



Working On CNA Empowerment

Actively involving CNAs in care management starts with educational sessions, both formal and informal.

A CERTIFIED NURSE ASSISTANT (CNA) at a facility knew that one of her residents was dying before anyone else. There were no outward signs—no acute change of condition or detectable physical problem or exacerbation, yet the aide knew that there was something wrong.

When the patient passed away, a nurse inquired how the CNA knew what would happen. The aide responded that she had been caring for the resident for some time and that something in her “gut” told her that the resident was gravely ill.

CNAs spend more time with residents and get to know them better than anyone. In fact, they are capable of making amazing and insightful observations about their residents. But they need to feel empowered and encouraged to report these insights to nursing staff.

To ensure that CNAs are confident about their ability to help contribute to quality care, directors of nursing (DONs) can take the lead on providing caregivers with education and training activities and opportunities to use what they learn effectively.

When DONs and other interdisciplinary team leaders encourage and empower CNAs to report their insights and to take an active role in care planning and quality assurance, patients benefit, nurses have more time to do their jobs, families are happier, and facilities function better.

The Classroom And Beyond

“CNAs need—and want—to know more about the disease processes

they’re working with,” says Connie Parker, RN, director of nursing at Milford Manor in Pikesville, Md., and inservice programs should address them, in addition to issues such as falls, nutrition, and skin breakdown.

While it is important to encourage CNAs to attend formal inservice programs, Parker emphasizes that it is best

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to get them involved. “Hands-on programs that enable them to practice what we’re teaching are the best,” she says. For example, when teaching about weights, she has CNAs weigh each other to make sure they understand where they should be reading.

Making programs relevant to the problems and concerns they have also is important, Parker says. “They want information about the type of residents, conditions, and situations they deal with every day. This helps them

feel more in control of situations.” For example, Parker recalls, “We just did an inservice about behavioral situations, and the CNAs said they didn’t realize some of the triggers for behavioral issues and how they could address or prevent them. They were excited to go out and use their new-found knowledge.”

Steven Missaggia, RN, CDONA, director of nursing at New Jersey-based Allendale Nursing Home and Rehab, suggests making programs fun with games, prizes, and food.

Parker adds that DONs should seek CNAs’ input on what kinds of education and training they want or need. “Several of my CNAs are going to school to be nurses, and they want programs that are relevant to their education as well as their residents,” she says.

Brenda Hall, RN, BSN, MHA, director of nursing at Leewood Healthcare in Annandale, Va., adds, “There are so many colors of training. Different people respond to different things. It’s best to have a multi-media focus, and make education short and sweet.” She emphasizes that aides can’t be expected to sit for a 45-minute lecture and suggests a brief video with an interactive discussion instead.

Planting Seeds Of Empowerment

“While we need to change the level of the education and how we present it, CNAs need the same information that

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nurses need,” Hall says. “I tell them the same things I tell nurses; I just tell them differently.”

Hall stresses that all education for CNAs is an opportunity for leadership development. “Everyone should have the opportunity to be leaders and to have the opportunity to devise solutions and implement ideas.”

She tells the story of one CNA who was able to resolve a conflict with a difficult family. “Afterwards, the family told me that [the CNA] did a great job. When I passed this feedback to her, she was elated and felt empowered.”

While education and training are important for CNAs, these professionals also need the encouragement and confidence to share this information with others. “The greatest barrier to input from CNAs is that they don’t have the opportunity,” Parker says.

“Nurses sometimes are so busy that they don’t give aides the opportunity to report their observations. In turn, CNAs don’t offer their thoughts because they don’t think their opinion will be valued.”

Parker stresses that CNA education shouldn’t be limited to just the classroom. “It’s really important to educate on the fly. If you see an aide struggling with something, you can stop and give them some useful information right then and there. Or you can gather a group of CNAs together for an impromptu talk at the nurses’ station.”

Making A Difference

When CNAs have the knowledge and encouragement they need to be involved, they can make significant contributions. As Parker recalls, “We had a CNA report that a resident was

having difficulty swallowing and just didn’t look right. We got a chest X-ray and determined that the person had pneumonia. Thanks to the CNA’s observations, the condition was identified early, and the patient recovered.”

Of course, it’s not enough for nursing staff to appreciate and involve CNAs. Physicians, for example, can benefit from caregivers’ insights and observations, but they often don’t think to seek their input.

“When I’m discussing a resident with a physician, I often will draw the CNA into the conversation,” Parker says. “About 90 percent of the time, the physician takes his or her observations into serious consideration.”

She also suggests involving CNAs in quality assurance, care planning, and other meetings. Not only do these sessions give the caregivers an opportu- ➤

Hand Washing Key To Preventing Spread Of Infection

Kensington Court, an assisted living facility in Tinton Falls, N.J., has acquired 30 disinfectant hand sanitizers and has placed them strategically throughout the residence to combat Methicillin-resistant *Staphylococcus aureus* (MRSA).

“We have them in the dining room, at the elevator banks, and anywhere they can be accessible to staff and residents,” says John Woznisky, general manager of the facility.

Kensington Court is not taking any chances. The facility also provides adult day care, and its Director of Resident Care Charles Larobis is teaching the family members of residents the benefits of good hygiene and hand washing.

Placing hand sanitizers filled with alcohol-based disinfectants and educating staff, residents, and visitors about the benefits of washing hands with soap are some of the prevention strate-

gies a residence can undertake, according to the Centers for Disease Control and Prevention (CDC). CDC recommends that all health care facilities adapt the standard precaution protocols used in hospitals.

Researchers found that about 85 percent of all invasive MRSA infections are associated with health care settings. Two-thirds of the 85 percent surfaced in the community among people who were hospitalized, underwent a medical procedure, or resided in a long term care facility within the previous year, according to a study on MRSA published in the *Journal of the American Medical Association*. The report also revealed that the 2005 rates of invasive infection were highest among people 65 years of age or older.

If left untreated, MRSA can be transmitted to the blood stream, and since it is resistant to commonly prescribed antibiotics it is more difficult

than other strains of staph to treat. Approximately 25 percent to 30 percent of the population is colonized—meaning bacteria is present but not causing infection—in the nose with staph bacteria, and 1 percent of the population is colonized with MRSA. MRSA occurs more frequently in people with weakened immune systems.

Factors contributing to the spread of MRSA skin infections include close skin-to-skin contact, openings in the skin such as cuts or abrasions, contaminated items and surfaces, crowded living conditions, and poor hygiene, according to CDC.

The primary conduit of MRSA transmission is through individuals’ hands that have been in contact with a colonized or infected individual, a colonized or infected body site of another person, or items or surfaces that have been contaminated with bodily fluids containing staph or MRSA. ➤

nity to be involved in care decisions, it also reminds other team members about the value of these individuals. “These make CNAs feel like they have input and that they’re being heard,” Parker says.

CNAs also need to be part of team reporting at the starts of shifts, says Hall. “They need to have diagnosis-related information. They need to know what kinds of symptoms, behaviors, or problems to watch for.” For example, she adds, “If the patient has a congestive heart failure diagnosis, CNAs need to observe the individual for breathing irregularities, changes in skin color, fatigue, and so on.”

Operation Quality Care

Not involving CNAs in these types of activities is a mistake, Hall insists. “It’s a turnoff and a detriment to the team

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when people say, ‘Just do your job, and I’ll do mine.’ Nurses and others need to realize that they can’t get their jobs done right if someone else—such as a CNA—hasn’t done his or hers.” DONs should do “whatever they can to make CNAs feel like part of the team. Investing in them is the biggest thing we can do,” Hall says.

“It is my job to set the tone in the building and create a culture where CNAs are important, even with vendors,” Missaggia says. “I have vendors, who are dealing with products and equipment CNAs use, talk directly with them. I include them on the decision-making process.”

After all of the training, education, and encouragement, CNAs’ involvement shouldn’t end with their input, cautions Parker. After the fact, she says, it is important to let them see how their ideas are being acted on or implemented.

“Invite them to therapy to observe the resident’s progress there, or take them on rounds,” she suggests. “Let them see how their input has made a positive difference and how they have contributed to quality care and outcomes.” ■

In order to prevent or control transmission of these pathogens in facilities, CDC recommends using the “standard precautions” in hospitals for preventing transmission of MRSA. In addition, CDC recommends “contact precautions” if a facility identifies any multidrug-resistant microorganism to be of special clinical and epidemiologic significance.

CDC suggests that health care facilities use the contact precautions if a resident has draining wounds or difficulty controlling body fluids.

If staff determine that there is an outbreak in their facility, they should consult with state or local health departments or an experienced infection control professional for reporting requirements and management of MRSA outbreaks.

Hand washing with regular soap is believed to be one of the best forms of prevention control. The increased use of antimicrobial agents in soaps is believed to have led to more organisms

Proper Hand Washing And Sanitizer Techniques

When washing hands with soap and water:

- Wet hands with clean running water, and apply soap. Use warm water if available.

- Rub hands together to make a lather, and scrub all surfaces.

- Continue rubbing hands for 20 seconds. Need a timer? Imagine singing “Happy Birthday” twice through to a friend.

- Rinse hands well under running water.



- Dry hands using a paper towel or air dryer. If possible, use paper towel to turn off faucet.

Remember: If soap and water are not available, use alcohol-based gel to clean hands.

When using an alcohol-based hand sanitizer:

- Apply product to the palm of one hand.

- Rub hands together.

- Rub the product over all surfaces of hands and fingers until hands are dry.

Source: CDC

developing resistance to antibiotics. The use of regular soap and water or alcohol-based sanitizers provides top-line defense, according to the Mayo Clinic in Minneapolis.

“The skin is the body’s primary line of defense,” says Larobis. “You need to

clean it well and cover it. Singing ‘Twinkle, Twinkle Little Star’ under warm water combined with soap and using friction is a good way to remember and help prevent the spread of MRSA.”

—Lisa Gelhaus