The National CONSUMER VOICE for Quality Long-Term Care formerly NCCNHR

ISSUE BRIEF

Require Full Training and Certification for Temporary Nurse Aides

Transitioning Temporary Nurse Aides to Certified Nurse Aides

In order to address anticipated staffing shortages within nursing homes and the suspension of training programs caused by the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) in March 2020 waived a long-standing federal requirement that nurse aides be fully trained and certified within four months of being hired. Certified Nurse Aides (CNAs) provide the most direct care to nursing home residents, helping with personal care services such as transfers, ambulation, and assistance with eating and toileting. To equip CNAs with the skills they need, federal regulations require CNAs to complete 75 hours of training.[1] That 75-hours must include training on emergency/safety procedures, residents' rights, basic nursing skills, personal care skills, mental health and social service needs, care of cognitively impaired residents, and basic restorative services. At least 16 hours must be provided before the aide has any direct contact with residents. CMS specifically waived the 75-hour training requirement for workers hired during the pandemic, but continued to mandate worker competency.[2] There is no official term for nurse aides hired during the pandemic under the CMS waiver, although they are often referred to as temporary nurse aides (TNAs).

Throughout the pandemic, states have implemented the CMS training waiver differently. Some states kept their original training criteria, while others significantly reduced their requirements. Many states opted to use an 8-hour online training created by the American Health Care Association (AHCA). The competencies, duties, and supervision requirements of TNAs also differ by state.

It is anticipated and hoped that many TNAs will stay in the field and become CNAs. However, these workers must have the appropriate training to deliver high quality care to residents. There are currently efforts by both CMS and the states to weaken the federal nurse aide training standards. CMS has released guidance encouraging states to consider crediting TNAs for time worked as a substitute for federally required training hours.[3] At the same time, multiple states have already enacted or have pending legislation that also counts hours worked as hours trained; similar legislation has been introduced at the federal level (H.R. 331). Significant staffing shortages and increased workloads during the pandemic raise serious concerns about the amount of onsite training and oversight temporary nurse aides have actually received.

[1] https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf
[2] Ibid.
[3] https://www.cms.gov/files/document/qso-21-17-nh.pdf

Reduced Training Puts Residents and Staff at Risk

Less training leaves workers less equipped with the skills and knowledge needed to provide quality care. The needs of residents have become more complex over the decades, and more than half of residents are living with dementia. CMS has recognized the need for additional staff training in the 2016 revised nursing home regulations (requiring staff to receive additional training in the areas of behavioral health, caring for residents with dementia, and abuse prevention), yet the number of hours required for initial certification training has not changed. Research indicates that the 75 hours of training are not sufficient time to teach CNAs the skills they need to safely care for residents.[4]

Poor job preparation appears to be a serious issue among CNAs. More than one-third of all CNAs report that they feel unprepared or only somewhat prepared for work in nursing facilities as a result of their initial training.[5]

More training is linked to better resident care. Evidence supports an association between higher training hours and improved resident care outcomes.[6] CNAs must know how to identify and report changes in residents' health status; to properly turn residents who are immobile; to safely assist those with swallowing difficulties to eat; to minimize distress and related behaviors among those with dementia; and much more. When they are not trained to fulfill these responsibilities with confidence and expertise, quality of care and resident emotional well-being are likely to be compromised.[7] Given the increased and complicated needs of today's residents, it is therefore logical to assume the reverse – that decreased hours will be associated with a decline in quality.

Reports from residents, families, and long-term care ombudsmen have highlighted the inadequate care provided to residents during the pandemic. While inadequate staffing levels certainly are a key factor, concerns about staff competency due to insufficient training and oversight cannot be overlooked.

Workers with less training are more likely to be injured and to cause injury to residents. Being a nursing assistant is one of the most dangerous jobs in the United States: an analysis of data from the federal Bureau of Labor Statistics shows that "nursing assistants are injured more than three times more frequently than the typical American worker."[8] Research indicates that CNAs who rated their initial training as poor preparation for their work in the facility were at higher odds of developing musculoskeletal injuries, while those who felt better prepared experienced fewer injuries.[9]

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[4] AARP, Training Programs for Certified Nursing Assistants (2006); https://academic.oup.com/gerontologist/article/57/3/501/2632028; https://www.journalofnursingregulation.com/article/S2155-8256(17)30069-8/fulltext

[5] Khatutsky, G., Anderson, W. L., Wiener, J. M., & Akhmerova, V. (RTI International). (2007, July). Analysis of the National Nursing Assistant Survey (NNAS). Report prepared for the Office of Disability, Aging, and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, Washington, DC, through Contract Number HHS-100-03-0025, Task Order HHSP23300007T.

[6] Trinkoff, et. al., 2017; Smith, Kerse, Parsons, 2005

[7] http://phinational.org/nursing-assistants-have-training-standards-for-a-reason/

[8] *Id*., citing U.S. Bureau of Labor Statistics (BLS), Injuries, Illnesses, and Fatalities. 2018. Occupational Injuries and Illnesses and Fatal Injuries Profiles, https://www. bls.gov/iif/; analysis by PHI (Jul. 23, 2019).

[9] Galinka Khatutsky, Joshua M. Wiener, Wayne L. Anderson, and Frank W. Porell, "Work-Related Injuries Among Certified Nursing Assistants Working in US Nursing Homes," *RTI Press*, p. 4 (Apr. 2012), https://www.rti.org/rti-press-publication/work-related-injuries-CNAs/fulltext.pdf

Further, inadequate training, particularly in transferring residents with a mechanical lift, can lead to severe resident injury and even death.

Work experience as a TNA during the pandemic does not equate to training. The circumstances under which TNAs worked during the pandemic have been extraordinary. The conditions have included high staff turnover, extreme short staffing, infection and quarantining of staff, lack of PPE, and exceptional rates of illness and death from COVID-19. Moreover, only four states required TNAs to be under the supervision of a registered nurse or a nursing assistant.[10] Through no fault of their own, it is unlikely that most TNAs have gained skills and expertise to perform essential responsibilities.

Additionally, counting on-the-job work toward the 75-hour training requirement is problematic because the duties performed by TNAs varied by facility. TNAs in one nursing home might spend most of their time handing out and picking up meal trays, while in another facility they might carry out the full range of CNA duties. This inconsistency means that the training, knowledge, and skills of TNAs are not uniform and that considering work time to be equal to training time would not ensure that a TNA would be appropriately equipped to serve as a CNA.

What Congress Can Do

Reducing the number of training hours to less than 75 hours is a step in the wrong direction and would result in TNAs being ill-prepared for their important work. To ensure quality care for nursing home residents, TNAs must complete the federally required 75-hour training.

We ask Congress to:

- Oppose H.R. 331, the Nurse CARE Act, and all similar legislation, that would weaken training standards.
- Urge CMS to:
    a) Reinstate the nurse aide training and competency evaluation standards as soon as possible.
    b) Rescind the language in its guidance encouraging states to consider allowing time worked to count towards the 75-hour training requirements.
    c) Recommend that states incentivize TNAs to complete the federally required training and competency evaluation using approaches such as paid time off, bonuses upon completion of training, etc.

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[10] https://portal.ct.gov/DPH/Facility-Licensing--Investigations/Facility-Licensing--Investigations-Section-FLIS/NEW---Temporary-Nurse-Aide-Certification; https://www.fhca.org/images/uploads/pdf/Personal_Care_Attendent.pdf; https://drive.google.com/file/d/17x1_0p2PH1mDp4M7Q0HF-jFY3UTaQQ6n/view; https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/04/Healthcare-Waivers-4_9_2020.pdf