

# CNA Training Advisor

Volume 16 Issue No. 5

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## Program Prep

### Program time

Approximately 30 minutes

### Learning objectives

- Define person-centered care
- Organize priorities based on resident preferences
- Observe and communicate resident preferences
- Report changes in the resident
- Understand best practices for demonstrating respect

### Preparation

- Review the material on pages 2–6 of this packet
- Duplicate pages 2–6 of this packet for participants
- Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

### Method

- Place a copy of the packet and a pencil at each participant's seat
- Conduct the questionnaire as a pretest or, if participants' reading skills are limited, as an oral posttest
- Present the program material
- Review the questionnaire
- Discuss the answers

### Answer Key

- |      |      |      |      |       |
|------|------|------|------|-------|
| 1. ● | 3. ● | 5. ● | 7. ● | 9. ●  |
| 2. ● | 4. ● | 6. ● | 8. ● | 10. ● |

## Person-centered care

In November 2016, the Centers for Medicare & Medicaid Services (CMS) issued significant new requirements for long-term care facilities to implement prior to 2018. One of the new requirements is person-centered care, meaning that the facilities must create unique, individualized care plans for each resident.

This requires staff to involve residents in decision-making about their financial accounts, as well as their care. Facilities must ensure that residents receive treatment and care from all staff, including CNAs, in accordance with professional standards of practice, a comprehensive person-centered care plan, and the residents' choices.

Under the new person-centered care requirement, all staff, including CNAs, must place the needs of the resident and his or her family first and view them as the most important aspects of care. Person-first care starts with understanding. CNAs need to understand the resident's personality, wants, and needs and then strive to meet them. CNAs also need to understand how to communicate with family members to ensure that they inform and update them about the resident's ongoing individualized care.

This lesson will **define person-centered care** and include tips for **prioritizing residents' needs based on resident preferences**, rather than staff's rationale workloads, as well as review the **CNA's role in observing/communicating resident preferences to the management staff**. Lastly, there are four important principles that CNAs should follow to ensure they are **demonstrating respectful behavior at all times**.

Enjoy this month's training and stay tuned for next issue on malnutrition and dehydration.

## Person-centered care

Person-centered care is care that is co-developed with residents and their families, in which CNAs treat the resident holistically (i.e., not as just another patient, but as a whole and complete person with specific fears, worries, issues, needs, and wants). Long-term care providers, including CNAs, must actively involve residents and their families in all aspects of care.

Person-centered care also includes the following:

- Treating each person as a unique individual—Senior citizens have lifelong habits and rituals, such as reading the morning newspaper, taking a walk, having a shower at the end of the day, wearing perfume, sharing a cup of coffee with a spouse in privacy, and visiting friends over meals and snacks. They should be able to continue these habits and rituals even after they move into a long-term care facility.
- Protecting each person's dignity—Living in a community environment creates privacy challenges. Sharing information or administering medications and treatments can be difficult to do privately. Person-centered care means protecting residents' privacy as much as possible. For example, residents should be able to send and read mail without staff accessing it.
- Respecting each person's rights and preferences—Person-centered care means that a person's rights and preferences remain intact when he or she enters a

long-term care facility. Residents have the right to be treated as adults with respect and dignity.

### Setting priorities with resident preferences in mind

CNAs are already tasked with juggling the many demands of a busy schedule. However, it's essential that CNAs view the resident's preferences as the most important aspect of care. To comply with the person-centered care model, CNAs must understand how to prioritize residents' needs based on resident preferences, rather than staff's personal workloads.

The nursing process—a series of activities used to approach the practice of nursing systematically and in an orderly way—can be adapted for use by CNAs. The nursing process has five steps:

**1. Data collection**—The first step of the nursing process is data collection. There are three ways to gather the information you need:

1. Review residents' care plans to determine their needs and abilities. This is especially important if you are unfamiliar with the residents.
2. Obtain a complete report from your charge nurse so you will be aware of any changes in your residents' conditions or orders.
3. Visit each of your assigned residents to learn about any special needs or requests. As you visit each resident, take care of his or her immediate

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needs, such as toileting. This may help reduce resident call bells.

You can also let your residents know your schedule. This way, they will know when to expect you and be less likely to interrupt you as you work with other residents.

**2. Assessment**—After you have collected the information you need, the next step is to assess it. Assessment involves analyzing all tasks and considering which items are of greatest significance to the residents' safety, welfare, satisfaction and preferences.

**3. Planning**—After you have collected the resident information and analyzed the tasks, the next step is to create a task list and the order in which the items on the list will be done. To decide the best order, ask yourself the following questions:

- Do I have to complete a certain task by a specific time or in a specific manner that is preferred by the resident?
- How long will it take to provide each resident's care?
- What equipment will I need?
- How important is this task to the resident?

Once you have asked and answered these questions, your plan will begin to develop itself.

**4. Implementation**—In theory, implementing the plan should be simple: Just follow the schedule you have set for yourself. In reality, as you well know, there will be unexpected interruptions. When interruptions occur, do not abandon your plan—revise it. It is also a good idea to review your task list at various times during your shift to determine which tasks have been completed and which tasks still need to be done. At this time, you should reprioritize the remaining tasks, reorganize your plan, and continue working.

**5. Evaluation**—Once you have completed your work, the next step is to evaluate your plan's effectiveness. Through evaluation, you can learn what seems to be most effective and what does not work well. There are a number of ways to evaluate your plan. Ask yourself these questions:

- Were my tasks completed to the resident's satisfaction?
- Were all my tasks completed on time?

- Did residents get to their scheduled appointments on time?
- Did I manage to get both the residents and their rooms clean, neat, and presentable?
- Did I have time for my assigned coffee break?
- Most importantly, did I manage to get everything done without being exhausted?

## Observing and communicating resident preferences

Observing and reporting are vital to the health and safety of the resident in long-term care and therefore are essential aspects of providing person-centered care. The CNA may be the first person to notice (observe) the signs of a health problem. The CNA's observations can speed diagnosis and treatment or prevent a serious medical issue.

Observing is gathering information from the senses: seeing, hearing, smelling, and touching. There are two types of observations:

- **Objective**—Based on fact and can be seen, heard, smelled, or touched, such as a resident's heart-beat or blood pressure
- **Subjective**—Cannot be measured, weighed, held, or seen; these observations are based on something a resident tells you about how he or she is feeling, such as "My back hurts" or "My food tastes like metal since I started taking that medicine"

Finding out the resident's symptoms requires good listening skills and targeted questions. Using different words to ask about a resident's pain may get him or her to respond. For pain, ask:

- "Do you feel any aches or soreness?"
- "Are you having any kind of discomfort?"
- "Do you hurt anywhere?"

The single most important thing to know about pain is this: It is what the resident says it is. If a resident says he or she is in pain, believe it. Ask how bad the pain is and have the resident rate the pain on a 1–10 scale (or the scale used by your facility). Ask where it hurts, when it hurts, and what makes the pain better or worse. Take what the resident tells you seriously. It's his or her pain.

## Report changes in the resident: Verbal reports

Observations are useless if not shared. Reporting observations can be verbal, such as talking to the nurse or other team members. Or, observations can be written—documented in the chart. Verbal reports are needed when there is a change in the resident's condition that must be assessed by the nurse right away.


Changes that should be reported include the following:

- Pulse below 60 or above 100
- Pulse abnormal: weak, irregular, bounding
- Blood pressure below 100/60 or above 140/90
- Inability to hear blood pressure or feel pulse
- Resident cannot be awakened
- Chest pain radiating to the shoulder, neck, jaw, or arm
- Dizziness or severe headache
- Cold, blue, or gray skin or nails
- Vomiting or nausea
- More than one episode of loose stools (diarrhea)
- Severe shortness of breath
- Sudden change in mental status or behavior
- Resident is requesting medication for an acute problem
- Abnormal appearance of urine or feces
- Drainage from a wound or body cavity
- Resident states that pain medication is not controlling pain
- Sudden drooping of one side of the face or weakness on one side of the body
- Sudden garbled speech or inability to understand speech
- Resident says he or she is going to harm him- or herself or someone else

The best reporting is organized, clear, and specific. Plan what you will say before calling the nurse. Jot notes for yourself so you can report quickly while giving all the important information. When reporting symptoms, use the resident's own words: "Mr. Green said, 'My chest hurts when I cough.'" Report facts, not your opinion: "Mr. Green ate 25% of his lunch," instead of "Mr. Green did not feel like eating today."

## Practice respect

Respect for the individual is critical to providing resident-centered care and crosses all lines of care delivery. Respect is a skill that staff members can develop and use on a daily basis by observing the following four principles:

- Never gossip. Gossip is hurtful, degrading, and abusive. It can destroy organizations and ruin the image of positive customer service a facility has worked to build. Gossiping about coworkers, residents, and their families is the most destructive behavior anyone can display. Never tolerate gossip. If someone brings gossip to you, don't spread it. Inform the person that gossip is not part of your work ethic.
- Keep information confidential. Breaching confidential information about a resident fosters distrust, and if a facility is subject to the Health Information Portability and Accountability Act of 1996, a breach of confidentiality can cost an organization a fine of up to \$250,000. Staff members should be aware of what they say and where they say it at all times. Never discuss residents away from the workplace, even with a spouse. While at work, discuss resident information in secure places only. Never remove resident information from the facility, and never post or display information regarding residents that may violate privacy rights.
- Call residents by their names. People feel most honored when they are called by their name, and they are complimented when someone remembers it. If you don't know a person's name, ask. Saying "I'm sorry, but I've forgotten your name" is more complimentary than not using a person's name at all.
- Treat residents with dignity. Be certain all residents are appropriately attired and well-covered. In areas where therapy is being conducted, ensure respect by drawing the privacy curtain or closing the door. When discussing residents in their presence, include the residents in the conversation and inform them that you will be talking about them. Ask their permission to do so; never treat a resident as though he or she does not exist when talking to a family member. When discussing the resident, use positive terms to deliver news. 

Name \_\_\_\_\_

**Quiz**

## Person-centered care

Directions: Read each question carefully, then determine the best answer. Check the corresponding box on your answer sheet. Do not write on this posttest.

1. Which of the following is NOT an aspect of person-centered care?
  - a. Treating each person the same
  - b. Protecting each person's dignity
  - c. Respecting each person's rights and preferences
  - d. Viewing each resident as having specific fears, worries, issues, etc.
  
2. The first step of the nursing process is:
  - a. Assessment
  - b. Planning
  - c. Implementation
  - d. Data collection
  
3. CNAs should prioritize meeting residents' needs based on their personal workloads.
  - a. True
  - b. False
  
4. Objective observation:
  - a. Cannot be measured
  - b. Is based on something a resident tells you about how he or she is feeling
  - c. Is based on fact
  - d. Cannot be seen, heard, smelled, or touched
  
5. Subjective observation:
  - a. Is based on something a resident tells you about how he or she is feeling
  - b. Can be measured
  - c. Is based on fact
  - d. Can be seen, heard, smelled, or touched



## Quiz

6. When reporting a resident's symptoms, the CNA should use the resident's own words to describe how he or she is feeling.
- a. True
  - b. False
7. Verbal reports are needed when:
- a. A resident is experiencing dizziness or severe headache
  - b. Anything is documented in the chart
  - c. There is a change in the resident's condition that must be assessed by the nurse right away
  - d. Both a and c
8. The most important thing to remember about pain is:
- a. It's based on how the CNA perceives it
  - b. It is what the resident says it is
  - c. It cannot be described
  - d. It cannot be measured
9. If you forget a resident's name, it's best to apologize for forgetting and ask the resident to remind you.
- a. True
  - b. False
10. The last step of the nursing process is:
- a. Evaluation
  - b. Planning
  - c. Implementation
  - d. Data collection