



2017

# CCA Annual Report





### ***Mission***

Working together to promote excellence in person-centered care for people in Nova Scotia by maintaining standardized education and support for Continuing Care Assistants.


### ***Vision***

CCAs contributing to Nova Scotians living well.

### ***Values***

Leadership, Integrity, Quality, Growth and Development


The CCA Program is owned by Department of Health and Wellness (DHW) and governed by the CCA Program Advisory Committee (CCAPAC). CCAPAC acts in an advisory capacity and makes recommendations to the Department of Health and Wellness on policy matters relating to the CCA Program and its services, including but not limited to curriculum standards, certification, and CCA Registry. The Committee reports to the Executive Director, Risk Mitigation- Continuing Care, DHW.






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## Introduction

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Department of Health and Wellness (DHW) and CCA Program Advisory Committee (CCAPAC) are tasked with the setting and enforcing of education standards for CCA safe practice. CCAPAC promotes excellence in person-centered care for people in NS by maintaining standardized CCA Program education and supporting CCAs to contribute to Nova Scotians' living well. The strategic goals and actions of CCAPAC focus on ensuring newly Certified CCAs possess the competencies required to practice safely and effectively in the role, at entry-level. CCAs along with the health and education industries play a key role in the success of our mission, vision and values by participating in the consultative process including surveys, working groups, and engaging in ongoing dialogue.

Last year at the CCA Stakeholder Forum we started the first steps of an extensive review of the CCA Program. Based on the current curriculum and CCA entry-level competencies, we asked Forum participants how ready newly Certified CCAs were to practice within scope. Shortly after the Forum we released a CCA Readiness Assessment Survey to CCAs (grads 2009/2013) and CCA employers. Our goal for these exercises was to take the pulse of the CCA Program learning outcomes, the preparedness of newly Certified CCAs to begin work, and to check the alignment between what is being learned and what CCAs are expected to do on the job. The results, discussed later in this report, indicated newly Certified CCAs are prepared to work in the care setting at entry-level or above. The survey results also identified a few skills that may be obsolete, opening opportunities for new learning expectations.

Over the last year, we achieved the operational goals established for 2016. The Standards Compliance Assessment tool was revised and released to education providers. We started work on enhancing our operational tools with a goal to improve our day-to-day efficiencies and ability to make informed, evidence based decisions. Another step in the curriculum review was initiated; we established a working group to examine the CCA placement standards, this work will be conducted over the next 12 to 18 months. In 2017, we will also start a review of the CCA Entry-Level Competencies identified in the CCA Scope of Practice. Our work over the last year and into this year will inform the next CCA Program revision. For our next revision, we will also be looking to strengthen access to and/or update standardized teaching and assessment resources; thus, strengthening provincial consistency.



## CCA Curriculum Standards

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The CCA Curriculum Standards identify the learning outcomes required to ensure Certified CCAs have the competency to deliver appropriate, timely, and respectful person-centered care in a variety of practice settings. The health industry has been instrumental in the CCA Program's evolution by providing guidance during the Program revisions as well as feedback and ongoing dialogue between revisions. The guidance industry provides is pivotal to clarify learning expectations and promote education consistency, thus enhancing the Program's ability to meet employer needs.

A key goal of the curriculum standards is fostering greater consistency in education; this year we have been preparing for the next revision. The Program has been gathering data to inform the revision. The intent for this work is to conduct an extensive review of multiple aspects of the program before determining the best course of action for a revision. The first phase of data collection included the CCA Readiness Assessment started at the Stakeholder Forum<sup>1</sup> and continued with a readiness survey issued last fall.

### CCA Readiness Assessment

The purpose of the CCA Readiness Assessment was to check-in on the 2009 and 2013 Curriculum alignment with industry (employer) expectations. The assessment measured the preparedness of the Certified CCAs to meet entry-level expectations with the results informing the pending curriculum revision. The content for the assessment originated from the CCA Program Curriculum Standards, September 2013, the CCA Scope of Practice, and the Generic Job Description.

The assessment started at the 2016 Stakeholders' Forum with interactive tablework and continued with the CCA Readiness Assessment Survey. The Forum tablework included eight content sections with a listing of skills for stakeholders to rate on level of importance and preparedness. Each section required stakeholders to identify missing skills and unique situations that impacted the skills. A discussion regarding additional education provided for CCAs after certification was also documented seeking common themes for possible inclusion in the curriculum. The consensus of the tablework indicted CCAs were entry-level prepared; although there were a few areas worth examining closer, such as professionalism and documentation.

The CCA Readiness survey asked CCAs to think back to when they were newly certified and consider how prepared they felt and how frequently they performed specific duties during a work week. The Readiness survey was set up with sections including general information, an exit tool (CCAs only), and the eight content sections (as vetted during the 2016 Forum) requiring a preparedness and frequency

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<sup>1</sup> In general participants attending the Forum are administrators, senior management, supervisors, and educators although we do have participants representing other aspects of health care.

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rating for each skill. The Marlowe Crown Scale of Social Desirability (MCS) was used (CCAs only) to measure socially desirable responding.<sup>2</sup>

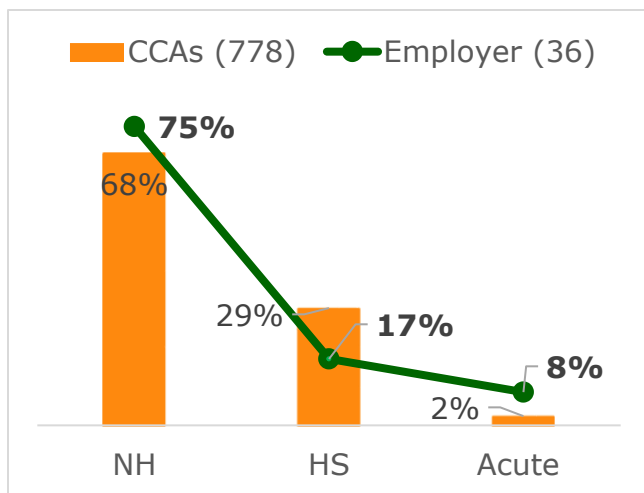
The Readiness survey examined the mean<sup>3</sup>, median<sup>4</sup>, and mode<sup>5</sup> as well as the standard deviation<sup>6</sup>. As with any analysis, there were noted limitations including the size of the survey resulting in response burn out (response rate decreased with each section) and an unexpected limitation related to data export, resulting in limited ability to perform complex statistical analysis such as correlations between groups and accurately gauge the social desirability of responses between topics.

### General Information

For the survey, we reached out to 99% (4158) of the certified CCAs in Nova Scotia certified using either the 2009 or 2013 CCA Curriculum Standards. There was a 21% (890) response rate of which 0.01% (9) disengaged after providing general information; 11% (101) were redirected to the Exit Tool if they were no longer working in industry; and 88% (780) proceeded to the eight content sections.

For the Employer survey, we reached out to Continuing Care Administrators using the Department of Health and Wellness distribution lists and Acute Care using a collection of contacts provided (249 invitations sent). There was a 14% (36) response rate of which 33% (12) disengaged after providing general information and 67% (24) proceeded to the eight content sections.

Figure 1: Sector Response Rate (%)



As noted in the chart on the left, there was representation from both Continuing Care (Nursing Homes and Home Support) and Acute Care for CCAs (orange bars) and employers (green line).

Nursing home responses included residential care facilities, nursing homes, and group homes; home support responses included VON, home support and assistive living; while acute care included transitional care, acute care and hospital.

Most CCAs (93%) responding to the survey reported they had a position waiting for them upon graduation. Eighty-eight (88%) of responses reported working at the time of the survey.

<sup>2</sup> The **Marlowe Crown Scale of Social Desirability** provides an indication based on normed data whether a group of participants has responded such that they are over reporting positive perceptions. The shortened version of the MCS used for the CCA Readiness Survey, consisted of 13 true and false questions designed to assess whether respondents were responding in a socially desirable way (telling us what they thought we wanted to hear). For the MCS, scores range from 0 to 13 with higher scores indicating a greater degree of socially desirable responding.

<sup>3</sup> Mean: arithmetic average

<sup>4</sup> Median: exact middle point

<sup>5</sup> Mode: most common data point

<sup>6</sup> Standard Deviation: average distance from the mean

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## *Exit Tool*

The Exit Tool was sourced from Health Sector Human Resource Council (HCHRSC), Understanding the Drivers of Recruitment and Retention for Continuing Care Assistants in Nova Scotia, 2004, prepared by Shawna Elliott.

One hundred and one (101) respondents completed the Exit Tool; significantly higher than the original survey results gathered by HCHRSC (13 respondents). When comparing the results, we must also take into consideration there has been 12 years between survey responses.

A variety of topics were examined in the exit tool; we have elected to report on a few key areas of interest as they pertain to recruitment and retention.

CCAs reported in the exit survey, consistent hours of work, ability to balance work and personal life, team work, flexible scheduling and medical/dental plan were ranked among the top reasons for accepting employment. The HCHRSC responses indicated similar results.

CCAs reported in the exit survey, ability to balance work and personal life, consistent hours of work, flexible scheduling, increased wages and job satisfaction were ranked among the top reasons for staying at a position. The HCHRSC responses indicated similar results.

CCAs reported in the exit survey, unsupportive work environment, stress, personal illness, new job and mental demands as top reasons for leaving a position. The HCHRSC responses indicated new job, insufficient wages, maternity/paternity leave, family obligations, and insufficient hours were top reasons.

## *CCA Readiness Content Sections*

We used a 5-point Likert scale for measuring preparedness and frequency in all content sections. For interpretation purposes, minimally competent (entry-level<sup>7</sup>) preparedness rating was identified as a level 3 or sort-of prepared.

### Preparedness Rating

- 1) completely unprepared (required instruction to complete the duty)
- 2) somewhat unprepared (required assistance to complete the duty)
- 3) sort of prepared (needed 1-2 prompts to complete the duty) = entry level**
- 4) prepared (complete the duty without help)
- 5) completely prepared (could mentor someone else to do the duty)

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<sup>7</sup> Entry-level competent “sort of prepared” aligns the degree of difficulty for exam question in the scoring process (just passing exam at minimally competent) and the Competency Assessment Tool (CAT) competency definition. The rating was vetted through industry (Nursing Home & Home Support) for validation.

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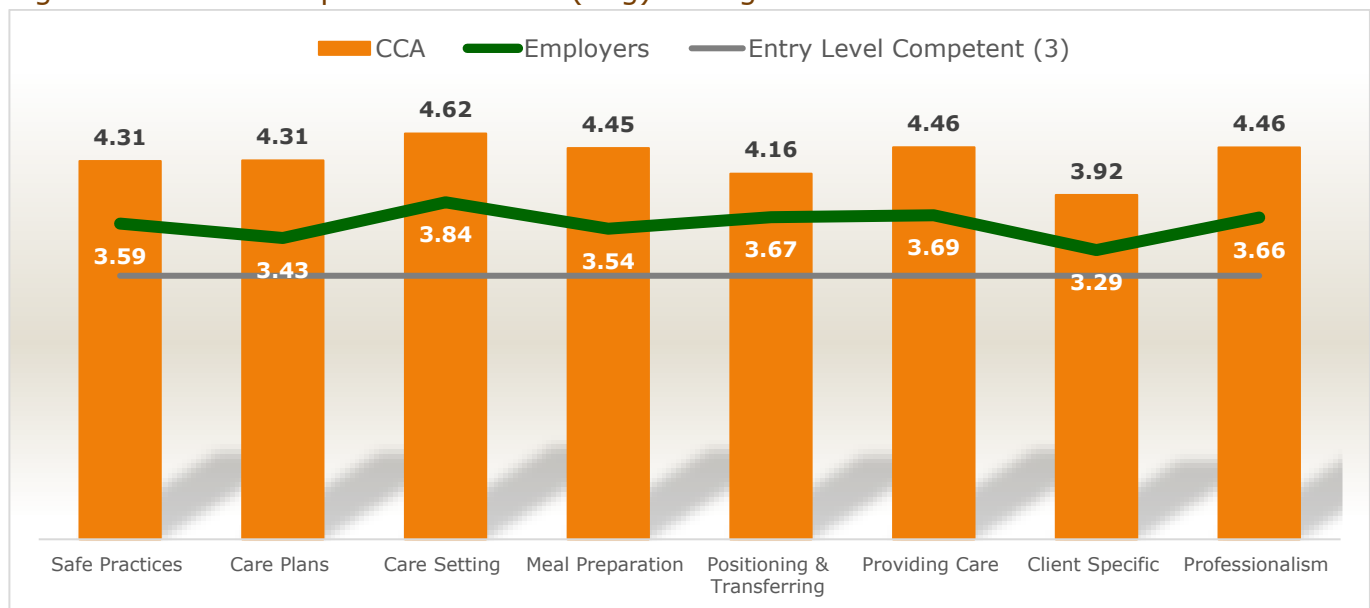


## Frequency<sup>8</sup> Rating

- 1) almost never (performed the duty 1 time or less per week)
- 2) rarely (performed the duty between 2 and 12 times per week)
- 3) sometimes (performed the duty between 13 and 23 times per week)
- 4) often (performed the duty 24 and 34 times or more per week)
- 5) almost always (performed the duty 35 times or more per week)

The overall preparedness and frequency average ratings, from both CCAs and employers, indicate CCAs are prepared at or above entry-level expectations and CCAs are using most of skills learned during the program. This result is generally consistent with the 2016 Forum tablework.

Figure 2: Section Preparedness Mean (Avg) Ratings

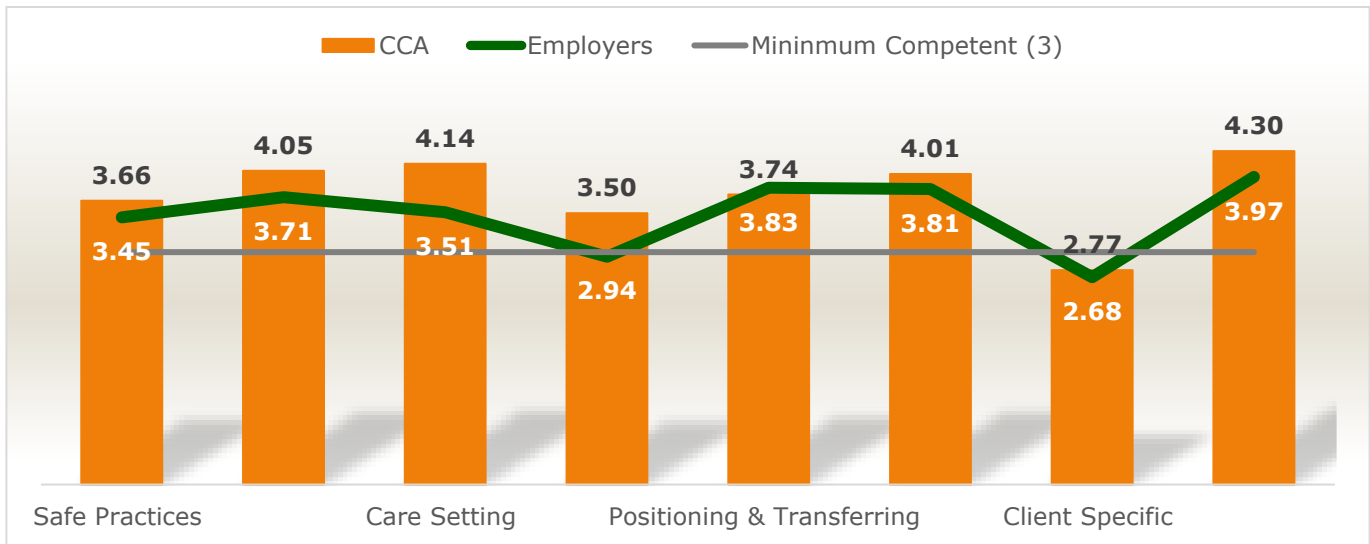


As indicated in the above chart, the grey bar represents the entry-level prepared rating (*Sort of Prepared 3*), the orange columns represent the CCAs average preparedness ratings and the green line represents the employers' average preparedness ratings. The overall preparedness rating across all content sections: CCAs' average rating was 4.34 (Prepared 4) and employers averaged 3.59 (Sort of Prepared 3), a difference of 0.75.

As indicated in the below chart, the grey bar represents the mid-frequency rating (*Sometimes performed 3*), the orange columns represent the CCAs average frequency scores and the green line represents the employers' average frequency rating scores. The overall frequency rating across all content sections: CCAs' average rating was 3.77 (*Sometimes performed 3*) and employers' average rating was 3.49 (*Sometimes performed 3*); a difference of 0.28.

<sup>8</sup> Frequency rating was vetted through employers (Nursing Home & Home Support) for validation.

Figure 3: Section Frequency (Avg) Ratings



As indicated in the above chart, the grey bar represents the mid-frequency rating (*Sometimes performed 3*), the orange bars represent the CCAs average frequency scores and the green line represents the employers' average frequency rating scores. The overall frequency rating across all content sections: CCAs' average rating was 3.77 (*Sometimes performed 3*) and employers' average rating was 3.49 (*Sometimes performed 3*); a difference of 0.28.

### Safe Practices

The 2016 Forum participants stressed the importance of CCAs being able to work safely in a variety of settings and agreed newly certified CCAs were prepared to don and remove gloves, report risks, promote safety, apply standard first aid and read the Material Safety Data Sheet (MSDS). They indicated newly certified CCAs struggled to identify and report potentially abusive situations, work in a variety of different settings, and dispose of hazardous material (i.e. blood) safely and in accordance with infection control practices.

Below are the survey Safe Practice Section average response rates:

- *Preparedness* - CCAs 4.31 (*Prepared 4*), Employers 3.59 (*Sort of Prepared 3*)
- *Frequency* - CCAs 3.66 (*Sometimes performed 3*), Employers 3.45 (*Sometimes performed 3*).

The survey highlighted some areas of disagreement with the Forum discussions. Data from the survey indicated industry respondents felt CCAs were *Sort of Prepared (3)* while CCA respondents felt *Prepared (4)* above entry-level expectations to apply safe practices. There was a small portion of employers who indicated specific skills/duties as unprepared (i.e., document actions in an emergency).

The survey data from CCAs and employers, showed skill frequency ratings followed a similar pattern (data curve) indicating agreement between groups. There were a few categories showing higher frequency ratings by CCAs (i.e.: apply Standard First Aid and CPR Level C).



## Care Plans

The discussions at the 2016 Forum indicated CCAs were able to read, understand, review, and follow care plans; CCAs could contribute to the care plan, and document on the correct form. Forum participants felt CCAs needed to be better prepared to understand and distinguish between objective and subjective documentation, understand setting specific scope of practice/employment for care plans and required additional practice documenting, particularly using medical terms and technology.

Below are the survey Care Plans Section average response rates:

- *Preparedness* - CCAs 4.31 (*Prepared 4*), Employers 3.43 (*Sort of Prepared 3*)
- *Frequency* - CCAs 4.05 (*Often performed 4*), Employers 3.71 (*Sometimes performed 3*).

The survey validated the table discussions; overall industry respondents felt CCAs were *Sort of Prepared (3)* while CCA respondents felt *Prepared (4)* above entry-level expectations to understand and follow care plans. Within the survey, there was a small portion of employers who felt CCAs were not prepared to document on the care plan; however, some CCAs reported feeling *Completely Prepared (5)*.

The survey data from both CCAs and employers, indicated the skill frequency ratings followed a similar pattern (data curve) indicating agreement between groups. Only few categories showed higher frequency ratings by CCAs (i.e., participate in care team meetings and documenting using technology).

## Care Setting

Participants from the 2016 Forum felt CCAs were able to provide care setting management including housekeeping and other basic requirements; CCAs were prepared to make and change beds, mop and sweep, balance expectations with the client, apply person-focused care, think about the person and recognize care and safety risks. They felt CCAs could be better prepared to perform laundry and garbage duties, prioritize duties and recognize safety risks.

Below are the survey Care Setting Section average response rates:

- *Preparedness* - CCAs 4.62 (*Prepared 4*), Employers 3.84 (*Sort of Prepared 3*)
- *Frequency* - CCAs 4.14 (*Often performed 4*), Employers 3.51 (*Sometimes performed 3*).

The survey results indicated industry respondents felt CCAs were *Sort of Prepared (3)* while CCA respondents felt *Prepared (4)* above entry-level expectations to provide care setting management. Within the survey, employers' average preparedness ratings were lower for prioritize duties, care for appliances and clean appliances. The survey does not support the qualitative feedback gathered during the Forum that CCAs could be better prepared to perform laundry and garbage duties.

The survey data from CCAs and employers, showed skill frequency ratings followed a similar pattern (data curve) indicating agreement between groups. There were a few categories showing higher frequency ratings by CCAs (i.e.: care for and clean appliances).

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## Meal Preparation

At the 2016 Forum, participant discussions focused primarily on the cooking skills and preparation of meals. Participants felt CCAs could prepare tea/coffee, cook eggs, vegetables, oatmeal, stew and soup, casseroles, potato hash, meats, and prepare sandwiches (Nutrition: Schedule A). Although there was consensus that CCAs overall are prepared to plan and cook meals, there were five areas the groups felt CCAs could be better prepared. These areas included preparing (plan and cook):

- A variety of foods according to the client's needs
- Balanced meals with limited choices
- Respecting culture
- Respecting religious dietary needs
- Special diets

Below are the survey Meal Preparation Section average response rates:

- *Preparedness* - CCAs 4.45 (*Prepared 4*), Employers 3.54 (*Sort of Prepared 3*)
- *Frequency* - CCAs 3.50 (*Sometimes performed 3*), Employers 2.94 (*Rarely performed 2*).

Survey responses indicate both groups felt CCAs were *Prepared (4)* above entry-level to plan and cook meals, meet the standardized curriculum requirements (Nutrition: Schedule A) with employers rating preparedness slightly lower for casseroles, potato hash, meats (bringing the overall employer preparedness rating down). Employers also rated respecting culture, special diets, cook potato hash, and support enteral nutrition as *Sort of Prepared (3)* or slightly lower than the other skills.

The survey data from CCAs and employers, showed skill frequency ratings followed a similar pattern (data curve); however, CCAs indicated most skills were occurring more often than employers. Employers and CCAs did agree on the frequency rating of a few skills (i.e., encourage and assist clients to eat and drink, with swallowing difficulties, assist visually impaired clients to eat, and drink and support clients using special feeding devices and aids).

## Positioning and Transferring

There were a few CCA positioning and transferring learning and skills highlighted by the Forum participants. Overall, the group felt newly certified CCAs could safely position and transfer clients. The group indicated, as CCAs start to work in industry, confidence builds and skills solidify with practice. The participants felt CCAs were prepared at entry-level expectations, to assess both the CCA and clients' readiness to be positioned and/or transferred; position a person; transfer to wheelchair, chair, bed, commode; support individuals with canes and walkers, and transfer using mechanical lifts. They noted a few positioning and transferring skills not practiced on a regularly; these included gait belts, slide boards, and transferring clients in and out of a car, and positioning and transferring clients with IV or NG tubes.

Below are the survey Positioning and Transferring Section average response rates:

- *Preparedness* - CCAs 4.16 (*Prepared 4*), Employers 3.67 (*Sort of Prepared 3*)
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- *Frequency* - CCAs 3.74 (*Sometimes performed 3*), Employers 3.83 (*Sometimes performed 3*).

The CCA Readiness industry respondents felt CCAs were *Sort of Prepared (3)* while CCA respondents felt *Prepared (4)* above entry-level expectations to position and transfer clients. The survey results didn't support the table work discussions pertaining to gait belts and slide boards (survey indicates both are still being used with some frequency). Contrary to the Forum results the survey indicated employers felt CCAs were *Sort of Prepared (3)* to position or transfer clients with IV, NG tubes (3.06) and transfer clients in and out of a car (3.11).

The survey data from CCAs and employers, showed skill frequency ratings followed a similar pattern (data curve); however, CCAs indicated most skills were occurring more often than employers. CCAs rated supporting and transferring clients using a slide board, transferring in and out of a car, lower on the frequency rating than employers.

### **Providing Care**

The 2016 Forum participants felt CCAs were prepared to provide care. CCAs can support clients' ADLs and IADLs; assist clients with perineal care, bed baths, tub baths, and showering; support clients using bed pans and commodes; report skin issues; assist with dressing/undressing, hair care, and shaving, provide oral, denture, and mouth care; and provide personal care. Areas noted where CCAs would benefit from additional preparation include social media confidentiality, legal and ethical issues impacting care, cultural and religious influences for care and providing care for clients with specific social needs and limitations.

Below are the survey Providing Care Section average response rates:

- *Preparedness* - CCAs 4.46 (*Prepared 4*), Employers 3.69 (*Sort of Prepared 3*)
- *Frequency* - CCAs 4.01 (*Often performed 4*), Employers 3.81 (*Sometimes performed 3*).

Industry respondents felt CCAs were *Sort of Prepared (3)* while CCA respondents felt *Prepared (4)* above entry-level expectations to provide care. Respecting how social media can compromise confidentiality and care for contact lenses were rated lower on the preparedness rating by employers.

The survey data from CCAs and employers, showed skill frequency ratings followed a similar pattern (data curve); however, CCAs indicated the majority of skills were occurring more often than employers. CCAs rated assisting clients who are resistant to care, providing hair care, assisting clients with shaving, and brushing client's teeth, slightly lower on the frequency rating than employers.



## Client Specific Assignments

Client specific assignments generated considerable dialogue during the Forum discussions. Participants felt CCAs were *Sort of Prepared (3)* (entry-level) to perform client specific care. The discussions highlighted the unique scope of employment in each setting.

Below are the survey Client Specific Assignments Section average response rates:

- *Preparedness* were CCAs 3.92 (*Sort of prepared 3*), Employers 3.29 (*Sort of Prepared 3*)
- *Frequency* - CCAs 2.77 (*Rarely performed 2*), Employers 2.68 (*Rarely performed 2*).

The survey results indicate, although most CCAs felt they were *Prepared (4)* above entry-level, employers felt CCAs were *Sort of Prepared (3)* to perform most client specific assignments. The lower ratings by employers could be due to the nature of client specific assignments if we consider these skills are performed on a case-by-case basis and not performed daily for every client.

The survey data from CCAs and employers, showed skill frequency ratings followed a similar pattern (data curve) indicating agreement between groups. There were only a few categories showing higher frequency ratings by CCAs (i.e., applying compression stockings, applying medicated ointments (according to care plan), working within CCAs role in the delegation process).

## Professionalism

CCAs' level of professionalism is improving according to the Forum participants. They acknowledge marked improvements over the last two curriculums. There were a few areas that stood out to the groups where CCAs could be better prepared. They included:

- Recognize and respond to behaviors occurring mainly because of external triggers
- Manage stress in the care settings
- Communicate respectfully with clients with dementia
- De-escalate responsive behaviors
- Provide a non-judgmental attitude
- Recognize how their behaviors contribute to the clients' response

Below are the survey Professionalism Section average response rates:

- *Preparedness* - CCAs 4.46 (*Prepared 4*), Employers 3.66 (*Sort of Prepared 3*)
- *Frequency* - CCAs 4.30 (*Often performed 4*), Employers 3.97 (*Sometimes performed 3*).

The survey data indicated industry respondents felt CCAs were *Sort of Prepared (3)* while CCA respondents felt *Prepared (4)* above entry-level expectations to be professional. Employers' responses indicated CCAs were *Sort of Prepared (3)* to promote recreation and leisure, communicate with and de-escalate clients displaying responsive behaviors, put clients' perspectives first, and support the clients' emotional needs.

The survey data from CCAs and employers, showed skill frequency ratings followed a similar pattern (data curve) indicating agreement between groups. CCAs' frequency rating was lower than employers for "telling a supervisor when they didn't know how to do an assignment".

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## Summary

Overall, the survey data supports the Forum feedback that CCAs are prepared at or above entry-level preparedness to meet industry expectations. The survey data also supports the feedback gathered during the Forum identifying a few skills not being performed frequently (i.e., disposal of sharps, transferring in and out of a car, gait belts), which will be taken into consideration for the next Program revision.

The CCAs' preparedness scores were slightly higher than employers scores (average CCA preparedness rating 0.75 higher the employers). The higher CCA ratings combined with the results of *Marlowe Crown Scale of Social Desirability* (average score: 9/13 range) indicate CCAs may have felt a slight increased desire to tell us what they thought we wanted to hear.

Overall, CCAs (average: 4.34) and employers (average: 3.59) felt CCAs were prepared above entry-level expectations (*Preparedness rating of 3*).

Out of the 189 skills rated for preparedness, 95% of skills (179) were rated by employers at or above *Sort of Prepared (3)*, meeting entry-level expectations (ratings above 3.1). Ninety-nine percent (99%) of skills (188) were rated by CCAs at or above *Sort of Prepared (3)*, meeting entry-level expectations (ratings above 3.1).


Out of the 189 skills rated for frequency, 69% of skills (128) were rated by employers as *Sometimes (3)* or more frequently being applied (ratings above 3.1) and 81% of skills (151) were rated by CCAs as *Sometimes (3)* or more frequently being applied (ratings above 3.1).

Out of the 189 skills rated for preparedness, there were 10 skills that employers rated on or below *Sort of Prepared (3)*, entry-level expectations (ratings on or below 3.1):

- Assist in discharge planning (average: 3.00)
- Document using technology (average: 3.00)
- Document medication errors (average: 3.00)
- Respect how social media can compromise confidentiality (average: 2.88)
- Recognize when clients lack oxygen or have oxygen toxicity (average: 3.00)
- Respond in an emergency for clients on oxygen therapy (i.e: power outage) (average: 2.67)
- Provide colostomy care (average: 2.94)
- Provide suprapubic catheter care (average: 3.08)
- Support clients requiring enteral nutrition (average: 3.00)
- Position/transfer clients with IV/NG tubes (average: 3.06)

The results of the survey will be used to inform curriculum revision and the skills with an average score of 3.1 or lower for both preparedness and frequency ratings will be examined closer to determine the best course of action. Although there are many points to consider when examining the results of the data, we can speculate that the diverse employers setting requirements, the low acute care response rate and the availability of the skills during placements potentially impacted these ratings.

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The survey provided valuable data validating the quality and appropriateness of the current program and identified key areas for growth. We plan to conduct the survey between curriculum revisions; however, it will be revised to mitigate the previously noted limitations.

## **Placement Standards Review**

As we move forward with our work on the curriculum review, we have embarked on a review of the placement standards<sup>9</sup>. As with the other components of the curriculum review, the outcomes of this project will assist in guiding and shaping the next curriculum revision.

In the winter 2017, a Placements Standards Review Working Group was established to collect and analyze both qualitative and quantitative data; the working group will make recommendations with the goal of improving the capacity and quality of placements for the CCA Program.

As of March 31, the working group has met twice to prepare for the first data collection session at the CCA Stakeholder Forum 2017. The Forum session will start the placement review process and provide directions for the next steps in the review. The Forum work will focus on three main questions.

1. Does the CCA Placement Standards and Guidelines document provide the appropriate direction for participating in placements?
2. Does the Competency Assessment Tool (CAT) identify the appropriate learning and evaluation requirements as set in the CCA Program Curriculum Standards?
3. Does the current Placement Structure<sup>10</sup> (330 hours with identified service providers) allow for the appropriate learning and evaluation?

### ***CCA Program Placement Standards Review Working Group:***

- Cheryl Dunphy, Northwoodcare Inc.: Nursing Home/Homes for Aged representative
- Karen Huntley-Comeau, Digby/Clare Home Support: Home Support representative
- Christel MacAloney, Futureworx: Education Provider representative
- Nancy MacConnell- Maxner 1 NSHA (Acute) representative
- Jody MacDonald (Chair), Harbourstone Enhanced Care: CCAPAC representative
- Shelley MacLaren, NSCC Waterfront: Education Provider representative
- Ann McInnis, NSCC: CCAPAC representative
- Cailleagh Sharples, CCA Program Administration representative
- Pam Shipley, CCA Program Administration representative
- Ad hoc representation (DHW, CRNNS, CLPNNS)

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<sup>9</sup> Placement Standards include structure, policies, procedures, roles, responsibilities, assessment tools as defined in the CCA Placement Standards and Guidelines

<sup>10</sup> Defined in the CCA Placement Standards and Guidelines

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## Review and Revision Next Steps

In addition to our current activities (readiness assessment and placement standards review), there are two additional activities to initiate prior to focusing on the Program revision.

- Entry-Level Competency Review: Update entry-level competencies (identified in the CCA Scope of Practice 2009) to align with the current CCA role expectations and curriculum standards.
- Standardized Teaching and Assessment Resources: Updating and standardizing education resources for the CCA Program Curriculum Standards.

## Educator Day

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On November 22, 2016, the third annual Educator Day was hosted at Health Association. As always, the goal of the day is to bring primary instructors together for networking and to promote consistency in education through open discussion, collaboration, and shared resources. This year, we focused on topics recommended by instructor with the addition of some CCA Program updates.

Overall the evaluations (24 responses) indicate the day was a success, with 100% of respondents reporting the day was useful, a good use of time and opinions were valued. Topics included: a review of a potential textbook, Scope of Employment in Acute Care, Technology in the Classroom and Portfolio. In addition to these topics, we provided an update on activities related to the curriculum.

## The Canadian Personal Care Provider Textbook

The CCA Program and education providers were asked to consider Pearson's textbook as a CCA Program teaching resource or as a replacement to the current standard textbook. The groups discussions centered on determining:

- If the textbook was a viable option for the Program and if it was a viable option, should it replace the Mosby's textbook (current standard).

To answer these questions the educators assisted in shaping the process by providing feedback on the proposed evaluation matrix. The session tested the matrix and allowed time for a brief look at the textbook.

The matrix was then distributed for individual instructor feedback and a webinar is planned for late spring to discuss the findings. Preliminary findings indicate Pearsons' textbook could be an option for education providers as a secondary resource; however, the text does not meet the CCA Programs outcomes to the degree needed to adopt as the main or required textbook for the Program.

## CCA Scope of Employment in Acute Care

Nancy MacConnell-Maxner, Director, Interprofessional Practice & Learning presented on the structure of acute care and their overall direction. As well as the role of the Care Team Assistant (CTA) in acute care and the process to arrange placements in Acute Care.

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## Technology in the Classroom

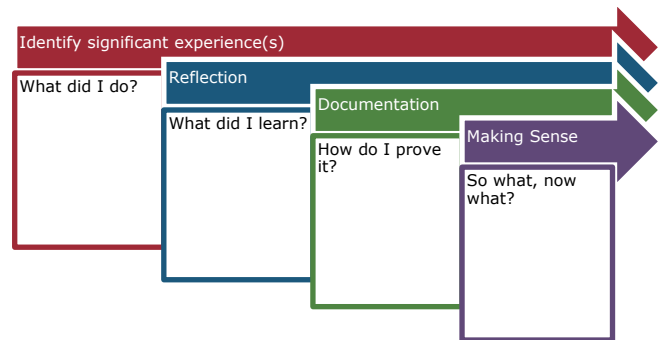
As with a number of sessions during the day, this session was an instructor requested open discussion, the group brainstormed methods to embrace technology in the classroom, what policies and procedures schools had in place to support success with technology and discussed situations encountered in the classroom and placement. The discussion points were captured and shared via email as a follow-up to the day.

## Skills and Learning Portfolio

The Skills and Learning Portfolio was another instructor requested topic for open discussion. Teresa Francis presented on the Portfolio Process. Teresa is an independent consultant for Recognizing Prior Learning (previously with the PL Centre) and is considered one of the lead experts in portfolio development and Recognizing Prior Learning (RPL); she has been heavily involved in a myriad of diverse portfolio projects for 15 plus years including the CCA Prior Learning Assessment and Recognition (PLAR) process.

One of the key takeaways of the day was the Portfolio Process (outlined on the right) and the application of this process in relation to the CCA Program. The group shared how they approach the Portfolio Process as well. The approaches were captured and shared with instructors via email as a follow-up to the day.

Figure 4: Portfolio Process



## CCA Program Updates

### Certification Exam

One of the key topics instructors requested for the Educator Day was the Exam. Overall, we are experiencing strong exam results throughout the province. The key focus of this session was a discussion of high functioning questions that are eliminating low performers. Instructors had an opportunity to discuss areas for improved content delivery (teaching) to increase low performer success rates. Areas where low performers are demonstrating weakness include: nutrition, specifically special diets and special needs; medication; and body structures. Instructors were also given an opportunity to contribute to the revision of questions.

### Standards Compliance Assessment

The revised Standards Compliance Assessment tools were presented and the new maximum license term of 5 years was introduced.



### ***Placement Standards and Guidelines Project***

The Placement Standards and Guidelines project to increase placement capacity and/or work place learning opportunities in the CCA Program was discussed briefly and a call for membership nominations was shared.

### ***CCA Readiness Assessment Survey***

A brief summary of the survey's preliminary findings was presented, with the caveat that the rigorous statistical analysis was underway.

## **Standards Compliance Assessment (SCA)**

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A goal of the SCA process is to promote and enhance consistent delivery of the education across the province. The process promotes consistency in a number of ways including data collection, curriculum reviews, and campus visits.

Currently there are 31 campuses teaching the CCA Program and 28 licensed schools. Over the last year there were 9 deliveries in partnerships with employers. CCA Program education provider and employer partnerships are continuing into the new fiscal year (2017); Eskasoni, Potlotek, and Neils Harbour to name a few.

During the Educator Day, fall 2016, the revised SCA tools were released. The revision included refining the Expression of Compliance tool and adjusting the maximum license term to a 5-year. All campuses renewing their license have the opportunity to achieve a 5-year term by reaching the maximum compliance scores within the Matrix.

When a school seeks to renew its CCA Program license, a Routine Monitoring Report is issued. The Routine Monitoring Report outlines the past 3 years of data for the school and for the province providing an analysis of the data highlighting how the school aligns with provincial norms; meets, exceeds or falls below provincial norms. The rigorous data collection and reporting benefits the school by providing a reasonable benchmark in which to measure their success and adjust processes if required.

## **Recognizing Prior Learning (RPL) Program**

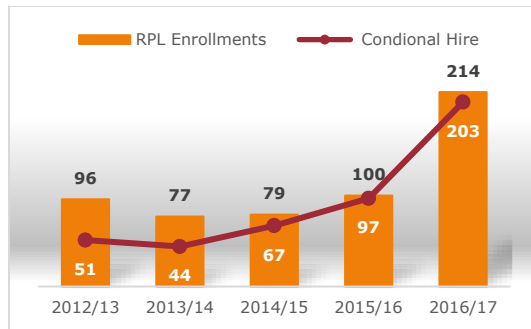
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The CCA RPL Program is a competency-based, structured assessment and education process. This process enables previously educated and/or experienced individuals an opportunity to receive credit for past knowledge and skills that are current. The RPL Program meets all admission requirements for the CCA Program and complies with the Program standardized required assessment tools including the Professional Behaviour Development Rubric (PBDR), Competency Assessment Tool (CAT), program learning outcomes and objectives, and the Certification Exam.

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The RPL Program continues to be recognized as a Canadian example of excellence. We presented the CCA RPL Program at the RPL Symposium; a Nova Scotia Department of Labour and Advanced Education initiative hosted at Nova Scotia Community College. The purpose of the day was to bring together communities of interest to help clarify, develop and promote a common vision for Recognition of Prior Learning (RPL) practices throughout the province.

**Figure 5: RPL Enrollment Requiring Conditional Hire**



The chart (to the left) represents five years of RPL participants enrollments including those requiring a conditional hire contract for employment<sup>11</sup>. The orange columns represent the annual RPL enrollments. Over the last 3 fiscal years, enrollments have increased. In 2014/15 enrollments were 79, an increase of 2 (3%); in 2015/16 enrollments were 100, an increase of 21 (27%); and last fiscal year (2016/17) enrollments were 214, an increase of 114 or 214%. The red line represents the number of participants requiring conditional hire for employment. The

numbers have been steadily increasing suggesting RPL as supportive recruitment tool for industry. In 2014/15 conditional hire required enrollments made up 84% of enrollments; in 2015/16, they made up 97% and this past year (2016/17), conditional hire required enrollments made up 94% of all RPL enrollments. The RPL Program staff can support the participant and the employer through the conditional hire education requirement for CCA Certification.

Over the next year, we will be spending some energy revising the participant information package. The package contains a significant amount of information and our goal is to present the information in a more precise, efficient package for RPL inquiries. Another pending project is to examine the performance of the module quizzes by performing an item analysis for each question; same process as the Certification Exam, resulting in stronger assessment tools within the SDL Modules as well as creating a stronger exam preparation mechanism for participants. Finally, we are planning to incorporate the feedback from participants and navigators into Phase I and Phase II processes and realign the SDL Modules to reflect the latest version of the Mosby's Canadian Textbook for the Support Worker – 4th Edition.

We contribute a large portion of our success to the RPL Navigators. Each of the RPL Navigators is a Registered Nurse (RN) who holds an Adult Education Certificate, is a trained Prior Learning Assessment & Recognition (PLAR) Advisor/Assessor and Self-directed Learning Guide. We would like to take this opportunity to express our gratitude for their hard work and dedication. Thank you – Navigators, for helping make this program a success: Jody MacDonald, Lorinda Brinkhurst, and FutureWorx. We would also like to welcome our newest Navigator – Laurie Hopkins.

<sup>11</sup> Persons requiring conditional hire contracts are identified in the Department of Health and Wellness Education Entry to Practice Policy's Section 4.6.



## Certification Exam

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The goal of the CCA Program is to ensure newly Certified CCAs possess the competencies required to practice safely and effectively in the role, at entry-level. The role of the certification exam is to perform a final assessment of competencies to provide reasonable assurance to employers and the public an individual has met the required competencies to work in the role of Certified CCA.

The current exam process has strengthened the exam's ability to perform its role in the certification process. The process has increased the exam's validity and reliability as well as enhanced our ability to respond to factors which may impact the exam including evolving curriculums. To produce a reliable, defensible, fair, and valid exam involves a complex process with six key steps<sup>12</sup>; this year the Exam Committee started the process of reviewing the item (question) writing step in more detail.

The Exam Committee took an inventory of the items available for the curriculum including alignment with learning outcomes and objectives for each module. We then compiled all items demonstrating poor performance using our item analysis software and rewrote or eliminated each item. We have started to examine the taxonomy<sup>13</sup> of the items in our inventory. Of the items reviewed, the majority are testing at a *remember and/or understand* taxonomy and the minority are testing at an applied knowledge taxonomy.

Based on the results of the above actions, the Exam Committee identified key objectives for cultivating and expanding the item bank. We will focus on developing application based (applied knowledge) questions focusing on any gaps identified in our inventory. As we move forward with the refinement of the item writing steps of the exam process, we will engage psychometric expertise to help us build our competencies for developing items focused on applied knowledge. As the Exam Committee's competencies in writing applied knowledge items improves, we will share our learning and experiences with our education partners.

### CCA Certification Exam Committee

- Carol Anne Cowan, Nova Scotia Community College
- Callie Kerr, Island Career Academy
- Jody MacDonald, Shannex Inc.
- Corey MacKenzie, We Care Home Health Services
- Vanda Newton, CCA Program Administration
- Pam Shipley, CCA Program Administration

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<sup>12</sup> Standards Setting, Test Specifications, Item (Question) Writing, Scoring, Statistical Analysis, Exam Administration

<sup>13</sup> Taxonomy: a classification system (Bloom) used to define and distinguish different levels of human cognition (thinking, learning, and understanding) Source: <http://edglossary.org/blooms-taxonomy/>

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## CCA Registry

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The CCA Registry is a list of Certified CCAs/counterparts<sup>14</sup> in Nova Scotia. To maintain current data, members are required to renew their membership annually. Although our active membership renewal period is between September 1 and October 31, we accept renewals and new members throughout the year.

As of March 31, 2017, the CCA Registry had 1053 members, a little less than last year's enrollment. Each year the CCA Registry engages in a number of promotional activities, including promoting registration at the exam sittings, employer communications, renewal notifications, Facebook postings, email reminders, and the "Caring Matters" newsletter.

This year, we held a contest to increase registration; with a \$100 gift card as the prize. The contest was designed to promote the actual registration period (Sep 1/Oct 31); congratulations to David Fulkenham!

Please encourage CCA/counterparts to become active members of the CCA Registry. There is no cost to register or renew membership; it is fully funded by Department of Health and Wellness (DHW). The stronger (larger) the membership, the more valuable the data will be in providing evidence to guide decisions for health human resource planning and the role of the CCA.

The CCA Registry is about building a stronger workforce for quality client care and CCA quality of work life. The Registry's objectives include gathering input from members to influence positive change in the role of the CCA and gathering data for human resource planning. The aggregate data collected from members can identify trends in the current workforce which can be used by employers and government for human resource planning. Over the past year, we distributed Registry reports to employers when five or more of their employees were members of the Registry. These reports can be generated to meet the employer's needs and can include basic employee information, a breakdown of employee data with statistics on age, credentials (includes certificates and education), expected retirement date, and position type.

## CCA Program Enrollment and Certification

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### Enrollments

As of March 31, 2017, the CCA Program has 36 course deliveries in progress across the province. The course deliveries are at different stages with the majority well underway and a few courses just starting. Currently there are 725 participants in the 36 active courses. Based on an estimated 18% attrition rate for total enrollments, 82% of the enrollments will become exam candidates. Of the 595 exam candidates, if we estimate 96% will become Certified CCAs, we can project at least 570 Certified CCAs

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<sup>14</sup> Counterparts include PCW, HSW, HHP and OTJ trained prior to 2006 direct care and support providers

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will be ready to enter the workforce from the current course enrollments by June 30, 2018. The following table breaks down the enrollments by Zones and provides estimated certification numbers for exam sittings over the next 18 months. There are no consistent delivery dates for courses therefore, the enrollment numbers fluctuate continuously and the table represents a snapshot in time at March 31, 2017.

Figure 6: Current Enrollments

<b>CCA Program Current Enrollments at March 31, 2017</b>					
<b>Zone</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
Enrollment	176	191	158	200	
<b>Estimated Certification from Enrollments</b>					
Exam Candidates (82%)	144	157	130	164	
Certified CCAs (96%)	139	150	124	157	
<b>Exam Sittings:</b>					
	June 2017	124	86	75	75
	October 2017	15	29	40	31
	March 2018	0	0	9	35
	June 2018		35		16
<b>Total Certified</b>		139	150	124	157

### **RPL Program Enrollments**

In addition to the traditional classroom enrollments, the CCA Program has 247 participants active in the Recognizing Prior Learning Program process. As of March 31, 2017, there were 200 people working through Phase I (assessment) or Phase II (education), 13 exam candidates, and 34 people in the registration and/or transitioning from Phase I to Phase II stage. Because of the independent nature of the RPL process we cannot track group completion dates. As with the traditional enrollments, there are no course delivery dates for RPL registrations; therefore, the enrollment numbers fluctuate continuously and the numbers identified above represents a snapshot in time at March 31, 2017.

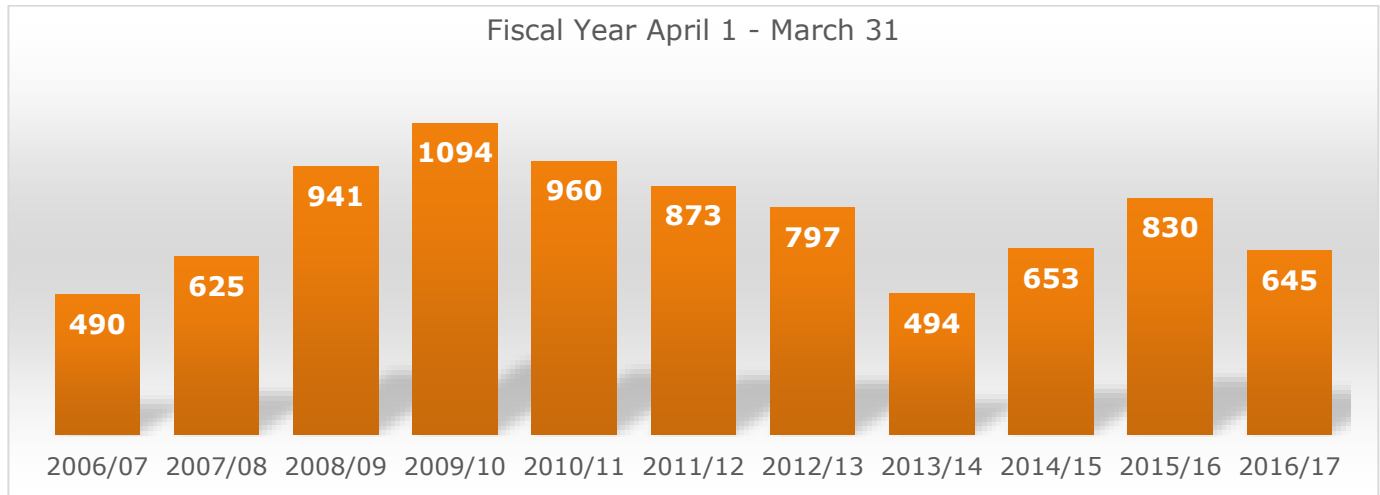
### **Annual Enrollments**

CCA Program enrollments increased by approximately 67% between fiscal years 2014/15 and 2015/16 after a significant decline in 2013/14<sup>15</sup>. This fiscal year (2016/17) the enrollments have dropped close to 20% (645 enrollments); we do not have quantifiable evidence explaining the decline but can speculate it

<sup>15</sup> Although no quantifiable evidence is available to explain the decline in enrollments, 2013/14 was the first year without the bursary program from DHW. In addition, the federal Labour Market Agreement renewal process and the resulting Canada – Nova Scotia Job Fund Agreement, limited the provincial skills and training funding through Department of Labour and Advanced Education: Skills and Learning Branch.

is the natural fluctuation of supply and demand. Based on the significant increase in enrollments over two previous years, the demand is stabilizing and the employer driven deliveries have decreased.

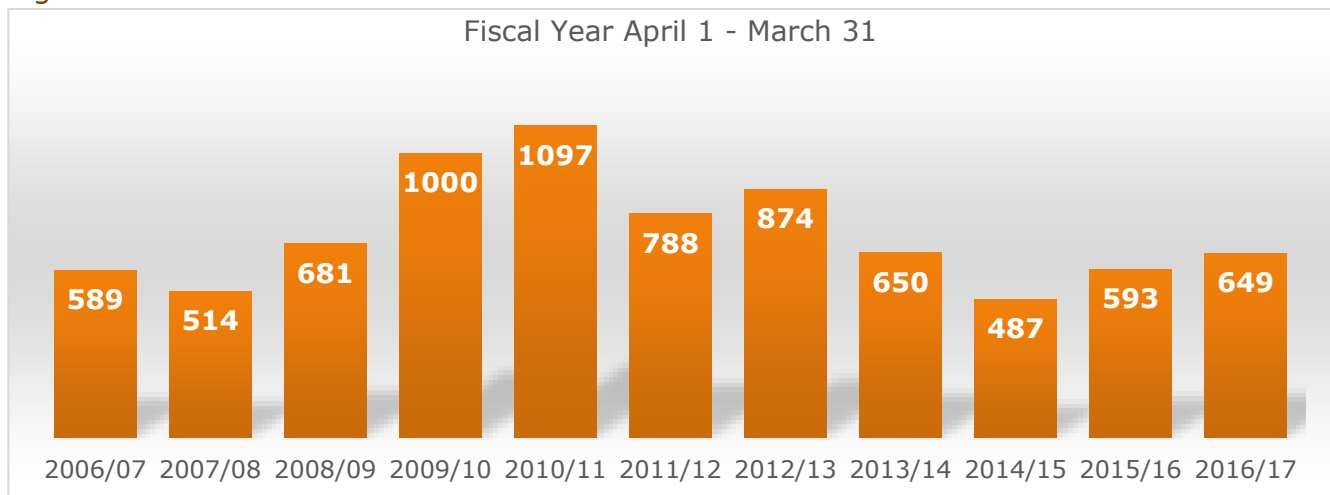
Figure 7: CCA Program Enrollments



### Certified CCAs

Given the time between enrollment and certification (approximately 9 to 24 months), this year we are experiencing another increase in Certified CCAs; this is due to the growth in enrollments between 2015/16 and 2016/17. The fiscal year 2016/17 produced 649 certified CCAs across the province of Nova Scotia, an increase of 9.4% over 2015/16. As enrollments have declined this fiscal year (2016/17) we are estimating a decline in certifications in 2017/18 from traditional enrollments. However, as noted in the Recognizing Prior Learning (RPL) section, the RPL enrollments have increased substantially. Although it is harder to predict certification numbers from the RPL Program we are estimating an increase in certifications this coming fiscal year from RPL.

Figure 8: Certified CCAs



The image above displays the certification for the last 10 years, in total the CCA Program has produced just over 10,000 Certified CCAs since its conception in 2000.





## CCA Program Advisory Committee

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- Eric Doucette, Seaview Manor
- Stephen Gillis, Inverary Manor
- Tammy Jeffers, RJF Healthcare
- Callie Kerr, Island Career Academy
- Jody MacDonald, Harbourstone Enhanced Care
- Trent MacIsaac, College of Registered Nurses of Nova Scotia
- Ann McInnis, Nova Scotia Community College, School of Health and Human Services
- Sharon Preston, Windsor Elms
- Pam Shipley, Health Association Nova Scotia

### **Welcome to our new member**

- Paula Langille, Department of Health and Wellness, Chair
- Corey MacKenzie, CBI Home Health
- Jylene A. Simmons, College of Licensed Practical Nurses of Nova Scotia
- Erin Smiley, Department of Health and Wellness

### **Thank you to our outgoing members**

- Doug Bungay, College of Licensed Practical Nurses of Nova Scotia
- Beth Kelly, Department of Health and Wellness
- Nancy MacConnell-Maxner, Nova Scotia Health Authority
- Carolyn Maxwell, Department of Health and Wellness, Chair
- Catherine Peori, City Homemakers Service Society
- Katherine Swindell, VON Annapolis

## CCA Program Administration

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- Vanda Newton, Administrative Assistant
  - Barb Salkin, Administrative Assistant
  - Cailleagh Sharples, Certification Coordinator
  - Pam Shipley, Manager
-



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Copies of the 2016-2017 Annual Report are available from:

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Bedford, Nova Scotia  
B4A 2K7  
(902) 832-8500 | 1-866-265-9900

Or online at: [www.novascotiacca.ca](http://www.novascotiacca.ca)

