

Hartman's Nursing Assistant Care

Long-Term Care and Home Care

Susan Alvare Hedman
Jetta Fuzy, RN, MS
and Katherine Howard, MS, RN-BC, CNE

FOURTH EDITION



hartmanonline.com



Hartman

Credits

Managing Editor

Susan Alvare Hedman

Designer

Kirsten Browne

Cover Illustrator

Iveta Vaicule

Production

Elena Reznikova

Photography

Matt Pence, Pat Berrett, Art Clifton, and Dick Ruddy

Proofreaders

Kristin Calderon

Sapna Desai

Barbara P Winbush

Editorial Assistant

Angela Storey

Sales/Marketing

Deborah Rinker

Kendra Robertson

Erika Walker

Carol Castillo

Col Foley

Customer Service

Fran Desmond

Thomas Noble

Brian Fejer

Hank Bullis

Della Torres

Information Technology

Eliza Martin

Warehouse Coordinator

Chris Midyette

Copyright Information

© 2022 by Hartman Publishing, Inc.

1313 Iron Avenue SW

Albuquerque, New Mexico 87102

(505) 291-1274

web: hartmanonline.com

email: orders@hartmanonline.com

Twitter: @HartmanPub

All rights reserved. No part of this book may be reproduced, in any form or by any means, without permission in writing from the publisher.

ISBN 978-1-60425-133-3

ISBN 978-1-60425-136-4 (Hardcover)

PRINTED IN CANADA

Notice to Readers

Though the guidelines and procedures contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is each reader's responsibility to be aware of these changes and of the policies and procedures of their healthcare facility.

The publisher, authors, editors, and reviewers cannot accept any responsibility for errors or omissions or for any consequences from application of the information in this book and make no warranty, express or implied, with respect to the contents of the book. The publisher does not warrant or guarantee any of the products described herein or perform any analysis in connection with any of the product information contained herein.

Gender Usage

This textbook uses gender pronouns interchangeably to denote healthcare team members and residents and clients.

Special Thanks

A heartfelt thank you goes to our insightful and wonderful reviewers, listed in alphabetical order:

Katherine Howard, MS, RN-BC, CNE
Edison, NJ

Charles A. Illian, RN, BSN
Orlando, FL

Kumsa Kenenisa, MSN, RN
Silver Spring, MD

We are very appreciative of the many sources who shared their informative photos with us:

- Briggs Corporation
- Detecto
- Dove
- Dreamstime
- Exergen Corporation
- GF Health Products, Inc.
- Harrisburg Area Community College
- Hollister Incorporated
- The International Dysphagia Diet Standardisation Initiative
- Dr. Jere Mammino
- McKesson Medical-Surgical
- Medline Industries, Inc.
- The Medcom Group, Ltd.
- National Pressure Ulcer Advisory Panel
- North Coast Medical, Inc.
- Nova Medical Products
- Philips
- RG Medical Diagnostics of Wixom, MI
- Skil-Care Corporation
- Statewide Program for Infection Control and Epidemiology (SPICE)
- Teleflex
- Vancare, Inc.
- Welch Allyn

Contents

	<i>Page</i>	<i>Learning Objective</i>	<i>Page</i>
1 Understanding Healthcare Settings			
1. Discuss the structure of the healthcare system and describe ways it is changing	1	4. Discuss abuse and neglect and explain how to report abuse and neglect	25
2. Describe a typical long-term care facility	4	5. List examples of behavior supporting and promoting Residents' Rights	28
3. Describe residents who live in long-term care facilities	4	6. Describe what happens when a complaint of abuse is made against a nursing assistant	29
4. Explain policies and procedures	5	7. Explain how disputes may be resolved and identify the ombudsman's role	29
5. Describe the long-term care survey process	6	8. Explain HIPAA and list ways to protect residents' privacy	30
6. Explain Medicare and Medicaid	6	9. Explain the Patient Self-Determination Act (PSDA) and discuss advance directives and related medical orders	31
7. Discuss the terms <i>culture change</i> , <i>person-centered care</i> , and <i>trauma-informed care</i>	7		
2 The Nursing Assistant and the Care Team			
1. Identify the members of the care team and describe how the care team works together to provide care	9	4 Communication and Cultural Diversity	
2. Explain the nursing assistant's role	11	1. Define <i>communication</i>	34
3. Explain professionalism and list examples of professional behavior	12	2. Explain verbal and nonverbal communication	35
4. Describe proper personal grooming habits	14	3. Describe ways different cultures communicate	36
5. Explain the chain of command and scope of practice	15	4. Identify barriers to communication	36
6. Discuss the resident care plan and explain its purpose	16	5. List ways to make communication accurate and explain how to develop effective interpersonal relationships	38
7. Describe the nursing process	17	6. Explain the difference between facts and opinions	40
8. Describe the <i>Five Rights of Delegation</i>	18	7. Explain objective and subjective information and describe how to observe and report accurately	40
9. Demonstrate how to manage time and assignments	19	8. Explain how to communicate with other team members	41
3 Legal and Ethical Issues			
1. Define the terms <i>law</i> and <i>ethics</i> and list examples of legal and ethical behavior	20	9. Describe basic medical terminology and abbreviations	42
2. Explain the Omnibus Budget Reconciliation Act (OBRA)	21	10. Explain how to give and receive an accurate report of a resident's status	43
3. Explain Residents' Rights and discuss why they are important	23	11. Explain documentation and describe related terms and forms	44
		12. Describe incident reporting and recording	47
		13. Demonstrate effective communication on the telephone	49
		14. Explain the resident call system	49
		15. List guidelines for communicating with residents with special needs	50

Learning Objective **Page**

5 Infection Prevention and Control

1. Define <i>infection prevention</i> and discuss types of infections	58
2. Describe the chain of infection	59
3. Explain why the elderly are at a higher risk for infection	60
4. Explain Standard Precautions	61
5. Explain hand hygiene and identify when to wash hands	63
6. Discuss the use of personal protective equipment (PPE) in facilities	64
7. List guidelines for handling equipment and linen	69
8. Explain how to handle spills	70
9. Explain Transmission-Based Precautions	71
10. Define <i>bloodborne pathogens</i> and describe two major bloodborne diseases	74
11. Explain OSHA's Bloodborne Pathogens Standard	75
12. Define <i>tuberculosis</i> and list infection prevention guidelines	76
13. Discuss COVID-19 and identify care guidelines	78
14. Discuss MRSA, VRE, and <i>C. difficile</i>	80
15. List employer and employee responsibilities for infection prevention	81

6 Safety and Body Mechanics

1. Identify the persons at greatest risk for accidents and describe accident prevention guidelines	83
2. List safety guidelines for oxygen use	87
3. Explain the Safety Data Sheet (SDS)	87
4. Define the term <i>restraint</i> and give reasons why restraints were used	88
5. List physical and psychological problems associated with restraints	89
6. Discuss restraint alternatives	89
7. Describe guidelines for what must be done if a restraint is ordered	90
8. Explain the principles of body mechanics	90

Learning Objective **Page**

9. Apply principles of body mechanics to daily activities	92
10. Identify major causes of fire and list fire safety guidelines	93

7 Emergency Care and Disaster Preparation

1. Demonstrate how to recognize and respond to medical emergencies	96
2. Demonstrate knowledge of first aid procedures	97
3. Describe disaster guidelines	108

8 Human Needs and Human Development

1. Identify basic human needs	112
2. Define <i>holistic care</i> and explain its importance in health care	113
3. Explain why independence and self-care are important	113
4. Describe sexual orientation and gender identity and explain ways to accommodate sexual needs	115
5. Identify ways to help residents meet their spiritual needs	117
6. Identify ways to accommodate cultural and religious differences	118
7. Describe the need for activity	121
8. Discuss family roles and their significance in health care	122
9. List ways to respond to emotional needs of residents and their families	123
10. Describe the stages of human growth and development and identify common disorders for each stage	124
11. Distinguish between what is true and what is not true about the aging process	128
12. Explain developmental disabilities and list care guidelines	129
13. Identify community resources available to help the elderly and people who are developmentally disabled	132

<i>Learning Objective</i>	<i>Page</i>
---------------------------	-------------

9 The Healthy Human Body

1. Describe body systems and define key anatomical terms	134
2. Describe the integumentary system	135
3. Describe the musculoskeletal system	136
4. Describe the nervous system	138
5. Describe the circulatory system	141
6. Describe the respiratory system	143
7. Describe the urinary system	144
8. Describe the gastrointestinal system	145
9. Describe the endocrine system	147
10. Describe the reproductive system	148
11. Describe the immune and lymphatic systems	151

10 Positioning, Transfers, and Ambulation

1. Review the principles of body mechanics	153
2. Explain positioning and describe how to safely position residents	154
3. Describe how to safely transfer residents	162
4. Discuss how to safely assist residents with ambulation	172

11 Admitting, Transferring, and Discharging

1. Describe how residents may feel when entering a facility	177
2. Explain the nursing assistant's role in the admission process	178
3. Explain the nursing assistant's role during an in-house transfer of a resident	183
4. Explain the nursing assistant's role in the discharge of a resident	184
5. Describe the nursing assistant's role in physical exams	186

<i>Learning Objective</i>	<i>Page</i>
---------------------------	-------------

12 The Resident's Unit

1. Explain why a comfortable environment is important for the resident's well-being	189
2. Describe a standard resident unit	190
3. Discuss how to care for and clean unit equipment	192
4. Explain the importance of sleep and factors affecting sleep	193
5. Describe bedmaking guidelines and perform proper bedmaking	193

13 Personal Care Skills

1. Explain personal care of residents	200
2. Identify guidelines for providing skin care and preventing pressure injuries	202
3. Explain guidelines for assisting with bathing	206
4. Explain guidelines for assisting with grooming	217
5. List guidelines for assisting with dressing	223
6. Identify guidelines for proper oral care	225
7. Explain how to care for dentures and describe dental implants and fixed bridges	229

14 Basic Nursing Skills

1. Explain the importance of monitoring vital signs	232
2. List guidelines for measuring body temperature	233
3. List guidelines for measuring pulse and respirations	239
4. Explain guidelines for measuring blood pressure	242
5. Describe guidelines for pain management	245
6. Explain the benefits of warm and cold applications	247
7. Discuss nonsterile and sterile dressings	253
8. Discuss guidelines for elastic bandages	255
9. List care guidelines for intravenous (IV) therapy	255
10. Discuss oxygen therapy and explain related care guidelines	257

Learning Objective **Page**

15 Nutrition and Hydration

1. Describe the importance of proper nutrition and list the six basic nutrients	261
2. Describe the USDA's MyPlate	262
3. Identify nutritional problems of the elderly or ill	265
4. Describe factors that influence food preferences	268
5. Explain the role of the dietary department	269
6. Explain special diets	269
7. Explain thickened liquids and texture-modified foods	273
8. Describe how to make dining enjoyable for residents	274
9. Explain different dining styles and describe how to serve meal trays	275
10. Describe how to assist residents with special needs	279
11. Define <i>dysphagia</i> and identify signs and symptoms of swallowing problems	281
12. Explain intake and output (I&O)	282
13. Identify ways to assist residents in maintaining fluid balance	284

16 Urinary Elimination

1. List qualities of urine and identify signs and symptoms about urine to report	289
2. List factors affecting urination and demonstrate how to assist with elimination	289
3. Describe common diseases and disorders of the urinary system	295
4. Describe guidelines for urinary catheter care	298
5. Identify types of urine specimens that are collected	302
6. Explain types of tests performed on urine	306
7. Explain guidelines for assisting with bladder retraining	307

Learning Objective **Page**

17 Bowel Elimination

1. List qualities of stool and identify signs and symptoms about stool to report	309
2. List factors affecting bowel elimination	309
3. Describe common diseases and disorders of the gastrointestinal system	311
4. Discuss how enemas are given	313
5. Demonstrate how to collect a stool specimen	318
6. Explain fecal occult blood testing	319
7. Define <i>ostomy</i> and list care guidelines	320
8. Explain guidelines for assisting with bowel retraining	323

18 Common Chronic and Acute Conditions

1. Describe common diseases and disorders of the integumentary system	325
2. Describe common diseases and disorders of the musculoskeletal system	327
3. Describe common diseases and disorders of the nervous system	334
4. Describe common diseases and disorders of the circulatory system	339
5. Describe common diseases and disorders of the respiratory system	344
6. Describe common diseases and disorders of the endocrine system	347
7. Describe common diseases and disorders of the reproductive system	351
8. Describe common diseases and disorders of the immune and lymphatic systems	353
9. Identify community resources for residents who are ill	360

19 Confusion, Dementia, and Alzheimer's Disease

1. Describe normal changes of aging in the brain	362
2. Discuss confusion and delirium	362

<i>Learning Objective</i>	<i>Page</i>
3. Describe dementia and define related terms	363
4. Describe Alzheimer's disease and identify its stages	364
5. Identify personal attitudes helpful in caring for residents with Alzheimer's disease	365
6. List strategies for better communication with residents with Alzheimer's disease	367
7. Explain general principles that will help assist residents with personal care	369
8. List and describe interventions for problems with common activities of daily living (ADLs)	369
9. List and describe interventions for common difficult behaviors related to Alzheimer's disease	372
10. Describe creative therapies for residents with Alzheimer's disease	377
11. Discuss how Alzheimer's disease may affect the family	379
12. Identify community resources available to people with Alzheimer's disease and their families	380
20 Mental Health and Mental Health Disorders	
1. Identify seven characteristics of mental health	381
2. Identify four causes of mental health disorders	381
3. Distinguish between fact and fallacy concerning mental health disorders	382
4. Explain the connection between mental and physical wellness	382
5. List guidelines for communicating with residents who have a mental health disorder	383
6. Identify and define common defense mechanisms	383
7. Describe types of mental health disorders	383
8. Explain how mental health disorders are treated	385
9. Explain the nursing assistant's role in caring for residents who have a mental health disorder	386
10. Identify important observations that should be made and reported	386
11. List the signs of substance abuse	387

<i>Learning Objective</i>	<i>Page</i>
21 Rehabilitation and Restorative Care	
1. Discuss rehabilitation and restorative care	390
2. Describe the importance of promoting independence and list ways that exercise improves health	392
3. Describe assistive devices and equipment	393
4. Explain guidelines for maintaining proper body alignment	394
5. Explain care guidelines for prosthetic devices	395
6. Describe how to assist with range of motion exercises	396
7. Describe the benefits of deep breathing exercises	401
22 Special Care Skills	
1. Understand the types of residents who are in a subacute setting	403
2. Discuss reasons for and types of surgery	403
3. Discuss preoperative care	404
4. Describe postoperative care	405
5. List care guidelines for pulse oximetry	407
6. Describe telemetry and list care guidelines	407
7. Explain artificial airways and list care guidelines	408
8. Discuss care for a resident with a tracheostomy	409
9. List care guidelines for residents requiring mechanical ventilation	410
10. Describe suctioning and list signs of respiratory distress	411
11. Describe chest tubes and explain related care	411
23 Dying, Death, and Hospice	
1. Discuss the stages of grief	413
2. Describe the grief process	414
3. Discuss how feelings and attitudes about death differ	414
4. Discuss how to care for a resident who is dying	415

<i>Learning Objective</i>	<i>Page</i>
5. Describe ways to treat dying residents and their families with dignity and how to honor their rights	417
6. Define the goals of a hospice program	418
7. Explain common signs of approaching death	420
8. List changes that may occur in the human body after death	420
9. Describe postmortem care	420
10. Understand and respect different postmortem practices	422

24 Introduction to Home Care

1. Explain the purpose of and need for home health care	424
2. Describe a typical home health agency	425
3. Explain how working for a home health agency is different from working in other types of facilities	426
4. Discuss the client care plan and explain how team members contribute to the care plan	427
5. Describe the role of the home health aide and explain typical tasks performed	429
6. Explain common policies and procedures for home health aides	430
7. Demonstrate how to organize care assignments	431
8. Identify an employer's responsibilities	432
9. Identify the client's rights in home health care	432

25 Infection Prevention and Safety in the Home

1. Discuss disinfection in the home	436
2. Describe guidelines for assisting a client when isolation has been ordered	437
3. List ways to adapt the home to principles of proper body mechanics	438
4. Identify common types of accidents in the home and describe prevention guidelines	439
5. List home fire hazards and describe fire safety guidelines	444
6. Identify ways to reduce the risk of automobile accidents	445

<i>Learning Objective</i>	<i>Page</i>
7. Identify guidelines for using a car on the job	445
8. Identify guidelines for working in high-crime areas	445

26 Medications in Home Care

1. List four guidelines for safe and proper use of medications	447
2. Identify the "rights" of medications	448
3. Explain how to assist a client with self-administered medications	449
4. Identify observations about medications that should be reported right away	451
5. Describe what to do in an emergency involving medications	452
6. Identify methods of medication storage	452
7. Identify signs of drug misuse and abuse and know how to report these	452

27 New Mothers, Infants, and Children

1. Explain the growth of home care for new mothers and infants	454
2. Identify common neonatal disorders	454
3. Explain how to provide postpartum care	454
4. List important observations to report and document	456
5. Explain guidelines for safely handling a baby	456
6. Describe guidelines for assisting with feeding a baby	457
7. Explain guidelines for bathing and changing a baby	461
8. Identify how to measure weight and length of a baby	465
9. Explain guidelines for special care	466
10. Identify special needs of children and describe how children respond to stress	468
11. List symptoms of common childhood illnesses and the required care	468

<i>Learning Objective</i>	<i>Page</i>
12. Identify guidelines for working with children	469
13. List the signs of child abuse and neglect and know how to report them	470

28 Meal Planning, Shopping, Preparation, and Storage

1. Explain how to prepare a basic food plan and list food shopping guidelines	473
2. List and define common health claims on food labels	476
3. Explain the information on the FDA-required Nutrition Facts label	477
4. List guidelines for safe food preparation	478
5. Identify methods of food preparation	479
6. Identify four methods of low-fat food preparation	482
7. List four guidelines for safe food storage	482

29 The Clean, Safe, and Healthy Home Environment

1. Describe how housekeeping affects physical and psychological well-being	485
2. List qualities needed to manage a home and describe general housekeeping guidelines	485
3. Describe cleaning products and equipment	487
4. Describe proper cleaning methods for living areas, kitchens, bathrooms, and storage areas	488
5. Describe how to prepare a cleaning schedule	492
6. List special housekeeping procedures to use when infection is present	493
7. Explain how to do laundry and care for clothes	493
8. List special laundry precautions to take when infection is present	495
9. List guidelines for teaching housekeeping skills to clients' family members	496
10. Identify hazardous household materials	497

<i>Learning Objective</i>	<i>Page</i>
---------------------------	-------------

30 Managing Time, Energy, and Money in the Home

1. Explain ways to work more efficiently	498
2. Describe how to follow an established work plan with the client and family	499
3. Discuss ways to handle inappropriate requests	499
4. List money-saving homemaking tips	500
5. List guidelines for handling a client's money	500

31 Caring for Your Career and Yourself

1. Discuss different types of careers in the healthcare field	502
2. Explain how to find a job and how to write a résumé	503
3. Demonstrate completing an effective job application	504
4. Demonstrate competence in job interview techniques	506
5. Describe a standard job description	507
6. Discuss how to manage and resolve conflict	508
7. Describe employee evaluations and discuss appropriate responses to feedback	508
8. Explain how to make job changes	509
9. Discuss certification and explain the state's registry	510
10. Describe continuing education	510
11. Define <i>stress</i> and <i>stressors</i>	511
12. Explain ways to manage stress	511
13. Describe a relaxation technique	513
14. List ways to remind yourself of the importance of the work you have chosen to do	513

Abbreviations and Symbols	515
----------------------------------	------------

Appendix	518
-----------------	------------

Glossary	520
-----------------	------------

Index	540
--------------	------------

Procedure **Page**

Procedures

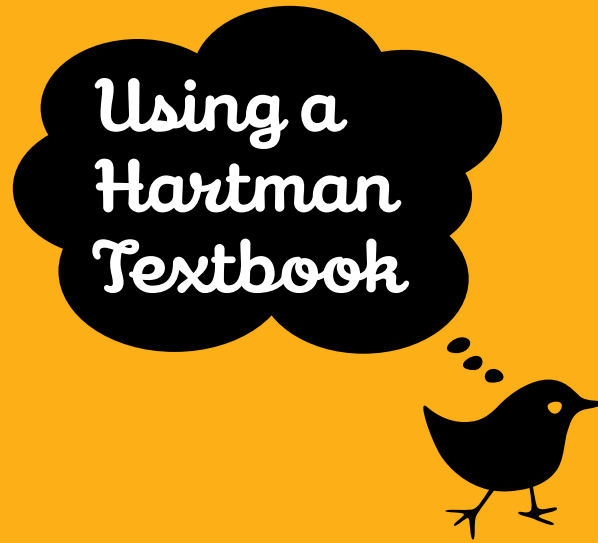
Washing hands (hand hygiene)	64
Putting on (donning) and removing (doffing) gown	65
Putting on (donning) mask and goggles	66
Putting on (donning) gloves	67
Removing (doffing) gloves	68
Donning a full set of PPE	68
Doffing a full set of PPE	69
Performing abdominal thrusts for the conscious person	98
Clearing an obstructed airway in a conscious infant	99
Responding to shock	99
Responding to a myocardial infarction	101
Controlling bleeding	101
Treating burns	102
Responding to fainting	103
Responding to a nosebleed	104
Responding to a seizure	105
Responding to vomiting	107
Moving a resident up in bed	156
Moving a resident to the side of the bed	157
Positioning a resident on his side	158
Logrolling a resident	159
Assisting a resident to sit up on side of bed: dangling	160
Applying a transfer belt	162
Transferring a resident from bed to wheelchair	165
Transferring a resident from bed to stretcher	167
Transferring a resident using a mechanical lift	168
Transferring a resident onto and off a toilet	170
Transferring a resident into a vehicle	171
Assisting a resident to ambulate	172
Assisting with ambulation for a resident using a cane, walker, or crutches	174

Procedure **Page**

Admitting a resident	180
Measuring and recording weight of an ambulatory resident	181
Measuring and recording height of an ambulatory resident	182
Transferring a resident	184
Discharging a resident	185
Making an occupied bed	194
Making an unoccupied bed	197
Making a surgical bed	198
Giving a complete bed bath	207
Giving a back rub	211
Shampooing hair	213
Giving a shower or tub bath	215
Providing fingernail care	217
Providing foot care	219
Shaving a resident	220
Combing or brushing hair	222
Dressing a resident	224
Providing oral care	226
Providing oral care for the unconscious resident	227
Flossing teeth	227
Cleaning and storing dentures	229
Measuring and recording an oral temperature	235
Measuring and recording a rectal temperature	236
Measuring and recording a tympanic temperature	237
Measuring and recording an axillary temperature	238
Counting and recording apical pulse	240
Counting and recording radial pulse and counting and recording respirations	241
Measuring and recording blood pressure manually	243
Measuring and recording blood pressure electronically	245
Applying warm compresses	248
Administering warm soaks	249
Applying an Aquamatic K-Pad	250

<i>Procedure</i>	<i>Page</i>
Assisting with a sitz bath	251
Applying ice packs	252
Applying cold compresses	252
Changing a dry dressing using nonsterile technique	253
Assisting in changing clothes for a resident who has an IV	256
Feeding a resident	278
Measuring and recording intake and output	283
Serving fresh water	286
Assisting a resident with the use of a bedpan	291
Assisting a male resident with a urinal	293
Assisting a resident to use a portable commode or toilet	294
Providing catheter care	299
Emptying the catheter drainage bag	300
Changing a condom catheter	301
Collecting a routine urine specimen	303
Collecting a clean-catch (midstream) urine specimen	304
Collecting a 24-hour urine specimen	305
Testing urine with reagent strips	307
Giving a cleansing enema	314
Giving a commercial enema	316
Collecting a stool specimen	318
Testing a stool specimen for occult blood	320
Caring for an ostomy	322
Putting elastic stockings on a resident	343
Collecting a sputum specimen	347
Providing foot care for a resident with diabetes	350
Assisting with passive range of motion exercises	397
Disinfecting using wet heat	437
Disinfecting using dry heat	437
Picking up and holding a baby	456
Sterilizing bottles	460
Assisting with bottle feeding	460

<i>Procedure</i>	<i>Page</i>
Burping a baby	460
Giving an infant a sponge bath	462
Giving an infant a tub bath	463
Changing cloth or disposable diapers	464
Measuring a baby's weight	465
Measuring a baby's length	465
Measuring an infant's axillary, tympanic, or temporal artery temperature	466
Cleaning a bathroom	491
Doing the laundry	495



Understanding how this book is organized and what its special features are will help you make the most of this resource!

We have assigned each chapter its own colored tab. Located on the side of every page, each colored tab contains the chapter number and title.



1. List examples of legal and ethical behavior

Everything in this book, the student workbook, and the instructor's teaching material is organized around learning objectives. A learning objective is a very specific piece of knowledge or a very specific skill. After reading the text, if you can do what the learning objective says, you know you have mastered the material.

bloodborne pathogens

Bold key terms are located throughout the text, followed by their definitions. They are also listed in the glossary at the back of this book.

Making an occupied bed

All care procedures are highlighted by a black bar for easy recognition.



This icon indicates that Hartman Publishing offers a corresponding video for this skill.

Guidelines: Handwashing

Guidelines and Observing and Reporting lists are colored green for easy reference.

Residents' Rights

Food Choices

Blue Residents' Rights boxes teach important information about how to support and promote legal rights and person-centered care.

Chapter Review

Chapter-ending questions test your knowledge of the information found in the chapter. If you have trouble answering a question, you can return to the text and reread the material.

Environmentally Friendly Care

Cleaning Solution Ideas

These green boxes appear in the home care chapters and describe environmentally friendly practices and products.

Beginning and ending steps in care procedures

For most care procedures, these beginning and ending steps should be performed. Understanding why they are important will help you remember to perform each step every time care is provided.

Beginning Steps



Identify yourself by name. Identify the resident according to facility policy.

A resident's room is his home. Residents have a right to privacy. Before any procedure, knock and wait for permission to enter the resident's room. Upon entering his room, identify yourself and state your title. Residents have the right to know who is providing their care. Identify and greet the resident. This shows courtesy and respect. It also establishes correct identification. This prevents care from being performed on the wrong person.

Wash your hands.

Handwashing provides for infection prevention. Nothing fights infection in facilities like performing consistent, proper hand hygiene. Handwashing may need to be done more than once during a procedure. Practice Standard Precautions with every resident.

Explain procedure to the resident. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.

Residents have a legal right to know exactly what care you will provide. This promotes understanding, cooperation, and independence. Residents are able to do more for themselves if they know what needs to happen.

Provide for the resident's privacy with a curtain, screen, or door.

Doing this maintains residents' rights to privacy and dignity. Providing for privacy in a facility is not simply a courtesy; it is a legal right.

Adjust the bed to a safe level, usually waist high. Lock the bed wheels.

Locking the bed wheels is an important safety measure. It ensures that the bed will not move as you are performing care. Raising the bed helps you to remember to use proper body mechanics. This helps prevent injury to you and to residents.

Ending Steps



-
- Make the resident comfortable.** Make sure the sheets are wrinkle-free and lie flat under the resident's body. This helps prevent pressure injuries. Replace bedding and pillows. Check that the resident's body is in proper alignment. This promotes comfort and health after you leave the room.
-
- Return the bed to its lowest position.** Lowering the bed provides for the resident's safety. Remove extra privacy measures added during the procedure. This includes anything you may have draped over and around the resident, as well as privacy screens.
- Remove privacy measures.**
-
- Place the call light within the resident's reach.** A call light allows the resident to communicate with staff as necessary. It must always be left within reach of the resident's stronger hand. You must respond to call lights promptly.
-
- Wash your hands.** Handwashing is the most important thing you can do to prevent the spread of infection.
-
- Report any changes in the resident to the nurse. Document the procedure using facility guidelines.** You will often be the person who spends the most time with a resident, so you are in the best position to note any changes in a resident's condition. Every time you provide care, observe the resident's physical and mental capabilities, as well as the condition of the resident's body. For example, a change in a resident's ability to dress himself may signal a greater problem. After you have finished giving care, document the care using facility guidelines. Do not record care before it is given. If you do not document the care you gave, legally it did not happen.



In addition to the beginning and ending steps listed above, remember to follow infection prevention guidelines. Even if a procedure in this book does not tell you to wear gloves or other PPE, there may be times when it is appropriate.

For example, the procedure for giving a back rub does not include gloves. Gloves are usually not required for a back rub. However, if the resident has open sores on his back, gloves are necessary.

1

Understanding Healthcare Settings

1. Discuss the structure of the healthcare system and describe ways it is changing

Health care is a growing field. *The healthcare system* refers to the different kinds of providers, facilities, and payers involved in delivering medical care. **Providers** are people or organizations that provide health care, including doctors, nurses, clinics, and agencies. **Facilities** are places where care is delivered or administered, including hospitals, long-term care facilities, and treatment centers (such as for cancer). **Payers** are people or organizations paying for healthcare services. These include insurance companies, government programs like Medicare and Medicaid, and the individual patients, residents, or clients. Together, these people, places, and organizations make up the healthcare system.

This textbook will focus on two types of care: long-term care and home health care. **Long-term care (LTC)** is given in long-term care facilities for people who need 24-hour skilled care. **Skilled care** is medically necessary care given by a skilled nurse or therapist; it is available 24 hours a day. It is ordered by a doctor and involves a treatment plan. This type of care is given to people who need a high level of care for ongoing conditions. The term *nursing homes* was once widely used to refer to these facilities. Now they are often known as *long-term care facilities (LTCFs)*, *skilled nursing facilities (SNFs)*, *rehabilitation centers*, or *extended care facilities*.

People who live in long-term care facilities may be disabled. They are often elderly, but younger adults sometimes require long-term care, too. They may arrive from hospitals or other healthcare settings. Their **length of stay** (the number of days a person stays in a healthcare facility) may be short, such as a few days or months, or longer than six months. Some of these people will have a **terminal illness**, which means that the illness will eventually cause death. Other people may recover and return to their homes or to other care facilities or situations.

Most people who live in long-term care facilities have **chronic illnesses** or conditions. This means the conditions last a long period of time, even a lifetime. Chronic conditions include physical disabilities, heart disease, and dementia. (Chapter 18 has more information.) People who live in these facilities are usually referred to as *residents* because the facility is where they reside or live. These places are their homes for the duration of their stay (Fig. 1-1).



Fig. 1-1. People who live in long-term care facilities are called residents because the facility is where they reside for the duration of their stay.

Home health care, or home care, is provided in a person's home (Fig. 1-2). This type of care is also generally given to people who are older and are chronically ill but who are able to and wish to remain at home. Home health care may also be needed when a person is weak after a recent hospital stay. Skilled assistance or monitoring may be required. People who receive home health care are usually referred to as *clients*.



Fig. 1-2. Home health care is performed in a person's home. People receiving home care are generally referred to as clients.

In some ways, working as a home health aide is similar to working as a nursing assistant. Almost all care described in this textbook applies to both nursing assistants and home health aides. Most of the basic medical procedures and many of the personal care procedures are the same. Home health aides may also clean, shop for groceries, do laundry, and cook. (Information about home health care may be found in Chapters 24 through 30 of this textbook.)

Home health aides may have more contact with the client's family than nursing assistants do. They also will work more independently, although a supervisor monitors their work. The advantage of home care is that clients do not have to leave home. They may have lived there for many years, and staying at home can be comforting.

People who need long-term care or home health care will have different **diagnoses**, or medical conditions determined by a doctor. The stages of illness or disease affect how sick people are and how much care they will need. The jobs of nursing assistants and home health aides will also

vary. This is due to each person's different symptoms, abilities, and needs.

Other healthcare settings include the following:

Assisted living facilities are residences for people who need some help with daily care, such as showering, meals, and dressing. Help with medications may also be given. People who live in these facilities do not need 24-hour skilled care. Assisted living facilities allow for more independent living in a homelike environment. A resident can live in a single room or an apartment. Some residents have roommates. An assisted living facility may be attached to a long-term care facility, or it may stand alone. Some assisted living facilities have *memory care* units for people who have mild dementia. These people are unable to live alone but are still fairly independent.

Dementia is defined as the serious loss of mental abilities, such as thinking, remembering, reasoning, and communicating. There is more information about dementia in Chapter 19.

Adult day services are for people who need some assistance and supervision during certain hours, but who do not live in the facility where care is provided. Generally, adult day services are for people who need some help but are not seriously ill or disabled. Adult day services can also provide a break for spouses, family members, and friends.

Acute care is 24-hour skilled care given in hospitals and ambulatory surgical centers for people who require short-term, immediate care for illnesses or injuries (Fig. 1-3). People are also admitted for short stays for surgery.



Fig. 1-3. Acute care is performed in hospitals for illnesses or injuries that require immediate care.

Subacute care is care given in hospitals or long-term care facilities. It is used for people who need less care than for an acute (sudden onset, short-term) illness, but more care than for a chronic (long-term) illness. Treatment usually ends when the condition has stabilized or after the predetermined time period for treatment has been completed. The cost is usually less than for acute care but more than for long-term care. Subacute care is covered in Chapter 22.

Outpatient care is given to people who have had treatments, procedures, or surgeries and need short-term skilled care. Patients do not require an overnight stay in a hospital or other care facility.

Rehabilitation is care given by specialists and professionals. Physical, occupational, and speech therapists help restore or improve function after an illness or injury. Information about rehabilitation is located in Chapter 21.

Hospice care is given in facilities or homes for people who have approximately six months or less to live. Hospice workers give physical and emotional care and comfort until a person dies, while also supporting families during this process. There is more information about hospice care in Chapter 23.

Often payers control the amount and types of healthcare services people receive. The kind of care a person receives and where they receive it may depend, in part, on who is paying for it.

In 2010, the Patient Protection and Affordable Care Act (PPACA) was signed into law by President Barack Obama. This law is commonly referred to as the Affordable Care Act. Its goals include increasing the quality of health insurance, expanding insurance coverage (both public and private), and reducing healthcare costs. The Affordable Care Act has been controversial and, like any law, it may be changed by elected officials.

Public health insurance programs include Medicare and Medicaid, the Children's Health Insur-

ance Program (CHIP), military health benefits from TRICARE and the Veterans Health Administration, and the Indian Health Service.

Private health insurance plans may be purchased by a person's employer, and costs are paid for by the employer or the employee, or shared by both. An individual may also purchase private health insurance directly. Coverage of medical services varies from plan to plan.

The healthcare system is constantly changing, and with these changes come new costs. New technologies and medications are being created, and better ways of caring for people in a wide variety of healthcare settings are being developed. Better health care helps people live longer, which leads to a larger elderly population that may need additional health care. New discoveries and expensive equipment have also increased healthcare costs (Fig. 1-4).



Fig. 1-4. Technology makes it possible to offer better health care, but equipment can be expensive.

Many health insurance plans employ cost-control strategies called **managed care**. **Health maintenance organizations (HMOs)** and **preferred provider organizations (PPOs)** are examples of managed care. Managed care seeks to control costs by limiting plan members' choice of healthcare providers and facilities. There is an increasing emphasis within managed care on promoting wellness as a means of reducing the need for healthcare services (and, as a result, reducing costs).

In the past, the goal of health care was simply to make sick people well. Today things are more

complicated. Cost control is a consideration, as is the coordination of the many types of care a person might receive. While in many cases a person who is seriously ill will still be admitted to a hospital, hospital stays are often shorter now due to cost-control measures. After release from the hospital, many people need continuing care. This care may be provided in a long-term care facility, a rehabilitation hospital, or by a home health agency, depending on the needs of the patient or client.

2. Describe a typical long-term care facility

Long-term care facilities are businesses that provide skilled nursing care 24 hours a day. These facilities may offer assisted living housing, dementia care, or subacute care. Some facilities offer specialized care, while others care for all types of residents. The typical long-term care facility offers personal care for all residents and focused care for residents with special needs. Personal care includes bathing; skin, nail and hair care; mouth care; and assistance with walking, eating and drinking, dressing, transferring, and elimination. All of these daily personal care tasks are called **activities of daily living**, or **ADLs**. Other common services offered at these facilities include the following:

- Physical, occupational, and speech therapy
- Wound care
- Care of different types of tubes, including **catheters** (thin tubes inserted into the body to drain fluids or inject fluids)
- Nutrition therapy
- Management of chronic diseases, such as Alzheimer's disease, acquired immunodeficiency syndrome (AIDS), diabetes, chronic obstructive pulmonary disease (COPD), cancer, and congestive heart failure (CHF)

When specialized care is offered at long-term care facilities, the employees must have special

training. Residents with similar needs may be placed in units together. Nonprofit or for-profit companies can own long-term care facilities.

3. Describe residents who live in long-term care facilities

There are some general statements that can be made about residents in long-term care facilities. According to a survey conducted in 2015–2016 by the National Center for Health Statistics (cdc.gov/nchs), 83.5 percent of nursing home residents in the United States are over age 65. Approximately 68 percent of residents are female. More than 75 percent are white and non-Hispanic (Fig. 1-5). About one-third of residents come from a private residence; over 50 percent come from a hospital or other facility.



Fig. 1-5. White, non-Hispanic women make up a high percentage of residents in long-term care facilities.

The length of stay of over two-thirds of residents in long-term care is six months or longer. These residents need enough help with their activities of daily living to require 24-hour care. Often, they do not have caregivers available to give sufficient care for them to live in the community. The group with the longest average stay is people who are developmentally disabled. They are often younger than 65. More information about developmental disabilities may be found in Chapter 8.

The other third of residents stay for fewer than six months. This group generally falls into two

categories. The first category is made up of residents admitted for terminal care. Due to their disease or condition, they will probably die in the facility. The second category is made up of residents admitted for rehabilitation or temporary illness. They will usually recover and return to the community. Care of these residents may be very different than care provided for permanent residents.

Dementia and other mental disorders are major causes of admissions to care facilities. Various studies place the percentage of residents with dementia in long-term care facilities as high as 48 percent. Many residents are admitted with other disorders as well. However, the disorders themselves are often not the main reason for admission. It is most often the lack of ability to care for oneself and the lack of a support system that lead people into a facility. A support system is vital in allowing an elderly person to live outside a facility.

Some residents have very little outside support from family or friends. This is one reason it is essential to care for the whole person and their individual needs instead of only the illness or disease. Residents have many needs besides bathing, eating, drinking, and elimination. These needs will go unmet if staff do not work to meet them.

While it is helpful to understand the entire population, it is more important for nursing assistants to understand each individual for whom they will care. Residents' care should be based on their specific needs, illnesses, and preferences.

4. Explain policies and procedures

All facilities have policies and procedures that all staff members are expected to follow. A **policy** is a course of action that should be taken every time a certain situation occurs. For example, a common policy is that healthcare information must remain confidential. A **procedure** is a method, or way, of doing something. For ex-

ample, a facility will have a procedure for reporting information about residents. The procedure explains what form to complete, when and how often to fill it out, and to whom it is given. Common policies at long-term care facilities include the following:

- All resident information must remain confidential. Keeping information confidential means not telling anyone about it. This is not only a facility rule, but it is also the law. More information about confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA), can be found in Chapter 3.
- The resident's care plan must always be followed. Nursing assistants should perform all tasks assigned by the care plan. Tasks that are not listed in the care plan or approved by the nurse should not be performed.
- Nursing assistants should not do tasks that are not included in their job description.
- Nursing assistants must report important events or changes in residents to a nurse.
- Nursing assistants should not discuss personal problems with residents or residents' families.
- Nursing assistants should not take money or gifts from residents or their families (Fig. 1-6).
- Nursing assistants must be on time for work and must be dependable.



Fig. 1-6. Nursing assistants should not accept money or gifts because it is unprofessional and may lead to conflict.

Employers will have policies and procedures for every resident care situation. These have been developed to give quality care and protect resident safety. Procedures may seem long and complicated, but each step is important. It is essential that nursing assistants become familiar with and always follow policies and procedures.

5. Describe the long-term care survey process

Inspections are performed to help ensure that long-term care facilities (and home health agencies) follow state and federal regulations. Inspections are done periodically by the state agency that licenses facilities. These inspections are called *surveys*. They may be done more often if a facility has been cited for problems. To **cite** means to document a problem found during a survey. Inspections may be done less often if the facility has a good record. Inspection teams include a variety of trained healthcare professionals.

Surveyors study how well staff care for residents. They focus on how residents' nutritional, physical, social, emotional, and spiritual needs are being met. They interview residents and their families and observe the staff's interactions with residents and the care given. They review resident charts and observe meals. Surveyors identify violations of specific federal regulations using numbered codes called *F-Tags*. If the facility is cited, it may be given a fine (penalty), and it must provide a plan of correction to address and prevent the identified issues. Surveys are one reason the documentation done by nursing assistants is so important.

When surveyors are in a facility, staff should try not to be nervous. They should give the same quality care they give every day, and answer any questions to the best of their abilities. If an employee does not know the answer to a surveyor's question, they should be honest and never guess. They should tell the surveyor that they do not

know the answer but will find out as quickly as possible. Then they should follow up with the surveyor after they have the answer.

The **Joint Commission** is an independent, not-for-profit organization that evaluates and accredits healthcare organizations. Its standards focus on improving the quality and safety of care given to patients, clients, and residents. For an organization to receive accreditation from the Joint Commission, it must undergo a comprehensive survey process at least every three years. The survey process includes carefully checking performance in specific areas, such as patient rights, treatment, and infection prevention.

The Joint Commission's surveys are not associated with state inspections. Healthcare organizations are not required to participate in the Joint Commission's survey process; they may do so on a voluntary basis, and the organizations pay for these surveys. Types of healthcare facilities that are accredited by the Joint Commission include hospitals, long-term care facilities, rehabilitation centers, hospice services, home health care agencies, laboratories, and other organizations.

6. Explain Medicare and Medicaid

The **Centers for Medicare & Medicaid Services (CMS, cms.gov)** is a federal agency within the US Department of Health and Human Services. CMS runs two national healthcare programs—Medicare and Medicaid. They both help pay for health care and health insurance for millions of Americans. CMS has many other responsibilities as well.

Medicare (medicare.gov) is a federal health insurance program that was established in 1965 for people aged 65 or older. It also covers people of any age with permanent kidney failure or certain disabilities. Medicare has four parts. Part A helps pay for care in a hospital or skilled nursing facility or for care from a home health agency or hospice. Part B helps pay for doctor services

and other medical services and equipment. Part C allows private health insurance companies to provide Medicare benefits. Part D helps pay for medications prescribed for treatment. Medicare will only pay for care it determines to be medically necessary.

Medicaid (medicaid.gov) is a medical assistance program for people who have a low income, as well as for people with disabilities. It is funded by both the federal government and each state. Eligibility is determined by income and special circumstances. People must qualify for this program.

Medicare and Medicaid pay long-term care facilities a fixed amount for services. This is based on the resident's needs upon admission and throughout his stay at the facility.

Home Care Focus

For home care, Medicare pays for intermittent, not continuous, services provided by a certified home health agency. The agency must meet specific guidelines established by Medicare. To qualify for home health care, Medicare recipients generally must be homebound, and their doctors must determine that they need home health care. Medicare will pay the full cost of most covered home healthcare services. However, Medicare will not pay for 24-hour-a-day home health care. Home health care plays an important role when skilled care is needed on a part-time basis.

7. Discuss the terms *culture change*, *person-centered care*, and *trauma-informed care*

Many long-term care facilities work to provide meaningful environments with individualized approaches to care. **Culture change** is a term for the process of transforming services for elders so that they are based on the values and practices of the person receiving care. Culture change involves respecting both elders and those working with them. Core values are promoting choice, dignity, respect, self-determination, and

purposeful living. To honor culture change, healthcare settings may need to change their organization, practices, physical environments, and relationships.

Pioneer Network is a leader in the culture change movement and was formed in 1997 by a group of people working in long-term care. Their aim is to ensure person-centered care for all elders—whether in care facilities or at home.

Person-centered care (also known as *person-directed care*) emphasizes the individuality of the person who needs care, and recognizes and develops the person's capabilities. Person-centered care revolves around the resident and promotes her individual preferences, choices, dignity, and interests. Each person's background, culture, language, beliefs, and traditions are respected (Fig. 1-7). Improving each resident's quality of life is an important goal. Giving person-centered care will be an ongoing focus throughout this textbook.



Fig. 1-7. Person-centered care places the emphasis on the person needing care and her individuality and capabilities.

Pioneer Network encourages a movement away from institutions and promotes caring environments. Their website, pioneernetwork.net, provides more information.

The Eden Alternative is a not-for-profit organization founded in 1991 by Dr. William Thomas. Its ongoing focus is to improve the lives of elders and their caregivers by creating environments

that support growth and development, while trying to eliminate problems of loneliness, helplessness, and boredom that many elderly people suffer.

The Eden Alternative offers education, resources, and consulting services to help create meaningful environments for the elderly. Places that have adopted the Eden Alternative's philosophy are typically filled with plants and animals. Children regularly visit. The Eden Alternative strives to improve the quality of life and quality of care for the elderly. Their website, edenalt.org, has more information.

Trauma-informed care is an approach to patient care that recognizes that people may have experienced trauma in their lives. Trauma can come from witnessing or experiencing abuse or neglect, violence, prison, or military combat. Unstable home environments, poverty, and discrimination can also cause trauma, as can a life-threatening illness or negative experiences in a medical setting.

Trauma-informed care seeks to consider each person's trauma, experiences, and preferences and provide a person-centered approach to care. Planning treatment with patients and promoting choice and safety are ways to incorporate trauma-informed care. It is important to be compassionate and to avoid practices that retraumatize people.

Chapter Review

1. What is long-term care?
2. What is home health care?
3. List one fact about each of the following healthcare settings: assisted living facilities, adult day services, acute care, subacute care, outpatient care, rehabilitation, and hospice care.
4. List five services commonly offered at long-term care facilities.
5. Who makes up the majority of residents in long-term care—men or women?
6. What are two general categories of residents who stay in a care facility for less than six months?
7. List five common policies at long-term care facilities.
8. When surveyors visit a facility, what do they study and observe?
9. Whom does Medicare insurance cover?
10. Define *person-centered care*.