

LPNequip.org

Avoid Revolving-Door Whiplash: Commonsense Training for Retention and Success

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Logos Presentations

Avoid Revolving-Door Whiplash: Commonsense Training for Retention and Success

- Commonsense solutions for training frustrations and glitches.
- Builds confidence, hone skills, and promote longevity of staff.
- Allow for increase in quality care.

Three Segments

- ▶ 1) Unspoken Sabotages to Success
- ▶ 2) Training Misses and Commonsense Fixes
- ▶ 3) Special Situations: 911 and EMS Success

INTRO: TAKING A STEP BACK

▶ EVOLVING ROLES/MINDSETS:

- Changing roles. (article)
- CNA's as Med-techs, LPN's role in patient care.
- RN's growing role in admin.

INTRO: TAKING A STEP BACK

▶ AN UNUSUAL PERSPECTIVE:

- Corporate sales, high level customer service, and training.
- Firefighter, EMT-IV, EMS Evaluator, Crisis Care Counselor.
- Worked in hospice, LTC, rehab, & assisted living. Decade as a POA in LTC facility.

INTRO: TAKING A STEP BACK

▶ AN UNUSUAL PERSPECTIVE:

- Worked PT 3:00 – 10:00pm, 3-4x week.
- Caught emergencies, conditions, changes
- Nursing Director not happy! WHY?

#1 Unspoken Sabotages to Success

▶ MINDSET MEASURE OF SUCCESS:

- Call lights prompt passive, response mode.
- Scheduled tasks/sameness shifts measure of success from resident care to task accomplished.
- Reality is nursing staff is in the life saving business.
A high calling!

#1 Unspoken Sabotages to Success

- ▶ **NOT AN INCOMPETENCE ISSUE:**
 - Nature of position. Additional perspective is needed.
 - Moving CNA's from task oriented to medically minded for Med-tech position.
 - Moving beyond the "5 Rights"

#1 Unspoken Sabotages to Success

▶ REAL WORLD EXAMPLES:

- PRN Milk of Mag. (Med error?)
- Dismissing world-view for pain med.
- Constant request for narcotic pain med for client who never usually asks.

#1 Unspoken Sabotages to Success

- ▶ **DANGER OF SEMANTICS:**
 - “Resident/Client” implies independence/competence.
 - Landlords don’t pass meds!
 - Are there for medical reasons, complaints are medical, decline because of medical conditions. **WE MUST VIEW AS PTS!**

#2 – Training Misses & Commonsense Fixes

▶ KEY DIFFERENCE:

- NOT beyond the scope of practice.
- Helps caregivers to be more effective, helps save lives.
- Key difference between EMS and Nursing:
RAPID ASSESSMENTS!

#2 – Training Misses & Commonsense Fixes

▶ RAPID ASSESSMENTS:

- Happen as soon as we walk through the door.
- Up-beat and positive.
- Alert, oriented, posture, countenance, skin color/quality, guarding.
 - “What’s wrong?” “If you can talk you can breathe.”

#2 – Training Misses & Commonsense

Fixes

- ▶ **WITHIN SCOPE OF PRACTICE:**
 - 5 (6) Rights: *MED, PT, DOSE, ROUT, TIME, EXPIRATION DATE.*
 - Five steps for med admin: evaluate pt., med set up, admin med, document, observe.
 - The “EVALUATE PATIENT” & “OBSERVE” steps above puts this training within the scope of practice.

#2 – Training Misses & Commonsense Fixes

- ▶ **RAPID ASSESSMENT QUESTIONS – OPQRST**
 - **O – ONSET:** What were you doing?
 - **P – PROVOKES:** What aggravates the condition more (less)?
 - **Q – QUALITY:** Describe discomfort. (Could that tearing pain be abdominal aortic aneurism?)

#2 – Training Misses & Commonsense Fixes

- ▶ RAPID ASSESSMENT QUESTIONS – OPQRST
 - R – RADIATE: Where does it go? (Down the left arm?)
 - S – SEVERITY: 1-10 scale
 - T – TIME: How long has it bothered you?

Don't worry about time it takes – how long does it take if they fall due to dehydration or hypoxia?

#2 – Training Misses & Commonsense Fixes

- ▶ WHO'S TRAINING THE NEWBIES?
 - When CNA's train CNA's.
 - Missing details with each generation.
 - Turnover doesn't allow for more experience.

#2 – Training Misses & Commonsense Fixes

- ▶ WHO’S TRAINING THE NEWBIES?
 - “Get in, get out, move on...” Hurried sickness.
 - More to Rhoda’s babbling.
 - More to Fred’s silence.

#2 - Training Misses & Commonsense Fixes

- ▶ **WHO'S TRAINING THE NEWBIES?**
 - More to mentoring. Who is the best?
 - Great worker not = to great trainer.
 - It's an inconvenience. Pay them for it.

#2 – Training Misses & Commonsense Fixes

▶ WHO'S TRAINING THE NEWBIES?

- My view: Excited, tender heart toward nursing & resident dignity.
- “Night of the living dead.”
- Result? Kick in the gut.

#2 - Training Misses & Commonsense Fixes

- ▶ **THE REALITY OF CHANGING STAFF:**
 - Can everyone still hear to take a pressure? Kneel down? (BP reported high, was actually low.)
 - Help them be candid re: strengths/weaknesses
 - Help each other as any family would.

#2 – Training Misses & Commonsense Fixes

- ▶ CONFABULATION FRUSTRATION
 - Eye Spy Guy.
 - Hurried caregiver can escalate.
 - *Hitting Santa* is no laughing matter.

#2 - Training Misses & Commonsense Fixes

- ▶ **HUGE FRUSTRATION FOR STAFF:**
 - LTC appropriate residents in Assisted Living.
 - Frustrates staff/neglects AL residents
 - Needs not fully met for the LTC folks.

#2 – Training Misses & Commonsense Fixes

- ▶ YOUR THOUGHTS EXPERIENCE
 - What has worked in training?
 - What hasn't worked?
 - What did you change/learn?

#3 – Special Situations: 911 & EMS Success

▶ IN CASE OF EMERGENCY

- Keep calm. Keep still.
- Don't alarm pt. or other residents.
- Follow procedures & protocols.

#3 – Special Situations: 911 & EMS Success

▶ CALLING 911:

- Okay to say, “C-spine precautions are being taken.”
- Okay to say “High index of suspicion for...”
That’s NOT diagnosing.
- Need full set of vitals ASAP for baseline, then every 10 min. **VITALS ARE VITAL!**

#3 – Special Situations: 911 & EMS Success

▶ VITAL VITALS:

- Blood pressure, heart rate (pulse)
- Respirations, lung sounds, O² SATs
- Blood glucose (CBGs), temperature

#3 – Special Situations: 911 & EMS Success

▶ THE CONVERSTATION:

“I have an 83 year-old-male who is conscious and breathing complaining of chest pains high index of suspicion for an MI.”

#3 – Special Situations: 911 & EMS Success

▶ THE CONVERSTATION:

“I have a 64 year old female who is unconscious and apneic with no DNR in place
CPR in progress.”

#3 – Special Situations: 911 & EMS Success

▶ THE CONVERSTATION:

“I have a 72 year old male who is conscious with difficulty breathing.

O₂ SATs 86% on room air.

B.P. 84/60 heart rate 130.

We are in the process of administering supplemental O₂ via nasal cannula.”

#3 – Special Situations: 911 & EMS Success

▶ THE CONVERSTATION:

“I have an 89 year old male who is conscious and breathing with a traumatic injury fall.

High index of suspicion for pelvic fracture
10/10 pelvic pain, right leg longer than left. Currently pulling a set of baseline vitals.”

(Might keep you on the phone for those)

*GET READY...
GET SET...
YOUR TURN TO PRACTICE!*

#3 – Special Situations: 911 & EMS Success

▶ WORKING WITH EMS

- Make sure there's an escort to patient.
- Gurney vs. walker not good.
- Please clear hallways for EMS.

#3 – Special Situations: 911 & EMS Success

▶ IF THE UNTHINKABLE HAPPENS

- Clear airway, stop bleeding, hold c-spine, keep calm.
- Impending doom... it's real!
- Helping hyperventilating PTS.
(DNR not in play!)

#3 – Special Situations: 911 & EMS Success

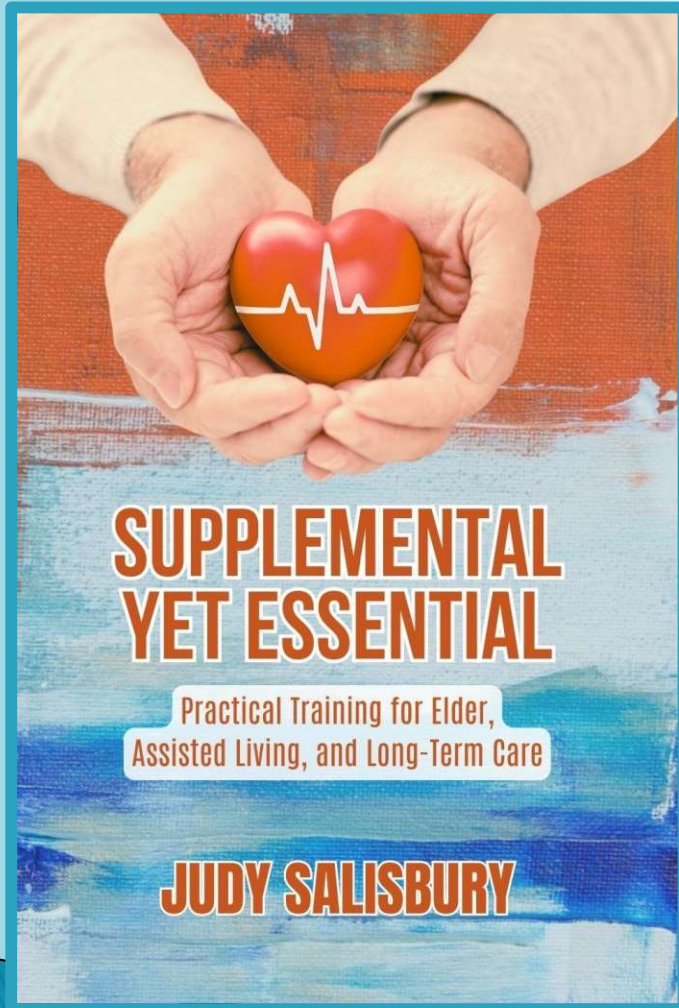
▶ TALKING TO FAMILY MEMBERS:

- Have all info at hand before calling.
- Stay calm, don't panic them.
- Allow them to vent.

Wrapping it Up

- ▶ Commonsense solutions for training frustrations and glitches.
- ▶ Builds confidence, hone skills, and promote longevity of staff.
- ▶ Allow for increase in quality care.

Your Questions/Thoughts



LPNequip.org
"Supplemental Yet Essential
is a great read
with great information!"

JOE TORRILLO

Retired FDNY Lieutenant
9/11 Survivor/Motivational Speaker



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