

Certified Nurse Assistant Going Beyond Compliance

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Objectives

1. Discuss CNA impact and involvement related to meeting Regulations.
2. Identify CNA training needs during the survey process.
3. Discuss CNA solutions to meeting concerns in providing care.
4. Describe outcomes related to CNA inclusion and training.
5. Discuss ways for providers to assist in CNA inclusion and promoting compliance to improve care outcomes.



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If the job of a Certified Nursing Assistant was easy, there wouldn't be a shortage of them. But there is. If the job of a CNA was just cleaning residents up, they wouldn't know their favorite foods, or when they prefer coffee over tea, but they do. If the job of a CNA was insignificant, Supervisor's and Charge nurses wouldn't rely on them to identify changes out of their "normal," but they do. If the job of a CNA was to just get vitals, they would have time to sit down and talk with each resident for a good thirty minutes each shift, but they don't. If the job of a CNA was to just show up and dress them, perform their assigned duties, then go home, they wouldn't leave work in tears knowing one of our residents isn't going to make it, but they do. If the job of a CNA was appreciated by their peers and colleagues, they wouldn't feel as UNVALIDATED, but it's not. If you're proud of all CNA's copy and paste this as your status! #cnasrock💙💛💜💚💖 #ThankaCNA

Vanessa's Post

#THANKACNA

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Reflections on Vanessa's Post

- ▶ CNA Shortage
- ▶ Identifying preferences
- ▶ Identifying changes
- ▶ Building relationships
- ▶ Cultivating Meaningful Relationships

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Regulations

STATE OPERATIONS MANUAL

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483.24 Quality of Life (QoL)

- ▶ Includes Six Tags (ALL RED TAGS)
- ▶ To site F675 only at an **IJ level**, can include the cumulative effect of noncompliance at other regulatory tags – demonstrate a pervasive disregard for the principles of QoL
- ▶ Facilities must create and sustain an environment that humanizes and promotes each resident's well-being and feeling of self-worth and self-esteem.
- ▶ The facility must ensure that **all staff, across all shifts and departments, understand the principles of quality of life.**
- ▶ Surveyors are looking for isolated or systemic deficient practices

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483.25 Quality of Care (QoC)

- ▶ Includes 17 tags (16 currently in use) ALL RED TAGS
- ▶ Applies to **all treatment and care provided** to facility residents
- ▶ Must be cared for in accordance with the resident's preferences, goals for care and professional standards of practice that will meet each resident's physical, mental, and psychosocial needs.
- ▶ Surveyors are looking for isolated or systemic deficient practices

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F-Tag 725 – Nursing Services

- ▶ The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required.
- ▶ Surveyors are looking for sufficient number of nurse aids to meet resident needs

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F-726 Nursing Services-Competency

- ▶ Providing Care includes but is not limited to assessing, evaluating, planning, and implementing resident care plans and **responding to resident's needs.**
- ▶ **The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.**

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F-865 Quality Assurance and Performance Improvement Program (QAPI)

- ▶ Each LTC facility (including those part of a multi-unit chain), must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life;
 - ▶ - document and demonstrate evidence of ongoing QAPI
 - ▶ - present its QAPI plan to the State Agency upon request (including the above)
- ▶ The QAPI program must be ongoing, comprehensive, and address **the full range of care and services provided by the facility**
- ▶ **Address all systems of care** and management practices
- ▶ Include clinical care, QoL, and resident choice

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QAPI (continued)

- ▶ -Utilized the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.
- ▶ -Reflect the complexities, unique care, and services that the facility provides
- ▶ -The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and **staff input, and other information.**
- ▶ **Corrective actions address gaps in systems, and are evaluated for effectiveness**
- ▶ **Clear expectations are set around safety, quality, rights, choice, and respect**

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F867 – QAPI/QAA Improvement Activities

- ▶ According to the 2014 OIG report, preventable adverse events were generally caused by:
 - ▶ -Appropriate treatment provided in a substandard way (56%)
 - ▶ -Resident's progress not adequately monitored (37%)
 - ▶ -Necessary treatment not provided (25%)
 - ▶ -Inadequate resident assessment and care planning (22%)
- ▶ *percentages reflect events as a part of three categories (medication, care, and infection related adverse events).

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F947 – Required In-service training for Nurse Aides

- ▶ Be sufficient to ensure the continuing competence of nurse aides, **but must be no less than 12 hours per year**
- ▶ Include Dementia management training and resident abuse prevention training
- ▶ Address areas of weakness as determined in nurse aides' performance reviews and facility assessment... **and may address the special needs of residents as determined by the facility staff . Example: Certain Medical Conditions-has education been provided to inform CNAs?**
- ▶ *CNAs find the gaps*
- ▶ *Surveyors are looking for gaps*
- ▶ *Hopefully, facilities are being proactive in identifying gaps in care*

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F-947 CNA Training Guidance

- ▶ All facilities must develop, implement, and permanently maintain an in-service training program for nurse aids that is appropriate and effective, as determined by nurse aide evaluation or the facility assessment ... Changes to the facility's resident population, the facility's physical environment, staff turnover, and modifications to the facility assessment may necessitate ongoing revisions to the facility's training program

Nurse aide training may be facilitated through any combination of in-person instruction, webinars, and/or supervised practical training hours.

Training should support current scope and standards of practice through curricula which detail learning objectives, performance standards and evaluation criteria, and address potential risks to residents, staff, and volunteers if procedures are not followed.

There should be a process in place to track nurse aide participation in the required training

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CNA Training Guidance (cont.)

- ▶ Measure adequacy of the in-service training by;
 - ▶ -documentation
 - ▶ -written exam
 - ▶ - demonstration in consistently applying necessary interventions
- ▶ **The training must be sufficient to ensure the continuing competence of the nurse aides, which may require more than 12 hours of training per year to meet identified staff or resident needs.**
- ▶ **The survey team does not need to find a negative resident outcome to cite a deficiency at F947.**

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Training Requirements and Outcomes: (Trinkoff et al, 2017)

- ▶ CNAs desired more clinical time and felt they were inadequately prepared for real – life resident care (Trinkoff, et al, 2017)
- ▶ Low clinical time – also a cause for high-turnover rates
- ▶ Increased training led to few falls and lower medication use
- ▶ Additional CNA didactic training led to adequate care for cognitively impaired/lower functional activity



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Training Requirements and Outcomes (cont.) Trinkoff et al, 2017

- ▶ Nursing Homes in states with additional in-service training hours were less likely to have residents with higher QI rates compared with states requiring the federal minimums
- ▶ -decreased falls with injury
- ▶ -decreased depression regardless of facility size
- ▶ -decreased pain
- ▶ -decreased antipsychotic drug use
- ▶ -decreased weight loss concerns
- ▶ -pressure ulcers (mixed, unexplained phenomenon)



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CNA Training Guidance - Surveyors

- ▶ Observations
- ▶ Interview with residents/representatives
- ▶ Reported training by CNA
- ▶ How does the facility assess nurse aides to determine if the training has been effective?

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Polling Question #1:

- ▶ According to the SOM, who is responsible for creating and sustaining an environment that promote resident's well-being, feelings of self-worth, and self-esteem.
- ▶ A. Certified Nurse Assistants
- ▶ B. Director of Nursing
- ▶ C. The Facility
- ▶ D. The State of Michigan

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Lakaisha Sutton – Director of Nursing Assistants/ CNA

Concerns:

- ▶ Not having enough time to provide care for each resident patient to CNA ratio too much
- ▶ Nurses/Other staff not willing to help
- ▶ Management team not helping on units regularly
- ▶ Not being recognized for hard work and dedication
- ▶ Others not understanding what CNAs go through with residents and their families
- ▶ No one to stand up for CNAs

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Lakaisha Sutton– Director of Nursing Assistants/ CNA

Solutions:

- ▶ Director of Nursing Assistants who can be the voice for the CNAs
- ▶ Having corporate and management support
- ▶ Regular staff appreciation

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Polling Question #2

- ▶ During CNA review, training adequacy is best measured by...
- ▶ A. Documentation
- ▶ B. Written Exam
- ▶ C. Demonstration
- ▶ D. All of the above

TIME FOR
REVIEW

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Branden Fillbrook, Certified CNA Preceptor - Concerns

List CNA concerns with providing care

1. Staffing

- Staffing numbers
- CNA shortage
- Turnover reduction

2. Shortage of time and streamlining tasks to improve efficiency

- Feeling rushed and overwhelmed
- Stress levels and anxiety

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Branden Fillbrook, Certified CNA Preceptor - Concerns

3. Communication

- Communication between administration to the floor
- Communication between nurses to CNA's
- Communication between CNA to CNA

4. Misconceptions about the CNA role

- Spreading awareness on CNA's role throughout the community
- Educate community on role of CNA in providing a comprehensive individualized care for our residents

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Branden Fillbrook, Certified CNA Preceptor - Solutions

Staffing:

Staffing based on acuity

Differentiate nurses and CNA's hours

Providing a welcoming environment for new team members

Creating employee bonding by pairing staff with preceptors on the floor to provide support and training on the service standards

A) My roll as a preceptor and the importance of the mentor/preceptor program

B) How the mentor/preceptor program focuses on personal interaction between team members to improve team members to improve teamwork

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Branden Fillbrook, Certified CNA Preceptor - Solutions

Shortage of time and streamlining efficiency:

Time management training

Creating in assignments and having consistency

Provide additional training on : Empathy, Grief counseling, meditation and relaxation techniques

Communication:

Tools such as walkie-talkies

Not having CNA tasks go through nurses

Misconceptions about the CNA role:

Taking full advantage of social media

Awareness through programs such as community heroes

Community outreach and volunteer work from facility CNA's

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Polling Question #3



- ▶ According to the SOM, who must ensure nurse aides are able to demonstrate competency?
 - ▶ **A. The Facility**
 - ▶ **B. The Nurse Educator**
 - ▶ **C. The Certified Nurse Assistant**
 - ▶ **D. The Computer Program**

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Putting C.N.A. inclusion into action

- ▶ Interesting fact: only 6% want to be nurses, 34% want to be Administrators
 - ▶ They want a voice in decision making, they are leaders in the making
 - ▶ People do their best work when they are empowered to give input and effect change

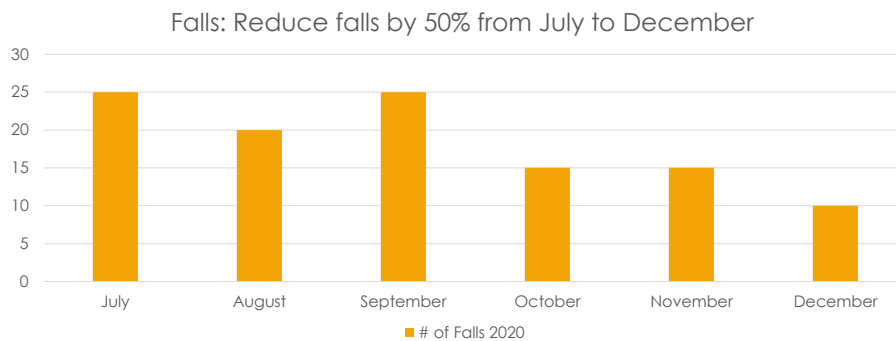
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Top-Down Management is dead

- ▶ Collaborative approach is the most effective way to achieve results. How?
 - ▶ Personal invitations to committees
 - ▶ Make committee meetings convenient for members
 - ▶ Solicit feedback: people closest to the work often have the best solutions
 - ▶ Share results

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Visual Scoreboard: are winning or losing?



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Director of Nursing Assistants - DNA

- ▶ In 2019, we partnered with a consulting team to add a Leadership role to select buildings
 - ▶ Recognized that DONs are often too busy to give the attention needed to C.N.A.s
 - ▶ They need a Director who understands what it's like to be a C.N.A. in today's environment
 - ▶ Important for them to see there is advancement opportunity other than being a nurse
 - ▶ Careful selection process, looked for not just a good C.N.A. but one with excellent communication skills and leadership ability

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Benefits of a D.N.A.

- ▶ Attends stand-up and clinical meetings
- ▶ Shares real-time information between Administration and CNAs
- ▶ Makes recommendations for acuity-based staffing
- ▶ Quicker communication and action: condition change, resident decline in function, increased fall risk etc. – Resident specific
- ▶ Addresses any PPE needs or Infection Control concerns
- ▶ C.N.A.s feel like they have someone they can go to

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Improved Care Outcomes

- ▶ Improved Early Warning communication and intervention
- ▶ Reduced rehospitalization
- ▶ Decreased Falls
- ▶ Decreased weight loss
- ▶ Improved staff engagement and morale

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Polling Question #4

Facility reflection question:

How involved are Certified Nurse Assistants in applicable QAA/QAPI program?

- ▶ A. **Sub-Zero** (no involvement)
- ▶ B. **Cold** (ask questions in passing)
- ▶ C. **Warm** (ask questions and gather suggestions in passing)
- ▶ D. **Hot** (seated at the table with minimal involvement)
- ▶ E. **Lava** (seated at the table, highly involved with input)



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CNA inclusion & Training

- ▶ Adopting a strategy to recruit right talent, build trust, relationship and retain talent
- ▶ Include the CNA preceptors during the interview and job shadow process to ensure that the potential candidates can our meet the expectations of our culture of service and teamwork.
- ▶ Job shadow is part of our interview process that provides a 2-way feedback to potential candidates and preceptors to make the hiring decision – sense of ownership with recruitment and retention
- ▶ Preceptors receive additional training on our culture of service, teamwork and our service standards
- ▶ Creating a warm and welcoming atmosphere by the team and leaders leading by example – being congruent – walk the talk

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CNA Inclusion, Training & Strategies

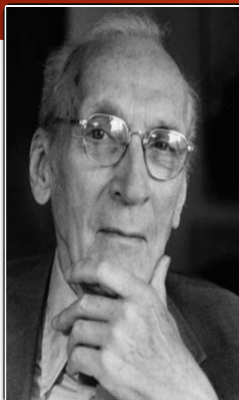
- ▶ We utilize a robust 3 day on-boarding process that focuses on our culture of service to create the best employee experience and resident experience by our leadership team
- ▶ On-boarding is the first step to create team member engagement and relationship building.
- ▶ Need a solid strategy to maintain the relationship building and continuous engagement after on-boarding.
- ▶ Leadership interactions are emphasized to be sincere and relational, not transactional.
- ▶ Ensure that leadership team leads by example consistently – walk the talk and be congruent.
- ▶ After on-boarding the team members are assigned to preceptors, who are coaches on the floor to support their learning in the new environment and ensure that we practice a just culture and non-punitive approach to learning

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CNA Inclusion, Training & Strategies

- ▶ Ensure that new team members receive adequate training after on-boarding minimize on the job learning in the first 90 days
- ▶ Periodic and consistent leadership meeting with new team members periodically to ensure that they are comfortable in the new environment and we are meeting their expectations and support their learning and growth
- ▶ Preceptors are leaders of service culture on the floor driving that across the team
- ▶ Monthly lunches with mentors and preceptors to get feedback on successes and opportunities
- ▶ Open door policy and open mindset across the leadership team to accept constructive criticism and feedback on opportunities

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The servant-leader is servant first... It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. That person is sharply different from one who is leader first.

— Robert K. Greenleaf —

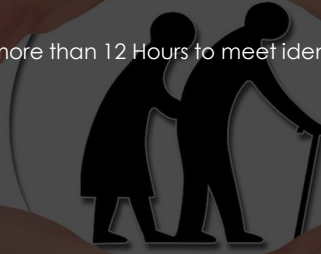
AZ QUOTES

Servant Leadership

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Polling Question #5

- ▶ CNA training may require more than 12 Hours to meet identified staff or resident needs.
- ▶ A. True
- ▶ B. False



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Lori Porter, Cofounder & CEO National Association of Health Care Assistants (NAHCA)

- ▶ Describe outcomes related to CNA inclusion and training.
 - ▶ Peer driven experienced based leadership
 - ▶ A more valued team of CNAs
 - ▶ Increased engagement with CNAs which fosters trust.
- ▶ Leadership turnover – No need to cause a change in ADL care. ADLs never change.

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Lori Porter, Cofounder & CEO National Association of Health Care Assistants (NAHCA)

Discuss ways for providers to assist in CNA inclusion and promoting compliance to improve care outcomes.

- ▶ Leaders should aspire to go beyond compliance if we want to encourage and support career CNAs. For decades, leaders have assumed CNAs want to be nurses. Our data at NAHCA indicates only 6% of CNAs want to be nurses. It does indicate 34% would like to become administrators.
- ▶ CNAs when inspired, energized, and recognized there is nothing they cannot accomplish as a care team.
- ▶ Fully integrated a CNA workforce culture model and provide the support needed to sustain its outcomes.
- ▶ Do not simply add CNAs to special posts like, attending care plan meeting.

You also must create a defined role for them in the care plan meeting.

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Going
Beyond
Compliance

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