The important role of CNAs during the pandemic

SESSION 13 OF ECHO – COVID ACTION NETWORK

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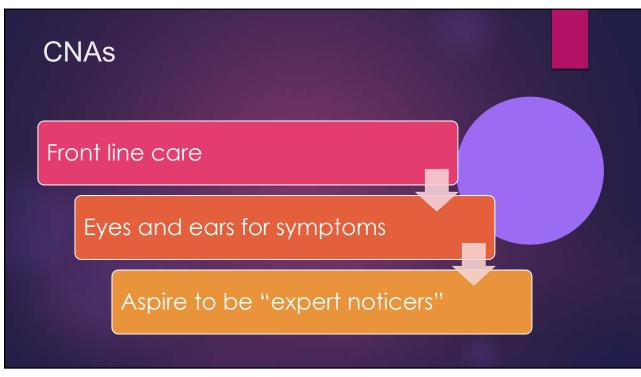
Giving Compassion, Care, and Love

- Confused (move to isolation unit, PPE use)
- Scared (mortality in elderly)
- Dementia or Alzheimer's
- No family visitors
- Trauma-informed care



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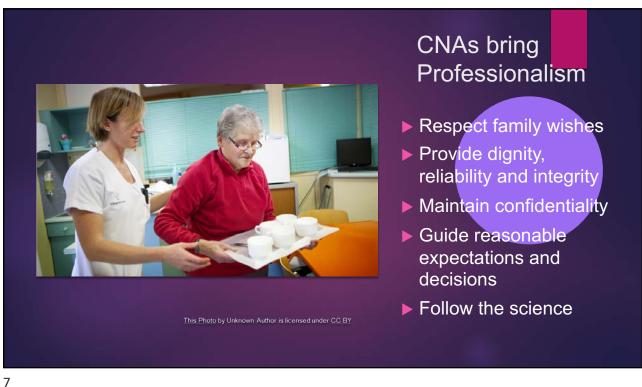


CNAs need to communicate

- Slightest changes indicative of outbreak brewing
 - ▶ Resident loss of appetite
 - ► Fall incident
 - ▶ More taking to bed
 - ▶ Less attentive (early delirium)
 - ▶ Stuffy nose
 - ▶ GI complaints

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CNAs involved in End of Life matters

- Only ones with residents at time of death
- ▶ Need to support family

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CNAs have added challenges

- ▶ More confused residents with COVID-19
- Higher burden of care with excess body secretions, diarrhea
- ▶ Less resident motivation for frequent repositioning
- ▶ Depressed mood from isolation
- ▶ Exhaustion from PPE

Added challenges to the CNA

- Witnessing higher resident mortality rate
- ▶ Post COVID-19 recovery of the resident
 - Additional ADL deficits
- ▶ Post COVID-19 recovery of infected CNAs
 - ▶ 15 25 % have prolong symptoms 2 months after diagnosis

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CNAs as Q/I Champions

PROs

- ► At the forefront of patient care
- Part of the team
- ▶ Increase job satisfaction
- Source of promotion

CONs

- ► Lack of training in Q/I
- ▶ Lack of time
- Few studies report on CAN impact
- Resentment among staff about Q/I champions

Barriers to CNAs as Q/I champions

- ► Lack of curriculum on Q/I
- ► Insufficient mentorship
- ▶ No structured time for Q/I



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Behaviors for optimal Q/I champions

- ▶ Embrace education, personal improvement
- ► Navigate relationships
- ► Accept mentorship roles
- ► Comfortable crossing boundaries
- ► Advocates / communicates



Research shows CNA potential in Q/I

- ► Canadian study: Create CNAs as Q/I leaders produced 50% improvement in quality metrics Europ J Person Ctr Healthcare. (2013)1:255
- ► CNAs can become peer to peer mentors for implementing change Worldviews Evid Based Nurs. (2017) 14(3):237-245.

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Improving CNA handoffs

Seattle study:

- created focus groups of CNAs and RNs
- ▶ Developed protocol of CNAs reviewing electronic medical record and meeting 1:1 at resident bedside with RN.

Empowering CNAs

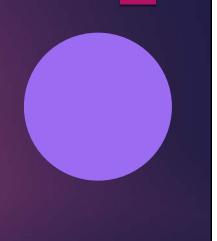
Rochester, NY study DOI: 10.1016/j.gerinurse.2013.11.004

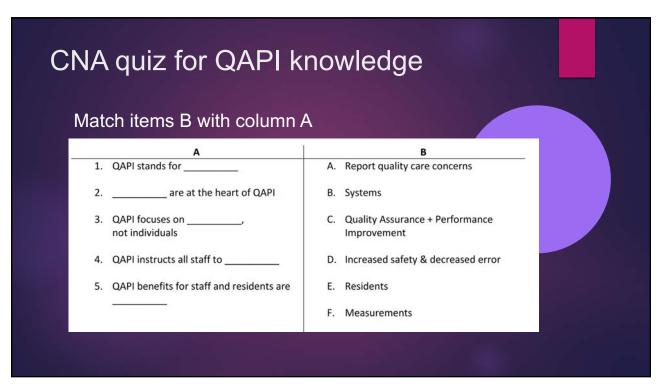
- Used TeamSTEPPS program for debriefing
- Piloted program called Team Talk on a transition of care unit
- Improved Quality of Work Life (QWL) survey among CNAs

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What about initial and on-going training of CNAs in QAPI?

▶ Web – based resources







Top 10 qualities of good CNAs

- ► Knowledgeable
- ▶ Good communicator
- Great observer
- ▶ Flexibility
- Patience

- ▶ Emotional bedrock: compassionate
- ▶ Respectful
- Attentive to details
- ▶ Good time manager
- Cooperative

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