable.*	4.91
The instructor presented information and ideas clearly.	4.87
The instructor helped to make the material interesting.	4.87
My understanding of the knowledge and skills needed to provide care to an elder has improved through this training.	4.85
My ability to apply the skills to care for an elder has improved through this training.	4.83
Overall, the training was:**	4.91
Overall, the instructor was:	4.94
The room as a learning environment was:	4.95

Average based on Likert Scale: *For 1st five questions: 5 = *Strongly Agree*, 1 = *Strongly Disagree*. **For last three questions: 5 = *Excellent*, 1 = *Poor*

Below are sample comments on the training:

Please comment on two things that you value most about training:

- Interesting and gained more knowledge on diabetes.
- Facilitator is knowledgeable on subject and very informative.
- Educate myself more on the management, and to be more aware of the symptoms
- Peer sharing and informative.

Please make suggestions to improve training:

- More educational topics.
- Make/give more handouts.
- Scenarios need to be better.

Incontinence- 9.21.11 (Attendance = 89)

This training covered the cause and types of incontinence, identified when incontinence symptoms require contacting the primary care physician or case manager, and described guidelines for use of incontinence products.

A t-test indicated a statistically significant improvement in knowledge from pre-test to post-test ($t = -6.25, p < .0001$). A large proportion of trainees (72%) had a higher score on the post-test.

Knowledge Gained- Pre-test to Post-test:

	Mean out of 10	N	Std. Deviation
Pre-test	6.70	89	1.73
Post-test	7.88	89	1.55

$t = -6.25, p < .0001$

72% had higher scores on post-test

The evaluation survey items indicated a high level of satisfaction with the training:

Evaluation Survey Items	Mean Rating
The materials used in this session were helpful and understandable.*	4.80
The instructor presented information and ideas clearly.	4.82
The instructor helped to make the material interesting.	4.80
My understanding of the knowledge and skills needed to provide care to an elder has improved through this training.	4.80
My ability to apply the skills to care for an elder has improved through this training.	4.75
Overall, the training was:**	4.86
Overall, the instructor was:	4.88
The room as a learning environment was:	4.83

Average based on Likert Scale: *For 1st five questions: 5 = *Strongly Agree*, 1 = *Strongly Disagree*. **For last three questions: 5 = *Excellent*, 1 = *Poor*

The following are sample comments on the training:

Please comment on two things that you value most about training:

- Very informative
- Very interesting and appropriate topic
- I learned a lot about safety and taking care of residents
- Excellent presentation and training materials

Please make any suggestions to improve training:

- We need more training
- Went over time, perhaps start earlier.

Resident Centered Care- 10.20.11 (Total Attendance = 57)

This training described the resident centered care philosophy, strategies to enhance resident-centered care in daily activities, and the benefits of resident centered care.

Comparison of the pre-test and post-test found a small but statistically significant improvement in scores ($t = 2.21, p = .03$). About half (51%) showed improvement in their scores on the post-test.

Paired Samples Statistics

	Mean out of 10	N	Std. Deviation
Pre-test	7.28	57	2.19
Post-test	7.95	57	2.22

$t = 2.21, p = .03$

51% had higher scores on their post-test

The evaluation survey indicated high ratings of the materials, instructor, and skills gained:

Evaluation Survey Items	Mean Rating
The materials used in this session were helpful and understandable.*	4.84
The instructor presented information and ideas clearly.	4.84
The instructor helped to make the material interesting.	4.86
My understanding of the knowledge and skills needed to provide care to an elder has improved through this training.	4.88
My ability to apply the skills to care for an elder has improved through this training.	4.88
Overall, the training was:**	4.82
Overall, the instructor was:	4.84
The room as a learning environment was:	4.82

Average based on Likert Scale: *For 1st five questions: 5 = *Strongly Agree*, 1 = *Strongly Disagree*.

**For last three questions: 5 = *Excellent*, 1 = *Poor*

The following are sample comments from trainees:

Please comment on two things that you value most about training:

- Excellent training facility and very informative
- Good and beneficial for the caregiver. Refreshes caregiver on how to deal with the client.

- Fast and very informative, straight to the point, and free!
- Simplified training that is applicable to all homes. Stressing the importance in improving the quality of life of our residents.
- My understanding of the knowledge and skills needed to provide, care to an elder. My ability to apply the skills to care for an elder has improved through this training.

Please make any suggestions to improve training:

- Invite outside speakers-specialized in the topic of discussion.
- Please change your strategy to discuss the group discussion.
- More guidelines and examples.

Nutrition and Dining-11.14.11 (Attendance = 40)

This training outlined the benefits of proper nutrition, discussed different types of nutrients, described how to read food labels and how to do a basic nutrition assessment, and explained how to create a pleasant eating environment.

Trainees had a statistically significant improvement in knowledge from pre-test to post-test ($t = -3.21, p = .003$). Over 60% had higher scores on the post-test.

Knowledge Gained from Pre-test to Post-test

	Mean out of 9	N	Std. Deviation
Pre-test	4.47	38	1.77
Post-test	5.37	38	1.62

$t = -3.21, p = .003$

66% had higher scores on the post-test

Trainees were very positive about the materials, instructors, and skills gained:

Evaluation Survey Items	Mean Rating
The materials used in this session were helpful and understandable.*	4.74
The instructor presented information and ideas clearly.	4.77
The instructor helped to make the material interesting.	4.74
My understanding of the knowledge and skills needed to provide care to an elder has improved through this training.	4.72
My ability to apply the skills to care for an elder has improved through this training.	4.72

Overall, the training was:**	4.97
Overall, the instructor was:	4.95
The room as a learning environment was:	4.84

Average based on Likert Scale: *For 1st five questions: 5 = *Strongly Agree* , 1 = *Strongly Disagree*. **For last three questions: 5 = *Excellent*, 1 = *Poor*

Sample comments from trainees:

Please comment on two things that you value most about training:

Class was informative, learn how to better serve our residents and family.

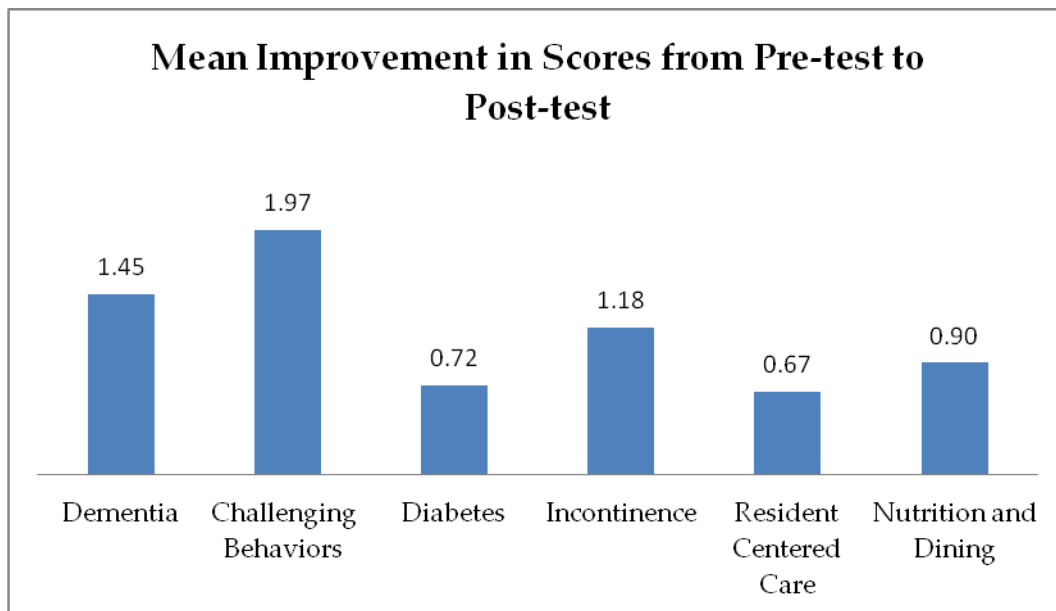
This is a good inservice, and its very helpful because it refreshes my mind and good ideas to everyone and scenario's.

Happy to attend this class. Very informative.

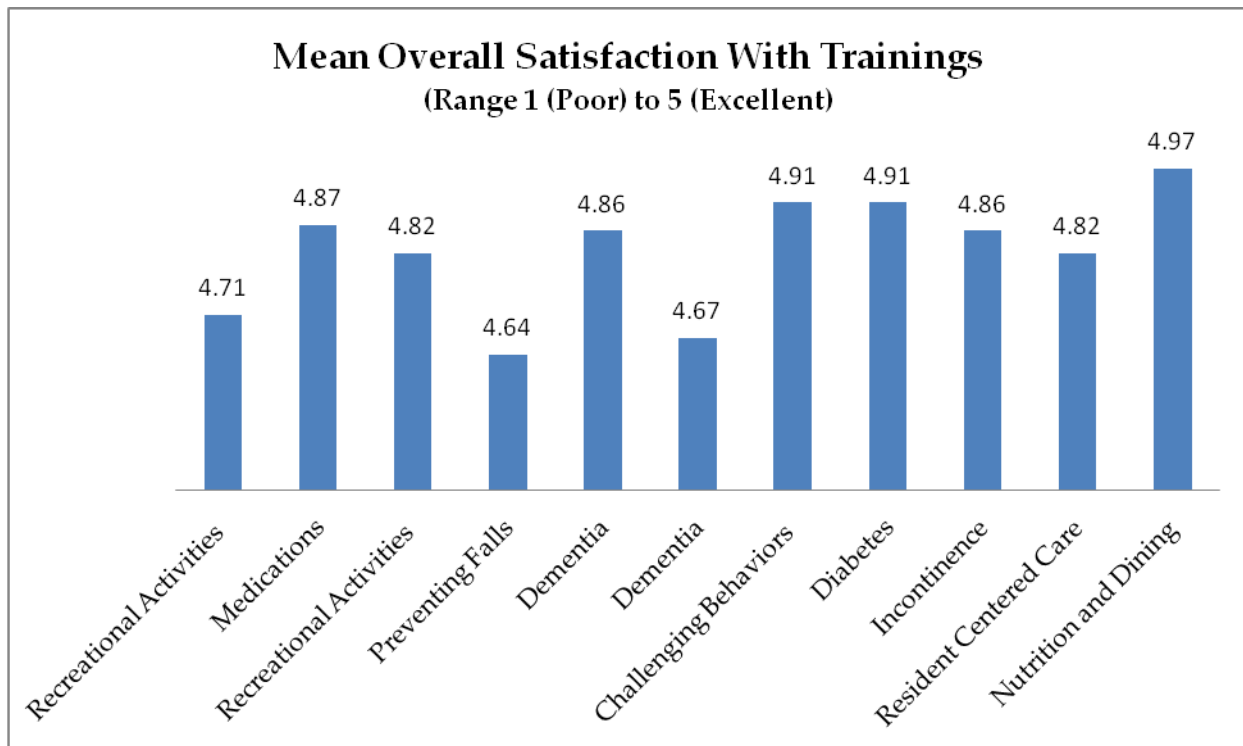
I love the presentation of how food interacts with our body.

(No suggestions given to improve training were provided)

Comparing Trainings. The charts below compare the mean improvement in knowledge scores from pre-test to post-test. Again, analyses indicated that all trainings had a statistically significant increase in scores. The challenging behaviors training had the largest mean improvement in scores from pre-test to post-test.



The following chart compares ratings based on the overall training satisfaction question on the evaluation survey. The nutrition and dining training received the highest rating of satisfaction, but all trainings were rated between very good (4) and excellent (5).



Lessons Learned

Over the course of the project, staff learned lessons that have served to improve the overall success of trainings:

- To advertise trainings, flyer mailings were more effective than announcements within association newsletters. Training announcements tended to get lost within the newsletters.
- Registration by fax, rather than telephone or mail, proved to be most efficient.
- Obtaining buy-in from associations, including the Adult Foster Home Association and Adult Residential Care Association, was critical although challenging given changing leadership and priorities.
- Early trainings, which were held during association meetings, proved to be difficult because of competing agenda items and minimal control over registration and survey administration.
- Identification of an alternative training site, Building Industry Association Training Center of the Pacific in Waipahu proved to be very valuable. The facility is modern and in a location very convenient to most caregivers.
- Trainings during the week in the evenings proved to be convenient for caregivers.
- The on-site check-in policies and procedures should include: several volunteers to help with registration and refreshments, a picture ID at check-in to verify the

person's identify to ensure that the registered person took the course, and on-time arrival: trainees arriving more than 15 minutes late were not allowed to attend to keep trainings on time and to ensure that the caregivers earned the two hours of training as indicated on the certificate of completion. Finally, caregivers were not allowed to bring their residents to training to minimize the distractions of caregiving during the sessions.

Data Limitations

For the first four trainings, project staff could not conduct registration or administer a pre-test due to extraneous factors. For these early trainings, attendance numbers were estimated based on the number of evaluations returned and knowledge gain based on the pre- and post-test could not be assessed.

Summary and Next Steps

Findings 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, was 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.

The project has achieved proximal and short-term goals of developing quality modules and delivering effective training sessions. However, the project intends to have sustainable and long-term impact on the quality of care in small residential settings in Hawaii. The project now enters its second phase. The project evaluator will work with project staff to identify potential strategies to sustain and institutionalize these training modules and to examine their feasibility. 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 will conduct structured key informant interviews with key players within state departments, health plans, and care home and foster home associations for their perspectives on regulatory mandates, online learning, and development of methods that could link training with improvement in industry performance.