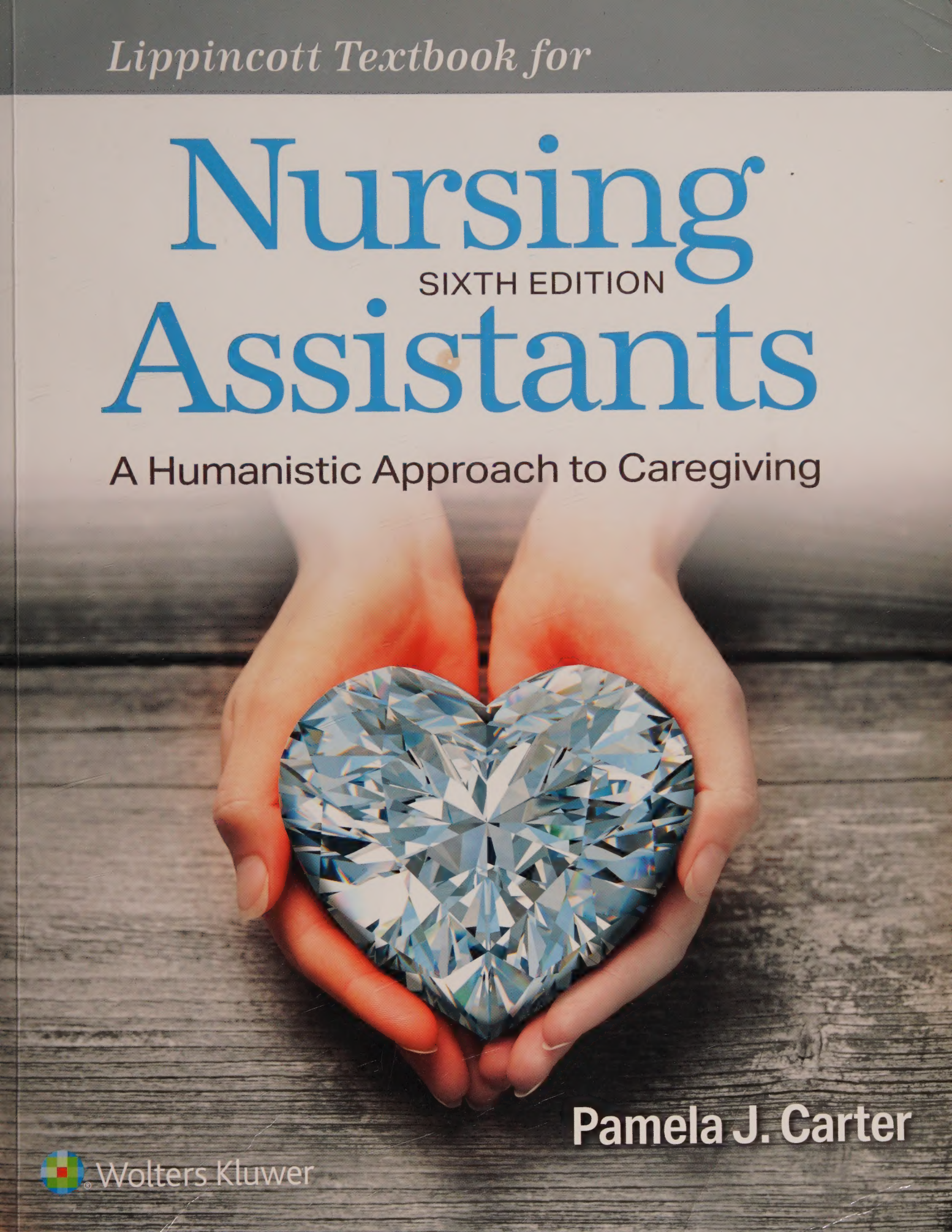
Lippincott Textbook for

Nursing Assistants

SIXTH EDITION

A Humanistic Approach to Caregiving



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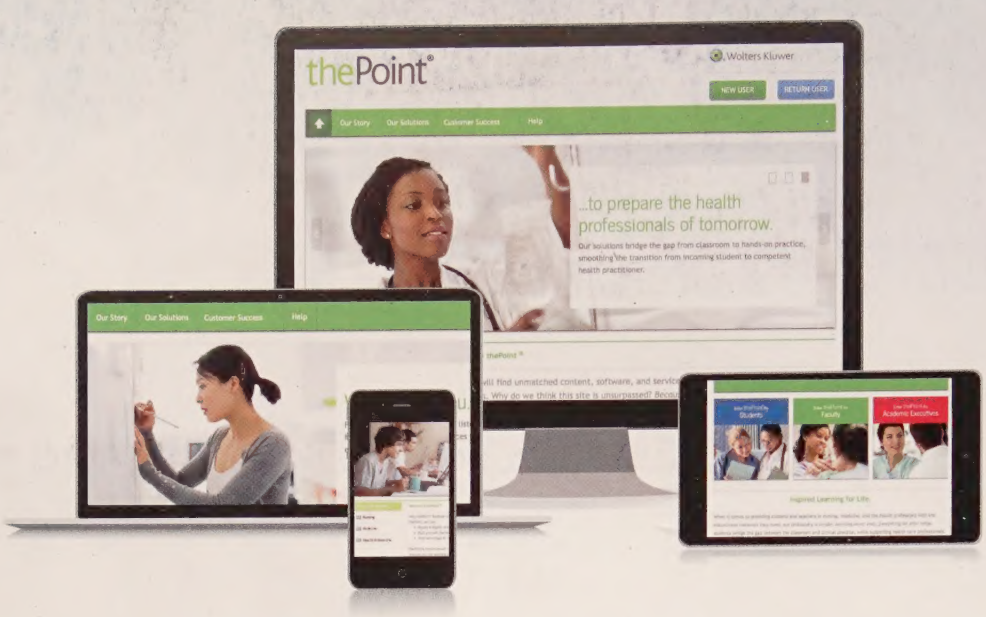

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Lippincott Textbook for Nursing Assistants, A Humanistic Approach to Caregiving, 6th Edition

Pamela J. Carter, RN, BSN, MEd, CNOR

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Getting Ready and Finishing Up

Getting Ready

Pre-procedure actions ("Getting Ready" steps) are taken before every patient or resident care procedure. These actions promote efficiency, safety, and respect of the patient's or resident's rights. You can remember the steps by thinking of the word **"WEAVERS"**


ASH – Hand hygiene


QUIPMENT – Assemble needed supplies


NNOUNCE – Knock and introduce yourself


ERIFY – Identify the person and check the person's care plan


XPLAIN – Explain the procedure


ESPECT – Respect the person's privacy


AFETY – See to safety

Finishing Up

Post-procedure actions ("Finishing Up" steps) are taken after every patient or resident care procedure. These actions promote comfort, safety, and communication among members of the health care team. You can remember the steps by thinking of the term **"ALSO Wash & Document."**


LIGNMENT – Confirm comfort and body alignment


IGHT – Leave the call light within the person's reach


AFETY – See to safety


PEN – Open the curtain and door


ASH – Hand hygiene

&


OCUMENT – Report and record

Contents in Brief

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Pamela J. Carter, RN, BSN, MEd, CNOR

Davis Hospital and Medical Center

Layton, Utah

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About the Author

Pamela J. Carter is a registered nurse and an award-winning teacher. After receiving her bachelor's degree in nursing from the University of Alabama in Huntsville, Pamela immediately began a career as a perioperative nurse. Over the course of her nursing career, she also worked in a physician's office and as a staff nurse in an intensive care unit.

Pamela started teaching informally while serving as an officer in the United States Air Force Nurse Corps. She formally entered the field of health care education by accepting a position at the Athens Area Technical Institute in Athens, Georgia, where she taught surgical technology. After obtaining a master's degree in adult vocational education from the University of Georgia, Pamela moved to Florida and took a position teaching nursing assisting students. She continued teaching nursing assisting after accepting a position at Davis Technical College in Kaysville, Utah. During her first year at Davis Tech, Pamela piloted a new "open-entry/open-exit" method of curriculum delivery for the nursing assistant program at the college and was awarded the Superintendent's Award for Outstanding Faculty for her work. She then opened a surgical technology program at the college and has obtained national accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) for delivery of this program using the "open-entry/open-exit" method. In 2002, and again in 2014, 2015, 2016, and 2017, Pamela received a National Merit Award for having her program rank in the top 10% in the nation for students passing their national certification exam. After enjoying over 26 years teaching and preparing students to become health care professionals, Pamela has decided to return to her love of providing patient care to finish out her nursing career.

In addition to authoring this textbook, Pamela has also authored "Lippincott Essentials for Nursing Assistants," "Lippincott Advanced Skills for Nursing Assistants," and "Lippincott Textbook for Long-Term Care Nursing Assistants."

Pamela's writing style reflects her love of teaching, and of nursing. She is grateful for the opportunity teaching and writing have afforded her to share her experience and knowledge with those just entering the health care profession, and to help those who are new to the profession to see how they can have a profound effect on the lives of others.

that the student can understand. *Lippincott Textbook for Nursing Assistants* uses a conversational, yet professional, writing style that respects the student's intelligence. Concepts are presented in a straightforward, accessible way, and the text is enlivened through the frequent use of examples and anecdotes from the author's own experience with patients and residents. Recognizing that many students entering nursing assistant training programs speak English as a second language or are resource students, each chapter has been thoroughly reviewed by a special needs consultant to ensure an appropriate reading level.

An Art Program Developed Alongside the Text

The purpose of an art program is to reinforce and expand on concepts discussed in the text. To do this effectively, the art must be planned and developed alongside the manuscript. Numerous photographs, both alone and in combination with line art that has been created specifically for this textbook, help students to visualize and remember important concepts.

Proven Learning Aids in Every Chapter

Learning and remembering new information is challenging for many students. To help them meet the challenge of mastering the information in the textbook, we have developed features to assist students with studying and internalizing information:

- **What Will You Learn?** Each chapter begins with a *What Will You Learn?* section, which previews the chapter and helps to focus the student's reading. Each *What Will You Learn?* section begins with a paragraph that introduces the topic of the chapter to the student and explains why the topic is important. This introductory paragraph is then followed by a list of learning objectives and vocabulary words.
- **Summary.** Each chapter ends with a summary in a unique narrative outline format. This summary helps students to review the key, "take home" concepts of the chapter.
- **What Did You Learn?** Multiple-choice and matching exercises at the end of each chapter provide students with the opportunity to evaluate their understanding of the material they have just studied. Answers to these exercises are given in Appendix A.
- **Highlighted figure, table, and box call-outs.** The references to figures, tables, and boxes are highlighted with color in the narrative, helping students to quickly find their place in the text after stopping to look at a figure, table, or box.

New to This Edition!

Health care is always evolving with new discoveries and advances in treatment occurring constantly. It seems that the more we learn, the more there is to know. We strive to ensure that the material found in our textbook is based on the latest information and is current at the time of publication.

A primary focus of this new edition has been to streamline current information by focusing more on the "need to know" content that students need to succeed. Art and images have been reviewed and updated for relevancy and currency. Unit 7, which covers information on anatomy, physiology, normal aging, and system-specific diseases, has been reviewed and updated by a contributor with expertise in this field.

With this sixth edition, we wish to bring into focus the impact that the COVID-19 pandemic has had on how health care is provided. Changes in how we respond to communicable diseases have affected not only how health care workers provide care, but also how patients, residents, and clients live their daily lives. The infection control chapters in this book have been thoroughly updated and revised to improve their organization and make this important information easier for students to understand.

Recent years have shone a greater spotlight on many social justice issues in the United States, which have impacted us all on both personal and professional levels. With these ongoing challenges in mind, we are introducing a new feature, *Respect*, at the end of each unit. This feature focuses on inclusion and respect of all people, and includes short stories illustrating how nursing assistants learn more about caring for others simply by listening to their patients and residents share their unique backgrounds and experiences. These lessons remind us all that respect for the individual is central to humanistic care.

Other updates specific to this edition are summarized as follows:

- Terminology has been updated where needed throughout the text, including for inclusivity.
- Updated information related to nutrition and new dietary recommendations from the *2020–2025 Dietary Guidelines for Americans* has been included, along with the related art and descriptions of MyPlate and MyPlate for Older Adults.

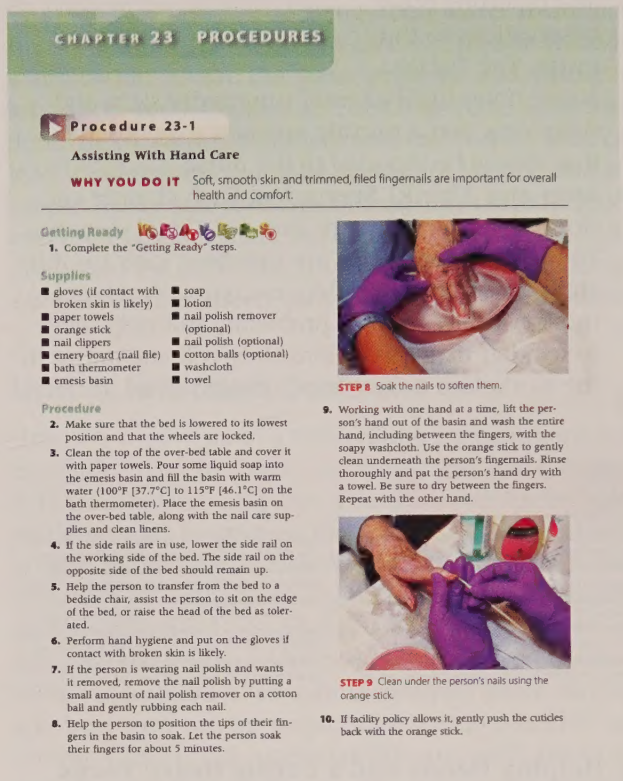
Lippincott Textbook for Nursing Assistants, 6e, is Designed to Prepare Students for Clinical Practice

It is the author's desire to help prepare students to enter the health care profession with the knowledge, skills,

and confidence that education and training can provide. Several of the textbook's features were designed specifically to help prepare the student for clinical practice:

- **Procedures.** Certainly, a major objective of any nursing assistant training course is to ensure that graduates are able to provide care in a safe and correct manner. Each procedure in this text has been revised and updated in accordance with new infection control standards, current practice, and the current National Nurse Aide Assessment Program (NNAAP) Skills List. Those particular skills can be found in the following chapters:
  - **Hand Hygiene (Handwashing):** Chapter 12
  - **Applied One Knee-High Elastic Stocking:** Chapter 32
  - **Assists to Ambulate Using Transfer Belt:** Chapter 15
  - **Assists With Use of Bedpan:** Chapter 25
  - **Cleans Upper or Lower Denture:** Chapter 22
  - **Counts and records Radial Pulse/Respiration/Blood Pressure:** Chapter 20
  - **Donning and Removing PPE (Gown and Gloves):** Chapter 12
  - **Dresses Clients With Affected (Weak) Right Arm:** Chapter 23
  - **Feeds Client Who Cannot Feed Self:** Chapter 24
  - **Gives Modified Bed Bath:** Chapter 22
  - **Measures and Records Urinary Output:** Chapter 25
  - **Measures and Records Weight of Ambulatory Client:** Chapter 20
  - **Performs Modified PROM for Knee and Ankle/Shoulder:** Chapter 30
  - **Positions on Side:** Chapter 15
  - **Provides Catheter Care for Female:** Chapter 25
  - **Provides Foot Care:** Chapter 23
  - **Provides Mouth Care:** Chapter 22
  - **Provides Perineal Care for Female:** Chapter 22
  - **Transfers From Bed to Wheelchair Using Transfer Belt:** Chapter 15

Seventy-nine core procedures are presented in this text. The procedures for each chapter are grouped at the end of the chapter, to avoid breaking up the text with lengthy boxes. Each procedure box begins with a "Why You Do It" statement, to help students understand the "why behind the what," an understanding that is the foundation for the development of critical thinking skills. The concepts of privacy, safety, infection control, comfort, and communication are emphasized consistently in every procedure. *"Getting Ready"* and *"Finishing Up"* steps are included in every procedure box to help students remember these very important pre- and postprocedure actions. Easy-to-remember mnemonics for the pre- and postprocedure actions help students remember. The steps of the procedure are given using clear and concise language, and photographs and illustrations are provided as necessary. A "What You Document" section at the end of each procedure reminds the student to document the care given and what important observations should be noted. An icon identifies procedures that are demonstrated in *Lippincott Video Series for Nursing Assistants.*



CHAPTER 23 PROCEDURES

Procedure 23-1

Assisting With Hand Care

WHY YOU DO IT Soft, smooth skin and trimmed, filed fingernails are important for overall health and comfort.

Getting Ready

1. Complete the "Getting Ready" steps.

Supplies

- gloves (if contact with broken skin is likely)
- paper towels
- orange stick
- nail clippers
- emery board (nail file)
- bath thermometer
- emesis basin
- soap
- lotion
- nail polish remover (optional)
- nail polish (optional)
- cotton balls (optional)
- washcloth
- towel

Procedure

2. Make sure that the bed is lowered to its lowest position and that the wheels are locked.
3. Clean the top of the over-bed table and cover it with paper towels. Pour some liquid soap into the emesis basin and fill the basin with warm water (100°F [37.7°C] to 115°F [46.1°C] on the bath thermometer). Place the emesis basin on the over-bed table, along with the nail care supplies and clean linens.
4. If the side rails are in use, lower the side rail on the working side of the bed. The side rail on the opposite side of the bed should remain up.
5. Help the person to transfer from the bed to a bedside chair, assist the person to sit on the edge of the bed, or raise the head of the bed as tolerated.
6. Perform hand hygiene and put on the gloves if contact with broken skin is likely.
7. If the person is wearing nail polish and wants it removed, remove the nail polish by putting a small amount of nail polish remover on a cotton ball and gently rubbing each nail.
8. Help the person to position the tips of their fingers in the basin to soak. Let the person soak their fingers for about 5 minutes.

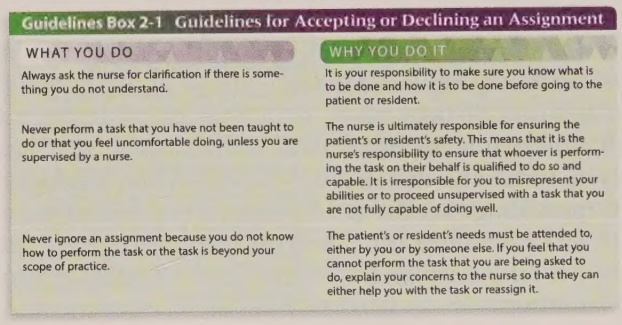
STEP 8 Soak the nails to soften them.

9. Working with one hand at a time, lift the person's hand out of the basin and wash the entire hand, including between the fingers, with the soapy washcloth. Use the orange stick to gently clean underneath the person's fingernails. Rinse thoroughly and pat the person's hand dry with a towel. Be sure to dry between the fingers. Repeat with the other hand.

STEP 9 Clean under the person's nails using the orange stick.

10. If facility policy allows it, gently push the cuticles back with the orange stick.

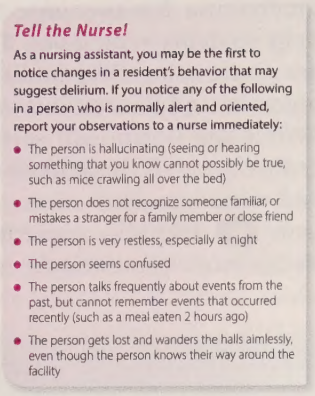
- **Guidelines Boxes.** These boxes summarize general guidelines for various aspects of the nursing assistant's job. The unique "What You Do/Why You Do It" format helps students to understand why things are done a certain way. Rather than just presenting students with an endless list of guidelines to memorize, these boxes help them to remember why these guidelines are important to follow.



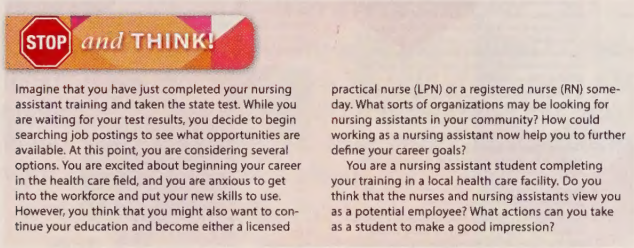
Guidelines Box 2-1 Guidelines for Accepting or Declining an Assignment

WHAT YOU DO	WHY YOU DO IT
Always ask the nurse for clarification if there is something you do not understand.	It is your responsibility to make sure you know what is to be done and how it is to be done before going to the patient or resident.
Never perform a task that you have not been taught to do or that you feel uncomfortable doing, unless you are supervised by a nurse.	The nurse is ultimately responsible for ensuring the patient's or resident's safety. This means that it is the nurse's responsibility to ensure that whoever is performing the task on their behalf is qualified to do so and capable. It is irresponsible for you to misrepresent your abilities or to proceed unsupervised with a task that you are not fully capable of doing well.
Never ignore an assignment because you do not know how to perform the task or the task is beyond your scope of practice.	The patient's or resident's needs must be attended to, either by you or by someone else. If you feel that you cannot perform the task that you are being asked to do, explain your concerns to the nurse so that they can either help you with the task or reassign it.

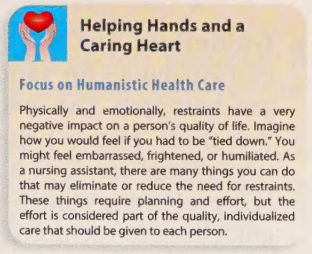
- **Tell the Nurse! Notes.** A recurrent theme throughout the book is the important role the nursing assistant plays in making observations about a patient's or resident's condition and reporting these observations to the nurse. The *Tell the Nurse!* notes highlight and summarize signs and symptoms that a nursing assistant may observe that should be reported to the nurse.



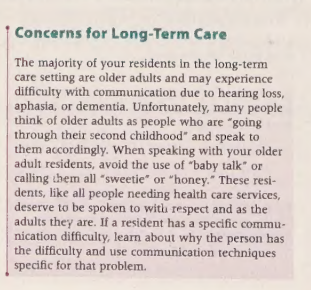
- **Stop and Think! Scenarios.** Each chapter concludes with one or more *Stop and Think!* scenarios. These scenarios, which are excellent tools for initiating classroom discussion, encourage students to think critically to solve problems, and help them to see that many situations they will encounter in the workplace do not have cut-and-dried answers.



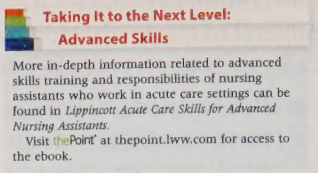
- **Helping Hands and a Caring Heart: Focus on Humanistic Health Care Boxes.** These boxes, found throughout the text, encourage students to empathize with those in their care, and emphasize the importance of meeting patients' and residents' emotional and spiritual needs, as well as their physical needs.



- **Concerns for Long-Term Care.** This feature is found throughout the textbook and focuses on specific information that is important to remember when providing care for older residents in the long-term care setting.



- **Taking It to the Next Level: Advanced Skills.** This feature is found throughout the textbook where related information on advanced skills that nursing assistants may be providing in an advanced care setting can be accessed through the new ebook.



Lippincott Textbook for Nursing Assistants, 6e, Seeks to Instill in Students Pride in Themselves and Their Chosen Profession

It is important to impress upon students entering the health care profession that no one is "just" a nursing assistant. Nursing assistants are often the members of the health care team with the most day-to-day contact with patients, residents, and clients. As such, they bear a large part of the responsibility for the well-being of those in their care. To highlight the contributions that nursing assistants make, on thePoint® can be found first-person accounts of how a nursing assistant had a positive impact on the lives of patients, residents, and clients or the lives of their loved ones. The goal of these *Nursing Assistants Make a Difference!* stories is to help students to see that nursing assistants are vital members of the health care team. Nursing assistants who feel that they can and do make a difference in the lives of others will go the "extra mile" to ensure that the care they provide is humanistic.

AN OVERVIEW OF LIPPINCOTT TEXTBOOK FOR NURSING ASSISTANTS

Lippincott Textbook for Nursing Assistants is a comprehensive textbook, designed to prepare students to work as nursing assistants in any health care setting, as well as to open their eyes to the many career opportunities that exist within the health care field and to entice them to further their learning. The United States is in the midst of a health care crisis—profound demographic changes have led to an ever-widening gap between the number of people who need care and the number of people who are qualified to provide that care. Educators of future health care professionals are charged with providing the community with competent, dedicated, and compassionate caregivers. In recognition of this need, this textbook has been designed to be in accordance with standards for curriculum

development established by organizations such as the National Consortium on Health Science and Technology Education (NCHSTE) and Health Occupations Students of America (HOSA). Each instructional objective for approved nursing assistant training, as mandated by the Omnibus Budget Reconciliation Act (OBRA), is covered in-depth.

A lifelong interest in learning new information is an important quality for any health care professional to have, as the body of information related to medicine and health care is constantly evolving. A lifelong interest in learning benefits the recipients of care as well as the caregivers themselves. Awareness of career pathways allows those just entering the health care profession to set goals for career advancement and reach them, over time receiving higher levels of compensation for higher levels of experience, skills, and responsibilities.

This textbook consists of 10 units. The following is a brief survey of these units and the information they contain.

Unit 1: Introduction to Health Care

The six chapters that make up Unit 1 provide the student with basic background knowledge. Chapter 1 begins with an overview of how health care has evolved, and continues to evolve, in the United States. It then provides the student with a basic understanding of how the governmental regulations that control health care standards and payment came into existence. The nursing home survey process is introduced so that students become better informed of how regulatory organizations determine a facility's ability to provide quality care to the residents. Chapter 1 also provides an overview of the many different types of health care facilities, and introduces the idea of holistic, humanistic health care and the "health care team." Chapter 2 focuses on the nursing assistant's roles and responsibilities as a member of the health care team, and on the concept of delegation. Professionalism, the concept of work ethic, and job-seeking skills are thoroughly discussed in Chapter 3, introducing students to the idea that a professional attitude promotes respect and is necessary for career advancement. Legal and ethical issues, including patient and resident rights and the Health Insurance Portability and Accountability Act (HIPAA), are covered in Chapter 4. Information specific to abuse and defining "vulnerable adults" who are often victims of abuse, is included. Communication, one of the most essential responsibilities of the nursing assistant, is discussed in Chapter 5. This unit concludes with Chapter 6, which focuses on the central member of the health care team—the patient, resident, or client. Information has been included to stress the importance of the person's family members and how they should be included in the health care plan of care. This final chapter introduces the concept of human needs and explains how the person being cared for in a health care setting has many needs other than those specifically associated with illness or disability.

Unit 2: Long-Term Care

This unit is comprised of three chapters that focus on the long-term care setting and the care of residents. Chapter 7, Overview of Long-Term Care, introduces the student to the long-term care setting and includes a discussion about the past, present, and future of long-term care. Chapter 8, The Long-Term Care Resident, helps students understand the factors that can lead to admission to a long-term care facility, and the special needs that residents of long-term care facilities, and their families, may have. Chapter 9 continues the discussion by providing information about dementia, a condition that affects many long-term care residents.

Unit 3: Infection Control

Unit 3 is a new unit in this edition and contains current information about communicable disease, how it is transmitted, and the measures that health care workers take to protect their patients and residents as well as themselves from contracting these illnesses. Chapter 10 introduces students to communicable disease and how our bodies can either fight off an infection or become infected. Chapter 11 continues with a discussion of common communicable diseases and how they can be transmitted within a health care setting. Chapter 12 concludes this unit with measures that health care workers use to help prevent the spread of infection in the health care setting. Updated recommendations by the CDC and management of epidemics and pandemics are also included.

Unit 4: Safety

The four chapters that compose Unit 4 are concerned with the measures taken to ensure safety. Chapter 13 deals with workplace safety, and includes an extensive discussion about the importance of using proper body mechanics and ergonomics to prevent work-related injuries. Also in Chapter 13, the student is introduced to the "Getting Ready" and "Finishing Up" steps that are taken before and after each procedure. Colorful and descriptive mnemonics help students to easily remember each of these important pre- and post-procedure steps. Chapter 14 explores some of the conditions that put patients, residents, or clients at risk for injury, followed by a discussion about methods used to prevent accidents from occurring. Restraints, with

a focus on methods that can be used as an alternative to a restraint, are discussed in-depth. In Chapter 15, the techniques used to safely assist patients, residents, and clients with repositioning and transferring are covered. This unit concludes with Chapter 16, which contains information related to recognizing emergencies and responding to them. Included in Chapter 16 are the current AHA BLS guidelines.

Unit 5: Basic Patient and Resident Care

The nine chapters in this unit focus on the skills and equipment used to provide basic daily care to patients, residents, and clients. Chapters 17 and 18 introduce the student to the health care environment and explain the processes for admitting, transferring, or discharging patients, residents, and clients. Chapter 19 covers bedmaking. Chapter 20 covers vital signs, with an emphasis on exactly what function of the body is being measured and situations that may alter these measurements. Also included are practical tips to take the mystery out of taking vital sign measurements, procedures that many students find intimidating and difficult to master at first. Chapter 21 discusses the importance of rest and sleep and how the nursing assistant can help to promote a person's comfort in the health care setting. Pain, and information on pain relief measures are also included here. Chapters 22 and 23 cover bathing and grooming, with a focus on empathizing with the person receiving the care. In Chapter 24, current dietary recommendations from the *2020–2025 Dietary Guidelines for Americans* discusses MyPlate and MyPlate for Older Adults, along with basic information about nutrition and the nursing assistant's role in assisting patients or residents with meeting their nutritional needs. We conclude Unit 5 with Chapter 25, a discussion about assisting with elimination. Again, much emphasis is placed on empathizing with the patient, resident, or client who requires assistance with this most intimate of activities.

Unit 6: Death and Dying

This unit has been written as two separate chapters to emphasize that a person may cope with a terminal illness and the stages of grief for a long period of time before the actual physical process of dying takes place. Chapter 26 introduces the student to the stages of grief within the context of a discussion about terminal illness. Important concepts such as advance directives, wills, and palliative care are also discussed in this chapter. Chapter 27 focuses on the care a nursing assistant provides to the dying person and their family members in the hours immediately leading up to, and following, death. Both chapters in this unit include discussions about the grief a nursing assistant can expect to feel when a patient, resident, or client dies or receives a diagnosis of a terminal illness.

Unit 7: Body Systems: Normal Function and the Effects of Aging and Disease

Unit 7 has been reviewed and revised by an expert in the field of anatomy and physiology to provide the most current information related to the body systems. Having a basic understanding of how each of the body's organ systems functions in health is essential to understanding how failure of an organ system to work properly leads to disease and disability. This unit begins with Chapter 28, which provides an overview of the body's organization and introduces the student to different types of disease processes that can affect each body system. Chapters 29 through 38 each cover one of the organ systems. A basic explanation of the normal structure and function of the organ system is given, with an emphasis on homeostasis. Next, the normal effects of aging are discussed and differentiated from the effects of disease and disability. Key disorders specific to that particular body system are then discussed. Diagnostic tests and treatments are also covered. Throughout these chapters, the nursing assistant's role in recognizing problems and providing care is emphasized.

Unit 8: Special Care Concerns

This unit, which consists of four chapters, introduces the student to the special needs of certain groups of people. Chapter 39 introduces the student to the different phases of the rehabilitation process and discusses rehabilitation measures specific for different types of disability. In Chapter 40, some of the major types of developmental disabilities are reviewed, along with updated information related to each disability. Chapter 41 is dedicated to a discussion about mental disorders, including the importance of recognizing depression in older adult patients, residents, and clients. Information that discusses posttraumatic stress disorder and substance use disorder is also included. The final chapter in this unit, Chapter 42, discusses the diagnosis and treatment of cancer, as well as the special needs of people with cancer.

Unit 9: Acute Care

Nursing assistants provide care in many different types of health care settings. Many work in hospitals and clinics and assist nurses in caring for patients with acute conditions. The focus of the three chapters in Unit 9 is on special populations of patients that the nursing assistant may encounter in the acute care

setting. Chapter 43 is dedicated to the surgical patient, Chapter 44 to obstetrical patients and newborns, and Chapter 45 to the pediatric patient.

Unit 10: Home Health Care

The two chapters in this final unit introduce the student to the home health care setting. These two chapters have been revised in accordance to suggestions and recommendations from experts who currently work in the home health care field. Building on the basic knowledge and skills presented in previous units, this unit explores some of the concerns and issues that are unique to the home health care setting. Chapter 46 provides the student with an overview of what home health care is, who might require it, and how it is paid for, and explores some of the qualities that a person must have to succeed as a home health care aide. Chapter 47 covers specific issues related to safety and infection control within the home.

Appendices and Glossary

The textbook concludes with two appendices and a comprehensive glossary. Appendix A contains the answers to the *What Did You Learn?* exercises that appear at the end of each chapter. Appendix B introduces the student to the language of health care. We chose to include this discussion about medical terminology as an appendix so that it could be introduced at any point during the training course, and referred to frequently. The tables containing common roots, prefixes, suffixes, and updated abbreviations are in close physical proximity to the glossary for easy and quick reference. The glossary is the most comprehensive found in any nursing assistant textbook. A precise definition of each vocabulary word is given. The number in parentheses at the end of each entry indicates the chapter where the term is introduced as a vocabulary word. Extensive cross-references remind students of synonyms and antonyms, and help them to differentiate related words.

A NOTE ABOUT THE LANGUAGE USED IN THIS BOOK

Wolters Kluwer recognizes that people have a diverse range of identities, and we are committed to using inclusive and nonbiased language in our content. In line with the principles of nursing, we strive not to define people by their diagnoses, but to recognize their personhood first and foremost, using as much as possible the language diverse groups use to define themselves, and including only information that is relevant to nursing care.

We strive to better address the unique perspectives, complex challenges, and lived experiences of diverse populations traditionally underrepresented in health literature. When describing or referencing populations discussed in research studies, we will adhere to the identities presented in those studies to maintain fidelity to the evidence presented by the study investigators. We follow best practices of language set forth by the Publication Manual of the American Psychological Association, 7th edition, but acknowledge that language evolves rapidly, and we will update the language used in future editions of this book as necessary.

A COMPREHENSIVE PACKAGE FOR TEACHING AND LEARNING

To further facilitate teaching and learning, a carefully designed ancillary package is available. In addition to the usual print resources, we are pleased to present multimedia tools that have been developed in conjunction with the text.

Resources for Instructors

- ***Lippincott Acute Care Skills for Advanced Nursing Assistants* first edition ebook.** Depending on the needs of the different types of facilities that hire nursing assistants, the skills required and the daily duties of the nursing assistant varies greatly. As a nursing assistant advances within their career, the need for additional training increases.

  Because of this, we are providing an ebook addition, titled *Lippincott Acute Care Skills for Advanced Nursing Assistants*, as a companion to this textbook. We feel that the ebook companion will be a useful tool for nursing assisting instructors who teach advanced skills in their programs. It has also been developed for use by nursing assistants who have completed their basic nursing assisting training and have obtained employment in an acute care setting where they are required to perform advanced skills.
- ***Lippincott® CoursePoint.*** This integrated, digital curriculum solution for nursing education provides other course knowledge and prepares students for practice. The time-tested, easy-to-use and trusted solution includes engaging learning tools and in-depth reporting to meet students where they are in their learning, combined with the most trusted nursing education content on the market to help prepare students for practice. This easy-to-use digital learning solution of *Lippincott® CoursePoint*, combined with unmatched support, gives instructors and students everything they need for course and curriculum success!

- *Lippincott® CoursePoint* includes:
  - Engaging course content provides a variety of learning tools to engage students of all learning styles.
  - Adaptive and personalized learning helps students learn the critical thinking and clinical judgment skills needed to help them become practice-ready nurses.
  - Unparalleled reporting provides in-depth dashboards with several data points to track student progress and help identify strengths and weaknesses.
  - Unmatched support includes training coaches, product trainers, and nursing education consultants to help educators and students implement CoursePoint with ease.
- ***Lippincott Video Series for Nursing Assistants.*** Procedure-based modules provide step-by-step demonstrations of the core skills that form the basis of the daily care the nursing assistant provides. As in the textbook, all procedures have been reviewed and updated in accordance with current practice, infection control, and the current NNAAP skills. *Getting Ready and Finishing Up* actions are reviewed on every procedure-based module, and the concepts of privacy, safety, infection control, comfort, and communication are emphasized throughout. Four non–procedure-based modules, on the topics of preparing for entry into the workforce, caring for people with dementia, death and dying, and communication and patient and resident rights, are also available.

Tools to assist you with teaching your course are available upon adoption of this text on thePoint® at https://thePoint.lww.com/Carter6e.

- **Stop and Think! Scenario Discussion Points** outline the main concepts of the text's *Stop and Think!* feature.
- A **Test Generator** lets you put together exclusive new tests from a bank containing hundreds of questions to help you in assessing your students' understanding of the material. Test questions link to chapter learning objectives.
- **PowerPoint Presentations** provide an easy way for you to integrate the textbook with your students' classroom experience, either via slideshows or handouts. Multiple-choice and true/false questions are integrated into the presentations to promote class participation and allow you to use i-clicker technology.
- An **Image Bank** lets you use the photographs and illustrations from this textbook in your PowerPoint slides or as you see fit in your course.
- **Guided Lecture Notes** include Learning Objectives and references to PowerPoint presentation slides.
- **Sample Syllabi** for long and short courses.
- **Answers and Rationales to** *Workbook for Lippincott Textbook for Nursing Assistants,* Assignments, Pre-Lecture Quizzes, and Discussion Topics.
- Plus **Strategies for Effective Teaching, Discussion Topics, Assignments**, and **Pre-Lecture Quizzes**.

Resources for Students

An exciting set of free resources is available on thePoint® to help students review material and become even more familiar with vital concepts. Students can access all these resources at https://thePoint.lww.com/Carter6e using the codes printed in the front of their textbooks.

- ***Watch and Learn!,*** a series of video clips that support information given in the text.
- **Audio Clips for** *Nursing Assistants Make a Difference!* allow the student to listen to first-person accounts of how nursing assistants have made a difference in the lives of patients, residents, clients, and family members.
- **Certification-Style Review Questions** for each chapter help students review important concepts and practice for certification exams.
- Plus downloadable **Procedures** checklists from the text.

Workbook to Accompany *Lippincott Textbook for Nursing Assistants, 6e.* Developed by an instructional design team, this workbook provides the student with a fun and engaging way of reviewing important concepts and vocabulary. Each part of the student workbook has been updated and revised alongside the changes made in the sixth edition of the textbook. Multiple-choice questions, matching exercises, true/false exercises, word finds, crossword puzzles, labeling exercises, and other types of active learning tools are provided to appeal to many different learning styles. The workbook also contains procedure checklists for each procedure in the textbook.

It is with great pleasure that the author and publisher introduce these resources—the textbook, the ancillary package, the videos, and the companion ebook—to you. One of my primary goals in creating these resources has been to share with those just entering the health care field my sense of excitement about the health care profession, and my commitment to the idea that being a nursing assistant involves much more than just "bedpans and blood pressures." I hope I have succeeded in that goal, and I welcome your feedback.

Pamela J. Carter

To the Students

Welcome! By enrolling in this nursing assistant training course, you have taken a big first step. You may be taking this course for any number of different reasons. For example, you may be taking this course to "test the waters"—to see if working in health care is something you really want to do. Or, you may already know that you want to work in health care, and you are taking this course because it is the first step toward reaching your goal. Health care is an exciting, yet demanding, field. During your training course, you will be expected to learn and apply a lot of new information. You will even have to learn a new language, the language of health care! My name is Pam Carter, and I am the author of this book. It is my pleasure and my honor to assist you on your journey toward becoming a health care professional.

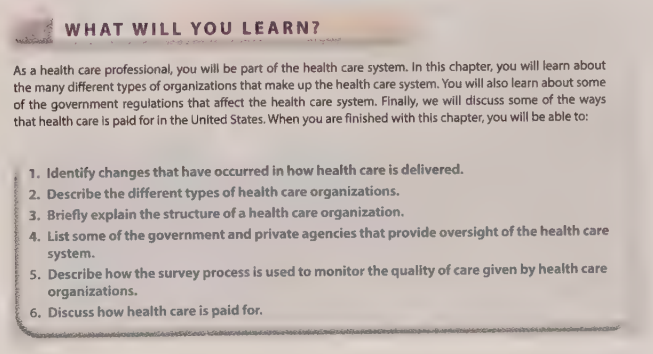
HOW TO USE THE BOOK TO PREPARE FOR CLASS AND STUDY

Learning is an active process. You need to read, make notes, and ask questions about anything you are having trouble understanding. Most students who are successful learners take a three-step approach to learning:

Preview

During the *preview* stage of learning, you focus on preparing yourself for class. Most likely, your instructor will give you reading and possibly video assignments that must be completed before each class. The course *syllabus* that you will receive at the beginning of the course will tell you when each reading assignment must be completed. The reading assignments give you the chance to get a general idea of what is going to be discussed in the next class.

To prepare for class, just read the assignment as if you were reading a novel, magazine, or news story for enjoyment. During the preview, you do not need to take notes or try to memorize facts—just read through the material to get the "big picture" of the information you are about to learn. Some people find it helpful to read the chapter out loud to themselves (or into an audio recorder, so that they can listen to the chapter again later). Others like to highlight parts of the chapter using a highlighting pen, or make notes in the margin. Learning becomes much easier when you discover what methods work best for you. To assist you with previewing, each chapter in the book begins with a *What Will You Learn?* section. This section contains a list of specific goals for the chapter, called *learning objectives*. Learning objectives tell you what you will be expected to know or be able to do to demonstrate complete understanding of the material in the chapter. During the preview stage, the learning objectives are useful for giving you an overview of the key goals of the chapter. The *What Will You Learn?* section also contains a list of the new vocabulary words you will need to learn. The vocabulary words, which appear in



WHAT WILL YOU LEARN?

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1. Identify changes that have occurred in how health care is delivered.
2. Describe the different types of health care organizations.
3. Briefly explain the structure of a health care organization.
4. List some of the government and private agencies that provide oversight of the health care system.
5. Describe how the survey process is used to monitor the quality of care given by health care organizations.
6. Discuss how health care is paid for.

bold type throughout the chapter, are listed in the order that they appear. You can also look each word up in the glossary at the back of the book to find a complete definition. Familiarizing yourself with the chapter's vocabulary words before class puts you one step ahead, because when you hear those words in class, they will not sound strange to you, and you may already know what they mean.

If you are a nursing assistant who is working or planning to work in an acute care setting, look for the *Taking It to the Next Level: Advanced Skills* feature. The feature calls out information that is further explained in the updated companion ebook, *Lippincott Acute Care Skills for Advanced Nursing Assistants*. This ebook is available on thePoint® and is written in mind for the nursing assistant who is already progressing to the next level in their nursing assistant careers.

View

The *viewing* stage is when you get down to business and really work to understand the material. During the classroom lecture or discussion, highlight important points and take notes as you need to. Ask questions about any of the material that you do not fully understand. Remember, there are no "stupid" questions! If you do not fully understand something, you need to speak up so that the instructor can help you. This is your instructor's job.

Review

After class, go back over the notes you took in class, and review the chapter in your book. Some students like to read the entire chapter over again. Others just skim the chapter, paying close attention to the topics they still have questions about. Read the chapter summary, which reviews the key concepts of the chapter. If you are using the student workbook in your class, complete the exercises by looking the answers up in the textbook chapter. Looking for the answers is another way of reviewing the information in the chapter, and many students find that the act of writing the answers down helps them to remember the information. When you feel comfortable with your understanding of the material, test yourself! Go back to the learning objectives in the *What Will You Learn?* section at the beginning of the chapter and pretend they are questions. Try to answer them. If you have trouble answering them, then you know that you need to review certain parts of the chapter again. You can also test yourself using the *What Did You Learn?* section, at the end of each chapter. The answers to the questions in the *What Did You Learn?* section are in Appendix A in the back of the book so that you can see how well you understood the material you just studied. Again, if you have trouble answering these questions, then you will know that your studying is not quite finished! You may need to read certain parts of the chapter again, or ask your instructor for help. Try to set aside short periods of time for studying each day. For example, you might study for 30 to 45 minutes, take a break to attend to other activities or chores, and then come back and study for another 30 to 45 minutes. After 30 to 45 minutes of studying, most people become tired and lose their ability to concentrate. Studying in short bursts will help keep you focused on the material you are trying to learn.

SUMMARY

- No matter what the setting, nursing assistants are an integral part of the nursing team, a subset of the health care team.
  - Like all of the members of the nursing team, nursing assistants undergo training that authorizes them to perform certain tasks.
  - Nursing assistants assist the nurse by performing basic nursing functions, such as those related to hygiene, safety, comfort, nutrition, exercise, and elimination.
- To ensure that the nursing team operates smoothly and efficiently, a "chain of command" exists. This means that licensed nurses (RNs or LPNs) are able to assign (delegate) certain tasks to nursing assistants.
  - The delegation of tasks cannot be taken lightly by either the delegator (the licensed nurse) or the delegatee (the nursing assistant). Both share the responsibility of ensuring that the procedure is carried out without harm to the patient or resident.
  - The nursing assistant must know which tasks are within their scope of practice and which tasks are not.

WHAT DID YOU LEARN?

Multiple Choice

Select the single best answer for each of the following questions.

1. Nursing assistants who work in the long-term care setting must complete a course of training and undergo a competency evaluation. These requirements are set by the:
   a. Centers for Disease Control (CDC)
   b. Food and Drug Administration (FDA)
   c. Omnibus Budget Reconciliation Act of 1987 (OBRA)
   d. Occupational Safety and Health Administration (OSHA)
2. As a nursing assistant, it is your responsibility to:
   a. Plan the patient's or resident's care
   b. Perform the tasks your supervisor assigns to you
   c. Do the best you can without asking for help
   d. Compare assignments with your coworkers
3. If you do not know how to do an assigned task, you should:
   a. Call another nursing assistant for help
   b. Ask the patient or resident how they prefer to have it done
   c. Call the charge nurse and ask for help
   d. Follow the instructions in the procedure manual
4. Nursing assistants work under the supervision of:
   a. A doctor
   b. A registered nurse (RN) or licensed practical nurse (LPN)
   c. Other nursing assistants
   d. The long-term care facility administrator
5. To "delegate" means to:
   a. Do what you are told to do
   b. Give another person permission to perform a task on your behalf
   c. Transfer your duties to another assistant
   d. Have the charge nurse take your assignment
6. What information is included in the registry?
   a. The nursing assistant's full name
   b. The nursing assistant's registry number and date of expiration
   c. Any reported incidents of abuse or theft
   d. All of the above

HOW TO PREPARE FOR TESTS

Did you learn the material or not? This is what instructors want to know when they give tests, quizzes, and exams. Not doing well on a test does not mean that you are a failure. It just means that you need to figure out what went wrong, and make an effort to improve the next time. Perhaps you did not study as well as you could have for the test. Or maybe you got so nervous, you forgot everything you learned when it came time to take the test!

The course syllabus will tell you when a test is scheduled to be given, and what material it will cover. Mark these dates on your calendar, so you are not surprised! Preparing for a test should not be a major

event. If you use the preview–view–review approach and study each day, when it comes time to prepare for the test, you will be very well prepared. In the days leading up to the test, all you will need to do is review the material that will be covered on the test one more time, by skimming the chapters in the book and reviewing the notes you took in class. When it comes time to actually take the test, remember the following tips:

- Relax! You have prepared for this test, and you know the answers to these questions!
- Take a deep breath and make sure you read the directions carefully. The directions will tell you whether there is only one correct answer for each question, or whether it is possible for a question to have more than one correct answer.
- Read each question completely and carefully. Many students answer questions incorrectly simply because they are in a hurry and miss important words, like "except" or "not."
- If the question is a multiple-choice question, try to state the answer in your head before looking at the answer choices. Then read each answer choice before choosing the one that best matches the answer you have in your head. This will increase your confidence that the answer you have selected is the correct one.
- After selecting an answer, avoid second-guessing yourself. Research has shown that your first choice is most likely to be correct, if you studied the material well. Sometimes, however, you will come across a question later in the test that makes you realize that you answered an earlier question incorrectly. In this case, when you are sure that you have made a mistake, it is all right to go back and change your answer. But if you do not have a clear idea of what the correct answer is, doubting your first choice will most likely result in changing a correct answer to an incorrect one!
- If you cannot answer a question, go on to the next. Often, another question on the test will jog your memory and help you to remember the answer to the question you skipped earlier. Just remember to go back over your answer sheet before you hand in your test to make sure you have answered all of the questions.

Many people think that the goal of studying is to pass a test. It is true that as you work through your training course, you will have to pass many tests. And most states require people who want to be nursing assistants to pass a certification exam at the end of the training course. But passing the test is a short-term goal. It is more important for you to be able to remember and use the information that you learned during your training course long after you complete the course and pass the certification exam. The people you will be caring for are depending on you to be knowledgeable and good at what you do. They are trusting you with their health and well-being. Study hard, ask questions, and remember that each and every person you care for throughout your career deserves the same type of competent, compassionate care that you would expect to be given to your own parents, spouse, partner, sibling, or child. As a nursing assistant, you will have the chance to have a positive effect on the lives of many people. Caring for those in need is very important work. Let me be among the first to thank you for your interest in pursuing a career in health care, and to wish you luck on your journey.

Sincerely,
PAM

Acknowledgments

Health care has undergone some unique and challenging changes since our last edition! These changes have affected our society and how we interact with other people and have increased our need to practice tolerance and respect for everyone. The pandemic has not only changed how we provide health care, but how we live our daily lives. It has also stressed the providers of health care to the breaking point. As we work to regroup and move forward, new challenges will face us, and it is our responsibility to teach and support the next generation of health care workers as they enter this field. Thank you all for your hard work as you strive to mentor and nurture the future of health care.

I wish to extend my sincere thanks to Chelsea Neve, Development Editor, for her exceptional assistance in making this edition more streamlined, inclusive, and sensitive in content. She is such a pleasure to work with! Also to Anthony Gonzalez, Editorial Coordinator, who has worked so hard to keep this project on track, even when my eyes would not work. And finally, to Jonathon Joyce, Senior Acquisitions Editor, for continuing to believe in me and what I write. You are all exceptional and I am truly honored to be able to work with such a great crew!

I would also like to personally thank the OR crew at Davis Hospital and Medical Center for their care and concern during my surgeries this year. And a special thanks to Dr. Mark Rush, Dr. Jason Rupp. Dr. Claron Alldredge, and Trish Perkins for your care and expertise to help save my eyesight. Without you all, completing this book would not have been possible.

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UNIT

1

Introduction to Health Care

Welcome to the Health Care Field! Today in the United States, the health care field is one of the largest fields and is expected to grow on average by about one million new jobs per year. In 2020, over 1.4 million of those employed by the health care industry were nursing assistants, with the number of job openings expected to increase by 8% through 2030.* The health care field is the focus of Unit 1.

**Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook 2020–21 edition.*

Photo: Welcome to the health care field! Nursing assistants are key members of the health care team.

CHAPTER

1

Photo: Health care is a people-oriented business. (Tyler Olson\Shutterstock.com)

The Health Care System

WHAT WILL YOU LEARN?

As a health care professional, you will be part of the health care system. In this chapter, you will learn about the many different types of organizations that make up the health care system. You will also learn about some of the government regulations that affect the health care system. Finally, we will discuss some of the ways that health care is paid for in the United States. When you are finished with this chapter, you will be able to:

1. **Identify changes that have occurred in how health care is delivered.**
2. **Describe the different types of health care organizations.**
3. **Briefly explain the structure of a health care organization.**
4. **List some of the government and private agencies that provide oversight of the health care system.**
5. **Describe how the survey process is used to monitor the quality of care given by health care organizations.**
6. **Discuss how health care is paid for.**

Vocabulary

Holistic
Mission
Hospital
Acute care setting
Patients
Subacute care unit (skilled nursing unit, skilled nursing facility)
Long-term care facility (nursing home)
Residents
Assisted-living facility
Home health care agency
Clients
Hospice organizations
Health care team
United States Department of Health and Human Services (DHHS)
Omnibus Budget Reconciliation Act (OBRA) of 1987
Accreditation
Survey
Occupational Safety and Health Administration (OSHA)
Managed care system
Medicare
Minimum Data Set (MDS)
Medicaid

HEALTH CARE DELIVERY, PAST AND PRESENT

In the United States during the 18th, 19th, and early part of the 20th centuries, health care delivery focused mainly around the home and family. The health care provider was trained in general health care skills. The provider delivered babies, attended to wounds and broken bones, and provided comfort to both the dying person and the family (Fig. 1-1).

Present-day delivery of health care has changed dramatically. More intensive educational preparation for health care providers has become the standard and, in the United States, is required for those who want to care for those in need. Large facilities dedicated to providing on-site patient care have been established, replacing the home as the primary site for patient care. Doctors treat people in doctor's offices, clinics, work areas, schools, and other types of health care settings. A variety of medications and other treatments allow us to treat and cure many diseases that in the past would have been fatal, increasing the average person's life span. The family doctor who attended a person from birth to death is now called a "general practitioner" or "family physician," and in many cases, they are supported by a team of specialists.

Although in the recent past the trend was to *replace* the family doctor with a team of specialists, today we are seeing a return to a more **holistic** approach to health care. A holistic approach focuses on the care of the whole person, not just the person's physical condition or disease. When a holistic approach to care is taken, the person's physical *and* emotional needs are met. The best aspect of the care provided by the old-fashioned "family doctor"—the doctor's familiarity with the person as an individual—is combined with modern-day availability of specialized care when needed.

Figure 1-1 In the past, health care was delivered in the home, usually by a "family doctor." (*Everett Collection\Shutterstock.com*)

Helping Hands and a Caring Heart

Focus on Humanistic Health Care

A "humanistic" approach to health care is one that focuses on the person receiving the care. When we take a humanistic approach to health care, we:

- Consider the qualities that make the person unique and use that knowledge to guide the care that we provide.
- Imagine how it would feel to be in the person's situation and act with empathy and compassion.
- Consider the person's emotional, social, and spiritual needs, as well as their physical needs.

A humanistic approach to health care is the basis for providing quality care. Here is a true story that will help you understand how a humanistic approach can make a real difference in the lives of your patients or residents and their family members:

"Nell was a woman I visited in her home and later in a nursing home. She came from a Catholic background. Although I am a Methodist pastor, I told Nell I would be glad to get a rosary and pray it with her. I was willing to do anything that would help her feel closer to God. She said she was fine and didn't need anything from her background. Instead, I began the ritual of closing our visits with prayer and ending with the two of us saying the Lord's Prayer together. Visit after visit over the course of a couple of years, we prayed together. We were creating our own ritual.

Eventually, Nell became very ill and was dying. She was in the hospital. I went to visit and found her son and daughter-in-law with her in the hospital room. She had been unconscious that day and the day before. I visited with them for a while. As I prepared to leave, I asked them if they would like to pray together. They said they would appreciate a prayer. So, we circled around Nell's bed and prayed. As usual, I began to end the time of prayer with the Lord's Prayer as Nell and I had done so often in the past. At that point, Nell began to pray aloud with us. The ritual we had created together stirred within her and spoke through her unconsciousness. The time I shared with Nell and her family that day was so special. The time was healing because Nell's son and daughter-in-law heard Nell speak one more time. She did not come out of her unconscious state, but she responded from deep within to join us in the words of the Lord's Prayer."

—Reverend Diane M. Bell

Many of the things Reverend Bell did to help Nell are things you can do too in your work as a nursing assistant. Spend time with your patients or residents and get to know them as individuals. Using that knowledge, think about things you can do that will help them feel more comfortable, both physically and emotionally. Act with compassion. Everyone will benefit! You will have the satisfaction of knowing that you are providing the best care possible, and your patients or residents will feel well cared for and valued as individuals. That is what a humanistic approach to health care is all about.

HEALTH CARE ORGANIZATIONS

As the health care system has developed and changed over the years, we have seen more and more variety in the organizations that provide health care to people in need. As a nursing assistant, you will be employed by a health care organization. All health care organizations have a purpose, or **mission**. Some health care organizations, such as university hospitals, are associated directly with schools. The primary mission of a university hospital may be to train people in the field of health care. Other health care organizations are associated with a religious group. Some health care organizations are owned by corporations and use the health care industry as a financial investment in order to turn a profit. Although some health care organizations have very specific missions, others combine many of the following:

- To prevent disease by providing immunizations, teaching people how to control chronic health problems, and identifying factors that could place a person at risk for a disease
- To detect and treat disease
- To promote health by teaching people about ways to achieve and maintain both physical and mental fitness
- To offer rehabilitation (restorative care) services in order to help people return to their highest possible level of physical or emotional function
- To provide emergency care to people with life-threatening illnesses or injuries
- To educate health care professionals by providing work-based training for medical students, student nurses, and many other types of students training for a career in the health care field

Types of Health Care Organizations

There are many different types of health care organizations. Depending on where you live, you may be able to work as a nursing assistant in all of these organizations, or just some. For example, in some states, nursing assistants are only employed in long-term care facilities (nursing homes), but in others, nursing assistants can work in hospitals.

Hospitals

A person who has a severe illness or whose condition is unstable and who requires a great deal of care and close monitoring is usually treated in a **hospital**, which is a type of **acute care setting**. The services provided by a hospital differ according to the hospital's mission and location. Some hospitals, such as children's hospitals, women's centers, cancer centers, or orthopedic hospitals, have very specific missions, either in terms of the type of people they serve or the services that they offer. Other hospitals, sometimes called "general hospitals," provide a variety of services, such as:

- Delivering babies
- Diagnosing diseases
- Treating diseases with drugs, surgery, or both
- Providing emergency and intensive care services
- Providing mental health services
- Providing rehabilitation and physical therapy

People who receive the services of a hospital are typically referred to as **patients**. A hospital may admit a patient for care (have the patient stay for one or more nights). This is called *inpatient care*. Or a hospital may provide its services on an outpatient basis (the patient goes home the same day). For example, a patient with cancer who returns to the hospital every day for a period of time to receive radiation therapy would be receiving *outpatient care*.

Subacute Care Units (Skilled Nursing Units)

The care provided in a hospital is costly, and the number of beds in the hospital is limited. Therefore, once a patient has recovered enough to be out of danger, they are usually moved from the acute care setting. Often, these patients still need some care from a skilled health care professional. This care may be provided in a **subacute care unit** (also called a **skilled nursing unit** or a **skilled nursing facility**). A subacute care unit may be a unit within a hospital or a long-term care facility, or it may be a separate facility.

Patients in subacute care units may require intravenous drugs, physical therapy, respiratory care or ventilator services, or wound management. The care given in these units focuses on rehabilitation and helping the patient to move from hospital care to home care (Fig. 1-2). Some patients in subacute care units recover fully, but others may need to move to a long-term care facility or arrange for continued care from home health care services after they return home.

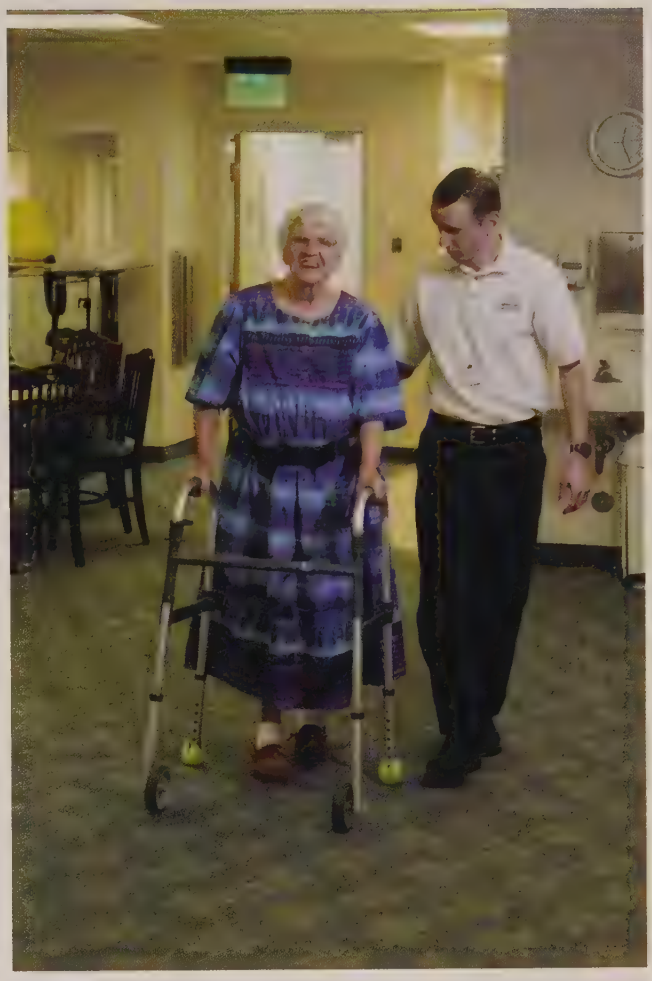


Figure 1-2 The care provided in subacute care units, also called skilled nursing units or skilled nursing facilities, often focuses on rehabilitation. Here, a physical therapist teaches a patient how to use a walker.

Long-Term Care Facilities (Nursing Homes)

A **long-term care facility (nursing home)** is for people who are unable to care for themselves at home but who do not need to be hospitalized (Fig. 1-3). Because the long-term care facility becomes the person's home, either temporarily or permanently, people being cared for in long-term care facilities are referred to as **residents**, rather than patients. Some residents will stay in the facility for a short period of time, until they are well enough to return home. Others will

Figure 1-3 Residents of long-term care facilities (nursing homes) are unable to care for themselves at home yet do not need to be hospitalized. (*Photographee.eu\Shutterstock.com*)

Figure 1-5 Nursing assistants who work for home health care agencies provide health care to people in their homes. A home health care aide's responsibilities might also include preparing and serving light meals and light housekeeping, depending on the client's needs and agency policy. (*Photographee.eu\Shutterstock.com*)

remain in the long-term care facility for the rest of their lives.

Assisted-Living Facilities

An **assisted-living facility** is a type of long-term care facility. People who live in an assisted-living facility are able to provide most of their own care, but they may need some limited help with medications, transportation, meals, and housekeeping. The residents of an assisted-living facility usually live in private apartments and can feel safe and secure knowing that if they need help, someone is nearby to provide it, 24 hours a day (Fig. 1-4). Many retirement communities offer both assisted-living services and long-term care services. If the resident's needs change, they can move to the long-term care facility to receive more advanced care.

Home Health Care Agencies

Home health care agencies provide skilled care in a person's home (Fig. 1-5). In the home health care setting, people who receive care are typically called **clients**, rather than patients or residents. Home health care services are available for people of all ages with any number of different medical needs. For example, a new parent and their baby may need home care, especially if the baby was born too early.

Figure 1-4 Residents of assisted-living communities often live in individual apartments. These residents are able to provide most of their own care but need help with certain things, such as medications, transportation, meals, or housekeeping. (*Shutterstock (2039551112).*)

A person recovering from an accident, a stroke, or surgery may also need home care.

Hospice Organizations

Hospice organizations provide care for people who are dying and their families. People are able to receive the services of a hospice organization when they have been diagnosed with an illness or condition from which they will not recover. The focus of hospice care is on relieving pain and providing emotional and spiritual support for both the dying person and the family. Hospice care can be provided in the home, hospital, or long-term care facility, or in a facility devoted exclusively to providing care to the dying.

Structure of Health Care Organizations

Most health care organizations are set up in a way similar to that shown in Figure 1-6. Most are governed by a board of trustees (also called a board of directors), and most have divisions (groups in charge of certain aspects of the organization's function). An administrator or chief executive officer (CEO) usually manages the organization and is the link between the board and the organization.

The board is made up of community members. The board sets policies to ensure that the care offered by the organization is safe and of good quality. The board also makes sure that the organization meets the needs of the community. Each division within a health care organization is responsible for one key aspect of the organization's function. Each division is managed by a division director or division manager. The medical services division is led by a medical director and is responsible for the doctors on staff. Nursing services division is headed by a director of nursing (DON) or chief nursing officer (CNO) and is responsible for all aspects of the organization that have to do with patient or resident care. Business services division is led by a business director and usually oversees admissions, billing, and payroll. The business division may also oversee maintenance and housekeeping. The ancillary services division typically contains the departments in the organization that provide patient or resident services, such as lab, pharmacy, and dietary services.

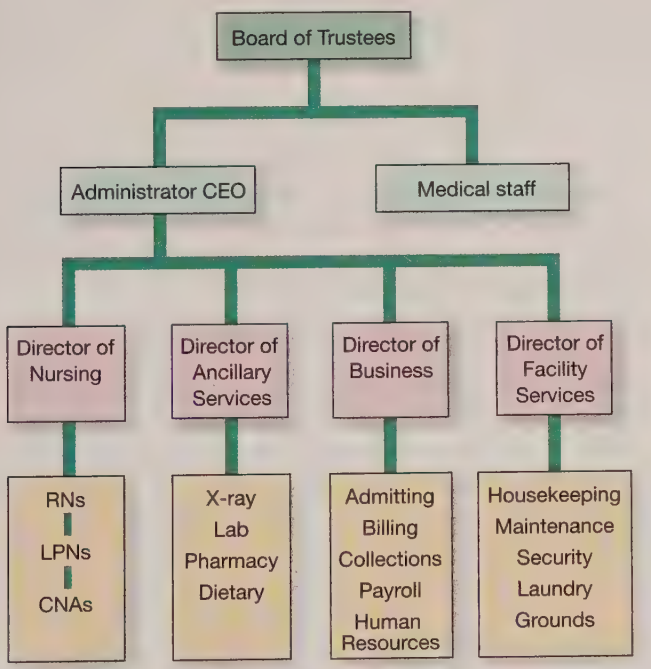


Figure 1-6 Most health care organizations are organized in similar ways. Each division within a health care organization is responsible for one key aspect of the organization's function.

Within each facility, care of patients or residents is provided by a **health care team**, made up of many people with different types of knowledge and skill levels (Fig. 1-7). The patient or resident is always the focus of the health care team's efforts. The goal of the health care team is to provide holistic care (care of the whole person, physically and emotionally). Each member of the health care team's job is as important as any other member's. Think of the members of the health care team as links in the chain of care provided for the patient or resident. Because a chain is only as strong as its weakest link, each member of the health care team must provide care to the best of their ability. For example, the maintenance staff keeps the facility running smoothly by keeping equipment in good working order. The housekeeping staff keeps the facility clean. The people who work in the lab must be precise when performing laboratory studies and writing reports. In short, everyone must provide competent care in order for the health care team to function properly.

OVERSIGHT OF THE HEALTH CARE SYSTEM

Today in the United States, many agencies exist to protect both the recipients and the providers of health care.

Ensuring Quality Health Care

Agencies involved with making sure that the health care provided in the United States is safe and of high quality may be associated with the government, or they may be independent nonprofit organizations. These agencies may have one or more of the following objectives:

- To ensure that providers of health care are properly trained and competent
- To ensure that health care facilities meet standards of cleanliness and quality

Figure 1-7 Care is provided by the health care team. The patient or resident is the primary focus of the health care team's efforts. Because a chain is only as strong as its weakest link, each member of the health care team must provide care to the best of their ability.

- To ensure that all products used in the delivery of health care are safe
- To ensure that quality health care is available to everyone

The **United States Department of Health and Human Services (DHHS)** is the primary government agency responsible for protecting this nation's health. Under the umbrella of the DHHS, there are multiple agencies involved in overseeing many different aspects of the health care system in the United States (Fig. 1-8). Some of these agencies are involved with inspecting health care organizations regularly to make sure that the standards set by the government are being followed. Any problems are addressed and, if the problems are serious, the organization faces being fined or closed, or the loss of government funding.

An in-depth investigation of long-term care facilities initiated by the DHHS in response to complaints of neglect and abuse from people who had family members in long-term care facilities resulted in a law known as the **Omnibus Budget Reconciliation Act (OBRA) of 1987**. OBRA improves the quality of life for people who live in long-term care facilities by making sure that residents receive a certain standard of care. This care must take into account the resident's physical, emotional, spiritual, and social needs. In addition, OBRA sets standards for the training of nursing assistants who work in long-term care facilities. OBRA legislation is reviewed and passed by Congress each year. As you read this book, look for the OBRA icon, which highlights key information related to this law.

Several independent, nonprofit organizations also exist to help ensure that facilities provide quality health care. These various organizations set national health care standards and officially recognize (accredit) facilities that meet these standards. The standards establish expectations for how to carry out certain activities, especially those that affect patient and resident safety and the quality of patient and resident care. For example, one

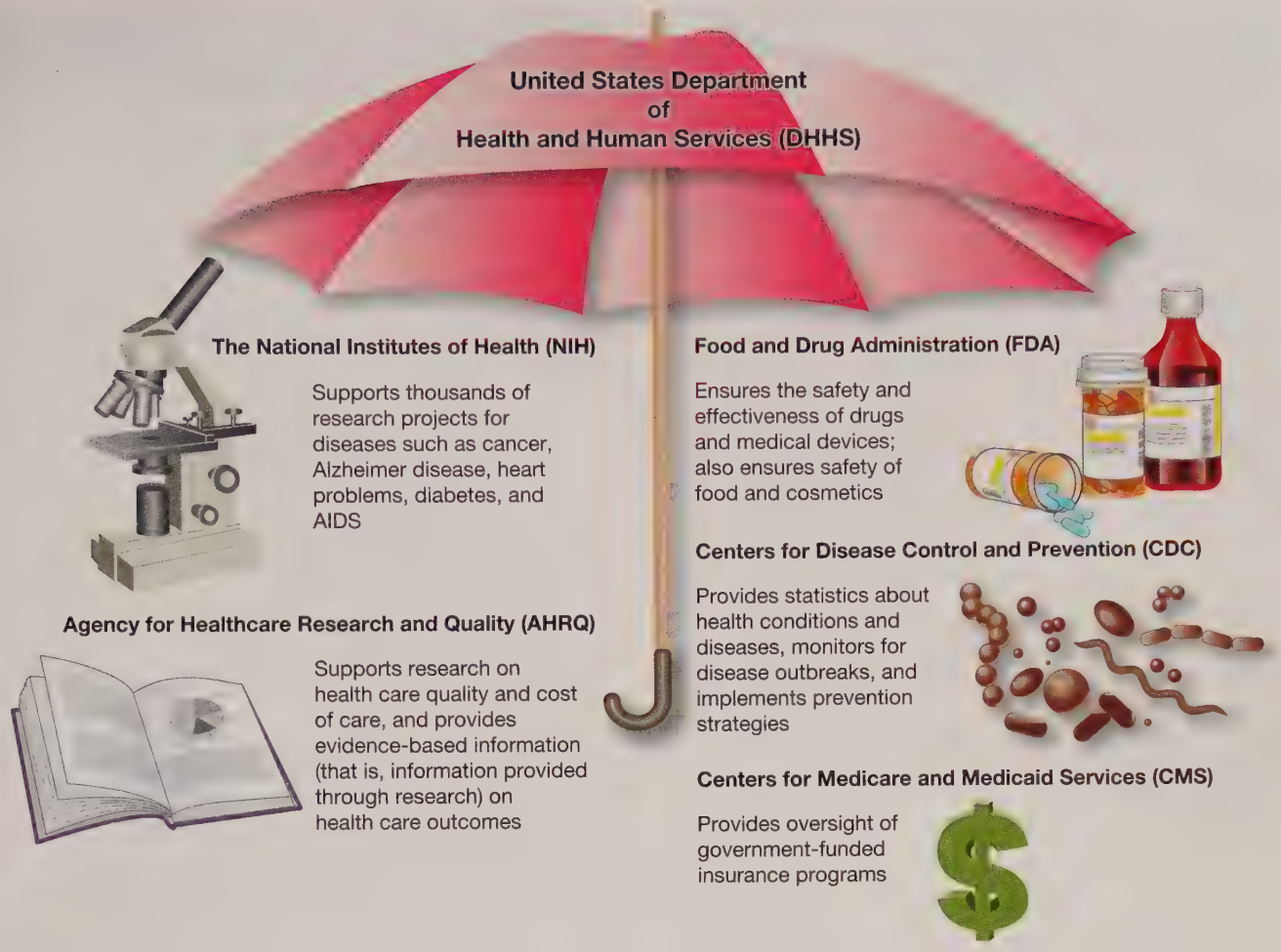


Figure 1-8 The United States Department of Health and Human Services (DHHS) oversees many different agencies that are responsible for protecting the health of the people in this country. Some of the key agencies that you may hear about are shown in the figure.

such organization, *The Joint Commission,* has established standards for safe medication administration, infection control, the use of abbreviations in documentation, staffing levels and staff education, and responding to emergencies.

Like the government agencies, these independent organizations also inspect health care facilities regularly to make sure that standards are being followed. However, unlike the government inspections, inspections by independent organizations are voluntary. Health care organizations request and pay for these inspections to be done to receive **accreditation** (official recognition that the organization meets certain standards of quality). After receiving accreditation status, a health care organization must continue to provide proof that it meets the standards of quality and demonstrate a commitment to continuously improving its performance.

The Survey Process

To ensure that a health care organization is meeting the established regulations, standards, or requirements set by the government agency or private organization that accredits or approves it, a survey process is utilized. A **survey** is an actual inspection and evaluation of a health care organization or facility. A *survey team,* comprised of a specific group of officials from the accrediting organization, visits the facility and works together to complete specified survey tasks.

During the survey, the surveyors directly observe the care and services provided in the facility. They look at the overall appearance and condition of the building. They review patient and resident services, such as the laundry, housekeeping, food service, and activities programming departments, and of course, they review the nursing care that is provided.

At the end of the survey, the survey team presents a written report of their findings. If the facility is found to be out of compliance, the report will include *deficiency citations* (statements that identify the standards that were not met, as well as the survey team's findings that indicate how the facility failed to meet the standards).

Guidelines Box 1-1 Guidelines for Excelling at Your Job and Helping Your Facility Do Well During a Survey

WHAT YOU DO	WHY YOU DO IT
Always act within your scope of practice, as defined by facility policy, your job description, and your state's regulations.	This is the best way to ensure that the care you are providing is within the legal limits of your job.
Always behave like the professional that you are. Be courteous and respectful toward others. Offer your assistance to patients or residents and coworkers readily. Have a positive attitude.	Having a professional attitude and displaying a solid work ethic indicate to others that you take pride in your job and are interested in doing it to the best of your ability.
Make sure that your conversations with coworkers are appropriate for the workplace. Be aware of the volume of your voice.	You would not want anyone to overhear anything that would reflect poorly on you or your work ethic. Gossiping about others or going into great detail about your personal life is inappropriate in the workplace. Speaking in a loud voice adds to the noise level on the unit.
When discussing a patient's or a resident's care with a coworker, be mindful of where the discussion is taking place and the volume of your voice.	Discussions that involve a patient's or a resident's care need to be held in private areas to protect the person's right to confidentiality.
Do your part to maintain a neat and clean environment. Put items away after you use them. Dispose of trash properly. If you notice a spill or other mess, clean it up promptly.	A cluttered, messy environment is unpleasant for everyone, patients or residents and staff alike. It may even present safety issues. It is difficult to work efficiently if you cannot locate something you need because it was not put away properly after the last person used it. If everyone on the unit does their part to keep the unit neat and clean, it is easier to maintain order on the unit.
Always put your patient's or resident's needs first. Strive to provide humanistic, holistic care.	When you are at work, your first priority must be helping your patients or residents to meet their physical, emotional, social, and spiritual needs. A humanistic, holistic approach to health care is the basis for providing quality care.
Answer questions honestly and to the best of your ability. If you do not know the answer to a question, simply say that you do not know and offer your help in getting the person the answer they need.	Most people are quick to recognize bluffing. Admitting that you do not know the answer to a question conveys to the other person that you are honest. Offering to find out the answer for the person or directing the person to someone who is better able to answer the person's question indicates that you are helpful and conscientious.

The facility must respond to the deficiency citations by submitting and carrying out a formal plan of correction that outlines specific actions that the facility will take to fix the problems and achieve compliance. Depending on the seriousness of the deficiency, the survey team may return to the facility at a future date to make sure that the plan of correction has worked and the facility is back in compliance. A facility that does not regain compliance status may face serious penalties, such as:

- Loss of accreditation status
- Substantial fines
- An inability to qualify for Medicare or Medicaid payments
- An admission ban (a long-term care facility may not be allowed to admit new residents)
- Closure

People who work in a health care facility may actually fear the survey process. However, if you are providing the type of quality care that you have been trained to do and are following the policies and procedures that have been established by your facility, you have nothing to be nervous about. Guidelines Box 1-1 lists ways that you can both excel at your

job and help your facility do well during a survey, regardless of the type of facility you work at. Health care organizations are being trusted to care for those who are unable to care for themselves, which is a very serious business!

Protecting Health Care Workers

The **Occupational Safety and Health Administration (OSHA)** is a government agency that is responsible for protecting the health and safety of American workers by enforcing standards and providing education to improve conditions in the workplace. OSHA, which is part of the U.S. Department of Labor, seeks to protect workers across all industries, not just the health care industry. OSHA was formed after a key piece of legislation (the Occupational Safety and Health Act of 1970) was passed in response to public concern over increasing numbers of on-the-job injuries and deaths. You will see OSHA standards referenced frequently throughout this text. These standards protect you while you care for others.

PAYING FOR HEALTH CARE

If you have ever received a bill for health care in the United States, you know that health care can be expensive. Insurance can help to lessen these costs to the individual. Having a basic understanding of the ways health care is paid for is an important part of your job. In many cases, proper documentation of the care you give to your patients or residents is required to ensure that your facility is paid for the services it provides.

Private and Group Insurance

Although people can pay for health insurance privately, using their own funds, most people are covered by *group insurance* (insurance that is purchased at group rates by an employer or corporation). The employee may be covered in full as a benefit of employment, or they may pay a certain percentage of their coverage. The insurance company then pays for health care according to the individual policy.

As a result of *the Patient Protection and Affordable Care Act* of 2010, health insurance is available for people who do not qualify for group insurance, Medicare, or Medicaid. Insurance is available for purchase at affordable rates through the federal or state government.

Due to the increasing costs of medical care, the insurance industry has taken measures to control costs. Some insurance companies have a *precertification (preapproval) process*. This means that in order to be paid, the health care provider must prove that a person's medical condition meets certain criteria and obtain the insurance company's go-ahead for the proposed treatment before starting treatment.

Other insurance companies use a **managed care system**. Managed care systems assist in delivering health care to people who need it by arranging contracts with various health care providers (doctors' offices, hospitals, ambulance services, pharmacies). In addition, they help to reduce unnecessary costs associated with medical and surgical procedures by authorizing treatments before they are carried out. One form of managed care system is the *Preferred Provider Organization (PPO)*, in which health care providers contract with an insurance company to accept a standard payment as total payment for services rendered. In return for seeking care only from health care providers who are part of the PPO network, the insured person usually receives that care at a reduced cost. A *Health Maintenance Organization (HMO)* is another type of managed care system. Like PPOs, HMOs contract with health care providers to provide health care services for a prepaid fee, and people seeking care agree to see only health care providers who are part of the HMO network. An underlying principle of HMOs is that it costs less to keep a person healthy than it does to treat an illness. Therefore, these organizations typically promote regular physical examinations and screening to detect and prevent illnesses.

Medicare

Medicare is a type of insurance plan that is federally funded by Social Security, under the administration of the Center for Medicare and Medicaid Services (CMS). People who are 65 years or older are eligible for Medicare, regardless of their financial situation. Some younger people with a disability also qualify for Medicare. Health care facilities that are eligible to receive Medicare reimbursements must follow strict rules and guidelines to receive payment. For example, to receive Medicare reimbursements, long-term care facilities must complete a **Minimum Data Set (MDS)** report for each resident in their care (Fig. 1-9). This report focuses on the degree of assistance or skilled care that the resident needs. Information, such as the person's weight, bowel and bladder habits, and ability to care for themselves, is recorded regularly as part of the MDS report. Changes in these areas could indicate that a higher level of care is needed or that the person is not receiving the necessary care and as a result, their condition is getting worse. Nursing assistants who work in long-term care settings play a very important role in providing care and documenting that care for the MDS report.

Like insurance companies that insure the general public, the Medicare program is faced with the problem of controlling ever-increasing health care costs. In

Section G Functional Status

G1. Activities of Daily Living (ADL) Assistance

Code for most dependent episode in last 5 days:

Coding:

0. **Independent**—resident completes activity with no help or oversight
1. **Set up assistance**
2. **Supervision**—oversight, encouragement or cueing provided throughout the activity
3. **Limited assistance**—guided maneuvering of limbs or other non-weight bearing assistance provided at least once
4. **Extensive assistance, 1 person assist**—resident performed part of the activity while one staff member provided weight-bearing support or completed part of the activity at least once
5. **Extensive assistance, 2 + person assist**—resident performed part of the activity while two or more staff members provided weight-bearing support or completed part of the activity at least once
6. **Total dependence, 1 person assist**—full staff performance of activity (requiring only 1 person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity.
7. **Total dependence, 2 + person assist**—full staff performance of activity (requiring 2 or more person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity.
8. **Activity did not occur** during entire period

→ Enter Codes in Boxes →

Enter Code		
☐	a.	**Bed mobility**—moving to and from lying position, turning side to side and positioning body while in bed.
☐	b.	**Transfer**—moving between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet).
☐	c.	**Toilet transfer**—how resident gets to and moves on and off toilet or commode.
☐	d.	**Toileting**—using the toilet room (or commode, bedpan, urinal); cleaning self after toileting or incontinent episode(s), changing pad, managing ostomy or catheter, adjusting clothes (**excludes** toilet transfer).
☐	e.	**Walk in room**—walking between locations in his/her room.
☐	f.	**Walk in facility**—walking in corridor or other places in facility.
☐	g.	**Locomotion**—moving about facility, with wheelchair if used.
☐	h.	**Dressing upper body**—dressing and undressing above the waist, includes prostheses, orthotics, fasteners, pullovers.
☐	i.	**Dressing lower body**—dressing and undressing from the waist down, includes prostheses, orthotics, fasteners, pullovers.
☐	j.	**Eating**—includes eating, drinking (regardless of skill) or intake of nourishment by other means (for example, tube feeding, total parenteral nutrition, IV fluids for hydration).
☐	k.	**Grooming/personal hygiene**—includes combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (**excludes** bath and shower).
☐	l.	**Bathing**—how resident takes full-body bath/shower, sponge bath and transfers in/out of tub/shower (**excludes** washing of back and hair).

G2. Mobility Prior to Admission—complete only on admission assessment (A10a = 01)

Enter Code ☐

a. Did resident have a **hip fracture, hip replacement, or knee replacement** in the 30 days prior to this admission?

0. **No** → Skip to G3, Balance During Transitions and Walking
1. **Yes** → Continue to G2b

b. If yes, check all that apply for tasks in which the resident was independent prior to fracture/replacement.

Check all that apply

- ☐ 1. **Transfer**
- ☐ 2. **Walk across room**
- ☐ 3. **Walk 1 block on a level surface**
- ☐ 4. **Resident was not independent in any of these activities**
- ☐ 9. **Unable to determine**

Recommended MDS 3.0 14

Figure 1-9 Nurses in long-term care facilities that receive Medicare funding must complete a Minimum Data Set (MDS) report for each resident in their care. This report is used to assess the degree of assistance that each resident needs. The form is broken down into Sections A–T and addresses all aspects related to a resident's care needs. The MDS report helps to ensure that the resident receives quality care that is directed toward their specific needs by requiring the nursing staff to evaluate these needs at regular intervals.

Section G Functional Status

G3. Balance During Transitions and Walking

After observing the resident, **code the following walking and transition items for most dependent** over the last 5 days:

Coding:
0. **Steady at all times**
1. **Not steady, but able to stabilize without human assistance**
2. **Not steady, only able to stabilize with human assistance**
8. **Activity did not occur**

Enter Codes in Boxes →

Enter Code	**a. Moving from seated to standing position**
Enter Code	**b. Walking** (with assistive device if used)
Enter Code	**c. Turning around** and facing the opposite direction while walking
Enter Code	**d. Moving on and off toilet**
Enter Code	**e. Surface-to-surface transfer** (transfer between bed and chair or wheelchair)

G4. Functional Limitation in Range of Motion

Code for limitation during last 5 days that interfered with daily functions or placed resident at risk of injury.

Coding:
0. **No impairment**
1. **Impairment on one side**
2. **Impairment on both sides**

Enter Codes in Boxes →

Enter Code	**a. Upper extremity** (shoulder, elbow, wrist, hand)
Enter Code	**b. Lower extremity** (hip, knee, ankle, foot)

G5. Mobility Devices

Check all that were normally used in the past 5 days:

Check all that apply.

- ☐ **a. Cane/crutch**
- ☐ **b. Walker**
- ☐ **c. Wheelchair (manual or electric)**
- ☐ **d. Lower extremity limb prosthesis**
- ☐ **e. None of the above** were used

G6. Bedfast

Enter Code

Has the resident been in bed or in recliner in room for more than 22 hours on at least three of the past 5 days?
0. **No**
1. **Yes**

G7. Functional Rehabilitation Potential—complete only on full assessment (A10a = 01)

Enter Code

a. Resident believes he or she is capable of increased independence in at least some ADL's.
0. **No**
1. **Yes**
9. **Unable to determine**

Enter Code

b. Direct care staff believe resident is capable of increased independence in at least some ADL's.
0. **No**
1. **Yes**

Recommended MDS 3.0 15

Figure 1-9 *(Continued)*

an effort to control these costs, Medicare uses a system known as a *Prospective Payment System (PPS)*. Under this system, payment for hospitalization, surgery, or other treatment is fixed. Lengths of hospital stays are also determined by the PPS and are typically short. Adjustments may be made based on the severity of the person's related condition. As a result of the PPS system, patients are discharged sooner and sicker than in the past, a situation that has created an increased need for extended care and home health care.

Medicaid

Medicaid is a federally funded and state-regulated plan designed to help people with low incomes to pay for health care. Older adults, as well as people with a disability, may also be eligible, especially if they have limited incomes. To receive Medicaid reimbursement, a facility must be approved by the state agency. Not all facilities or health care providers choose to participate in the Medicaid plan.

SUMMARY

- Society has historically sought to care for the sick and injured.
  - In the United States during the 1700s, 1800s, and early part of the 1900s, most people who needed health care received it in their homes. Most care was provided by family members and a "family doctor."
  - Today, health care is delivered in the home through home health care agencies and hospice organizations. In addition, people can receive care at facilities such as hospitals, subacute care units, long-term care facilities ("nursing homes"), and assisted-living facilities.
- Today, we strive to take a holistic approach to health care, taking into consideration the person's emotional, as well as physical, needs.
  - Health care is provided by a team of people, each with different areas of expertise and job responsibilities.
  - As a nursing assistant, you are a critical part of the health care team.
- Numerous agencies monitor health care organizations to protect both the recipients and the providers of health care.
  - The DHHS is the primary government agency responsible for protecting this nation's health and oversees government agencies such as the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Centers for Medicare and Medicaid Services (CMS).
  - Independent, nonprofit organizations offer accreditation to health care facilities that meet their quality standards.
  - The survey is an inspection of a health care organization or facility done to ensure that care is being provided according to standards and regulations.
  - OSHA is a government agency responsible for protecting the health and safety of American workers by enforcing standards and providing education to improve conditions in the workplace.
- As the health care system has become more complex, the cost of health care has increased, and the way health care is paid for has changed.
  - Private and group insurance policies are one way that individuals pay for health care.
  - Medicare is insurance that is funded by the US government.
    - All people who are 65 years or older are eligible for Medicare.
    - Health care facilities must meet government regulations to receive Medicare reimbursement for services provided. For example, long-term care facilities must complete an MDS report for each person in their care.
- Medicaid is also funded by the US government and is designed to help people with low incomes pay for health care.

WHAT DID YOU LEARN?

Matching

Match each type of health care facility with its appropriate description.

_____ **1.** Assisted-living facility

_____ **2.** Long-term care facility (nursing home)

_____ **3.** Hospice

_____ **4.** Home health care agency

_____ **5.** Subacute care unit (skilled nursing unit, skilled nursing facility)

a. Place where people who can provide for most of their own care but who need limited assistance can live
b. Provides skilled care in a person's home
c. Provides care for people who cannot care for themselves yet are not ill enough to be hospitalized
d. Care devoted exclusively to the dying
e. Provides care that is focused on rehabilitation; assists patients in making the transition from hospital care to home care

Match each insurance term with its appropriate description.

_____ **6.** Medicaid

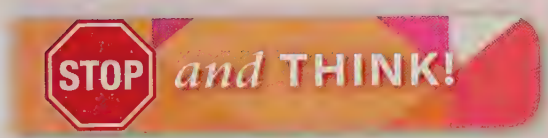
_____ **7.** Patient Protection and Affordable Care Act of 2010

_____ **8.** Prospective Payment Systems

_____ **9.** Medicare

_____ **10.** Minimum Data Set (MDS)

f. Low-cost insurance available for purchase through the federal or state government
g. Federally funded and state-regulated plan to help people with low income
h. Report that focuses on the degree of assistance or care a resident requires
i. Used to regulate the payment for health services
j. Federally funded by Social Security



Think about what health care was like in the United States 100 years ago. How has health care delivery changed in the United States since the early 1900s?

What aspects of the "old-fashioned" way of delivering health care were good? Not so good? What aspects of modern health care delivery are good? Not so good?

CHAPTER

2

Photo: Nurses and nursing assistants work together to provide patient or resident care.

The Nursing Assistant

WHAT WILL YOU LEARN?

In the previous chapter, you were introduced to the idea of a "health care team," a group of employees with varying types of knowledge and skill levels who provide holistic care to a patient or resident. If you think of the members of the health care team as "links" in the chain of care, then as a nursing assistant, you are a very critical "link." What contributions does the nursing assistant make to the health care team, and what education is needed to become a nursing assistant? In this chapter, we will answer those questions, as well as describe ways in which nursing care can be delivered. We will also discuss how the nursing assistant and nurse interact to achieve the goal of safe, efficient patient or resident care. When you are finished with this chapter, you will be able to:

1. **Discuss the *Omnibus Budget Reconciliation Act of 1987* (OBRA) requirements for nursing assistant training.**
2. **Describe the contents of the registry.**
3. **Discuss the responsibilities of the nursing assistant.**
4. **List the members of the nursing team and describe the role of each team member.**
5. **Discuss the delegation process as it relates to the nursing assistant.**
6. **List the five rights of delegation.**

Vocabulary

Competency evaluation
Registry
Reciprocity
Licensed practical nurse (LPN) or licensed vocational nurse (LVN)
Registered nurse (RN)
Charge nurse
Unit manager
Director of nursing (DON)
Certified registered nurse practitioner (CRNP)
Team nursing
Patient-centered or patient-focused care
Delegate
Scope of practice
Five rights of delegation

NURSING, PAST AND PRESENT

Very simply stated, the field of nursing involves caring for others. People who enter the field of nursing, such as nurses and nursing assistants, provide physical and emotional care for people who are sick, disabled, or injured. Many nurses also work to keep people healthy, by teaching them about ways to maintain health and prevent illness.

Perhaps you have heard of Florence Nightingale. Florence Nightingale (1820–1910) was a British nurse who is credited with making nursing into the profession that it is today (Fig. 2-1). Ms. Nightingale started training programs for nurses and set up practices for hospital cleanliness and patient care that are followed to this day. By establishing educational standards for nursing professionals, Ms. Nightingale improved conditions for both the people receiving health care and those providing it. For the first time, those in the nursing field were regarded as professionals in their own right, with specialized knowledge, skills, and responsibilities.

The knowledge, skills, and responsibilities of the nursing assistant have grown over the years too. Early nursing assistants, often referred to as "aides" or "orderlies," were employed in long-term care facilities and hospitals to help the nurses care for residents and patients. These nursing assistants usually did not have training in the health care field, which led to poor care in many cases. Today's nursing assistants, however, are well-trained members of the health care team with many important responsibilities.

Figure 2-1 Florence Nightingale was a British nurse who established educational standards for nursing professionals. (*Florence Nightingale, National Library of Medicine.*)

EDUCATION OF THE NURSING ASSISTANT

Omnibus Budget Reconciliation Act of 1987 Requirements for Certification

As you learned in Chapter 1, a major goal of the *Omnibus Budget Reconciliation Act of 1987* (OBRA) was to

improve the quality of care given to residents of long-term care facilities. To ensure that nursing assistants have the necessary knowledge and skills to give care, OBRA requires all nursing assistants who want to be employed in long-term care facilities to complete a training program and to pass a test that evaluates their knowledge and skills.

Training can be offered in vocational schools, community colleges, and private training academies. In addition, many long-term care facilities have their own nursing assistant training programs. Although the minimum training and competency evaluation requirements for nursing assistant training programs are set by OBRA, each state must create and regulate its own training programs following the education and certification requirements specified by OBRA. To be approved by the state's authorizing agency, all state training programs, known as nursing assistant training and competency evaluation programs (NATCEPs), must submit proof that they meet the federal standards as well as any state-specific standards. Any nursing assistant who is employed by a long-term care facility or home care agency that receives Medicare funds must have successfully completed an approved NATCEP.

OBRA mandates a *minimum* of 75 hours of training. States must meet that minimum, but many require more hours. This training must include classroom lectures and hands-on practice of skills, as well as at least 16 hours of supervised practical training. Although most state NATCEPs require that this practical training occurs in a long-term care facility, it can be accomplished in a lab setting. Since nursing assistants often are employed in home care and acute care settings, some states add clinical experience in those health care settings as part of their NATCEP.

As you complete your nursing assistant training program, you will study communication skills, infection control, safety and emergency procedures, residents' rights, basic nursing skills, personal care skills, feeding techniques, and skin care. You will also learn how to help residents move from place to place, change positions, dress, and perform range-of-motion exercises. In addition, you will learn the signs and symptoms of common diseases and how to care for people who have problems with thinking and memory. During the practical experience portion of the course, you will have the opportunity to practice what you have learned by performing skills on other people in a lab setting or caring for patients or residents in a health care facility (Fig. 2-2).

The training ends with a **competency evaluation**, which involves a written test (consisting of approximately 75 multiple-choice questions) and a skills test (during which you will be asked to perform selected nursing skills learned in the training program). The actual number of test questions that you must answer and skills that you must demonstrate is determined by each state. You will have three opportunities to complete the evaluation successfully. This is mandated by OBRA. The pass rate (or score that you must attain in order to pass the evaluation) varies from state to state.

Figure 2-2 Part of a nursing assistant's training involves working with patients or residents in an actual health care setting.

Some states allow a person who has on-the-job experience as a health care worker or one who has been trained in a related field to take the competency evaluation without completing the training course. However, the person must pass both the written and skills portions of the test on the first try. If the person does not, then they must complete the course before taking the competency evaluation again.

When you complete your training program and pass the competency evaluation, you will be certified to work as a nursing assistant in the state where you completed your training and passed your competency evaluation. To remain certified, you must work as a nursing assistant providing direct care for residents or patients for a minimum number of hours (determined by the state) to keep your knowledge and skills current. You may also need to provide proof of your employment status to renew your certificate. OBRA requires nursing assistants who have not met the minimum requirement for 2 years in a row to undergo retraining and pass a competency evaluation. It is your professional responsibility to maintain your certification and to renew when you are required.

Registry

OBRA requires every state to maintain a **registry**, an official record of the people who have successfully completed the nursing assistant training program. The

registry contains the following information about each nursing assistant:

- Full name, including maiden name and any married names
- Last known home address
- Registry number and the date of expiration
- Date of birth
- Date the competency evaluation was passed
- Last known employer and dates of employment
- Reported incidents of resident abuse or neglect, or theft of resident property

Long-term care employers check this registry to verify certifications as part of the hiring process. Information about performance concerns, such as resident abuse, must remain in the registry for at least 5 years. It is important that you notify the nurse aide registry in the state that issued your most recent certification of any changes in the information contained in your registry record, especially address changes. Notification that it is time to renew your certification will be sent to the address that the registry has on file for you. Many states notify you via email. If you do not receive this notification and as a result fail to renew your certification, your certification could lapse, making you ineligible to work as a nursing assistant.

Reciprocity

Some states practice the principle of **reciprocity**. This means that in many cases, your certification will be valid in states other than where you originally trained. However, before working in another state, you must go through the official process of getting your certification approved by that state. Usually, this involves contacting the state's nurse aide registry and completing an application. In addition to submitting the application, you may also be required to demonstrate competency in the new state. If you want to work in a state that requires more hours of training than you have, additional training can be obtained.

Continuing Education

Regular in-service education and performance reviews are also mandated by OBRA. Once you are certified, you must complete a *minimum* of 12 hours of continuing education per year (some states require more). Most health care facilities provide for this requirement through their in-service training programs. During in-service training, new knowledge and skills may be taught or existing ones reviewed, depending on the needs of the facility. Although it is the facility's responsibility to provide in-service training, it is your responsibility to attend the training to complete the required hours.

RESPONSIBILITIES OF THE NURSING ASSISTANT

The duties of the nursing assistant vary according to the setting, but all nursing assistants assist nurses in giving care to patients or residents by performing simple, basic nursing functions. As a nursing assistant, most of your responsibilities will relate to meeting the basic physical needs of patients and residents, which include hygiene, safety, comfort, nutrition, exercise, and elimination (Fig. 2-3). In addition to taking care of patients' or residents' physical needs, you will play an important role in meeting patients' or residents' emotional needs. A kind word, a gentle touch, and a willingness to listen let your residents or patients know that they are important to you and that you care for them as individuals. Finally, you will play an important role as "observer and communicator." As the member of the health care team with the most opportunity to interact with the patients or residents, you will be in a unique position to observe changes in the patient's or resident's physical or mental status and report these observations to the nurse.

Many nursing assistants are now being hired to work in acute care settings and are receiving additional training so that they can perform advanced care skills that have previously only been the responsibility of licensed nurses. See the following "Taking It to the Next Level: Advanced Skills" box for information about additional resources. At relevant points throughout this book, this feature box will also provide additional information about many of the skills that nursing assistants may be trained to perform in these care settings.

Taking It to the Next Level: Advanced Skills

More in-depth information related to advanced skills training and responsibilities of nursing assistants who work in acute care settings can be found in *Lippincott Acute Care Skills for Advanced Nursing Assistants*.

Visit thePoint® at thepoint.lww.com for access to the ebook.

THE NURSING TEAM

The nursing team, a subset of the health care team, is responsible for all aspects of the nursing care provided to patients and residents. In a health care facility, the nursing team is made up of licensed nurses in a variety of different roles, as well as nursing assistants

Western States Lodging

JOB DESCRIPTION

JOB TITLE: Certified Nursing Assistant (Class 1) (Non-Exempt Employee)

DEPARTMENT NAME: Nursing Services

OVERALL RESPONSIBILITIES

Responsible for the hands on delivery of care and assistance with activities of daily living for all residents. Provides care in a manner that meets or exceeds Western States Senior Communities expectations.

WORKING RELATIONSHIPS

Reports to: Assistant Living Administrator

Supervises: None

Interfaces with: Resident Care Coordinator Residents, Families, Visitors, and Associates

PRIMARY JOB DUTIES

Provide assistance to residents with activities of daily living (ADL).

Maintain the dignity and privacy of all residents. Protect all resident rights.

Assist residents with personal needs as requested, while helping to maintain the resident's independence and well-being.

Document appropriately services delivered to residents and any significant changes in condition.

Report any concerns with the health and well-being to the Assistant Living Administrator.

Maintain and protect the confidentiality of resident information at all times.

Meet or exceed, Western States Senior Communities standards of appearance; comply with Western States Senior Communities sanitation, hygiene, and health standards of community personnel.

Serve meals in a fine and gracious manner, ensuring the dignity and nutritional needs of the resident.

Perform other reasonable tasks as assigned by supervisor.

JOB QUALIFICATIONS

Completion of state of Utah approved Certified Nursing Assistants Course.

Must possess a current Nursing Assistant certificate or be able to obtain one within four months of employment.

Must possess a current Food Handlers permit.

Ability to effectively communicate with residents, families, supervisor, and employees.

Willingness to work with the elderly.

OSHA OCCUPATIONAL EXPOSURE CATEGORY

After careful analysis, it has been determined that this position falls into the OSHA Occupational Exposure Category ____ and requires the following protective equipment to be worn by anyone filling this position: Gloves and eye protection.

_____

I have read and agree that the contents of this job description accurately reflect what is expected of me in my current position.

_____ _____

Associate's Signature *Date*

_____

Associate's Printed Name

_____ _____

Immediate Supervisor's Signature *Date*

Figure 2-3 It is always a good idea to be very familiar with your formal job description at each facility where you work. Here is an example of a typical job description for a nursing assistant. *(Courtesy of Legacy Village of Layton—A Continuing Care Senior Living Community, Layton, Utah.)*