This meeting will be held by webinar. To attend via webinar, please register at the following link: https://attendee.gotowebinar.com/register/1364460251829114896

Webinar ID
661-662419

Steering Committee and Workgroup members will participate by webinar according to Governor Jay Inslee’s COVID 19 Operational and Workplace Guidance in Response to Novel Coronavirus. Staff will be available in Town Center 2 Room 124 (directions).

**Agenda**

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

**Steering Committee Members:**
Tracy Rude (Chair), Abby Solomon, Candace Goehring, Carolyn McKinnon, Cheryl Sanders, Doris Barret, Representative Eileen Cody, Jody Robbins, John Ficker, Josephine Antonio, Julie Ferguson, Kristin Peterson, Laurie St. Ours, Leslie Emerick, Pamela Pasquale, Patricia Hunter, Sheri Shull, Senator Steve Conway

**DOH Staff:**
Paula Meyer, Kathy Moisio, Janell Sparks, Shad Bell, Brandon Williams

**Facilitator:**
Porsche Everson

**Please Read:**
- Overview of Each Workgroup’s Activities and Next Steps (additional detail to be presented at the meeting):
  - Testing
  - Common Curriculum
  - Data
  - SNF Staffing Models

**Meeting Goals:**
1. Receive reports from workgroups
2. Provide advice and guidance to workgroups
3. Address Steering Committee Action Items
4. Integrate and coordinate work among workgroups
5. Receive Public Comment
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:15 am</td>
<td>Technology check and e-coffee</td>
<td>Porsche Everson, DOH staff</td>
</tr>
<tr>
<td>8:15 – 8:35 am</td>
<td>Welcome, Introductions</td>
<td>Porsche Everson</td>
</tr>
<tr>
<td></td>
<td>• Virtual meeting guidelines</td>
<td>Tracy Rude</td>
</tr>
<tr>
<td></td>
<td>• Steering Committee round robin intros</td>
<td>Kathy Moisio</td>
</tr>
<tr>
<td></td>
<td>• LTC work in the context of COVID-19</td>
<td></td>
</tr>
<tr>
<td>8:35 – 10:00 am</td>
<td>Study Session – Testing</td>
<td>Julie Ferguson, Testing Workgroup Chair</td>
</tr>
<tr>
<td></td>
<td>• Review preliminary ideas for testing recommendations (15 min, 10 min Q&amp;A)</td>
<td>Joel &amp; Melissa, Pearson VUE</td>
</tr>
<tr>
<td></td>
<td>• Planned testing changes by Pearson VUE (30 min, 10 min Q&amp;A)</td>
<td>Sandra Graham</td>
</tr>
<tr>
<td></td>
<td>• Discuss language supports (10 min, 10 min Q&amp;A)</td>
<td></td>
</tr>
<tr>
<td>10:00 – 10:10 am</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>10:10 – 11:25 am</td>
<td>Workgroup Reports</td>
<td>Workgroup Chairs</td>
</tr>
<tr>
<td>1 hr 15 min</td>
<td>• Curriculum</td>
<td>Vicki McNealley</td>
</tr>
<tr>
<td></td>
<td>• Data</td>
<td>John Ficker</td>
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<tr>
<td></td>
<td>• SNF Staffing Models</td>
<td>Peter Graham or Bill Moss</td>
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<td></td>
<td>15 minute presentations, 10 min Q&amp;A from Steering Committee members.</td>
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<tr>
<td>11:25 – 11:35 am</td>
<td>Action Items for the Steering Committee</td>
<td>Tracy</td>
</tr>
<tr>
<td>10 min</td>
<td>• Final Report Timeline</td>
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<td>• Nurse Delegation</td>
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<tr>
<td>11:35 – 11:50 am</td>
<td>Public Comment</td>
<td>Tracy, Porsche</td>
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<tr>
<td>15 min</td>
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<tr>
<td>11:50 am – Noon</td>
<td>Reflections/Action Items/Wrap up</td>
<td>Workgroup Chairs, Kathy, SC members</td>
</tr>
<tr>
<td>10 min</td>
<td>Close Meeting</td>
<td>Tracy, Porsche</td>
</tr>
</tbody>
</table>
## Action Items

<table>
<thead>
<tr>
<th>Who?</th>
<th>Does What?</th>
<th>By When?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Meeting
Slide Show
Technology check and e-coffee

Virtual Meeting Tools

- Check audio
- Check video
- Chat
- Q&A
- Raise Hand
- Polls
Meeting Guidelines

Steering Committee Members

- Please turn on video when you wish to talk
- Stay muted unless talking
- Encourage active participation
- Participate in polls
- Use Chat

Public/Observers

- Video off
- Audio off (host will enable for public comment)
- Participate in polls
- Use Q&A tool for comments

LTC Workforce Development Steering Committee

Session 3 – May 15, 2020
Overview

- Welcome & Intros
- Our work in the Context of COVID-19
- Study Session – Testing
- Workgroup Reports
- Steering Committee Action Items
- Public Comment
- Wrap Up and Next Steps

Meeting Goals

- Receive reports from workgroups
- Provide advice and guidance
- Address Action Items
- Receive public comment
- Integrate and coordinate among workgroups
Welcome & Introductions

- Who are you?
- What are you grateful for today?

Coronavirus Impact

- Our work in the context of COVID-19
Study Session - Testing

**Preliminary Recommendations Categories**
- Access to timely testing
- Navigation of testing info and processes
- Improving pass rates
- Language supports *(emerging)*

**Next Steps**
- Integrate preliminary recommendations with curriculum plan
- Finalize recommendations
- Work on timelines and other details

---

Testing - Access

- Strategies to increase capacity
- Computer-based tests
- Separate written and skills tests
- Filling open slots
- Benchmarks for reducing cancellations
Testing - Navigation

- Simplify registration
- Improved candidate handbook

Testing – Pass Rates

- Testing aligned with efficient content delivery
- Potential adjustments for bridge programs
- Increased testing time for English language learners
- Adult education instruction for instructors with no background in teaching
- Skill demonstration videos
Next Steps for Testing Workgroup

- Integrate testing recommendations with curriculum plan
- Finalize recommendations
- Work on timelines and other details

Pearson VUE Presentation
• States have a variety of approaches to NA testing
• English and Spanish (written and oral) were the primary language supports, when available
• English language competency testing occurs in 12 states
• Other supports available – candidate handbook, website, skills lists
• Challenges remain
Workgroup Reports

Curriculum, Data, SNF Staffing Models

Top 3 activities

- Established a plan to integrate Specialty trainings into the standard curriculum, eliminating redundant content from existing core
- Developed templates to build curriculum units and create diverse characters for person-centered scenarios
- Launched active development of curriculum units and scenarios

Next Steps

- Obtain clarification on Nurse Delegation
- Complete draft curriculum
- Integrate work with the Testing Workgroup
- Address progression linkages
Curriculum – Specialty Training

- Specialty classes included fully intact
- Duplicate content removed from core curriculum
- Can use existing approval process for instructors
- Instructors who have not already done so take specialty and adult ed class

Curriculum – Units

- Begins with competencies
- Includes topical outline of knowledge and skills
- Links the unit topic to hierarchy of human needs
Curriculum – Scenarios

- Starts with the person, explores identity apart from health conditions
- Includes diverse group of characters
- Connects knowledge and skills → human needs → individual needs through scenarios

Curriculum – Ongoing Work

In Progress
- Unit and character development
- Review of other state’s approaches
- Establish progression linkages

Next Steps
- Nurse delegation
- Complete basic draft curriculum
- Integrate with Testing
- Address progression (HCA → NA → Nursing)
Workgroup Report - Data

Top 3 activities
• Identified data sources & core data elements
• Completed a Data Catalog (training, testing, certification, and workforce projections)
• Reviewed a variety of data samples to identify strengths, limitations, and integration potential

Next Steps
• Collect sample data sets for 2019
• Integrate data into basic, functional dashboard

Data WG - Data Catalog

• Searchable list of data sets
• Categorized by
  • Testing
  • Certification
  • Training
  • Workforce projections
• Description
• Limitations
• Availability
• Contact info
• Collection and timeframe details
Data WG – Work in progress

- Obtaining specific data for 2019 from each source
- Starting to integrate data into basic, functional dashboard
- Establishing ongoing collection, integration, and monitoring processes *(Longer term)*

Data WG – Other work

- Regional Workforce Development Council integration
- Adult Family Home Training Network
- Workforce development policy for entry-level and career progression
- Sample data charts in original format follow
Sample Data Catalog & Dictionary

<table>
<thead>
<tr>
<th>Data File or Source</th>
<th>Category</th>
<th>Brief Description/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOH-HSQA</td>
<td>Testing</td>
<td>HCA testing data has been provided (number tested and pass rate); A request will be made to see if additional information is available (timelines to test, geographic distribution of test-takers)</td>
</tr>
<tr>
<td>DOH-HSQA Credentialing Unit</td>
<td>Certification</td>
<td>The request has been made for the timelines to go from “pending” to “completed” status for both NA and HCA credentials (to get a sense of testing completion time in between) and from “completed” to “issued” (which will show the timeline from all criteria met to the time of issuance). Credentialing also has numbers of credentialled HCAs and NAs.</td>
</tr>
<tr>
<td>DSHS</td>
<td>Training</td>
<td>The request has been made for HCA training data (i.e. what is available — i.e. numbers of training programs and geographical location (county); number of applications for new training program and training program personnel; timelines for approval of new programs and program personnel; other relevant data — demographics of graduates).</td>
</tr>
<tr>
<td>Nursing Commission Nursing Licensure Pass Rates</td>
<td>Testing</td>
<td>Annual pass rates by college/university for Nursing, for Associate, Bachelor of Science, Licensed Practical Nurse are available, including a 5-year look-back for trending.</td>
</tr>
</tbody>
</table>

Current Status: **206** Nursing Assistant (NA) Training Programs

- **206** training programs: This represents a **9.6% increase** (up from 188 last year)
- **33 of 39 (85%)** of counties have at least one training program
- **135 (66%)** are on the West side while **71 (34%)** are on the East side
- **6 (15%)** of counties have no NA training programs:
  - **West Side:** Pacific, San Juan, Skamania, and Wahkiakum,
  - **2 East Side:** Douglas and Klickitat

**Snapshot data, February 2020**
NA Training Programs are Located in a Variety of Settings:

- 66 (32%) are Private Businesses
- 51 (25%) are in Nursing Homes
- 48 (23%) are in Colleges
- 31 (15%) are in High Schools/Skills Centers
- 7 (3%) are in Hospitals
- 3 (1%) are in Other (such as a county agency or a Job Corps Center)

**Snapshot data, February 2020.**

---

Number of NNAAP Test Takers 2015-2019

- The decreasing number of test-takers has been a concern, given the caregiver shortage.
- 2019 shows the first uptick in numbers of test-takers since 2015.
- This is a small increase (2.2%), but it is hoped that the increase in new training programs (9.6%) will eventually yield a commensurate increase in test-takers in 2020.
### HCA 2019 SKILLS EXAM

<table>
<thead>
<tr>
<th></th>
<th>Passed</th>
<th>Taken</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>562</td>
<td>690</td>
<td>81.4%</td>
</tr>
<tr>
<td>February</td>
<td>476</td>
<td>577</td>
<td>82.5%</td>
</tr>
<tr>
<td>March</td>
<td>667</td>
<td>824</td>
<td>80.9%</td>
</tr>
<tr>
<td>April</td>
<td>692</td>
<td>919</td>
<td>75.3%</td>
</tr>
<tr>
<td>May</td>
<td>779</td>
<td>983</td>
<td>79.3%</td>
</tr>
<tr>
<td>June</td>
<td>698</td>
<td>893</td>
<td>78.1%</td>
</tr>
<tr>
<td>July</td>
<td>558</td>
<td>751</td>
<td>74.3%</td>
</tr>
<tr>
<td>August</td>
<td>610</td>
<td>779</td>
<td>78.3%</td>
</tr>
<tr>
<td>September</td>
<td>590</td>
<td>776</td>
<td>76.0%</td>
</tr>
<tr>
<td>October</td>
<td>568</td>
<td>796</td>
<td>71.4%</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>6,200</strong></td>
<td><strong>7,988</strong></td>
<td><strong>77.6%</strong></td>
</tr>
</tbody>
</table>

Key:
- Green = Written/Oral Test
- Blue = Skills Test
- Gray = Both
### HCA Sept 2019 KNOWLEDGE EXAM

<table>
<thead>
<tr>
<th>Language</th>
<th>Passed</th>
<th>Taken</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>562</td>
<td>575</td>
<td>97.7%</td>
</tr>
<tr>
<td>Russian</td>
<td>16</td>
<td>16</td>
<td>100.0%</td>
</tr>
<tr>
<td>Chinese</td>
<td>17</td>
<td>18</td>
<td>94.4%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>7</td>
<td>7</td>
<td>100.0%</td>
</tr>
<tr>
<td>Korean</td>
<td>10</td>
<td>10</td>
<td>100.0%</td>
</tr>
<tr>
<td>Spanish</td>
<td>17</td>
<td>17</td>
<td>100.0%</td>
</tr>
<tr>
<td>Amharic</td>
<td>4</td>
<td>5</td>
<td>80.0%</td>
</tr>
<tr>
<td>Interpreter</td>
<td>6</td>
<td>6</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Number of NARs and NACs 2014-2019

Impacts on nursing assistant numbers are complex and multi-factorial

<table>
<thead>
<tr>
<th>Year</th>
<th>NAC</th>
<th>NAR</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>49,443</td>
<td>25,898</td>
<td>75,341</td>
</tr>
<tr>
<td>2015</td>
<td>50,872</td>
<td>24,964</td>
<td>75,836</td>
</tr>
<tr>
<td>2016</td>
<td>51,534</td>
<td>24,644</td>
<td>76,178</td>
</tr>
<tr>
<td>2017</td>
<td>52,210</td>
<td>23,587</td>
<td>75,797</td>
</tr>
<tr>
<td>2018</td>
<td>52,617</td>
<td>22,797</td>
<td>75,414</td>
</tr>
<tr>
<td>2019</td>
<td>52,972</td>
<td>21,859</td>
<td>74,831</td>
</tr>
</tbody>
</table>

![Graph showing the number of Nursing Assistants from 2014 to 2019]
Long-term care industry employment (current and projected)

• The long-term care industry employed 171,799 people during the 2nd quarter of 2019, or 5 percent of total state workforce.

• By 2026 it is estimated that employment in the long-term care industry will increase by 27,200 workers; an annualized increase of 1.2 percent.

<table>
<thead>
<tr>
<th>Industry</th>
<th>2019Q2</th>
<th>2021</th>
<th>2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health care services</td>
<td>12,167</td>
<td>14,050</td>
<td></td>
</tr>
<tr>
<td>Nursing care facilities</td>
<td>22,795</td>
<td>23,079</td>
<td></td>
</tr>
<tr>
<td>Residential mental health facilities</td>
<td>8,787</td>
<td>9,905</td>
<td></td>
</tr>
<tr>
<td>Community care facilities for the elderly</td>
<td>32,941</td>
<td>39,166</td>
<td></td>
</tr>
<tr>
<td>Other residential care facilities</td>
<td>1,714</td>
<td>2,032</td>
<td></td>
</tr>
<tr>
<td>Individual and family services</td>
<td>77,464</td>
<td>87,908</td>
<td></td>
</tr>
<tr>
<td>Vocational rehabilitation services</td>
<td>8,560</td>
<td>9,497</td>
<td></td>
</tr>
<tr>
<td>Private households</td>
<td>7,372</td>
<td>7,345</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>171,799</td>
<td>192,981</td>
<td></td>
</tr>
</tbody>
</table>

Source: Employment Security Department/WITS; 2018 Industry Employment Projections

Long-term care occupational employment

• Employment for the five occupations of direct care workers (registered nurses, home health aides, psychiatric aides, nursing assistants, personal care aides) totaled 162,267 workers during the 2nd quarter of 2018.

• By 2026 it is estimated that employment for the five occupations of direct care workers will increase by 29,245 workers; an annualized increase of 1.7 percent.

<table>
<thead>
<tr>
<th>Occupational title</th>
<th>Estimated employment 2018Q2</th>
<th>Estimated employment 2020Q2</th>
<th>Estimated employment 2022</th>
<th>Estimated employment 2027</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>58,862</td>
<td>61,379</td>
<td>64,125</td>
<td>70,725</td>
</tr>
<tr>
<td>Licensed Practical and Licensed Vocational Nurses</td>
<td>7,473</td>
<td>7,610</td>
<td>7,777</td>
<td>8,207</td>
</tr>
<tr>
<td>Home Health Aides</td>
<td>9,832</td>
<td>10,157</td>
<td>10,507</td>
<td>11,435</td>
</tr>
<tr>
<td>Nursing Assistants</td>
<td>34,625</td>
<td>35,456</td>
<td>36,461</td>
<td>38,027</td>
</tr>
<tr>
<td>Personal Care Aides</td>
<td>51,475</td>
<td>53,513</td>
<td>55,854</td>
<td>62,118</td>
</tr>
<tr>
<td>Total</td>
<td>162,267</td>
<td>168,115</td>
<td>174,724</td>
<td>191,512</td>
</tr>
</tbody>
</table>

Source: Employment Security Department/WITS; 2018 Occupational Employment Projections
Long term care occupations – Employment projections versus total openings

<table>
<thead>
<tr>
<th>Occupational title</th>
<th>Average annual opening due to growth 2017-2022</th>
<th>Average annual openings due to replacement 2017-2022</th>
<th>Average annual total openings 2017-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>1,283</td>
<td>16,942</td>
<td>18,225</td>
</tr>
<tr>
<td>Licensed Practical and Licensed Vocational Nurses</td>
<td>68</td>
<td>2,793</td>
<td>2,861</td>
</tr>
<tr>
<td>Home Health Aides</td>
<td>201</td>
<td>4,675</td>
<td>4,878</td>
</tr>
<tr>
<td>Nursing Assistants</td>
<td>442</td>
<td>14,061</td>
<td>14,503</td>
</tr>
<tr>
<td>Personal Care Aides</td>
<td>1,416</td>
<td>22,829</td>
<td>24,245</td>
</tr>
</tbody>
</table>

Source: Employment Security Department/WITS; 2018 Occupational Employment Projections

[Graph showing WSBCTC Program Completions]

Source: Washington State Board of Community and Technical Colleges
**Top 3 activities**
- Obtaining various stakeholder positions and recommendations
- Identifying barriers to increased staffing
- Discussion of possible phased, transactional approach to staffing model

**Next Steps**
- Reevaluation and reflection of best path forward with various stakeholders
- Understanding impacts of COVID-19 and potential future budget reductions

**Workgroup Report – SNF StaffingModels**

- Stakeholder alignment depends on removing barriers in a phased/transactional manner
- Reimbursement levels may need to be increased
- Path forward may be phased in many small steps
- SNFs are facing many difficulties with COVID-19
**Steering Committee Action Items**

- Final Report Timeline
- Nurse Delegation

---

**Public Comment**

- Up to 15 minutes total
- Max 3 minutes per person
- Avoid sharing personal health info

The steering committee will receive public comments and will not generally respond directly to individual comments or questions.
Wrap Up and Next Steps

Workgroup Roundup

Reflections from workgroup chairs and Steering Committee members
Action Items

• Who?
• Does what?
• By when?

Next Meeting:
Friday
September 18, 2020

Location/format TBD
Staff Contact Info

Tracy Rude  
NQCAC Chair & Steering Committee Chair  
(360) 236-4703  
Tracy.Rude@doh.wa.gov

Brandon Williams  
Policy & Performance Analyst, Operations  
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Brandon.Williams@doh.wa.gov

Kathy Moisio  
Director of Nursing Assistant Programs, Project Lead  
(360) 236-4712  
Kathy Moisio@doh.wa.gov

Janell Sparks  
Administrative Assistant  
(360) 236-4248  
Janell.Sparks@doh.wa.gov

Thank You
Project Background Information
(9)(a) $50,000 of the general fund—state appropriation for fiscal
year 2020 and $50,000 of the general fund—state appropriation for
fiscal year 2021 are provided solely for the nursing care quality
assurance commission to continue the work group on nurses in long-
term care settings.

(b) The work group must base its work on the assessment of long-
term care workforce needs required by chapter 299, Laws of 2018, and
included in the long-term care workforce development report to the
governor and the legislature submitted in December 2018. The
commission shall maintain existing membership of the work group, may
add additional stakeholder representation, and may create such
technical advisory committees as may be necessary to accomplish its
purposes.

(c) Work group priorities for the 2019-2021 fiscal biennium
include:
   (i) Identifying data sources necessary to ensure workers are
achieving timely training, testing, and certification;
   (ii) Working with regional workforce development councils to
project worker shortages and on-going demands;
   (iii) Establishing revised nursing assistant training that aligns
directly with the learning outcomes of the competency-based common
curriculum, and improves access, reduces costs, increases consistency
across evaluators, increases pass rates, and provides support for
languages other than English:
   (iv) Recommending requirements to improve skilled nursing
facility staffing models and address deficiencies in resident care;
and
   (v) Creating a competency-based common curriculum for nursing
assistant training that includes knowledge and skills relevant to
current nursing assistant practices; integrated specialty training on
mental health, developmental disabilities, and dementia; and removing
or revising outdated content. The curriculum must not unnecessarily
add additional training hours, and must meet all applicable federal
and state laws. The curriculum must be designed with seamless
progression from or toward any point on the educational continuum.

(d) The commission must provide an interim report on the
activities of the work group and its findings and recommendations for
statutory and regulatory changes to the governor and legislature by
November 15, 2019, and a final report to the governor and legislature
by November 15, 2020.
Project Ecosystem

Figure 1. Project map that shows stakeholder groups, workgroups, goals, and agreements.
High-Level Timeline/Schedule

Figure 1. Timeline showing work of the steering committee and workgroups.

*It is recognized that the due date for the final report is not optimal. We will likely make a request to adjust the due date for the final report to 2021 or to add a final summary of the work in 2021.
Workgroup Infographics

Testing Workgroup

Understand Current State of Testing
- Identify barriers and issues
- Understand testing system

Explore Potential Models
- New Content
- Other testing processes

Improved Testing Process
Revised Testing Content

Future State:
Refine Recommendations

Curriculum Workgroup

Understand Current State of Curriculum and Training (including federal requirements)
- Identify competencies
- Progression (HCA-NAC-NSG)

Explore Potential Changes and/or Models
- Progression Linkages (HCA-NAC-NSG)
- Specialty Modules

Common Curriculum (with map of laws/rules to address)

Future State:
Refine Recommendations, Create Common Curriculum
Data Workgroup

- Steering Committee
- Workgroup members
- Other workgroups

1. Identify and refine data requests
2. Does the data request support project goals?
3. Does the data exist?
4. Identify potential sources and data collection processes
5. Evaluate need for custom data integration

- Yes: Obtain, refine, evaluate and share data
- No: Set benchmarks for system improvement

Establish ongoing monitoring and evaluation process

SNF Staffing Models Workgroup

- Quality Measures
- Available Data Sources
- Literature Review
- Medicaid Rates
- Direct Care Shortages
- Cultural/Work Environment

Understand resident care issues related to staffing
Research barriers to staffing
Develop recommendations

Optimal staffing mix Cost effective Quality care

DRAFT_Workplan Infographics
Workgroup Presentation Documents
Overview of Workgroup Activities and Next Steps

While COVID-19 has had a significant impact on our lives and work, the LTC Workforce Development Workgroups have continued to meet and progress toward their goals. Below is a topical overview of each Workgroup’s activities and planned next steps since January. On May 15, each Workgroup will present additional information to the Steering Committee.

<table>
<thead>
<tr>
<th>TESTING Workgroup</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top 3 activities</strong></td>
<td><strong>Next Steps</strong></td>
</tr>
<tr>
<td>• Development of preliminary recommendation</td>
<td>• Integrate preliminary recommendations with curriculum plan</td>
</tr>
<tr>
<td>• Movement to computer-based &amp; high-volume testing</td>
<td>• Finalize recommendations</td>
</tr>
<tr>
<td>• Reviewing different states’ language supports</td>
<td>• Work on timelines and other details</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRICULUM Workgroup</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top 3 activities</strong></td>
<td><strong>Next Steps</strong></td>
</tr>
<tr>
<td>• Established a plan to integrate Specialty trainings, eliminating redundant content from existing core</td>
<td>• Complete draft of basic curriculum</td>
</tr>
<tr>
<td>• Developed templates for Workgroup members to build curriculum units and create diverse characters</td>
<td>• Integrate work with the Testing Workgroup</td>
</tr>
<tr>
<td>• Launched active development of curriculum units and scenarios</td>
<td>• Address progression linkages</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATA Workgroup</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top 3 activities</strong></td>
<td><strong>Next Steps</strong></td>
</tr>
<tr>
<td>• Identified data sources &amp; core data elements</td>
<td>• Collect sample data sets for 2019</td>
</tr>
<tr>
<td>• Completed a Data Catalog (training, testing, certification, and workforce projections)</td>
<td>• Integrate data into basic, functional dashboard</td>
</tr>
<tr>
<td>• Reviewed a variety of data samples to identify strengths, limitations, and integration potential</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>SNF STAFFING MODELS Workgroup</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top 3 activities</strong></td>
<td><strong>Next Steps</strong></td>
</tr>
<tr>
<td>• Obtaining various stakeholder positions and recommendations</td>
<td>• Reevaluation and reflection of best path forward with various stakeholders</td>
</tr>
<tr>
<td>• Identifying barriers to increased staffing</td>
<td>• Understanding impacts of COVID19 and potential future budget reductions</td>
</tr>
<tr>
<td>• Discussion of possible phased, transactional approach to staffing model</td>
<td></td>
</tr>
</tbody>
</table>
Testing Workgroup Documents
Preliminary Testing Recommendations

toward a “Future State” of Testing

OVERVIEW

The purpose of this exercise is to capture continued shaping of the ideas of the Workgroup toward a description of the desired “future state” of testing in Washington. This activity allows the Workgroup to continue assessing, prioritizing, and refining its ideas toward achievement of its legislated charge.

Since September 2019, many ideas relating to potential revisions or improvements have been discussed. In January/February 2020, they were placed into major categories.

Three main categories seemed to emerge with a possibility for a fourth if we assign language supports as its own category, which appears likely. At January’s meeting, the Workgroup identified timely access to testing as the number one priority. Additional prioritization of the other categories is in process. In addition, refinement through the prioritization of recommendations within each category would be optimal.

The three main categories for recommendations are:

- **Access** to Timely Testing
- **Navigation** of Testing Information and Processes (with some language supports included)
- **Pass Rates** and Factors/Models for Positive Impact (with recommendations still emerging)

**CATEGORY: Access to Timely Testing**

The Workgroup reviewed and discussed ways to assure access to timely testing dates for candidates and generated a preliminary list of ideas:

- Implement strategies to increase capacity for the number of students tested (i.e. more evaluators, larger sites that can test more candidates at once, more dates/open hours for testing, etc.)
- Offer the written (or oral) test in an online/computer-based format
- Use a system that separates written and skills tests, allowing candidates to take them on different days
- Use a system that allows candidates to take open slots that fall open on short notice (i.e. when another candidate cancels)
- Set performance benchmarks for reducing cancellations of tests (i.e. site-initiated, vendor initiated, student-initiated); track performance to support the identification and removal of barriers to achieving the benchmarks
**CATEGORY: Navigation of Testing Information and Processes**

The Workgroup reviewed the process candidates navigate to register for a test date in our state and other states. This work included a review of a variety of states’ Candidate Handbooks, testing websites, and Customer Service telephone lines. The Workgroup has done a separate review of language supports used in other states and will likely use the findings to develop a separate category of recommendations for language supports. That said, the Workgroup has identified that many of the recommendations included in this category will also serve as effective language supports.

**Registering for a test date could be simplified by assuring the following:**

- Easy/user-friendly format for web-based steps to register
- Short wait times on the Customer Service call-in line
- A video that walks users through the process
- Completion of test registration and scheduling as part of training programs
- In-service training on registration for training program instructors

**Use of a Candidate Handbook could be simplified by assuring the following:**

- Language with an accessible readability level (i.e. targeting a specific Fleisch-Kinkade grade level)
- A “big picture” process overview with graphic/flow map at the beginning
- A brief introductory section on how to navigate the Candidate Handbook
- Pictures/visual items/cues wherever possible to minimize, break up, and/or clarify text
- Hyperlinked topics in table of contents (for “click on and go to the text section” capability)
- Handbook page numbering that matches with PDF page numbering
- Updates to Frequently Asked Questions that incorporate questions contributed by students and training programs (i.e. through surveys or vetted via webinar)

**CATEGORY (still emerging): Pass Rates and Factors for Positive Impact**

The Workgroup has discussed the need to identify factors that could lead to pass rate improvements while also assuring competency. Recommendations for revisions related to this topic area are not fully developed, but key areas under exploration include:

- Training program hours that efficiently deliver necessary content efficiently and support student success and competency.
• Potential adjustments to improve bridge program candidates’ success (program hours, content, and nursing assistant testing).

• Potential increase of testing time for English language learners.

• Adult education training for instructors with no background in this area.

• Statewide availability of skill demonstration videos as a resource for students.

CONCLUSION

The Workgroup continues to refine their work toward final recommendations for a vision of a “future state” of testing in Washington.
**Review of Language Supports for Nurse Aide Testing in Different States**

*Report by Sandra Gonzalez Graham (Testing Work Group)*

January 12, 2020

**Purpose:** Nursing Assistant programs language supports were reviewed to discover what each state uses to promote language access and success on state written and skills testing for their candidates.

**Special Note:** This document reflects a “snapshot” of what the reviewer was able to find at a particular point in time. This document may not reflect changes made since the review or information not available to an external reviewer.

**States Reviewed:** A review of all states (other than Washington) was attempted. Washington D.C. was also included. Information for the following 10 states (alphabetically) was very limited:

<table>
<thead>
<tr>
<th>Illinois</th>
<th>Maine</th>
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<tbody>
<tr>
<td>Indiana</td>
<td>Missouri</td>
</tr>
<tr>
<td>Iowa</td>
<td>Nebraska</td>
</tr>
<tr>
<td>Kansas</td>
<td>Nevada</td>
</tr>
<tr>
<td>Kentucky</td>
<td>South Dakota</td>
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</tbody>
</table>

A majority of these 10 states did not appear to have testing vendors who administer the Nurse Aide (NA) exam. Instead, testing is either done by the state’s training entities or “independent contractors.”

**Additional Survey Attempt Yielded No Additional Information:** An electronic survey was sent to state managers of Nurse Aide programs in the top 10 states identified as having the greatest diversity of language (according to [https://www.accreditedlanguage.com/](https://www.accreditedlanguage.com/)). These states—in order of language diversity—include:

<table>
<thead>
<tr>
<th>1—California</th>
<th>6—Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>2—Texas</td>
<td>7—Florida</td>
</tr>
<tr>
<td>3—New Mexico</td>
<td>8—Arizona</td>
</tr>
<tr>
<td>4—New York</td>
<td>9—Hawaii</td>
</tr>
<tr>
<td>5—New Jersey</td>
<td>10—Illinois and Massachusetts (tied)</td>
</tr>
</tbody>
</table>

Unfortunately, these states did not respond to the survey. The second approach was to make direct contact with the state Nurse Aide managers from the top 3 states: California, Texas, and New Mexico. Only Texas responded to a phone call; however, nothing more was learned than what was already gathered from the vendor and/or state licensing web sites.

**Testing Vendors:** The major testing vendors used by states include: The American Red Cross, Headmaster, Pearson VUE, and Prometric. Three states listed use more than one testing vendor: California, Pennsylvania, and Maryland. Note: Dual vendor use can happen when a state has two levels of testing (for example, Washington uses two vendors: Prometric for home care aide testing and Pearson VUE for nurse aide testing). There may be other reasons—for example, California seems to be divided into north and south regions for testing with each region using a different vendor.
Language Supports: States were found to use language supports in the five (5) categories noted below followed by a discussion of additional detail of findings for each category:

1--Oral English Testing

2--Oral Spanish Testing

3--Written Spanish Testing

4--English Competency Testing

5--Other

1--Oral English Testing: Information was found for thirty-six (36) states. Of the 36 states:

- Eighteen (18) states conduct oral testing by using a MP3 recording with headset for rendering the test questions in English.
- Twelve (12) additional states did not describe how oral testing was rendered; one (1) of the 12 (Idaho) listed Oral English Testing as an “ESL Accommodation.”
- Three (3) additional states use a cassette recording of the questions. One (1) of the 3 also indicated use of a compact disk.
- Two (2) additional states (Montana and Wisconsin) use a computerized audio recording of the test questions. This option can be manipulated by the tester by using pause or return to repeat all or a certain part of the test content.
- One (1) state (Illinois) indicated they have a number of options available; however, they are used exclusively for individuals with disabilities. These options include: use of electronic media; a live reader; extended time; a separate testing area; or larger font for their tests.

2--Oral Spanish Testing: Information was found for nine (9) states. Of the 9 states:

- Only two (2) are in the Top 10 states for greatest language diversity (Texas and New Mexico).
- Five (5) states offer the oral test with Spanish voice MP3 recordings and use of a head set.
- Three (3) states did not describe the nature of their Spanish Oral Test.
- One (1) state offers the Spanish Oral test by cassette.
- Note: When candidates take the Oral Spanish Test, they simultaneously read the test questions in written form. For this review, only one state indicated the language used for the written questions, which was English. This means candidates hear the question in Spanish while they are reading it in English. It is unknown the language of the written test that accompanies the oral test for all other states.

3--Written Spanish Testing:

- Four (4) states offer the written test in Spanish: Alabama, Alaska, Arkansas, and Wyoming.
Interestingly, none of the Top 10 states for language diversity appear to offer written Spanish testing.

Prometric and Pearson VUE are the vendors who provide the Spanish Written test in these states.

4--English Competency Testing:

English Competency Testing occurs in thirteen (13) states.

In each case, this test is offered as an add-on to any or all of the Oral test, or Spanish written tests.

For one (1) state, the English competency test was a vocabulary list or definition test of words related to long-term care (versus testing sentence comprehension, syntax, etc.).

The majority stated that the English comprehension test came after question #60 and consisted of ten (10) English comprehension questions intended to measure understanding of long-term care terminology used in brief question stems.

5--Other: This category included a variety of approaches to support candidates in testing as well as in navigating the application processes for testing and certification. Some of these approaches represent language supports specifically, while others are supports intended to help all candidates generally (and, as a result, are included in the Testing Workgroup’s preliminary recommendations for testing).

Examples of these approaches include:

- Candidate books that include:
  - The location of testing sites
  - Use of images and large font
  - Detailed table of contents with page numbers listed for each skill and with each topic hyperlinked to take candidates directly to the topic they need (electronic version)
  - Strong readability (i.e. accessible grade level) and use of plain language (i.e. familiar language, chunking information, conversational tone)
- Skills lists available in Spanish
- Vendor webpages that have a translation option in Spanish and other languages (up to 20)
- Licensing customer service representatives on site if a candidate presses Spanish Option (Texas)
- ESL candidates get extra time for written test
- Candidate assistance in navigating the test registration and licensing process by the American Red Cross (California)
- Allowed use of a dictionary during written test (English to English)
- Translation dictionaries allowed (no definitions); inspected prior to use; any language
Practices that May Discouraged Access:

- Some states reflect a higher fee for the Oral test (by $10-20 dollars).
- Some states did not reflect that ESL candidates are eligible for Oral test; instead, this option appeared to be reserved for individuals with disabilities only.
- One state had Spanish prompts for questions regarding Licensing; but once the option was chosen, the person taking the call spoke only English. Also, it was very difficult to reach the representative who spoke in English (i.e. speaking to a representative was not an option in the first layer of prompts; a caller must select one of the options, listen to a 2nd layer of prompts, and the last option was the representative).
- Another state’s licensing customer service number had an initial English/Spanish option for callers. Each prompt selection led to a limited amount of information with a circular path referring callers to the website (written in English). The website then referred callers to the initial customer service number. Speaking with a representative was never offered.
Common Curriculum Workgroup Documents
Curriculum Development
(Re-Cap of January Slides)
• The Workgroup agreed on the need for a person-centered care approach to curriculum.

• The Workgroup proposes a combination of two strategies for achieving this goal:

  • 1--The use of an easily understandable conceptual framework--consistently applied and reinforced throughout the curriculum; and

  • 2--The use of stories and care scenarios to allow students to apply the framework and tailor care to meet the unique needs of diverse individuals.
The Workgroup Identified Maslow’s Hierarchy of Human Needs Model

- Used widely in nursing assistant textbooks
- Very familiar to nurses who act as instructors
- Can be effectively threaded through the curriculum to enhance the relevance of content and lay the foundation for an empathic approach to care
For example, in terms of Nutrition/Hydration . . .

Self-actualization relates to the human need to embrace who you are as a person and function to potential, including creatively. With regards to nutrition/hydration, this could mean the ability to choose (or paint) your own colorful dishes; contribute to weekly menu ideas; plan, shop for, and/or cook special items for loved ones or for potlucks or celebrations.

Humans need to feel self-respect and a sense of accomplishment, which can be supported or undermined internally (by the self) or externally (by others). Meeting nutrition/hydration needs as independently as possible, according to choice, without judgment is central to this need.

Customs related to eating/drinking are woven into the socio-cultural fabric of humans (from family to community/societal traditions); barriers to participation can interfere with the human need for love and belonging & create feelings of loneliness/isolation.

To assure safety, all humans need access (economic, environmental) and the ability to ingest (independently, with assistive devices, with assistance) without damaging health (food poisoning, aspiration, allergies).

All humans need food and fluid to survive; certain types and amounts support health generally; without these, health is compromised and death may result.
Then, as an effective way to help students “make the leap” from human needs generally to a focus on individual needs specifically (or person-centered care), the Workgroup proposes the use of stories threaded through the curriculum.
Why Combine the Human Needs Model with Individual Stories?

This is necessary because—while human needs are universal—people vary in how their needs are expressed and met . . . depend on a complex array of internal and external factors.
A Small Example . . . Meet Jody

This beginning tidbit of Jody’s story can be woven into a scenario where students apply the Human Needs model to identify:

- **Jody’s PHYSIOLOGIC needs** include a careful balance of sodium and fluid intake to manage hypertension and heart failure.

- **Jody’s SAFETY needs** include the need for nectar-thick fluids to prevent aspiration.

- **Jody’s LOVE & BELONGING needs** include eating with a group of friends that like to discuss current events at the table.

Jody is 63 years old and lives in a skilled nursing facility (SNF). Jody participated actively in therapy to regain functional abilities after a stroke 5 years ago, but was never able to move out of the SNF. Jody currently has no family or outside social support.
A Small Example . . . Meet Jody

- Jody’s SELF-ESTEEM needs include the use of particular dishes and utensils which are recommended by the occupational therapist and enable Jody to eat and drink without assistance.

- Jody’s SELF-ACTUALIZATION needs include volunteer work as a peer mentor with new residents in rehabilitation therapy after experiencing a stroke; Jody enjoys providing companionship and encouragement to others.

Jody is 63 years old and lives in a skilled nursing facility (SNF). Jody participated actively in therapy to regain functional abilities after a stroke 5 years ago, but was never able to move out of the SNF. Jody currently has no family or outside social support.
Why Combine the Human Needs Model with Individual Stories?

The stories used in the curriculum will introduce students to a variety of individuals in a variety of situations across a variety of care settings.

Another Small Example . . . Meet Calvin

- Calvin’s SELF-ESTEEM needs include making regular contributions to the weekly menu plan. He is known for creating new topping combinations for Friday night pizza based on what he learns from watching “Top Chef” and other cooking shows.

- Calvin’s SELF-ACTUALIZATION needs include continuing to build a Lego centerpiece each week for the Sunday night dinner table. This is a tradition he and his dad began at home years ago, and Calvin is now quite talented.

Calvin is 37 years old and recently moved from his parents’ home into an adult family home after his father passed away. His mother’s health prevents her from having her son at home without her husband’s help, but she visits her son often.
Maria is 78 years old and lives alone in a 55+ condominium. Recently, she fell, broke her hip, and was transferred to a Skilled Nursing Facility for rehabilitation services after a hospital stay. She will move to an Assisted Living Facility soon.

- Maria’s LOVE & BELONGING needs include her interest in continuing to have two lifelong friends join her each week for tea and book discussions.

- Maria’s SAFETY needs include devising a safe way for her to make tea in her Assisted Living apartment since she has had some trouble remembering to turn appliances off recently.

- Maria is very happy that the Admissions Coordinator has indicated that she can use a Keurig machine with an automatic shut-off to make tea for her guests.
Conclusion

• Framework with learning outcomes, recommended activities/stories/scenarios, reading

• Each unit has a brief teaching/learning guide

• Every topic connects back to universal human needs and then to individualized needs through stories
  • Connects knowledge to thoughtful approach and person-centered care
Curriculum Development

(Sample of Current Work)
Sample of Curriculum Development on Infection Control

**Note:** The Workgroup is still in drafting mode and samples are not yet complete or refined. What we have included below represents samples of some of the key curriculum components for one unit (Infection Control). A lot of work has been done and is in progress in a format that we will be able to pull together in a usable format and refine.

**Introduction:** Because of the direct care they provide, nursing assistants play a critical role in preventing and responding to infection to support the health and wellness of the people they care for as well as for themselves, their loved ones, co-workers, and the community in general.

**Sample of Competencies:** A nursing assistant uses standard and transmission based precautions to prevent the spread of microorganisms. A nursing assistant:

- Uses principles of medical asepsis and demonstrates infection control techniques and standard and transmission based precautions.
- Explains how infections are spread.
- Identifies methods of transmission of blood-borne pathogens.
- Identifies different types of personal protective equipment (PPE) and demonstrates how and when to use each.
- Demonstrates effective handwashing method.
- Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

**Sample of Content--Topical Outline:** Includes, but is not limited to:

- Relevant terminology
- The chain of infection, including modes of transmission
- Types of infection
  - Bacterial, viral, fungal
  - Local, systemic
- Blood-Borne pathogens and standards for care (OSHA)
  - HIV-AIDS
  - Hepatitis
- Multi-drug resistant organisms (MDROs)
  - Methicillin-resistant staphylococcus aureus (MRSA)
  - Vancomycin-resistant enterococcus
• Other Infections to Discuss (work in progress . . . C. Difficile, Corona Virus, etc. – will link to CDC and DOH resources with guidance to use those resources for evolving topics, standards, etc. over time)

• High-risk populations
  ✓ Elderly
  ✓ Infants/young children
  ✓ Acutely and/or chronically ill
  ✓ Immunocompromised
  ✓ People with diabetes mellitus
  ✓ People with end-stage renal disease

• Observing and reporting signs & symptoms of infection

• Infection prevention
  ✓ Handwashing
  ✓ Alcohol-based hand sanitizer
  ✓ Cough/sneeze etiquette
  ✓ Immunizations
  ✓ CDC guidelines and standard precautions
  ✓ Personal Protective Equipment
  ✓ Handling linens
  ✓ Handling equipment
  ✓ Proper use of cleaning agents and methods to destroy microorganisms on surfaces
  ✓ Principles of health and sanitation in food service
  ✓ Responding to spills
  ✓ Isolation precautions
    O Airborne
    O Droplet
    O Contact

Sample of Related Skills (for practice and evaluation)

In this unit and throughout the course in skills lab and clinical:

• Handwashing

• Donning/Doffing PPE

• Demonstrated application of all other infection prevention measures related to:
  ✓ Handling linens
  ✓ Handling equipment
  ✓ Cleaning surfaces
  ✓ Responding to spills
  ✓ Food service
  ✓ Special precautions
### Sample Concept—
Connecting the Topic to Universal Human Needs

*(See table next page – For instructor use in facilitating discussion with students to connect the topic to universal human needs and relate that to competencies within the nursing assistant’s role)*
## Connecting INFECTION CONTROL to Universal Human Needs

| Physiologic Needs: | **Concept:** Infecteds are a threat to people’s physical health; infections can make people very ill and even lead to death.  
**Nursing Assistant Role:** Maintaining good personal hygiene and using infection control steps as trained helps to protect others from infection (for example, handwashing, use of personal protective equipment, proper cleaning of equipment/supplies, and following isolation precautions as needed).  
Providing appropriate personal care and assuring adequate food and water from clean sources, enough rest/sleep, a clean environment, and adequate pain control all support clients’ physical health. Clients may also need medication to support physical health and manage infection. |
| --- | --- |
| Safety Needs: | **Concept:** People have a need to be safe from the threat of infection. To do so, people need to maintain good hygiene, including handwashing; have a clean personal environment; avoid others who are ill; and avoid behaviors or situations that create a risk for injury (for example, falls can lead to injury or even surgery, increasing the risk for infection; lack of movement can damage skin, causing pressure sores that can become infected).  
**Nursing Assistant Role:** Maintaining good personal hygiene and using infection control steps as trained helps to protect others from infection; examples include: handwashing, use of personal protective equipment, proper cleaning of equipment/supplies, and following isolation precautions as needed. Providing appropriate personal care and a safe environment for clients can help to prevent infection and support their need for safety. |
| Love & Belonging Needs: | **Concept:** People have a need to connect and interact with others, to express and feel caring, and have a sense that they “belong.” When people have infections, they may need to be separated from others and/or special precautions may need to be in place to reduce contact and potential for transmission to others; these changes can cause people to feel disconnected and lonely.  
**Nursing Assistant Role:** Using therapeutic communication, including them as much as possible in their care, honoring their wishes, finding allowable ways to connect them to loved ones (electronically, photos, etc.), and finding allowable ways to include and engage them in what they enjoy can support their need for love and belonging. |
| Self-Esteem Needs: | **Concept:** People need to feel self-respect and a sense of accomplishment, which can be supported or undermined internally (by the self) or externally (by others). When people have infections, their self-esteem may be affected if they don’t feel “like themselves” or they feel different from others or, sometimes, ashamed. Use of personal protective equipment and/or the need separate or isolate them from others can add to the impact on self-esteem.  
**Nursing Assistant Role:** Treating all clients with the same respect, using therapeutic communication and supporting their ability to engage in allowable activities and function/make choices as independently as possible are all ways to support their need for self-esteem. |
| Self-Actualization Needs: | **Concept:** Self-actualization relates to the human need to embrace who you are as a person and function to potential, including creatively. When people have an infection, they often do not feel well or “like themselves,” which can reduce their ability to function at their usual energy level.  
**Nursing Assistant Role:** Using therapeutic communication, using infection control steps as trained, and supporting clients’ human needs in all areas helps them to “be at their best” to live a full life and meet their needs for self-actualization in the way they define that for themselves. |
Meet Alberta: Sample Character to Thread through Some Curriculum Units

Alberta Filmore, 88 years old, was born in rural Alabama; she is the second oldest of eight kids and prides herself on having helped her mama look after her younger siblings. Alberta beams when she reminisces about her parents, sharing fond memories of how in love they were, and how, even though their family didn’t have a lot of money, they were resourceful and had a lot of love to share. She learned to hunt with her brothers and dad, and learned to garden, sew, can food, and knit from her mom. Alberta brags that, because of her upbringing, she could successfully live through any economic downturn.

Alberta’s family spent summers working the farm, caring for animals and bringing in hay for the winter months. She and her siblings went to school in a one-room schoolhouse near her home, but she quit in ninth grade to help her family with the smaller children.

Alberta describes her heritage as “true grit American.” She denies any religious influence, saying that her parents, “taught us kids to believe in ourselves first and foremost.”

Alberta met her husband during a community dance when she was 17; it was the first time she’d ever been away from home without her parents or a sibling, and Henry was the first boy to ask her to dance that night. She laughs, remembering that evening: “I had no idea how to dance. Henry was 22 and in the army, on leave with his buddies. He was a world traveler, and so much more experienced that me. He twirled me around that dance floor and I’ve never smiled so much in my life. I was in love from that moment on.” Alberta and Henry married when she was 18 years old.

“We got married in my parents’ backyard. My sister was my maid of honor, and my littlest sister was the flower girl. My eldest brother was Henry’s best man. It was a family affair! The neighbors came, and we had a great big potluck afterwards. It was perfect.” Alberta and Henry didn’t get the chance to go on a honeymoon; he went off to war the following week and Alberta stayed in the town where she grew up, setting up a home in a small house she and Henry rented.

“We needed money. I went to work almost immediately; I worked in a cannery during the day and spent most evenings at my parents’ house. Mama and I picked berries and apples in the summer, hunted for mushrooms in the fall, and canned everything we could so we could eat in the winter. I hunted for game with my dad and brothers, canning and drying meat because Henry and I didn’t have enough money for a freezer.”

Alberta raised three kids. Henry worked in a mill near their home, and Alberta eventually was able to quit her job and stay home with the children. She and Henry were married for 54 years; he died of a heart attack when Alberta was 72.

Alberta is outspoken and “rough around the edges.” She loves to tell stories of growing up, and of her married life with Henry. She’s quick to share her opinion with others, whether or not it’s welcomed. She defends the underdog; she will stick up for people who need help and don’t seem to be getting that help. She has a great sense of humor and brightens the room with her positive can-do attitude and a good, clean joke.

Alberta views herself as “all natural” and tells her doctor often that she’d rather cure illnesses or treat infections with natural remedies than use medications.
Sample “Healthcare Story” for Alberta
(or the background that brings the person to need nursing assistant care)

Alberta lives in an assisted living facility, where she receives meals, housekeeping, and health monitoring.

Alberta is overweight and has enjoyed “home cooking” her whole life, resulting in high blood pressure, heart disease, high cholesterol, and type 2 diabetes. She was diagnosed with Type 2 diabetes six years ago and chose at that time to do nothing because she “felt all right.” Over the past year, she’s lost feeling in her feet (neuropathy) and has started to use a walker because she’s fallen a number of times. Her blood sugars are checked four times a day now, and they’ve been consistently in the 300’s.

Alberta’s doctor finally convinced her to try oral medications to treat her diabetes; the side effects were such that Alberta refused to take them beyond a couple of months. She is now on insulin and learning how to self-inject twice daily and as-needed based on her blood sugar readings.

At this time, insulin is the only medication Alberta will agree to take. The neuropathy in her feet has worsened, and she often complains of tingling pain that she treats with hot foot soaks. Her kidneys have started shutting down, so she is experiencing swelling in her legs. Her doctor has instructed she wear TED hose and elevate her legs multiple times a day to manage the edema and try eating heart-healthy foods that are lower in sodium. Recently she’s had a couple of open areas on her lower legs; she’s been unable to wear the TED hose while she receives wound care.

Alberta is prone to pneumonia; she seems to get it every year and spends time in the hospital, then often rehabs in a nursing home before returning to the assisted living. When she does get sick, she needs much more help with activities of daily living.

Sample of Threading Alberta’s Story into Key Units/Competency Areas:

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Key Take-a-Ways for Nursing Assistant Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot and skin care</td>
<td>Monitor and report changes in skin, toenails. Attention to foot health – socks, good fitting shoes, cracks between toes, etc</td>
</tr>
<tr>
<td>TED hose/Elastic Stocking Application</td>
<td>Accurately apply TED hose, ensuring no wrinkles and a good fit</td>
</tr>
<tr>
<td>Resident rights</td>
<td>Resident’s right to refuse care, choose alternative care methods, honoring residents’ choices when they don’t align with your own</td>
</tr>
<tr>
<td>Infection Control</td>
<td>Poor health management increases risk of infection</td>
</tr>
</tbody>
</table>
## Sample—Connecting Knowledge and Skills to Alberta’s Unique Human Needs for a Person-Centered Approach to Care

<table>
<thead>
<tr>
<th>Physiologic Needs:</th>
<th>For Alberta, healthy food options, physical assistance walking, foot care, assistance dressing, assistance managing blood sugars/insulin, and wound care are important priorities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Needs:</td>
<td>Alberta needs to wear good-fitting shoes, clear pathways in apartment to avoid trip hazards, and good infection control practices.</td>
</tr>
<tr>
<td>Love &amp; Belonging Needs:</td>
<td>When Alberta is sick, she spends a lot of time in her apartment. She loves to reminisce and visit with others – she’s a social woman, so helping her to keep in touch with friends and family is important when she needs help.</td>
</tr>
<tr>
<td>Self-Esteem Needs:</td>
<td>Alberta loves to give advice; she’s an “elder” and loves it when caregivers and other staff ask her opinion about a topic. She’s taught a class at the local 4-H club on how to can foods; she loves teaching the younger generation about life skills.</td>
</tr>
<tr>
<td>Self-Actualization Needs:</td>
<td>Alberta is hand-writing her life story, in hopes to get it finished before she dies. Since she didn’t finish high school, and never returned to school later in life, this goal is “something I must do.” She’s working with a local publishing company to get it published, so she can give it to her grandchildren as a gift.</td>
</tr>
</tbody>
</table>
Data
Workgroup
Documents
<table>
<thead>
<tr>
<th>Data File or Source</th>
<th>Category</th>
<th>Brief Description/Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOH-HSQA</td>
<td>Testing</td>
<td>HCA testing data has been provided (number tested and pass rate); A request will be made to see if additional information is available (timelines to test, geographic distribution of test-takers)</td>
</tr>
<tr>
<td>DOH-HSQA Credentialing Unit</td>
<td>Certification</td>
<td>The request has been made for the timelines to go from &quot;pending&quot; to &quot;completed&quot; status for both NA and HCA credentials (to get a sense of testing completion time in between) and from &quot;completed&quot; to &quot;issued&quot; (which will show the timeline from all criteria met to the time of issuance). Credentialing also has numbers of credentialed HCAs and NAs.</td>
</tr>
<tr>
<td>DSHS</td>
<td>Training</td>
<td>The request has been made for HCA training data (i.e. what is available -- i.e. numbers of training programs and geographical location (county); number of applications for new training program and training program personnel; timelines for approval of new programs and program personnel; other relevant data -- demographics of graduates).</td>
</tr>
<tr>
<td>Nursing Commission Nursing Licensure Pass Rates</td>
<td>Testing</td>
<td>Annual pass rates by college/university for Nursing, for Associate, Bachelor of Science, Licensed Practical Nurse are available, including a 5-year look-back for trending.</td>
</tr>
<tr>
<td>Nursing Commission Annual Nursing Education Report</td>
<td>Training</td>
<td>Nursing program graduates by type of program, student and faculty demographics, workforce projections faculty statistics including turnover, level of education, and salaries are available through the annual report and include trending analysis.</td>
</tr>
<tr>
<td>Nursing Commission Annual Report -- Nursing Assistants</td>
<td>Testing</td>
<td>Pass rates overall and by program type are available, including a 5-year look-back for trending.</td>
</tr>
<tr>
<td>Nursing Commission Annual Report -- Nursing Assistants</td>
<td>Training</td>
<td>Available now are numbers of training programs overall and by type and geographical location (county); number of applications for new training programs and training program personnel; timelines for approval of new programs and program personnel compared to established benchmarks. The plan is to maintain these data over time for ongoing trending and monitoring.</td>
</tr>
<tr>
<td>Office of Superintendent of Public Instruction</td>
<td>Training</td>
<td>The request has been made as to what data related to HCA and NAC training programs are available (i.e. program numbers by type and location (county), numbers of participants, graduates, and numbers/percentage who get certified; any other available student/graduate demographics).</td>
</tr>
<tr>
<td>Standard Occupation Classification System</td>
<td>Workforce Projections</td>
<td>Definitions of occupation codes used by Occupational Employment Statistics (OES) can be used to see what employees are included/excluded in the data set.</td>
</tr>
<tr>
<td>Data File or Source</td>
<td>Category</td>
<td>Brief Description/Status</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>----------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>State Board of Community and Technical Colleges</td>
<td>Training</td>
<td>The request has been made for the any of the following aggregate data for NA/HCA/LPN/RN programs, as available—enrollment, completions or exits, employment by industry, and wage earned after exit</td>
</tr>
<tr>
<td>Workforce Education and Training Coordinating Board</td>
<td>Training</td>
<td>Program-specific data are available via Career Bridge for private vocational programs and for college-based programs; WTB is willing to run aggregate reports for us based on a refined request (in progress)</td>
</tr>
</tbody>
</table>
### Sample Data Catalog & Dictionary

<table>
<thead>
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<th>Data File or Source</th>
<th>Category</th>
<th>Brief Description/Status</th>
</tr>
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</tr>
</tbody>
</table>

### Current Status: 206 Nursing Assistant (NA) Training Programs

- **206** training programs: This represents a **9.6% increase** (up from 188 last year)
- **33 of 39** (85%) of counties have at least one training program
- **135** (66%) are on the West side while **71** (34%) are on the East side
- **6** (15%) of counties have no NA training programs:
  - **4 West Side**: Pacific, San Juan, Skamania, and Wahkiakum,
  - **2 East Side**: Douglas and Klickitat

**Snapshot data, February 2020**
NA Training Programs are Located in a Variety of Settings:

- **66 (32%)** are Private Businesses
- **51 (25%)** are in Nursing Homes
- **48 (23%)** are in Colleges
- **31 (15%)** are in High Schools/Skills Centers
- **7 (3%)** are in Hospitals
- **3 (1%)** are in Other (such as a county agency or a Job Corps Center)

**Number of Programs by Setting Type**

**Number of NNAAP Test Takers 2015-2019**

- The decreasing number of test-takers has been a concern, given the caregiver shortage.
- 2019 shows the first uptick in numbers of test-takers since 2015.
- This is a small increase (2.2%), but it is hoped that the increase in new training programs (9.6%) will eventually yield a commensurate increase in test-takers in 2020.

Key:  = Written/oral test = Skills test = Both

HCA 2019 SKILLS EXAM

<table>
<thead>
<tr>
<th>Month</th>
<th>Passed</th>
<th>Taken</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>562</td>
<td>690</td>
<td>81.4%</td>
</tr>
<tr>
<td>February</td>
<td>476</td>
<td>577</td>
<td>82.5%</td>
</tr>
<tr>
<td>March</td>
<td>667</td>
<td>824</td>
<td>80.9%</td>
</tr>
<tr>
<td>April</td>
<td>692</td>
<td>919</td>
<td>75.3%</td>
</tr>
<tr>
<td>May</td>
<td>779</td>
<td>983</td>
<td>79.3%</td>
</tr>
<tr>
<td>June</td>
<td>698</td>
<td>893</td>
<td>78.1%</td>
</tr>
<tr>
<td>July</td>
<td>558</td>
<td>751</td>
<td>74.3%</td>
</tr>
<tr>
<td>August</td>
<td>610</td>
<td>779</td>
<td>78.3%</td>
</tr>
<tr>
<td>September</td>
<td>590</td>
<td>776</td>
<td>76.0%</td>
</tr>
<tr>
<td>October</td>
<td>568</td>
<td>796</td>
<td>71.4%</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td>6,200</td>
<td>7,988</td>
<td>77.6%</td>
</tr>
</tbody>
</table>
### HCA Sept 2019 KNOWLEDGE EXAM

<table>
<thead>
<tr>
<th>Language</th>
<th>Passed</th>
<th>Taken</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>562</td>
<td>575</td>
<td>97.7%</td>
</tr>
<tr>
<td>Russian</td>
<td>16</td>
<td>16</td>
<td>100.0%</td>
</tr>
<tr>
<td>Chinese</td>
<td>17</td>
<td>18</td>
<td>94.4%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>7</td>
<td>7</td>
<td>100.0%</td>
</tr>
<tr>
<td>Korean</td>
<td>10</td>
<td>10</td>
<td>100.0%</td>
</tr>
<tr>
<td>Spanish</td>
<td>17</td>
<td>17</td>
<td>100.0%</td>
</tr>
<tr>
<td>Amharic</td>
<td>4</td>
<td>5</td>
<td>80.0%</td>
</tr>
<tr>
<td>Interpreter</td>
<td>6</td>
<td>6</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

---

### Number of NARs and NACs 2014-2019

Impacts on nursing assistant numbers are complex and multi-factorial

<table>
<thead>
<tr>
<th>Year</th>
<th>NAC</th>
<th>NAR</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>49,443</td>
<td>25,898</td>
<td>75,341</td>
</tr>
<tr>
<td>2015</td>
<td>50,872</td>
<td>24,964</td>
<td>75,836</td>
</tr>
<tr>
<td>2016</td>
<td>51,534</td>
<td>24,644</td>
<td>76,178</td>
</tr>
<tr>
<td>2017</td>
<td>52,210</td>
<td>23,587</td>
<td>75,797</td>
</tr>
<tr>
<td>2018</td>
<td>52,617</td>
<td>22,797</td>
<td>75,414</td>
</tr>
<tr>
<td>2019</td>
<td>52,972</td>
<td>21,859</td>
<td>74,831</td>
</tr>
</tbody>
</table>

Number of Nursing Assistants 2014-2019

- NAC
- NAR
Long-term care industry employment (current and projected)

- The long-term care industry employed 171,799 people during the 2nd quarter of 2019, or 5 percent of total state workforce.
- By 2026 it is estimated that employment in the long-term care industry will increase by 27,200 workers; an annualized increase of 1.2 percent

<table>
<thead>
<tr>
<th>Industry</th>
<th>2019 Q2</th>
<th>Estimated employment 2021</th>
<th>Estimated employment 2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health care services</td>
<td>12,167</td>
<td>12,714</td>
<td>14,050</td>
</tr>
<tr>
<td>Nursing care facilities</td>
<td>22,796</td>
<td>22,889</td>
<td>23,079</td>
</tr>
<tr>
<td>Residential mental health facilities</td>
<td>8,787</td>
<td>8,821</td>
<td>9,905</td>
</tr>
<tr>
<td>Community care facilities for the elderly</td>
<td>32,941</td>
<td>34,768</td>
<td>39,166</td>
</tr>
<tr>
<td>Other residential care facilities</td>
<td>1,714</td>
<td>1,810</td>
<td>2,032</td>
</tr>
<tr>
<td>Individual and family services</td>
<td>77,464</td>
<td>83,333</td>
<td>87,906</td>
</tr>
<tr>
<td>Vocational rehabilitation services</td>
<td>8,560</td>
<td>8,846</td>
<td>9,497</td>
</tr>
<tr>
<td>Private households</td>
<td>7,372</td>
<td>7,357</td>
<td>7,345</td>
</tr>
<tr>
<td>Total</td>
<td>171,799</td>
<td>180,538</td>
<td>192,981</td>
</tr>
</tbody>
</table>

Source: Employment Security Department/WIFS 2018 Industry Employment Projections

Long-term care occupational employment

- Employment for the five occupations of direct care workers (registered nurses, home health aides, psychiatric aides, nursing assistants, personal care aides) totaled 162,267 workers during the 2nd quarter of 2018.
- By 2026 it is estimated that employment for the five occupations of direct care workers will increase by 29,245 workers; an annualized increase of 1.7 percent

<table>
<thead>
<tr>
<th>Occupational title</th>
<th>Estimated employment 2018Q2</th>
<th>Estimated employment 2020Q2</th>
<th>Estimated employment 2022</th>
<th>Estimated employment 2027</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>58,862</td>
<td>61,379</td>
<td>64,125</td>
<td>70,725</td>
</tr>
<tr>
<td>Licensed Practical and Licensed Vocational Nurses</td>
<td>7,473</td>
<td>7,610</td>
<td>7,777</td>
<td>8,207</td>
</tr>
<tr>
<td>Home Health Aides</td>
<td>9,632</td>
<td>10,157</td>
<td>10,507</td>
<td>11,435</td>
</tr>
<tr>
<td>Nursing Assistants</td>
<td>34,625</td>
<td>35,456</td>
<td>36,461</td>
<td>39,027</td>
</tr>
<tr>
<td>Personal Care Aides</td>
<td>51,475</td>
<td>53,513</td>
<td>55,854</td>
<td>62,118</td>
</tr>
<tr>
<td>Total</td>
<td>162,267</td>
<td>168,115</td>
<td>174,724</td>
<td>191,512</td>
</tr>
</tbody>
</table>

Source: Employment Security Department/WIFS 2018 Occupational Employment Projections
Long term care occupations – Employment projections versus total openings

<table>
<thead>
<tr>
<th>Occupational title</th>
<th>Average annual opening due to growth 2017-2022</th>
<th>Average annual openings due to replacement 2017-2022</th>
<th>Average annual total openings 2017-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>1,283</td>
<td>16,942</td>
<td>18,225</td>
</tr>
<tr>
<td>Licensed Practical and Licensed Vocational Nurses</td>
<td>68</td>
<td>2,793</td>
<td>2,861</td>
</tr>
<tr>
<td>Home Health Aides</td>
<td>201</td>
<td>4,675</td>
<td>4,876</td>
</tr>
<tr>
<td>Nursing Assistants</td>
<td>442</td>
<td>14,061</td>
<td>14,503</td>
</tr>
<tr>
<td>Personal Care Aides</td>
<td>1,416</td>
<td>22,826</td>
<td>24,245</td>
</tr>
</tbody>
</table>


WSBCTC Program Completions

Source: Washington State Board of Community and Technical Colleges