Long-term Care Workforce Development Progress Report

2019 Budget Proviso (ESHB 1109)

Nursing Care Quality Assurance Commission
10-5-2020

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Executive Summary

This report details the work and major outcomes of the 2019-2021 Long-Term Care (LTC) Workforce Development Steering Committee and discusses the massive impact of COVID-19 on LTC, including solutions that have been implemented and others for potential consideration.

Because the activities of the LTC Workforce Development Steering Committee is legislated for the biennium, their work is planned to continue through June 2021. The Nursing Care Quality Assurance Commission (NCQAC) requests acceptance by the legislature of this report as interim with a final report submitted by June 30, 2021.

Purpose of the Work

In 2019, the legislature reconvened the steering committee to act on priority recommendations from its 2018 report to the legislature. The priorities include: improving the availability and use of workforce-related data; developing a common curriculum for nursing assistant training; revising testing for nursing assistants; and recommending requirements to improve skilled nursing facility staffing models and address deficiencies in resident care.

Status of the Work

In the midst of the work, the COVID-19 pandemic struck, wreaking devastating impact on LTC and escalating the urgency of longstanding workforce shortages. While members of the steering committee and workgroups have all been actively immersed in the emergency response to COVID-19, they have also continued to work on this project and have major outcomes to report. At the same time, they have been in continuous collaboration throughout the pandemic to generate solutions to assure continued services to the public. These solutions have been implemented wherever possible to address urgent needs and are presented in this report. Additional solutions have been discussed that are beyond the scope of the currently legislated work and the steering committee's resources. The additional solutions are presented in this report for consideration as potential future or continued work.

Overview: Major Outcomes for Each Legislative Charge

A broad overview of major outcomes for this project follows with in-depth discussion provided in the Workgroup Reports section of this document.

Data Workgroup

Major Outcomes

- A data catalog (with an excerpt of key information available included in this report);
- A preliminary data dashboard to capture what is known about workforce shortages and ongoing demand (with sample screenshots available in this report);
- A data table showing data findings related to training, testing, and certification for HCAs, NAs, LPNs, and RNs; and
- A recognition that full integration of data sources and other work, such as the establishment of data agreements and sustainable infrastructure for ongoing use, is beyond the scope of the workgroup.

Common Curriculum Workgroup

Major Outcomes

- Steering committee support for a holistic, person-centered approach to the curriculum that still ensures alignment with major textbooks and core competencies;
- Consensus on a specific plan for efficient integration of Specialty classes into the core NA curriculum;
- Completion of a preliminary first draft of the curriculum with plans for review and refinement by workgroup and steering committee members;
- Strong support of the preliminary draft from the Testing workgroup with innovative ideas for developing a testing approach that integrates with the curriculum; and
- Presentation of curriculum draft highlights to the steering committee in September 2020.

Testing Workgroup

Major Outcomes

- Identification of preliminary recommendations in three major categories: access to timely testing; navigation of testing information and processes; and pass rates;
- Presentation of preliminary recommendations to the steering committee in May 2020;
- Completion of a national review of language supports for testing with plans for recommendations in this area as a fourth category for testing revisions;
- Completion of a preview of the draft curriculum with discussion of preliminary ideas for testing and curriculum integration to support student success and cost efficiency.

SNF Staffing Workgroup

Major Outcomes

- The SNF staffing workgroup met monthly through January 2020.
- They examined state and national data sets related to workforce and staffing level and quality indicators to identify the array of complex, inter-related factors that impact staffing levels (for example, resident acuity, staff turnover ratios, and quality metrics);
- As of February 2020, the workgroup had not reached any conclusions on adjusted staffing levels; and Bill Moss, Assistant Secretary of the Aging and Long-Term Services Administration of DSHS, elected to temporarily postpone subsequent meetings and use a different approach where industry association representatives, staff union representatives, and resident advocates meet to discuss a phased approach to setting and/or increasing staffing levels;
- The pandemic shifted all work to immediate crisis management, and other work on SNF staffing levels is currently on hold.
- The workgroup is clear that any increases in staffing levels must be tied to additional funding and that workforce shortages are a bigger factor than legislated staffing requirements or a need for additional funds.

Additional Outcomes

HCA-NAC-LPN Apprenticeship Pathway

The goal of developing a seamless pathway for educational and career progression was jettisoned forward as the Workforce Training and Education Coordinating Board (WTB) worked with the State Board of Community and Technical Colleges (SBCTC) and the NCQAC to develop a proposal for an HCA-NAC-LPN Apprenticeship Pathway in Washington and apply for a federal Re-Imagine Grant. Labor and Industries, Leading Age, and the Washington Healthcare Association supported the effort. Although Washington did not receive the Re-Imagine Grant, commitment to realizing this pathway to address workforce shortages is strong.

LTC and Nursing Education Summit

LTC and nursing education leaders made excellent headway in exploring future partnership opportunities at a Summit held on August 26th. LTC provides a rich environment for important clinical experiences for all levels of nursing students and can lead to excellent professional nursing opportunities in LTC as well. The Summit was informative and energizing for all and facilitated connections for professional networking and valuable partnerships moving forward.

Overview: Impact of Covid-19

No one could have foreseen the COVID-19 pandemic when this project was legislated or planned. The important priorities were laid out for completion on a robust timeline over the 2019-2021 biennium, as legislated, and are progressing in accordance. In spite of this excellent progress, COVID-19 has fully exposed the longstanding needs of LTC related to workforce shortages and exponentially accelerated the urgency of addressing them. As the Chair of the LTC Workforce Development Steering Committee said, "COVID-19 changed everything."

Indeed, the "acceleration effect" of COVID-19 has disrupted linear timelines for progress, changing future goals abruptly into immediate needs. For example, while use of technology in the training, testing, and certification of LTC workers has been steadily increasing, virtual avenues to complete these activities are now imperative. By the same token, new workforce entry and progression pathways under development—such as a functional HCA-NAC-LPN Apprenticeship Pathway—are needed immediately, not two years from now.

Major, transformative solutions are needed to outstrip the acceleration effect of COVID-19 so LTC workforce and the public's care needs can be met adequately. Through the work of the emergency response to COVID-19 and this project, members of the steering committee and the workgroups have identified many solutions to address immediate needs. Several solutions have already been implemented; others still under discussion are beyond the scope of the current project and resources, but are shared in this report for consideration as potential ways forward.

COVID-19 is a global game-changer with detrimental impact on the health and welfare of people worldwide. Yet, it is fair to say its impact on LTC has been disproportionately high in its devastation. Because the pandemic has colored all aspects of the work of this project, further discussion of COVID-19 is presented next, prior to the detailed reports from each workgroup. The discussion includes implemented solutions as well as additional ideas under consideration.

Special Focus on COVID-19

Impact

The impact of COVID-19 has been devastating to LTC facilities, their residents, and their staff. According to a recent report from the Department of Health, approximately 9% of total cases and 54% of total deaths in Washington have been identified as associated with a LTC facility (i.e., nursing home, assisted living facility or adult family home). These cases include residents as well as employees and visitors.[1]

Pre-existing staffing challenges exacerbated the impact of COVID-19 in LTC. According to data from the Sentinel Network, the top three occupations with exceptionally long vacancies in LTC in the pre-COVID-19 era (2016-2019) were RNs, LPNs, and NAs.

Already in short supply as COVID-19 struck, nurses and NAs worked to meet the increased demands of caring for higher numbers of sick residents while implementing extensive isolation protocols and rigorous infection control measures. In addition, COVID-19 transmission risks restricted usual options for flexible cross-facility staffing, including use of contracted agency staff to augment permanent staff and the ability to have staff working at multiple care sites. As nurses, NAs, and other LTC workers such as HCAs were required to self-quarantine or stay home due to COVID-19 exposure and/or illness, the demand on those still working became greater.

At the same time, processes for training, testing, and certification were severely disrupted by COVID-19, which impacted the flow of new staff into LTC. For example, in-person classroom training came to a halt with the onset of the pandemic—as did testing activities for certification. Many LTC settings restricted student access for clinical learning to mitigate spread of the virus and to preserve personal protective equipment (PPE) for care of residents by staff. In addition, unintended consequences of federal and state regulations were identified as the pandemic unfolded: namely, regulations requiring the completion of testing and certification within prescribed timelines threaten to remove many direct care staff from the LTC workforce. Examples include NAs who have completed their education or training, but have had no available mechanism to test for certification within the required timelines due to a 5-month suspension of testing and a resulting significant backlog with its recent phased re-opening.

To make matters worse, data from DOH and NCQAC show the loss of nearly 5,000 NAs—or 6.7% of the overall workforce—since January 1, 2020.

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[1] *Taken from report dated September 17, 2020; not all of these cases were exposed at a LTC facility; many cases visited multiple places during their exposure period, and some individuals may have visited a LTC facility after disease onset.*

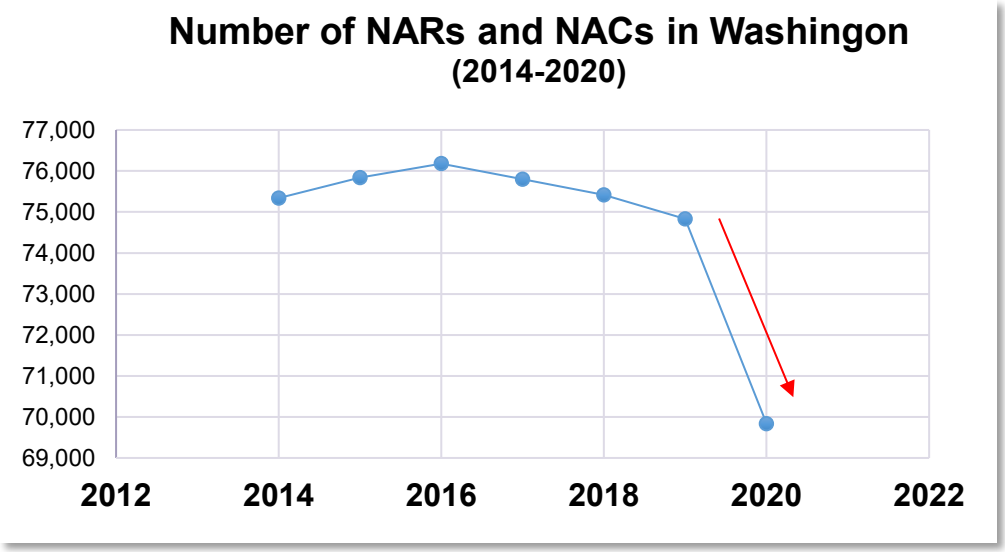


Figure 1. Note the precipitous decline during the COVID-19 era. The NA workforce decreased 6.7% from January-August 2020.

Emergency Response Solutions

As steering committee and workgroup members were immersed in COVID-19 emergency response efforts, they quickly converted to all-virtual meetings and continued the work of this project to the best of their ability. COVID-19 response efforts became necessarily enmeshed with the work of this project, leading to increased communication, collaboration, and an acceleration of policy and practice changes to address urgent needs. Several changes were promoted via members from the steering committee and workgroups; some may lead to new best practices for the future. Examples of emergency responses most related to this project include:

- A fast-track process to expedite temporary practice permits for retired and out-of-state nurses to support the immediate care needs of the population;
- Formal classification of nursing and nursing assistant students as essential in the clinical setting to support ongoing clinical education, resident care, and workforce development;
- A return to the use of interim practice permits for recent graduates of nursing programs, enabling them to work until testing for licensure re-opened;
- A federal waiver and corresponding state waivers extending the 120-day timeline for NAs to achieve certification; the waivers enable trained NAs or NAs in training to continue working in nursing homes until the certification test can be completed (the test was suspended for five months due to COVID-19, creating a significant backlog);
- State waivers of certain training, testing, and certification requirements for other LTC workers and care settings, allowing for continuing work until requirements can be met;
- Transition of NA training programs to a live online format to allow for continued delivery of classroom/theory content and a flow of workers into the profession;
- Transition of NA training programs to allow for virtual skills practice when certain standards are met;

- A shift of essential, federally required safety content to the beginning of NA training programs, enabling students to begin working earlier in their training programs under the supervision of licensed nurses;
- An allowance of NA work hours to count as clinical training hours when supervising nurses document competency evaluation, which allows for more efficient completion of training and encourages NA employment in LTC settings; and
- Transition from a written knowledge exam for NAs to a secure, computer-based testing (CBT) format available at statewide testing centers (and eventually from home), which improves access to the knowledge exam and efficiency for conducting skills exams.

Other Potential Solutions

Steering committee and workgroup members have been continuously involved in activities and discussions to address the challenges and new circumstances presented by COVID-19. Presented below are key ideas and activities under discussion or underway that are most relevant to this project, but beyond the steering committee's current scope and resources. They begin with two potential solutions related to critical workforce shortages intensified by COVID-19 and then address additional ideas under discussion within each of the project's workgroups.

Training, Testing, and Certification Requirements

Within 30-days of the start of the pandemic, training and testing facilities and providers as well as offices where fingerprint based background checks were processed closed to comply with statewide orders designed to reduce the risk of exposure and spread to COVID-19. The closures meant that individuals working as home care aides and nursing assistants could not access required background checks, training and testing necessary to complete certification deadlines. The Governor, in coordination with the Four Corners of the Legislature[2] issued proclamations to ensure that these essential workers could continue working and remain qualified to do so.

Training, testing and fingerprint check entities have begun to resume services; however, the phased re-opening process provides reduced overall access for workers and, at the same time, must address the significant backlog of over 12,000 individuals in addition to new workers entering the workforce. DSHS estimates it will take 9-12 months to clear the backlog; and it could take longer if additional shutdowns are necessary due to COVID-19 prevalence in Washington State.

There are critical workforce shortages in the direct care workforce in Washington. Disqualification of this workforce based on usual timeline requirements would result in devastating impacts for the older adults and individuals with disabilities that rely on them to meet essential needs including toileting, bathing, dressing, meal preparation and eating and picking up groceries and prescription medications. These workers provide the essential services needed to support them in their own homes, adult family homes, assisted living facilities, enhanced services facilities, nursing facilities and residential habilitation centers.

[2] *House and Senate majority and minority leaders.*

Statutory changes can ensure that home care aides and nursing assistants remain qualified to work until the backlog in training, testing and fingerprint based checks has been cleared. Although there are a number of statutory options available, at the very least, it is suggested that the legislature provide rule-making authority to executive branch agencies to establish timelines for required training, testing, certifications and background checks in periods of natural disasters, pandemics, or other declared states of emergency.

DSHS has collaborated with DOH, NCQAC, and other stakeholder entities represented on the steering committee to develop request legislation for the upcoming session.

HCA-NAC-LPN Apprenticeship Pathway

Plans and commitment to foster seamless educational and career progression through an HCA-NAC-LPN Apprenticeship Pathway exist, but will take time to realize—particularly in terms of funding support and implementation infrastructure. Multiple agency partners from this project recently collaborated with WTB to submit a federal Re-Imagine Grant to launch a pilot in three areas of the state, but funds were not awarded to Washington. Other funding opportunities may be pursued as they are identified; however, COVID-19 has made it clear that a formally supported pathway for career entry and progression is an immediate need and may be better addressed by an ongoing, statewide effort that assures adequate scaling (i.e. through Regional Workforce Development Councils) versus through a smaller scale, grant-based pilot.

Data Workgroup

As detailed in the next section of this report, the Data workgroup has achieved major progress through its work; however, the workgroup has also identified major confounding factors in terms of achieving a full, accurate picture of the LTC workforce and a functional, systematic means of presenting, analyzing, and using LTC workforce data for long-term decision-making. As a result, they have found that a full-time data analyst is needed, realistically, to integrate and validate disparate data from multiple sources; assure accurate, meaningful interpretation; and sustain ongoing data collection and monitoring of trends over time. The COVID-19 pandemic has elevated the longstanding need for better LTC workforce data to a serious immediate need.

Common Curriculum and Testing Workgroups

As detailed in the next section of this report, the Curriculum workgroup has developed a preliminary draft of the new curriculum, which is slated for further review and refinement and completion by June 30, 2021. The Testing workgroup is working with the Curriculum workgroup to assure integration of testing with curriculum. Even with this progress, COVID-19 has created an abrupt need to consider propelling each of these efforts forward in new ways and/or at a faster pace.

Curriculum

The new curriculum has been created in a flexible, modular format that can be implemented using a mix of in-person and electronic elements. While the idea has always been that the classroom or theory portion could eventually be developed into a fully secure, interactive online program, COVID-19 has elevated the need for access to quality online training. NCQAC has transitioned NA training programs to the use of a "live online" format as an interim solution during COVID-19; but, clearly, a well-developed online format for delivery of the new common

curriculum would assure maximum access to training in all areas of Washington, including throughout the COVID-19 pandemic and other potential states of emergency.

Testing

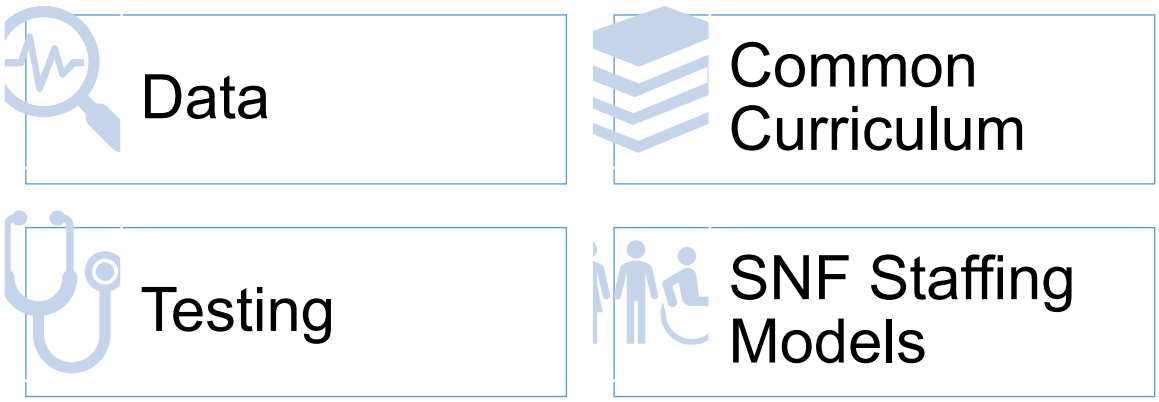
After previewing the preliminary draft curriculum, the Testing workgroup is interested in using a scenario-based testing format to match the curriculum. Workgroup members believe scenarios could reflect realistic care situations and emphasize the person over the task. The workgroup would also like to see if testing can be done within training programs at point of graduation using external evaluators, which would remove time and travel delays between program completion and testing. Finally, after a 5-month suspension of NA testing due to COVID-19 and conversion of the written test to a computer-based format, interest in the potential to implement skills evaluation virtually has emerged. These potential solutions are extremely innovative in terms of the national NA testing landscape, with no known precedent for scenario-based skills testing or virtual skills evaluation at point of graduation. Pursuing innovative options at this level would require an investment to develop and validate scenarios and support virtual evaluation by external evaluators.

SNF Staffing Models Workgroup

Exacerbated by COVID-19, the longstanding LTC staffing shortages are now at crisis levels. Current efforts related to training and testing, including the HCA-NAC-LPN Apprenticeship Pathway, are aimed at reducing workforce shortages. However, Medicaid is another critical component in the provision of a stable long-term care workforce. It is estimated that 81.2% of Washington's nursing home population relies on Medicaid.[3] Medicaid rates have not kept pace with cost of living adjustments or increasing wages and benefits, which creates an ongoing challenge for LTC employers trying to compete in the recruitment and retention of available workers. As a result, increases in Medicaid reimbursement are needed—in tandem with parallel efforts to increase the number of overall workers—in order to begin improving LTC staffing levels. Agency partners for this project are actively involved with requests in this regard; one example is DSHS' budget request with corresponding request legislation that proposes annual rebase with an inflationary adjustment. While DSHS' requests pertain to nursing homes specifically, care settings across the LTC continuum demonstrate the similar need for Medicaid increases.

[3] *Source: Department of Social and Health Services (DSHS), 2019 Medicaid Cost Reports.*

Workgroup Reports



Data Workgroup

Charge

Identifying data sources necessary to ensure workers are achieving timely training, testing, and certification; and working with regional workforce development councils to project worker shortages and on-going demands;

Activities and Analysis

The workgroup began its efforts by identifying data they wanted to obtain related to training, testing, and certification. They identified likely data sources, began to develop a data catalog, and established a goal of creating an integrated data dashboard for ongoing trend monitoring.

In their attempts to collect data, the workgroup found that requested data points were not always available and/or existing report formats were not configured to capture them. They also found that agencies often held different "slices" of inter-related data captured for different purposes, which hampers the ability to capture all data and the "big picture" with precision. In addition, it was apparent that agencies use a wide variety of data storage and/or reporting formats, which presents complexities in terms of cross-comparisons, compilation, integration, and analysis.

The workgroup pared down its requests to core data elements available through existing reports (see *Figure 2*). To facilitate data comparisons, compilation, and integration where possible, the workgroup focused on data samples from 2019, the last full year of data collection by agencies.

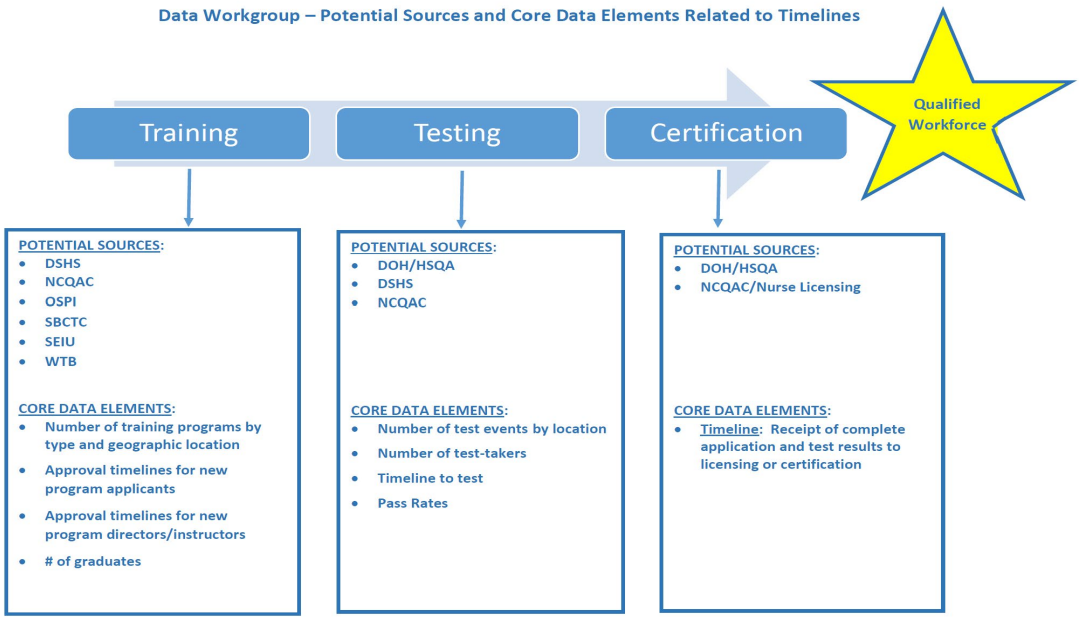


Figure 2. Sources of LTC data and core data elements.

Next, the workgroup focused on workforce shortage and demand data by delving into Employment Security Department (ESD) data and reaching out to the Regional Workforce Development Councils (RWDCs). The workgroup found the ESD website to be a rich set of data on occupational employment and wage statistics. Outreach to RWDCs was in its early stages when COVID-19 struck and brought progress in this area to a halt. Data collection efforts also ground to a halt as agencies focused all energies on the COVID-19 response.

Workgroup members sought relevant data sets to capture worker shortages and ongoing demand in LTC, including from the Office of Financial Management (OFM), Aging and Long-Term Support Administration (ALTSA), and the WTB.

Because the workforce data sets were extremely large and complex, the workgroup secured the help of a data analyst to integrate the data into a preliminary dashboard. Ultimately, the goal of the dashboard is to reflect the current or baseline state and allow for monitoring of trends over time—especially as changes are implemented through the work of the other LTC workgroups.

The workgroup was unable to integrate data samples for training, testing, and certification due to their disparate nature. Instead, they used the data catalogue to develop tables showing key information available related to HCAs, NAs, LPNs, and RNs and actual data findings.

While the workgroup has made great strides and is continuing its work, it seems clear that formalized infrastructure is needed to fully integrate, validate, and assure complete data; and to sustain ongoing collection, storage, and monitoring of data related to the LTC workforce. The need for a data analyst dedicated to LTC workforce data has already been identified in this report; any additional recommendations will be included in the final report.

Outcomes and Results

As their major outcomes to date, the workgroup developed and presented the following items to the steering committee for its September 2020 meeting:

- A data catalog (with an excerpt of key information available included in this report);
- A preliminary data dashboard to capture what is known about workforce shortages and ongoing demand (sample screenshots included in this report);
- A data table showing data findings related to training, testing, and certification for HCAs, NAs, LPNs, and RNs; and
- A recognition that full integration of data sources and other work, such as the establishment of data agreements and sustainability for ongoing use, is beyond the scope of the workgroup.

Key samples of this work comprise the remainder of this workgroup's report. The workgroup's focus has been on data collection and compilation, which has taken enormous effort due to the spread of data across agencies and the disparate nature of the data. That said, it is clear that growth trends for Home Health Aides, NAs and LPNs reflect declines at a time when the population is in the midst of an aging boom, and RN growth trends are only modest. COVID-19 has only exacerbated the situation. The workgroup is proceeding with additional data analysis to inform recommendations for future action related to the LTC workforce, including those related to resources needed to formalize and sustain these data gains and monitor and respond to trends over time.

Data Catalogue Excerpt: Available Data on Training, Testing, and Certification by Source

KEY: HCA = Home Care Aide; **IP** = Individual Provider; **NA** = Nursing Assistant; **MA** = Medical Assistant; **MACE** = Medication Assistant Certification Endorsement; **LPN** = Licensed Practical Nurse; **RN** = Registered Nurse; **ADN** = Associate Degree in Nursing; **BSN** = Bachelor of Science in Nursing; **RNB** = Registered Nurse to Bachelor of Science in Nursing; **ALF** = Assisted Living Facility; **AFH** = Adult Family Home

TRAINING DATA		
Training Program Type *Sub-Type (if any)*	**Data Source**	**Description of Available Data**
HCA *75-Hour*	DSHS	• # of standard HCAs completing training through the SEIU 775 Training Partnership by year • # of facility programs (ALF, AFH) • # of community instructors (by county, zip code, & total)
DSHS Training Programs *All Types*	DSHS	• # of community instructors approved (not broken down by program type) • Program ownership—# and % owned by individuals who self-identified as disabled, minority, veterans, women • # of program applications received and timelines
HCA *Basic Training 70*	SEIU	• # of IPs currently working (by provider category [standard HCA, all others]) • # of HCAs/IPs trained by year (by provider category [standard HCA, all others]) • # of instructors • List of cities where training was scheduled by year • Education level and race/ethnicity of HCAs/IPs • Language and county of HCAs trained in benefits group
NA *Traditional, Bridge, MACE*	NCQAC	• # of programs by county broken down by type of training • % of programs by type of entity operating (high school, college, nursing home, private, etc.) • # of new program applications (per month/year) • Timelines for review of new program applications • # of personnel applications (per month and year) • Timelines for review of personnel applications
LPN	NCQAC	• # of programs by city • # of graduates from all LPN programs (aggregate) • Faculty demographics (level of education and race/ethnicity data) (aggregate)
RN *ADN, BSN, RNB*	NCQAC	• # of programs by city • # of graduates from all RN programs (aggregate) • Faculty demographics (level of education and race/ethnicity data) (aggregate)

TESTING DATA			
Training Program Type *Sub-Type (if any)*	**Topic**	**Data Source**	**Description of Available Data**
HCA *75-Hour*	Pass Rates	DOH	• Knowledge exam pass rates (aggregate) • Knowledge exam pass rates by language • Skills exam pass rates (aggregate)
HCA *75-Hour*	Test Sites	DOH	• Number of Regional Test Sites • Number of In-Facility Test Sites
HCA *75-Hour*	Timelines	DOH	• Standard expected timelines are established
NA *Traditional, Bridge*	Pass Rates	NCQAC	• A breakdown of separate average annualized pass rates for each part of the exam (knowledge and skills) • Average annualized 1st-time test-taker pass rates (those who pass both parts of the test on first attempt) • Additional breakdowns are done for an annual report (i.e. by program type, type of institution) • Pass rates for the Spanish knowledge exam
NA *Traditional, Bridge*	Test Sites	NCQAC	• Number of test sites for skills portion of the test • Number of test sites for the computer-based written (or oral) portion of the test (see note in next column)
NA *Traditional, Bridge*	Timelines	NCQAC	• Standard expected timelines for test dates at Regional Test Sites (RTS) are established • Data tracking on actual timelines for test dates at Regional Test Sites slated for 2020 has been hampered by COVID-19 and the suspension of testing
LPN	Pass Rates	NCQAC	• Pass rates for the knowledge exam
LPN	Test Sites	NCQAC	• Number of test sites for the knowledge exam
LPN	Timelines	NCQAC	• Timeline expectations and plan if timelines are not met
RN *ADN, BSN, RNB*	Pass Rates	NCQAC	• Pass rates for the knowledge exam
RN *ADN, BSN, RNB*	Test Sites	NCQAC	• Number of test sites for the knowledge exam
RN *ADN, BSN, RNB*	Timelines	NCQAC	• Timeline expectations and plan if timelines are not met

CERTIFICATION/LICENSING DATA			
Training Program Type (Sub-Type, if any)	**Topic**	**Data Source**	**Available Data**
HCA *75-Hour*	Timelines	DOH	• Timelines for applications from "completed" to "issued" (or last date of contact to 1st issuance date) • Timelines from "pending" to "completed" (application date to last date of contact, which reflects the wait time for application deficiencies to be met, exams to be completed, and/or criminal background check issues to be resolved) • Average number of days between graduation and first exam date
NA *Traditional, Bridge*	Timelines	NCQAC	• Timelines for applications from "completed" to "issued" (or last date of contact to 1st issuance date) • Timelines from "pending" to "completed" (application date to last date of contact, which reflects the wait time for application deficiencies to be met, exams to be completed, and/or criminal background check issues to be resolved)
LPN	Timelines	NCQAC	• Nursing license timelines • NCQAC now has significant workforce and demographic data on LPNs in Washington state due to the requirement added in recent years for nurses to provide this information with license renewal[4]
RN	Timelines	NCQAC	• Nursing license timelines • NCQAC now has significant workforce and demographic data on RNs and ARNPs in Washington state due to the requirement added in recent years for nurses to provide this information with license renewal[4]

[4] *Workforce and demographic data includes numbers of nurses at each level, educational level, work setting, age, geographic location, race/ethnicity.*

Sample Charts

Sample charts from existing reports that show key information on training, testing, certification, and workforce projections are shown below.

Training

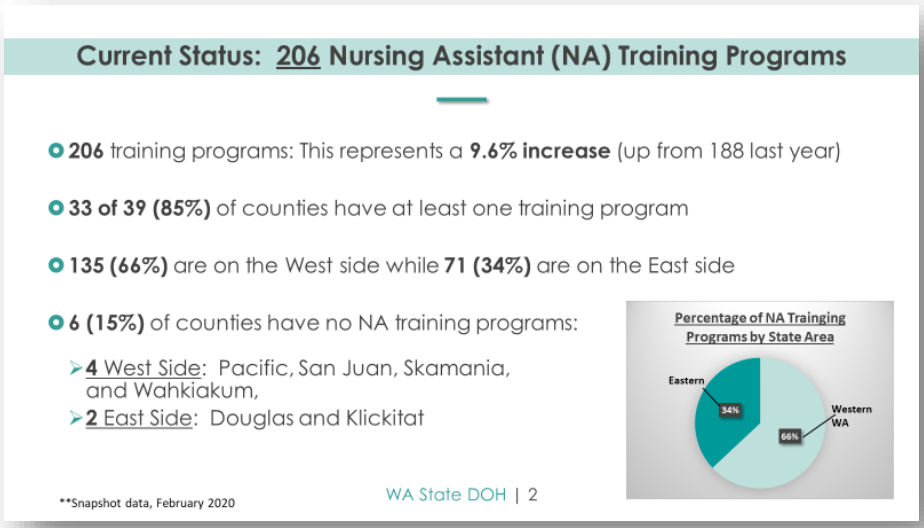


Figure 3. Number of NA training programs, by type, 2019. Source: Nursing Care Quality Assurance Commission (NCQAC).

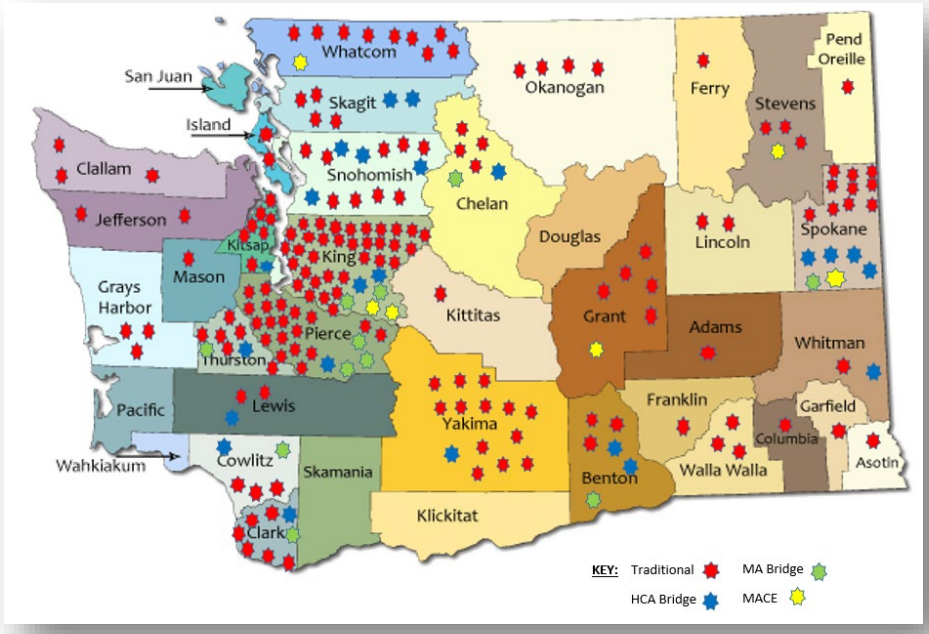


Figure 4. Map of NA training programs in Washington, February 2020 snapshot. Source: NCQAC.

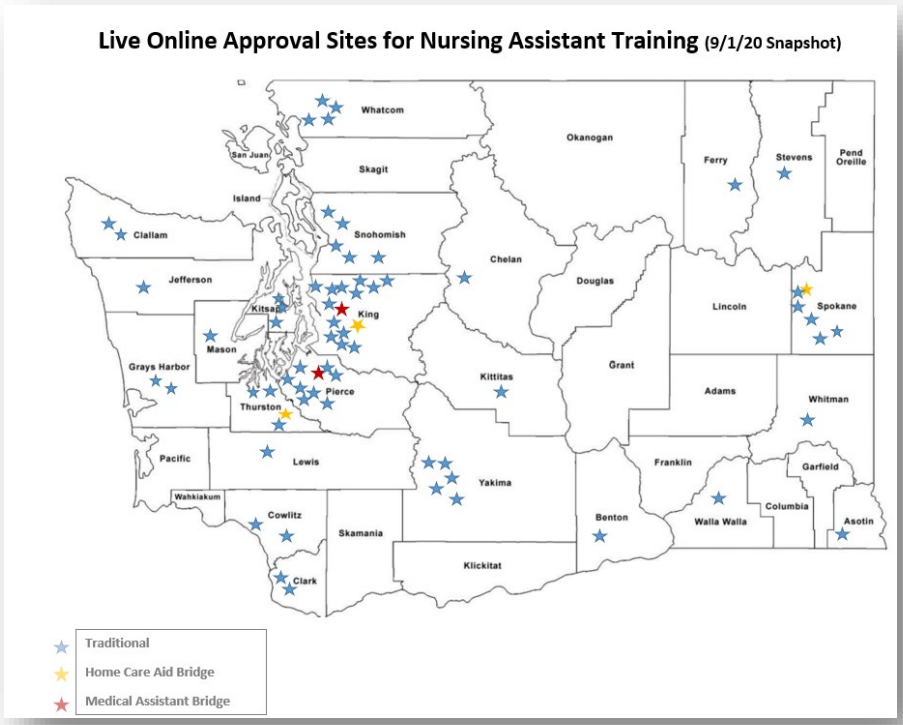


Figure 5. NA training programs approved for live online training in response to COVID-19; September 2020 Snapshot. Source: NCQAC.

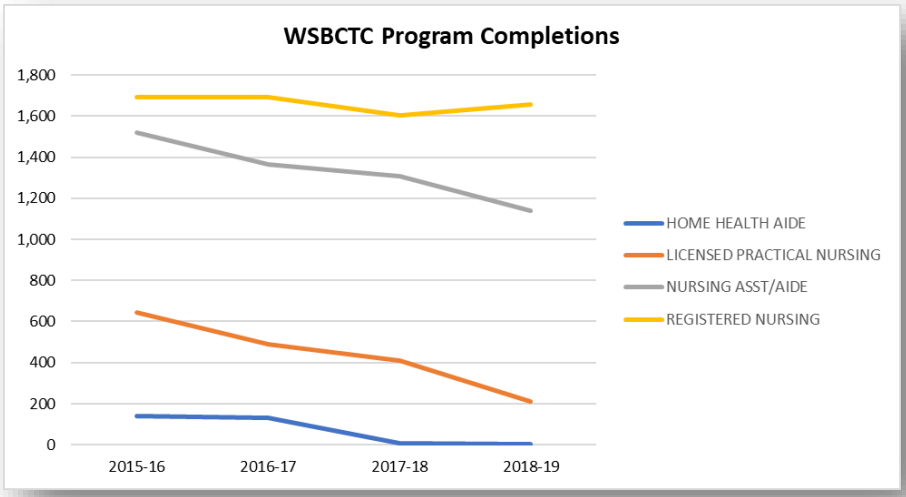


Figure 6. Health care training program completions from Community and Technical College programs. Source: Washington State Board of Community and Technical Colleges.

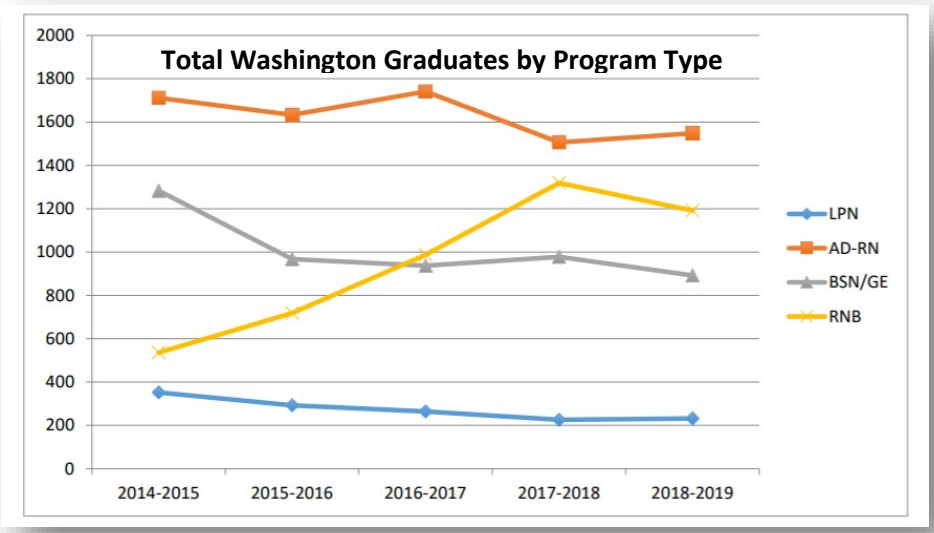


Figure 7. Total graduates by program type. The number of RN to BSN (RNB) graduates rose sharply in 2015-2016 academic year and continued to rise through 2017-2018, followed by a slight decline in 2018-2019 with 1191 graduates. Source: NCQAC.

Testing

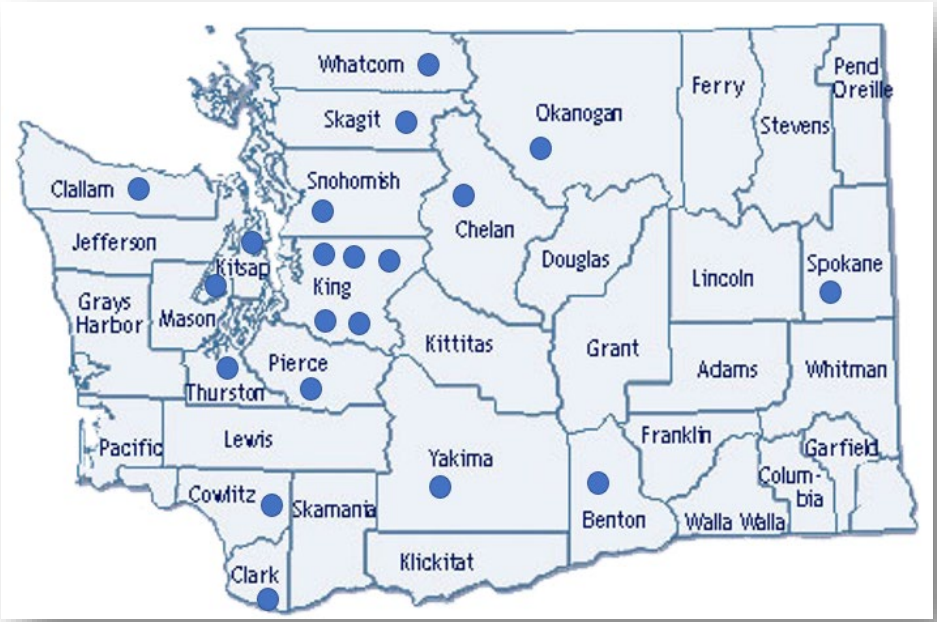


Figure 8. HCA regional test sites by county (N=21) (September 2019). There are five (5) additional in-facility test sites, not identified by county. Source: Washington Department of Health (DOH) and Prometric website.

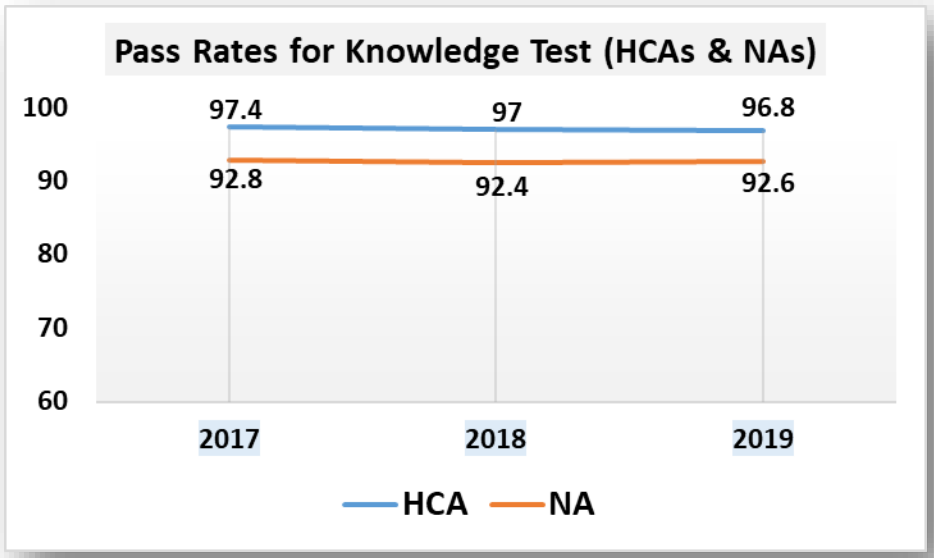


Figure 9. Written knowledge exam pass rates for HCA and NA candidates >90%, 2017-2019. Source: DOH and NCQAC.

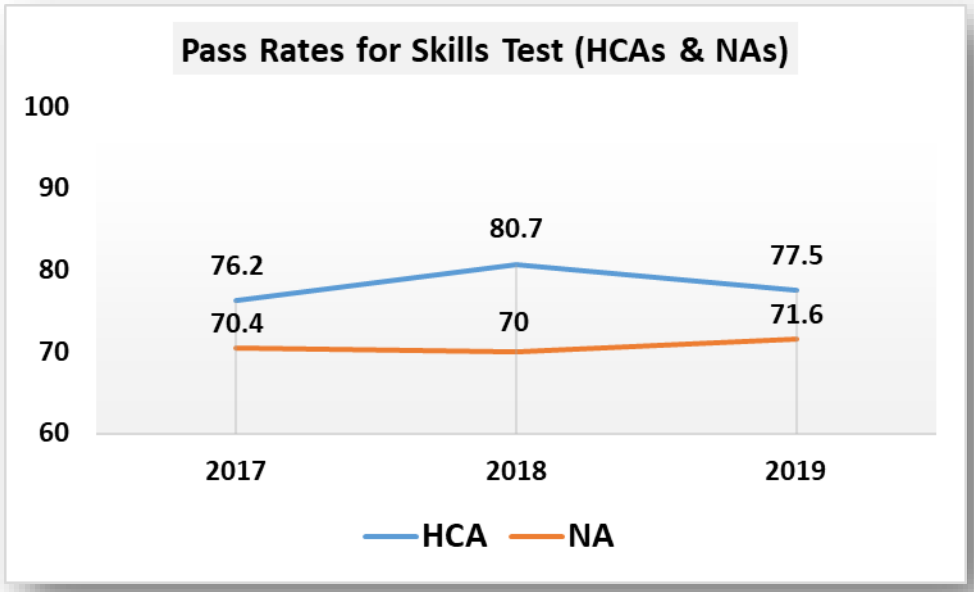


Figure 10. Skills exam pass rates for HCA and NA candidates, 2017-2019 are significantly lower than pass rates on the knowledge exam for HCAs and for NAs. Source: DOH and NCQAC.

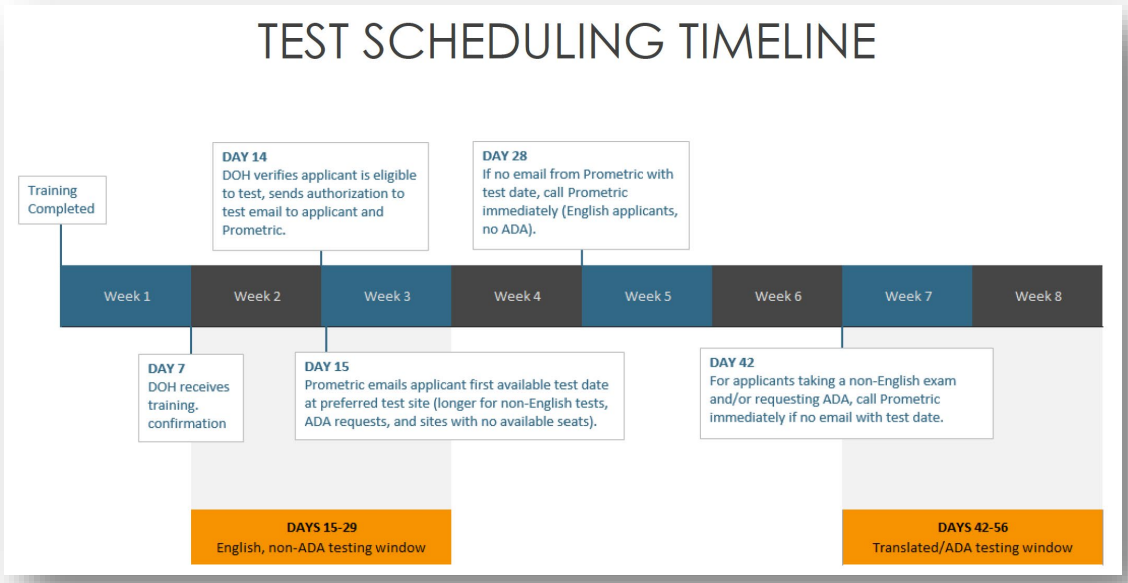


Figure 11. HCA test established scheduling timeline (2020). Source: DOH HCA Program.

Credentialing/Licensing

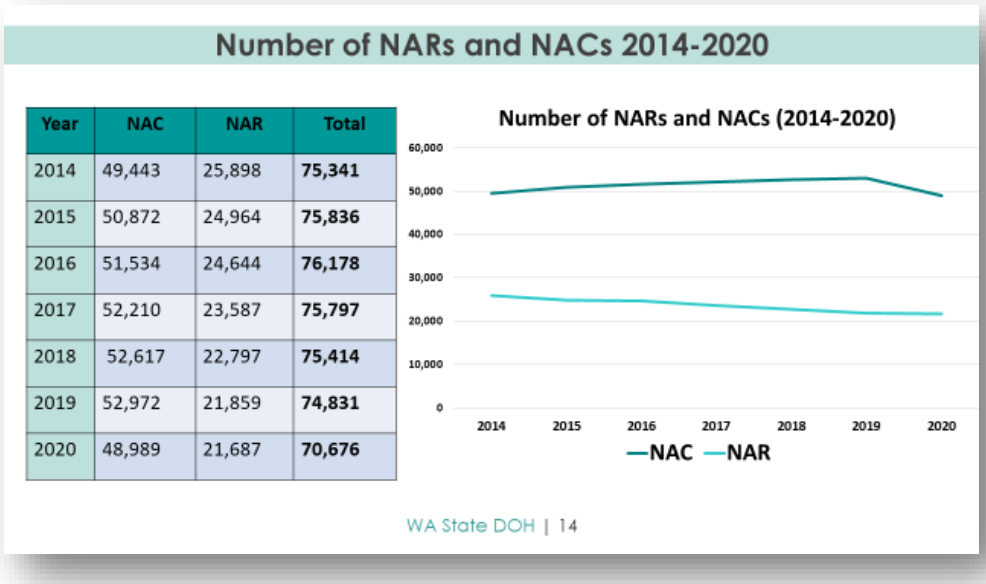


Figure 12. Number of Nursing Assistants-Registered and Nursing Assistants-Certified through July 31, 2020, reflecting slow growth 2014-2016, declines from 2016-2019, and significant decline in 2020 due to COVID-19. Source: NCQAC.

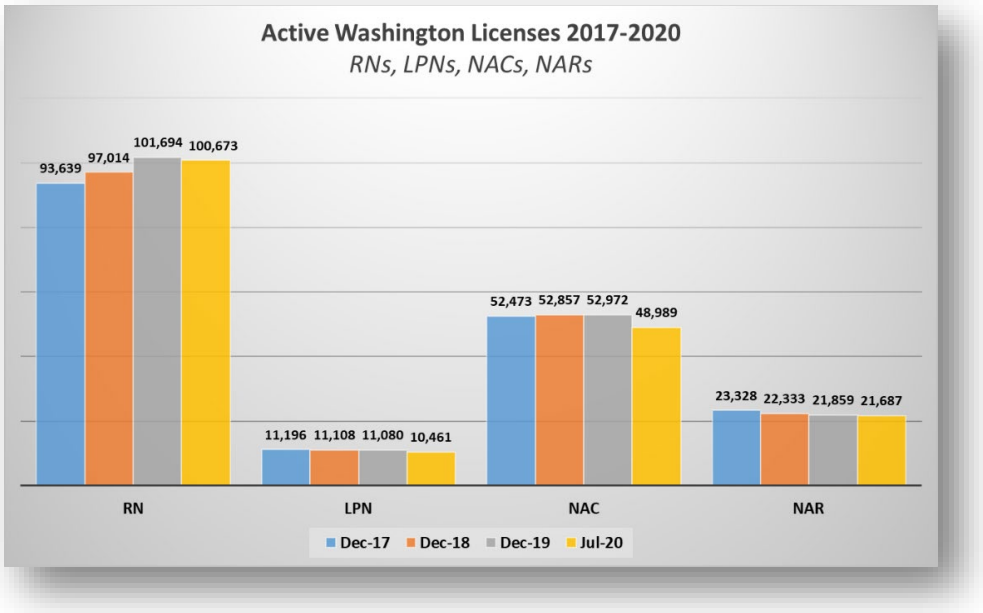


Figure 13. Active WA licenses for nursing staff, 2017-2020, reflect some growth for RNs, but reductions for all others listed. Source: NCQAC.

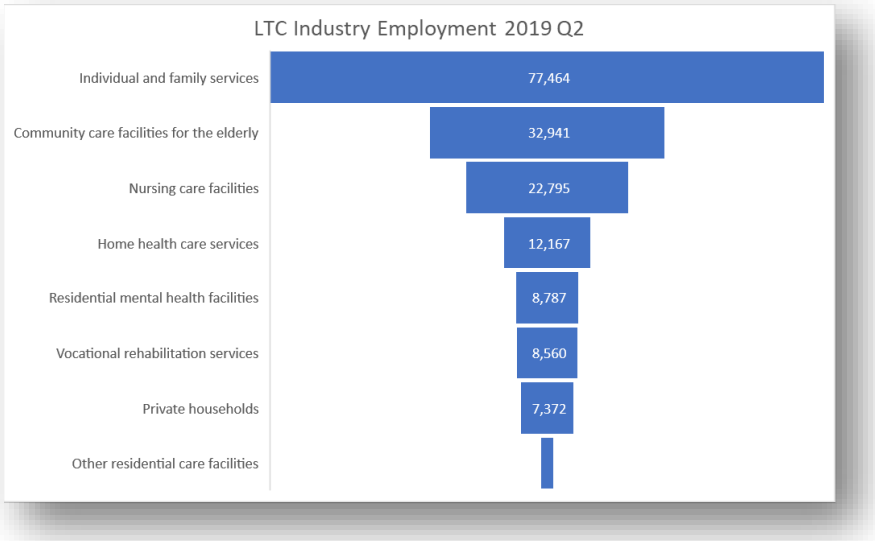


Figure 14. LTC industry employment (current and projected). Source: Employment Security Department/WITS; 2018 Industry Employment Projections. The long-term care industry employed 171,799 people during the 2nd quarter of 2019, or 5 percent of total state workforce. By 2026 it is estimated that employment in the LTC industry will increase by 27,200 workers (an annualized increase of 1.2 percent).

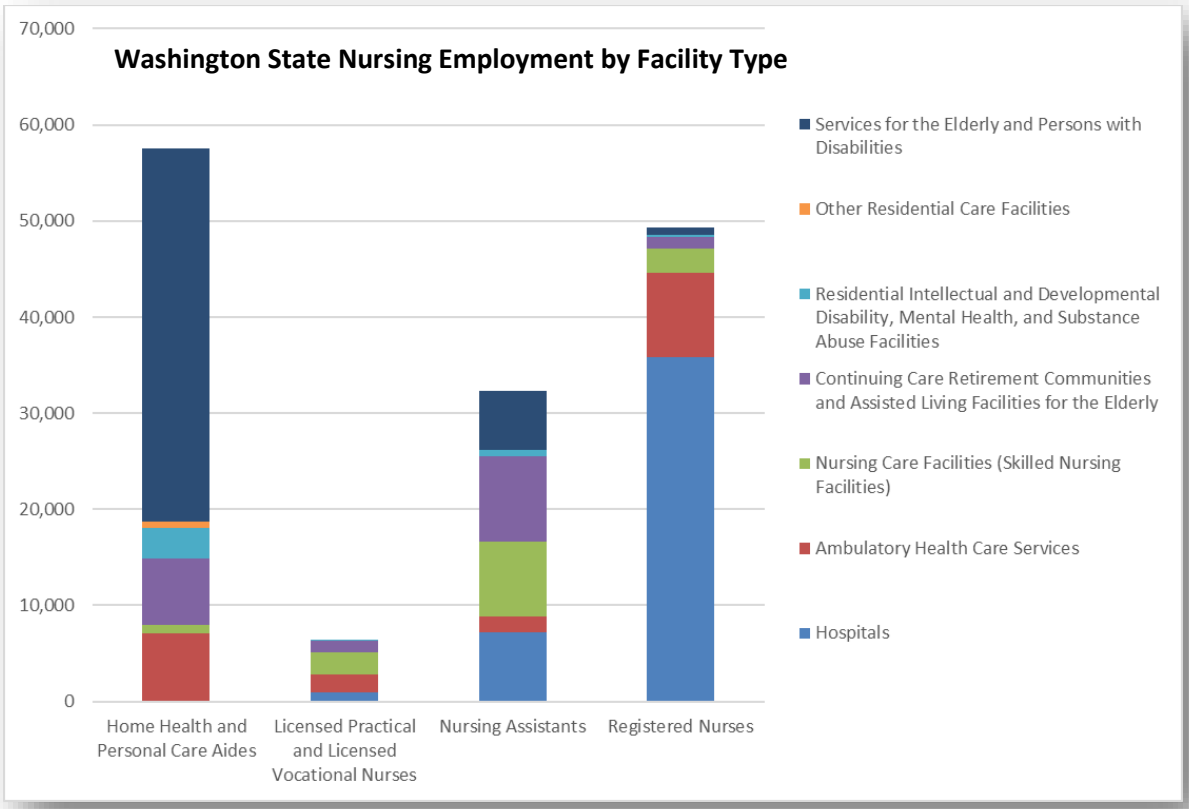


Figure 15. Washington state nursing employment by facility type shows the large number of HCAs, Personal Care Aides, and Nursing Assistants in LTC settings compared to licensed nurses; it also reflects the small size of the LPN workforce compared to the other professionals shown. Source: Occupational Employment Statistics (OES) survey, Bureau of Labor Statistics, May 2019.

Workforce Projections

The Workforce Training and Education Coordinating Board worked with regional development councils and the data workgroup to create a proof-of-concept dashboard that shows age demographics projections, LTC workforce projections, and LTC training pipeline projections. The charts below are included to show progress, but it is important to note that the dashboard images represent a proof-of-concept only. The information provided is for demonstration purposes, and has not yet been validated. The data workgroup expects to provide feedback to revise the charts in the future.

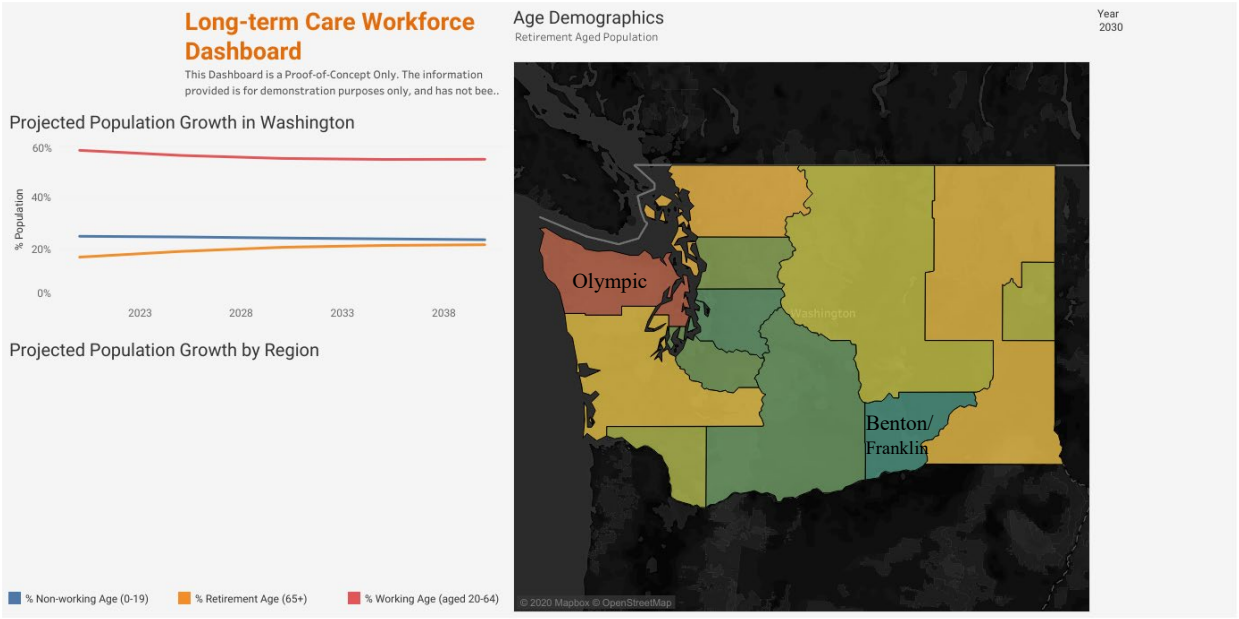


Figure 16. Age demographics projections. By 2030, the retirement age population (65+) will be 28% in the Olympic region (in orange, upper left) and 16% of the population in the Benton/Franklin region (in blue, lower central). The working age population is decreasing, the non-working age population (0-19) is unchanging as a percent of total population, and the retirement age population is increasing. Note: Data is not yet validated.

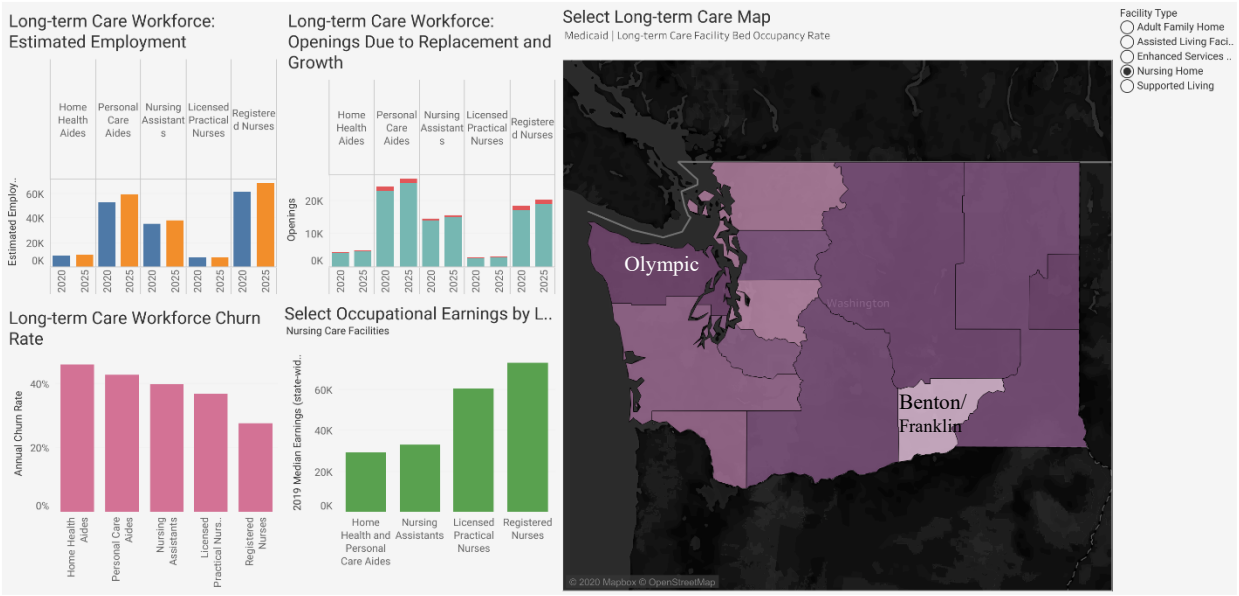


Figure 17. Workforce snapshot. Jobs are increasing for all nursing and personal care careers. There is significant churn in the industry, where 40% of nursing assistants leave their jobs in any given year. Earnings vary depending upon the setting type, and settings that pay less struggle more to attract and retain staff. SNF bed occupancy rates range from 50% in Benton/Franklin to 79% in the Olympic region. Note: Data is not yet validated.

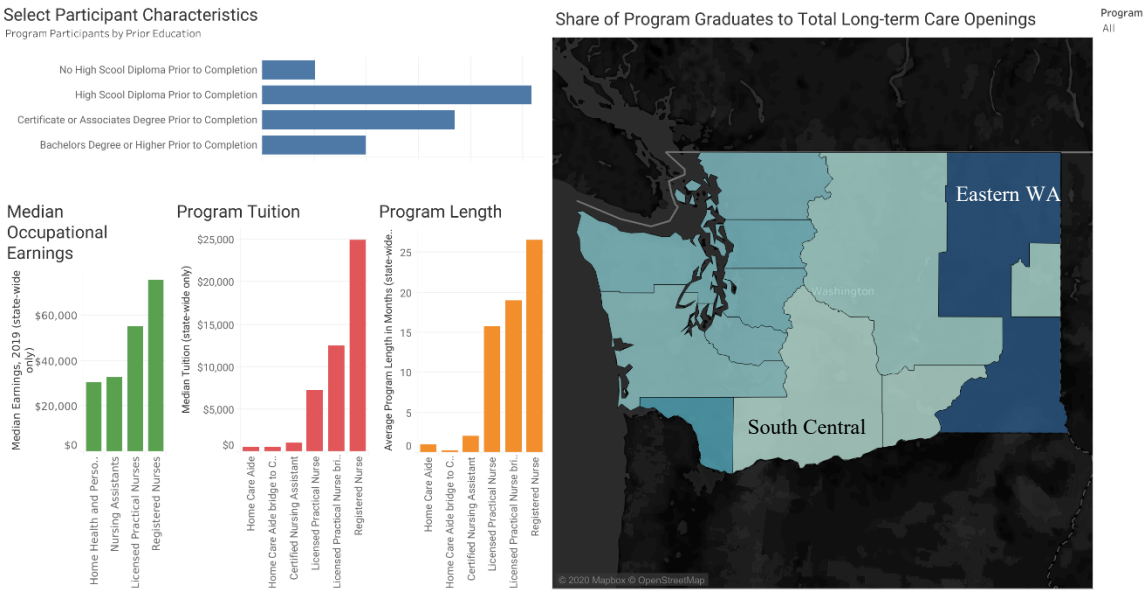


Figure 18. This dashboard shows data related to the nursing education to workforce pipeline. The charts on the left show characteristics of nursing students, education programs, and occupational earnings. The map on the right shows the share of program graduates to LTC openings for all clinical positions (HCA, NAC, LPN, RN). There is far more demand for clinical staff than our training programs are producing. In Eastern Washington workforce development area, there were 1,058 program graduates for 3,827 LTC employment openings. In contrast, the South Central region had 92 graduates for 6,116 job openings in 2019. More work remains to break the data down by license type. Note: Data is not yet validated.

Common Curriculum

Charge

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.

Activities and Analysis

The workgroup began its efforts by creating a crosswalk of federal and state requirements for NA training and found that state requirements reflect federal requirements and contain little in the way of extra training content—only CPR and the 7-hour HIV/AIDS requirement (which has since been eliminated for all health professions, effective June 2020). The workgroup determined CPR training could be completed flexibly—either within the core curriculum or separately through a CPR training provider prior to caring for clients or residents.

The workgroup developed a plan for integrating the existing Specialty classes (Mental Health, Developmental Disabilities, and Dementia) into the common curriculum. They compared the content of Specialty classes to federal and state requirements and discussed options for minimizing content redundancies and undue additions to training hours. They arranged for discussions with the agency leaders who oversee the Specialty curricula to identify the best approach for integration and achieved consensus to integrate Specialty classes in an "as is"

format, removing duplicative material from existing content where possible. They also agreed on key terms of use and an efficient single-agency process for approving instructors.

The workgroup reviewed sample curricula from a variety of program types, including those from other states. All followed federal requirements related to content. Most programs had a similar skills-based outlines designed to address requirements.

The Workgroup discussed different ways to approach curriculum development to meet federal requirements while also achieving a person-centered focus that would be engaging to students and easily internalized for application in day-to-day care. They determined the following:

- Using a relevant conceptual framework and a story/scenario-based format would be an effective approach for teaching and learning.
- Abraham Maslow's "Hierarchy of Human Needs" framework is widely used in nursing assistant textbooks, very familiar to nurse instructors, and could be effectively threaded through the curriculum to enhance content relevance and support an empathic, holistic approach to care.

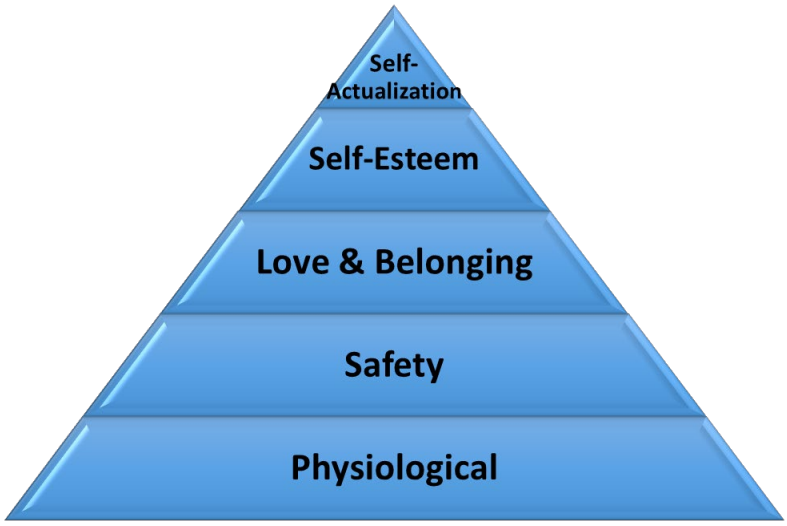


Figure 19. Maslow's Hierarchy of Human Needs.

- In tandem with Maslow's framework, threading stories and scenarios of diverse individuals through the curriculum could be an effective way for students to "make the leap" from addressing human needs generally to addressing individual needs specifically (person-centered care).
- The Workgroup identified the benefits of threading stories and unfolding scenarios through the curriculum:
  - ✓ They are engaging and interesting; people are able to remember and internalize stories and their lessons.
  - ✓ They reach the affective domain of learning, which tends to get neglected more than cognitive and psychomotor learning domains; the affective learning domain addresses values, beliefs, emotions, motivation—all key to ethical, professionally caring behaviors.

- ✓ They provide great opportunity to bring diversity into the curriculum (through introducing a variety of people, care settings, health conditions, situations, caregivers/ professions, etc.).
- ✓ They provide students with active practice at translating general care knowledge and concepts into person-centered care for diverse individuals.

The steering committee provided support for the curriculum proposal at its January 2020 meeting and previewed a sample unit framework at the May 2020 meeting, which included competencies, a topical outline, and related skills as well as the first well-developed character for curriculum stories and scenarios.

The May meeting also included discussion regarding potential pursuit of a legislative change to make Nurse Delegation (as it exists in community-based settings) more uniform across care settings. This discussion was pivotal to determining whether Nurse Delegation training would be included in the core NA curriculum. The steering committee deferred decision for further discussion; the curriculum's flexible, modular format can allow for integration at a later time.

Over the summer, the curriculum workgroup developed a preliminary draft of the Common Curriculum; they also participated in discussions with the Testing workgroup to begin the work of integrating a revised testing plan with the curriculum. After an August preview of the draft curriculum, both workgroups expressed enthusiasm at the possibilities for implementing the curriculum and thinking "outside the box" in terms of revisions to testing.

Over the fall, the workgroup will gain more feedback from workgroup members, steering committee members, and additional consultants as needed to refine and finalize the curriculum by June 2021, in accordance with legislative timelines.

Outcomes and Results

The Common Curriculum Workgroup's efforts have led to the following outcomes or results:

- An established plan to integrate all three Specialty trainings (Dementia, Mental Health, and Developmental Disabilities) into the standard curriculum. Highlights include:
  - ✓ The Specialty classes will be included fully intact within the NA curriculum;
  - ✓ Content addressed in the Specialty classes will be removed from the core curriculum to avoid redundant overlap;
  - ✓ Instructors can be approved by the NCQAC per usual processes, avoiding two separate approval processes by the NCQAC and DSHS; approved instructors are to teach the class within the NA program only and not as a stand-alone class;

- ✓ If they haven't already (many have), instructors will take the classes themselves prior to teaching the Specialty classes;
- ✓ If they haven't already (many have), instructors will also receive training on adult learning principles prior to teaching the Specialty classes.

- A completed preliminary draft curriculum is ready for review and refinement for on-time completion. Highlights of the curriculum include:
  - ✓ Using a holistic, person-centered approach and a cast of diverse, engaging characters' unfolding stories/scenarios to teach major concepts;
  - ✓ Addressing all federal content and skills requirements effectively and maintaining a unit structure that aligns with major nursing assistant textbooks and online resources;
  - ✓ Providing a clear, supportive framework that is based in educational theory and can be implemented flexibly by all program types using a variety of modalities;
  - ✓ Providing brief videos for use with the first unit to introduce Maslow's conceptual framework, the person-centered care approach, and the planned use of characters and the unfolding story/scenario format;
  - ✓ Threading five characters and their unfolding stories strategically through the units of the curriculum, which allows students to become familiar and tailor their care to their individual needs;
  - ✓ Recording an audio file for each character—paired with a photo[5] of each—so that characters tell their stories to students in a real, first-person voice;
  - ✓ Keeping character scenarios brief but powerful in terms of teaching core concepts;
  - ✓ Using a modular format so that content and characters/scenarios can be easily added, updated, or removed as needed; and
  - ✓ Creating supportive materials that can be applied in in-person or online formats or further developed into a fully online format.

The workgroup believes this approach will support the development of competent, empathic nursing assistants who will find meaning and dignity in providing quality care for others.

Testing

Charge

Establishing revised nursing assistant testing 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.

Activities and Analysis

The workgroup began by focusing on learning about the current state of NA testing in Washington and reviewed the process candidates navigate to register for a test date, which includes use of a candidate handbook, a testing website, and a testing customer service telephone line. They performed a readability analysis of candidate handbooks used in our state as well as those used in other states. They discussed perceived barriers to timely testing dates and improved

[5] *Photos are purchased stock photos for purposes of giving characters a realistic representation.*

pass rates; and they obtained firsthand input on the testing experience via a survey of a small group of certified NAs.

Through these activities, the workgroup found:

- Simplifying the registration process to test wherever possible would help candidates;
- A handbook with high readability and features to support effective use would be very helpful to candidates; and
- Average annualized pass rates for Washington indicate that >90% of candidates consistently pass the knowledge exam while pass rates for the skills exam are consistently much lower (70-72%), putting the overall pass rate for both exams on first attempt at 67-69%. In addition, first-time test-taker pass rates for HCA alternative/bridge program candidates and pass rates for the Spanish knowledge exam are consistently lower than for other candidates. The belief is that the work of this project will support improved pass rates through: changes to curriculum and testing; targeted adjustments to the alternative/bridge program; and implementation of additional language supports.
- Due to overall high pass rate of the knowledge exam and its recent change to the computer-based testing format, the main discussion for revisions focuses on skills testing.
- They could group identified barriers into three major categories: access to timely testing; navigation of testing information and processes; and pass rate issues.
- The workgroup expanded efforts to canvas information from other states. The workgroup identified major testing vendors, explored their websites and candidate handbooks further, and researched practices for providing language supports.

Through these activities, the workgroup found that the major vendors include: Headmaster, Pearson VUE, Prometric, and Red Cross. The workgroup also noted that some states do their own testing. Testing variations across states make direct comparisons difficult. For example, states may test different sets of skills or allow different amounts of time for testing; states also have different ways of looking at pass rates, such as listing written/oral and skills pass rates separately from one another vs. combined into a first-time test-taker pass rate (which includes only those that passed both parts of the test on first attempt). In terms of language supports in different states, the workgroup produced a written review of findings related to a variety of approaches used, including practices that may discourage access. The workgroup will develop final recommendations for language supports during its final phase of work.

Between June and September 2020, the workgroup's focus turned to previewing the draft curriculum as the first step toward the integration of curriculum and testing. The purpose of this final—and major—phase of work is to assure an efficient, cost-effective testing approach that integrates with the new common curriculum and assures competency.

Outcomes and Results

Access to Timely Testing

The workgroup identified access to timely testing as the number one priority for revisions to testing. The workgroup developed preliminary recommendations, some of which are now already in progress. Preliminary recommendations include:

- Offering the knowledge and skills exams separately with the knowledge exam available in a computer-based testing (CBT) format at multiple locations across the state. As noted previously, this recommendation has now been implemented and allows for access to the knowledge exam at 33 testing sites and will soon allow for secure in-home testing. CBT also supports efficient skills testing by allowing evaluators to focus their full day on and allowing candidates to schedule targeted test times (vs. dedicating their whole day).
- Increasing capacity for the number of students who can be skills-tested in a day. Possible solutions include:
  - ✓ Use of high-volume testing at dedicated sites with extended hours of operation; or
  - ✓ "Within program" testing at point of graduation using a network of external evaluators, which could eliminate delays between training and testing.
- Setting performance benchmarks for reducing cancellations of tests (i.e. site-initiated, vendor initiated, and student-initiated) and tracking performance to support identification and removal of barriers to achieving the benchmarks (already in progress); and
- Developing a voluntary "on call" candidate list of those willing to take a test slot on short notice when another candidate cancels.

Navigation of Testing Information and Processes

The workgroup developed detailed preliminary recommendations related to the navigation of testing information and processes, including:

- Assuring a simple process for registering for a test date through a multi-pronged approach:
  - ✓ Using easy web-based steps to register;
  - ✓ Creating an online video that walks users through the process;
  - ✓ Including test registration and scheduling as part of training programs and providing NA instructors with in-service education to support implementation; and
  - ✓ Assuring responsiveness and/or short wait times for emailed or telephoned questions.
- Use of a candidate handbook with helpful readability features:
  - ✓ Assuring readability statistics at a 6th to 8th grade reading level;
  - ✓ Providing of a "big picture" process map and overview at the beginning;
  - ✓ Including pictures/visual items/cues wherever possible;
  - ✓ Use of electronic navigation tools (for example, hyperlinking topics in the table of contents to direct text for "click on/go to" capability);
  - ✓ Developing additional language supports for a candidate handbook (specific recommendations are currently in-process);

- ✓ Including a brief introduction on "How to Navigate" the candidate handbook, possibly in video format; and
- ✓ Including a relevant, up-to-date "Frequently Asked Questions" section.

Pass Rates and Factors/Models for Positive Impact

Recommendations for revisions are preliminary—awaiting full integration with the Common Curriculum workgroup—and include:

- Using the best data and information available to identify:
  - ✓ Training program hours that deliver content efficiently while adequately supporting student success and competency; and
  - ✓ Specific adjustments to improve alternative/bridge program candidates' success (for example, adjusting training program hours, focusing on "gap" content in curriculum, and implementing additional language supports)
- Increasing testing time for English language learners;
- Providing adult education training for instructors with no teaching background;
- Providing skill demonstration videos as a resource for all students;
- Assuring direct linkage between the curriculum and skills testing so skill performance is driven by internalized rationale and key principles; and
- Assuring consistent training and monitoring of evaluators with remediation support as needed (already in progress).

The workgroup's recommendations in other areas are expected to support improved pass rates. For example, timely access to testing, the ability to take the knowledge and skills exams separately, and increasing language supports are expected to support improved pass rates.

Language Supports

Many recommendations the workgroup developed to improve candidates' navigation of testing information and processes can be considered language supports (for example, increased testing time and improved readability of materials and increased use of images, process maps, cues, and video-based guides).

As noted previously, the workgroup will use its comprehensive review of language supports in other states to finalize additional recommendations in this area.

Overall Testing Approach: Integration of the Common Curriculum with Testing

In a preliminary discussion about the draft curriculum, the workgroup expressed interest in the possibility of infusing characters' stories into testing, which would create a story- or scenario-based testing format to match the curriculum. This topic led to another preliminary discussion about the possibility of conducting "within program" skills testing through a network of trained evaluators; this approach would enable students to test at their program site at point of graduation, bringing evaluators to students instead of having students traveling to test sites.

The final recommendations that result from the integration work with the Common Curriculum workgroup are likely to be the most pivotal in terms of potential broad changes to testing. These recommendations will be included in the final report for this project.

SNF Staffing Models

Charge

Recommending requirements to improve skilled nursing facility staffing models and address deficiencies in resident care.

Activities and Analysis

Skilled nursing facilities in Washington state are currently required to provide 3.4 hours per resident day (HPRD) of direct care to residents, on average. They are required to have an LPN or RN on staff 24/7. About 15% of the SNFs are out of compliance with one or both of these requirements at any given time, due primarily to workforce issues in their geographic area, funding issues related to Medicaid reimbursement rates, and/or operational issues. According to DSHS, Medicaid bed days account for two-thirds of all paid days for nursing homes in Washington.

About 23 SNFs have closed or converted to assisted living facilities since 2017. This has reduced the number of nursing home beds by about 5-10%. Some of these closures, while painful, mirror the long-term trends in long-term support services (LTSS) to move away from 24/7 nursing care to other home and community settings.

The workgroup evaluated relevant CMS quality metrics to identify which ones might be related to staffing levels. Based on their expert opinion and research, they reviewed all relevant quality metrics currently collected by CMS to identify which ones might be directly or indirectly associated with staffing levels for short stay and long stay residents.

The workgroup identified measures that would potentially be more **directly** impacted by the addition or absence of direct hands-on caregivers (NACs) in the SNF setting. The actual number of minutes/hours of NAC staffing would have a greater impact related to hands-on care delivery including ADLs, toileting, nutrition, pressure sores, falls, etc.

Some additional measures could be argued to be **indirectly** affected by the addition or absence of direct hands-on caregivers (NACs) in a SNF setting. Multiple additional factors could affect these quality measures, including: the establishment of effective, systematic processes; available therapies; ongoing staff training; communication with and supervision of direct caregivers. These quality measures are more directly impacted by the presence or absence of professional nursing staff who can ensure implementation of assessment, plans, processes, evaluation, needed adjustments, and oversight. See *Table 1* and *Table 2* below for detailed recommendations.

The workgroup met monthly from September 2019 through January 2020. The workgroup discussed several aspects of SNF staffing models. The members expressed difficulty making any changes to requirements for staffing levels while there is a severe staffing shortage. The workgroup believes that work needs to occur to address the pipeline and projected shortages before any changes can be made to minimum required staffing levels.

Once the pipeline crisis has been addressed and it is possible to hire sufficient staff, the workgroup believes that any changes to minimum staffing levels should be made gradually, and should be attached to new funding.

The workgroup agreed to take a temporary hiatus in February 2020. Bill Moss, Assistant Secretary of DSHS is convening a subgroup to engage in direct conversation about staffing level requirements, in terms of both funding and minimum expectations.

The pandemic shifted all work to immediate crisis management, and other work on SNF staffing levels is currently on hold.

Outcomes and Results

- In 2019, DSHS requested $29 million to better align nursing facility Medicaid payment rates with facility operating costs. Funding was provided to increase rates in Fiscal Year 2021, but DSHS does not have the authority to continue with the rate alignment beyond FY21.
- The workgroup recommends that the LTC workforce staffing shortage/crisis be addressed before making any changes to minimum staffing levels at skilled nursing facilities. Many SNFs in Washington state are unable to consistently hire sufficient staff to meet the current minimum staffing levels of 3.4 HPRD of direct support, and some workgroup members feel that increasing the minimum without increasing the pipeline of available workers would only result in more SNFs out of compliance with existing regulations.
- The workgroup recommends a staged transactional approach that staggers increased rates, with increased staffing requirements to ensure facilities are able to afford, find, and retain workers before staffing requirements increase drastically.
- The workgroup recommends a limited number of short-stay and long-stay quality measures to ensure SNFs are providing quality care with their existing staffing levels. More research is needed to understand what levels might trigger additional staffing requirements.

Table 1. Short stay CMS quality metrics potentially related to direct care staffing levels

Short Stay Quality Measures	
Direct Measures	*Indirect Measures*
Percentage of SNF residents with pressure ulcers that are new or worsened (SNF QRP). Percentage of SNF residents who experience one or more falls with major injury during their SNF stay (SNF QRP).	Percentage of short-stay residents who were re-hospitalized after a nursing home admission. Percentage of short-stay residents who have had an outpatient emergency department visit. Percentage of short-stay residents who got antipsychotic medication for the first time. Rate of successful return to home and community from a SNF (SNF QRP).

Short Stay Quality Measures	
Direct Measures	*Indirect Measures*
	Percentage of short-stay residents who improved in their ability to move around on their own. Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF (SNF QRP).

Table 2. Long stay CMS quality metrics potentially related to direct care staffing levels

Long Stay Quality Measures	
Direct Measures	*Indirect Measures*
Percentage of long-stay residents experiencing one or more falls with major injury. Percentage of long-stay high-risk residents with pressure ulcers. Percentage of long-stay residents with a urinary tract infection. Percentage of long-stay residents whose need for help with daily activities has increased. Percentage of long-stay low-risk residents who lose control of their bowels or bladder. Percentage of long-stay residents who lose too much weight.	Number of hospitalizations per 1,000 long-stay resident days. Outpatient emergency department visits per 1,000 long-stay resident days. Percentage of long-stay residents who got an antipsychotic medication. Percentage of long-stay residents who have or had a catheter inserted and left in their bladder. Percentage of long-stay residents whose ability to move independently worsened. Percentage of long-stay residents who were physically restrained. Percentage of long-stay residents who have symptoms of depression. Percentage of long-stay residents who got an antianxiety or hypnotic medication.

Other factors should be considered when discussing mandatory staffing levels. Those factors could include overall resident acuity, levels of staff coordination, variable shift coverage (daytime, meals, nighttime), rate of staff turnover, and consistency of NAC-resident assignments.

Appendices

Legislative Charge (ESHB 1109)

(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.

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Project Organization and Stakeholders

Project Management Team

Project Management Role	Designated Individual
Project Executive	Paula Meyer, Executive Director
Project Lead	Kathy Moisio, Director of Nursing Assistant Programs
Steering Committee Chair	Tracy Rude, Nursing Care Quality Assurance Commission
Project Support	Janelle Sparks, Administrative Assistant
External Facilitator/Project Advisor	Porsche Everson, Relevant Strategies, LLC

Steering Committee Members

Most of the members below participated in the 2018 LTC Workforce Development group. ESHB 1109 authorized the Nursing Commission to add additional members to the steering committee, as needed. In 2018, home care, hospice, and palliative care sectors were not included in the charge, nor represented on the committee. The 2019-21 steering committee includes representation from these long-term care services. Since nursing assistants play a crucial role in all of these areas, their inclusion is imperative while considering future changes. The Nursing Commission also added a certified nursing assistant and a family caregiver/consumer of long-term care services to the steering committee to provide valuable first-person perspective. Finally, the Nursing Commission invited a representative from the Developmental Disabilities Administration to join the committee. These additions to the steering committee round out gaps identified during the initial 2018 work.

Designated Individual	Representing
Tracy Rude, Steering Committee Chair	Nursing Care Quality Assurance Commission
Abby Solomon (Sending Sheena Tomar when unable to attend, representing Service Employees International Union or SEIU)	Representative of largest statewide Home Care Workers Union
Candace Goehring	Assistant Secretary of Aging and Long-Term Support Administration (ALTSA) of the Department of Social and Health Services, or designee

Designated Individual	Representing
Carolyn McKinnon	Executive Director of the Washington State Board for Community and Technical Colleges, or designee
Cheryl Sanders (Sending Vicki Lowe when unable to attend)	American Indian Health Commission
Doris Barret	Department of Social and Health Services Administration, Developmental Disabilities Administration
Representative Eileen Cody (Sending Thea Bird when unable to attend)	Chair of House Health Care and Wellness Committee or designee
Jody Robbins (Sending Evan Hamilton when unable to attend)	Member of the Washington Apprenticeship and Training Council (Department of Labor & Industries)
John Ficker, Executive Director (Sending Karen Cordero when unable to attend)	Representative of the Adult Family Home Council of Washington
Josephine Antonio	Cornerstone Healthcare Services (Nursing Assistant-Certified)
Julie Ferguson	Advanced Healthcare, Washington Private Duty Association
Kristin Peterson (Sending Trina Crawford when unable to attend)	Representative from the Health Systems Quality Assurance Division of the Department of Health
Laurie St. Ours (Representing the Washington Healthcare Association or WHCA)	Representative of largest statewide Assisted Living and Skilled Nursing Facilities Association
Leslie Emerick (Representing Washington State Hospice & Palliative Care Organization; Home Care Association of Washington; and Washington Home Care Association)	Representative of In-Home Service Providers

Designated Individual	Representing
Pamela Pasquale (Representing the Washington State Nurses Association or WSNA)	Representative of largest statewide nursing agency
Patricia Hunter	Washington State Long-Term Care Ombuds, or designee
Sheri Shull	Family Caregiver/Consumer of LTC Services
Senator Steve Conway (Sending Kimberly Lelli when unable to attend)	Chair of Senate Health and Long-Term Care Committee, or designee

Workgroup Membership

Data Workgroup Core Members	
Designated Individual	**Representing**
Chair: John Ficker	Adult Family Home Council of Washington
Amy Murray	Nursing Care Quality Assurance Commission
Carma Matti-Jackson	Washington Healthcare Association
Dave Wallace	Workforce Training and Education Coordinating Board
Donna Goodwin	Home Care Association of Washington
Helen Myrick	Nursing Care Quality Assurance Commission
Katherine Smith	Service Employees International Union
Mike Anbesse	Department of Social and Health Services
Trina Crawford	Department of Health, Health Systems Quality Assurance
Vicki Elting	Washington State LTC Ombuds

Data Workgroup Consulting Members	
Designated Individual	**Representing**
Bea Rector (or Brad McFadden)	Department of Social and Health Services
Carolyn McKinnon	State Board of Community and Technical Colleges

Common Curriculum Core Members	
Designated Individual	**Representing**
Chair: Vicki McNealley	Washington Healthcare Association
Christine Morris (or Adora Brouillard)	Department of Social and Health Services
Dan Ferguson	State Board of Community and Technical Colleges
Doris Barret	Department of Social and Health Services-Developmental Disabilities Administration
Gerianne Babbo	Nursing Care Quality Assurance Commission
Glenna Wickett	Brookdale Senior Living
Laura Hofmann	Leading Age
Laura Newberry	Aegis Living
Leslie Emerick	Washington State Hospice & Palliative Care Organization; Home Care Association of Washington; and Washington Home Care Association
Common Curriculum Consulting Members	
Designated Individual	**Representing**
Amy Persell	Service Employees International Union
Anne Richter	Department of Social and Health Services

Jen Graves	Kaiser Permanente
Jordan Shepherd	Labor & Industries
Josephine (Josie) Antonio	Cornerstone Healthcare Services
Liz Coleman	Workforce Training and Education Coordinating Board
Marianna Goheen	Office of Superintendent of Public Instruction
Mary Baroni	Nursing Care Quality Assurance Commission
Mary McKinney	Avamere Health Services

Testing Core Members	
Designated Individual	**Representing**
Chair: Julie Ferguson	Advanced Healthcare, Washington Private Duty Association
Anne Richter	Department of Health and Social Services
Ashley Winkle	Cornerstone Healthcare Services
Elena Madrid	Washington Healthcare Association
Karen Cordero	Adult Family Home Council
Sandra Graham	Nursing Care Quality Assurance Commission
Tracy Rude	Nursing Care Quality Assurance Commission
Testing Consulting Members	
Designated Individual	**Representing**
Amy Persell	Service Employees International Union

Carolyn McKinnon (or appointee)	State Board of Community and Technical Colleges
Josephine Antonio	Cornerstone Healthcare Services
Liz Coleman	Workforce Training and Education Coordinating Board
Marianna Goheen	Office of Superintendent of Public Instruction

SNF Staffing Models Core Members	
Designated Individual	**Representing**
Chair: Bill Moss (or Peter Graham as alternate)	Department of Health and Social Services
Adam Canary	Nursing Care Quality Assurance Commission
Bett Schlemmer	Department of Health and Social Services
Brad Forbes	National Alliance on Mental Illness
Deb Murphy	Leading Age
Jim Straub	Service Employees International Union
Maricor Lim	Providence Health & Services
Patricia Hunter	Washington State LTC Ombudsman
Robin Dale	Washington Healthcare Association
Sandra Hurd	Avamere Health Services
Tami Hollingsworth	Washington LTC Ombudsman
Tod Dunfield	Regency Pacific
SNF Staffing Models Consulting Members	
Designated Individual	**Representing**
Bill Ulrich	Washington Health Care Association

Bonnie Blachly	UW Washington Bothell
Danielle Cruver – Invited Guest, Possible Consult	Office of Financial Management
Evan Hamilton – Consulting Member	Labor & Industries
Kate Gormally – Consulting Member	Providence Health & Services
Maria Hovde – Invited Guest, Possible Consult	Senate Ways and Means Committee
Mary Mulholland – Invited Guest, Possible Consult	House Appropriations Committee
Margaret Diddams	Service Employees International Union
Nick Federici	Service Employees International Union

Data Catalog Development

Table 3. Three columns of the data catalog showing sources, categories, and a brief description of available data sources that the workgroup pursued to provide insight into LTC workforce training, testing, certification, and projections.

Data File or Source	Category	Brief Description/Status
DOH-HSQA	Testing	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)
DOH-HSQA Credentialing Unit	Certification	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 credentialed HCAs and NAs.
DSHS	Training	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).
Nursing Commission Nursing Licensure Pass Rates	Testing	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.
Nursing Commission Annual Nursing Education Report	Training	Nursing program graduates by type of program, faculty demographics and statistics are available through the annual report and include trending analysis.
Nursing Commission Annual Report – Nursing Assistants	Testing	Pass rates overall and by program type are available, including a 5-year look-back for trending.

Data File or Source	Category	Brief Description/Status
Nursing Commission Annual Report – Nursing Assistants	Training	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.
Office of Employment Security (OES) Databook	Workforce Projections	Employee counts & wages by occupation code. Available statewide or by Metropolitan Service Ares (MSA).
Office of Superintendent of Public Instruction	Training	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).
Service Employees International Union	Training	Information is available as part of the aggregate data in the Health Workforce Council Report for 2019, found at: https://www.wtb.wa.gov/wp-content/uploads/2020/01/2019-Health-Workforce-Council-Report-Final.pdf; information is also available re: the number of students trained, their demographics, locations of trainings held, etc.
Standard Occupation Classification System	Workforce Projections	Definitions of occupation codes used by Occupational Employment Statistics (OES) can be used to see what employees are included/excluded in the data set.
State Board of Community and Technical Colleges	Training	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
Workforce Education and Training	Training	Program-specific data are available via Career Bridge for private vocational programs and for college-based

Data File or Source	Category	Brief Description/Status
Coordinating Board		programs; WTB is willing to run aggregate reports for us based on a refined request (in progress)

Data Findings Related to Training, Testing, and Certification

KEY: HCA = Home Care Aide; **IP** = Individual Provider; **NA** = Nursing Assistant; **MA** = Medical Assistant; **MACE** = Medication Assistant Certification Endorsement; **LPN** = Licensed Practical Nurse; **RN** = Registered Nurse; **ADN** = Associate Degree in Nursing; **BSN** = Bachelor of Science in Nursing; **RNB** = Registered Nurse (or ADN) to Bachelor of Science in Nursing; **ALF** = Assisted Living Facility; **AFH** = Adult Family Home

Training Data				
Training Program Type	**Sub-Type (if any)**	**Data Source**	**Description of Available Data**	**Data/Notes**
HCA	75-Hour	DSHS	• # of standard HCAs completing training through the SEIU 775 Training Partnership by year • # of facility programs (ALF, AFH) • # of community instructors (by county, zip code, & total)	• **5,893** standard HCAs completed training in 2019 via the SEIU 775 Training Partnership • **109** ALF programs; **19** AFH programs • **81** community instructors for HCA in **18** counties (map available); **383** community instructors for all DSHS program types
DSHS Training Programs	All Types	DSHS	• # of community instructors approved (not broken down by program type) • Program ownership—# and % owned by individuals who self-identified as disabled, minority, veterans, women • # of program applications received and timelines	• **125** community instructor applications were received in 2019 (not broken out by type) • Of **336** community instructors with ownership contracts: **74%** self-identified as disabled **(3%),** minority **(25%),** veterans **(3%),** or women **(43%)** • **985** program applications received in 2019; timeline to process estimated as: ✓ **2-5 weeks** for instructor-led programs; **1 week** includes processing of the contract ✓ Vast majority use DSHS curriculum ✓ **5 weeks to months** for entities submitting customized curriculum, depending on complexity of curriculum (i.e. 5-hour class versus 75-hour class)
HCA	Basic Training 70	SEIU	• # of IPs currently working (by provider category [standard HCA, all others])	• **52,909** IPs currently working; **32, 419** standard HCAs; **20,490** others • **5,908** HCAs/IPs trained in 2019 (**5,893** standard HCAs, **15** others) • **40-60** active instructors at any given time • **45** cities where training was scheduled in 2019

Training Data				
Training Program Type	**Sub-Type (if any)**	**Data Source**	**Description of Available Data**	**Data/Notes**
			• # of HCAs/IPs trained by year (by provider category [standard HCA, all others]) • # of instructors • List of cities where training was scheduled by year • Education level and race/ethnicity of HCAs/IPs • Language and county of HCAs trained in benefits group)	• Demographic data on education level, race/ethnicity, language, and county is available and being converted to a spreadsheet format for usability, graphs, etc.
NA	Traditional, Bridge, MACE	NCQAC	• # of programs by county broken down by type of training • % of programs by type of entity operating (skills center, college, nursing home, private, etc.) • # of new program applications (per month/year) • Timelines for review of new program application • # of personnel applications (per month and year) • Timelines for review of personnel applications	• As of late July 2020, there are **200** nursing assistant training programs in **33** counties in Washington (map available) • Of the **200** programs, there are **161** Traditional (or full length) programs; **22** HCA Alternative/Bridge programs; **11** MA Alternative/Bridge programs; and **6** Medication Assistant Certification Endorsement (or MACE) programs. • Based on a February 2020 "snapshot," **32%** of NA training programs = Private, **25% =** Nursing Home, **23%** = Colleges, **15%** = Skills Centers, **3%** = Hospitals, and **1%** = Other • These are tracked and presented to the Commission at every meeting (every other month). The number was steadily increasing from 2017-2019 before dropping off due to COVID-19. • New programs opened include: **14** in 2017, **28** in 2018, and **32** in 2019. The breakdown by program type is available. • The most popular are Traditional and HCA Alternative/Bridge as reflected in the 2019 numbers: **25** Traditional, **5** HCA Alternative/ Bridge, **0** MA Alternative/Bridge, and **2** MACE programs opened. • **11 days** was the average number of business days from receipt of the program application to evaluation response in 2019 (performance benchmark is ≤ 30 days)

Training Data				
Training Program Type	**Sub-Type (if any)**	**Data Source**	**Description of Available Data**	**Data/Notes**
				• **325** applications were received in 2019 for program directors and instructors • **1 day** was the average number of business days from receipt of the application to evaluation response (performance benchmark ≤ 5 days) • Program list is maintained here.
LPN		NCQAC	• # of programs by city • # of graduates from all LPN programs (aggregate) • Faculty race/ethnicity data (aggregate) • Faculty level of education (aggregate)	• **6** programs in **5** counties in Western Washington (Pierce, Kitsap, King, Snohomish, ad Whatcom); **1** program in the development process in Eastern Washington (Yakima county) • Based on the 2020 report produced by the NCQAC, the number has trended downward for the four years from the 2014-15 academic year through the 2017-18 academic year (totaling **352, 293, 264,** and **226**, respectively over those four years). A very slight increase occurred in the 2018-19 academic year (to **232** graduates) • Percent race/ethnicity for faculty data in the 2020 NCQAC report were not broken down by nursing program type; instead data include all levels of nursing education programs. The percentages are as follows: Mixed race (**1%**), Hispanic/Latino (**3%**), Native Hawaiian/Other Pacific Islander (**0%**), Black/African American (**5%**), Asian (**7%**), American Indian/Alaskan Native (**1%**), White/Caucasian (**83%**) • The data in the 2020 NCQAC report were not broken down by nursing program type; however, data for community and technical colleges were separated from university programs, which is helpful since no LPN programs are currently based in the university setting: **66%** of nursing faculty in community and technical colleges hold a master's degree; **8%** hold a doctorate. • Program list is maintained here.
RN	ADN BSN RNB	NCQAC	• # of programs by city • # of graduates from all RN programs (aggregate)	• **25** ADN programs available in **18** counties; **19** are based in Western Washington, and **6** are based in Eastern Washington

Training Data				
Training Program Type	**Sub-Type (if any)**	**Data Source**	**Description of Available Data**	**Data/Notes**
			• Faculty race/ethnicity data (aggregate) • Faculty level of education (aggregate)	• **12** BSN programs available in **7** counties; **7** are based West of the mountains, and **5** are based in Eastern Washington • **17** RNB programs available in **14** counties; **8** are based West of the mountains, and **6** are based in Eastern Washington • Based on the 2020 report produced by the Nursing Commission, the ADN program graduates have trended downward overall over the last 5 academic years (2014-15 through 2018-19, respectively, there have been **1712, 1633, 1741, 1506**, and **1548** graduates. The number of traditional BSN program graduates trended downward over the same five years: **1283, 967, 937, 978**, and **872**. The RNB program graduates have increased dramatically in this 5-year period, however: **536, 718, 987, 1319,** and **1191**. • Percent race/ethnicity for faculty data: Same as listed in LPN section • Faculty level of education: Same as listed in LPN section • The program list is maintained here.

Testing Data				
Training Program Type	**Topic**	**Data Source**	**Description of Available Data**	**Data/Notes**
HCA *75-Hour*	Pass Rates	DOH	• Knowledge exam pass rates (aggregate) • Knowledge exam pass rates by language • Skills exam pass rates (aggregate)	• 2017 Knowledge: 7512/7710 = **97.4%** • 2018 Knowledge: 8126/8376 = **97%** • 2019 Knowledge: 8011/8273 = **96.8%** • Note: Knowledge exam is available in **13** languages besides English; a breakdown of pass rates by language is available. For 2017-2019, **84.7%-86%** of Candidates tested in English; pass rates for Candidates taking a non-English knowledge exam ranged **89%-91.6%** for 2017-2019; between **1.4%-1.9%** used interpreter services.

Testing Data				
Training Program Type	**Topic**	**Data Source**	**Description of Available Data**	**Data/Notes**
				• 2017 Skills: 7002/9190 = **76.2%** • 2018 Skills: 7884/9771 = **80.7%** • 2019 Skills: 7485/9664 = **77.5%**
HCA *75-Hour*	Test Sites	DOH	• Number of Regional Test Sites • Number of In-Facility Test Sites	• **21** Regional Test Sites per website (updated 9/2019) • **5** In-Facility Test Sites • Website is found here.
HCA *75-Hour*	Timelines	DOH	• Standard expected timelines are established • DOH Program Manager indicates the vast majority are scheduled to test within 4 weeks of the testing vendor's receipt of the applicant's authorization to test from DOH	• By Day 7: DOH receives training confirmation • By Day 14: DOH verifies eligibility to test; sends testing authorization to vendor • Day 15-29: Testing Window (English, no ADA accommodation(s)) • By Day 28: Vendor sends applicant a test date (English, no ADA accommodations) • Day 42-56: Testing Window (non-English, ADA accommodation(s)) • By Day 42, Vendor sends applicant a test date (non-English and/or ADA accommodations
NA *Traditional Bridge*	Pass Rates	NCQAC	• A breakdown of separate pass rates for each part of the exam (knowledge and skills) is available (and provided in the next column); the breakdown allows for better comparison with HCA pass rates. • Average annualized 1st-time test-taker pass rates (those who pass both the knowledge and the skills test on first attempt) • Additional breakdowns are done for an annual report and are available (by	• 2017 Knowledge: 7542/8128 = **92.8%** • 2018 Knowledge: 7301/7900 = **92.4%** • 2019 Knowledge: 7483/8080 = **92.6%** • 2017 Skills: 5708/8122 = **70.4%** • 2018 Skills: 5554/7914 = **70%** • 2019 Skills: 5790/8090 = **71.6%** • 2017 Pass Both 1st Time: 5389 = **66.8%** • 2018 Pass Both 1st Time: 5277 = **67%** • 2019 Pass Both 1st Time: 5475 = **68.2%** • 2017-2019 Spanish Knowledge: 31/50 = **62%**

Testing Data				
Training Program Type	**Topic**	**Data Source**	**Description of Available Data**	**Data/Notes**
			program type and by type of operating institution) • Pass rates for the Spanish knowledge exam are available	
NA *Traditional Bridge*	Test Sites	NCQAC	• Number of test sites for skills portion of the test • Number of test sites for the computer-based written (or oral) portion of the test (see note in next column)	• **108** Test Sites Total for skills testing (Traditional, HCA Bridge, and MA Bridge): ✓ **23** Regional Test Sites (RTS) ✓ **85** In-Facility Test Sites (INF) • **33** Test Sites for computer-based tests (see notes in next column) • Note: As of September 2020, the written (or oral) test for all other forms of nursing assistant testing are provided in a computer-based format in 33 testing centers across Washington; by October 1, 2020, secure computer-based testing from home will be available. • Note: MACE is computer-based with no skills component and occurs via a network of testing centers; no access issues noted to-date for this exam
NA *Traditional Bridge*	Timelines	NCQAC	• Standard expected timelines for test dates at Regional Test Sites (RTS) are established • Data tracking on actual timelines for test dates at Regional Test Sites slated for 2020 has been hampered by COVID-19 (since testing was suspended)	• The performance expectation is a **≥90%** success rate for Candidates who test at an RTS site to have a choice for a RTS test date in 25 days or less when registering • The performance expectation for testing events is that scheduled events are held **≥95%** of the time (for events that are not cancelled due to too few candidates scheduling).
LPN	Pass Rates	NCQAC	• The nationally-accepted benchmark for practical nurse exam pass rates is 80%, which is also used in Washington	• 2017 Knowledge: 462/495 = **93.3%** (National = 83.9%) • 2018 Knowledge: 353/377 = **93.6%** (National = 85.9%) • 2019 Knowledge: = 366/395 = **92.7%** (National = 85.6%)

Testing Data				
Training Program Type	**Topic**	**Data Source**	**Description of Available Data**	**Data/Notes**
				• NCLEX PN is computer-based with no skills component • Pass rates by program can be found here:
LPN	Test Sites		• The NCLEX is provided through the National Council of state Boards of Nursing (NCSBN)	• NCLEX PN is computer-based with no skills component; no access issues have been noted to-date for this exam • The NCLEX is provided at 5 strategically-placed testing centers in Western and Eastern Washington with additional availability in bordering locations
LPN	Timelines		• Students are able to obtain a testing date within 30 days of graduation consistently	• NCLEX PN is computer-based with no skills component; test sites exist in key locations across the state and bordering locations; no timeline issues have been noted to-date for this exam • If timelines exceed goal, more testing centers are opened
RN *ADN* *BSN* *RNB*	Pass Rates	NCQAC	• The nationally-accepted benchmark for registered nurse exam pass rates is 80%, which is also used in Washington	• 2017 Knowledge: 2334/2611 = **89.4%** (National = 87.1%) • 2018 Knowledge: 2353/2587 = **91%** (National = 88.3%) • 2019 Knowledge: 2213/2442 = **90.6%** (National = 88.2%) • NCLEX RN is computer-based with no skills component. • Pass Rates by program can be found here:
RN *ADN* *BSN* *RNB*	Test Sites	NCQAC	• The NCLEX is provided through the National Council of state Boards of Nursing (NCSBN)	• NCLEX RN is computer-based with no skills component; no access issues have been noted to-date for this exam • The NCLEX is provided at 5 strategically-placed testing centers in Western and Eastern Washington with additional availability in bordering locations.
RN *ADN* *BSN* *RNB*	Testing Time-lines		• Students are able to obtain a testing date within 30 days of graduation consistently	• NCLEX RN is computer-based with no skills component; test sites exist in key locations across the state; no timeline issues have been noted to-date for this exam • If timelines exceed goal, more testing centers are opened

Certification/Licensing Data				
Training Program Type	**Topic**	**Data Source**	**Available Data**	**Data & Notes**
HCA *75-Hour*	Time-lines	DOH	• Timelines available for applications from "completed" to "issued" (or last date of contact to 1st issuance date). • Timelines available from "pending" to "completed" (application date to last date of contact, which reflects the wait time for application deficiencies to be met, exams to be completed, and/or criminal background check issues to be resolved). • Average number of days between graduation and first exam date are available.	• Jan-June 2019: From completed to issued = **13 days** average • July-Dec 2019: From completed to issued = **11 days average** • Jan-Dec 2019: From pending to completed = **180 days average** (Note: HCAs must apply prior to completing training and the exam) • Average Time Between Graduation and first exam date: **82 days**
NA *Traditional Bridge*		NCQAC	• Timelines available for applications from "completed" to "issued" (or last date of contact to 1st issuance date). • Timelines available from "pending" to "completed" (application date to last date of contact, which reflects the wait time for application deficiencies to be met, exams to be completed, and/or criminal background check issues to be resolved).	• Jan-June 2019: From completed to issued = **25 days average** for NAC; **8 days average** for NAR • July-Dec 2019: From completed to issued = **28 days average** for NAC; **10 days average** for NAR • Jan-Dec 2019: From pending to completed = **46 days average** for NAC; **15 days average** for NAR
LPN		NCQAC	• Nursing license timelines • COVID-19 impact on timelines • NCQAC now has significant workforce and demographic data on nurses in Washington state due to the requirement added in recent years for	• Nursing licenses are normally issued within 2-5 business days. • The first reports compiling and analyzing LPN and RN data were presented in an NCQAC meeting in July 2020. Efforts are underway with stakeholder collaboration to use these data for action in to address priority needs and gaps; priorities most related to this project include: Distribution of ARNPs, RNs, and LPNs in long term care; and race, ethnicity, and gender diversity in the nursing workforce.

Certification/Licensing Data				
Training Program Type	**Topic**	**Data Source**	**Available Data**	**Data & Notes**
			nurses to provide this information with license renewal.[6]	The links to reports and analysis of data to include in the table can be found here.
RN		NCQAC	• Nursing license timelines • COVID-19 impact on timelines • During COVID-19, there have been delays; timelines have been up to 3 weeks in some cases. • NCQAC now has significant workforce and demographic data on nurses in Washington state.[4]	• Nursing licenses are normally issued within 2-5 business days. • During COVID-19, there have been delays; timelines have been up to 3 weeks in some cases. • The links to reports and analysis of data to include in the table can be found here for RNs and here for ARNPs.

[6] *Workforce and demographic data includes numbers of nurses at each level, educational level, work setting, age, geographic location, race/ethnicity).*

Background

Mission and Vision

Mission

To address recognized needs within the LTC workforce by identifying data sources and using data effectively; making recommended revisions to training and testing; and identifying staffing models for skilled nursing facility care that meets the needs of its residents.

Vision

Washington state residents will have access to quality services provided by qualified and available nurses and nursing assistants in long-term care. Workers will have opportunities for career progression in long-term care settings.

Project Ecosystem

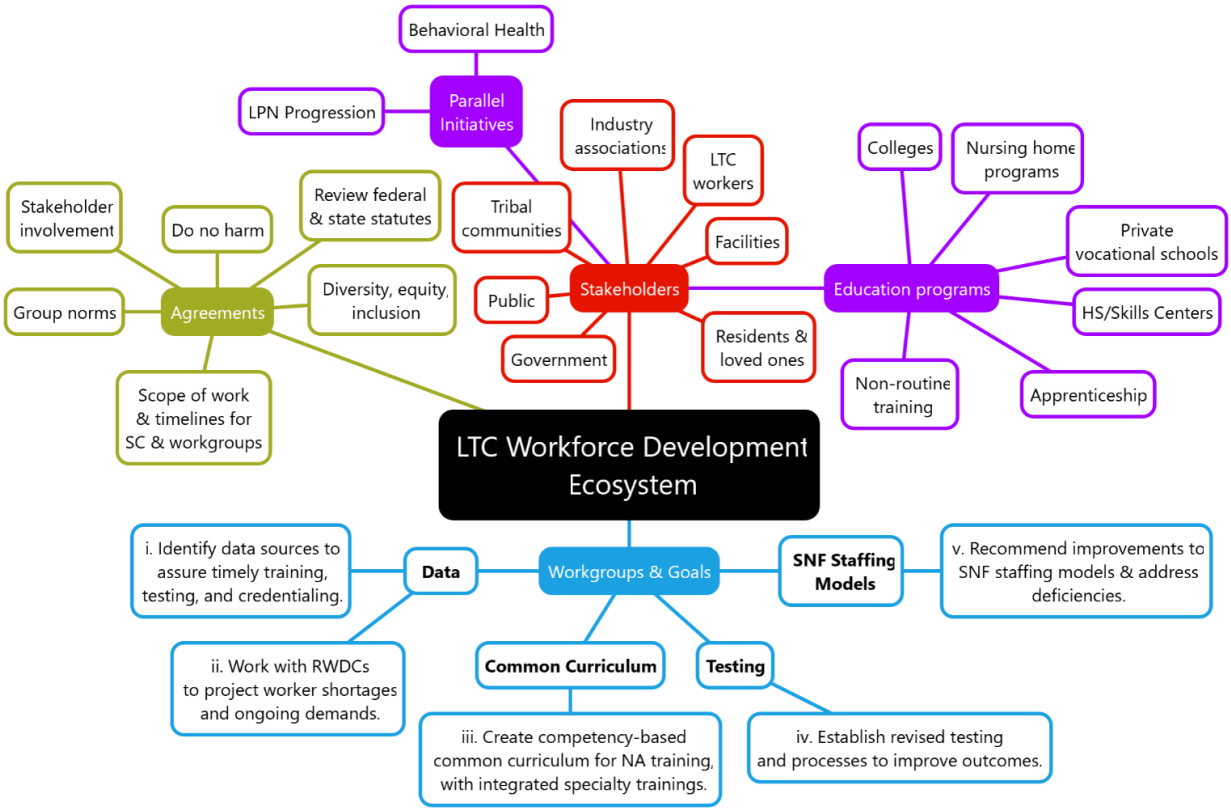

Figure 1. Project map that shows stakeholder groups, workgroups, goals, and agreements.

Stakeholders, Parallel Initiatives, and Education Programs

Stakeholders for this project include LTC workers, industry associations, long-term care facilities, tribal communities, government, residents and loved ones, and the public. Education programs are also major stakeholders since many types of organizations provide nursing assistant education, including vocational schools, colleges, high school skills centers, nursing homes, hospitals, apprenticeship-like programs such as Job Corps programs, and programs that receive

credit for providing equivalent education and training (i.e. nursing education programs and military health care training programs).

There are other several other parallel initiatives in Washington related to this project. Behavioral health and LPN progression workgroups (identified in the ecosystem map above) hold a significant relationship to this project, and both initiatives contain members of the LTC Workforce Development Steering Committee or workgroups. The stakeholders for this project are particularly connected with the efforts of the LPN progression workgroup and have been collaborating to create a seamless apprenticeship pathway for home care aides (HCAs) and nursing assistants to progress into nursing.

Workgroups

The legislative charges are divided into four major focus areas with a workgroup formed for each area: Data, Common Curriculum, Testing, and SNF Staffing Models. In addition to attending steering committee meetings three times per year—which have transitioned to an online format due to COVID-19—the workgroups typically meet monthly, via an online meeting platform, to address their assigned goals. The workgroups have continued efforts to address the legislative charges thoroughly and have made significant progress even amidst the COVID-19 pandemic.

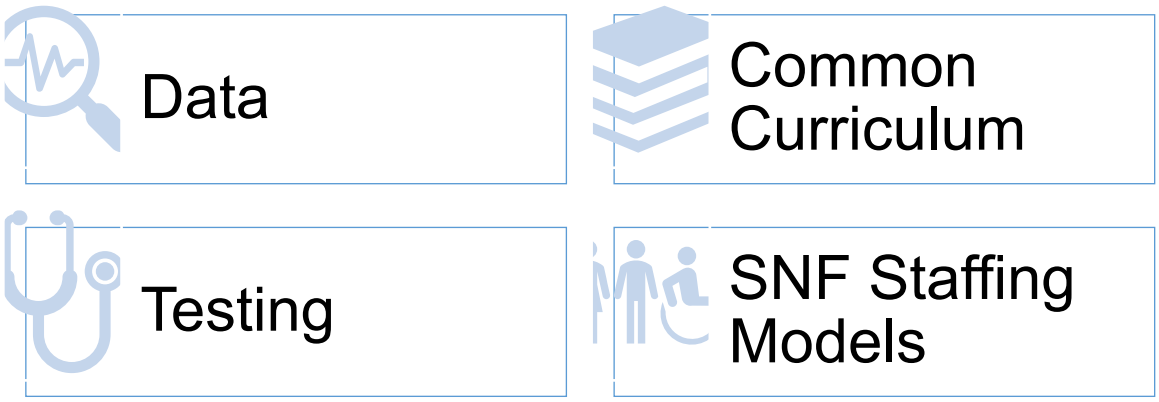

Figure 2. Four workgroups are addressing detailed recommendations and proposed plans.

The workgroups are chaired by steering committee members (or their appointees) and are listed in the membership tables in the appendix. Members include other steering committee members, their appointees, and other selected stakeholders with subject matter expertise. The project management team provided a fair balance of stakeholder interests on the workgroups. The workgroups may add other people as needed, to provide expert counsel and advice.

The workgroups identify detailed and balanced plans, content, and recommendations for consideration by the full steering committee. The workgroups do not have delegated authority for decision-making on behalf of the steering committee.

Project Plan

The steering committee meets every four months. The steering committee oversees and guides the work of the four workgroups. In the original plan, workgroups had time during each of the steering committee meetings for in-person work sessions as needed; all work transitioned to an online format for the May 2020 steering committee meeting onward. Between steering committee meetings, the workgroups have monthly web conferences to complete their work. Interim reports are due in November 2019 and November 2020, respectively. Since the project continues through June 2021, NCQAC will issue a final report by June 30, 2021.

High-Level Timeline/Schedule

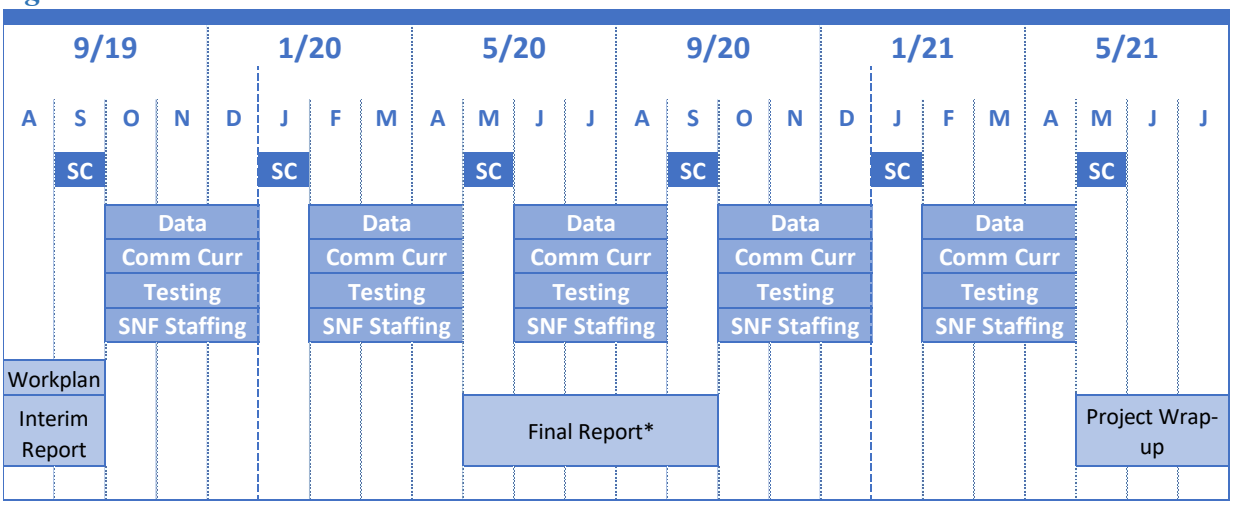

Figure 3. Timeline showing work of the steering committee (SC) and workgroups.

**Since the due date for the final report is not optimal, we have requested to add a final report in 2021.*

Steering Committee Session Activity Plans

The steering committee includes a deep dive on a selected topic at each of the six planned sessions. Although each session lists a major topic area for the deep dive, that topic does not represent the entire focus of the meeting. Each major topic is addressed during each steering committee meeting. The first session in September 2019 included an orientation and progress update of events occurring since the conclusion of the first LTC Workforce Development group in 2018. Subsequent sessions have focused on the topics associated with the legislative charges of this project.

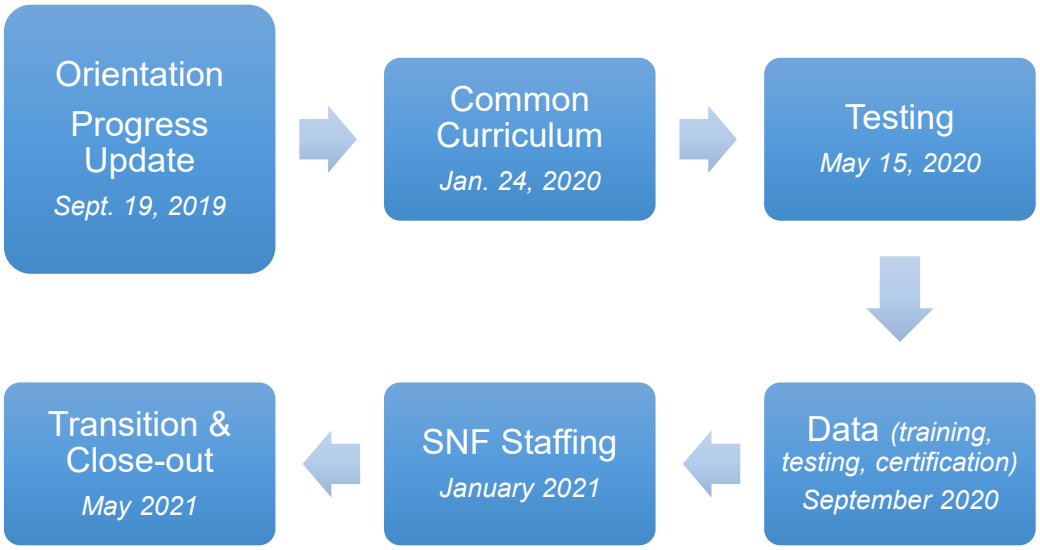

Figure 4. Major topics and timeline for the steering committee's work.