
 NICHE CONFERENCE

Getting Your Certified Nursing Assistants Onboard in Long Term Care

The Sage Colleges Albany, NY Daemen College Amherst, NY

APRIL 21, 2017 **PROGRAM PRESENTATION**
 Janice Hobbs-Gloss, DNS, MSN, RN
 Assistant Professor of Nursing, Daemen College




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CNA's in long term care

- 90 % of hands on care
- Primary caregiver and essential team member
- Create the care environment
- Turnover of CNA's cost = \$4.1 billion/year
(Culp-Ressler, 2013; Seavey, 2006)

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History of the project

- Doctoral dissertation
- Employed in long term care for more than 10 years
- Trained many CNA's
- Frustrated
 - Quality of care
 - Turnover
 - Retraining


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Background to the Problem


- The Nurse Aide Training Program (NATP) has not changed in content since 1987
- Residents are sicker and stay shorter in the nursing home
- The continuing education of the CNA does not address the current care needs in nursing homes
- CNAs are dissatisfied in their jobs = turnover


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CNA Initial Training in New York State


- Initiated by the OBRA laws of 1987
- Governed by the Department of Health and Department of Education
- 100 hours of initial training for all CNAs
- 30 hours clinical training in a nursing home
- Requires 12 hours per year of continuing education

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Research Question

What are the essential knowledge and skills CNA's, Nurse Educators and Nurse Administrators perceive to be fundamental for initial training and continuing CNA education in New York State?

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Research Design

Mixed Methods
Descriptive Survey
Interviews (Nurse Educator, Nurse Administrator and CNA)

Sequential
CNA Survey created the sample for the interviews
Interviews (CNA, Educator, Admin)



- Population = 74 nursing homes
- n = 16 nursing homes
- 104/325 surveys returned
- 32% response rate
- 32 CNA interviews
- 16 DON interviews
- 16 Nurse Educator interviews

3 attached physically to a hospital
5 free standing
3 urban
3 rural
2 suburban

CNA survey

- Modified with permission from Metcalf (2002) and pilot tested
- 5 demographic questions
- 3 point Likert scaled response on CNA perceptions of preparedness
- Rank ordered perceptions of job satisfaction
- Survey allowed self selection to the interview

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CNA in long term care

This research

- Female
- White American
- 37 years old
- 9 years experience as a CNA
- Trained in a nursing home in New York State

National Nursing Assistant Survey (2010)

- Female
- White American
- 38.8 years old
- 2 years experience as a CNA
- Trained in a nursing home where they were employed

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Overall preparation for the work of the CNA

Preparation Level	Percentage
Well Prepared	56%
Prepared	31%
Not prepared	13%

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Initial training is good but it is not realistic

"Taking the classes is completely by the book so unfortunately, when we get out on the floor, like, it is almost like the book goes out the window."

"I know how to do a blood pressure, but I have no idea what the numbers mean."

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End of life care is scary!

"The first time I ever had to do end of life care I just, I myself was personally overwhelmed. I was so scared. I didn't know what to expect. I was just hoping that someone would come and help me."

"All I know is that when someone dies you open the window so that their spirit can go out. I will be the person who runs to the window and then just looks dumbfounded after that. Now what do I do, the window is open? I don't know."

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The new CNA lacks time management and organizational skills

"When you get up here in real life it is not the same as downstairs. Really, none of the training applies up here. It teaches you to pass the CNA test and then you get out here and you are just like holy crap, it's a lot more."

"It comes with time. I look at these aides that have been doing this for 25 years and think, oh my God, if I had the knowledge that they had!"

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The NATP needs more clinical hours

"What they teach you in school and what you do in the real world are two different things. Not everybody is the same so you are not going to get Person A and Person B to do the same thing, it just doesn't work out that way. I got a lot of information [in the NATP], we talked about it but we didn't actually do it."

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The CNA needs specialized training in LTC

- Managing behaviors of residents with dementia and behavioral outbursts (24%)
- Communicating with residents who are cognitively impaired; have difficulty remembering or have dementia (16%)
- Providing basic restorative services; training the resident in self-care and use of assistive devices (14%)
- Providing mental health and social services (13%)
- Communicating with residents and families (11%)


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The CNA needs support in training

- Increase the CNA clinical contact time during training
- Time Management & Organizational Skills
- Orientation
 - Longer
 - Mentors should be qualified and trained
 - Positive experiences




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Improve the mentor process for the CNA

- Peer Mentoring Program
- Train the mentor
- 120 hours of mentoring with Nurse Educator supervision
- Similar to a Nurse Residency Program
- Reduce attrition




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Add clinical hours to the NATP

- 120 supervised clinical hours
- Supervised by Nurse Educator
 - Increased exposure in the nursing home
 - Additional practice in a non-threatening environment
 - Develop organizational skills
 - Develop time management skills




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Train practically

- Modify content to enhance education on current resident needs
 - Behavior management
 - End of life care
 - Dementia care
 - Younger residents
 - Mental health issues
 - Short term rehabilitation residents




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Develop skills in the CNA for interpersonal communication

- Knowledge
- Tool box
- Communication strategies
- Build confidence with role plays, simulation and interactive learning



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Enhance content on behavior management

- Modify and use the *Hand in Hand* training
 - 12 (30) minute training sessions
 - Plan to include them in the 12 hours of continuing education per year



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Develop partnerships with others

- Partner programs may have access to trainers, financial support and equipment
- Partnerships allow for more clinical exposure in a supervised setting for less cost to the nursing home



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Embrace The Pathway to Excellence in LTC

- NICHE model
- Magnet Model & Transformational leadership
 - Improves quality of care
 - Improves patient safety
 - Improves patient satisfaction and retention
 - Creates a work environment that supports, encourages and offers growth for the CNA



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Conclusions

- The NATP in NYS prepares the CNA well overall to complete beginning tasks of the CNA role
- There is a need for increased clinical time in the NATP
 - Practice skills
 - Develop time and organizational management skills
- The CNA needs enhanced continuing education on behavior management, communication skills, end of life care
- An effective mentoring program for the CNA is needed
- Administration needs to be supportive of programming and staff development

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Getting your CNA staff onboard? FLOAT them to success

- Functional teams are a must
- Locate a mentor
- Operationalize competence
- Access your inner leader
- Transform bedside care to excellence



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