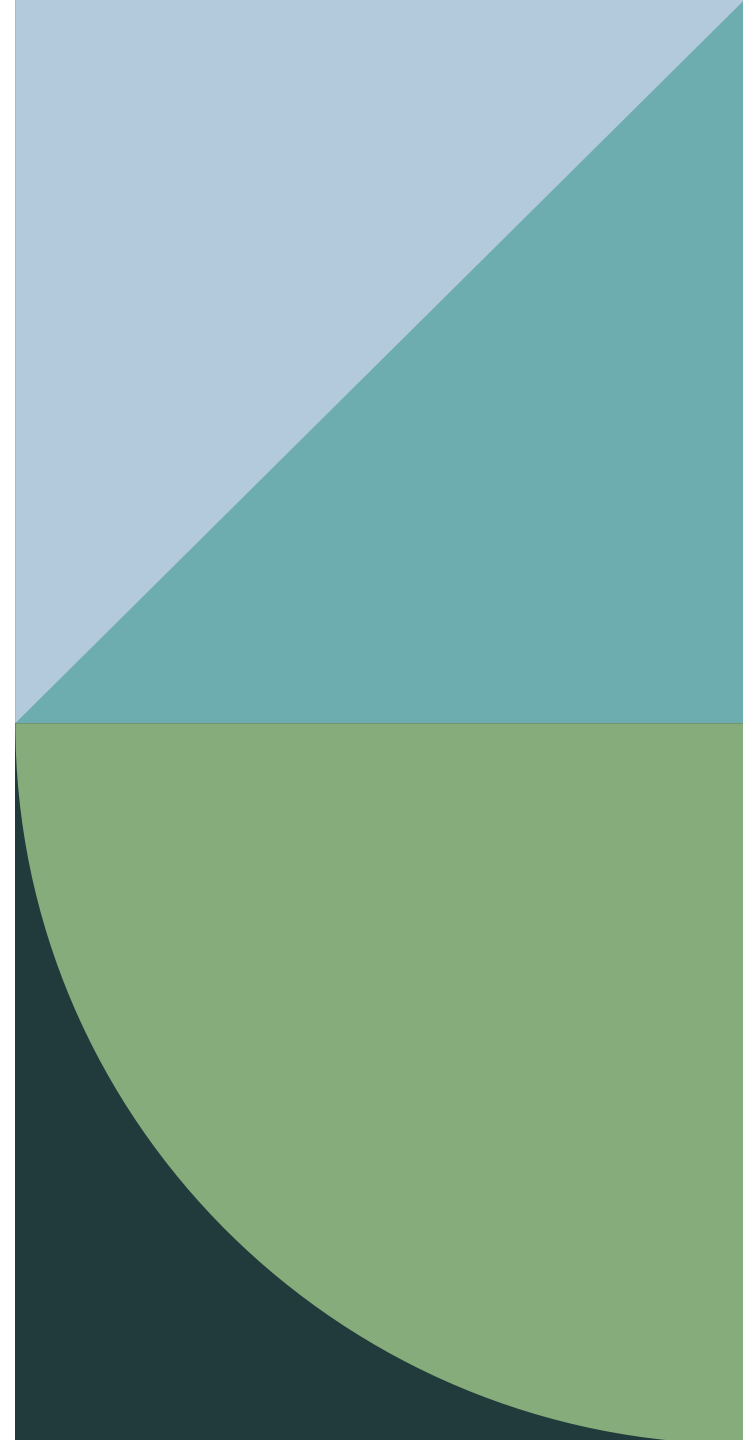


CNA Policy Framework: Review and Discuss Stakeholder Feedback

All



Survey Results: Overview

About the Survey

- Sent to stakeholders by Committee members
- Open November 15 - December 16
- 26 responses
- 15 respondents shared their information
 - BON (1)
 - Education (7)
 - Hospitals (6)
 - Advocacy groups (1)

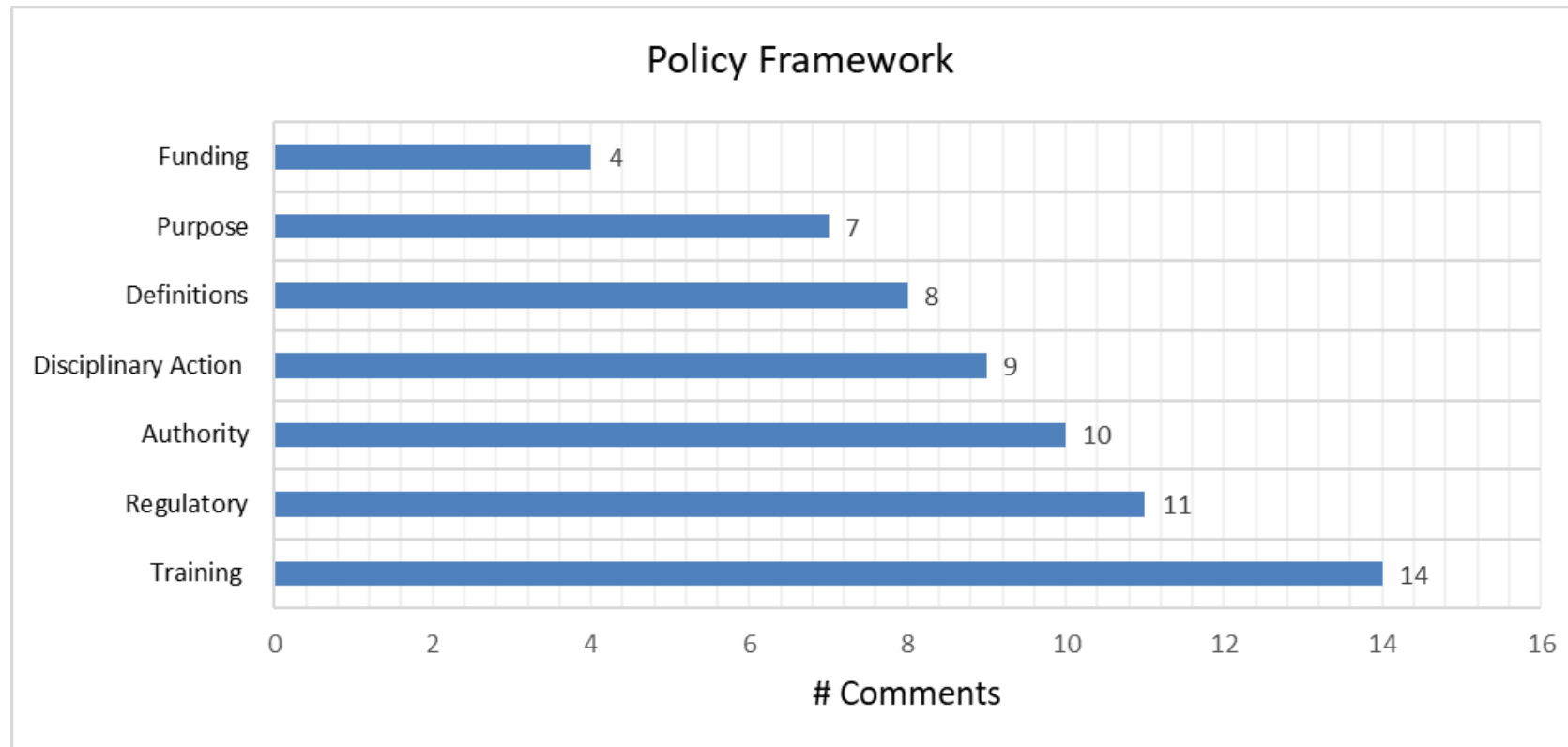
Survey Results

- Policy Framework questions were grouped by section
 - i.e. Question 1 & 8 are about the PURPOSE section, Question 2 & 9 are about REGULATORY section
- Comments in **grey text** were discussed at the previous meeting

Survey Results: POLICY FRAMEWORK

Policy Framework Sections with the most comments:

- Training
- Authority
- Regulatory



Survey Results: PURPOSE STATEMENT

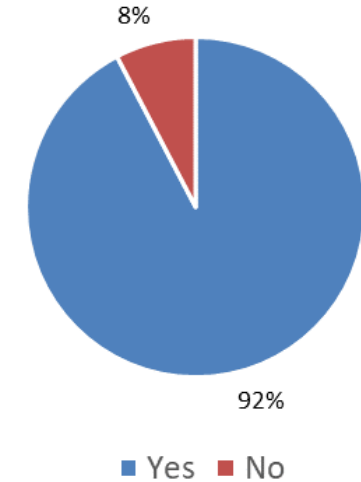
Question 1: After reading the PURPOSE statement of the Policy Framework, is the PURPOSE statement clear?

If you answered no, please explain what is confusing.

CLARITY OF STATEMENT FEEDBACK:

1. Why the UAP is included in this document. Does this apply to the UAP? The term Unlicensed Nursing Assistant is confusing.
2. The purpose as read presents itself as vague and I find confusing. There is language proposing individual sites and outside agencies to provide training but also include state colleges and high schools through the CTE program. I found language for testing to be vague and with language to provide increased site inspections without defining who and how inspections would be conducted I feel there is increased exposure to risk and public harm by omitting inspection to facility-based training programs. This, I feel, is a huge red flag.

Is the PURPOSE statement clear?



Survey Results: PURPOSE STATEMENT

Question 8: Please provide any feedback you have on the PURPOSE section of the Policy Framework.

COMMENTS:

1. The purpose statement fails to mention the intention of this agency to restructure the education and certification process of the Certified Nurse Aide in Idaho. The plan and implementation of the intended process needs to be transparent along with the associated costs and benefits and also negatives of restructuring .
2. Emphasize how this will protect the public from harm...How will it.
3. I disagree with the purpose being on employer and private training providers. The purpose should be on reviewing and expanding all training opportunities.
4. I agree with this statement. However, while it states adverse findings, some of those findings can be removed?
5. Not completely unclear, but it would be helpful to highlight that this is a legislative decision with input from stakeholders across healthcare organizations in the state. Initially that was not clear to me until further clarification was provided verbally.

Survey Results: REGULATORY STATEMENT

Question 2: After reading the REGULATORY statement of the Policy Framework, is the REGULATORY statement clear?

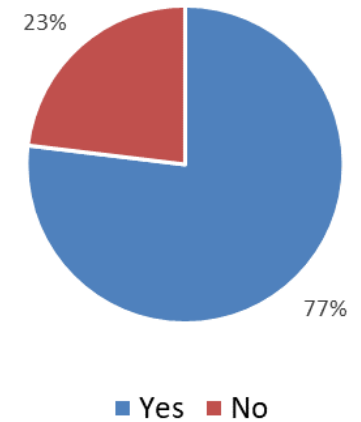
If you answered no, please explain what is confusing.

CLARITY OF STATEMENT FEEDBACK:

1. I do, but had to read/reread it to ensure I understood what was being said
2. Is the Unlicensed Nursing Assistant included?
3. It looks as if the Framework is just stating the facts and options, not that anyone has decided which way to go.
4. Are you requiring a background check or do they just state that they can pass a background check?
5. Do the nursing students complete the clinical skills and written test that CNA candidates in the standard route complete? How do you ensure the necessary information is being taught?

Continued next page...

Is the REGULATORY statement clear?



Survey Results: REGULATORY STATEMENT

Question 2: After reading the REGULATORY statement of the Policy Framework, is the REGULATORY statement clear?

If you answered no, please explain what is confusing.

CLARITY OF STATEMENT FEEDBACK continued...

6. Would this cover college and CTE trained CNA's or those trained in-house by employers or those trained by outside agencies and who regulates those. As things stand now, colleges and CTE programs in Idaho become the gateway into the CNA profession. By adding other agencies into the training mix, there appears to be an un-defined regulatory process that will need to be built "on the fly" or have these entities outside of state-sponsored education system develop their own programs specific to their settings. This will lead to dangerous inconsistencies and would increase the potential for harm, especially as CNA's trained in one setting (LTC), move to a different setting (hospital). There appears too much variability in training, setting, and regulating those differences.

Survey Results: REGULATORY STATEMENT

Question 9: Please provide any feedback you have on the REGULATORY section of the Policy Framework.

COMMENTS:

1. In this case, who is the Idaho State Survey Agency? Is this Prometric, IDHW Bureau of Facility Standards, etc.?
2. Are you requiring a background check or do they just state that they can pass a background check?
3. Doesn't go far enough. This doesn't address people being hired as NA's. It explains them but it doesn't address them being on a registry
4. Does the Department of Health and Welfare have the manpower and funding available for both training and registry maintenance oversight?

Continued next page...

Survey Results: REGULATORY STATEMENT

Question 9: Please provide any feedback you have on the REGULATORY section of the Policy Framework.

COMMENTS continued...

5. The nurse assistant presenting in the State of Idaho for employment should pass a skills test to assure this person has been trained in safe, basic nursing skills according to the standard the State of Idaho has designated historically. Doing less than this will be a detriment to the care our citizens deserve and expect. Of course safety is the ultimate necessity in the care of our patients. I am not aware of reciprocity for the CNA coming from another state or country for employment in Idaho. A background check is necessary for employment and so should be done before the person is added to the CNA Registry. UAP and Non-certified/Uncertified Aide/Assistant should also have a background check to work with or around patients. A similar registry for that group of workers needs to be created and maintained. It would be to the best interest of patients, employers and workers themselves to be directed to the certified nurse aide training to be completed within a few weeks of their employment. The basic nursing skills taught to a CNA brings a standard to the care we expect all patients to have in the State of Idaho. Before OBRA standards of training and patient care were established in 1987, the nurses aide was in situations that caused harm to patients and often to themselves, not knowing the basic skills needed for caring for patients. We cannot risk going back to using untrained and unregulated personnel to care for our populations in the State of Idaho. Diluting training, backing away from regulating who provides care for our people in Idaho will be catastrophic.

Survey Results: DEFINITIONS STATEMENT

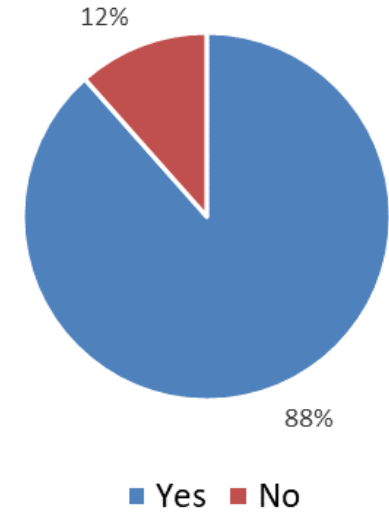
Question 3: After reading the DEFINITIONS statement of the Policy Framework, is the DEFINITIONS statement clear?

If you answered no, please explain what is confusing.

CLARITY OF STATEMENT FEEDBACK:

1. Supervision is stated clearly for a Caregiver and UAP. For the "Non-certified/Uncertified Aide/Assistant" it does not state who would be supervising these individuals. Is it a licensed nurse or other healthcare professional? it would be helpful to specify that in the definition.
2. "The Idaho State Survey Agency" was never defined. Is this a new agency and who are these people?
3. Unlicensed Nursing Assistant is not clear. Using NA and CNA would be clear. A CNA is certified.

Are the DEFINITIONS clear?



Survey Results: DEFINITIONS STATEMENT

Question 10: Please provide any feedback you have on the DEFINITIONS section of the Policy Framework.

COMMENTS:

1. You may want to include Medical assistant, so people know who provides their oversight, and where to report.
2. A caregiver is anyone who gives care. The statement as it written is not factual. Also, the certification for the CNA is not a license.
3. Formatting suggestion(s): 1) Either choose to underline or bold the word that you are attempting to define. 2) Also, after some words there are dashes and other words there are periods. Choose which format you would like to use here.
4. Things were defined clearly.
5. Well done. However, it would be nice to narrow the choices. For example; Nurse aides as UAP's would narrow the categories and clarify the choices better. Get rid of caregiver all together. Make Caregiver the person in the home providing care for the patient. For example; wife, ex-wife, son, daughter, d-i-l would all be caregivers.

Survey Results: AUTHORITY STATEMENT

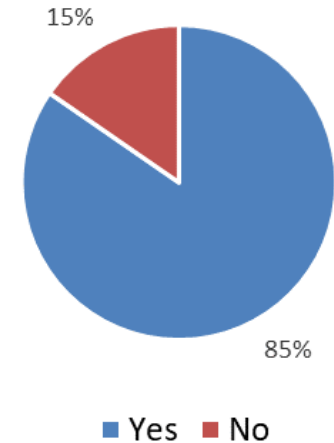
Question 4: After reading the AUTHORITY statement of the Policy Framework, is the AUTHORITY statement clear?

If you answered no, please explain what is confusing.

CLARITY OF STATEMENT FEEDBACK

1. The "Agency" is ambiguous as there is no definition of who this is. How will this agency determine who will actually be providing the quality control of training and how will this be tracked? Before any changes are made in training, this agency must be transparent in exactly how they propose to maintain quality of training of the CNA in Idaho. As a Registered Nurse for 60 years, and with a broad experience in all areas of nursing and nursing education, and as a CNA instructor and Rater for the past 30 years, it is concerning to see what is proposed for CNA training.
2. Do they fall under Health and Welfare or the State Board of Nursing? Not sure why CNA/UAP's would not fall under the Board of Nursing since Nurses are delegating to and supervising them.
3. Again, it says who has oversight of some CNA's in Idaho, not all CNA's, which it should say. It doesn't address the majority of CNA's in Idaho. It also doesn't define CNA as the goal NA's should strive for. It also doesn't address the CNA program as the industry standard it is.
4. Yes. However, the regulatory language regarding certification of these educational programs (the program themselves, not the student taking the program), inspection and program disciplinary language is nonexistent.

Do you understand who is given AUTHORITY of oversight of CNAs in Idaho?



Survey Results: AUTHORITY STATEMENT

Question 11: Please provide any feedback you have on the AUTHORITY section of the Policy Framework.

COMMENTS:

1. State Survey Agency

- You have explained what The State Survey Agency will do but not who this is. Who will be running this agency and how will this Agency interact with those facilities who now train and test the CNA? Will this agency accept programs desiring to train and test the CNA with minimal hours of education, while diluting the quality of care in the process? Will the standard of care diminish as many institutions join training the CNA without Registered Nurses who are educated and experienced in training the CNA ? Who will assure that training programs in Idaho are legitimate? Just a note of caution about education and training and the authority necessary to accomplish the task of training our Idaho CNA force: the cost of pain and suffering to the patient, and to their loved ones, the cost of litigation for everyone involved, the cost to the CNA of not being able to work because of an error in practice, is not worth an experiment in diluting education and training.
- Will the designated Idaho State Survey Agency change in the future? If so, leave as generic, but if there is an actual entity identified as this agency, please consider listing this out.
- I recognize the Idaho State Survey Agency has oversight of CNAs given their training tracks/traditional work entry point into nursing homes/home health agencies. I think some additional clarity around the "why" relative to a hospital may be helpful as folks change manage and roll out of this work - as this could be confusing.

2. Why are CNA/UAP not under the state board of nursing?

3. Does the Department of Health and Welfare have the manpower and funding available for both training and registry maintenance oversight?

4. I like that it states WHO is the authority. Again though, I would like it to include ALL CNAs in the state.

Survey Results: FUNDING STATEMENT

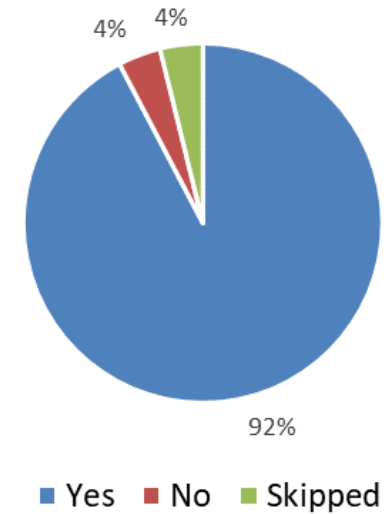
Question 5: After reading the FUNDING statement of the Policy Framework, is the FUNDING statement clear?

If you answered no, please explain what is confusing.

CLARITY OF STATEMENT FEEDBACK:

1. Because we are not a "skilled nursing facility" by definition, do the fees apply to our CNA staff? If so, I think the reference to the policy is confusing/misleading if the intention is that it will indeed apply to health systems and hospitals as well.

Is it clear who fees may apply to?



Survey Results: FUNDING STATEMENT

Question 12: Please provide any feedback you have on the FUNDING section of the Policy Framework.

COMMENTS:

1. The registry funding is suggested but the funding of training is not.
2. I am not convinced that a fee will cover oversight of all items covered in the framework.
3. I find this odd. I like that it states WHO again and doesn't include fees BUT I wonder how our surrounding states make them pay fees and we can't? I am an RN and I pay fees with my licensure. It's part of the professionalism I'd like to see. It also does not state that the employer can pay the fees, I think it should say someone else may cover the fees.

Survey Results: DISCIPLINARY ACTION STATEMENT

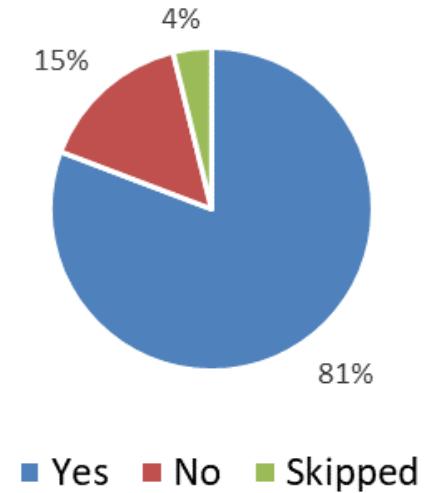
Question 6: After reading the DISCIPLINARY ACTION statement of the Policy Framework, is the DISCIPLINARY ACTION statement clear?

If you answered no, please explain what is confusing.

CLARITY OF STATEMENT FEEDBACK:

1. Section (b): The State Survey Agency may, in the administration of this chapter, share information and otherwise cooperate with government regulatory and law enforcement agencies. Would this cover Adult protective Services? We are not a regulatory agency.
2. I would like to see information on how to report in this section.
3. Who is designee? This seems like a pretty broad term.
4. I understand what a CNA could be disciplined for but again, it doesn't include ALL CNAs in Idaho.

Do you understand what a CNA could be disciplined for and what process would be used to determine a course of action?



Survey Results: DISCIPLINARY ACTION STATEMENT

Question 13: Please provide any feedback you have on the DISCIPLINARY ACTION section of the Policy Framework.

COMMENTS:

1. Facility Regulation
 - Since there is discussion to open training up to private and outside training providers, how will they be regulated and disciplined?
 - Disciplinary actions for non-compliant or negligent facilities or providers for training, registry, and violations are not all covered in this section. Just individual violations.
2. Reporting Abuse
 - How and to whom is abuse and other infractions reported for the UAP? Which registry will these be listed on? This would be a loop-hole for people who abuse and job-hop. These people have to be regulated also.
 - It sounds like you have to be there in person. It would be nice if it said something about Zoom or online vs in person. Then in #4 it would be nice to say who can petition or does it mean it will just drop off? Very vague.
3. While I understand, I do think this may need some additional definition from a change management perspective. The policy referenced is very general in the definition - perhaps intentionally so from a risk standpoint; however, it may be gray in terms of subjectivity of the reviewer and/or the person raising up the issue.

Survey Results: TRAINING STATEMENT

Question 7: After reading the TRAINING statement of the Policy Framework, is the TRAINING statement clear?

If you answered no, please explain what is confusing.

CLARITY OF STATEMENT FEEDBACK:

1. Who Can Train CNAs?

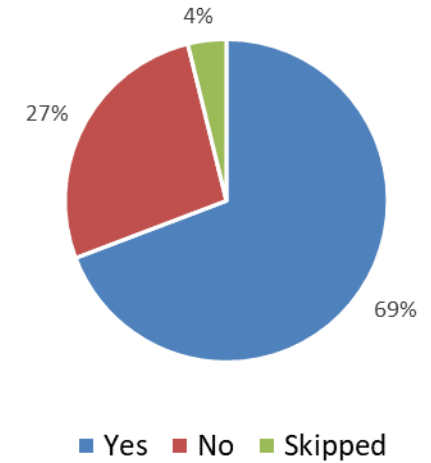
- Does this allow facilities to provide training to their own staff without attending an outside party?
- Does this mean anyone, including a private person could upon approval open up a CNA school? Who will have oversight? How often will sight checks be done to make sure standards are being followed. Who will do the manual skills testing/state written testing?

2. Curriculum & Testing

- Is the Idaho Nursing Assistant Curriculum included in this? Or solely by OBRA?
- Who will provide the training is clear, but who will provide the state level testing is not. Also, it is not clear who will provide oversight for training providers.

Continued next page...

Is it clear who would be able to provide training?



Survey Results: TRAINING STATEMENT

Question 7: After reading the TRAINING statement of the Policy Framework, is the TRAINING statement clear?

If you answered no, please explain what is confusing.

CLARITY OF STATEMENT FEEDBACK continued...

3. Concern for Standardization of Training

- Extremely vague and open for the development of different training levels dependent on setting. With training "setting based" this will remove standardization of training and create training programs that would be setting specific, reducing the level of training for some settings (for example home-health that emphasize skills that are different than acute care). This could set a dangerous precedence as CNA's move from setting to setting.
- As stated is extremely vague. Further detail needs to be provided regarding facility guidelines, curriculum, standards and oversight. Allowing facilities to divide their focus away from patient care and become training centers is a disservice and potentially very dangerous to patients. In addition there should be concern how in-house C.N.A training, clinicals, and testing will be handled or mitigated when conflicts of interest to and violations occur.
- Also I have to wonder what about if facilities who taught their own students didn't discipline their own CNA's because it may make them look bad? Having the CNA program being separate from the facility makes the training more universal, less biased, more independent of a facility, more a Standard of Care.

Survey Results: TRAINING STATEMENT

Question 14: Please provide any feedback you have on the TRAINING section of the Policy Framework.

COMMENTS:

1. Approved Training Programs

- Will there be a publicly available list of approved programs?
- In this instance I would consider providing a definition of or listing examples of facilities (i.e. assisted living, SNF, etc.). Are the state community colleges considering a private provider? If not, I would consider include community colleges in the list of those who are able to provide training.

2. Training Standards

- Please define education and training of the CNA in Idaho. This is very ambiguous saying The CNA will be trained according to the rules of OBRA 1987. What are the standards expected in the State of Idaho, not just the rules of OBRA 1987. Do we want a minimum standard of care or do we want an excellent standard of care in Idaho?
- Who will do follow up/site visits to make sure training is being done to standards. Will all training sites have to follow the state curriculum? Can anybody apply to open a training site?
- I am concerned that the training standards for certified nursing assistants may decline if their training is not completed at a Workforce Training Center aligned with a college. This could have negative consequences for the quality of care that patients receive. Therefore, it is important for certified nursing assistant training to be completed at a Workforce Training Center aligned with a college in order to maintain high training standards and ensure that nursing assistants are well-prepared to provide high-quality care to patients.

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Survey Results: TRAINING STATEMENT

Question 14: Please provide any feedback you have on the TRAINING section of the Policy Framework.

COMMENTS continued...

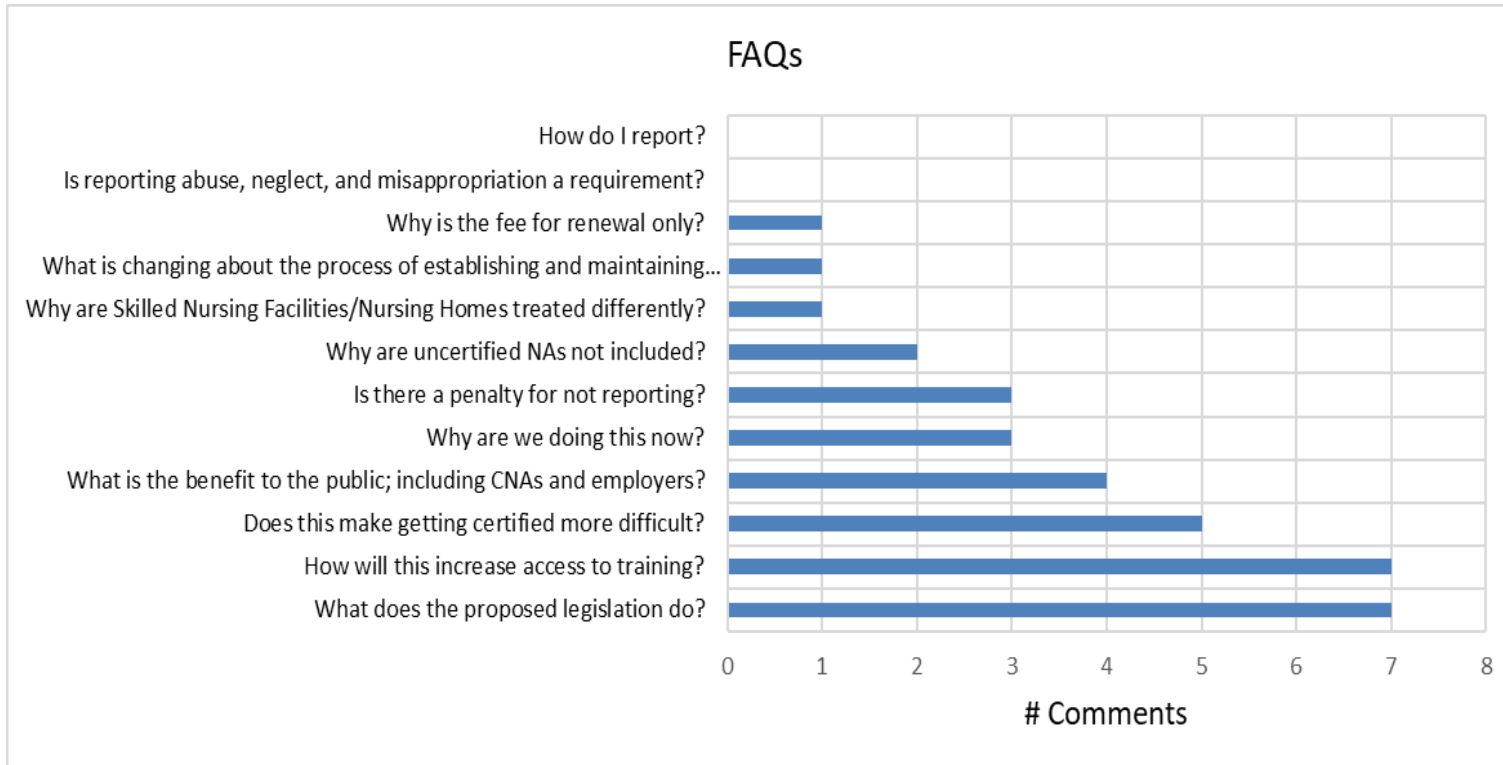
3. Quality of Care Concerns

- This is way too vague considering the impact that it could potentially have on patient care. In house training will divide facility efforts away from quality patient care to in-house training. Who is going to ensure that patient care quality does not suffer? How is this going to be monitored?
- WHOA!!! I am a nurse of 42 years and have worked in many different fields. Currently we don't even allow students to do their clinicals in their own facility because they are not recognized as a student, only cheap labor! One thing I have learned is that moving the teaching out of the facility is one of the best things that has been done. The curriculum is more standardized, more professional across the state now, 2022, than it has ever been. I frequently tell my students that I teach them the correct way, not the way they learn it in the Nursing Homes! I have also worked as a Rater and seen what kind of instruction happens that candidates think is appropriate! Truly I think, keeping the CNA curriculum in the CTE framework, is the correct thing to do. I also think it leads to a more professional candidate that can then go to more settings than just a nursing home. There is also a class that we do for IDLA which is students who take the online course in High School. And we have a class for pre-nursing students who have a medical background that our Nursing Department has decided to utilize our curriculum as part of the nursing student training.

Survey Results: FREQUENTLY ASKED QUESTIONS (FAQs)

FAQs with the most comments

- What does the proposed legislation do?
- How will this increase access to training?
- Does this make getting certified more difficult?



Survey Results: FAQs

Question 15: Please provide any feedback on the question "What does the proposed legislation do?" in the draft FAQ.

COMMENTS:

1. These items are not reflected in the policy.
2. The statement reads: Expanding the bureau's investigative and disciplinary authority to CNAs employed in settings other than nursing homes, such as home health, assisted livings, and hospitals. Please also include clinics or outpatient clinics. We are and will be hiring more CNAs into our 300+ clinics here at St. Luke's.
3. "path for new training programs to be approved"
 - What is the "path"?
 - I do not see a path for new training defined anywhere in documentation.
4. Suggested Edits:
 - Consider removing the apostrophe in the term Nurse Aide's (Aides), as it is not required. After the term Certified Nurse Aides/Assistants, consider putting the abbreviation of the term in parenthesis (CNA) as the abbreviation is then used throughout the document.
 - Throughput document, Bureau is capitalized in one place but not others. May want to check to see if all occurrences should be capitalized.
 - Minor typo in question 1 (possessive instead of plural)

Survey Results: FAQs

Question 16: Please provide any feedback on the question "Why are we doing this now?" in the draft FAQ.

COMMENTS:

1. The registry solves only one part of the problem in Idaho of not knowing the training of the person giving care outside regulated facilities. This problem needs to be addressed also. Anyone giving care should at least be a CNA on the registry in Idaho.
2. I'm not clear what "CTE" abbreviation means.
3. Not a question on the "why" but how will we handle existing staff who need to pursue this? Is there a cost to them?

Survey Results: FAQs

Question 17: Please provide any feedback on the question "What is the benefit to the public; including CNAs and employers?" in the draft FAQ.

COMMENTS:

1. Benefit will be that a CNA on the registry has been trained and has no abuse record.
2. "private training providers" Does this mean anyone can start their own training program?
3. "Increased options for training CNAs through employer-led efforts and private training providers" does not benefit the public, but rather dilutes the quality of training by creating a natural occurrence of discrepancies in training based on setting and available resources where the training is conducted.
4. From my understanding this group is very heavily weighted with certain industry groups and poor representation from others like general public and education.

Survey Results: FAQs

Question 18: Please provide any feedback on the question "Why are Skilled Nursing Facilities/Nursing Homes treated differently?" in the draft FAQ

COMMENTS:

1. I agree that a more encompassing registry and tighter oversight for violations is needed.

Survey Results: FAQs

Question 19: Please provide any feedback on the question "What is changing about the process of establishing and maintaining status on the registry?" in the draft FAQ.

COMMENTS:

1. I feel this is unnecessary as there is an applicable program already in place with the Idaho college System and the CTE program. Instead, support should be provided to allow colleges to develop remote programming and testing for rural areas. This would allow a well-established system (Idaho colleges) to provide time-tested training to these areas and, ultimately, save money through consistent training.

Survey Results: FAQs

Question 20: Please provide any feedback on the question "Does this make getting certified more difficult?" in the draft FAQ.

COMMENTS:

1. Testing:
 - Getting certified may be more difficult if training facilities do not have adequate places to train and to test skills. Nursing labs are expensive and so are instructors.
 - Who will do the skills testing and the written testing?
 - Please elaborate on who will provide state skills and written testing. Also who is going to provide oversight for employer and private provider training.
2. I don't think this makes the registry more difficult. I do worry about the manpower needed to cover the scope of the changes proposed.
3. More specifically - what is the process to do this? Does it occur at time of licensure or is additional application material required?

Survey Results: FAQs

Question 21: Please provide any feedback on the question "Why is the fee for renewal only?" in the draft FAQ.

COMMENTS:

1. Not a question re: at renewal only - but moreover, why is the fee being considered at the range it is? It seems if one facility decides to pay this, it becomes something all healthcare facilities will have to absorb to remain competitive. If so, it becomes a significant expense to already struggling organizations to absorb.

Survey Results: FAQs

Question 22: Please provide any feedback on the question "Why are uncertified NAs not included?" in the draft FAQ.

COMMENTS:

1. Why are we not placing NA on a registry? They would work at a facility and have abuse allocations quit and move to the next facility and to it again.
2. I think that this is a mistake, there are a large portion of people working with an elderly population that have no oversight. This is concerning.

Survey Results: FAQs

Question 23: Please provide any feedback on the question "How will this increase access to training?" in the draft FAQ.

COMMENTS:

1. Rural Areas

- "rural areas" I disagree with this. As you pull students out of the Workforce training programs it will decrease the number and times of classes that CEWT can offer. I don't think rural areas will be able to hire a RN to teach the classes.
- Please clarify how this will increase access to rural areas. The path for employers and private institutions to provide training is not clear. Additionally there is no discussion of who will over see the employers and private institutions or how and who will conduct the skills and written test.

2. Facility Training

- employers/facilities and private institutions is a slippery slope that will be very hard to regulate and monitor. These settings will self-regulate and what happens with a training facility that trains in-house that is under NATCEP violation. I feel this opens up exposure to the state and particularly to the public. As stated above, I feel funding to allow for state colleges to develop programs to reach rural areas are more appropriate and will ultimately let those who are experts in training continue to do what they do best - train.
- I do not fully understand how this promotes access to training for non-academic facilities (specifically hospitals - unless they stand up their own programs which is not ideal and resource constrained).

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Survey Results: FAQs

Question 23: Please provide any feedback on the question "How will this increase access to training?" in the draft FAQ.

COMMENTS continued...

3. Increased Access to Training

- Access is not an issue in Idaho. Hospitals, high schools, universities have training programs in Idaho. Online instruction is available with in-person labs and facility experience. Special skills labs are held to prepare those who need more help preparing to test or who are coming from out of state to challenge the tests. Consideration is given to those with disabilities
- I do not feel that the vagueness of this topic covered in the documentation provided will do anything to increase access to training. I feel that it will do more to provide shortcuts to training leading to poor and dangerous care for a vulnerable population.
- I'm not clear how putting this into statute will increase training opportunities. This section states it will, but doesn't state how training opportunities will increase.

Survey Results: FAQs

Question 24: Please provide any feedback on the question "Is reporting abuse, neglect, and misappropriation a requirement?" in the draft FAQ.

COMMENTS:

No comments

Survey Results: FAQs

Question 25: Please provide any feedback on the question "Is there a penalty for not reporting?" in the draft FAQ.

COMMENTS:

1. What happens if they don't report? How will this be monitored?
2. What types of penalties will be given to SNFs for not reporting (i.e. monetary/fines)?
3. Why are you not adding hospital and ALF to the list?

Survey Results: FAQs

Question 26: Please provide any feedback on the question "How do I report?" in the draft FAQ.

COMMENTS:

No comments