

**NURSE AIDE TRAINING
IN
NEW YORK:
AN OVERVIEW OF PROGRAMS AND
THEIR REGULATION
BY THE STATE, WITH
RECOMMENDATIONS FOR
IMPROVEMENT**



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Executive Summary

Nurse aides are on the front lines in caring for the more than 1,300,000 nursing home residents in this country. They provide the critical services necessary to sustain residents, including feeding, dressing and bathing. Oftentimes, they are the principal social exchange a resident has in the course of a day. However, despite their importance, and the vulnerability of those that they care for, very little is done to adequately prepare aides for their job, or to help them stay in their job successfully.

Since minimum training requirements were first established on the state and national levels in the mid 1980s they have remained essentially stagnant. New York, urged on by consumer advocates, established a higher minimum number of training hours than the Federal government: 100. Yet even that is too low. As a comparison, **paraprofessionals who do not provide critical care services – such as massage therapists and manicurists - are commonly required to have substantially more training.**

In New York, the State Department of Health (DOH) is responsible for implementing both State and Federal laws regarding the training and certification of nurse aides. DOH requires that an individual complete a State approved training program and pass a competency exam. Oversight of the training programs is split between the DOH and the Department of Education (DOE). The DOH oversees programs provided by nursing homes, while the DOE has oversight over all other programs, such as those provided by nonprofit organizations, proprietary schools, high school and adult education programs. Certification is valid for a period of two years. The only State requirement for recertification – initially or in the future – is that an aide must have worked at least seven hours in the past two years. **No additional training or demonstration of skills is required at any point in a nurse aide's career.**

The disparity and inconsistency among the different programs offered is astonishing. Tuition runs from zero cost to \$2000 or more. Training hours range from the State mandated minimum of 100 to well over double that. There is no uniform curriculum to provide, at least, a consistent educational basis. Screening of potential nurse aides is, likewise, inconsistent. Often it is absent altogether. **Failure rates for the certification exam are high,** especially for graduates of the proprietary schools who make up the majority of aides downstate. Nurse aides suffer a rate of on the job injury that is among the highest of any occupation. The staff turnover rates in nursing homes often exceed 100% per year.

As a result of the lack of sufficient training and high staff turnover rates, coupled with inadequate staffing levels prevalent in the industry (which we believe are, at least in part, a direct result of the problems endemic to the training curriculum), **residents are not getting the care they need.** We believe that better training will not only result in better care and quality of life for nursing home residents, but that it will also improve conditions for nurse aides. **On the following page are some of the key recommendations identified by our research.**

Recommendations for the Future

1. The minimum number of hours mandated for training programs must be increased to at least 155. As the needs and medical conditions of nursing home residents have grown more complex in recent years, the need to enlarge and enhance nurse aide education has become even more profound.

In addition to basic skills, aides must be taught how to handle stress, manage diversity and maintain a therapeutic relationship with residents. More time must also be devoted to skills demonstration, a critical (yet often overlooked) component of the training process.

2. The training programs should be made more consistent among the different settings.
3. Greater emphasis should be placed on the screening of applicants for training programs with the goals of lowering the percentage of graduates who fail the certification exam, high staff turnovers and ensuring a high quality, stable pool of nurse aides.
4. Requirements for recertification must include, as a minimum, an education component and more work experience than a single shift over a two year period.

Introduction

Nurse aides are on the front lines in the provision of care to the more than 1,300,000 nursing home residents in this country. They provide the critical services necessary to sustain residents, such as feeding, dressing and bathing, and serve as the principal social exchange for many residents in the course of the day. Despite their importance, and the vulnerability of those that they care for, not enough is done to adequately prepare aides for their job, or to help them stay in their job successfully. As a result, nursing homes experience an astounding turnover rate, oftentimes over 100% in the course of a year. The rates of on the job injury are similarly astounding, with nurse aides suffering injuries at the same rates seen by jobs typically thought of as being the most hazardous, such as construction work, truck driving and janitorial work.¹

The impact on nursing home residents is, as might be expected, grave. Coupled with inadequate staffing levels prevalent in the industry (which we believe are, at least in part, a direct result of the problems endemic to the training curriculum), the lack of sufficient training and high staff turnover rates result in residents not getting the care they need. At best, this means that resident bathing is performed less frequently, or that residents who are able to go to the bathroom with the assistance of an aide are diapered during mealtime hours. At worst, it results in residents sitting for hours or days in their own waste, developing bedsores and often life-threatening infections, or going without meals or even enough liquids to maintain hydration because there are no aides to help them eat or drink, or because aides are not properly trained - given the skills and knowledge necessary to handle the responsibilities and challenges that come with their jobs.

With the average acuity of nursing home residents rising, the fact that the requirements for nurse aide training have remained essentially stagnant since 1985 in New York State has had particularly dire results.² As nursing home residents present with increasingly complex and serious conditions, it is necessary that those caring for them be prepared to handle these issues. Training cannot only focus on basic skills and tasks; it must also include values and attitudes as part of giving care. These include: understanding the dignity and value of each resident as an individual, respect for the range of diversity of individuals, development of a therapeutic relationship (i.e., one in which the value of resident autonomy and control is recognized; the resident's preferences, routines and limits are considered; privacy and confidentiality are respected; and individuals are encouraged to be as independent as possible).³ Training must also include issues such as stress and time management.

¹ *Issues in Labor Statistics*, U.S. Department of Labor, Bureau of Labor Statistics, Summary 94-8 (July 1994).

² DOH is in the midst of developing a uniform curriculum for nurse aides, but is not considering any expansion of hours or any changes in the training process.

³ NHCC has produced a Certified Nurse Aide Training "Model" Program which lays out the need to increase the breadth and depth of nurse aide training to include education

Lack of adequate preparation has placed – and will continue to place – great strains on the system, directly impacting the level of care residents receive. With 117,000 nursing home residents in New York State, the issue is particularly critical here. Furthermore, we believe that better training will not only result in better care and quality of life for nursing home residents, but that it will also improve conditions for nurse aides. Minimally, consistent, State mandated guidelines (with sufficient training to meet the demands of working in a nursing home), would enable prospective nurse aide students to make better and more informed choices. As a result the job experience for nurse aides would be markedly improved - they would be better prepared to meet the demands of their position. This would have a positive impact on the high turnover rates that currently plague the nursing home industry, since people who are better equipped to handle the challenges of their job and who are having a positive experience will be less likely to leave their place of employment, or abandon their line of work entirely.

Fundamentally, it is up to the State to ensure that training programs furnish the knowledge and skills necessary for nurse aides to provide appropriate care and to adequately equip them to do their job successfully, in respect to both the residents for whom they are caring and themselves. Trainers neither can nor will do this on their own. Thus, it is with these two, complimentary, goals in mind that we set out to examine the status of nurse aide training in New York and to make recommendations for improvement.

Current Status of Government Oversight

The Federal OBRA Reconciliation Act of 1986 established national training standards for nurse aides and created State registries in which these caregivers must be listed. For those seeking to become nurse aides, OBRA requires a minimum of 75 hours of training. A year prior to the passage of OBRA, New York, with the urging of long term care consumer advocates, established a higher minimum number of training hours: 100.

In New York, the State Department of Health (DOH) is responsible for implementing both State and Federal laws regarding the training and certification of individuals who are employed by nursing homes to perform nurse aide duties. For new nurse aides, the DOH requires that an individual complete a State approved training program and pass a competency exam.

Certification is valid for a period of two years (24 months). Recertification is required at the end of that time period, and every 24 months thereafter. In order to be recertified, an individual must have worked as a nurse aide in a

on attitudes and values. The Model Program is available on our website, www.nhccnys.org.

nursing home (or other health care setting that will agree to recertify him or her) for at least seven hours in the previous 24 months. That is the full extent of the State's recertification requirements. New York does not require any additional training, coursework or skills testing of any kind for recertification. This is true for both the initial recertification and any subsequent certification.

Comparison of Nurse Aide Training Requirements With Other Professions

As mentioned earlier, New York State now only requires that nurse aides complete a State sanctioned training program that is 100 hours long. This requirement encompasses time allotted for both in-class instruction and supervised clinical practice.

To compare, we examined State mandated training requirements for other occupations that involve personal or health care. Following are three examples:

- Massage Therapy: To practice massage therapy (which, of course, rarely if ever requires a practitioner to provide life-sustaining services or manage serious medical situations), an individual has to "complete high school or its equivalent and graduate from a school or institute of massage therapy with a program registered by the Department [of Education], or its substantial equivalent in both subject matter or extent of training, provided that the program in such school or institute shall consist of classroom instruction of a total of not less than five hundred hours in subjects satisfactory to the Department. **Effective January 1, 2000, the total number of hours [of instruction] increased from 605 to 1000....**"⁴
- Veterinary Technician: Veterinary technicians help veterinary doctors in animal care and grooming. According to New York law, a veterinary technician is "employed by or under the supervision of a veterinarian to perform such duties as are required in carrying out medical orders as prescribed by a licensed veterinarian requiring an understanding of veterinary science, but not requiring professional service." (Emphasis added.) In order to work in this supportive capacity in the care of house pets and other animals, the State requires that **an individual must successfully complete "a four-year course of study in a secondary school... [and] a college-level course of study in, and hold a diploma from a school of veterinary science technology for the training of animal health technicians, giving a course of not less than eighteen months...."**⁵ As important and valuable as animal lives are, the work of a veterinary technician is clearly a less critical activity than providing vital, direct care services to vulnerable humans. Nonetheless, its educational requirements are significantly more rigorous.
- Appearance Enhancement: New York State's Department of State, Division of Licensing Services, oversees the licensure of individuals who

⁴ New York State Education Law, Section 7801 (<http://www.op.nysed.gov/massage.htm>).

⁵ *Ibid*, Sections 6708, 6711.

wish to perform "appearance enhancement" services. Such services include hair styling, cosmetology, esthetician and nail specialty (performing manicures and pedicures). **In order to be licensed for nail specialty, an individual must complete a curriculum that mandates a minimum of 250 hours of training.** In order to qualify for licensure to be an esthetician, one must complete a formal curriculum totaling a minimum of 600 hours.

While these professions undoubtedly provide valuable services, their importance, and the need for adequate training to perform these personal care services, does not (or at least it should not) compare with what we as a society require for those who are on the front lines providing direct care to nursing home residents. Yet under current regulations, the State requires that they have 250 to 600 percent more formal schooling than nurse aides.

Overview of Types of Nurse Aide Training Programs Available in New York

In New York, there are several types of entities that offer State approved nurse aide training. The principal ones are: nursing homes, community based (nonprofit) organizations, proprietary schools, high school programs and adult education classes at high schools, community colleges and universities.

While, as mentioned earlier, the DOH is responsible for implementing both Federal and State laws pertaining to nurse aide training, oversight of the actual programs (functionally and operationally) is split between the DOH and the Department of Education (DOE). The DOH oversees programs provided by nursing homes, while the DOE has oversight over all other programming.

The DOE itself provides the training programs offered in high schools and adult education programs through Boards of Cooperative Educational Services (BOCES). BOCES were created in 1948 by the New York State Legislature. There are currently 38 of them statewide.

The BOCES programs vary in terms of tuition fees. They are generally low in cost (under \$1000, though rates can vary widely, with a range of \$750 to \$1420 for the BOCES programs researched for this report).⁶ Likewise, BOCES programs vary in terms of course hours. While every BOCES program investigated was above the State minimum of 100 hours, they varied from 120 hours to over 130. Our review of BOCES programs throughout the State (having published program hours) indicated that 120 hours is typical.

Nonprofit, community based organizations may also be authorized by the DOH to offer nurse aide training. Typically, these are organizations that provide job skills training and other community services. Examples include the Consortium for

⁶ The \$750 mentioned figure is for the program at Broome-Tioga BOCES; \$1420 is for the Wayne-Finger Lakes BOCES's program.

Worker Education (CWE) and Covenant House. CWE offers a nurse aide training program with 130 hours of training at a cost of \$2334. Covenant House, a charitable organization that focuses on at-risk youth, has a program that runs 240 hours (including an internship in a nursing home). It is provided at no cost.

Our research indicated that these programs are often geared toward individuals who are already utilizing the services provided by the organization, or whom are seeking out social, economic or career services. Thus, they tend not to utilize a formal screening process.

Nursing homes can also provide nurse aide training. According to an official with the DOH's Bureau of Professional Credentialing, Office of Continuing Care, the majority of nurse aides working in upstate New York are graduates of training programs conducted by nursing homes. These courses are provided for free, and are ancillary to a nursing home's recruitment drive. Typically, a nursing home advertises for nurse aides, interviews applicants and provides the course to those selected with the expectation of recruiting from the pool of students who pass the course and the New York State certification exam.

There are several *prima facie* advantages to this approach:

- Because nursing homes are conducting these classes with an eye toward hiring graduates, individuals are much more likely to be prescreened for suitability for a career as a nurse aide. Clearly, it is in the nursing homes best interest to choose only potential pupils whom they think will succeed, both in learning the materials and passing the exam and as nurse aides. Otherwise, for the nursing home, having a training program would literally be a waste of both time and money. As one policy researcher interviewed for this report stated, nursing homes have a "vested interest" in choosing students carefully.
- Since nursing home personnel are themselves on "the front line" of providing resident care, they are uniquely situated to prepare and train others for work in the field.
- The fact that nursing homes cannot charge for these services indicates that their motivation in offering the training program is purely as a means by which to acquire additional staff (i.e., there is no profit motive in giving the training program *per se*). Compare to the situation of proprietary schools (discussed below), whose vested interest lies in getting as many paying students as possible.

Lastly, New York State allows privately owned companies (proprietary schools) to provide nurse aide training. Approximately 70% of nurse aides in New York State graduate from this type of program, with much higher percentages in the New York City area. Unfortunately, most of these private providers are unwilling to make public information about their requirements and courses of study. Information obtained for this report on a range of proprietary schools indicated

that the tuition charged at these schools varied greatly – from \$695 to \$1920 – while classroom time was consistently around 120 hours.⁷

An area of particular concern regarding proprietary schools is the care taken in screening potential students. By its very nature, profits are a priority of commercial organizations, whereas government sponsored programs and programs provided by community based, nonprofit organizations have career development as the principal concern. Similarly, nursing homes that provide nurse aide training do so with recruitment in mind; thus, they have a vested interest in selecting potential students who will be able to succeed on the job.

While none of the schools we contacted would disclose their admission requirements, data reported on the *New York State Workforce Training Provider State List*⁸ indicated that, in general, schools require either a high school diploma, a GED, or a minimum score on an assessment test or entrance examination.⁹ Not a single school examined required particular coursework or background skills, nor did we see any indication of a selection process based on aptitude for the work of an aide in particular or healthcare in general.

State exam passage rates for nurse aide training programs statewide corroborate our concern about the quality of the educational experience provided by proprietary schools. Of all the settings in which an individual can receive nurse aide training – nursing homes, proprietary schools, high schools, adult education programs, nonprofit organizations, etc... - proprietary schools had the worst passage rate.¹⁰ In fact, they are the only avenue for nurse aide training with passage rates below the statewide average for both the written and clinical skills portions of the test.¹¹

The Need for Better Training

The fact that the State mandated minimum for training nurse aides pales in comparison to that which the State requires for training programs that do not

⁷ This information was obtained by researching schools' websites, calling selected schools and from the *New York State Workforce Training Provider State List* (<http://www.wdsny.org/provider/>).

⁸ *Ibid.*

⁹ Such tests are generally administered by the proprietary schools themselves and may be a standardized test, such as those offered by Wonderlic, Inc. and other commercial testing providers.

¹⁰ Passage rates are for 2001, the most recent year available. Data were obtained from the Bureau of Professional Credentialing. Passage rates for "lapsed CNAs" (nurse aides who lost their certification and sought to retest) are excluded from this analysis.

¹¹ Statewide, the passage rate for all individuals taking the test in 2001 was 89.99% for the clinical skills portion and 85.66% for the written portion. Proprietary schools had success rates of 83.92% and 74.44%, respectfully. The next lowest rates were home care agencies, with a success rate of 90.68% on the clinical skills test, and nonprofit organizations, with a success rate of 82.09% on the written portion of the exam.

involve the provision of vital care to human beings is but one indicator that revisions are required and improvements must be made. The increasing infirmity of the typical nursing home resident and growing awareness by our society of the need to deal respectfully with diverse populations result in a nurse aide having to operate in an environment that is much more complex and pressurized than in the past - medically, psychologically and socially. All of these issues need to be addressed in nurse training, which must be expanded to focus on more than the mere memorization of tasks.

In addition, the disparity and inconsistency among training providers is a matter of deep concern in respect to both providing appropriate care to consumers and fairly and adequately preparing people for a career with many challenges. Overall, the range of State certified courses available in New York is astonishing. Tuition can run from no cost to \$2000 or more. Coursework hours range from the State mandated minimum of 100 to well over double that. There is no uniform curriculum, which would at least provide a more consistent educational basis.¹²

Given the broad range of tuition fees and hours of course work, and the fact that neither, on its own (or in conjunction with the other), is a quality indicator, the need for further directives/regulations/mandates regarding both the scope and breadth of nurse aide training is clear. Coupled with the fact that nurse aides are asked to care for a resident population that has greatly increased in infirmity since the initial promulgation of both the Federal and State minimum training requirements, the State minimum hours for training must increase to include enhanced instruction as well as focus on learning practical skills and procedures - including time for demonstration testing.

The only way these important goals can be realized is for the state to mandate expansion and consistency of hours and costs of nurse aide programs. The current system is highly flawed. Fundamentally, it fails to provide nurse aides with an adequate education so that they can take care of New York's burgeoning resident population. We believe that by rectifying some of the basic issues - increasing training and providing greater consistency and transparency in the education system (as a minimum) - both long term care consumers and nurse aides will benefit greatly.

¹² As mentioned earlier, DOH is working to develop a uniform curriculum.

Recommendations for the Future

1. The minimum number of hours mandated for training programs must be increased. A total of 100 hours of training time, encompassing both class instruction and clinical work, is clearly insufficient to adequately equip nurse aides with the knowledge and skills necessary to perform their jobs. As the needs and medical conditions presented by nursing home residents have become more complex in recent years, the need to enlarge and enhance the education of nurse aides has become even more profound. NHCC's model training program¹³ validated the need for at least 155 hours of training to adequately prepare nurse aides. The additional hours must include not only time for instruction on the knowledge and skills necessary to perform basic duties, but also equip aides with stress and time management abilities. In addition, it must allow for more time to be devoted to **skills demonstration** rather than just rote learning, a critical (yet often overlooked) component of the training process.
2. The training programs should be made more consistent among the different settings. The disparity between the different training settings in terms of course hours and curriculum (not to mention cost) needs to be addressed. We believe that greater consistency and uniformity among the different options would help to make sure that all nurse aides have the training necessary to care for our most vulnerable citizens. It would also enable them to make better choices for their education and career.
3. Greater emphasis must be placed on the screening of applicants for training programs. Currently, screening is spotty – nursing homes appear to be the most stringent of the training providers in this regard; they also have the greatest vested interest in educating students to become competent and successful nurse aides. The other types of training programs provide little or no screening and, likewise, have little or nothing at stake if their students fail the certification exam. Clearly, some measure of universal screening is called for. Possible alternatives are the imposition of State mandated prerequisite, such as a high school diploma or GED, and the requirement that training programs provide potential applicants with materials describing the skills and competencies that the job requires and the duties which the job entails. The latter option would, at least, give applicants the opportunity to self-screen.
4. Requirements for recertification must include, as a minimum, an education component and more work experience than a single shift over a two year period. As discussed above, nothing is currently required for recertification except that the nurse aide has worked seven hours in the previous two years. The benefits of periodically supplementing a nurse

¹³ NHCC has produced a Certified Nurse Aide Training "Model" Program which lays out the need to increase the breadth and depth of skills taught to nurse aides and to include instruction on attitudes and values. The Model Program is available on our website.

aide's education are clear: it will give them the opportunity to keep on top of changes and developments in the field, as well as to reinvigorate their approach to the important work that they do.

5. Requirements must be put in place for disclosure of program certification passage and failure rates. The excessive failure rates on the nurse aide certification exam that we uncovered, particularly for proprietary school graduates, are indicative of a failure to properly select and train prospective aides. This is harmful to the people who have invested time and money in trying to become an aide and adversely impacts the pool of aides available to work. As a first step to alleviate this problem, the State must require that schools disclose the failure rates of their students.
6. Additional areas where more research and attention is needed. There are a number of issues which our research has brought to light as requiring further attention. Following are some questions and issues which we have identified:
 - What are the potential economic costs and benefits of mandating an increase in the nurse aide training requirements? Would spending more on training lead to an increase in nurse aide retention (thereby reducing the costs associated with constantly replenishing the nurse aide pool) or prevent residents from experiencing as many injuries and illnesses (with their personal and economic costs)?
 - By what means does the State monitor these programs? Is it done on-site or through self-reporting? Are the failure rates reviewed or accounted for in the oversight process?
 - How well do the two state agencies overseeing the programs communicate? Does it make sense to have this split?