THE QUALITY OF CARE PROVIDED BY NURSING ASSISTANTS (CNAS/NAS)

Improvement Recommendations

1. While quality of care provided by nursing assistants may, on the face of it, appear to be the same as competence, evidence has shown that quality of care includes competency but encompasses much more. Competency tends to address more the technical aspects of care - the correctness of how the action was performed. From a resident’s point of view, the quality of care assumes competency but goes beyond it to the manner in which the care was delivered. When a resident is evaluating the quality of care, they are likely assuming competence and looking beyond to the way in which the care was delivered.
   • Thus while looking at the quality of care; it may be helpful to also look at the improvement document for competency.

2. Hire and ensure the quality of all nursing assistants:
   • Hire staff members who demonstrate compassion, caring, and empathy.
     o Involve staff in the hiring process.
     o Involve residents in the hiring process.
     o It is difficult to teach compassion and caring, you must hire for it.
   • Interview nursing assistants using knowledge-based and behavioral based questions.
     o Use open ended questions.
       ▪ “Tell me about a situation when ....How did you respond?”
       ▪ Describe a clinical scenario and ask what the nursing assistant would have done.
   • Use a competency skills checklist for each position hired.
   • Provide continuing education to staff related to job responsibilities.
   • Job descriptions reflect competencies of nursing assistants.
   • Annual evaluations include these competencies
   • Evaluate nursing assistants at least annually and as needed with respect to job competencies.
     o More frequent feedback is essential if you are going to grow and develop your nursing assistants.
     o More frequent feedback is important for new employees and also when introducing a new technique, piece of equipment or procedure.

3. Nursing assistants (CNA’s) provide compassionate care:
   • CNAs are well-informed about residents’ personal preferences, routines, likes and dislikes.
     o See “Choices and Preferences” improvement document.
   • CNAs are well-informed about residents’ condition.
     o Information from the previous shift is shared with CNAs:
       • Residents who are ill.
       • Residents who have had incidents.
       • Changes in resident’s personal life impacting their emotional well-being.
       • New admissions.
       • Family complaints or concerns.
       • Terminal or deceased patients.
     o A process is in place for sharing information:
       • CNA’ change of shift rounds.
• CNA team leader provides information to incoming CNAs.
• Nurse reviews care with CNAs.
• Residents receive necessary assistance with grooming, dressing, and personal hygiene.
  o See “Grooming” improvement document.
  o Care is individualized to be consistent with residents’ wishes and desires.
• Residents receive necessary assistance with eating.
  o See “Dining Experience improvement document.
• CNAs care for residents with kindness and concern.
  o See “Care and Concern” improvement document.
• CNAs are patient when working with residents.
  o Management addresses CNAs personal needs (i.e., family, daycare) so CNA’s can provide residents with high-quality care in a patient and loving manner.
• CNAs understand residents’ individual needs.
  o See “Choices and Preferences” improvement document.
• Residents can get the care and assistance needed without having to wait a long time.
  o See “Adequacy of Staff” improvement document.

3. Hold CNAs responsible for quality resident care:
   • This may be done through watching interactions between CNAs and residents, or by reviewing resident feedback on surveys.
     o Include adherence to behavioral standards of respect to residents and families as a part of a performance review.

4. Keep all aspects of communication with residents professional:
   • Use appropriate grammar (not slang.)
   • Don’t be overly casual with residents.
   • Keep conversations focused on the resident.
   • Acknowledge resident preferences (e.g., scheduling the resident at the preferred treatment time.)
   • Follow up on the resident’s requests to ensure they have been sufficiently addressed.

5. Establish privacy practices that honor residents:
   • Ensure that practices honoring the privacy of residents are in place and being followed.
     o Residents are optimally covered during personal care, grooming and toileting.
     o CNAs avoid discussing residents with others not involved in residents’ care.
     o Resident/family issues are not discussed in public areas.
   • Monitor the activities of CNAs to ensure adherence to privacy policies and practices.
     o Ensure that CNAs are oriented to the privacy practices of the facility.