

Long-term Care Workforce Development Final Report

2019 BUDGET PROVISIO ESHB 1109
NURSING CARE QUALITY ASSURANCE COMMISSION
JUNE 2021

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Executive Summary

This final report summarizes the activities of the Long-Term Care (LTC) Workforce Development Steering Committee, initiated by the passage of Engrossed Substitute House Bill [ESHB 1109](#) (PDF, see page 173). Through these activities, the Steering Committee aims to act on four key recommendations from their previous work in 2018, initiated by Engrossed Substitute Senate Bill [ESSB 6032](#), (PDF, see page 217).

The overall purpose of the project is to develop the LTC caregiving and nursing workforce to meet the current and future care needs of the public. The four specific charges include:

- 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.
- Creating a competency-based **common curriculum** for nursing assistant training that includes knowledge and skills relevant to current nursing assistant practices; integrates specialty training on mental health, developmental disabilities, and dementia; and removes or revises outdated content.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.
- 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.
- Recommending requirements to improve skilled nursing facility **staffing models** and address deficiencies in resident care.

This work is important because:

- Our total population over 65 reached 17% in 2020 and is expected to grow to 22% by 2030. The Washington State Office of Financial Management projects that super-seniors aged 85 and older will grow from approximately 140,000 in 2020 to nearly 400,000 in 2040.¹ Twenty-two percent of super-seniors need help with personal care tasks, which is more than double the percentage for adults aged 75-84 (9%) and more than six times the percentage for adults ages 65-74 (3%).²
- There are significant barriers for LTC workforce entry and retention. Nursing assistants and home care aides provide the bulk of care in LTC settings. Entry into this field requires significant training compared to other fields, followed by a challenging testing and certification process. Wages are not competitive considering other settings, like hospitals, have better reimbursement rate mixes that allow for better pay for nursing

¹ <https://ofm.wa.gov/washington-data-research/population-demographics/population-forecasts-and-projections/state-population-forecast>

² Administration on Aging: <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf>

assistants. Non-competitive wages translate to chronic staffing challenges, which—in turn—have a negative impact on retention.

- Meeting the care needs of the public now and into the future requires an ample, qualified, and stable LTC workforce. Developing a strong LTC workforce requires sustained, multi-pronged, strategic efforts.

This project represents one beginning effort that brought together a diverse, cross-sector [Steering Committee](#) to address four key areas related to LTC workforce development. The Steering Committee formed four workgroups, one to address each area in-depth.

- Data
- Common Curriculum
- Testing and Certification
- Skilled Nursing Facility (SNF) Staffing Models

All four workgroups achieved major successes through this project. Highlights are shown below. See the [Interim](#) and [Progress](#) reports for additional detail on the work completed.

Summary of Outcomes

Data

- Identified and obtained 2019 data from over a dozen federal, state, and private sector sources related to LTC workforce.
- Prepared a high-level summary describing the data (data catalog).
- Integrated the data sources into a preliminary data dashboard with a supplemental detailed data table.
- Engaged with Regional Workforce Development Councils and the Workforce Training and Education Coordinating Board to examine and understand the data and geographic variations; began to identify ways to strengthen the workforce pipeline for LTC workers.
- Socialized and developed an HCA-NAC-LPN³ apprenticeship program, wrote two grants (pending decisions), and successfully won legislative funding for a planning year prior to piloting the program.

Curriculum

- Developed a person-centered common curriculum for nursing assistants that meets all federal and state requirements, and centers the person receiving care as an individual deserving of respect, compassion, understanding, and autonomy. This is a marked shift from legacy curricula that focus on procedures and diagnoses.
- Built enthusiasm for adopting the new curriculum from training partners across the state by regularly seeking advice and including them in the development of the materials.
- Produced professional quality curricular materials, with instructional supports, audio-visual components, and digital/printable content.
- Planned for pilot testing for the curriculum, expected to occur in Fall 2021.

³ Home care aide—nursing assistant certified—licensed practical nurse.

- Worked closely with the Testing workgroup to link planned revisions for testing to the new curriculum.
- Incorporated three specialty trainings into the basic curriculum – mental health, dementia, and developmental disabilities.
- Achieved total program training hours that are near current program averages, even with the incorporation of 32 hours of specialty trainings. The total estimated hours for the new curriculum, including specialty training, is 138 hours; the average hours for existing programs, not including specialty training, is 136.7.
- Achieved training program hours that fall within the 150-hour limit for federal reimbursement to nursing home training programs.
- Analyzed and revamped the HCA alternative/bridge program to articulate fully with the new common curriculum for traditional nursing assistant training, which supports smooth progression of experienced HCAs. Additional training hours for this program were carefully designed to provide essential content and support improved pass rate averages. Pass rate averages for the HCA alternative/bridge students have been lower than those for traditional students over several years.

Testing

- Established computer-based testing for the knowledge portion of the NAC test, replacing paper and pencil proctored exams, and significantly reducing the amount of time it takes for a student to learn their results.
- Arranged for 33 test sites across the state for the knowledge exam (although COVID-19 has impacted capacity in accordance with public health guidelines).
- Decoupled the knowledge exam from the skills exam (both are still required), which increases scheduling flexibility, allows students to target their test times more precisely, and reduces waiting time between parts of the exam for students.
- Established revisions needed to improve navigation of testing information and processes, which have historically presented barriers for students. Planned revisions include accessible, easy-to-use web-based steps to register; video guidance to walk students through the process; a testing handbook with readability statistics at a 6th to 8th grade reading level; and incorporation of registering and testing into training programs.
- Worked with the Curriculum workgroup to establish revisions to testing to assure integration of testing with the new person-centered curriculum to support improved pass rates and consistency in evaluation. The focus of revisions is on skills testing, where pass rates have been more of a challenge for test-takers. Examples of planned revisions include:
 - Story or scenario-based testing of skills structured around a realistic resident care scenario.
 - A holistic evaluation approach that emphasizes three basic principles with regards to providing care successfully: resident safety; infection control; and resident rights.
- Established revisions to increase access to testing and reduce costs. The proposal includes shifting to virtual evaluation of skill competency to occur within students' training

programs by a network of external evaluators at point of graduation. This shift will remove the gap of time between training and testing as well as time and travel costs for students and evaluators (although it will require an initial investment in technology).

- Analyzed available language supports for testing nationally and established revisions to strengthen language supports in Washington. Examples include increased use of images, process maps, cues, and video-based guides; assuring better readability of materials; and highlighting availability of existing web-based translation capabilities.
- Planned for these testing revisions to be negotiated and phased in through the upcoming vendor contracting cycle (July-December 2021)

SNF Staffing

- Explored several staffing models and factors that could be used to determine necessary staffing rates.
- Pivoted at the start of the pandemic and diverted resources to the emergency response effort, including an emergency staffing program to deploy workers to facilities in crisis.
- Currently exploring the establishment of minimum NAC staffing levels, a model that is dependent upon having an adequate workforce and the ability to compete in the wage market.
- Developed and supported legislative requests to better align nursing facility Medicaid payment rates with facility operating costs.

Update: COVID-19 Impact and the Testing Backlog

The devastating impact of COVID-19 on LTC and its longstanding staffing challenges was discussed in our [previous report](#).

As noted in the report, the Steering Committee and workgroups not only continued their efforts throughout the pandemic but capitalized on their cross-sector relationships to problem-solve to continue meeting the needs of LTC care recipients and staff under very challenging circumstances.

One area where problem-solving occurred was how to keep a steady stream of LTC workers entering the field during COVID-19. For nursing assistants, this involved pivoting quickly to a live online model for classroom training combined with virtual skills practice and an on-the-job learning model for clinical training.

While creative solutions allowed for entry into the workforce, there were no such remedies for state certification exams. The testing system was completely shut down for five months due to COVID-19 and has re-opened slowly and at significantly reduced capacity to assure safety. Because there are strict federal and state timelines for LTC workers to achieve certification, everyone involved in this project has worked hard to request waivers and extensions and develop emergency rules to enable LTC workers to continue working beyond usual timelines throughout the pandemic—a time when their help has been needed more desperately than ever.

Fast forward to the present and a major issue now is how to get students through the testing and certification processes. The testing system for HCAs and nursing assistants (NAs) is back-logged

to unprecedented levels. Yet, post-pandemic, LTC workers will need to complete testing and certification requirements to be able to continue working. For nursing assistants, an estimated 5,000 have completed training but still need to test for certification. Without implementing a large-scale approach, testing all 5,000 nursing assistants in the backlog while keeping up with current students' testing needs—even at 100% capacity—would take approximately 18 months.

The major concern with the testing backlog has been the potential for federal and state waivers to expire before the backlog is cleared, which would remove non-certified LTC workers from the workforce. The stakeholders in the Steering Committee and workgroups are very relieved to report that ESHB 1120 passed during 2021 legislative session. ESHB 1120 extends training, testing, and certification timelines at the state level, allowing for efforts to work through the backlog beyond the declared state of emergency. Washington Department of Social and Health Services (DSHS), the Nursing Care Quality Assurance Commission (NCQAC), and stakeholders are working to identify the best plan to help all LTC workers meet requirements with no interruption in their ability to work, which would be disastrous for care recipients and LTC workers alike.

The impending expiration of the federal waiver allowing nursing assistants-registered (NARs) to work past the 120-day limit in nursing homes remains a major concern. The federal Centers for Medicare and Medicaid Services (CMS) recently communicated that they will reinstate the 120-day limit (or re-start the clock) the day the declared national emergency ends. If the pace of testing is not significantly increased, many NARs working in nursing homes will be unable to continue working 120 days after the declared national emergency ends. This situation represents a pending crisis where many working NARs could be pulled from the floor, unable to provide direct care in nursing homes across the state.

As a result, the NCQAC has worked with stakeholders to prepare two large-scale proposals to address the nursing assistant testing backlog:

The first is a “mass examination plan” that proposes partnering with 12-15 college nursing programs across the state to use the large computer labs and nursing skills labs on campus to coordinate and implement mass testing events on weekends over 1-2 months. This plan requires an infusion of resources to implement—but could clear the backlog completely. To date, funding resources have not been obtained, but options are being explored actively.

The second plan is to work with LTC employers to identify specifically how many working NARs they have who need to take the state exam. Testing events can then be planned for geographic areas in high-volume clusters, bringing evaluators directly to facilities, if possible, or to targeted locations nearby. This plan is underway as of April with a survey out to all LTC employers. The work of targeting testing locations and coordinating events is now underway.

While the first option of a “mass examination plan” is optimal and would work through the backlog more quickly, the second option requires fewer resources and can help to begin working through the backlog by prioritizing NARs working in LTC and coordinating testing events carefully by timeline requirements. The goal, of course, is keeping all NARs in the workforce

until certified. This is a tall order and may not be completely achievable without employing the higher volume “mass examination plan.”

Clearly, we cannot afford to lose a single LTC worker in any care setting due to an inability to meet testing and certification timelines.

Legislative Activity

Legislative activity in the 2021 session that stemmed directly or indirectly from the work of the Steering Committee included the following bills:

Table 1. Legislation directly or indirectly related to the LTC Workforce project charge.

Legislation	Description	Passed	Not Passed
ESHB 1120	Concerning state of emergency operations impacting long-term services and supports.	X	
SHB 1124	Concerning nurse delegation of glucose monitoring, glucose testing, and insulin injections.		X
HB 1275	Concerning nursing facility Medicaid rate rebasing, inflation, and case mix.		X
SSB 5294	Concerning the creation of statewide epidemic preparedness and response guidelines for long-term care facilities.		X
SHB 1218	Improving health, safety, and quality of life for residents in long-term care facilities.	X	
ESHB 1197	Concerning health care decisions made by a designated person.		X
SSB 5311	Adjusting the skilled nursing Medicaid rate methodology.		X
ESSB 5229	Concerning health equity continuing education for health care professionals.	X	
ESSB 5092	Inclusion of \$450K for the planning of the HCA-NAC-LPN Apprenticeship Pathway.	X	

Legislative Recommendations for Continued Improvement

Large-scale systems change is complex and takes time. More work lies ahead. There are a few key recommendations for the legislature to consider to move this important work forward.

- As an immediate need, support efforts to reduce and eliminate the testing backlog for HCAs and NACs caused by the COVID-19 pandemic; and explore the possibility of using emergency COVID-19 funds to do so.

- As a longstanding and ongoing need, increase Medicaid reimbursement rates for SNF staffing to support competitive wages in LTC to improve recruitment and retention; adjust annually based on facility operations costs.

Recommendations stemming directly from the work of the Steering Committee include:

- Support an apprenticeship pathway for HCA-NAC-LPN career progression beyond the initial one-year planning effort. Such a pathway addresses the significant gap between HCA and NA training and entry into the nursing profession (where advancement to RN and beyond becomes possible) and supports greater diversity in nursing.
- Support efforts to enable efficient virtual/remote skills testing to test 8,000-10,000 NA candidates each year, after the backlog is addressed.
- Prioritize data collection and analysis related to LTC workforce needs and trends. One way to do this is to fund an ongoing LTC data analyst position to regularly source the 12+ data sources and track LTC workforce needs and development.
- Provide support for developing the common curriculum to a quality online format to support better access to training and to enable rapid, flexible entry into the profession by all.
- Explore the possibility of using emergency COVID-19 funds for some of these recommendations, given the impact of COVID-19 on long-term care and its relevancy to the work of the Steering Committee.

Eliminate the Testing Backlog

As stated previously in the report, the testing backlog is massive and needs to be addressed to assure that all LTC workers can remain in the workforce until they are able to complete testing and certification processes.

Again, the NCQAC has been working actively on two options to resolve the pending crisis. Both require an infusion of resources to implement. The “mass examination plan” requires more resources but is optimal because it can clear the backlog within a matter of approximately two months. The back-up option requires fewer resources but requires more time and may not be able to test all LTC workers within the timelines required to prevent an interruption in their ability to work. See the [Update: Covid-19 Impact and the Testing Backlog](#) on page 7 for the details of each testing option.

Competitive Wages/Reimbursement Rate Increases

Low Medicaid rates have been cited as a factor contributing to nursing home closures in Washington over the last two years. A rate increase is necessary to maintain access to this vital service for many elderly and disabled adults who require 24-hour skilled nursing care.

Nursing homes serve approximately 9,500 Medicaid clients. Medicaid bed days account for two-thirds of all paid days for nursing homes in Washington – by far the biggest market segment. During calendar year 2018, six skilled nursing facilities closed or transitioned to a different license type. Five additional facilities have closed in 2019, with three or four more announcing possible closures. Several have cited low Medicaid rates as a factor in their decision to close.

Low Medicaid rates make it difficult for nursing homes to hire and retain qualified caregiving staff, such as certified nursing assistants, licensed practical nurses, and registered nurses.

A major tenet in establishing nursing home rates is consideration of facility costs. Every two years, the cost components of the nursing home rates are adjusted based on the price of providing care. Informing these adjustments are detailed cost reports prepared by nursing home providers. However, the cost reports used to set nursing home rates are two years old by the time the rebase adjustment is made. For example, rates set for July 1, 2018 through June 30, 2020, were based heavily on costs incurred in calendar year 2016. This creates a situation where the nursing home rates being paid are based on cost information that is two to four years old, resulting in a significant difference between the Medicaid costs incurred by nursing facilities and the Medicaid rates paid in a given year. Based on information provided in the detailed cost reports provided by nursing homes for calendar year 2018, DSHS Aging and Long-Term Support Administration (ALTSA) estimates that approximately 192 out of 208 nursing facilities reported Medicaid costs in excess of the Medicaid rate.

The state may begin experiencing difficulty placing clients in a nursing facility as more facilities close or are unable to serve additional residents on Medicaid. Certain geographic areas or specific populations may be more difficult to place if nursing facilities serving those areas are unable to serve additional residents on Medicaid and keep their operations afloat.

Apprenticeship Pathway

There is strong interest among all stakeholder groups to develop an HCA-NAC-LPN apprenticeship pathway for career progression. Prior to full-scale, statewide implementation of such a model, work to plan and develop the model is needed, followed by piloting to evaluate and refine the model.

On a positive note, the 2021 legislative budget includes funding for planning the pathway over the next year. Funding support is needed for piloting and broader implementation phases.

This work is critical because it supports continued employment in LTC by certified HCAs and NACs while they train for a higher-wage, higher-skilled LPN position—gaining economic ground in tangible increments. Advancing from NAC to LPN in Washington can mean a 68.5% salary increase from \$32,567 to \$54,869 annually.⁴ If the student goes on to pursue a registered nurse license—which is less difficult once initial nursing licensure has been achieved—then average annual salary can jump another 37.7% to \$75,535.⁵

Compared to the licensed nurse population, the certified HCA and NAC populations are much more racially and ethnically diverse. An HCA-NAC-LPN apprenticeship provides a missing pathway for entry into the higher-wage nursing workforce by a diverse population as a matter of equity and social justice.

⁴ Washington Office of Financial Management (OFM) Occupational Employment Statistics, 2019.

⁵ OFM Occupation Employment Statistics, 2019.

Virtual Skills Testing

In-person skills testing requires time and travel on the part of students and evaluators and is scheduled individually for each student after they finish training, creating a gap of time between graduation and testing. The pandemic has shown the world the efficiencies that can be gained through transitioning in-person activities to a virtual platform. The Testing workgroup proposes a move to virtual evaluation of skills within training programs at point of graduation. Success in this endeavor will require an investment in design, technology, and piloting prior to full implementation.

Ongoing LTC Data Analysis

There is strong consensus that ongoing LTC data analysis is needed, dedicated to the complex intricacies of LTC workforce needs and development. This requires a cross-disciplinary approach and someone who can source data from multiple sources; assess, validate, and integrate the data; and create meaningful charts and narrative to:

- Provide an accurate depiction of the LTC Workforce;
- Define more accurately the pipeline and staffing needs for LTC;
- Provide advice for intervention;
- Evaluate interventions; and
- Identify and respond to trends over time.

The workgroup discussed where a LTC data analyst position should be housed, and considered Washington Department of Health (DOH), NCQAC, DSHS, and the Workforce Training and Education Coordinating Board (WTB). Ultimately, the group felt it would be the best fit for the position to be at the WTB.

Online Curriculum

The pandemic has taught us how important it is to be able to offer both online and in-person training. Online training, whether synchronous or asynchronous, needs interactivity to be more than just a self-study exercise. The new common curriculum is structured for in-person training but includes online-capable components that require additional development to create a dynamic online experience for students that would better match the in-person experience for the classroom/theory portion. Developing an online delivery system would allow more people to receive training quickly and flexibly and could reach people in rural areas more easily. The workgroup anticipates that an online system could be connected to the HCA-NAC-LPN apprenticeship pathway to streamline progression into nursing.

Overall

The Steering Committee recommends exploring the possibility of using emergency COVID-19 funds to address the testing backlog as well as the other recommendations where possible, given the impact of COVID-19 on long-term care and its relevancy to the work of the Steering Committee.

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.

Accomplishments

The major outcomes of the workgroup include:

- A data catalog (See the [2020 Progress Report](#) for an excerpt);
- A preliminary data dashboard to capture what is known about workforce shortages and ongoing demand;
- Charts and tables showing data findings related to training, testing, and certification for HCAs, NAs, LPNs, and RNs; and
- Establishment of connections with the Regional Workforce Development Councils (RWDCs) for support in LTC workforce development. Two specific areas where work together is occurring include:
 - Efforts to secure funding for the development and implementation of an HCA-NAC-LPN apprenticeship program; and
 - Efforts to use data to target employment sites where LTC workers may need outreach and assistance to complete certification exams (which were delayed significantly due to COVID-19).
- Demonstration of the need for a full-time data analyst dedicated to LTC to:
 - Provide an accurate depiction of the LTC workforce;
 - Define more accurately the pipeline and staffing needs for LTC;
 - Make decisions for intervention;
 - Evaluate interventions; and
 - Identify and respond to trends over time.
- Communication to the legislature of the need for a full-time LTC data analyst through the Steering Committee's last report and through a presentation to the Senate Health & Long-Term Care Committee on January 27, 2021.

Below is a sample of the data identified by the Data workgroup that shows trends in the LTC workforce, aging population, and some of the challenges associated with addressing the pipeline issues.

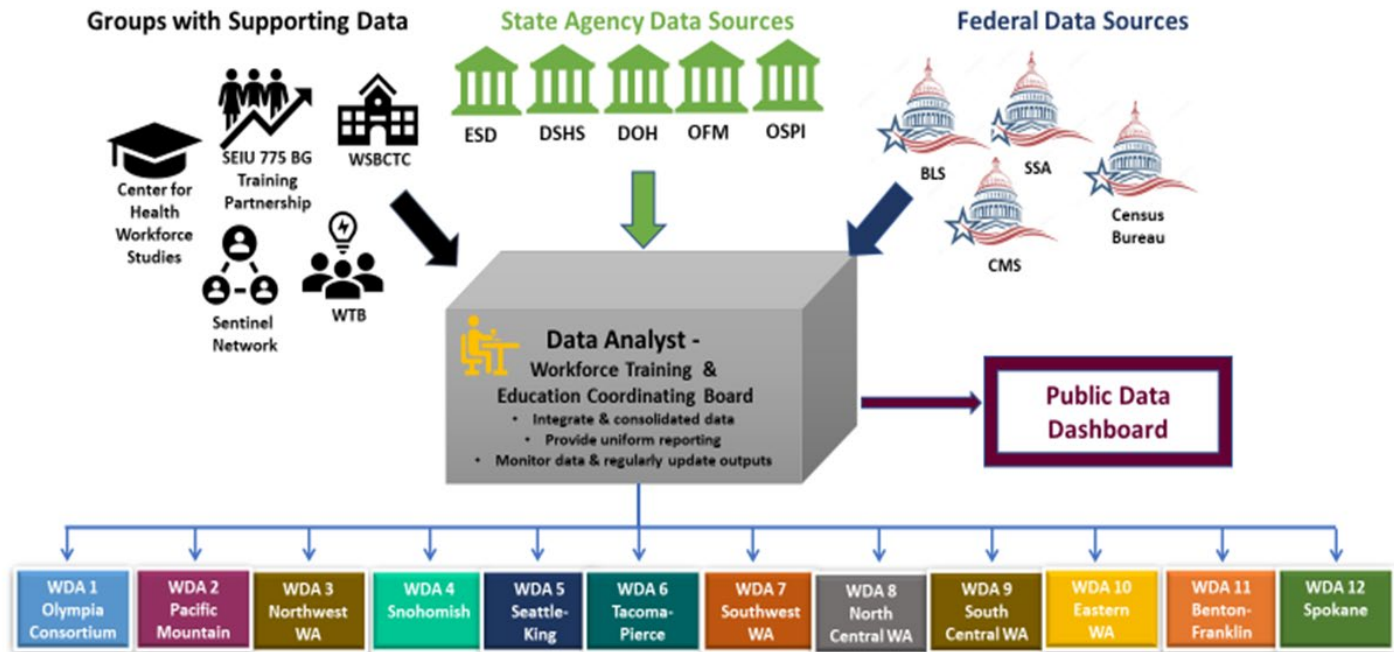


Figure 1. LTC workforce-related data sources identified and obtained by the Data workgroup. This infographic highlights the data complexity and the importance of having a dedicated data analyst to obtain, integrate, and disseminate data.

Number of actively Credentialed NARs and NACs (combined) (2014-2020)

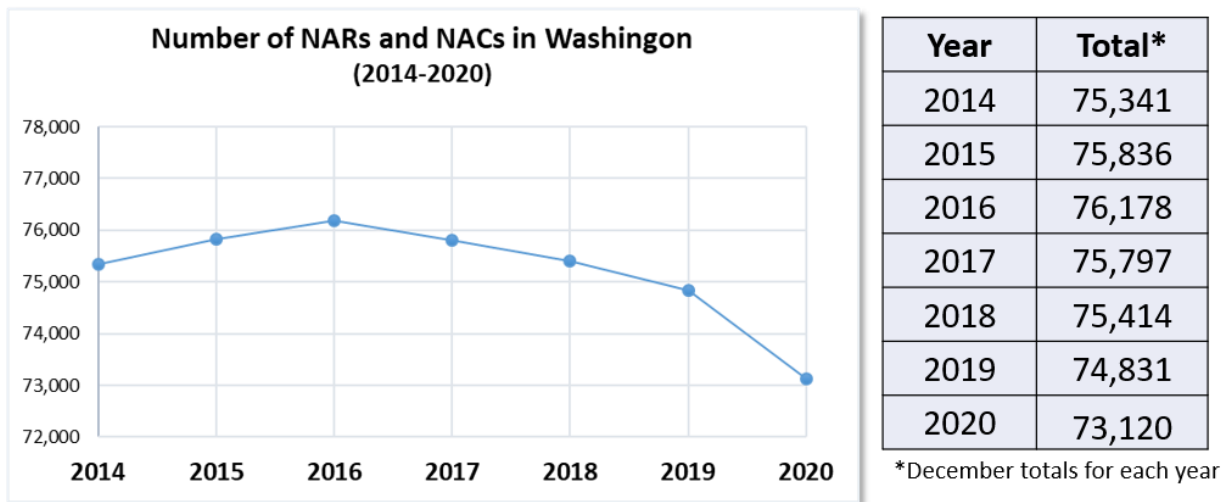
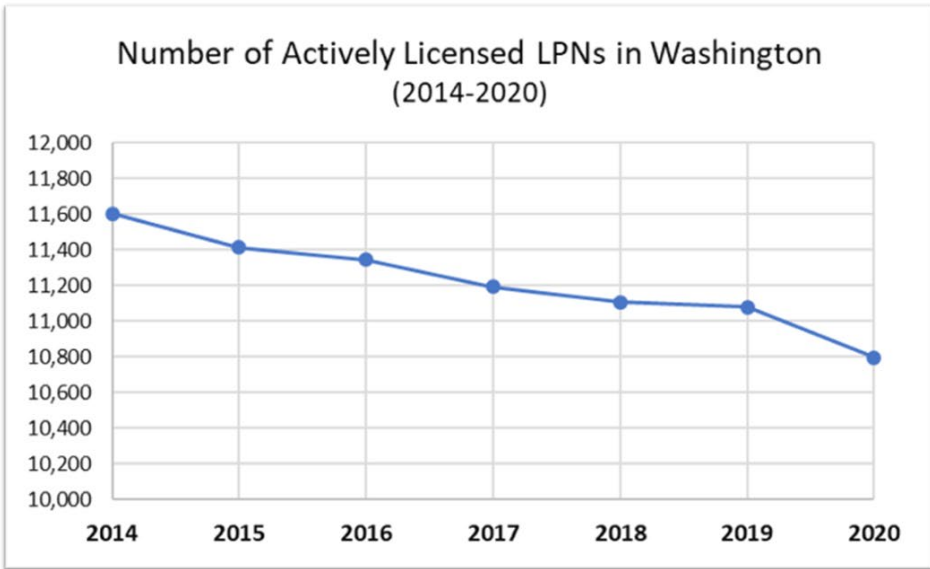


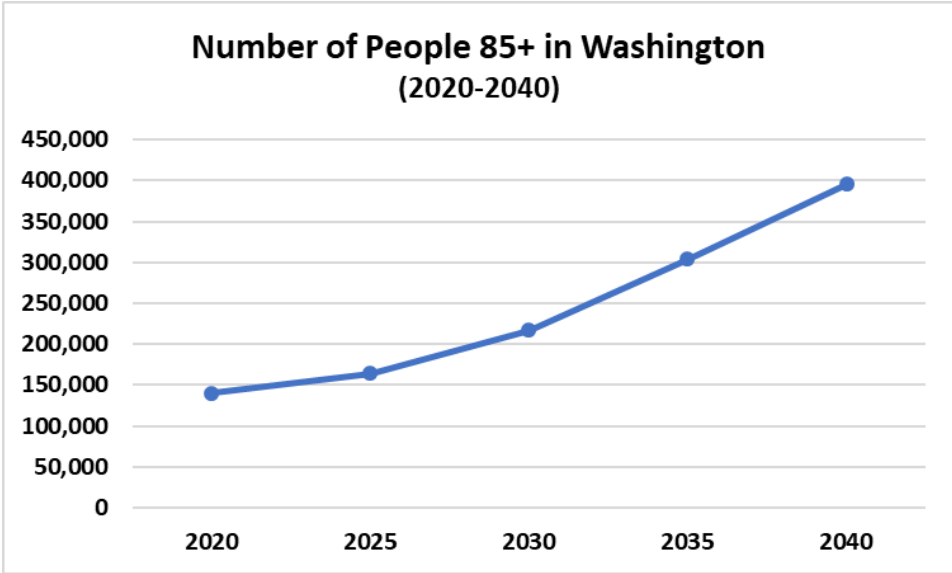
Figure 2. The number of NARs and NACs has been steadily declining since 2016, with the sharpest drop in 2020 due to the pandemic.



Year	LPNs
2014	11,604
2015	11,415
2016	11,348
2017	11,196
2018	11,108
2019	11,080
2020	10,799

*December totals for each year

Figure 3. Actively licensed LPNs have been declining since 2014. The pandemic had a noticeable impact on the LPN workforce.



Year	85+
2020	140,005
2025	163,966
2030	216,851
2035	303,527
2040	395,808

Projected Percentage of Growth by Age Category (2020 to 2040)

Adults Aged 20-64	Adults Aged 65+	Adults Aged 85+
↑ 14%	↑ 57%	↑ 183%

Figure 4. Twenty-two percent of people age 85 and older need assistance with personal care tasks. The projected population of Washingtonians age 85 and older is expected to grow by 183% between 2020 and 2040. Data source: <https://www.ofm.wa.gov/tags/age-data> (ofm_pop_age_sex_race_projections_2010_to_2040)

Table 2. Annual median earnings for each profession by location type. Source: DSHS ALTSA Rates Office Annual Wage Survey 2019.

Profession	Assisted Living	SNF	Hospital
Home Health/ Personal Care Aides	\$28,600	\$29,160	\$35,960
Nursing Assistants	31,730	32,960	36,100
LPNs	58,040	60,300	59,670
RNs	71,570	73,140	85,590

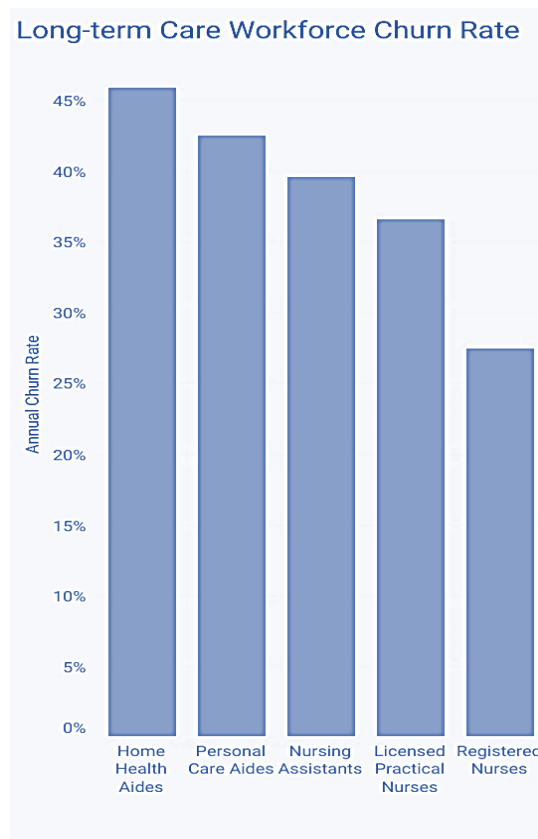


Figure 5. Churn rates for LTC workforce. Data source: Demand Decline List and the Quarterly Census of Employment and Wages, Washington Employment Security Department, May 2018-June 2019 data.

Outstanding Work/Implementation Plan

Workgroup members collected 2019 data from all identified data sources and prepared a proof-of-concept dashboard showing the utility of examining integrated LTC workforce data, shown below.

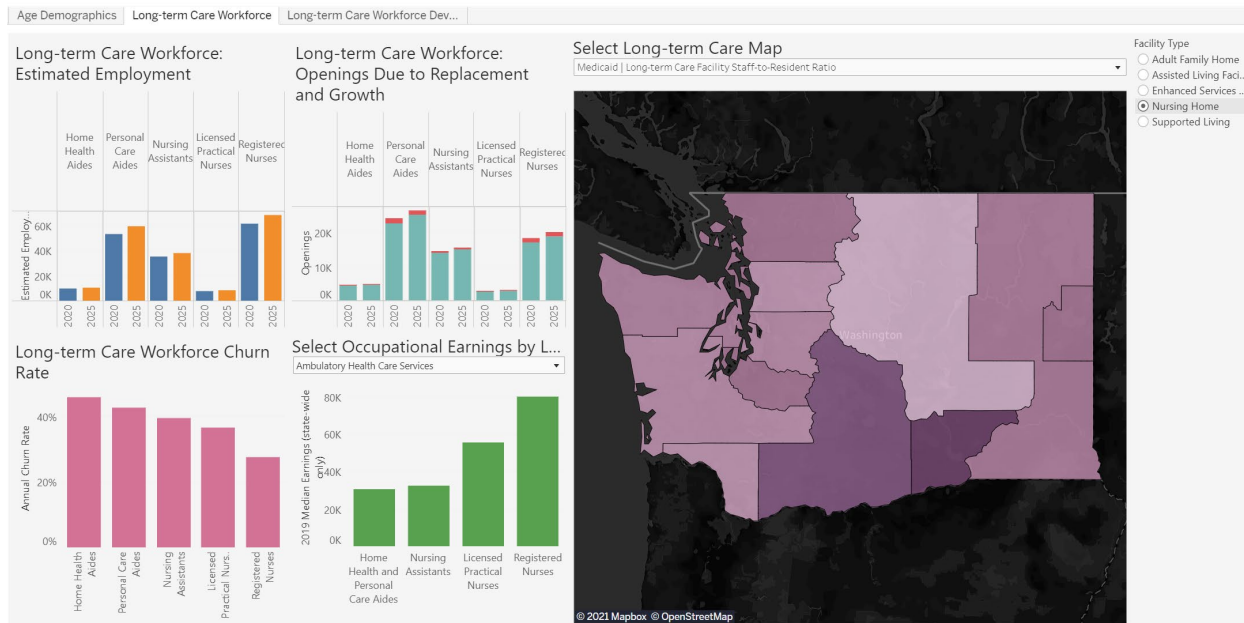


Figure 6. Proof-of-concept data dashboard focusing on LTC workforce trends and demographics. The data needs to be cleaned and validated prior to use.

No funding was allotted during the 2021 legislative session to the continuation of the Data workgroup’s foundational data work. Steering Committee and workgroup members are unable to do the data integration and validation work without additional resources. The efforts to-date represent significant in-kind contributions to the project from many individuals and are not sustainable beyond the timeline for this project. The workgroup has determined it also does not make sense to build on foundational data work that has not been fully integrated and validated.

Steering Committee and workgroup members demonstrated the need and the value for continued focus on LTC workforce data trends in Washington. The potential for a gap of time between the foundational work and its continuation is a concern and viewed as a setback to exceptional progress achieved during this project.

Curriculum

Charge

Creating a competency-based common curriculum for nursing assistant training that includes knowledge and skills relevant to current nursing assistant practices; integrates specialty training on mental health, developmental disabilities, and dementia; and removes or revises 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.

Accomplishments

The Common Curriculum workgroup’s efforts have led to the following outcomes or results:

- The workgroup developed a common curriculum for traditional nursing assistant training programs.

- The curriculum content includes knowledge and skills relevant to current nursing assistant practices and, in fact, uses a flexible framework to allow for currency with the natural evolution of practice—without the need for constant curriculum revisions.
- The curriculum meets all applicable federal and state laws, which has been assured through the completion of detailed crosswalks of the curriculum with those requirements. See the appendix *Curriculum Verification* for more information.
- The curriculum integrates all three specialty trainings (dementia, mental health, and developmental disabilities) into the standard curriculum.
- in the Appendix for details).
- The curriculum can support seamless progression from NAC into nursing through the development of an HCA-NAC-LPN Apprenticeship pathway. Work that has been done to realize this pathway includes:
 - A change in rule by the NCQAC to allow for an “LPN Technician” employment position (mirroring the RN Technician position). The LPN Technician position allows a student enrolled in an LPN program and in good standing to work to the level of their education and training as it expands—and to be paid accordingly.
 - Based on the proposal for this pathway, the state budget includes \$450,000 over the next year to plan the pathway for launch.
 - The NCQAC has applied for pilot implementation funds through the congressional Community Project Funding opportunities in two areas of the state. One pilot would be at Green River College on the west side of the state, and the other would be at Yakima Valley College on the east side of the state.
 - If these attempts to receive funding are not successful, additional attempts to obtain funding will be made.

The Curriculum workgroup sequenced the 9 traditional units and then estimated the number of hours needed to teach them. As indicated in *Table 3* below, the results were 34 classroom hours, 32 skills lab hours, and 40 clinical hours for a total of 106 hours.

Table 3. Total estimated hours for the traditional NA curriculum, not yet including specialty training.

CURRICULUM UNITS	HOURS ESTIMATES	CLASS/LAB Breakdown
UNIT 1: Introductions to the Nursing Assistant Role and the Human Needs Model (includes Rules and Regulations)	5	4/1
UNIT 2: Client or Resident Rights and Promoting Independence (includes Rules and Regulations)	5	4/1
UNIT 3: Communication and Interpersonal Skills	3	2/1
UNIT 4: Infection Control	6	4/2

CURRICULUM UNITS	HOURS ESTIMATES	CLASS/LAB Breakdown
UNIT 5: Safety and Emergency Procedures	6	3/3
UNIT 6: Basic Nursing Skills	9	5/4
UNIT 7: Basic Restorative Services	6	3/3
UNIT 8: Personal Care	12	5/7
UNIT 9: Life Transitions	6	4/2
➤ Mock Skills Testing (some time before clinical and some time before state exam)	8	0/8
➤ In-Facility Clinical Hours	40	N/A— Clinical
TOTAL ESTIMATED HOURS (Traditional Program)	106	34/32 (+40 Clinical)

The workgroup analyzed how these hours compare with current requirements for training hours. As indicated in the table below, the classroom and clinical hours are essentially unchanged; the emphasis of the curriculum proposal is the addition of skills lab hours. The workgroup estimates that increased skills lab hours are more realistic and one important step for improving pass rates. For this reason, the estimated hours include mock testing hours prior to the state exam.

Table 4. Comparison of current and proposed time estimates.

Type of Hours	Current Requirements (Traditional Class)	Proposed Estimate (Traditional Class)
Classroom	35	34
Skills Lab	10	32
In-Facility Clinical	40	40
Total Program	85	106

The workgroup then analyzed the current hours that programs actually offer since all but a few offer more than the minimum hours required. In the comparison in Table 5, we see that the proposed skills lab hours are almost identical to what programs currently offer on average, and the proposed class and clinical hours are less.

Table 5. Average actual hours for current NA training programs.

Type of Hours	Current Requirements (Traditional Class)	Proposed Estimate (Traditional Class)	Current Average (Traditional Class)
Classroom	35	34	54.9
Skills Lab	10	32	31.1
In-Facility Clinical	40	40	50.7
Total Program	85	106	136.7

Finally, the workgroup was pleased to find that—even with the addition of the three specialty trainings (or 32 hours of class)—the grand total of proposed program hours is just about the same as what programs currently offer on average, as shown in *Table 6*.

Table 6. Current actual average hours compared to proposed new estimate PLUS specialty classes.

Type of Hours	Current Requirements (Traditional Class)	Proposed Estimate (Traditional Class)	Current Average (Traditional Class)	Proposed Estimate (Traditional Class PLUS Specialty Classes)
Classroom	35	34	54.9	66
Skills Lab	10	32	31.1	32
In-Facility Clinical	40	40	50.7	40
Total Program	85	106	136.7	138

Below is the breakdown of units and hours for the full common curriculum for traditional nursing assistant students, including the three specialty classes:

Table 7. New common curriculum hours estimate.

Curriculum Units	Hours Estimates	Class/Lab (Breakdown)
UNIT 1: Introductions to the Nursing Assistant Role and the Human Needs Model (includes Rules and Regulations)	5	4/1
UNIT 2: Client or Resident Rights and Promoting Independence (includes Rules and Regulations)	5	4/1
UNIT 3: Communication and Interpersonal Skills	3	2/1
UNIT 4: Infection Control	6	4/2

Curriculum Units	Hours Estimates	Class/Lab (Breakdown)
UNIT 5: Safety and Emergency Procedures	6	3/3
UNIT 6: Basic Nursing Skills	9	5/4
UNIT 7: Basic Restorative Services	6	3/3
UNIT 8: Personal Care	12	5/7
UNIT 9: Life Transitions	6	4/2
Mock Skills Testing (some time before clinical and some time before state exam)	8	0/8
In-Facility Clinical Hours	40	N/A–Clinical
Total Estimated Hours (Traditional Program)	106	34/32 (+40 Clinical)
UNIT 10: Specialty Training: Developmental Disabilities	16	16/0
UNIT 11: Specialty Training: Mental Health Training	8	8/0
UNIT 12: Specialty Training: Dementia Training	8	8/0
TOTAL ESTIMATED HOURS	138	66/32 (+40 Clinical)

- Changes to the traditional nursing assistant training program necessitated changes to the alternative/bridge program curricula:
 - The workgroup analyzed the HCA alternative/bridge training program curricula in relation to the new common curriculum.
 - To support improved pass rates for alternative/bridge program students and adjust the curriculum to align with the new common curriculum, the Steering Committee and workgroup proposed an adjustment to the current program hours, which are currently set in statute at exactly 24. They included language to allow an adjustment to alternative/bridge program hours in ESHB 1120, which passed in the 2021 legislative session.
 - The breakdown of units and hours established by the Curriculum workgroup for the HCA alternative/bridge program appears in the table below.
 - Please note that the specialty units do not appear in this table but will be needed by students who have not already taken them (see the Quick View: Nursing Assistant Common Curriculum in the Appendix). Many certified HCAs have already taken the specialty classes and would not need to repeat them. The modular format of the curriculum allows training programs to offer specialty units only to those who need them.

- The new common curriculum has the following key features:

- Includes 9 units plus three specialty training units (mental health, dementia, and developmental disabilities).
- Includes professionally produced instructional material designed to improve readability, comprehension, and organization. Units utilize formatting, colors, and graphics to assist the student in navigating the materials.
- Uses a holistic, person-centered approach and a cast of diverse, engaging characters and their unfolding stories/scenarios to teach major concepts.
- Provides a clear, supportive framework that is based in educational theory and can be implemented flexibly by all program types using a variety of modalities; the framework assures:
 - Assigned study of written content and resource(s) (i.e., textbook)
 - Presentations and active discussion of content
 - Activities to reinforce & apply knowledge/concepts
 - Skills practice for integration of theory and skills
 - Evaluation to measure student learning and competency
- Provides 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.
- Threads 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.
- Uses a recorded audio file paired with a photo of each character, so that characters tell their stories to students in a real, first-person voice.
- Keeps character scenarios brief but powerful in terms of teaching core concepts.
- Uses a modular format so that content and characters/scenarios can be easily added, updated, or removed as needed.
- Creates supportive materials that can be applied in in-person or online formats or further developed into a fully online format.


Unit 7: Basic Restorative Services

Basic Restorative Services

INTRODUCTION
Nursing assistants provide an enormous amount of direct care; as a result, nursing assistants are key to helping the people they care for to maintain their ability to function and safely carry out activities of daily living (such as eating or dressing) with as much independence as possible. In this way, nursing assistants contribute substantially to others' quality of life.

Estimated Unit Timeline: ___ Hours
___ Theory Hours & ___ Skills Lab Hours

NURSING ASSISTANT CURRICULUM CHARACTERS
(in order of appearance)



Alberta Filmore
Alberta is a strong-willed, smart, and talkative woman with a sense of humor. She takes pride in her family, being a hard worker, and "pushing" through difficult times. She enjoyed a long, happy marriage, but has been a widow for many years now. She only accepts natural remedies. In her assisted living community, she is writing her life story for her family. Alberta needs assistance with health issues (high blood pressure, diabetes). Over time, she enters hospice with kidney failure. Alberta teaches the nursing assistant many lessons along their journey.

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Table 8. HCA alternative/bridge curriculum units and estimated hours.

CURRICULUM UNITS	Hours Estimates	(Class/Lab)
UNIT 1: Introductions to the Nursing Assistant Role and the Human Needs Model (includes Rules and Regulations)	4	3/1
UNIT 2: Client or Resident Rights and Promoting Independence (includes Rules and Regulations)	2	1/1
UNIT 3: Communication and Interpersonal Skills	2	1/1
UNIT 4: Infection Control	3	1.5/1.5
UNIT 5: Safety and Emergency Procedures	3	1.5/1.5
UNIT 6: Basic Nursing Skills	9	5/4
UNIT 7: Basic Restorative Services	3.5	1.5/2
UNIT 8: Personal Care	0	0/0
UNIT 9: Life Transitions	3.5	2.5/1
Mock Skills Testing (some time before clinical and some time before state exam)	0 (Unless Open Lab)	0
In-Facility Clinical Hours	6 (Clinical)	N/A— Clinical
TOTAL ESTIMATED HOURS	36	17/13 (+6 Clinical)

Medical Assistant Alternative/Bridge Program

The certified medical assistant alternative/bridge program is not included in this report, but its curriculum has undergone similar analysis and has a similar breakdown, with hours shifted differently to applicable content areas for medical assistants.

Outstanding Work/Implementation Plan

- Instructor and Student guides are slated for completion by June 30, 2021.
- Development of a plan and timelines for implementation will begin in July 2021. The facets of the plan will incorporate:
 - Piloting and evaluation of the curriculum by different program types prior to wider implementation across the state;
 - Making refinements to the curriculum based on pilot results/feedback.
 - The timeline for the implementation of revisions to the state exam so that the integrated plans for curriculum and testing move forward synchronously.
 - Rule writing that is needed to support the changes to curriculum and the state exam.

- Training program needs and timelines (i.e., high school/skills center programs necessarily start in September; college programs need time to go through their institutional curriculum approval process, etc.).
- Communication and training efforts to support a successful roll-out.
- Plans for ongoing evaluation and continuous quality improvement.
- Ultimately, the ability to develop the curriculum into a quality online format is desired to allow for maximum flexibility in terms of efficient access to training by a larger number of students, including those with busy work schedules or in rural areas—or those who want to pursue an LPN Apprenticeship. Funding resources for this work are being explored.

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.

Accomplishments

- Implemented computer-based testing for the knowledge exam in September 2020, eliminating the need for paper and pencil testing.
- Worked closely with the Curriculum workgroup to assure alignment between the new common curriculum and the proposed revisions to testing, per the legislative charge.
- Researched options for revisions to testing and developed a list of changes that will be pursued through the next vendor contracting process (July-Dec 2021). The revisions address the legislative charges to improve access, reduce costs, increase consistency across evaluators, increase pass rates, and provide support for languages other than English. See a broad overview below and the Appendix for detailed revisions:
 - **Access and Cost:** Access to testing can be improved through virtual evaluation of class cohorts within training programs, eliminating the need for time and travel to test sites by students and evaluators and the typical gap of time between training and testing. Time and travel savings translate to cost savings.
 - **Pass Rates and Cost:** The Testing workgroup believes that story or scenario-based testing of skills structured around a realistic resident care scenario will support improved pass rates. This approach integrates testing optimally with the curriculum and supports cohesive demonstration of connected skills in the care of a person vs. random, isolated tasks. Improved pass rates reduce cost in terms of a decreased need for repeat testing.
 - **Pass Rates, Cost, and Evaluator Consistency:** A testing evaluation approach that emphasizes three core principles of safety, infection control, and resident rights can support a high level of consistency across evaluators, improved pass rates, and reduced cost in terms of decreased need for repeat testing. A focus on these three basic principles across all care provides a high degree of focus for student learning as well as evaluation of competency.

- **Language Supports, Pass Rates, and Cost:** Finally, multiple language supports proposed by the Testing workgroup are intended to help with navigation of testing information and processes and to support improved pass rates. Improved pass rates reduce cost if the need for repeat testing is decreased.
- Researched testing vendors nationally and found that several key proposed revisions represent innovation in the testing industry and are not currently being implemented, including by Washington’s current vendor. Specifically, virtual evaluation within programs, scenario-based skills testing, and a concept-based evaluation approach were not found to exist for nursing assistant testing. The Testing workgroup believes these revisions should be pursued anyway, and this work is planned to occur through the next testing vendor contracting process (July-December 2021).

Outstanding Work/Implementation Plan

The main work ahead is to get the recommended testing revisions negotiated into the next vendor contract. Because several of the revisions put forth are innovative and—based on the Testing workgroup’s research—not currently done in nursing assistant testing, they may need to be negotiated with planned timelines to phase them in as they are developed. Innovative revisions include scenario-based testing, virtual evaluation of skills testing, and implementation of a concept-based evaluation plan emphasizing safety, infection control, and resident rights as the key principles in providing care. Implementation of testing revisions will need to be synchronized with the implementation plan and timing for the new common curriculum. Ideally, the new common curriculum and testing revisions will be launched fully in concert.

SNF Staffing

Charge

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

Accomplishments

The SNF staffing group made great progress identifying staffing-related factors that contribute to quality of care, using state and national data sets. 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. Prior to the pandemic, the workgroup identified the following staffing-related factors that could potentially impact the quality of care.

Table 9. SNF staffing-related short stay quality measures.

Short Stay Quality Measures	
Direct Measures	Indirect Measures
Percentage of SNF residents with pressure ulcers that are new or worsened (SNF Quality Reporting Program or 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.

Short Stay Quality Measures	
Direct Measures	Indirect Measures
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 got antipsychotic medication for the first time. Rate of successful return to home and community from a SNF (SNF QRP). 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 10. SNF staffing-related long stay quality measures.

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.

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

Two key barriers to establishing minimum NAC staffing levels are:

- Number of available NACs; and

- Competing in the wage market.

The pandemic exposed and exacerbated longstanding staffing challenges in LTC environments. When the pandemic hit, LTC facilities faced staffing emergencies previously unseen. The workgroup necessarily pivoted their work to address the staffing crisis early in the pandemic. They, along with many other stakeholders, developed the COVID-19 emergency staffing program, deploying Rapid Response teams, a floating pool of contracted nursing staff who could assist facilities in crisis by providing additional skilled workers. These nimble teams were able to be deployed with little or no notice to address immediate needs of LTC facilities experience COVID-19 related staffing shortages.

Outstanding Work/Implementation Plan

- Increase Medicaid reimbursement rates for SNF staffing to support competitive wages in LTC which will improve recruitment and retention; adjust annually based on facility operations costs.
- Increase the number of available NACs by strengthening the training, testing, and certification pipeline.
- Equalize wage rates across facility settings for NACs to better compete for and retain qualified staff.
- Build a culture of support for LTC work. Caring for people in LTC settings involves an intensive level of skilled, professional human engagement with diverse residents and their loved ones over time. While LTC workers have a unique opportunity to contribute to others' quality of life in powerful ways, they also have a unique risk for experiencing compassion fatigue and burnout.
- Create other incentives to find and retain staff who are drawn to this important work.

Appendix

Steering Committee and Workgroup Members

Over 70 individuals participated in the work of the Long-Term Care Workforce Development Project. We are grateful for their work, especially considering the impact the pandemic has had on individuals working and residing in long-term care settings.

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

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
Mike Anbesse	Assistant Secretary of Aging and Long-Term Support Administration (ALTSA) of the Department of Social and Health Services, or designee
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

Designated Individual	Representing
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
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
Chris Dula	Workforce Training and Education Coordinating Board

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 Murray	Nursing Care Quality Assurance Commission
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	Department of Health and Social Services
Bonnie Blachly	UW Washington Bothell
Bryce Andersen – 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

Testing Revisions/Recommendations

Access to Timely Testing

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

- 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. While there is overlap in the lists of recommendations, the following are specifically relevant as language supports:

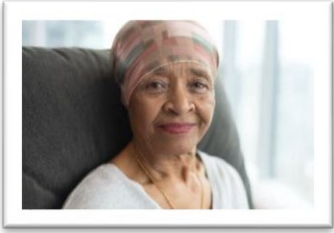


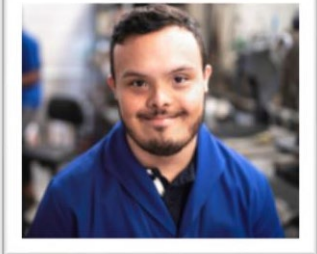
- Assuring a simple process for registering for a test date through a multi-pronged approach:
 - Use easy web-based steps to register using images, visual icons, process maps, cues, and video-based guides;
 - Assure readability of web content (6th-8th grade reading level).
 - Make widely known and encourage the use of the technological language support features on the DOH/NCQAC website, which allow for: translation of information to several languages or a “read aloud” option in English with highlighting of words as they are read; and
 - Integrate assistance with test registration and scheduling as part of training programs and provide NA instructors with in-service education to support implementation.
- Use of a candidate handbook with helpful readability features:
 - Assure readability statistics at a 6th to 8th grade reading level before adding translations;
 - Provide a “big picture” process map and overview at the beginning;


- Include pictures/visual items/cues wherever possible;
- Use electronic navigation tools (for example, hyperlinking topics in the table of contents to direct text for “click on/go to” capability);
- Include a brief introduction on “How to Navigate” the candidate handbook, possibly in video format;
- Providing skill demonstration videos as a resource for all students; and
- Potentially increasing testing time on the knowledge exam for students whose primary language is not English.
- Partner with training programs to create accessible mini-course in NA-specific English language development or refer students to existing programs like I-BEST⁶ (adult basic education and English language learning combined).

⁶ Integrated basic education skills and training.

Curriculum Characters

(in order of appearance)

Character	Picture	A Brief Introduction
Alberta Filmore		<p>Alberta is a strong-willed, smart, and talkative woman with a sense of humor. She takes pride in her family, being a hard worker, and “pushing through” difficult times. She enjoyed a long, happy marriage, but has been a widow for many years now. She only accepts natural remedies. In her assisted living community, she is writing her life story for her family. Alberta needs assistance with health issues (high blood pressure, diabetes). Over time, she enters hospice with kidney failure. Alberta teaches the nursing assistant many lessons along their journey.</p>
Joseph Caputo		<p>Joseph is a chef in the popular Italian restaurant he owns with his husband Ben. He is used to fast-paced days fueled by Starbucks. After a recent stroke affecting his right side and speech, Joseph works to cope with his new, unexpected reality while Ben, obviously supportive, stops by the nursing home between shifts. Joseph struggles yet works to make strides forward; the nursing assistant supports the delicate balance sensitively, tapping into his social nature and love of music.</p>
Carol Montgomery		<p>Carol grew up on a farm and has fond childhood memories of her family, their animals, and cooking hearty meals. Carol is experiencing dementia and just moved into an adult family home. The nursing assistant uses communication and basic nursing skills to support Carol’s human needs, including safety. Carol enjoys reminiscing using pictures of her family, farm, and colorful cookbooks. Carol meets an empathic friend, Daniel Perez (below). Together they share stories, enjoy rolling pie dough, and bond over a song or two.</p>
Daniel Perez		<p>Daniel Perez takes pride in his job at the local hardware store. He loves animals and has two cats. He lives next-door to his aunt’s adult family home and is close to her. Recently, he experienced severe seizure activity and stopped working while his medications were adjusted; he was bored and gained weight during this time. He is glad to be back at work. His aunt (a nurse) monitors his progress and arranges</p>

Character	Picture	A Brief Introduction
		seizure safety precautions at work and home. At the adult family home, he forms a special bond with Carol Montgomery (above).
Mrs. Li		<p>Mrs. Li is a retired 5th grade teacher who teaches traditional Cantonese cooking at the local cultural center now. She is close with her four children and their families who live nearby. When her husband of 54 years was diagnosed with Alzheimer’s disease, they moved into an assisted living apartment. Recently, Mrs. Li fell and broke her hip and is rehabilitating in a nursing home. Eager to get back home, Mrs. Li over-does on her walking plan and does not always seek assistance. The nursing assistant works to support safety and pain management and bonds with Mrs. Li, finding it difficult to part with her upon discharge.</p>

Graphic Design Samples of Common Curriculum

NURSING ASSISTANT CURRICULUM FRAMEWORK Unit 7: Basic Restorative Services


Basic Restorative Services

INTRODUCTION

Nursing assistants provide an enormous amount of direct care; as a result, nursing assistants are key to helping the people they care for to maintain their ability to function and safely carry out activities of daily living (such as eating or dressing) with as much independence as possible. In this way, nursing assistants contribute substantially to others' quality of life.

Estimated Unit Timeline: ____ Hours
____ Theory Hours & ____ Skills Lab Hours

NURSING ASSISTANT CURRICULUM CHARACTERS
(in order of appearance)



Alberta Filmore

Alberta is a strong-willed, smart, and talkative woman with a sense of humor. She takes pride in her family, being a hard worker, and "pushing through" difficult times. She enjoyed a long, happy marriage, but has been a widow for many years now. She only accepts natural remedies. In her assisted living community, she is writing her life story for her family. Alberta needs assistance with health issues (high blood pressure, diabetes). Over time, she enters hospice with kidney failure. Alberta teaches the nursing assistant many lessons along their journey.

WASHINGTON STATE NURSING CARE QUALITY ASSURANCE COMMISSION 1

**Joseph Caputo**

Joseph is a chef in the popular Italian restaurant he owns with his husband Ben. He is used to fast-paced days fueled by Starbucks. After a recent stroke affecting his right side and speech, Joseph works to cope with his new, unexpected reality while Ben, obviously supportive, stops by the nursing home between shifts. Joseph struggles, yet works to make strides forward; the nursing assistant supports the delicate balance sensitively, tapping into his social nature and love of music.

**Carol Montgomery**

Carol grew up on a farm and has fond childhood memories of her family, their animals, and cooking hearty meals. Carol is experiencing dementia and just moved into an adult family home. The nursing assistant uses communication and basic nursing skills to support Carol's human needs, including safety. Carol enjoys reminiscing using pictures of her family, farm, and colorful cookbooks. Carol meets an empathic friend, Daniel Perez (below). Together they share stories, enjoy rolling pie dough, and bond over a song or two.

**UNIT COMPETENCIES**

The nursing assistant incorporates principles and skills in providing restorative care. A nursing assistant:

- Demonstrates knowledge and skill in using assistive devices in ambulation, transferring, eating, and dressing.
- Demonstrates proper techniques for transferring and ambulating client or resident.
- Demonstrates proper techniques for positioning and turning/re-positioning a client or resident in a bed and chair.
- Demonstrates knowledge and skill in the maintenance of range of motion.
- Demonstrates knowledge about methods for meeting the elimination needs of clients or residents.

- Demonstrates knowledge and skill for the use and care of prosthetic/orthotic devices by client or resident.
- Uses basic restorative services by training the client or resident in self-care according to the client's or resident's capabilities.



CONTENT: TOPICAL OUTLINE

Includes, but is not limited to:

- **Relevant terminology and abbreviations** (use class text as a resource)
- **Introduction and Nursing Assistant Role:**
 - Rehabilitative care
 - Restorative care
 - The nursing assistant role in restorative care
 - Techniques for supporting and encouraging efforts
 - Training in self-care according to individual abilities
 - Observing for status changes
 - Reporting status changes
- **The importance of activity and maintaining mobility according to one's abilities**
 - Physical benefits
 - Psychological benefits
 - Contrasted with the negative physical and psychological impacts of inactivity and/or immobility
- **Assistive devices used for transfers, ambulation, eating, and dressing**
 - Gait belt
 - Grab bars
 - Current types of mechanical lifts
 - Current types of canes and walkers
 - Crutches
 - Current types of assistive devices for eating (i.e. specialized utensils, plates, cups, accessories, technology)

- Current types of assistive devices for dressing (clothing modifications accessories, other helpful tools)

- **Proper techniques for the restorative skills below with emphasis on the concepts of maintaining:**
 - Safety
 - The rights of the person (privacy, dignity, choice)
 - Infection control principles

- **The skills include, but are not limited to:**
 - Transfers
 - Assisting with ambulation
 - Positioning, turning, and re-positioning a person in bed
 - Positioning and re-positioning in a chair
 - Maintaining range of motion of all joints
 - Use and care of prosthetic/orthotic devices i.e. (*artificial limbs, artificial eye, dentures, hearing aids, artificial breast*)
 - Methods for meeting elimination needs, including bowel and bladder training



TEACHING AND LEARNING ACTIVITIES: PERSONAL CARE



Assigned Study

The program instructor assigns the planned relevant chapter(s)/module(s) for study using the program's learning resources



Interactive Presentation and Discussion of Content

The program instructor implements planned strategies for presentation and active discussion of content with students in ways that facilitate internalization of knowledge for integrated application in skills performance



Activities to Reinforce Learning/Apply Knowledge

The program instructor implements at least one additional planned activity used to reinforce and apply knowledge and concepts (i.e., written assignment; videos shown or assigned; small group exercises; role play; student presentations; team or game-type learning activities (i.e. trivia); etc.



Pyramid Activity

The program instructor implements the pre-developed Pyramid Activity, helping student link unit content to human needs and the nursing assistant's role in supporting human needs



Skills Practice

The program instructor demonstrates and supervises student practice of all unit skills, linking skill steps to theory content and rationale and providing cues, positive reinforcement, and corrective instruction as needed



Story Activity

The program instructor implements the pre-developed Story Activity, helping students link and adapt their understanding of human needs generally to the unique needs of specific individuals to implement a person-centered care approach



Evaluation of Learning

The program instructor implements the program's testing/evaluation plan to measure each student's level of competency achievement related to theory and skills and their integration in clinical performance

AUDIO FILE 2: BASIC RESTORATIVE SERVICES – MRS. LI**If you recall, when we last met . . .**

You came upon Mrs. Li ambulating with her walker independently in the hallway when you were sure her care plan says she needs hands-on assistance using a gait belt, even though it was only your first day and you hadn't met her yet.

After greeting her, you asked permission to walk with her; you asked if you could use a gait belt and encouraged her to tell you about herself.

After walking a bit, you noticed Mrs. Li was not picking up her feet completely as she walked—instead, shuffling a bit. You asked if she was fatigued, and she said yes, she would like to go to her room.

After you assisted her in lying down, you noticed that she winced. You inquired about her pain (which she described and rated as a "6" on a 10-point scale), and then you reported your observations to the nurse.

You expressed concern for her safety related to her risk for falls, walking independently instead of asking for help, and not seeming aware of her level of fatigue when ambulating. You also reported her pain so the nurse could respond.

The nurse put a walking schedule in place with Mrs. Li so her medications could be timed to periods of activity and so Mrs. Li would know a nursing assistant would regularly assist her with ambulation.

Here's what happened next**The next day . . .**

"Hello, again."

(You ask if she is ready for her PT appointment.)

Yes, I am ready. Thank you."

(You let her know you are eager to hear more of her story as you walk.)

Quick View: Nursing Assistant Common Curriculum

Unit 1: Introduction to the Nursing Assistant Role, Human Needs, and Rules & Regulations		
<p>Introduction: By understanding and competently demonstrating their professional role, scope of practice, and knowledge of rules and regulations, nursing assistants provide safe quality care to the people they serve.</p>		
<p>Estimated Unit Timeline: 5 Hours (4 Theory Hours / 1 Skills Lab Hours)</p>		
Unit Competencies	Content: Topical Outline	Related Skills Lab Skills (for practice/evaluation)
<p><u>Part I:</u> Introduction to the Nursing Assistant Role: Nursing assistants demonstrate competency in providing holistic, person-centered care that supports the human needs of diverse individuals and is within the nursing assistant scope of practice.</p>	<p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Relevant terminology and abbreviations (use nursing assistant text as resource) • Nursing assistant competencies or scope of practice (as listed in the Washington Administrative Code) • Introduction to Abraham Maslow’s Hierarchy of Human Needs <ul style="list-style-type: none"> ✓ Introduction to the model ✓ The model as a valuable tool for providing holistic care ✓ Introduction to using the model with individual client stories to build competence in providing holistic, person-centered care ✓ Using the model to consider one’s own human needs • Settings where nursing assistants provide long-term care support, include but are not limited to: <ul style="list-style-type: none"> ✓ Skilled nursing facilities ✓ Assisted living facilities ✓ Adult family homes 	

Unit 1: Introduction to the Nursing Assistant Role, Human Needs, and Rules & Regulations		
	<ul style="list-style-type: none"> ✓ Home health care ✓ Hospice care ✓ Hospitals ✓ Adult day services <ul style="list-style-type: none"> • The healthcare team: The healthcare team includes, but is not limited to: <ul style="list-style-type: none"> ✓ The client or resident ✓ The client’s or resident’s loved ones ✓ Registered and licensed practical nurses ✓ Primary Care Providers (physicians [doctors], physician’s assistants, advanced registered nurse practitioners) ✓ Physical therapists ✓ Occupational therapists ✓ Speech-language pathologists ✓ Social workers and case managers ✓ Registered dietitians ✓ Activity Coordinators ✓ Other nursing assistants • The nursing assistant on the healthcare team: The role includes but is not limited to: <ul style="list-style-type: none"> ✓ Performing competently within the nursing assistant scope of practice ✓ Using the chain of command appropriately ✓ Following agency policies and procedures appropriately ✓ Demonstrating knowledge of rules and regulations (Note: the instructor transitions here to Part II of this unit—Knowledge of Rules and Regulations) 	
<p>Part II: Knowledge of Rules and Regulations: Nursing assistants</p>	<p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Relevant abbreviations and terminology (use nursing assistant text as resource) 	

Unit 1: Introduction to the Nursing Assistant Role, Human Needs, and Rules & Regulations

demonstrate knowledge of and can explain the practical implications of the laws and regulations which affect nursing assistant practice

- **Workers right to know ([Chapter 49.70 RCW](#))**
 - ✓ Material Safety Data Sheet (MSDS) or Safety Data Sheet (SDS)
- **Omnibus Budget Reconciliation Act (OBRA)**
 - ✓ Nursing assistant regulations
 - ✓ Minimum Data Set (MDS)
- **Medicare and Medicaid**
 - ✓ Basic description of each
 - ✓ Major difference(s) between the two
- **Nursing assistant scope of practice ([WAC 246-841-400](#))**
- **Opportunities for expanded scope in Washington**
 - ✓ Nurse Delegation ([WAC 246-841-405](#))
 - ✓ Medication Assistant Certification Endorsement ([WAC 246-841-586 through 595](#))
- **Mandatory reporting procedures related to client or resident abuse, neglect, abandonment, and exploitation ([Chapter 74.34 RCW](#) , [WAC 246-16](#))**
 - ✓ Types of abuse and examples (physical, psychological, verbal, sexual, financial)
 - ✓ Definitions and examples of neglect, abandonment, and exploitation
 - ✓ Reporting procedures
- **The Uniform Disciplinary Act ([Chapter 18.130 RCW](#))**
 - ✓ Unprofessional conduct
- **Additional regulations as included in the next unit—Residents’ Rights and Promotion of Independence—which is linked closely with this unit and supports reinforcement of learning**

Unit 2: Client or Resident Rights and Promoting Independence

Introduction: Nursing Assistants generally spend more direct care time with people receiving care than other members of the healthcare team, which gives them a unique opportunity to know and understand their clients' or residents' well. As a result, nursing assistants have key knowledge to help them in the important role of respecting and protecting clients' or residents' rights and promoting independence.

Estimated Unit Timeline: 5 Hours (4 Theory Hours / 1 Skills Lab Hours)

Unit Competencies	Content: Topical Outline	Related Skills (for practice/evaluation)
<p>A nursing assistant demonstrates behavior which maintains and respects client or resident rights and promotes independence, regardless of race, religion, lifestyle, sexual orientation, disease process, or ability to pay. A nursing assistant:</p> <ul style="list-style-type: none"> • Recognizes that client or resident has the right to participate in decisions about his or her care. • Allows the client to make personal choices, providing and reinforcing other behavior consistent with resident dignity. • Recognizes and respects clients' or residents' need for privacy and confidentiality. • Promotes and respects the client or resident right to make personal choices to accommodate their needs. • Reports client or resident concerns. • Giving assistance with resolving grievances and disputes. 	<p>Includes, but is not limited to:</p> <p>Relevant terminology and abbreviations (use class text as a resource)</p> <p>Omnibus Budget Reconciliation Act (OBRA)</p> <ul style="list-style-type: none"> ✓ History and purpose ✓ Clients/Residents' Rights document <p>Privacy and Confidentiality</p> <ul style="list-style-type: none"> ✓ Health Insurance Portability and Accountability Act (HIPAA) ✓ Protected Health information (PHI) ✓ Communication within healthcare team and family ✓ Transmission/sharing of PHI, including electronically <p>Activity and Independence</p> <ul style="list-style-type: none"> ✓ Assisting residents in getting to and participating in activity according to ability and choice ✓ Training residents in self-care according to ability and readiness ✓ Health and wellness benefits <p>Residents' personal relationships and socializing</p>	

Unit 2: Client or Resident Rights and Promoting Independence		
<ul style="list-style-type: none"> • Provides assistance to client or resident in getting to and participating in activities. • Respects the property of client or resident and employer and does not take equipment, material, property, or medications for his, her or other's use or benefit. A nursing assistant may not solicit, accept, or borrow money, material or property from client or resident for his, her or other's use or benefit. • Promotes client or resident right to be free from abuse, mistreatment, and neglect. • Intervenes appropriately on the client's or resident's behalf when abuse, mistreatment or neglect is observed. • Complies with mandatory reporting requirements by reporting to the department of health and the department of social and health services instances of neglect, abuse, exploitation, or abandonment. • Participates in the plan of care with regard to the use of restraints in accordance with current professional standards. 	<ul style="list-style-type: none"> ✓ Importance/Human Needs ✓ Facilitating opportunities ✓ Health and wellness benefits Honoring Resident Choices and Concerns ✓ Clients'/Residents' participation in decisions about care, including refusal of care ✓ Clients'/Residents' choices on accommodating needs ✓ Reporting client/resident concerns and complaints ✓ Giving assistance with resolving grievances and disputes ✓ The role of the Ombudsman Identifying, Preventing and Reporting Abuse ✓ Vulnerable adults ✓ Abuse, neglect, abandonment, exploitation ✓ Maintaining care and security of clients'/residents' personal possessions ✓ Maintaining professional boundaries with clients/residents ✓ Self-care to prevent abuse ✓ Intervening when abuse of any kind is observed ✓ Reporting procedures, including when law enforcement needs to be notified Restraints ✓ Definition, types ✓ Ethical and legal considerations ✓ A measure of last resort ✓ Restraint alternatives and restraint-free care ✓ Nursing assistant role 	

Unit 3: Communication and Interpersonal Skills

Introduction: Communication and interpersonal skills are vital to the nursing assistant role and providing safe, competent care. Nursing assistants use their professional communication and interpersonal skills to interact with the healthcare team and their clients or residents. Nursing assistants also have an important role in written and electronic communication—or documentation. Nursing assistants use professional communication and interpersonal skills with clients’ or residents’ loved ones and other members of the public.

Estimated Unit Timeline: 3 Hours (2 Theory Hours / 1 Skills Lab Hours)

Unit Competencies	Content: Topical Outline	Related Skills
<p>A nursing assistant uses communication and interpersonal skills effectively to function as a member of the nursing team. A nursing assistant:</p> <ul style="list-style-type: none"> • Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant. • Listens and responds to verbal and nonverbal communication in an appropriate manner. • Recognizes how his or her own behavior influences client's or resident's behavior and uses resources for obtaining assistance in understanding the client's or resident's behavior. • Adjusts his or her own behavior to accommodate client's or resident's physical or mental limitations. • Uses terminology accepted in the health care setting to record and report observations and pertinent information. 	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Relevant terminology and abbreviations (use class text resource as a guide) • Verbal and non-verbal communication <ul style="list-style-type: none"> ✓ Using verbal and non-verbal communication to send professionally caring messages as intended ✓ Using verbal and non-verbal communication to receive and understand clients’ messages as intended ✓ Approaches to support positive interpersonal relationships with clients, their loved ones, and members of the healthcare team ✓ Cultural considerations • Considerations for special approaches in communication <ul style="list-style-type: none"> ✓ Hearing impairment ✓ Vision impairment ✓ Speech impairment (i.e., aphasia) ✓ Cognitive impairment ✓ Developmental disabilities 	<p>**General Note: Students will receive more training on communication techniques (including de-escalation strategies) in the specialty trainings that will be added to the traditional nursing assistant class. This introductory content is intended to provide students with a basic introduction prior to initial contact with residents.</p>

Unit 3: Communication and Interpersonal Skills

<ul style="list-style-type: none"> • Appropriately records and reports observations, actions, and information accurately and in a timely manner. • Explains policies and procedures before and during care of the client or resident. 	<ul style="list-style-type: none"> ✓ Mental health conditions • Safety considerations <ul style="list-style-type: none"> ✓ Approaches for responding to challenging behaviors ✓ Avoiding, identifying, and responding to escalations ✓ Getting assistance when needed • Communicating with the healthcare team <ul style="list-style-type: none"> ✓ Giving and receiving report ✓ Reporting changes in clients' status ✓ Using the chain of command ✓ Documentation <ul style="list-style-type: none"> ○ Providing objective and subjective information ○ The importance of accuracy and timeliness ○ Intake, transfers, discharges ○ Incident reports • Guidelines for telephone and electronic communications • Review: Communication and clients' rights <ul style="list-style-type: none"> ✓ Providing call bell access at all times ✓ Explaining policies and procedures before and during care of the client ✓ Protecting privacy and confidentiality ✓ Identifying and reporting abuse ✓ Self-care to support caregiving and prevent abuse 	
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Unit 4: Infection Control

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

Estimated Unit Timeline: 6 Hours (4 Theory Hours / 2 Skills Lab Hours)

Unit Competencies	Content: Topical Outline	Related Skills
<p>A nursing assistant uses standard and transmission-based precautions to prevent the spread of microorganisms. A nursing assistant:</p> <ul style="list-style-type: none"> • Uses principles of medical asepsis and demonstrates infection control techniques and standard and transmission-based precautions. • Explains how infections are spread. • Identifies methods of transmission of blood-borne pathogens. • Identifies different types of personal protective equipment (PPE) and demonstrates how and when to use each. • Demonstrates effective handwashing method. • Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces. 	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Relevant terminology and abbreviations (use class text as a resource) • The chain of infection, including modes of transmission • Types of infection <ul style="list-style-type: none"> ✓ Bacterial, viral, fungal ✓ Local, systemic • Blood-Borne pathogens and standards for care (Occupational Safety and Health Administration) <ul style="list-style-type: none"> ✓ Human Immunodeficiency Virus- Acquired Immuno- deficiency Syndrome (HIV-AIDS) ✓ Hepatitis (B, C, and D as blood-borne; as distinguished from A, E) • Multi-drug resistant organisms (MDROs) <ul style="list-style-type: none"> ✓ Methicillin-resistant staphylococcus aureus (MRSA) ✓ Vancomycin-resistant enterococcus (VRE) • Other Infections to Discuss <ul style="list-style-type: none"> ✓ Influenza ✓ Corona Virus ✓ Clostridium Difficile ✓ Urinary tract infections ✓ Respiratory infections 	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Handwashing • Donning/Doffing PPE • Demonstrated application of all other infection prevention measures related to: <ul style="list-style-type: none"> ✓ Handling linens ✓ Handling equipment ✓ Cleaning surfaces ✓ Responding to spills, biohazards ✓ Food service ✓ Isolation precautions

Unit 4: Infection Control

- ✓ Cellulitis
- ✓ Other current (use DOH/CDC⁷ as resources)
- **High-risk populations**
 - ✓ Elderly
 - ✓ Infants/young children
 - ✓ Acutely and/or chronically ill
 - ✓ Immunocompromised
 - ✓ People with diabetes
 - ✓ People with end-stage kidney disease
- **Infection prevention**
 - ✓ Handwashing
 - ✓ Alcohol-based hand sanitizer
 - ✓ Cough/sneeze etiquette
 - ✓ Immunizations
 - ✓ CDC guidelines and standard precautions
 - ✓ Personal protective equipment (PPE)
 - ✓ Providing personal care/protecting skin & tissues from injury
 - ✓ Handling linens
 - ✓ Handling equipment
 - ✓ Proper use of cleaning agents and methods to destroy microorganisms on surfaces
 - ✓ Principles of health and sanitation in food service
 - ✓ Responding to spills, bio-hazards
 - ✓ Isolation precautions
 - Airborne
 - Droplet
 - Contact

⁷ Centers for Disease Control & Prevention

Unit 4: Infection Control		
	<ul style="list-style-type: none"> • Observing and reporting signs & symptoms of infection 	

Unit 5: Safety and Emergency Procedures
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Introduction: Nursing assistants play a major role in protecting the health and safety of clients by taking measures to prevent injuries and accidents and by knowing how to identify emergencies and implement emergency procedures as part of the healthcare team.

Estimated Unit Timeline: 6 Hours (3 Theory Hours / 3 Skills Lab Hours)

Unit Competencies	Content: Topical Outline	Related Skills (for practice/evaluation)
<p>A nursing assistant demonstrates the ability to identify and implement safety and emergency procedures. A nursing assistant:</p> <ul style="list-style-type: none"> • Provides an environment with adequate ventilation, warmth, light, and quiet. • Promotes a clean, orderly, and safe environment including equipment for a client or resident. • Identifies and utilizes measures for accident prevention. • Demonstrates principles of good body mechanics for self and client or resident, using the safest and most efficient methods to lift and move clients, residents, or heavy items. • Demonstrates proper use of protective devices in care of clients or residents. • Demonstrates knowledge and follows fire and disaster procedures. 	<p>Must include, but is not limited to:</p> <ul style="list-style-type: none"> • Relevant technology and abbreviations (use class text as resource) • Client environment <ul style="list-style-type: none"> ✓ Ventilation, temperature control, lighting, quiet/noise control ✓ Clean <ul style="list-style-type: none"> ○ Types of cleaning agents and methods for destroying microorganisms on surfaces ○ Proper use and storage of cleaning agents ✓ Safe and orderly <ul style="list-style-type: none"> ○ Call bell is always within reach ○ Clear walking area (free of clutter and fall risk hazards) ○ Safe, consistent placement of client equipment (cane, walker, wheelchair) • Accident prevention measures 	<ul style="list-style-type: none"> • Use of proper body mechanics • Turning and positioning clients (in bed and chair) • Transferring clients • Assisting with ambulation • CPR (may be taken separately from the nursing assistant training program, but is needed prior to clinical) • Basic first aid measures, including the Heimlich maneuver • Note: other unit competencies are to be integrated and demonstrated in skills lab and clinical practice activities (i.e., verifying clients' identification, checking water temperature for safety, removing fall hazards, storing chemicals properly, etc.)

Unit 5: Safety and Emergency Procedures

<ul style="list-style-type: none"> • Identifies and demonstrates principles of health and sanitation in food service. • Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials. • Demonstrates proficiency in cardiopulmonary resuscitation (CPR) and can perform CPR independently. (Note: may be taken separately from the nursing assistant training program, but is needed prior to clinical) 	<ul style="list-style-type: none"> ✓ Remove or reduce safety hazards (i.e., risk for falls, choking, aspiration, asphyxiation, cuts, poisoning, electrocution, burns or fire, self-injury, or other injury). Examples include but are not limited to: <ul style="list-style-type: none"> ○ Maintaining the general client environment (as above) ○ Maintaining equipment for safe use ○ Proper use and storage of cleaning agents and other hazardous materials <ul style="list-style-type: none"> • Material Safety Data Sheets (MSDS or SDS) ○ Ensuring water is at safe temperature for skin ○ Following principles of health and sanitation in food service ○ Verifying clients' identification before providing food and drink and assuring an upright position during and following eating/drinking ○ Strictly following special dietary plans (thickened liquids, cutting food, providing supervision or assistance with eating/drinking) • Lifting and moving clients and heavy items <ul style="list-style-type: none"> ✓ Body mechanics ✓ Turning and positioning in bed and chair ✓ Transfers ✓ Mechanical lifts ✓ Assisting with ambulation 	
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Unit 5: Safety and Emergency Procedures

- **Fire Safety**
 - ✓ Reducing fire hazards/fire risk (i.e., furniture/ items away from heaters, oxygen use, etc.)
 - ✓ Fire preparedness (knowing how to respond)
 - Bringing clients to safety
 - Location and using of alarms
 - Methods to contain fire (if possible)
 - Location and use of fire extinguishers
 - ✓ Responding to fire
- **Responding to emergencies**
 - ✓ Recognizing emergent changes in the body and its functioning (breathing, color, pain, choking, consciousness, vomiting, bleeding, seizure activity, etc.)
 - ✓ Responding to emergent changes in the body and its functioning
 - Providing basic first aid measures, including the Heimlich Maneuver
 - Providing cardiopulmonary resuscitation (CPR)
 - ✓ Considerations regarding natural disasters, states of emergency
 - Types of events that may occur
 - Personal and workplace preparedness
 - General guidelines for response
- **Reinforce Infection control related to safety/ Emergency Procedures**
 - ✓ Handwashing

Unit 5: Safety and Emergency Procedures		
	<ul style="list-style-type: none"> ✓ Donning/Doffing PPE ✓ Infection prevention measures related to: <ul style="list-style-type: none"> ○ Handling linens ○ Handling equipment ○ Cleaning surfaces ○ Responding to spills, bio-hazards ○ Isolation precautions <ul style="list-style-type: none"> • Airborne • Droplet • Contact 	

Unit 6: Basic Nursing Skills		
<p>Introduction: As a valued and skilled member of the healthcare team, the nursing assistant demonstrates competency in the performance of basic nursing skills, which contributes to the health, safety, and functioning of clients or residents.</p>		
<p>Estimated Unit Timeline: 9 Hours (5 Theory Hours / 4 Skills Lab Hours)</p>		
Unit Competencies	Content: Topical Outline	Related Skills (for practice/evaluation)
<p>A nursing assistant demonstrates basic technical skills which facilitate an optimal level of functioning for client or resident, recognizing individual, cultural, and religious diversity. A nursing assistant:</p> <ul style="list-style-type: none"> • Demonstrates proficiency in cardiopulmonary resuscitation (CPR) and can perform CPR independently (may be taken separately from the nursing assistant training program, but is needed prior to clinical) • Takes and records vital signs. 	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Relevant terminology and abbreviations (use nursing assistant text as a resource) • CPR training, including the Heimlich maneuver (may be taken separately from the nursing assistant training program, but is needed prior to clinical) • <u>Overview of Human Growth and Development</u>, including by not limited to: 	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Measurement and recording of vital signs: <ul style="list-style-type: none"> ○ Blood pressure ○ Pulse ○ Respirations ○ Temperature ○ Pain • Measuring and recording oxygen saturation levels

Unit 6: Basic Nursing Skills

<ul style="list-style-type: none"> • Measures and records height and weight. • Measures and records fluid and food intake and output. • Recognizes normal body functions, deviations from normal body functions and the importance of reporting deviations in a timely manner to a supervising nurse. • Recognizes, responds to and reports client's or resident's emotional, social, cultural, and mental health needs. • Recognizes, responds to and reports problems in client's or resident's environment to ensure safety and comfort of client. • Participates in care planning and nursing reporting process. 	<ul style="list-style-type: none"> ✓ General developmental stages over the lifespan ✓ Developmental disabilities* ✓ Mental health conditions* *Broad introduction since this content is addressed in the specialty trainings that will be added. • <u>Overview of body systems:</u> Information about each system includes, but is not limited to: <ul style="list-style-type: none"> ✓ A general description of the system and its function(s) ✓ System changes that commonly occur with age ✓ Common system-related health conditions and deviations from normal functioning ✓ The nursing assistant care role where appropriate, including key points for observing for and reporting deviations from normal functioning <u>The body systems addressed include:</u> <ul style="list-style-type: none"> ✓ Integumentary ✓ Musculoskeletal ✓ Nervous ✓ Circulatory ✓ Respiratory ✓ Urinary ✓ Gastrointestinal ✓ Endocrine ✓ Reproductive ✓ Immune/Lymphatic 	<ul style="list-style-type: none"> • Working safely with oxygen • Measurement and recording of height and weight • Measurement and recording of intake and output: <ul style="list-style-type: none"> ✓ Fluid intake ✓ Food intake ✓ Urinary output ✓ Bowel movements
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Unit 6: Basic Nursing Skills

- **Measurement Skills:** Information about each skill includes, but is not limited to:
 - ✓ Why the measurement is important
 - ✓ Relationship to body systems and common health conditions
 - ✓ Normal ranges and individual baselines
 - ✓ Emergency ranges and response
 - ✓ Recording and reporting
- **The skills include, but are not limited to:**
 - ✓ Vital signs
 - Blood pressure
 - Pulse
 - Respirations
 - Temperature
 - Pain
 - ✓ Oxygen saturation level
 - Working safely with oxygen
 - ✓ Height and weight
 - Ambulatory clients or residents
 - Non-ambulatory clients or residents
 - ✓ Intake and output
 - Fluid Balance
 - Fluid intake
 - Food intake
 - Urinary output
 - Bowel movements
- **Consideration of emotional, social, cultural, and mental health needs in the care plan and care:**

Unit 6: Basic Nursing Skills

	<ul style="list-style-type: none">✓ The care plan and the nursing assistant's role in the care planning and reporting process✓ Supporting human needs at all levels of Maslow's Hierarchy of Human Needs (or holistically) and adjusting care to accommodate clients' or residents' unique needs (person-centered care), which includes:<ul style="list-style-type: none">○ Supporting clients' or residents' connection to loved ones and social network or community○ Including loved ones in care according to the clients' or residents' wishes and decisions○ Honoring advance directives and physician orders for life sustaining treatment (POLST)• Considerations for safety and comfort in the client's or resident's environment with an emphasis on recognizing, responding to, and reporting problems in the environment. Examples include, but are not limited to:<ul style="list-style-type: none">✓ Malfunctioning call bell✓ Fall risks: clutter, inadequate space for equipment, inadequate lighting, etc.✓ Need for equipment maintenance for safety✓ Poor temperature control or ventilation	
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Unit 6: Basic Nursing Skills		
	<ul style="list-style-type: none"> ✓ Accident or safety hazards (i.e., sharp objects or edges, dangerous chemicals improperly stored, visitors smoking when oxygen is in use, etc.) 	

Unit 7: Basic Restorative Services

Introduction: Nursing assistants provide an enormous amount of direct care; as a result, nursing assistants are key to helping the people they care for to maintain their ability to function and safely carry out activities of daily living (such as eating or dressing) with as much independence as possible. In this way, nursing assistants contribute substantially to others' quality of life.

Estimated Unit Timeline: 6 Hours (3 Theory Hours / 3 Skills Lab Hours)

Unit Competencies	Content: Topical Outline	Related Skills (for practice/evaluation)
<p>The nursing assistant incorporates principles and skills in providing restorative care. A nursing assistant:</p> <ul style="list-style-type: none"> • Demonstrates knowledge and skill in using assistive devices in ambulation, transferring, eating, and dressing. • Demonstrates proper techniques for transferring and ambulating client or resident. • Demonstrates proper techniques for positioning and turning/re-positioning a client or resident in a bed and chair. • Demonstrates knowledge and skill in the maintenance of range of motion. • Demonstrates knowledge about methods for meeting the elimination needs of clients or residents. 	<p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Relevant terminology and abbreviations (use class text as a resource) • Introduction and Nursing Assistant Role: <ul style="list-style-type: none"> ✓ Rehabilitative care ✓ Restorative care ✓ The nursing assistant role in restorative care according to the care plan (which incorporates the therapy restorative care plan for implementation): <ul style="list-style-type: none"> ○ Techniques for supporting and encouraging efforts ○ Training in self-care according to individual abilities ○ Observing for status changes ○ Reporting status changes 	<ul style="list-style-type: none"> • Proper use of assistive devices in: <ul style="list-style-type: none"> ✓ Transfers ✓ Ambulation ✓ Eating ✓ Dressing • Transferring • Assisting with ambulation • Positioning and turning/re-positioning in bed and chair • Passive range of motion of all joints • Care and use of prosthetic/orthotic devices • Bowel and bladder training <p>NOTE: Mechanical lifts are costly and lift types vary widely, so even if a skills lab has a mechanical lift(s), what is in lab</p>

Unit 7: Basic Restorative Services		
<ul style="list-style-type: none"> • Demonstrates knowledge and skill for the use and care of prosthetic/orthotic devices by client or resident. • Uses basic restorative services by training the client or resident in self-care according to the client's or resident's capabilities. 	<ul style="list-style-type: none"> • The importance of activity and maintaining mobility according to one's abilities <ul style="list-style-type: none"> ○ Physical benefits ○ Psychological benefits ○ Contrasted with the negative physical and psychological impacts of inactivity and/or immobility • Assistive devices used for transfers, ambulation, eating, and dressing <ul style="list-style-type: none"> ✓ Gait belt ✓ Grab bars ✓ Current types of mechanical lifts and assistive devices for transfers ✓ Current types of assistive devices for ambulation (i.e., canes, crutches, walkers, wheelchairs, scooters, etc.) ✓ Current types of assistive devices for eating (i.e., specialized utensils, plates, cups, accessories, technology) ✓ Current types of assistive devices for dressing (clothing modifications accessories, other helpful tools) • Proper techniques for the restorative skills below with emphasis on the concepts of maintaining: <ul style="list-style-type: none"> ✓ Safety ✓ The rights of the person (privacy, dignity, choice) ✓ Infection control principles <p><u>The skills include, but are not limited to:</u></p> <ul style="list-style-type: none"> ○ Transfers 	<p>may not be the same as what exists in clinical. The recommendation is that training and supervision to achieve competency occurs in clinical and/or on-the-job (per facility policy and regulations) on the specific equipment they to be used.</p>

Unit 7: Basic Restorative Services		
	<ul style="list-style-type: none"> ○ Assisting with ambulation ○ Positioning, turning, and re-positioning a person in bed ○ Positioning and re-positioning in a chair ○ Maintaining range of motion of all joints ○ Use and care of prosthetic/orthotic devices i.e. (artificial limbs, artificial eye, dentures, hearing aids, artificial breast) ○ Methods for meeting elimination needs, including bowel and bladder training 	

Unit 8: Personal Care		
<p>Introduction: Providing personal care is a core aspect of the nursing assistant role. Providing personal care well requires application of knowledge from all other areas of nursing assistant training (examples include resident rights, infection control, communication and interpersonal skills, and basic restorative care). The personal care that nursing assistants provide contributes significantly to clients' or residents' health and quality of life.</p>		
<p>Estimated Unit Timeline: 12 Hours (5 Theory Hours / 7 Skills Lab Hours)</p>		
Unit Competencies	Content: Topical Outline	Related Skills
<p>A nursing assistant demonstrates basic personal care skills. A nursing assistant:</p> <ul style="list-style-type: none"> ▪ Assists client or resident with bathing, oral care, and skin care. ▪ Assists client or resident with grooming and dressing. ▪ Provides toileting assistance to client or resident. 	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Relevant terminology and abbreviations ((use nursing assistant text as resource) • What Personal Care Includes • Key Considerations for All Personal Care Skills <ul style="list-style-type: none"> ✓ Safety ✓ Infection Control 	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Assisting with bathing <ul style="list-style-type: none"> ✓ Assisting with/giving a bed bath <ul style="list-style-type: none"> ○ Giving a back rub ✓ Assisting with showering • Providing catheter care • Providing foot care

Unit 8: Personal Care

<ul style="list-style-type: none"> ▪ Assists client or resident with eating and hydration. ▪ Uses proper oral feeding techniques. 	<ul style="list-style-type: none"> ✓ Client/Resident Rights (Ethical/Legal Considerations) <ul style="list-style-type: none"> ○ Explaining policies and procedures before and during care of the client ○ Recognizing that client has the right to participate in decisions about his or her care ○ Recognizing and respecting clients' need for privacy and confidentiality ○ Promoting and respecting the client or resident right to make personal choices to accommodate their needs ○ Training the client in self-care according to the client's capabilities • Skin Care Considerations <ul style="list-style-type: none"> ✓ Preventing Damage ✓ Pressure injury ✓ Shearing ✓ Turning, positioning, moving, and transferring clients safely • Hygiene and Grooming Tasks <ul style="list-style-type: none"> ✓ Assisting with bathing ✓ Assisting with/giving a bed bath ✓ Giving a back rub ✓ Assisting with showering ✓ Providing catheter care (urinary and condom) ✓ Providing foot care ✓ Assisting with shampooing/hair care ✓ Assisting with shaving 	<ul style="list-style-type: none"> • Assisting with shampooing/hair care • Assisting with shaving • Assisting with dressing <ul style="list-style-type: none"> ✓ Applying elastic stockings • Assisting with/providing mouth care • Providing denture care • Assisting with eating and drinking • Assisting with elimination needs <ul style="list-style-type: none"> ✓ Bowel and bladder training ✓ Assisting to the bathroom ✓ Assisting with commode use ✓ Assisting with a bedpan ✓ Assisting with a urinal ✓ Providing perineal care ✓ Emptying and managing urinary catheter drainage bags
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Unit 8: Personal Care		
	<ul style="list-style-type: none"> ✓ Assisting with dressing ✓ Applying elastic stockings ✓ Assisting with/providing mouth care ✓ Providing denture care ✓ Assisting with eating and drinking ✓ Assisting with elimination needs ✓ Bowel training ✓ Assisting to the bathroom ✓ Assisting with commode use ✓ Assisting with a bedpan ✓ Assisting with a urinal ✓ Providing perineal care ✓ Emptying and managing urinary catheter drainage bags 	

Unit 9: Life Transitions		
<p>Introduction: Nursing assistants are responsible for caring for and supporting clients or residents experiencing important life transitions: Some are coping with major, recent health events while others are well on the way to recovery; some are learning to cope with a long-term diagnosis that represents a “new normal,” while others may be facing the end of their lives; some may just be entering a nursing home or hospital while others may be transitioning from those locations to assisted living or home to live more independently. Nursing assistants apply their full scope of competencies to support clients or residents in important ways during life transitions, and a holistic, person-centered approach may be more important during such transitions than any other time.</p>		
Estimated Unit Timeline: 6 Hours (4 Theory Hours / 2 Skills Lab Hours)		
Unit Competencies	Content: Topical Outline	Related Skills (for practice/evaluation)
Nursing assistants apply their full scope of competencies (as learned in previous units) to	Includes, but is not limited to:	<ul style="list-style-type: none"> • Post-mortem care

Unit 9: Life Transitions		
<p>support clients or residents during life transitions; they tailor their holistic approach to each person in ways that reflect sensitivity to individual's responses to life transitions. Competency areas (broadly) include:</p> <ul style="list-style-type: none"> • Knowledge of rules and regulations • Client or resident rights and promotion of independence • Communication and interpersonal skills • Mental health and social service needs • Care of cognitively impaired clients/residents • Infection control • Safety and emergency procedures • Basic technical skills • Basic restorative services • Personal care 	<ul style="list-style-type: none"> • Relevant terminology and abbreviations (use class text as a resource) • Basic Procedures: Transitions in Care Setting <ul style="list-style-type: none"> ✓ Admitting a client or resident ✓ Transferring a client or resident ✓ Discharging a client or resident ✓ Professional relationship boundaries • Psychosocial Mental Health Considerations: <ul style="list-style-type: none"> ✓ Human responses to stress and stressors ✓ Stages of psychosocial development across the lifespan (Erickson) ✓ Human responses to grief and loss <ul style="list-style-type: none"> ○ Kubler-Ross Stages of Grief ✓ Examples of factors that vary responses to stress, grief, and loss: <ul style="list-style-type: none"> ○ Previous life experiences ○ Personality ○ Spiritual beliefs ○ Cultural background • End-of-Life Care <ul style="list-style-type: none"> ✓ Palliative care ✓ Hospice care ✓ Care of the dying client or resident <ul style="list-style-type: none"> ○ Supporting client or resident rights and dignity ○ Common physical changes that occur ○ Common physical care needs ○ Care of the environment ○ Using verbal and non-verbal communication and interpersonal skills 	

Unit 9: Life Transitions

	<p>to support human needs and provide emotional support</p> <ul style="list-style-type: none">○ Respecting individual variations in preferences (visitors and family practices, spiritual and cultural practices, etc.) <ul style="list-style-type: none">● Legal Documents Affecting Care:<ul style="list-style-type: none">✓ Advance directives (living wills, durable power of attorney)✓ POLST form (portable medical orders)✓ Do Not Resuscitate (DNR)✓ Nursing assistant role● Post-Mortem Care<ul style="list-style-type: none">✓ Client or resident rights✓ Common changes in the body after death✓ Providing post-mortem care✓ Respecting variations in loved one's responses to the post-mortem period and the client's or resident's and family's preferences for the post-mortem period (i.e., expressions of grief, spiritual practices, cultural traditions, etc.)● The Nursing Assistant's Self-Care<ul style="list-style-type: none">✓ Awareness of one's own feelings regarding end-of-life and death✓ Awareness of one's own grief and loss✓ Identifying coping strategies and support resources	
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Curriculum Verification Form

Name of School: Draft Curriculum from Curriculum Workgroup	Date of Application: January 10, 2021
Program Number	
<p>This form is to reference the curriculum outline you submit with your application. Forms that are completed that reference the textbook will not be accepted. Be sure to check with both if a curriculum requirement is met and identify where in the curriculum outline the specific requirement is addressed.</p> <p>Example: Infection Control: Page 7 #2 - a, b, c.</p>	

Requirements	Where is the requirement met in the curriculum?
1. Communication and interpersonal skills	Addressed in Unit 3 and specialty training; principles reinforced/and applied throughout course as part of the NA role
2. Infection control	Addressed in Unit 4; reinforced and applied throughout course as part of the NA role
3. Safety and emergency procedures (including the Heimlich maneuver)	Addressed in Unit 5 and reinforced and applied throughout course as part of the NA role
4. Promoting client independence	Addressed in Unit 2 and reinforced and applied throughout course as part of the NA role
5. Respecting client rights	Addressed in Unit 2 and reinforced and applied throughout course as part of the NA role
6. Taking and recording vital signs	Addressed in Unit 6 and reinforced and applied throughout course as part of the NA role
7. Measuring and recording height and weight	Addressed in Unit 6 and reinforced and applied throughout course as part of the NA role
8. Caring for client's environment	Addressed in Unit 2 (privacy, choices), Unit 4 (infection control), Unit 5 (safety and comfort), Unit 6 (basic nursing skills), and reinforced and applied throughout the course as part of the NA role

Requirements	Where is the requirement met in the curriculum?
9. Recognizing abnormal changes in body functioning and the importance of reporting changes to a supervisor	Addressed in Unit 1 (NA role, human needs), Unit 3 (communication, reporting, documentation), Unit 5 (safety and emergency), Unit 6 (body systems and status changes, basic nursing skills), and reinforced and applied throughout the course as part of the NA role
10. Bathing	Addressed in Unit 8 (personal care). Related content/ reinforcement in Unit 1 (NA role, human needs, person-centered care), Unit 2 (privacy), Unit 4 (infection control), and Unit 6 (integumentary system)
11. Caring for clients when death is imminent	Addressed in Unit 9 with emphasis of the application of everything learned in Units 1-8 with an end-of-life care lens (i.e., the NA role, human needs, person-centered care, the person's rights, communication, infection control, safety/emergency procedures [DNR, POLST] basic nursing skills, basic restorative services, and personal care
12. Grooming (including mouth care)	Addressed in Unit 8 (Personal Care); related content/reinforcement in Unit 1 (NA Role. human needs, person-centered care), Unit 4 (Infection Control); and Unit 6 (foundational knowledge — body systems, growth/development/aging/common conditions)
13. Dressing	Addressed in Unit 8 (Personal Care) and Unit 7 (Basic Restorative Services); related content/reinforcement in Unit 1 (NA Role, human needs, person-centered care), Unit 6 (foundational knowledge — body systems, growth/development/ aging/common health conditions)
14. Toileting	Addressed in Unit 6 (urinary output, foundational knowledge on body systems), Unit 7 (bowel training), and Unit 8 (personal care); related content/ reinforcement in Unit 1 (NA role, human needs, person-centered care), Unit 2 (client/resident rights, promoting independence)
15. Assisting with eating and hydration	Addressed in Unit 7 (use of assistive devices), Unit 8 (assisting with eating and drinking, aspiration risk), and Unit 9 (physical changes/care at end-of-life); related content/reinforcement in Unit 1 (NA role, human needs, person-centered care), Unit 4 (infection control, sanitation in food service), Unit 5 (safety/emergency—choking), Unit 6 (foundational knowledge — body systems; measuring and recording food and fluid intake, growth/development/aging/ common health conditions)

Requirements	Where is the requirement met in the curriculum?
16. Proper feeding techniques	Addressed in Unit 7 (use of assistive devices), Unit 8 (assisting with eating and drinking, aspiration risk), and Unit 9 (physical changes/care at end-of-life); related content/reinforcement in Unit 1 (NA role, human needs), Unit 4 (infection control, sanitation in food service), Unit 5 (safety/emergency—choking), Unit 6 (foundational knowledge — body systems; measuring and recording food and fluid intake, growth/development/aging/ common health conditions)
17. Skin care	Addressed with related/reinforcing content in multiple units: Unit 1 (NA role and human needs), Unit 2 (client or resident rights), Unit 4 (infection control), Unit 5 (Safety/Emergency—i.e., water temperature), Unit 6 (body systems, status changes), Unit 7 (Restorative—turning/positioning, need for mobility/activity), Unit 8 (Personal Care—skin care, pressure injury prevention), and Unit 9 (physical changes and care needs at end-of-life)
18. Transfers, position, and turning	Addressed in Unit 7 (Restorative) with related content in Unit 1 (NA role, human needs), Unit 2 (Resident Rights—freedom from abuse/neglect), Unit 4 (Infection Control—personal care and protecting skin from injury), Unit 5 (Safety & Emergency—body mechanics), Unit 6 (foundational knowledge—body systems, growth/development/aging/common health conditions), Unit 8 (Personal Care—skin care, pressure injury prevention), and Unit 9 (physical changes/care needs at end-of-life)
19. Modifying aides’ behavior in response to client’s behavior	Addressed in Unit 3 (Communication & Interpersonal Skills) and specialty trainings; introduced in Unit 1 (NA Role, human needs, person-centered care); reinforced and applied throughout course
20. Awareness of developmental tasks associated with the aging process	Addressed in Unit 6 (overview of body systems, growth/development/aging/common health conditions), Unit 9 (psychosocial development across the lifespan and end-of-life care), and specialty trainings; related content addressed in Unit 1 (human needs), Unit 3 (Communication & Interpersonal Skills); reinforced and applied throughout
21. How to respond to client’s behavior	Addressed in Unit 3 (Communication & Interpersonal Skills) and specialty trainings; related content/reinforcement in Unit 1 (NA role, human needs, person-centered care); reinforced and applied throughout course

Requirements	Where is the requirement met in the curriculum?
22. Allowing the client to make personal choices, providing and reinforcing other behavior consistent with resident dignity.	Addressed in Unit 1 (NA role, human needs, person-centered care, knowledge of rules & regulations), Unit 2 (Client/Resident Rights and Promoting Independence), and specialty trainings; reinforced and applied throughout the course
23. Using the client’s family as a source of emotional support.	Addressed in Unit 1 (NA Role—client and family at the center of the healthcare team, human needs), Unit 2 (Client or Resident Rights and Promoting Independence), Unit 9 (Life Transitions), and specialty trainings.
24. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer’s and others).	Introduced as part of the NA role in Unit 1. Addressed in Unit 3 (Communication and Interpersonal Skills), through scenarios that include character Carol Montgomery (Unit 3—Communication & Interpersonal Skills; Unit 5—Safety/Emergency; Unit 6—Basic Nursing Skills; and Unit 8—Personal Care). Addressed in-depth in dementia specialty training.
25. Communicating with cognitively impaired clients.	Introduced as part of the NA role in Unit 1. Addressed in Unit 3 (Communication and Interpersonal Skills), through scenarios that include character Carol Montgomery (Unit 3—Communication & Interpersonal Skills; Unit 5—Safety/Emergency; Unit 6—Basic Nursing Skills; and Unit 8—Personal Care). Addressed in-depth in dementia specialty training.
26. Understanding the behavior of cognitively impaired clients.	Introduced as part of the NA role in Unit 1. Addressed in Unit 3 (Communication and Interpersonal Skills), through scenarios that include character Carol Montgomery (Unit 3—Communication & Interpersonal Skills; Unit 5—Safety/Emergency; Unit 6—Basic Nursing Skills; and Unit 8—Personal Care). Addressed in-depth in dementia specialty training.
27. Appropriate responses to the behavior of cognitively impaired clients.	Introduced as part of the NA role in Unit 1. Addressed in Unit 3 (Communication and Interpersonal Skills), through scenarios that include character Carol Montgomery (Unit 3—Communication & Interpersonal Skills; Unit 5—Safety/Emergency; Unit 6—Basic Nursing Skills; and Unit 8—Personal Care). Addressed in-depth in dementia specialty training.

Requirements	Where is the requirement met in the curriculum?
<p>28. Methods of reducing effects of cognitive impairments.</p>	<p>Introduced as part of the NA role in Unit 1. Addressed in Unit 3 (Communication and Interpersonal Skills), through scenarios that include character Carol Montgomery (Unit 3—Communication & Interpersonal Skills; Unit 5—Safety/Emergency; Unit 6—Basic Nursing Skills; and Unit 8—Personal Care).</p> <p>Addressed in-depth in dementia specialty training.</p>
<p>29. Training the client in self-care according to the client’s ability.</p>	<p>Addressed in Unit 2 (Client or Resident Rights and Promoting Independence), Unit 7 (Basic Restorative Services), character scenarios (particularly Joseph Caputo in Units 7 & 8), and specialty trainings.</p> <p>Related content/reinforcement in Unit 1 (introduced as part of the NA Role, human needs, and person- centered care). Threaded throughout the course via human needs/person centered care exercises.</p>
<p>30. Use of assistive devices in transferring, ambulation, eating and dressing.</p>	<p>Addressed in Unit 7 (Basic Restorative Services), but also introduced as part of the NA role in Unit 1 and addressed in terms of Safety in Unit 5.</p>
<p>31. Maintenance of range of motion</p>	<p>Addressed in Unit 7 (Basic Restorative Services) with related content in Unit 1 (NA role in Basic Restorative Services), Unit 6 (foundational knowledge—body systems, growth/development/aging/common health conditions), Unit 8 (Personal Care—through character scenario for Alberta Filmore), and Unit 9 (common physical changes and care needs at end-of-life)</p>
<p>32. Proper turning and position in a bed or chair.</p>	<p>Addressed in Unit 7 (Restorative) with related content in Unit 1 (NA role in Basic Restorative Services), Unit 2 (Resident Rights—freedom from abuse/neglect), Unit 4 (Infection Control—personal care and protecting skin from injury), Unit 5 (Safety & Emergency—body mechanics), Unit 6 (foundational knowledge—body systems, growth/development/aging/common health conditions), Unit 8 (Personal Care—skin care, pressure injury prevention), and Unit 9 (physical changes/care needs at end-of-life)</p>
<p>33. Bowel and bladder training</p>	<p>Addressed in Unit 6 (Basic Nursing Skills—bladder— with Character Carol Montgomery) and Unit 7 (Basic Restorative Services—bowel—with character Mrs. Li).</p>

Requirements	Where is the requirement met in the curriculum?
34. Care and use of prosthetic and orthotic devices	Addressed in Unit 7 (Basic Restorative Services)
35. Providing privacy and maintenance of confidentiality	Addressed in Unit 2 (Client or Resident Rights) and Unit 3 (Communication & Interpersonal Skills); reinforced and applied throughout course.
36. Promoting the client’s right to make personal choices to accommodate their needs	Introduced in Unit 1 as part of the NA role, human needs and person-centered care; addressed with emphasis in Unit 2 (Client or Resident Rights and Promoting Independence); threaded through every unit as part of the holistic human needs/person- centered care approach and character scenarios for reinforcement/application throughout course.
37. Giving assistance in resolving grievances anddisputes	Introduced in Unit 1 as part of the NA role (Client or Resident Rights); addressed with emphasis in Unit 2 (Client or Resident Rights and Promoting Independence); included in a character scenario with Alberta Filmore.
38. Providing needed assistance in getting to and participating in client and family groupactivities	Introduced in Unit 1 as part of the NA role, human needs, and person-centered care; addressed with emphasis in Unit 2 (Client or Resident Rights and Promoting Independence); also threaded through several character scenarios (Carol Montgomery; Joseph Caputo; Alberta Filmore).
39. Maintaining, care and security of client’spersonal possessions.	Addressed as part of NA Role, human need for safety/security, and knowledge of rules/regulations Uniform Disciplinary Act (UDA) in Unit 1. Presented as a Client or Resident Right in Unit 2. Addressed in a character scenario with Alberta Filmore.
40. Promoting client’s right to be free from abuse, mistreatment and neglect and the need to reportany such treatment to appropriate facility staff.	Addressed as part of NA Role, a human need, and as part of rules/regulation knowledge (Mandatory Reporting, UDA) in Unit 1. Addressed as a Client or Resident Right in Unit 2. Addressed in a character scenario with Alberta Filmore. Reinforced/applied throughout course (i.e., communication, need for personal care, prevention of skin injury, meeting human needs, person-centered care approach, etc.).
41. Avoiding the need for restraints in accordance with professional standards.	Introduced as part of NA Role (related to client or resident rights) in Unit 1 and addressed/emphasized in Unit 2 (Client or Resident Rights).

Requirements	Where is the requirement met in the curriculum?
42. CPR training	Training program to verify valid CPR card prior to in-facility clinical. Training program may provide CPR training or accept CPR training from another acceptable source accepted for NAC certification.
43. Measures and records fluid and food intake and output of client.	Introduced as part of the NA Role in Unit 1 (related to basic nursing skills). Addressed with foundational content on body systems and skill practice/ competency demonstration in Unit 6 (Basic Nursing Skills). Related content/reinforcement in Unit 3 (Communication — including documentation) and Unit 8 (Personal Care — assisting with eating/drinking)
44. Reports client concerns	Introduced as part of NA Role (related to client or resident rights), human needs, and person-centered care in Unit 1. Addressed with emphasis in Unit 2 (Client or Resident Rights). Included in a care scenario with Alberta Filmore.
45. AIDs education	Addressed in Unit 4 (Infection Control) with blood- borne pathogen content. Infection control principles reinforced/applied throughout course
46. Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.	Demonstrated by students throughout the course through reading, writing (included documentation of care provided), and discussion activities.
47. Listens and responds to verbal and nonverbal communication in an appropriate manner.	Introduced as part of the NA role in Unit 1 (related to communication & interpersonal skills, human needs, and person-centered care). Addressed with emphasis in Unit 3 (Communication & Interpersonal Skills), character scenarios throughout the course. Addressed with emphasis in specialty trainings.
48. Recognizes how the aide's own behavior influences client's behavior and knows resources for obtaining assistance in understanding client's behavior.	Addressed in Unit 3 (Communication & Interpersonal Skills) and the specialty trainings. Reinforced/applied throughout the course through understanding of NA role, human needs, and person-centered care (Unit 1 and care scenarios/exercises for each unit)

Requirements	Where is the requirement met in the curriculum?
49. Makes adjustments for client’s physical or mental limitations.	Addressed in Unit 3 (Communication & Interpersonal Skills) and the specialty trainings. Foundational knowledge presented in Unit 6 (related to body systems, growth/development/aging/ common health conditions) and in specialty trainings. Character scenarios address a variety of examples. The human needs/person-centered care approach threaded through the curriculum address this in every unit.
50. Uses terminology accepted in the health care facility to report and record observation and other pertinent information.	Introduced in Unit 1 as part of the NA Role (related to providing care for individuals and communicating as part of the healthcare team); addressed in Unit 3 (Communication & Interpersonal Skills), but reinforced/applied in every unit (each unit incorporates key terminology to know from textbook resource).
51. Demonstrates ability to explain policies and procedures before and during client care.	Introduced in Unit 1 as part of the NA Role and human needs; addressed in Unit 3 (Communication & Interpersonal Skills); reinforced/applied in every unit
52. Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions.	Introduced in Unit 1 as part of the NA Role and human needs (related to infection control); Addressed with emphasis in Unit 4 (Infection Control); reinforced/applied as a key principle across units.
53. Explains how disease-causing microorganisms are spread and lists ways that HIV and Hepatitis B can be spread from one person to another.	Introduced in Unit 1 as part of the NA Role and human needs (related to infection control); and addressed in-depth in Unit 4 (Infection Control).
54. Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.	Introduced in Unit 1 as part of the NA Role (in general related to infection control); and addressed in-depth in Unit 4 (Infection Control).

Requirements	Where is the requirement met in the curriculum?
55. Provides adequate ventilation, warmth, light, and quiet measures.	Addressed in Units 5 (Safety & Emergency) and in Unit 6 (Basic Nursing Skills). Reinforced/applied throughout course
56. Uses measures that promote comfort, rest, and sleep.	Addressed in Unit 6 (Basic Nursing Skills); reinforced/applied throughout course
57. Promotes a clean, orderly, and safe environment and equipment for the client.	Addressed in Unit 5 (Safety & Emergency) and in Unit 6 (Basic Nursing Skills); reinforced/applied throughout course.
58. Identifies and utilizes measures for accident prevention.	Addressed in Unit 5 (Safety & Emergency) and 6 (Basic Nursing Skills). Reinforced/applied throughout course
59. Identifies and demonstrates principles of body mechanics.	Addressed in Unit 5 (Safety & Emergency) and 7 (Basic Restorative); reinforced/applied throughout course
60. Demonstrates knowledge of fire and disaster procedures.	Addressed in Unit 5 (Safety & Emergency) for application as required
61. Identifies and demonstrates principles of hand sanitation in food service.	Addressed in Unit 4 (Infection Control) & Unit 8 (Personal Care—assisting with eating)
62. Proper use and storage of cleaning agents and other hazardous materials.	Addressed in Unit 5 (Safety & Emergency) for application as required
63. Demonstrates knowledge of and is responsive to the laws and regulations including client abuse and neglect, client complaint procedures, worker's right to know and the uniform disciplinary act.	Addressed in Units 1 and 2 (Knowledge of Rules & Regulations and Client or Resident Rights); reinforced/applied throughout course

Requirements		Where is the requirement met in the curriculum?	
64. Respect client's property and does not take client's property for own or other use or benefit. Does not solicit, accept, or borrow money or property from clients.		Addressed in Units 1 and 2 (Knowledge of Rules & Regulations and Client or Resident Rights); included in a character scenario with Alberta Filmore; reinforced/applied throughout course	
Total number of hours of training program	Number of clinical hours	Number of lab hours	Number of classroom hours
Name of Training Program			Phone (enter 10 digit #)

Quick View: HCA Alternative/Bridge Curriculum

HCA Alternative/Bridge Course Hours Estimates/Breakdown:

Class: 17 Skills Lab: 13 Clinical: 6 Total: 36

- Does not include specialty trainings: Most HCA's have already taken these.

Unit Info	Topical Outline	Related Skills
<p>Unit 1</p> <p>Introduction</p> <p>Scope/Regs</p> <p>4 hours (3 classroom, 1 lab)</p> <p>Character Scenario: Meet Alberta</p>	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Relevant terminology and abbreviations (use nursing assistant text as resource) • Nursing assistant competencies or scope of practice (as listed in the Washington Administrative Code) • Introduction to Abraham Maslow's Hierarchy of Human Needs <ul style="list-style-type: none"> ✓ Introduction to the model ✓ The model as a valuable tool for providing holistic care ✓ Introduction to using the model with individual client stories to build competence in providing holistic, person-centered care ✓ Using the model to consider one's own human needs • Settings where nursing assistants provide long-term care support, include but are not limited to: <ul style="list-style-type: none"> ✓ Skilled nursing facilities ✓ Assisted living facilities ✓ Adult family homes ✓ Home health care ✓ Hospital ✓ Hospice care ✓ Adult day services • The healthcare team: The healthcare team includes, but is not limited to: <ul style="list-style-type: none"> ✓ The client or resident ✓ The client's or resident's loved ones ✓ Registered and licensed practical nurses ✓ Primary Care Providers (physicians [doctors], physician's assistants, advanced registered nurse practitioners) ✓ Physical therapists 	

Unit Info	Topical Outline	Related Skills
	<ul style="list-style-type: none"> ✓ Occupational therapists ✓ Speech-language pathologists ✓ Social workers and case managers ✓ Registered dieticians ✓ Activity Coordinators ✓ Other nursing assistants • The nursing assistant on the healthcare team: The role includes but is not limited to: <ul style="list-style-type: none"> ✓ Performing competently within the nursing assistant scope of practice ✓ Using the chain of command appropriately ✓ Following agency policies and procedures appropriately ✓ Demonstrating knowledge of rules and regulations (Note: the instructor transitions here to Part II of this unit—Knowledge of Rules and Regulations) • Workers right to know (Chapter 49.70 RCW) <ul style="list-style-type: none"> ✓ Material Safety Data Sheet (MSDS) or Safety Data Sheet (SDS) • Omnibus Budget Reconciliation Act (OBRA) <ul style="list-style-type: none"> ✓ Nursing assistant regulations ✓ Minimum Data Set (MDS) • Medicare and Medicaid <ul style="list-style-type: none"> ✓ Basic description of each ✓ Major difference(s) between the two • Nursing assistant scope of practice (WAC 246-841-400) • Opportunities for expanded scope in Washington <ul style="list-style-type: none"> ✓ Nurse Delegation (WAC 246-841-405) ✓ Medication Assistant Certification Endorsement (WAC 246-841-586 through 595) • Mandatory reporting procedures related to client or resident abuse, neglect, abandonment, and exploitation (Chapter 74.34 RCW , WAC 246-16) <ul style="list-style-type: none"> ✓ Types of abuse and examples (physical, psychological, verbal, sexual, financial) ✓ Definitions and examples of neglect, abandonment, and exploitation ✓ Reporting procedures • The Uniform Disciplinary Act (Chapter 18.130 RCW) <ul style="list-style-type: none"> ✓ Unprofessional conduct 	
Unit 2	Including, but not limited to:	

Unit Info	Topical Outline	Related Skills
<p>Resident Rights & Regulations</p> <p>2 hours (1 classroom, 1 lab)</p> <p>Character Scenario: Alberta</p>	<p>Relevant terminology and abbreviations (use class text as a resource)</p> <p>Omnibus Budget Reconciliation Act (OBRA)</p> <ul style="list-style-type: none"> ✓ History and purpose ✓ Clients/Residents' Rights document <p>Privacy and Confidentiality</p> <ul style="list-style-type: none"> ✓ Health Insurance Portability and Accountability Act (HIPAA) <p>Activity and Independence</p> <ul style="list-style-type: none"> ✓ Assisting residents in getting to and participating in activity according to ability and choice <p>Residents' personal relationships and socializing</p> <ul style="list-style-type: none"> ✓ Importance/Human Needs ✓ Facilitating opportunities ✓ Health and wellness benefits <p>Restraints</p> <ul style="list-style-type: none"> ✓ Ethical and legal considerations ✓ Nursing assistant role 	
<p>Unit 3 Communication</p> <p>2 hours (1 classroom, 1 lab)</p> <p>Character Scenario: Meet Joseph</p>	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Relevant terminology and abbreviations (use class text resource as a guide) • Considerations for special approaches in communication <ul style="list-style-type: none"> ✓ Vision impairment • Communicating with the healthcare team <ul style="list-style-type: none"> ✓ Giving and receiving report ✓ Intake, transfers, discharges ✓ Incident reports • Communication and clients' rights <ul style="list-style-type: none"> ✓ Providing call bell access at all times 	
<p>Unit 4 Infection Control</p>	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Relevant terminology and abbreviations (use class text as a resource) • The chain of infection, including modes of transmission 	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> ✓ Handwashing

Unit Info	Topical Outline	Related Skills
<p>3 hours (1.5 classroom, 1.5 lab)</p> <p>Character Scenario: Alberta, Joseph</p>	<ul style="list-style-type: none"> • Multi-drug resistant organisms (MDROs) <ul style="list-style-type: none"> ✓ Methicillin-resistant staphylococcus aureus (MRSA) ✓ Vancomycin-resistant enterococcus (VRE) • Other Infections to Discuss <ul style="list-style-type: none"> ✓ Influenza ✓ Corona Virus ✓ Clostridium Difficile ✓ Urinary tract infections ✓ Respiratory infections ✓ Cellulitis ✓ Other current (use DOH/CDC as resources) • Infection prevention <ul style="list-style-type: none"> ✓ Isolation precautions <ul style="list-style-type: none"> ○ Airborne ○ Droplet ○ Contact 	<ul style="list-style-type: none"> ✓ Donning/Doffing PPE, including masks ✓ Demonstrated application of isolation precautions <ul style="list-style-type: none"> ○ Airborne ○ Droplet ○ Contact
<p>Unit 5 Safety & Emergency Procedures</p> <p>3 hours (1.5 classroom, 1.5 lab)</p> <p>Character Scenario: Meet Mrs. Li</p>	<p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Relevant technology and abbreviations (use class text as resource) • Client environment <ul style="list-style-type: none"> ✓ Ventilation, temperature control, lighting, quiet/noise control ✓ Call bell is always within reach • Accident prevention measures <ul style="list-style-type: none"> ✓ Remove or reduce safety hazards (i.e., risk for falls, choking, aspiration, asphyxiation, cuts, poisoning, electrocution, burns or fire, self-injury, or other injury). Examples include but are not limited to: <ul style="list-style-type: none"> ○ Proper use and storage of cleaning agents and other hazardous materials <ul style="list-style-type: none"> • Material Safety Data Sheets (MSDS or SDS) ○ Verifying clients' identification before providing food and drink and assuring an upright position during and following eating/drinking ○ Strictly following special dietary plans (thickened liquids) • Fire Safety <ul style="list-style-type: none"> ✓ Reducing fire hazards and risk of fire (i.e., furniture/items away from heaters, oxygen use, etc.) 	<ul style="list-style-type: none"> • CPR (may be taken separately from the nursing assistant training program, but is needed prior to clinical) – CPR is not included in time estimates • Basic emergency response measures, including the Heimlich maneuver • Other unit competencies are to be integrated and demonstrated in skills lab and clinical practice activities (i.e., verifying clients' identification, checking water temperature for safety, removing fall

Unit Info	Topical Outline	Related Skills
	<ul style="list-style-type: none"> ✓ Fire preparedness (knowing how to respond) <ul style="list-style-type: none"> ○ Bringing clients to safety ○ Location and using of alarms ○ Methods to contain fire (if possible) ○ Location and use of fire extinguishers ✓ Responding to fire • Responding to emergencies <ul style="list-style-type: none"> ✓ Recognizing and Responding to emergent changes in the body and its functioning <ul style="list-style-type: none"> ○ Providing basic emergency response measures, including the Heimlich Maneuver ○ Providing cardiopulmonary resuscitation (CPR) 	<p>hazards, storing chemicals properly, etc.)</p>
<p>Unit 6 Basic Nursing Skills</p> <p>9 hours (5 classroom, 4 lab)</p> <p>Character Scenario: Joseph</p>	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Relevant terminology and abbreviations (use nursing assistant text as a resource) • <u>Overview of Human Growth and Development</u>, including by not limited to: <ul style="list-style-type: none"> ✓ General developmental stages over the lifespan ✓ Developmental disabilities⁸ ✓ Mental health conditions⁸ • <u>Overview of body systems</u>: Information about each system includes, but is not limited to: <ul style="list-style-type: none"> ✓ A general description of the system and its function(s) ✓ System changes that commonly occur with age ✓ Common system-related health conditions and deviations from normal functioning ✓ The nursing assistant care role where appropriate, including key points for observing for and reporting deviations from normal functioning <p><u>The body systems addressed include:</u></p> <ul style="list-style-type: none"> ✓ Integumentary ✓ Musculoskeletal ✓ Nervous ✓ Circulatory ✓ Respiratory ✓ Urinary 	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • Measurement and recording of vital signs: <ul style="list-style-type: none"> ○ Blood pressure ○ Pulse ○ Respirations ○ Temperature ○ Pain • Measuring and recording oxygen saturation levels • Working safely with oxygen • Measurement and recording of height and weight • Measurement and recording of intake and output: <ul style="list-style-type: none"> ✓ Fluid intake ✓ Food intake

⁸ Broad introduction or reinforcement since this content is addressed in the specialty trainings that will be added (or that students have already had)

Unit Info	Topical Outline	Related Skills
	<ul style="list-style-type: none"> ✓ Gastrointestinal ✓ Endocrine ✓ Reproductive ✓ Immune/Lymphatic <p>• <u>Measurement Skills:</u> Information about each skill includes, but is not limited to:</p> <ul style="list-style-type: none"> ✓ Why the measurement is important ✓ Relationship to body systems and common health conditions ✓ Normal ranges and individual baselines ✓ Emergency ranges and response ✓ Recording and reporting <p><u>The skills include, but are not limited to:</u></p> <ul style="list-style-type: none"> ✓ Vital signs <ul style="list-style-type: none"> ○ Blood pressure ○ Pulse ○ Respirations ○ Temperature ○ Pain ✓ Oxygen saturation level <ul style="list-style-type: none"> ○ Working safely with oxygen ✓ Height and weight <ul style="list-style-type: none"> ○ Ambulatory clients or residents ○ Non-ambulatory clients or residents ✓ Intake and output <ul style="list-style-type: none"> ○ Fluid Balance ○ Fluid intake ○ Food intake ○ Urinary output ○ Bowel movements <p>• Consideration of emotional, social, cultural, and mental health needs in the care plan and care:</p> <ul style="list-style-type: none"> ✓ The care plan and the nursing assistant’s role in the care planning and reporting process ✓ Supporting human needs at all levels of Maslow’s Hierarchy of Human Needs (or holistically) and adjusting care to accommodate clients’ or residents’ unique needs (person-centered care), which includes: 	<ul style="list-style-type: none"> ✓ Urinary output ✓ Bowel movements

Unit Info	Topical Outline	Related Skills
	<ul style="list-style-type: none"> ○ Supporting clients' or residents' connection to loved ones and social network or community ○ Including loved ones in care according to the clients' or residents' wishes and decisions ○ Honoring advance directives and POLST <ul style="list-style-type: none"> ● Considerations for safety and comfort in the client's or resident's environment with an emphasis on recognizing, responding to, and reporting problems in the environment. Examples include, but are not limited to: <ul style="list-style-type: none"> ✓ Malfunctioning call bell ✓ Need for equipment maintenance for safety ✓ Poor temperature control or ventilation ✓ Accident or safety hazards (i.e., sharp objects or edges, dangerous chemicals improperly stored, visitors smoking when oxygen is in use, etc.) 	
<p>Unit 7 Basic Restorative Services</p> <p>3.5 hours (1.5 classroom, 2 lab)</p> <p>Character Scenario: Mrs. Li, Joseph</p>	<p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> ● Relevant terminology and abbreviations (use class text as a resource) ● Introduction and Nursing Assistant Role: <ul style="list-style-type: none"> ✓ Rehabilitative care ✓ Restorative care ✓ The nursing assistant role in restorative care according to the care plan (which incorporates the therapy restorative care plan for implementation): <ul style="list-style-type: none"> ○ Techniques for supporting and encouraging efforts ○ Training in self-care according to individual abilities ○ Observing for status changes ○ Reporting status changes ● Negative physical and psychological impacts of inactivity and/or immobility ● Assistive devices used for transfers, ambulation, eating, and dressing <ul style="list-style-type: none"> ✓ Transfer Boards ✓ Current types of mechanical lifts 	<ul style="list-style-type: none"> ● Proper use of assistive devices in: <ul style="list-style-type: none"> ✓ Eating ✓ Dressing ● Passive range of motion of all joints ● Positioning and re-positioning in a chair ● Care and use of prosthetic/orthotic devices ● Bowel and bladder training <p>NOTE: Mechanical lifts are costly and lift types vary widely, so even if a skills lab has a mechanical lift(s), what is in lab may not be the same as what exists in clinical. The recommendation is that</p>

Unit Info	Topical Outline	Related Skills
	<ul style="list-style-type: none"> ✓ Current types of assistive devices for eating (i.e., specialized utensils, plates, cups, accessories, technology) ✓ Current types of assistive devices for dressing (clothing modifications accessories, other helpful tools) <p><u>The skills include, but are not limited to:</u></p> <ul style="list-style-type: none"> ○ Positioning and re-positioning in a chair ○ Maintaining range of motion of all joints ○ Use and care of prosthetic/orthotic devices i.e. (artificial limbs, artificial eye, dentures, hearing aids, artificial breast) ○ Methods for meeting elimination needs, including bowel and bladder training 	<p>training and supervision to achieve competency occurs in clinical and/or on-the-job (per facility policy and regulations) on the specific equipment they to be used.</p>
<p>Unit 8 Personal Care 0 hours (0 classroom, 0 lab) Character Catch- Up: Alberta Mrs. Li</p>	<p>Note: HCA’s have completed extensive personal care training and do not need repeat training.</p>	
<p>Unit 9 Life Transitions 3.5 hours (2.5 classroom, 1 lab) Character Scenarios: Alberta Mrs. Li</p>	<p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> • Relevant terminology and abbreviations (use class text as a resource) • Psychosocial Mental Health Considerations: <ul style="list-style-type: none"> ✓ Stages of psychosocial development across the lifespan (Erickson) ✓ Human responses to health and life transitions, grief, and loss and factors that impact responses (culture, spiritual beliefs, previous experiences, personality) • End-of-Life Care <ul style="list-style-type: none"> ✓ Palliative care ✓ Hospice care ✓ Care of the dying client or resident <ul style="list-style-type: none"> ○ Supporting client or resident rights and dignity ○ Common physical changes that occur ○ Common physical care needs ○ Care of the environment 	<ul style="list-style-type: none"> • Post-mortem care

Unit Info	Topical Outline	Related Skills
	<ul style="list-style-type: none"> ○ Using verbal and non-verbal communication and interpersonal skills to support human needs and provide emotional support ○ Respecting individual variations in preferences (visitors and family practices, spiritual and cultural practices, etc.) ● Legal Documents Affecting Care: <ul style="list-style-type: none"> ✓ Advance directives (living wills, durable power of attorney) ✓ POLST form (portable medical orders) ✓ Do Not Resuscitate (DNR) ✓ Nursing assistant role ● Post-Mortem Care <ul style="list-style-type: none"> ✓ Client or resident rights ✓ Common changes in the body after death ✓ Providing post-mortem care ✓ Respecting variations in loved one’s responses to the post-mortem period and the client’s or resident’s and family’s preferences for the post-mortem period (i.e., expressions of grief, spiritual practices, cultural traditions, etc.) 	
<p style="text-align: center;">Unit 10 Specialty: Developmental Disabilities 16 hours (N/A if already completed)</p>		
<p style="text-align: center;">Unit 11 Specialty: Mental Health 8 hours (N/A if already completed)</p>		
<p style="text-align: center;">Unit 12 Specialty: Dementia 8 hours (N/A if already completed)</p>		

Glossary

Acronym	Definition
ALTSA	Aging and Long-term Support Administration
CBT	Computer-based testing
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus disease 2019
CPR	Cardiopulmonary resuscitation
DNR	Do not resuscitate
DOH	Washington Department of Health
DSHS	Washington Department of Social and Health Services
ESHB	Engrossed Substitute House Bill
ESSB	Engrossed Substitute Senate Bill
HCA	Home care aide
HIPAA	Health Insurance Portability and Privacy Act
HPRD	Hours per resident day
I-BEST	Integrated basic education skills and training
LPN	Licensed practical nurse
LTC	Long-term care
MDRO	Multi-drug resistant organisms
MRSA	Methicillin-resistant staphylococcus aureus
MSDS	Material Safety Data Sheet (also referred to as SDS)
NA	Nursing assistant
NAC	Nursing assistant certified
NCQAC	Nursing Care Quality Assurance Commission
OBRA	Omnibus Budget Reconciliation Act
OFM	Washington Office of Financial Management
PDF	Portable document format
PHI	Protected health information
POLST	Physician orders for life-sustaining treatment
PPE	Personal protective equipment
QRP	Quality reporting program
RCW	Revised Code of Washington

RN	Registered nurse
SHB	Substitute House Bill
SNF	Skilled nursing facility
SSB	Substitute Senate Bill
UDA	Uniform Disciplinary Act
VRE	Vancomycin-resistant enterococcus
WAC	Washington Administrative Code
WTB	Washington Workforce Training and Education Coordinating Board

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