Report to Governor Inslee and the Legislature

Long-Term Care Workforce Development

December 2018

ESSB 6032 Budget Proviso

Prepared by
Nursing Care
Quality Assurance
Commission

Washington State Department of Health

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Executive Summary

This report addresses the provisions of the budget proviso ESSB 6032 which directs the Washington State Nursing Care Quality Assurance Commission (NCQAC) to convene a workgroup to assess the need for nurses, including nursing assistants, in long-term care (LTC) settings, and to make recommendations regarding worker recruitment, training, and retention challenges for long-term care providers in the sectors of skilled nursing facilities, assisted-living facilities, and adult family homes.

The workgroup must:
1. Determine the current and projected worker vacancy rates in the long-term care sectors compared to the workload projections for these sectors.
2. Develop recommendations for a standardized training curriculum for certified nursing assistants that ensures workers are qualified to provide care in each sector, including integration into the curriculum of specific training for the care of clients with:
   a. Dementia.
   b. Developmental disabilities.
   c. Mental health issues.
3. Review academic and other prerequisites for training for licensed practical nurses to identify any barriers to career advancement for certified nursing assistants.
4. Identify barriers to career advancement for long-term care workers.
5. Evaluate the oversight roles of the Department of Health and the Department of Social and Health Services for nurse training programs, and make recommendations for streamlining those roles.

This report contains 25 recommendations developed by the workgroup during three months of engagement. They are organized by proviso topic. After the final set of recommendations was complete, workgroup members took an online survey to show their degree of agreement with each of the recommendations, using a scale range of Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. Workgroup members agreed that only recommendations with vote averages in the "Agree" or "Strongly Agree" range would go forward as formal recommendations; of the 25 recommendations voted on, all met this standard. Workgroup members agreed to provide comments regarding their rationale if they disagreed with the recommendation. The commentary gives decision-makers insight into some of the recommendations' complexities.

The list of recommendations contains both short- and long-term proposed actions. Most need additional study and planning before implementation to avoid unanticipated consequences. The issues noted by the proviso are very complex. The workgroup is clear with the intent of its recommendations and, given time constraints, chose to avoid being highly prescriptive about how to implement the intent of its recommendations.

Background

Our Aging Population is Increasing

The baby boomer cohort, as described by the U. S. Census Bureau, has been driving change in the age structure of the national population for the past several decades and is now contributing to a significant shift in the delivery of health care[1]. As the citizens of Washington State age, the need for health care providers in the sectors of skilled nursing homes, assisted living, and adult family homes correspondingly rises to keep up with demand. In 1997, Washingtonians over the age of 65 made up 11.4 percent of the total population[2]. By 2017, these people made up 15.3 percent of the population, and by 2037, they are projected to comprise 21.6 percent of all Washingtonians[2]. In addition, chronic disease rates and human longevity continue to steadily increase, but the percent of working adults to support and care for the entire population is not.

The U.S. Department of Health and Human Services recently published a report on nursing workforce demand projections to determine the need for nurses in long-term care settings over the next decade.[3] This report identified a significant need for all levels of nursing and assistive personnel in long-term care.

We have strong anecdotal evidence that long-term care providers in Washington State are struggling to fill vacancies; that retention is difficult; that career progression within LTC settings is problematic; and that training requirements and regulatory oversight need to be reset. We recognize that we need data to confirm the magnitude of the known issues described here.

Addressing the shortage of health care workers in long-term care settings will be essential to the way in which Washington strategizes for the continued increase in care that will be demanded of the health system. Barriers need to be identified and solutions developed to address these barriers.

Scope of Work and Process Description

The workgroup met seven times from July to September 2018. It received a broad overview of the legislative budget proviso and the current state of the long-term care workforce.

Each of the first five sessions addressed one of the proviso directives, as shown below. The sixth and seventh sessions were devoted to a comprehensive review and discussion of the proposed recommendations.

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[1] *Colby, S. and Ortman, J. (2014). The Baby Boom Cohort in the United States: 2012 to 2060: Population Estimates and Projections. Retrieved from: https://www.census.gov/prod/2014pubs/p25-1141.pdf*

[2] *Washington State Office of Financial Management. (2017). Washington Data and Research. Retrieved from https://ofm.wa.gov/washington-data-research/population-demographics*

[3] *U.S. Department of Health and Human Services. (2018). Long-Term Services and Supports: Nursing Workforce Demand Projections 2015-2030. Retrieved from https://bhw.hrsa.gov/national-center-health-workforce-analysis*

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│  Vacancy Rates  │  →   │ CNA Standardized│  →   │     Career      │
│                 │      │   Curriculum    │      │ Advancement CNA │
│    July 10      │      │                 │      │     to LPN      │
│                 │      │    July 30      │      │                 │
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│    Finalize     │  ←   │    Streamline   │  ←   │ Barriers for LTC│
│ Recommendations │      │    DSHS/DOH     │      │   Advancement   │
│                 │      │    Oversight    │      │                 │
│ September 28,   │      │                 │      │   August 24     │
│  October 12     │      │  September 10   │      │                 │
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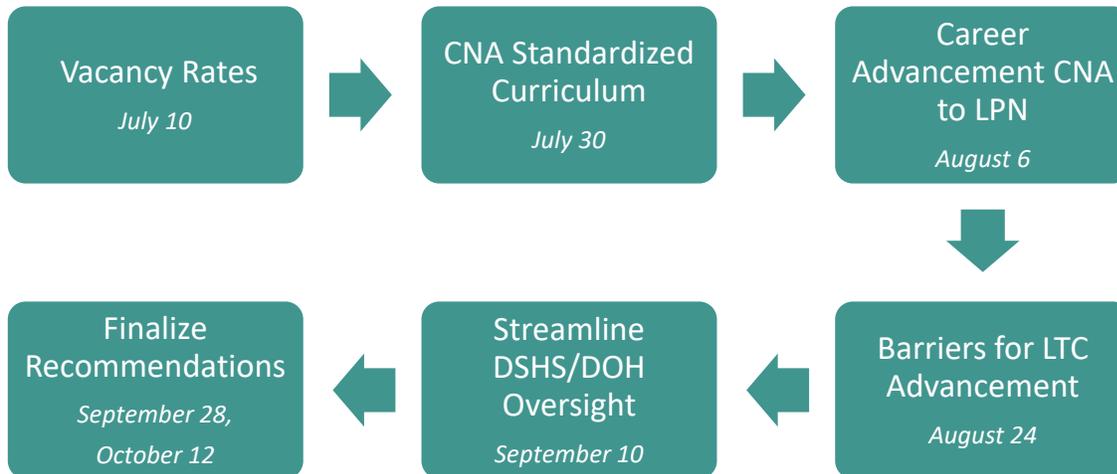
Each session followed a standard process, as shown below. The first part of each session involved input from experts and guest speakers. Each session had 30 minutes devoted to public comment, followed by an interactive group study session where workgroup members identified barriers and potential recommendations for consideration.

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│ Workgroup Study Session│ →  │  Public   │  →  │ Workgroup │
│      (2 hours)        │     │  Comment  │     │   Study   │
│                       │     │ (30 min)  │     │  Session  │
│                       │     │           │     │           │
│                       │     │           │     │(1.5 hours)│
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Each session was webcast by DOH, and about 400 visitors in total attended the virtual sessions. In addition, about 20 to 25 visitors attended each session in person.

Tribal Consultation

The executive director of the American Indian Health Commission for Washington State (AIHC) called for a consultation with NCQAC about the report's effect on Indian tribes and tribal people in Washington State. The consultation gave AIHC and NCQAC a better understanding of the scope and status of the project. Participants agreed to include an AIHC delegate in the LTC Workforce Development workgroup. The AIHC shared with NCQAC specific concerns around challenges and barriers for tribal programs and people, and for the long-term care workforce participants serving them. The concerns were noted and taken to the workgroup by the NCQAC executive director and the AIHC delegate. The AIHC provided NCQAC with information about opportunities for supporting innovative partnerships with tribes, such as the expansion of the Community Health Aide/Practitioner (CHAP) program to create a unique career pathway for care providers in tribal systems. This model could become an additional pathway for workers to enter the long-term care workforce, if it were expanded.

During the consultation, tribal representatives indicated they were working with Service Employees International Union (SEIU) to ensure tribal members were approved to provide home health care. Participants indicated that tribal care workers were not able to get into required trainings within a reasonable timeframe. Some tribal communities have been working with SEIU to develop culturally relevant training programs. The Muckleshoot Tribe training program was identified as an exemplar program for serving its tribal community.

AIHC representatives briefed NCQAC on the establishment of CHAP training programs. Regional training is available in the Portland area. The Alaska Native Tribal Health Consortium offers the CHAP curriculum and training to improve and increase the number of community health aides who are trained in providing support to people with developmental disabilities, dementia, and mental health support needs. The AIHC delegates noted the need to develop licensed practical nurse (LPN) programs to address the barriers tribal members have accessing LPN training programs through local community colleges, where long waiting lists create significant delays in starting the LPN training program. Some people have been on waiting lists for more than three years.

Some unique characteristics of care oversight are relevant to the government-to-government relationships among tribes, the federal government, and the state. Tribal clinical staff currently provide care to community members in their homes, reimbursed by Medicaid through well-established agreements. State oversight regulations sometimes contradict or interfere with established processes.

During the tribal consultation, representatives identified five barriers of concern:

1. The pay rate for nursing assistants-certified (NACs) and home care aides (HCAs) is inadequate to attract enough talent to the work force. Pay needs to be competitive compared to entry-level skilled jobs in other fields. Tuition reimbursement programs may help with recruiting staff members to work in underserved areas.
2. Innovative programs are being developed within some tribal communities that could benefit other areas, if funding were present to reproduce the models. The CHAP program developed in Alaska is an example of an effective model that reaches rural members through multiple modes, including telehealth. The Indian Health Care Delivery Act identified long-term care (LTC) as an authorized service, but did not provide funding. LTC services for tribal community members could potentially be provided and funded through the state Medicaid waiver plan. There is some question about the differences between a community health aide and a NAC, in terms of scope of practice. These details would need to be addressed if an innovation dissemination project were to occur.
3. Tribal members have little or no access to SEIU training for individual providers (IPs) and HCAs in their geographic area. This creates a challenge for meeting the needs of community members who are aging or disabled. SEIU recognizes this issue and is starting to reach out to provide training opportunities in tribal communities.
4. Tribal members are having difficulty getting into clinical programs. Members are trying to assist other members' entry into programs, but some people have been on nurse training program waiting lists for three years. The Northwest Indian College (NWIC) could be a training site for

HCAs or CNAs and maybe provide continuing education for LPNs. NWIC is accredited and willing to have a discussion on the curriculum.

5. People who have minor infractions from many years ago are not able to pass the background checks required for certification. The background check process needs to be examined to see if changes need to be made.

Workgroup Findings and Recommendations

Proviso 1: Data

Introduction

The data proviso directs the workgroup to address the following:

(i) Determine the current and projected worker vacancy rates in the long-term care sectors compared to the workload projections for these sectors;[4]

The workgroup reviewed data on current and projected vacancy rates and workload projections, and identified additional data needs, as described below.

Findings

Preliminary research determined that the current and projected worker vacancy rates for the long-term care workforce sector in Washington State, including adult family homes, assisted living, and nursing homes, were not readily available in a singular data repository. The workgroup staff reached out to the Washington State Employment Security Department (ESD) to determine if any data was available to calculate current and projected vacancy rates to meet the requirement of the budget proviso.

ESD reviewed job posting analytics to determine estimated vacancy rates in the state of Washington for registered nurses (RNs), licensed practical nurses (LPNs), certified nursing assistants (CNAs), and home care aides (HCAs). ESD staff members evaluated the job posting analytics using occupational codes that apply specifically to long-term care occupations. Although ESD was able to provide rough estimates of current vacancy rates, it was unclear if the data was inclusive of all long-term care occupational codes and if the codes were being used consistently among employers. The workgroup decided that more collaboration would need to be done to calculate vacancy rates inclusive of the entire Washington State long-term care workforce.

Recommendation and Sentiment (Voting) Analysis

The workgroup developed the following recommendation related to Proviso 1: Data.

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[4] *From ESSB 6032.SL, page 218. Accessed from http://apps2.leg.wa.gov/billsummary?BillNumber=6032&Year=2017&BillNumber=6032&Year=2017.*

1. Direct the State Workforce Development Councils to work with ESD and other stakeholders to convene regional workgroups to identify data gaps and make recommendations to improve existing data reporting systems. If needed, recommendations may include alternative approaches to collect more comprehensive data specific to the long-term care workforce and its needs, including retention and turnover data. Any recommendation to develop new data collection or to expand existing data collection should include a cost-benefit analysis. This effort should incorporate the following elements:
   a. Inclusion of demographics and their effect.
   b. The use of evidence-based research on staffing ratios to set benchmarks for safe, quality care.

The sentiment analysis for the data proviso recommendation is shown in Figure 1, below.

LTC Final Recommendations - Proviso 1: Data
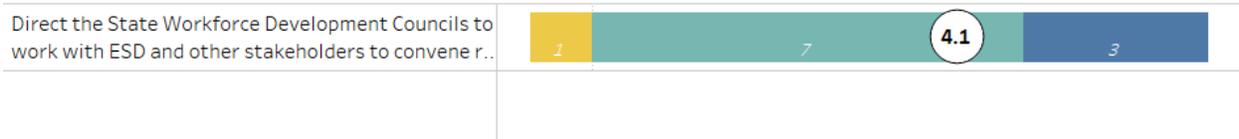
Recommendation

Direct the State Workforce Development Councils to work with ESD and other stakeholders to convene r..

| 1 | 7 | 4.1 | 3 |

Answer
- Disagree
- Agree
- Strongly agree

Figure 1. Workgroup sentiment for Proviso 1 recommendation.[5]

Discussion

The budget proviso tasked the workgroup members to determine current and future vacancy rates in the long-term care sector in Washington State. The lack of a centralized data repository for vacancy rates among the long-term sector provided a challenging environment for the workgroup to calculate current and future rates. Additionally, the reporting of vacancy rates by long-term care facilities and employers has not been streamlined, contributing to inconsistencies in that data that had been reported. As a result, the workgroup recommends that regional workgroups be developed for the purpose of determining gaps within the data, methods of data collection, and data reporting systems.

Proviso 2: Standardized Training (Common Competencies)

Introduction

The standardized training proviso directs the workgroup to address the following:

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[5] *Tableau limits text fields to 255 characters. Thus, the recommendation text in the sentiment analysis charts shows the first part of the full text of each recommendation. Please see the full recommendations language in the narrative of the report.*

(ii) Develop recommendations for a standardized training curriculum for certified nursing assistants that ensures that workers are qualified to provide care in each sector, including integration into the curriculum of specific training for the care of clients with dementia, developmental disabilities, and mental health issues;

The number of nursing assistant (NA) training programs in Washington has been stable over the past three years, ranging from 180 to 200. A July 2018 "snapshot" showed 184 NA training programs in 32 of 39 counties in Washington, with 116 (63 percent) on the west side of the state and 63 (37 percent) on the east side. There are four different NA training program types:

- 153 (83 percent) are traditional or full-length, entry-level programs.
- 15 (8 percent) are home care aide alternative "bridge" programs or shorter programs for certified home care aides who meet criteria in WAC 246-841-535(1).
- 11 (6 percent) are medical assistant alternative "bridge" programs or shorter programs for certified medical assistants who meet criteria in WAC 246-841-535(2).
- 5 (3 percent) are medication assistant certification endorsement (MACE) programs for certified NAs who meet the criteria in WAC 246-841-588(1).

NA training programs exist within a variety of organizations, with many offering more than one training program type. Most NA training programs are in private businesses (30 percent), nursing homes (25 percent), colleges (24 percent), and high schools/skills centers (16 percent). The remaining programs are in hospitals and government agencies such as a Job Corps program.

Minimum curriculum requirements for NA training programs relevant to this work are: program length; curriculum content; and pass rate standards and performance:

Program Length: (see Table 2)
- The minimum federal requirement of 75 hours for traditional NA training programs has not been updated since being established in 1987. States have updated requirements, however, and two-thirds (33) now exceed federal requirements.
- Compared to national averages, Washington requirements are low on total program hours, very low on classroom hours (the second lowest state), and slightly above average on clinical hours.
- Most Washington training programs have self-selected program lengths that exceed minimum requirements and are trending toward benchmarks presented in recent research[6] related to quality care indicators in nursing homes.
- Apart from averages, individual NA training programs in Washington reflect wide variability in length, ranging from 85 to hundreds of hours. Wide program variability prompted a search for an evidence-based standard.
- The research cited above indicates that about 152 training hours with a 2:1 ratio of clinical to classroom hours is an optimal model.

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[6] *Trinkoff et al. (2017). Determining the CNE Training-Hours Requirement for Quality Care in U.S. Nursing Homes. Journal of Nursing Regulation, Vol. 8, Issue 1, pp. 4-10.* https://doi.org/10.1016/S2155-8256(17)30069-8.

[7] *For more information on federal and state NA training requirements refer to* 42 CFR Part 483 Subpart D *and* RCW 18.88A.

Table 2. Nursing Assistant Training Program Hours: Federal and State Comparisons.

Program Hours	Federal Requirements	National Averages	Washington Requirements	Washington Averages	New Research (Quality Care)
Classroom	59	64.5	35	63	51
Clinical	16	35.5	50	69	101
Total	75	100	85	132	152

Curriculum

Per WAC 246-841-490, curriculum must be competency-based to support mastery of core competencies found in WAC 246-841-400. Core competencies address federal requirements for NA training programs and are divided into 10 categories, each with specific competency objectives (for example, the category of "Basic technical skills" includes "Takes and records vital signs").

Core Competency Categories for Nursing Assistant Training Programs

1. Basic technical skills.
2. Personal care skills.
3. Mental health and social service needs.
4. Care of cognitively impaired residents.
5. Basic restorative services.
6. Client or resident rights and promotion of independence.
7. Communication and interpersonal skills.
8. Infection control.
9. Safety and emergency procedures.
10. Rules and regulations knowledge.

NA training programs currently self-develop curriculum for approval by NCQAC. They must address all core competencies and meet minimum requirements for program hours, but may develop curriculum and course length differently. As a result, all programs provide core content, but variability in depth and time exists.

Two core competency categories (items 3 and 4 in the list above) directly address the care of people experiencing dementia, developmental disabilities, and mental health challenges; however, all 10 categories are relevant for special caregiving considerations. Again, because of the variability that currently exists among programs, training provided in these areas also varies.

Regardless of the variability in initial NA training programs, all LTC workers are required to take additional specialty courses in these areas before working in certain LTC settings. The workgroup completed a curriculum crosswalk to facilitate efficient integration of the specialty course content into a standardized NA training curriculum.

Pass Rate Standards and Performance

Washington's standard for NA training programs is an average annual pass rate of 80 percent on the state exam for first-time test takers (WAC 246-841-430). In alignment with federal regulations (CFR 483.154[e][1]), this relates to passing both the written (and oral) and skills parts of the exam.

According to testing data, pass rates for first-time test-takers have ranged between 63 percent and 67.5 percent over the past three years. While pass rates for the written (or oral) part of the exam during this time were above 90 percent, pass rates for skills testing ranged between 66.5 percent and 71 percent.

Table 1. NNAAP first-time test-taker pass rates in Washington.

National Nurse Aide Assessment Program (NNAAP) *First-Time Test-Taker Pass Rates in Washington*			
Year	Written (or Oral) Test	Skills Test	Both
2015	91.6% *7,826/8,543*	66.5% *5,715/8,599*	63.1% *5,354/8,479*
2016	92.9% *7,565/8,142*	70.7% *5,760/8,148*	67.3% *5,452/8,102*[7]
2017	92.8% *7,542/8,128*	70.4% *5,708/8,112*	66.8% *5,389/8,068*[7]

When compared with pass rates for all programs for the past three years, pass rates for home care aide alternative "bridge" programs are significantly lower, ranging between 46 percent and 54 percent (N = 175-313). Averages for medical assistant alternative "bridge" programs were higher (66.5 percent to 82 percent); however, the small number of annual test-takers (N ≤ 30) limits generalization of these results.

Findings

The workgroup identified multiple barriers related to NA training:

- Program variability leads to training inconsistencies across the state.
- There is inadequate time for core skills/competencies.
- Outdated requirements do not address current care needs (e.g. seven hours of HIV/AIDS education within the 35-hour classroom component is excessive).
- LTC workers must complete additional specialty training on dementia, developmental disabilities, and mental health prior to being able to work in all LTC sectors.
- The home care aide alternative "bridge" program is ineffective and there is no connection between requirements and testing, which contributes to low pass rates.
- Multiple issues exist with regard to skills testing and pass rates:
  o Outdated skills testing do not reflect current practice or care needs.
  o Pass rates for skills testing are too low and the reasons for this are not clear.

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[8]*eport indicates a small number of test-takers as "Not Yet Determined" for the "Both" column (44 and 66, respectively for 2016 and 2017). Note: Report percentages rounded from the hundredth to the tenth of a percent.*

- Variability in skills testing outcomes exists with a need to improve evaluator consistency and fidelity.
- Testing is a high cost and time investment, and the significant trend of repeat skills testing because of low pass rates can deter candidates from entering the field.
- Access limitations and other inequities exist (e.g. number and geographical location of test sites; frequency and availability of test offerings; English language requirements; and lack of supports for non-English speakers).
- Dual agency oversight for testing requirements adds complexity.

Recommendations and Sentiment (Voting) Analysis

The workgroup identified the following recommendations related to standardized curriculum.

1. Review and revise testing to more accurately reflect essential knowledge and skills relevant to current NAC practices and to align directly with the learning objectives of an updated standardized curriculum.
2. Study the current certification test systems for LTC workers (HCA and NAC) and establish recommendations for improvement. The study should assess:
   a. Improving testing access in rural and underserved areas.
   b. The cost of testing, and the potential for cost savings through contract or vendor changes.
   c. The potential for allowing employers to administer tests.
   d. Whether a certificate of completion is sufficient for a HCA, or if a certification test is necessary.
   e. The use and value of the bridge program. Create recommendations for improvement, or consider eliminating the program.
3. Provide supports for skills testing evaluation for HCAs and NACs in languages other than English.
4. Direct DOH and DSHS to collaborate with LTC providers and other stakeholders to identify priority learning content and desired learning outcomes to create a competency-based common curriculum for nursing assistant training programs that:
   a. Efficiently integrates person-centered specialty training (on mental health, developmental disabilities, and dementia) including self-determination.
   b. Removes/revises outdated content (e.g. HIV/AIDS training requirements).
   c. Requires adequate program hours without adding more than necessary.
   d. Reflects minimum standards established through federal and state law.
5. Perform a "Lean" or other performance audit process of NAC and HCA testing programs to identify ways to increase access and efficiency, including:
   a. Simplifying and speeding up the application and approval process for becoming a test site.
   b. Increasing test sites and frequency of test offerings to ensure testing availability to all students within 45 days of training program completion.
6. Look at increasing reciprocity among states for licenses and certifications.
7. Perform a root-cause analysis of NAC skills testing to:

a. Examine variability in evaluation and identify ways to reduce potential bias and improve evaluator inter-rater reliability, fidelity, and consistency.
      b. Identify, evaluate, and reduce other potential reasons for low pass rates.
      c. Identify and implement ways to increase skills pass rates.
   8. Explore ways to allow NAC candidates to complete a second attempt of the NAC certification exam at a reduced rate. Perform a cost analysis to ensure that there is not an adverse effect on initial testing fees or on those who pass the exam on the first try.
   9. Encourage use of registered apprenticeship programs in the LTC and the health care industry.

Figure 2 below shows the sentiment analysis of the workgroup for the standardized training recommendations.

Figure 2. Workgroup sentiment for Proviso 2 recommendations.
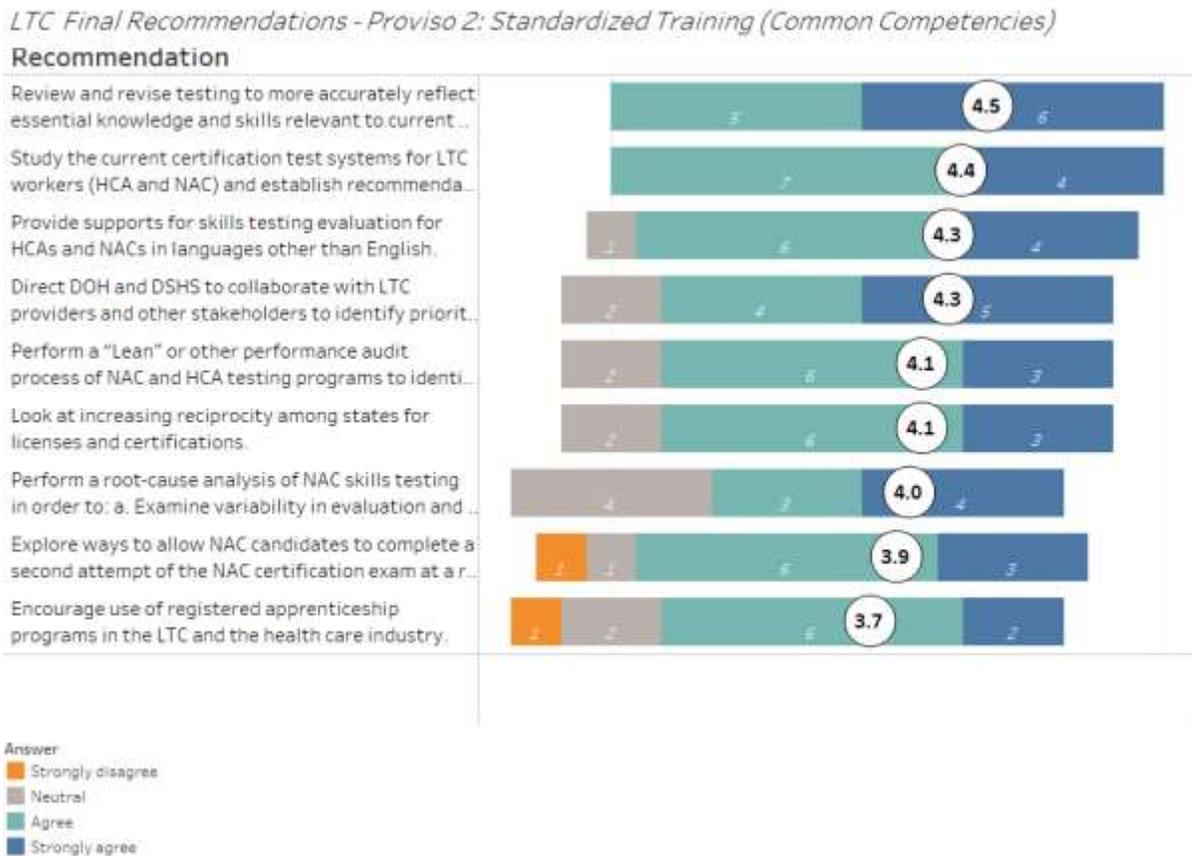
Discussion

Workgroup members said they see some duplication in recommendations 5 and 7; however, the intent for a quality improvement effort is clear. Also, comments on recommendation 9 emphasized considering the effect of registered apprenticeships on nursing programs, given the current constraints on clinical practicum resources and appropriately trained faculty.

Workgroup members identified that there is significant work ahead to bring these recommendations to fruition, and they emphasized the need for wide stakeholder input, particularly from consumers and LTC workers.

Proviso 3: LPN Education

Introduction

The budget proviso required that the committee:

Review academic and other prerequisites for training for licensed practical nurses to identify any barriers to career advancement for certified nursing assistants.

The goals of the committee to meet this requirement included the following:

- Identify and describe LPN training programs, including any apprenticeship-like programs.
- Identify academic and other prerequisites for LPN training.
- How do CNAs typically advance to LPN?
- What barriers exist for career advancement for NACs?

Findings

All LPN programs in Washington State are required to be in post-secondary educational institutions. Currently, there are five licensed practical nurse (LPN) programs in the state. Three of the programs are certificate programs, located at Clover Park Technical College, Edmonds Community College, and Olympic College. The remaining two programs are associate degree programs, located at Bates Technical College and at Green River Community College. Four LPN programs from out of state are approved to offer clinical practice experiences in Washington. These include Lewis-Clark State College, North Idaho College, Mount Hood Community College, and Sumner College. All RN students are eligible to take the LPN National Council Licensing Examination (NCLEX –PN) at a certain point in their educational program.

Nationally and in the state of Washington, the number of LPN programs and graduates have declined over the past seven years (Figure 3). The number of licensed LPNs has also continued to decline (Figure 4).
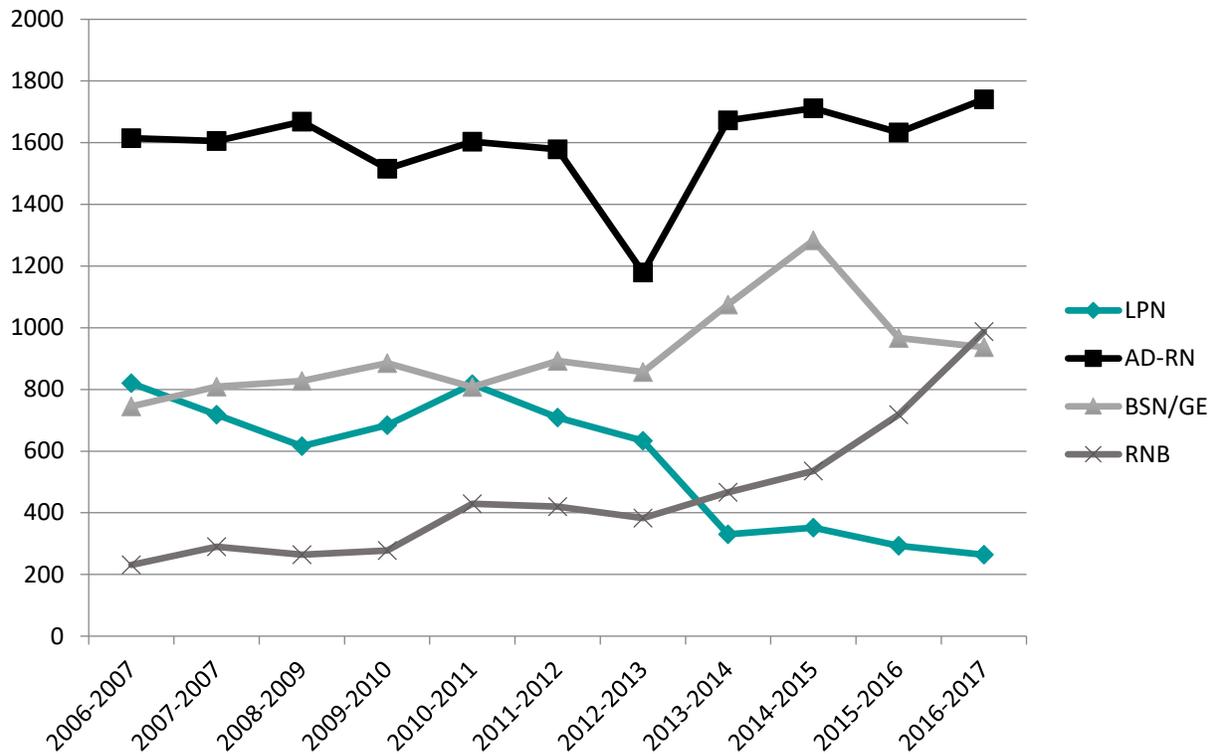
Figure 3. Total Undergraduate Washington State Graduate Numbers (2006 – 2017). Source: NCQAC 2016-2017 Annual Report
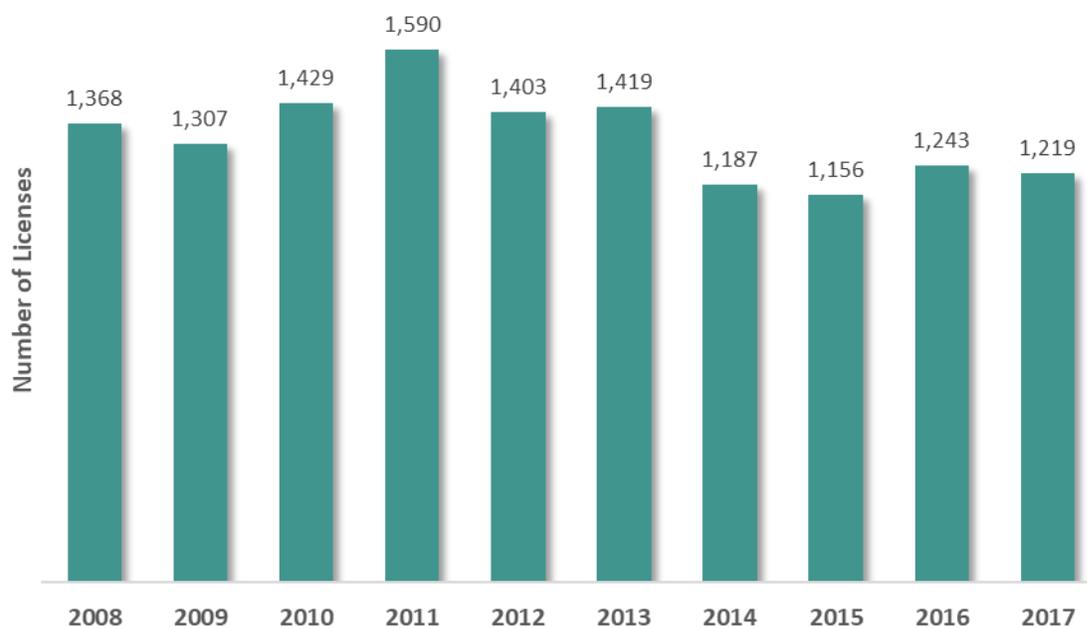
LPNs Newly Licensed by Year

Figure 4. New LPN licenses (2008-2017). Source: NCQAC Licensing Unit.

There are no registered apprenticeship programs for LPN education. However, LPN programs do use preceptors or mentors to educate students in the clinical setting. Unlike RN programs, LPN students are not able to obtain licensure as nursing technicians. Nursing technicians are RN nursing students who obtain employment from a health care provider and work during the completion of their nursing education.

The curricular standards for LPN programs are in WAC 246-840-510 through 246-840-556. Program credits range from 58 to 62 quarter credits for the nursing portion of the program. Prerequisites for LPN education include classes in the physical, biological, social, and behavior sciences that are transferable to colleges and universities. The prerequisite credit range is quite variable, from 37 quarter credits to 57 quarter credits. In contrast, the four out-of-state approved LPN programs have significantly lower prerequisite credits (24 to 36 quarter credits) and lower program credits (48.5 to 66 quarter credits).

Several nursing programs require applicants to have completed a nursing assistant training program before admission into the LPN nursing program. However, most nursing assistant training programs are not in a college or university setting, and therefore no college credits are awarded. Nursing programs may offer points for admission into the program if an applicant has completed a nursing assistant training program.

Nursing program administrators identify that lack of financial resources and support for students are the main barriers for NACs to advance to a higher nursing education level such as LPN. Most nursing students in LPN programs have families or have to work. Full-time nursing programs are not realistic for many people seeking nursing education. Many potential applicants desire on-line and part-time programs. All nursing programs are experiencing a significant faculty shortage and are not able to admit students. Nursing programs are unable to attract qualified faculty because of low salaries.

Recommendations and Sentiment (Voting) Analysis

The workgroup identified the following recommendations related to LPN education:

1. Support development of more part-time options and hybrid/distance-learning opportunities for students.
2. Standardize prerequisite requirements for LPN programs by convening relevant industry and education subject matter experts to review and streamline.
3. Support the State Board for Community and Technical College's request to expand high-demand programs, including licensed practical nursing programs.
4. Obtain more data on LPN education (e.g. waitlists, capacity, data related to program availability and demand, including workforce projections).

Figure 5 below shows workgroup sentiment analysis related to LPN education.

LTC Final Recommendations - Proviso 3: LPN Education

Recommendation

Recommendation				Score
Support development of more part-time options and hybrid/distance-learning opportunities for students.	3	4	4	4.1
Standardize prerequisite requirements for LPN programs by convening relevant industry and educ...	4	4	3	3.9
Support the State Board for Community and Technical College's request to expand high demand ..	1 4	2	4	3.8
Obtain more data on LPN education (waitlists, capacity, data related to program availability and d...	5	3	3	3.8

Answer
- � Disagree
- ▰ Neutral
- ▰ Agree
- ▰ Strongly agree

Figure 5. Workgroup sentiment for Proviso 3 recommendations.

Discussion

Nursing education is rigorous and demanding. Innovative LPN programs that are part-time with online courses that allow students to work and attend school are important to prospective students.

The academic progression of NACs to LPNs or RNs helps promote career development and advancement. In 2014, community colleges offering an associate degree in nursing entered into an agreement with the universities and colleges that offered a bachelor's degree in nursing to accept agreed-upon prerequisite courses. The state would benefit from continuing this work or similar work to include LPN and NAC programs.

Currently, LPN programs are not considered to be in the high-demand category for state funding. LPN programs would benefit and possibly be able to offer a greater capacity for enrollments if these programs were considered in the high-demand category for state funding.

Initially, the workgroup discussed a potential recommendation surrounding nurse educator salaries, which are significantly lower than industry wages for clinical care. This differential contributes to the challenge of finding qualified nursing faculty to teach in nursing education programs. Other factors that affect LPN education are:

- Industry pressure to produce RN graduates, not LPNs.
- Difficulty arranging clinical sites for LPN students because of preference toward RN students.
- Lack of interest in LPN education by incoming students.

The workgroup considered a few variants of a recommendation to increase nurse educator salaries, including to carve out a special increase for nurse educator salaries or to support raising faculty salaries across all disciplinary areas, not just nursing. The workgroup recognized

the inherent equity challenges produced by raising one faculty group's salary and that the potential recommendation to raise all faculty salaries strayed too far from the proviso directives. The group ultimately resolved not to forward a recommendation related to faculty salaries, but acknowledged that the issue exists and contributes to the barriers for LPN education.

Proviso 4: Barriers to Career Advancement

Introduction

The budget proviso required that the committee:

(iv) Identify barriers to career advancement for long-term care workers;

Nursing assistant work in long-term care settings is an excellent entry-level career for a person who desires meaningful work that integrates physical and intellectual skills with a social-emotional connection to the people served. Advancement in long-term care settings can be challenging because of issues with training, testing, and licensing requirements.

Findings

Barriers for LTC worker advancement fall under three broad categories: scope of practice, timelines/deadlines, and recruitment and retention.

NACs and HCAs have a similar scope of work, but different licensing, training, and testing requirements. An HCA may have most of the skills and training of an NAC, but must go through an arduous testing and certification process to work in a long-term care setting as an NAC.

The NAC scope of work is different in assisted living facilities (ALFs) and skilled nursing facilities (SNFs), which makes transitioning between facility types or sharing staff across settings very difficult. There is significant confusion about the scope of practice differences among entry-level long-term care workers.

When workers complete their nurse assistant training and become nurse assistants registered (NAR), they have 120 days from the first date of hire to become certified, or they can no longer work in LTC settings. This is challenging because there are testing barriers (limited locations, limited schedules, and cost) and it is sometimes difficult for an entry-level NAR to become certified. Pass rates, especially for skills tests, are lower than expected, which cause further delays in the certification timeline. Because entry-level LTC salaries are similar to unskilled and semi-skilled labor, some NAR candidates leave the LTC nursing field to find employment in retail or other jobs with similar pay and fewer training, licensing, and testing requirements.

The certification application process is complicated and seeks extensive information about the person applying for certification. While much of this may be necessary to protect vulnerable people served by the NAC, the application and the process present a barrier to starting a career in LTC or health care settings.

Further complicating matters, there has been a significant backlog at DOH to process certificates. An NAR who has passed written and skills tests must often wait for an additional period of weeks or sometimes months to obtain a certificate. Evidence of passing the certification exam is not currently sufficient to allow an NAR to continue working past the 120-day certification window.

Entry-level workers move between settings more frequently than established workers. Their 120-day certification window does not reset when they take a job with a different agency. Thus, some workers find themselves unable to continue employment with a new employer until they complete the entire certification process. For people who must work while undertaking the certification process, this "no-reset" 120-day barrier sometimes forces them out of the nursing field to find other jobs. Some never return to nursing.

Workers under 18 years old are not able to perform certain tasks in long-term care settings. There are several preparatory NAC programs for high school students, but because they cannot practice in a long-term care setting, their opportunities for exposure to LTC work are limited and potential employment in LTC settings is delayed until they turn 18.

NAC candidates have varied educational backgrounds. The industry attracts highly qualified international talent, where English may be the second or third language spoken. Some NAC workers would benefit from additional support with literacy skills. Across the board, in all industries, math skills are highly varied among workers. Because of the importance of exceptional numeracy skills in a clinical care setting where numbers, orders of magnitude, estimation, and calculation can be life-altering, the workgroup recommended providing additional supports for increased numeracy skills among NACs.

An overarching goal of the budget proviso is to make recommendations to address recruitment and retention. The next few paragraphs contain findings broadly relevant to recruitment and retention that are not already covered in other sections.

A combination of factors makes it difficult to recruit LTC workers. The most significant factor is that wages are low compared to other clinical settings like hospitals. The wages are low because of the primacy of Medicaid reimbursement for long-term care settings, versus the balance of insurance or private pay in other settings.

LTC facilities compete not only with other clinical settings for NACs and LPNs, but also with other career entry-level positions in similar wage scales. The time and cost associated with obtaining clinical certification is sometimes a barrier to entry into an LTC career. If a worker can make about as much in another field and the entry requirements are minimal, the worker must balance the ease and cost of entry into the career choice.

The workgroup identified the following barriers to recruitment and retention:

- In addition to the time and cost it takes to complete a degree program, LPN or RN, full- or part-time, other barriers include the time, effort, and cost of applying for admission to degree programs, and the time, effort, and cost of obtaining a license.

- Once people complete their education and clinical experience, they can face additional barriers of time and cost related to licensure testing, and if they pass, may face delays to receive their actual license.
- There are few if any social supports for NACs wishing to pursue a degree in nursing.
- Washington State has established provisions for nursing education programs to apply for innovation waivers, but no money is available to fund innovation in nursing education.
- There is a stigma associated with working in LTC environments.
- The rule requiring a licensed nurse 24/7 in certain LTC settings is causing some SNFs to reduce the number of beds in their facility to avoid having to meet this requirement.
- There is a high turnover rate among nursing staff in all LTC settings. This affects clinical courses and the LTC setting's ability to provide stable supervision for student clinical experiences.

Recommendations and Sentiment (Voting) Analysis

The workgroup made the following recommendations related to reducing barriers to career advancement.

1. Analyze the needs of LTC populations and identify what needs to be included for the basic scope for nursing assistants that applies uniformly across all LTC settings and is supported by a base or foundational curriculum.
2. Provide funding to analyze requirements at all levels; determine what is needed for integrating the system; and ensure coordinated development of step-wise nursing education continuum for seamless progression from entry-level through the following certification or licensing levels: HCA, NAC, LPN, ADN, BSN, and graduate nursing degrees.
3. Provide numeracy and literacy support programs.
4. Develop and launch a statewide effort to recruit and inform potential workers about the opportunities and value of working in LTC settings.
5. Evaluate reducing or subsidizing licensing fees for HCAs and NACs who are low income.
6. Strengthen the career ladder between high school/skills center programs and the LTC industry.
7. Evaluate and expand use of the nursing technician licensure.
8. Modify the facility-based training standards to:
   a. Allow DSHS-qualified adult family home and assisted living providers to provide related continuing education for staff members in the adult family home or assisted living center.
   b. Recognize provider experience in meeting instruction qualification requirements.

Figure 6 below shows workgroup sentiment analysis for the recommendations related to reducing barriers to career advancement.

LTC Final Recommendations - Proviso 4: Barriers to Career Advancement

Recommendation

Recommendation	Score
Analyze the needs of LTC populations and identify what needs to be included for the basic scope for n..	4.2
Provide funding to conduct analysis of requirements at all levels; determine what is needed for integrati..	4.0
Provide numeracy and literacy support programs.	4.0
Develop and launch a state-wide effort to recruit and inform potential workers about the opportunit..	4.0
Evaluate reducing or subsidizing licensing fees for HCAs and NACs who are low income.	3.8
Strengthen the career ladder between high school/skills center programs and the LTC industry.	3.7
Evaluate and expand use of the Nursing Technician program.	3.6
Modify the facility-based training standards to: a. allow DSHS-qualified adult family home and assist..	3.5

Answer
- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Figure 6. Workgroup sentiment for Proviso 4 recommendations.

Discussion

The NAC curriculum standards have not been updated in many years. The workgroup believes that a broad review of the core NAC curriculum is warranted, starting with an analysis of the needs of the LTC population. At minimum the curriculum should include new specialty training content to meet the needs of people with dementia, developmental disabilities, or mental health support needs. A review should include an assessment of national NAC programs. The core curriculum should produce a NAC worker who can work in any long-term care setting.

High school/skills center programs and the LTC industry already work together to increase opportunities for students to enter nursing education programs. Running Start programs in high schools offer some prerequisite courses needed for nursing education, and a few high schools have advanced placement courses that could possibly be used for prerequisites. The lack of available clinical placements remains a significant constraint for NAC and LPN education programs. There was significant discussion about requirements for workers in long-term care facilities and age restrictions (18 years or older), and whether there might be the potential to have workers younger than 18 in LTC facilities within the constraints of applicable labor laws.

Nursing technician programs are underused in the state. Nursing technicians are already enrolled in a registered nurse (RN) nursing program, as defined by WAC 246-840-860. Most

nursing students find they must attend school full time given the rigors of their programs, and do not work while attending school. Students who are able to work, or who want employment during school breaks, can work as nursing technicians after completing their first clinical quarter of nursing. Given the need for more people to have to work while attending school and also obtain clinical practice, the nursing technician program may be a viable option for student workers and some LTC facilities. Consideration for expansion of nursing technician licensure for LPNs might ease the financial burden that faces many LPN nursing students. Many people identified the high cost of obtaining certification (testing, background checks, and certification application) as a barrier to entry. The workgroup recommended evaluating reducing or subsidizing the fees for NACs and HCAs. However, the workgroup noted there may be issues with implementing this recommendation. For example, would the administration of the subsidy program increase the cost and time necessary to determine who is eligible for reduced fees? The workgroup did not want to increase the cost to non-low-income NACs to offset the subsidies, and the workgroup recognized the challenges associated with the current negative balance in the 02G Health Professions Account. In general, the workgroup thought that any way to reduce or lower the fees associated with becoming a NAC would help reduce barriers to entry.

The workgroup thought it was important to address the stigma associated with working in LTC settings by launching a statewide effort to recruit and inform potential workers about the opportunities and value of working in such settings. The outreach would be targeted toward both new workers and those who might come back to LTC work after having exited the industry. The Washington State Nursing Association (WSNA) created an LTC task force to look at addressing the stigma associated with clinical work in long-term care settings.

Continuing education is an important part of a professional workforce. Qualified providers in some, but not all, LTC settings can provide continuing education. Allowing DSHS-qualified instructors to provide continuing education to their staff regardless of the LTC setting improves retention by making relevant continuing education more accessible to staff members.

Many people who are excellent NACs could use additional skill development to strengthen their English language literacy skills or numeracy skills. The workgroup made a broad recommendation to provide numeracy and literacy support programs for LTC workers. Members shared stories of excellent NAC staff members who otherwise struggled with numeracy or literacy skills, which affected both recruitment and retention of skilled staff members.

Proviso 5: DOH/DSHS Oversight Responsibilities

Introduction

The budget proviso required that the committee:

(v) Evaluate the oversight roles of the department of health and the department of social and health services for nurse training programs and make recommendations for streamlining those roles.

Oversight of care in all settings is an important quality assurance measure. DSHS and DOH share some responsibilities for overseeing various aspects of the care delivery system in long-term care settings. The agencies are responsible for ensuring that workers are qualified to provide care and work within their scope of practice, that training programs meet requirements, and that facilities have enough staff to provide care to residents.

Findings

From the perspective of LTC administrators and workers, oversight is too complex to navigate. During the three-month engagement period, many members of the public regularly shared their experiences and concerns with shared oversight responsibilities among DSHS and DOH.

Nursing assistant training programs must be approved by NCQAC before starting to train workers, and HCA programs must be approved by DSHS before starting to train workers. Many larger agencies and private businesses recognize the need to train additional staff members for NAC and HCA positions, and seek to establish training programs. The training approval application processes are long, complex, and time-consuming. There is a significant backlog of applications for HCA training programs and NAC instructors. Applicants are unsure of when they will be able to start training workers.

Other oversight barriers exist beyond training programs. Oversight of NACs involves testing, credentialing, investigations, and discipline. DOH and DSHS are legally responsible for various aspects of oversight, depending upon the care setting. In some instances, care facilities and workers are left in limbo for long periods.

Background checks are performed multiple times for each worker, depending upon where the worker is in the process of becoming employed and the facility type. Both DSHS and DOH have responsibility for different background check processes, and recent background checks cannot be reused by other steps in the process. In addition to the time and confusion, this is costly to the aspiring worker.

Recommendations and Sentiment (Voting) Analysis

The workgroup made the following recommendations related to agency oversight:

1. Assure adequate funding of the 02G Health Professions Account to add the staff necessary to address backlog and to reduce wait times (related to training program/instructor approval, testing, and credentialing processes).
2. Direct DOH/NCQAC/DSHS to continue efforts with stakeholders to review their oversight structure; delineate an efficient division of roles in alignment with federal and state regulations; and provide their recommendations to the legislature by December 2019. This work should:

      a. Address oversight roles related to nursing assistant training, testing, credentialing, investigation, and background checks.

      b. Analyze current department oversight roles and competencies to assess gaps in knowledge or inefficiencies.

3. Implement a Lean or similar performance audit process to identify ways to simplify forms and speed up processes for:

      a. Approval of training programs and instructors (nursing assistants, home care aides, continuing education, specialty training).

      b. Credentialing.

      c. Tracking of continuing education compliance status for LTC workers.

Figure 7 below shows workgroup sentiment related to the recommendations.
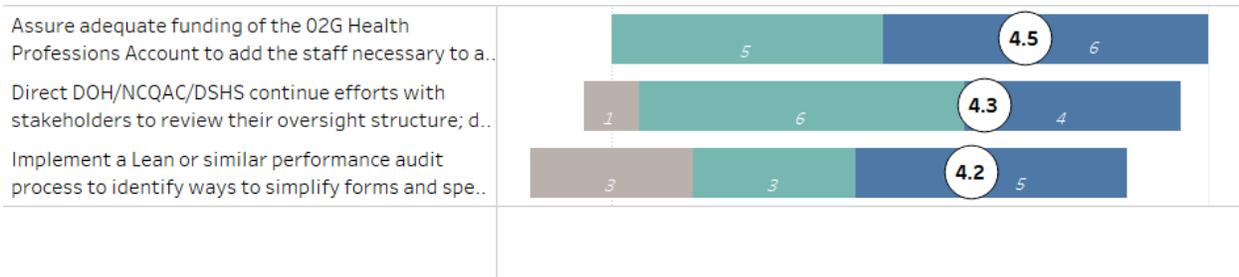
Figure 7. Workgroup sentiment for Proviso 5 recommendations.

Discussion

The 02G Health Professions Account is funded through worker application fees. It is used to administer oversight and approval of certifications and licensing, and to address quality of care issues for individual workers. The fund currently has a low balance, which is requiring DOH to continue to hold vacancies, including in the credentialing unit, which has caused a significant backlog for processing certificates. Staffing is insufficient to support the process. Many recommendations proposed in this report are interrelated. In addition to addressing the deficit and backlog, the recommendations related to agency oversight take a step back to address potential inefficiencies in the process.

DOH, NCQAC, and DSHS have been engaged in work to clarify and streamline organizational roles and responsibilities regarding certification, testing, disciplinary oversight, and approval of training programs in long-term care settings. The workgroup strongly endorses this effort, and directs that stakeholders be involved in the work.

All LTC facility provider types have significant interest in providing more NAC and continuing education training. A common curriculum that could be adopted by facility trainers may help

speed up the process of approving facility-based training programs, thus increasing the number of NAC candidates in the workforce. Common HCA training programs administered through SEIU are effective and available for people seeking careers as a home care aide. Because HCAs and NACs have significant overlap in their knowledge, skills, and responsibilities, the workgroup thought a similar program for NACs could provide consistent training and increase the number of workers in the LTC pipeline.

Conclusion

The overall intent of the work described in this report is to identify barriers, develop solutions, and make recommendations regarding career advancement, reduced vacancies, increased retention, and standardized training for workers in long-term care settings.

The vision of the workgroup is that Washington State citizens will have access to quality services provided by qualified and available nurses and nursing assistants in long-term care settings. Workers will have opportunities for career progression in long-term care.

The recommendations in this report reflect the issues and ideas identified during a three-month, seven-session period. The workgroup stayed focused on the highest levels, and did not develop timelines, budgets, priorities or other analysis for the recommendations.

Each recommendation, if adopted, will require careful planning and implementation to ensure that adverse consequences are not introduced while trying to implement the intent of the recommendation.

Many of the recommendations are interrelated and address very complex issues. The legislature may want to continue to empanel the workgroup to help study, prioritize, and evaluate the effectiveness of the proposed changes that are implemented. As home care services play a key role in the LTC health care system, future work should include representatives from this industry.

Appendices

A. Acknowledgements

We are indebted to the volunteers and staff members who thoughtfully participated in the Long-Term Care Workforce Development Workgroup. Participants worked very hard to identify the issues and recommendations surrounding health care workforce development in long-term care settings. They received input from countless sources, synthesized the findings, and generated rational, thoughtful recommendations for addressing the issues identified. They devoted many hours out of their busy schedules to do this work. We are grateful for their efforts.

Steering Workgroup Members

Membership Designation	Name
Nursing Care Quality Assurance Commission	Tracy Rude, NCQAC and Workgroup Chair
Chair of House Health Care and Wellness Committee or designee	Representative Eileen Cody (Sending Thea Bird when unable to attend)
Chair of Senate Health and Long-Term Care Committee or designee	Senator Steve Conway (Sending Kimberly Lelli when unable to attend)
Assistant Secretary of Aging and Disability Support Administration of the Department of Social and Health Services or designee	Candace Goehring
Member of the Washington Apprenticeship and Training Council (Department of Labor and Industries)	Rachel McAloon (Sending Evan Hamilton when unable to attend)
Representative from the Office of Health Professions of the Department of Health	Trina Crawford
Executive Director of the Washington State Board for Community and Technical Colleges or designee	Lori Banaszak
Representative of largest statewide nursing agency	Pamela Pasquale (Sending Sharon Christor or Lynette Wells when unable to attend, representing WSNA)

Membership Designation	Name
Representative of largest statewide home care workers union	Abby Solomon (Representing SEIU)
Representative of largest statewide assisted living and skilled nursing facilities association	Alexis Wilson (Representing WHCA)
Representative of the Adult Family Home Council of Washington	John Ficker, Executive Director (Sending Karen Cordero when unable to attend)
Washington State Long-Term Care Ombuds or designee	Patricia Hunter
American Indian Health Commission for Washington State Representative	Cheryl Sanders, Lummi

Project Management Team

Role	Name
Project Executive	Paula Meyer, Executive Director
Project Lead	Mindy Schaffner, Associate Director
Workgroup Chair	Tracy Rude, NCQAC Chair
Education Consultant	Kathy Moisio
Policy Analyst	Amber Zawislak
Project Assistant	Bobbi Allison
External Facilitator/Project Advisor	Porsche Everson, Relevant Strategies, LLC

B. Glossary

ADN: Associate Degree in Nursing

ALF: Assisted Living Facility

AIHC: American Indian Health Commission

BSN: Bachelor of Science Degree in Nursing

CFR: Code of Federal Regulations

CHAP: Community Health Aid Program, a community-based clinical care model developed by Alaska Native Tribal Health Consortium and administered by Indian Health Services

CNA: (See NAC) Certified Nursing Assistant, also referred to as Nurse Assistant Certified

CNS: Clinical Nurse Specialist

DOH: Washington State Department of Health

DSHS: Washington State Department of Social and Health Services

ESD: Washington State Employment Security Department

ESSB 6032: Engrossed Senate Substitute Bill 6032, the budget proviso that empaneled the workgroup and established the workgroup charge

HCA: Home Care Aide

HIV/AIDS: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

LPN: Licensed Practical Nurse, also sometimes referred to as Practical Nurse, or PN

LTC: Long-term care

MSN: Master of Science in Nursing

NAC: (See CNA) Nurse Assistant Certified. Also referred to as NA for Nurse Assistant

NAICS SOC: North American Industry Classification System, Standard Occupational Code

NAR: Nurse Assistant Registered (a person who has completed a DOH registration application and obtained seven hours of HIV training)

NCQAC: Nursing Care Quality Assurance Commission, also called the Nursing Commission

NNAAP: National Nurse Aide Assessment Program

NWIC: Northwest Indian College

RN: Registered Nurse

SEIU: Service Employees International Union

WAC: Washington Administrative Code

SNF Skilled Nursing Facility

WHCA: Washington Health Care Association

WSNA: Washington State Nurses Association

C. ESSB 6032 Budget Proviso

See Session Law at
http://apps2.leg.wa.gov/billsummary?BillNumber=6032&Year=2017&BillNumber=6032&Year=2017, Section 37, page 217.

(37) $30,000 of the general fund—state appropriation for fiscal year 2019 is provided solely for the nursing care quality assurance commission to convene and facilitate a work group to assess the need for nurses in long-term care settings and to make recommendations regarding worker recruitment, training, and retention challenges for long-term care providers in the sectors of skilled nursing facilities, assisted-living facilities, and adult family homes.

(a) The work group must:

(i) Determine the current and projected worker vacancy rates in the long-term care sectors compared to the workload projections for these sectors;

(ii) Develop recommendations for a standardized training curriculum for certified nursing assistants that ensures that workers are qualified to provide care in each sector, including integration into the curriculum of specific training for the care of clients with dementia, developmental disabilities, and mental health issues;

(iii) Review academic and other prerequisites for training for licensed practical nurses to identify any barriers to career advancement for certified nursing assistants;

(iv) Identify barriers to career advancement for long-term care workers; and

(v) Evaluate the oversight roles of the department of health and the department of social and health services for nurse training programs and make recommendations for streamlining those roles.

(b) The members of the work group must include the following:

(i) The chair of the house health care and wellness committee or his or her designee;

(ii) The chair of the senate health and long-term care committee or his or her designee;

(iii) The assistant secretary of the aging and disability support administration of the department of social and health services, or his or her designee;

(iv) A member of the Washington apprenticeship and training council, chosen by the director of the department of labor and industries;

(v) A representative from the health services quality assurance division of the department of health, chosen by the secretary;

(vi) The executive director of the Washington state board for community and technical colleges or his or her designee;

(vii) A representative of the largest statewide association representing nurses;

(viii) A representative of the largest statewide union representing home care workers;

(ix) A representative of the largest statewide association representing assisted living and skilled nursing facilities;

(x) A representative of the adult family home council of Washington; and

(xi) The Washington state long-term care ombuds or his or her designee.

(d) The work group must meet at least three times, and the first meeting must occur no later than July 15, 2018. The commission must report no later than December 15, 2018, to the governor and the legislature regarding the work group's assessments and recommendations.

D. All Recommendations and Sentiment (Voting) Analysis

LTC Final Recommendations - All

Recommendation

Recommendation	Score
Review and revise testing to more accurately reflect essential knowledge and skills relevant to current ...	4.5
Assure adequate funding of the 02G Health Professions Account to add the staff necessary to a...	4.5
Study the current certification test systems for LTC workers (HCA and NAC) and establish recommenda...	4.4
Provide supports for skills testing evaluation for HCAs and NACs in languages other than English.	4.3
Direct DOH/NCQAC/DSHS continue efforts with stakeholders to review their oversight structure; d...	4.3
Direct DOH and DSHS to collaborate with LTC providers and other stakeholders to identify priorit...	4.3
Implement a Lean or similar performance audit process to identify ways to simplify forms and spe...	4.2
Analyze the needs of LTC populations and identify what needs to be included for the basic scope for n...	4.2
Support development of more part-time options and hybrid/distance-learning opportunities for students.	4.1
Perform a "Lean" or other performance audit process of NAC and HCA testing programs to identi...	4.1
Look at increasing reciprocity among states for licenses and certifications.	4.1
Direct the State Workforce Development Councils to work with ESD and other stakeholders to convene r...	4.1
Provide funding to conduct analysis of requirements at all levels; determine what is needed for integrati...	4.0
Provide numeracy and literacy support programs.	4.0
Perform a root-cause analysis of NAC skills testing in order to: a. Examine variability in evaluation and ...	4.0
Develop and launch a state-wide effort to recruit and inform potential workers about the opportunit...	4.0
Standardize prerequisite requirements for LPN programs by convening relevant industry and educ...	3.9
Explore ways to allow NAC candidates to complete a second attempt of the NAC certification exam at a r...	3.9
Support the State Board for Community and Technical College's request to expand high demand ...	3.8
Obtain more data on LPN education (waitlists, capacity, data related to program availability and d...	3.8
Evaluate reducing or subsidizing licensing fees for HCAs and NACs who are low income.	3.8
Strengthen the career ladder between high school/skills center programs and the LTC industry.	3.7
Encourage use of registered apprenticeship programs in the LTC and the health care industry.	3.7
Evaluate and expand use of the Nursing Technician program.	3.6
Modify the facility-based training standards to: a. allow DSHS-qualified adult family home and assist...	3.5

Answer
- ■ Strongly disagree
- ■ Disagree
- ■ Neutral
- ■ Agree
- ■ Strongly agree

Figure 8. All recommendations in priority order.

LTC Final Recommendations - All

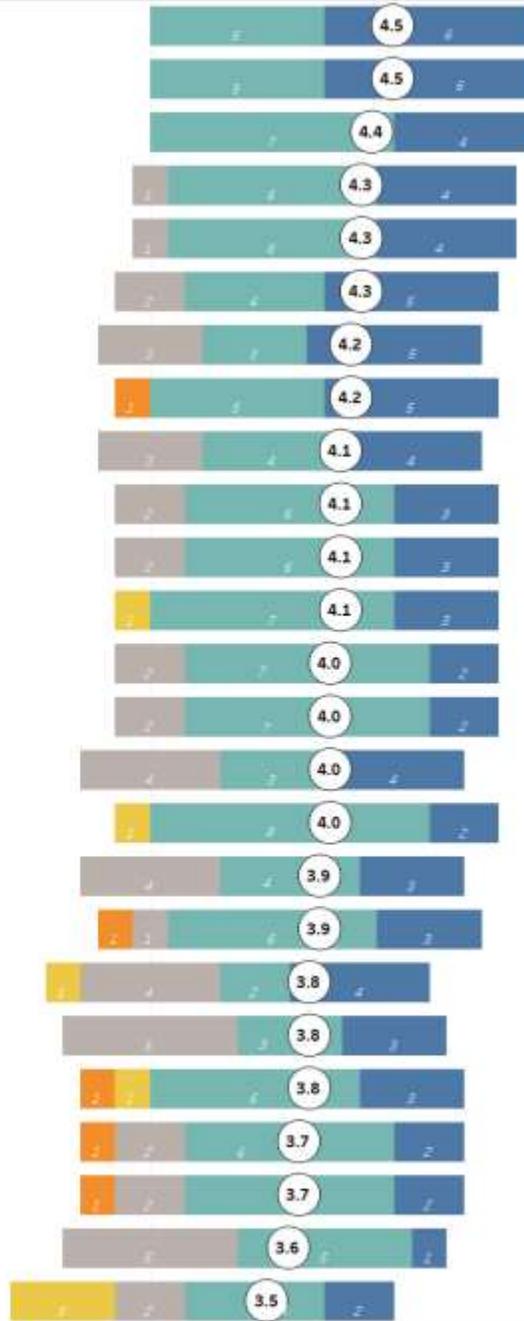| Proviso	Recommendation	
Proviso 1: Data	Direct the State Workforce Development Councils to work with ESD and other stakeholders to convene re...	4.1
Proviso 2 Standardized Training (Common Competencies)	Review and revise testing to more accurately reflect essential knowledge and skills relevant to current N...	4.5
	Study the current certification test systems for LTC workers (HCA and NAC) and establish recommendati...	4.4
	Provide supports for skills testing evaluation for HCAs and NACs in languages other than English.	4.3
	Direct DOH and DSHS to collaborate with LTC providers and other stakeholders to identify priority...	4.3
	Perform a "Lean" or other performance audit process of NAC and HCA testing programs to identify ways t...	4.1
	Look at increasing reciprocity among states for licenses and certifications.	4.1
	Perform a root-cause analysis of NAC skills testing in order to: a. Examine variability in evaluation and ide...	4.0
	Explore ways to allow NAC candidates to complete a second attempt of the NAC certification exam at a re...	3.9
	Encourage use of registered apprenticeship programs in the LTC and the health care industry.	3.7
Proviso 3: LPN Education	Support development of more part-time options and hybrid/distance-learning opportunities for students.	4.1
	Standardize prerequisite requirements for LPN programs by convening relevant industry and educa...	3.9
	Support the State Board for Community and Technical College's request to expand high demand ...	3.8
	Obtain more data on LPN education (waitlists, capacity, data related to program availability and de...	3.8
Proviso 4 Barriers to Career Advancement	Analyze the needs of LTC populations and identify what needs to be included for the basic scope for nu...	4.2
	Provide funding to conduct analysis of requirements at all levels; determine what is needed for integrati...	4.0
	Provide numeracy and literacy support programs.	4.0
	Develop and launch a state-wide effort to recruit and inform potential workers about the opportunities a...	4.0
	Evaluate reducing or subsidizing licensing fees for HCAs and NACs who are low income.	3.8
	Strengthen the career ladder between high school/skills center programs and the LTC industry.	3.7
	Evaluate and expand use of the Nursing Technician program.	3.6
	Modify the facility-based training standards to: a. allow DSHS-qualified adult family home and assiste...	3.5
Proviso 5. DOH/DSHS Oversight	Assure adequate funding of the 02G Health Professions Account to add the staff necessary to a...	4.5
	Direct DOH/NCQAC/DSHS continue efforts with stakeholders to review their oversight structure; de...	4.3
	Implement a Lean or similar performance audit process to identify ways to simplify forms and spee...	4.2

Answer
■ Strongly disagree
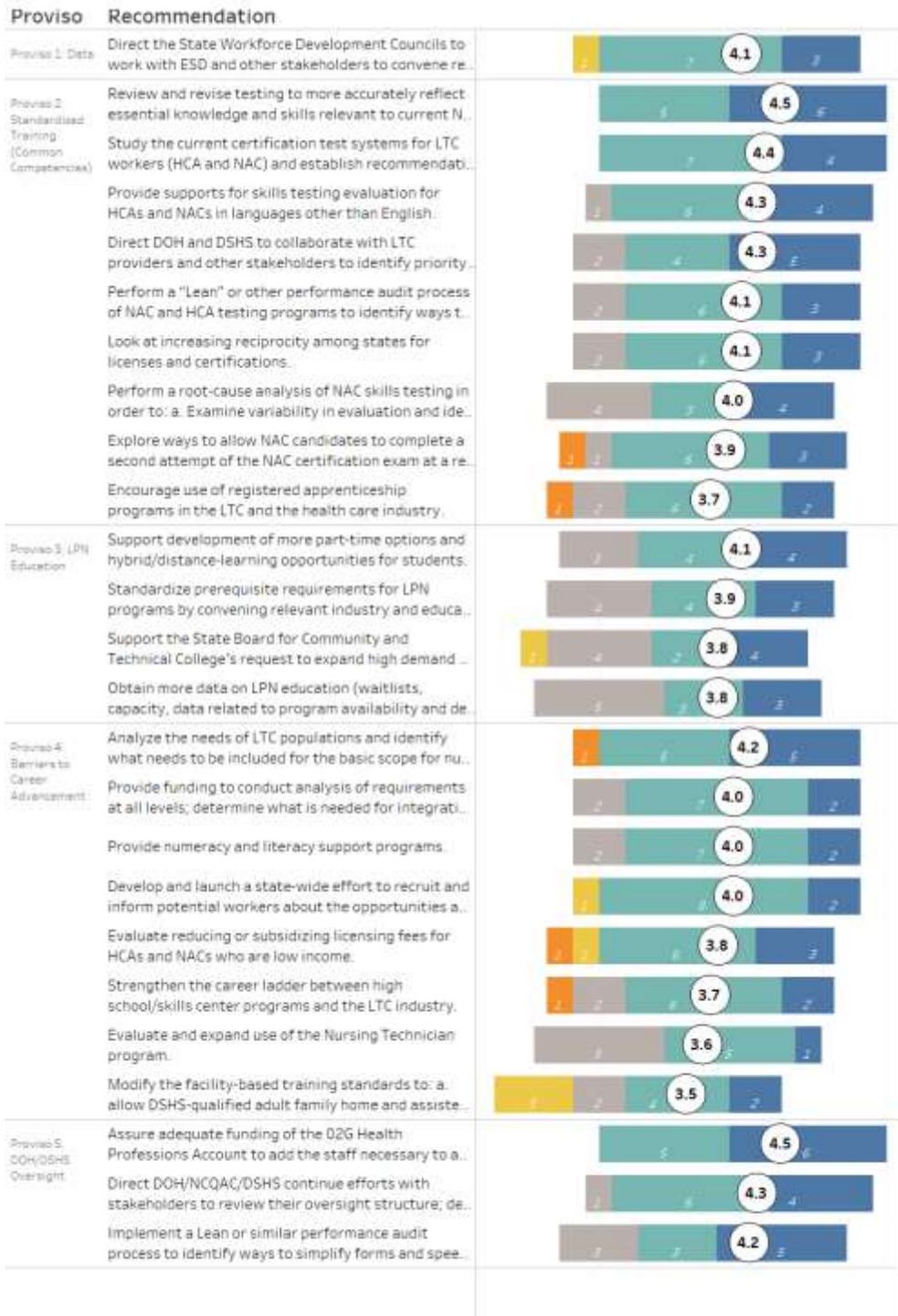■ Disagree
■ Neutral
■ Agree
■ Strongly agree

Figure 9. All recommendations, by proviso and priority order.

Proviso 1: Data

Determine the current and projected vacancy rates in the long-term care sectors compared to the workload projections for these sectors.

1. Direct the state workforce development councils to work with ESD and other stakeholders to convene regional workgroups to identify data gaps and make recommendations to improve existing data reporting systems. If needed, recommendations may include alternative approaches to collect more comprehensive data specific to the long-term care workforce and its needs, including retention and turnover data. Any recommendation to develop new data collection or to expand existing data collection should include a cost-benefit analysis. This effort should incorporate the following elements:
   a. Inclusion of demographics and their effect.
   b. The evidence-base on staffing ratios as a metric or benchmark.

Proviso 2: Standardized Training (Common Competencies)

Develop recommendations for a standardized training curriculum for CNAs that ensures workers are qualified to provide care in each sector, including integration into the curriculum of specialized training for the care of clients with dementia, developmental disabilities, and mental health issues.

1. Review and revise testing to more accurately reflect essential knowledge and skills relevant to current NAC practices and to align directly with the learning objectives of an updated standardized curriculum.
2. Study the current certification test systems for LTC workers (HCA and NAC) and establish recommendations for improvement. The study should assess:
   a. Improving testing access in rural and underserved areas.
   b. The cost of testing, and the potential for cost savings through contract or vendor changes;
   c. The potential for allowing employers to administer tests.
   d. Whether a certificate of completion is sufficient for an HCA or if a certification test is necessary.
   e. Assess the use and value of the bridge program. Create recommendations for improvement or consider eliminating the program.
3. Provide supports for skills testing evaluation for HCAs and NACs in languages other than English.
4. Direct DOH and DSHS to collaborate with LTC providers and other stakeholders to identify priority learning content and desired learning outcomes in order to create a competency-based common curriculum for nursing assistant training programs that:
   a. Efficiently integrate person-centered specialty training (on mental health, developmental disabilities, and dementia) including self-determination.
   b. Remove/revise outdated content (e.g. HIV/AIDS training requirements).
   c. Require adequate program hours without adding more than necessary.
   d. Reflect minimum standards established through federal and state law.
5. Perform a "Lean" or other performance audit process of NAC and HCA testing programs to identify ways to increase access and efficiency, including:
   a. Simplifying and speeding up the application and approval process for becoming a test site.

  b. Increasing test sites and frequency of test offerings to ensure testing availability to all students within 45 days of training program completion.
6. Look at increasing reciprocity among states for licenses and certifications.
7. Perform a root-cause analysis of NAC skills testing in order to:
  a. Examine variability in evaluation and identify ways to reduce potential bias and improve evaluator inter-rater reliability, fidelity, and consistency.
  b. Identify, evaluate, and reduce other potential reasons for low pass rates.
  c. Identify and implement ways to increase skills pass rates.
8. Explore ways to allow NAC candidates to complete a second attempt of the NAC certification exam at a reduced rate. Perform a cost analysis to ensure there is not an adverse effect on initial testing fees or on those who pass the exam on the first try.
9. Encourage use of registered apprenticeship programs in the LTC and the health care industry.

Proviso 3: LPN Education

Review academic and other prerequisites for training for licensed practical nurses to identify any barriers to career advancement for certified nursing assistants.

1. Support development of more part-time options and hybrid/distance-learning opportunities for students.
2. Standardize prerequisite requirements for LPN programs by convening relevant industry and education subject matter experts to review and streamline.
3. Support the State Board for Community and Technical Colleges' request to expand high-demand programs including licensed practical nursing programs.
4. Obtain more data on LPN education (waitlists, capacity, data related to program availability and demand, including workforce projections).

Proviso 4: Barriers to Career Advancement

Identify barriers to career advancement for long-term care worker.

1. Analyze the needs of LTC populations and identify what needs to be included for the basic scope for nursing assistants that applies uniformly across all LTC settings and is supported by a base or foundational curriculum.
2. Provide funding to conduct analysis of requirements at all levels; determine what is needed for integration of the system; and ensure coordinated development of step-wise nursing education continuum for seamless progression from entry-level through the following certification or licensing levels: HCA, NAC, LPN, ADN, BSN, and graduate nursing degrees.
3. Provide numeracy and literacy support programs.
4. Develop and launch a statewide effort to recruit and inform potential workers about the opportunities and value of working in LTC settings.
5. Evaluate reducing or subsidizing licensing fees for HCAs and NACs who have low incomes.
6. Strengthen the career ladder among high school/skills center programs and the LTC industry.
7. Evaluate and expand use of the nursing technician program.
8. Modify the facility-based training standards to:

a. Allow DSHS-qualified adult family home and assisted living providers to provide related continuing education for staff members in the adult family home or assisted living center; and

b. Recognize provider experience in meeting instruction qualification requirements.

Proviso 5: DOH/DSHS Oversight

Evaluate the oversight roles of the Department of Health and the Department of Social and Health Services for nurse training programs and make recommendations for streamlining those roles.

1. Ensure adequate funding of the 02G Health Professions Account to add the staff necessary to address backlog and reduce wait times (related to training program/instructor approval, testing, and credentialing processes).

2. Direct DOH/NCQAC/DSHS to continue efforts with stakeholders to review their oversight structure; delineate an efficient division of roles in alignment with federal and state regulations; and provide their recommendations to the legislature by December 2019. This work should:

    a. Address oversight roles related to nursing training, testing, credentialing, investigation, and background checks.

    b. Analyze current department oversight roles and competencies to assess gaps in knowledge or inefficiencies.

3. Implement a Lean or similar performance audit process to identify ways to simplify forms and speed up processes for: approval of training programs and instructors (nursing assistants, home care aides, continuing education, specialty training); credentialing; and tracking of continuing education compliance status for LTC workers.