



CONTINUING CARE ASSISTANT PROGRAM REVISION

Request for Proposal

Submission:

Provide a Revision of the CCA Program for the
Continuing Care Assistant Program Advisory Committee (CCAPAC)
Submission Date: October 24, 2018 by 4:00 PM AST

Submit Proposal by mail or delivered:

CCA Program | 2 Dartmouth Road | Bedford NS B4A 2K7 Fax: 902.832.8505
Postmarked 4:00 PM AST – October 24, 2018

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1.0 SITUATION OVERVIEW

1.1 BACKGROUND

A Continuing Care Assistant¹ (CCA) is an individual who provides assistance with activities of daily living to individuals of all ages in a variety of health care practice settings, for the purpose of promoting holistic health and independence. CCA Certification is the entry-level education required to practice as a personal care and support service worker within Nova Scotia's continuing care sector. This includes nursing homes and home care agencies providing services to NS DHW clients. CCAs are also employed by other health care service providers such as hospitals and residential care facilities.

The CCA Program was introduced in Nova Scotia in 2000 to replace earlier education programs and designations for personal care workers, home support workers, and home health aides. The education program prepares CCAs to work in either facility-based or home care settings. The CCA Program is a provincial standardized program and learners write a provincial certification exam upon completion of an approved education program to receive the CCA Certification.

The CCA Program enables students to acquire the knowledge, skills, attitudes and judgment required for a beginning practitioner upon entry to the field as a Certified CCA. The CCA is prepared through his/her education program to practice according to the CCA Scope of Practice as identified through the CCA Curriculum Standards and the 2009 Scope of Practice document.

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 CCA Program employs an integrated course design allowing students to build upon theory and applied learning including professionalism, creating and supporting measurable growth, and defensible outcomes that progressively transfer to the real-life setting (meet Scope of Practice).

The Program uses both standardized teaching resources and measurement tools (set by the CCA Program) and recommended resources and measurement tools (determined and maintained by the education provider) to assist students to reach CCA Certification.

Currently, CCAs can complete placements in long term care homes, home support agencies providing services to DHW clients, acute care as well as alternative placement settings for example assisted living care settings. These placements provide the opportunity for CCAs to apply the theory they have learned to the care of clients across the lifespan in varying contexts of practice.

Health care is continually evolving, and it is of absolute importance that the CCA Program remains current and relevant. The last revision was implemented in September 2013. Currently the CCA's entry-level competences are being revised and incorporated into a CCA Competency Framework, the placement structure and tools are being reviewed and revised, and a desire to increase the standardization of the teaching resources and assessment tools has been identified.

¹ A Certified CCA holds provincial certification from the Nova Scotia Department of Health and Wellness (DHW). Certified CCAs have completed all components of the CCA Program from a recognized education provider and have passed the provincial certification examination.

1.2 CCA CURRICULUM STANDARDS

The CCA Curriculum Standards identify the delivery structure and standardized education competencies required to ensure Certified CCAs have the competency to deliver appropriate, timely, and respectful person-centered care in a variety of practice settings. It identifies such things as the program rationale, CCA philosophy, the program's outcomes, subject matter learning outcomes and objectives, delivery requirements, entrance requirements, teaching resources, and measurement tools.

Industry has been instrumental in the CCA Program's evolution by providing guidance during the Program revisions as well as feedback between revisions. The guidance industry provides is pivotal to clarify learning expectations and promote education consistency, enhancing the Program's ability to meet industry's needs.

The CCA Program regularly review and updates the Curriculum Standards to reflect new and emerging needs of the health care system for the role of Certified CCA. Since the CCA Program's conception the educational competencies (learning outcomes) reflect the consultations and data gathered from key stakeholders who have direct knowledge of what is required for a Certified CCA to successfully perform their role in a variety of health care settings.

In 2013 the language in the Curriculum Standards was shifted to accommodate the wider variety of placement settings, now referred to as the care setting to incorporate acute care and other placement settings; and person(s), refers to individuals receiving care in a care setting, for example: client, resident, or patient. New learning in the Curriculum Standards includes; acute care context, technology, administration of topically applied medicated creams, ointments and drops, and creating flexibility for placement experiences by adding an open mentorship to the placement structure.

The acute care context is integrated throughout the Curriculum Standards as this impacts all outcomes, broadening the care setting. Technology is added to reflect the current and future needs of the health care industry including documenting using technology and understanding technology-based communication. The Student Admissions Requirement added basic computer literacy skills to support these objectives.

The placement mentorship component shifted to accommodate a variety of care settings by incorporating an Open Mentorship component comprised of 60 hours and may be completed in one or more approved health care settings such as nursing homes, home support agencies, acute care, and other approved settings.

1.3 PROJECT SUMMARY

Since the last review and revision (2013), project initiatives have been conducted (nearing completion) to evaluate and strengthen the connections between the needs of industry with the CCA Program learning outcomes, teaching resources and assessment tools. The key goal of this project will be to build on and merge the work of these initiatives into the next CCA Program Curriculum Standards edition.

The CCA Program Advisory Committee (CCAPAC), the entity responsible for the CCA education and certification, is seeking proposals to revise where appropriate the CCA Program, in collaboration with the CCAPAC. This would include but not be limited to aligning the Competency Framework with the curriculum standards, creating and inserting new learning outcomes where required, identifying standardized teaching resources to meet the required learning outcomes, and identify and/or create standardized assessment tools where appropriate.

In order to carry out the revisions it is necessary the proponent be able to demonstrate practical application of adult education principle; experience in curriculum development, delivery, and review; and an understanding of the health care system, preferable NS continuing care and acute care sectors. Demonstrated knowledge of the CCA Program, the role of the CCA would be considered an asset.

In preparation for the CCA Program revision, the following initiatives have been completed or are nearing completion:

- CCA Readiness Assessment (based on curriculum 2009 & 2013)
- CCA Competency Framework (work in progress)
- Evaluation of Placement Structure (work in progress)

1.4 CURRENT CCA PROGRAM COMPONENTS

The Continuing Care Assistant Program (CCA) currently includes:

- Thirteen theory/lab modules (minimum 510 theory and lab hours)
- Practicum placements (330 hours)
- Six additional certificate courses (governed by external agencies)

Students must successfully complete all components of the CCA Program with a licensed CCA education provider and pass the CCA Certification Exam to become a Certified CCA

Modules include:

Module 1:	Introduction to the CCA Program and the Health Care Sector
Module 2:	CCA Professional Development
Module 3:	Communication in the Care Setting
Module 4:	Documentation and Technology in the Care Setting
Module 5:	Environmental Safety
Module 6:	Body Mechanics
Module 7:	Care Setting Management
Module 8:	Growth & Development
Module 9:	Body Structure, Function & Related Health Issues
Module 10:	Personal Care
Module 11:	Nutrition & Meal Preparation
Module 12:	Mental Health & Social Issues
Module 13:	Medication

Practicum Placements include:

Skills Development Placement is 110 hours (approximately 15 days) in a DHW licensed nursing home/home for aged.

Mentorship Placement includes:

- Nursing Homes/Home for the Aged (80 hours or approximately 10 days)
- Home Support (80 hours or approximately 16 days)
- Open Mentorship (60 hours or approximately 8-12 days) can be completed in a variety of care settings.

Certificate Courses include:

- CCNS Palliative Care Front Line Education
- Dementia: Understanding the Journey
- Food Hygiene Training Courses
- Introduction to Occupational Health & Safety
- Standard First Aid & CPR Level C
- Workplace Hazardous Material Information System

Note: above noted six additional certificate courses are governed by external agencies and not a part of the revision.

Teaching Resources include:

The Curriculum Standards has teaching resources throughout the document. In addition to the overall program resources, each Module has identified teaching resources to assist in the curriculum development. The resources are intended to provide further direction and clarification for the learning outcomes and objectives.

Measurement Tools include:

The CCA Program's standardized measurement tools, Competency Assessment Tool (CAT), Professional Behaviour Development Rubric (PBDR) and Certification Exam, are consistent (not changeable) requirements for each student, designed to measure and document the students' minimum theoretical and applied knowledge and skills required for entry-level competency. Additional assessment tools designed and used by the education provider allow for ongoing measurement and documentation of the progress of students through the course, covering content and outcomes.

2.0 RFP REQUIREMENTS

Health care is continually evolving, and it is of absolute importance that the CCA Program remains current and relevant. The CCA Program Advisory Committee (CCAPAC), the entity responsible for the CCA education and certification, is seeking proposals to revise where appropriate the CCA Program, in collaboration with the CCAPAC.

As noted, since the last revision in 2013 several initiatives have been conducted (are in progress/nearing completion) to evaluate and strengthen the connections between the needs of industry with the CCA Program learning outcomes, teaching resources and assessment tools. The key goal of this revision project will be to build on and merge the results of these initiatives into the next CCA Program Curriculum Standards edition.

This revision will include but may not be limited to clarifying and/or creating learning outcomes to ensure the education preparation aligns with the Competency Framework, consultation to understand the issues identified by the CCA Readiness Assessment, consultation with content experts to identify and incorporate teaching resources with the goal to strengthen the provincial consistency of the education, and strengthen the consistency of the required measurement/assessment tools.

To carry out the revisions it is necessary the proponent be able to demonstrate practical application of adult education principle; experience in curriculum development, delivery, and review; and an understanding of the health care system, preferable NS continuing care and acute care sectors. Demonstrated knowledge of the CCA Program, the role of the CCA would be considered an asset.

At a minimum, this revision to CCA Program Curriculum Standards will build upon the current program documents, incorporate current program review work and the results of consultation/validation with a variety of stakeholders throughout the revision project. The successful proponent will utilize the CCAPAC, relevant subcommittee(s) and the CCA Program Administration as resources for contacting and consulting with the required stakeholders. It is necessary to complete the revision without extensively lengthening the overall hours to deliver the education.

The key resources would include but are not limited to:

- CCA Curriculum Standards and supplementary documents (September 2013)
- CCA Readiness Assessment Results
 - Including identified modules/competencies requiring examination
- CCA Entry Level Competencies Framework (work in progress)
- CCA Placement Structure Evaluation (work in progress)
- Student Course Evaluations
- Consultations to be conducted with key stakeholders may include but are not limited to:
 - Department of Health and Wellness
 - Continuing Care Assistant Program Advisory Committee (CCAPAC)
 - Subject matter experts – SME (identified in collaboration with CCAPAC)
 - Content experts i.e., AwareNS, WCB, dietitians, mental health
 - Job-related experts i.e., employers, supervisors and Certified CCAs
 - Education experts i.e., CCA primary instructors, educators

Above noted documents are available electronically upon request, see Section 2.4 for contact information.

2.1 PROJECT DELIVERABLES

- Establish schedule of status reports, consultation and, project review with CCAPAC
- Finalize project plan including building on and merging current work into the revision that includes but may not be limited to:
 - Work with the CCA Competency Framework Working Group to finalize the framework
 - Ensure the learning outcomes and objectives align with the CCA Competency Framework
 - Rewrite learning outcomes and objectives to be more specific and linked to Competency Framework
- Identify and engage SME to review module content (i.e., LO, objectives, resources, teaching tools and assessment strategies) to ensure appropriate and complete learning for the topic.
 - Focus on Readiness Survey and industry identified topics for closer examination
 - Body Mechanics, Meal Preparation, Medication, Documentation, Nutrition, Professionalism
 - Identify and incorporate (in the modules) appropriate, provincially accepted teaching resources, for example PACE tool
 - Identify and/or create additional standardized teaching assessment/measurement tools and incorporate into Curriculum Standards where appropriate
- Conduct a best practice review in curriculum revision and establish a set of protocols for ongoing review and revision maintaining the validity, reliability and defensibility of the CCA Certification
- Develop an action plan to implement the revised Program
 - Include a comparison chart/road map identifying revisions to assist educators in implementation of new Curriculum Standards
- Develop an action plan to communicate the revised Program

The CCAPAC expects a collaborative working relationship between the successful proponent, the CCAPAC and CCA Administration. The CCA Administration and CCAPAC members will maintain an active role as appropriate.

2.2 TIME-FRAMES

The following schedule is presented for guidance:

Proposals Submission date:	October 24, 2018
Presentation dates between:	November 2 to 16, 2018 (tentative)
Awarding of Contract:	November 23, 2018
Preferred completion date:	September 1, 2019

Note: Revised CCA Program Curriculum Standards must be issued to education providers by November 1, 2019. Educator's will be expected to roll out the revised Curriculum Standards for courses starting on or after September 1, 2020.

2.3 PROPOSAL CONTENT

The proposal style is at the discretion of the proponent; however, to receive full consideration during evaluation, the proposals will include the key components listed below and meet all proposal requirements (see *Section 4.0 Proposal Content and Response Guidelines* for instructions on proposal submission and content requirements).

Key components include:

- Background on the proponent (organization or individual)
- Profiles, including experience and qualifications and proposed roles, of the individuals who will be providing services
- Documentation of work history and successful/effective experience in providing similar services
- Professional costs (not including sales tax)
- Project Plan including but not limited to:
 - Detailed proposed methodology, including potential risks and liabilities
 - Proposed time lines, including potential risks and liabilities
- Minimum of three written references for any work of a similar nature

The successful proponent must agree to maintain records of work performed and make available to the CCA Program Administration the billed hours and details concerning billable time. The proponent will preserve all relevant records for at least 12 months from the end of the applicable contract term.

2.4 REPORTING REQUIREMENTS AND PROCEDURES

The CCAPAC expects a collaborative working relationship between the successful proponent, the CCAPAC and CCA Program Administration. In addition to the CCAPAC consultations:

- It is expected the successful proponent will provide regular status reports (and/or as requested) to designated contact(s) to ensure effective project development and delivery. Schedule of reports to be determined.
- Ongoing contact will take place by the most convenient means as deemed necessary by the contact person(s)—face-to-face meetings, e-mail, and/or telephone.

CCA Program Administration and CCAPAC Contact:

Pam Shipley
Manager, CCA Program
2 Dartmouth Road, Bedford, NS B4A 2K7
Phone: (902) 832-8526, Fax: (902) 832-8505, E-mail: pam.shipley@healthassociation.ns.ca

2.5 PROJECT MANAGEMENT

The successful proponent will oversee the CCA Program revision. However, future delivery of the CCA Program will be managed by the CCA Program Administration and CCAPAC.

2.6 SPECIAL CONDITIONS

The Department of Health and Wellness will be the owner of the intellectual property rights, including research, patent, copyright, trademark, industrial and creative design and trade secrets in any product developed through a contract. Licensing and marketing rights to the developed product will not be granted in the contract. Proposals regarding these rights should not be submitted in response to this Request for Proposal and will not be considered in evaluating responses. Future presentations of the project methodology, outcomes and final product by the successful proponent will be given only when written permission from CCAPAC is provided. When permission is granted, acknowledgement of CCAPAC/CCA Program must be given.

2.7 ENQUIRY CONTACTS

Proponents requiring further information on this Request for Proposals should contact:

Pam Shipley
Manager, CCA Program
2 Dartmouth Road, Bedford, NS B4A 2K7
Phone: (902) 832-8526, Fax: (902) 832-8505
E-mail: pam.shipley@healthassociation.ns.ca

All enquiries are to be directed to the person(s), or his/her designate(s) named above. Information obtained from any other source is not official and may be inaccurate. Enquiries and responses may be recorded and may be distributed to all proponents at the discretion of the CCA Program Administration and CCAPAC.

3.0 EVALUATION CRITERIA

The following criteria, shown in order of importance, form the basis upon which evaluation of proposals will be made.

3.1 MANDATORY CRITERIA

The following are mandatory requirements. Proposals not meeting them, or not clearly demonstrating that they meet them in a substantially unaltered form will receive no further consideration during the evaluation process.

- All information requested in this Request for Proposals must be provided (Sections 2.3 and 4.0)
- The proponent and/or their subcontractor must be able to demonstrate practical experience in curriculum review/development and adult education principles

- The proponent must have sufficient qualified staff or subcontracted resources with appropriate experience to complete the required tasks within the time frame allotted

3.2 EVALUATION TABLE

The following criteria (see Table) will be evaluated for all proposals that satisfy the mandatory criteria. A minimum overall score of 70 percent must be achieved for a proposal to be considered compliant.

Only the short-list of proponents (compliant, high scores) will be invited to present proposal prior to the final selection. The presentations will be held at Health Association Nova Scotia, to be arranged between November 2 and 16, 2018. The written proposal with count for 50% of the final score and the presentation will count for the remaining 50% of the final score.

EVALUATION TABLE

SUBMISSION DATE: OCTOBER 24, 2018, 4:00PM

Criteria	Weight
References Clients' overall satisfaction with results of project: adherence to deadlines; size of projects; similarity of clients to CCA Program. Extent of previous experience; similarity of previous experience to this project; clients' satisfaction with Proponent's expertise.	10
Expertise Experience applying adult education principles. Experience with curriculum review, development, and delivery. Facilitating consultations and conducting research	15
Health Care Expertise Experience with NS health care (continuing care/acute care) Experience with CCA Program Experience with CCA's practices and standards	15
Approach Project plan; project management experience; project team experience; team size (if applicable); availability of additional resources	20
Suitability of Process Methodology, tools, and techniques available	20
Project Costs Clear and justified; value for costs	20
Total - (must be above 70% to be considered)	

4.0 PROPOSAL CONTENT AND RESPONSE GUIDELINES

To receive full consideration during evaluation, proposals will include the following:

4.1 COPIES REQUIRED

One original paper copy, unbound, and four (4) photocopies of all documents submitted plus one electronic copy are required. The original shall be left unbound, and clearly marked ORIGINAL on the title page and all copies shall be clearly marked COPY on the title page. The Original will be retained by CCA Program Administration as the official record of submissions received. The copies and/or electronic file will be distributed to the selection committee.

4.2 PROJECT PLAN

Project Plan including but not limited to a detailed proposed methodology, including potential risks and liabilities and proposed time lines, including potential risks and liabilities.

Attach a list of subcontractors (name, address, services provided) who are proposed for work on this project if applicable. The absence of such a list will be taken to mean that only "own forces" will be used.

4.3 COMPARABLE EXPERIENCE

Outline the nature of any projects that the proponent has been involved with that would be comparable to this project. Describe any similarities to or differences from this project.

4.4 REFERENCES

Attach with submission, a minimum of three letters of reference for any work of a similar nature done by the proponent or the proponent's organization in the past three years. Provide a contact name and phone number, and e-mail address for references.

4.5 PERSONNEL PROFILES

The Appendix A table will allow the evaluation of the personnel proposed in relation to the skills required for the project. Complete one copy for each person proposed and submit with resume. While it is not required that each person proposed have all the skills listed here, the project team as a whole must meet or exceed these skills and experience in order for the proposal to be considered compliant.

4.6 PROJECT BUDGET

Appendix B table provides a format for summary of costs. To demonstrate clear and justified value for costs, a more detailed budget may be included in the project plan.

6.0 PROPONENT CHECKLIST

This checklist has been provided solely for the convenience of the proponent. Its use is not mandatory, and it does not have to be returned with the proposal.

- The requirements of the Request for Proposal have been read and understood by everyone involved in putting together the proposal.
- The proposal explicitly addresses everything asked for in the Request for Proposal.
- The proposal meets all the mandatory requirements of the Request for Proposal.
- Qualified Nova Scotia based products and services have been identified as an element of the proposal offering.
- The proponent's name appears on the proposal envelope.
- The appropriate number of copies of the proposal has been made. (Proposals without the correct number of copies may be rejected.)
- Every care has been taken to make sure the proposals are at the closing location in plenty of time, as late proposals will be rejected.

APPENDIX A:

Name:

Position Name, e.g. Project Lead:

Notes:

SKILLS	(Please Check)	Yes	No	# Years
Number of years of experience with curriculum development and delivery (Min. 3 yrs.)				
Years of program review/revision experience (Min. 3 yrs.)				
Minimum of Adult Education Certificate plus experience				
Experience within Nova Scotia Health Care: continuing care and/or acute care				
Experience with CCA Program and/or CCA role				
Project Management experience				

Summary of Estimated Cost (Do not include Sales Tax in cost)

Item	Cost
a) Conduct/Project Management	\$
b) Research	\$
c) Consultations	\$
d) Review of Content	\$
e) Revision Work	\$
f) Administrative Support Costs	\$
g) Travel and Accommodations Expenses	\$
h) Other:	\$
GRAND TOTAL	\$