



# A Suggested Competency Profile for Long-Term Care (LTC) Nurses



A Division of



# Competency Profile for Long-Term Care Nurses

## Foreword

The Centers for Medicare and Medicaid Service (CMS) have issued the final rule that updates the requirements that Long-Term Care facilities must meet to participate in their programs. These regulations are being implemented in three phases – Phase 1: November 28, 2016; Phase 2: November 28, 2017 and Phase 3: November 28, 2019.

Our interest in the CMS final rule is to identify those specific changes that will have an impact on staff training. Specifically, we are interested in what in-service education and professional development is being required to maintain and enhance nurses' competence in providing quality health care to CMS-funded residents.

Therefore, we developed this suggested *Competency Profile for LTC Nurses*. The competencies were compiled from the CMS final rule information, as well as from the Learning Nurse's comprehensive database of nursing competencies.

We are working on identifying which existing Learning Nurse educational resources can be used to maintain and enhance the nursing competencies required to provide quality care in Long-Term Care facilities. This Competency Profile will also be used to identify other eCourses, quizzes and interactive activities that may need to be developed and made available through our Learning Nurse websites.

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# Competency Profile for Long-Term Care Nurses

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# Introduction

This Competency Profile includes the knowledge, skills, behaviors and attitudes required of nursing staff providing healthcare services to residents in Long-Term Care (LTC) facilities in the United States. No one LTC nurse is expected to possess all the competencies described in this document. Each nurse will possess a set of competencies specific to her/his workplace, setting and/or type of residents. In addition, the degree of proficiency of each competency will vary with different nurses.

The competencies defined in the Profile may be attained in many different ways. Most competencies will be acquired through formal education. Other competencies may be acquired through experience, further/distance/online education, and/or on-the-job training.

## Purpose of the Profile

The purpose of this Profile is to:

- outline the competencies for LTC nurses;
- provide a foundation for continuing competency programs;
- serve as a guideline for the development of competency assessment tools and methods, learning management systems (LMS), and performance management systems;
- provide a reference for ongoing self-assessment of competence;
- provide direction to educational institutions and vendors regarding needed training;
- serve as a reference to inform employers and other stakeholders of the competence and potential of LTC nurses; and,
- provide baseline information and reference for long-term human resources planning.

The profile is NOT intended to:

- be inclusive of all possible competencies required by LTC nurses; some competencies may be missing;
- represent the competencies that ALL LTC nurses must achieve;
- specify obligations and/or requirements of nurses for third party agencies or any other outside party;
- be permanent, but must be updated on a regular basis as requirements and technologies change; or
- be a step-by-step instructional guide for professional practice.

# A: COMMUNICATION

## A-1: Effective Communication

A-1-1 Demonstrate ability to identify and apply appropriate communication techniques.

A-1-2 Demonstrate ability to use alternative communication techniques to create a therapeutic relationship in situations such as:

- cultural / religious barriers
- hearing loss
- language barriers
- mental impairment
- physical impairment
- speech and language impairment

A-1-3 Demonstrate knowledge and ability to assess and manage communication with residents in states of:

- disorientation
- confusion
- dementia
- mental illness
- impairment

A-1-4 Demonstrate knowledge and ability to document using behavioral description, the resident's communication pattern, therapies used, and outcomes.

## A-2: Therapeutic Relationships

A-2-1 Demonstrate ability to establish and maintain the nurse-resident relationship on a professional level.

A-2-2 Demonstrate knowledge and ability to establish effective therapeutic nurse-resident relationships for the purpose of:

- assessment
- data collection
- building rapport
- resident teaching
- resident expression of needs
- promoting optimal wellness

A-2-3 Demonstrate ability to use appropriate communication techniques to initiate, maintain, and close the nurse-resident relationship.

# A: COMMUNICATION

## A-2: Therapeutic Relationships ...

- A-2-4 Demonstrate behaviors that facilitate the effective therapeutic relationship such as caring, confidentiality, empathy, empowerment, respect, touch and trust.
- A-2-5 Demonstrate ability to identify and assess barriers to an effective therapeutic relationship such as abuse, attitudes, culture, environment, personal space and time.
- A-2-6 Demonstrate effective use of skills and techniques to promote a therapeutic relationship and interaction with residents and families such as:
- acknowledging
  - clarifying
  - focusing
  - giving information
  - listening
  - open-ended questioning
  - paraphrasing
  - perception checking
  - reality orientation
  - reflecting
  - responding to resident
  - summarizing

## A-3: Team Work

- A-3-1 Demonstrate knowledge to describe the roles of a team member in forming and maintaining an effective team relationship.
- A-3-2 Demonstrate respect for the knowledge, skill, ideas, opinions, and expertise of all members of the health team.
- A-3-3 Demonstrate ability to promote group cohesiveness by contributing to the purposes and goals of the team.
- A-3-4 Demonstrate ability to actively participate in team activities to plan, implement, and evaluate resident care.
- A-3-5 Demonstrate ability to follow proper channels of communication within the agency.
- A-3-6 Demonstrate ability to provide / receive constructive feedback and recognition to / from fellow team members.

# A: COMMUNICATION

## A-4: Resident and Family Teaching

A-4-1 Demonstrate the ability to communicate with resident and family:

- ability to assess language barriers
- assess cognitive ability of resident / spouse / family
- assess family history – abuse, addictions, cultural issues
- aware of deficits in hearing, sight, and speech
- aware of physical disabilities
- aware of psychological, social, and spiritual needs
- body language
- empathy
- listening

A-4-2 Demonstrate basic knowledge of teaching and learning principles and techniques.

A-4-3 Demonstrate the knowledge and ability to recognize the importance of common factors that influence learning.

A-4-4 Demonstrate ability to apply common guidelines in providing resident and family teaching such as:

- assess current knowledge level
- consider special needs of residents
- establish a positive learning environment
- pace learning to achieve optimum effect
- provide for active participation of residents
- select appropriate time for learning
- use appropriate teaching methods to meet resident's learning needs
- use audiovisual aids
- use language appropriate to resident's level of understanding

A-4-5 Demonstrate ability to adjust teaching plan and delivery to meet needs of residents with special needs such as:

- various age groups
- impaired vision
- unable to read
- short attention spans
- unable to speak
- cognitively impaired
- physically impaired
- mentally impaired
- cultural or religious needs

# A: COMMUNICATION

## A-4: Resident and Family Teaching ...

A-4-6 Demonstrate ability to provide teaching to resident and family:

- access to support groups
- within team conferences
- referral to community agencies
- stages of loss
- effect of changes

A-4-7 Demonstrate ability to evaluate the effectiveness of teaching and learning through appropriate responses, demonstration of skill, or change in behavior.

A-4-8 Demonstrate ability to document the teaching plan, its delivery, and outcomes of the teaching and learning process.

A-4-9 Demonstrate ability to provide support to the resident and family:

- aware of changes in family roles
- aware of losses – possessions, home, mate, skills
- aware of Personal Directive
- loss of independence – decision making, finances, social changes
- provide assistance with activities of daily living (ADL)

# A: COMMUNICATION

## A-5: Documenting and Reporting

- A-5-1 Demonstrate ability to apply legal protocols throughout practice.
- A-5-2 Demonstrate understanding of accountability and responsibility to ensure accurate and concise documenting and reporting.
- A-5-3 Demonstrate understanding of the legalities and agency policy regarding documenting and reporting.
- A-5-4 Demonstrate knowledge and ability to document and report resident care following agency channels of communication.
- A-5-5 Demonstrate knowledge of the purpose and proper use of various documentation tools and techniques such as:
- assignment sheet
  - audit
  - change of shift report
  - chart
  - checklist
  - electronic records
  - flow sheet
  - incident / occurrence reports
  - interdisciplinary progress notes
  - narrative notes
  - nurse's notes
  - nursing care plan
  - various interdisciplinary reports
- A-5-6 Demonstrate ability to follow appropriate documentation procedures to ensure accurate, complete, and quality documentation for purposes of:
- accreditation
  - audit
  - communication of information regarding resident and care
  - education
  - legal record of care
  - planning resident care
  - quality assurance monitoring
  - research
  - risk management
  - statistics

# A: COMMUNICATION

## A-5: Documenting and Reporting ...

A-5-7 Demonstrate knowledge and ability to document promptly and regularly by using appropriate:

- medical terminology
- approved abbreviations
- metric system
- 24 hour clock
- subjective and objective data

A-5-8 Demonstrate ability to follow agency policy and procedure and universally accepted guidelines for documenting and reporting resident information.

A-5-9 Demonstrate ability to provide pertinent resident information to the nursing team to ensure continuity of care.

A-5-10 Demonstrate the knowledge and ability to adhere to the various legislation affecting the documentation, reporting, and sharing of resident information.

A-5-11 Demonstrate knowledge of legal protocol regarding specific areas such as:

- personal / advance directives
- guardianship / power of attorney
- trusteeship

# B: RESIDENT CARE

## B-1: Resident's Rights

- B-1-1 Demonstrate knowledge and an understanding that each resident has a right to a dignified existence, self-determination, and communication with, and access to, persons and services inside and outside the facility.
- B-1-2 Demonstrate knowledge and an understanding that each resident must be treated with respect and dignity and that care must be provided that enhances his or her quality of life while recognizing each resident's individuality.
- B-1-3 Demonstrate knowledge and an understanding that each resident must receive equal access to quality of care regardless of diagnosis, severity of condition or payment source.
- B-1-4 Demonstrate knowledge and accept that a resident can exercise his or her rights without interference, coercion, discrimination or reprisal.
- B-1-5 Demonstrate knowledge that a resident's representative has the right to exercise the resident's rights to the extent those rights are delegated to the representative.
- B-1-6 Demonstrate knowledge that the resident has the right to be fully informed, in language that he or she can understand, of his or her total health status, including but not limited to, his or her medical condition.
- B-1-7 Demonstrate knowledge that the resident has the right to participate in the development and implementation of his or her person-centered plan of care.
- B-1-8 Demonstrate knowledge that the resident has the right to be informed, in advance of:
- care to be provided
  - care giver or professional providing the care
  - risks and benefits of proposed care / treatment
  - treatment options
- B-1-9 Demonstrate knowledge that the resident has the right to:
- choose the treatment option that he or she prefers
  - request, refuse, and or discontinue treatment
  - refuse to participate in experimental research
  - refuse to formulate an advance directive
  - self-administer medications (if clinically appropriate)
- B-1-10 Demonstrate knowledge that the resident has the right to choose his or her attending physician.

## B: RESIDENT CARE

### B-1: Resident's Rights ...

- B-1-11 Demonstrate knowledge that the resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.
- B-1-12 Demonstrate knowledge of the resident's right to retain and use personal possessions, including furnishings, and clothing, as space permits.
- B-1-13 Demonstrate knowledge of the resident's right to share a room with spouse or a roommate of choice.
- B-1-14 Demonstrate knowledge that a resident has the right to choose:
- activities
  - schedules (including sleeping and waking times)
  - health care
  - providers of health care services
- B-1-15 Demonstrate knowledge that the resident has the right to interact with members of the community and participate in community activities both inside and outside the facility.
- B-1-16 Demonstrate knowledge that the resident has the right to receive visitors of his or her choosing at the time or his or her choosing, subject to certain restrictions.
- B-1-17 Demonstrate knowledge that the resident has the right to organize and participate in resident groups in the facility.
- B-1-18 Demonstrate knowledge that the resident has the right to choose to, or refuse to, perform services for the facility, and that the facility must not require a resident to perform services for the facility.
- B-1-19 Demonstrate knowledge that the resident has a right to manage his or her financial affairs.
- B-1-20 Demonstrate knowledge that the resident has the right to be informed of his or her rights and all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility.
- B-1-21 Demonstrate knowledge that the resident has the right to access personal and medical records pertaining to him or herself.
- B-1-22 Demonstrate knowledge that the resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and language he or she understands.

## B: RESIDENT CARE

### B-1: Resident's Rights ...

- B-1-23 Demonstrate knowledge that the resident has the right to reasonable access to the use of a telephone and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense.
- B-1-24 Demonstrate knowledge that the resident has the right to send and receive mail, and to receive letters, packages and other materials.
- B-1-25 Demonstrate knowledge that the resident has the right to have reasonable access to, and privacy in, their use of electronic communications such as email and video communications and for Internet research.
- B-1-26 Demonstrate knowledge that the facility must provide a notice of rights and services to the resident prior to, or upon, admission and during the resident's stay.
- B-1-27 Demonstrate knowledge that each resident has a right to personal privacy and confidentiality of his or her personal and medical records.
- B-1-28 Demonstrate knowledge that the resident has a right to safe, clean, comfortable and homelike environment, including receiving treatment and supports for daily living safely.
- B-1-29 Demonstrate knowledge that the resident has the right to voice grievances to the facility or other agency without discrimination or reprisal, and without fear of discrimination or reprisal.
- B-1-30 Demonstrate knowledge that the facility must make prompt efforts to resolve any grievances that the resident may have.

# B: RESIDENT CARE

## B-2: Health Assessment

B-2-1 Demonstrate knowledge and ability to assess the resident:

- collect data
- historical
- current status
- subjective
- objective

B-2-2 Demonstrate knowledge and ability to identify primary and secondary sources of data.

B-2-3 Demonstrate knowledge and ability to collect data:

- resident / family interview
- health history
- statistical data
- allergies
- chief complaint
- past health history
- family medical history
- medication history
- lab values
- social history
- psychological
- cultural / spiritual history
- personal directives document
- personal history

B-2-4 Demonstrate knowledge and ability to perform a general health assessment of the resident:

- health history
- basic assessment (vital signs)
- nutritional assessment
- mental health assessment

## B: RESIDENT CARE

### B-2: Health Assessment ...

B-2-5 Demonstrate knowledge and ability to perform vital signs and other assessments such as:

- temperature
- pulse
- respiration
- blood pressure
- pulse oximetry
- blood glucose
- heart monitors
- dopplers

B-2-6 Demonstrate ability to perform head to toe physical assessment using techniques such as:

- inspection
- palpation
- percussion
- auscultation

B-2-7 Demonstrate knowledge and ability to perform a physical assessment of the resident's body systems such as:

- skin, hair and nails
- eyes
- ears, nose throat
- breasts and axillae
- cardiovascular
- respiratory
- musculoskeletal
- neurological
- gastrointestinal
- female genitourinary
- male genitourinary

B-2-8 Demonstrate knowledge of specific health assessment techniques and procedures appropriate for older adults.

## B: RESIDENT CARE

### B-3: Person-Centered Care

- B-3-1 Demonstrate knowledge and an understanding that *person-centered* means affording people dignity, respect and compassion.
- B-3-2 Demonstrate knowledge and an understanding that *person-centered care* is the treating of residents as individuals and enabling them to make choices about their care.
- B-3-3 Demonstrate the ability to communicate in such a manner that the resident understands the message, and that it is communicated in a way that meets any individual communication needs that the resident may have.
- B-3-4 Demonstrate ability and commitment to advocate and intercede on behalf of a resident to ensure that the best interests of the resident are communicated and met.
- B-3-5 Demonstrate knowledge and ability to involve and communicate with the residents regarding their planned care and treatment.
- B-3-6 Demonstrate knowledge and ability to engage resident's participation in development of his or her own care or therapy plans.
- B-3-7 Demonstrate the ability to develop and maintain trust and therapeutic relationships with a resident in care, so that the resident has faith that the staff are reliable and honest.
- B-3-8 Demonstrate knowledge and ability to develop partnerships for working together to jointly develop a plan of care, and agreeing how both parties will work together collectively to achieve outcomes to which they agree.
- B-3-9 Demonstrate the knowledge and ability to empower the resident by giving or delegating power or authority that entails letting the resident take responsibility for the consequences of their decisions.
- B-3-10 Demonstrate ability to empathize with the resident by considering the situation and imaginatively entering into their feelings.
- B-3-11 Demonstrate knowledge and ability to provide the resident with the right to choose from several alternatives, and then respect the decision that is made, as far as possible.
- B-3-12 Demonstrate knowledge and ability to consider the resident in a holistic manner, addressing their physical and psychological needs collectively, rather than seeing them as two separate entities.

## B: RESIDENT CARE

### B-3: Person-Centered Care ...

B-3-13 Demonstrate knowledge and ability to assess the resident in a manner that addresses the resident's values, needs and preferences, as a foundation for achievement of care that is person-centered.

B-3-14 Demonstrate knowledge and ability to develop a person-centered care plan by involving the resident in setting goals and addressing such issues as:

- what would the resident like to change or improve
- what the resident feels he/she can change
- what sort of things can be achieved
- what one thing does the resident want to achieve
- how important is it for the resident
- what barriers exist
- what can be done to overcome the barriers

B-3-15 Demonstrate knowledge and ability to develop and implement a baseline care plan for each resident that includes instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.

B-3-16 Demonstrate knowledge and ability to develop and implement a comprehensive person-centered care plan for each resident that:

- is consistent with the resident's rights
- includes measurable objectives and timeframes
- addresses resident's medical, nursing and mental /psychosocial needs

# B: RESIDENT CARE

## B-4: Nursing Process

- B-4-1 Demonstrate knowledge of effects of aging on normal anatomy and physiology.
- B-4-2 Demonstrate the knowledge and ability to recognize the normal aging process such as physical, emotional, cognitive and psychosocial.
- B-4-3 Demonstrate knowledge and ability to assess and recognize multi-system health issues.
- B-4-4 Demonstrate knowledge and ability to recognize cognitive dysfunction in the elderly such as:
- agitation / aggression
  - anxiety
  - confusion
  - delirium
  - dementia / delusion
  - depression
  - disorientation
  - mental status
- B-4-5 Demonstrate ability to assess for drug-induced cognitive disorder.
- B-4-6 Demonstrate ability to assess for physiological causes for cognitive changes such as:
- urinary tract infection (UTI)
  - constipation
  - upper respiratory infection (URI)
- B-4-7 Demonstrate the knowledge and ability to implement the planning process and establish priorities based on:
- resident needs / resources / privacy
  - resident safety / risks
  - resident desires / goals
  - family involvement
  - agency situation
  - timelines
- B-4-8 Demonstrate knowledge and ability to identify and analyze nursing diagnoses.
- B-4-9 Demonstrate knowledge and ability to prioritize the nursing diagnosis.
- B-4-10 Demonstrate knowledge and ability to establish goals of care and expected outcomes in the short, medium and long term.

## B: RESIDENT CARE

### B-4: Nursing Process ...

B-4-11 Demonstrate knowledge and ability to develop the nursing care plan:

- written in terms of resident's behavior
- goals and outcomes must be observable and measurable
- time orientated
- clear and concise
- consistent with physician orders
- consistent with facility plan of care
- documented and communicated with health care team

B-4-12 Demonstrate the knowledge and ability to carry out interventions of the nursing care plan:

- reassess resident
- review plan of care
- modify care plan
- organize equipment and supplies
- prepare environment
- teach resident and family
- anticipate and intervene to prevent complications
- consult with other health professionals as required
- write care reports and documents

B-4-13 Demonstrate knowledge and ability to evaluate resident's response to care:

- assess the resident's response to nursing actions
- assess the resident's progress toward achieving goals
- assess the quality / effectiveness of nursing care provided
- assess the level of nursing care for the resident
- determine family / social support system
- compare observed results with outcome criteria
- revise nursing diagnosis, outcomes, and care plan as needed
- follow through on further actions as indicated by assessment findings
- collaborate with health care team as appropriate
- document and communicate results of evaluation

## B: RESIDENT CARE

### B-5: Pressure Ulcers

B-5-1 Demonstrate basic knowledge and an understanding of pressure ulcers:

- what pressure ulcers are
- populations most at risk for pressure ulcers
- causes and effects on residents
- signs and symptoms of pressure ulcers
- different stages of pressure ulcers
- identify and describe pressure ulcer stages

B-5-2 Demonstrate knowledge and an understanding of the implications and effects of pressure ulcers:

- common worldwide problem
- are preventable
- prevalence rates remain unchanged
- variations in care lead to high incidence rates of healthcare-acquired PU
- prevention leads to improved resident outcomes and financial savings
- untreated pressure ulcers can result in fatal complications
- varying prevalence in different health care settings
- common barriers to effective PU prevention programs

B-5-3 Demonstrate knowledge and ability to identify risk factors for pressure ulcer development:

- impaired mobility
- impaired activity
- decreased mental status
- nutritional indicators:
  - food/fluid intake
  - weight status
  - anemia
  - hemoglobin
- factors affecting perfusion and oxygenation:
  - diabetes
  - cardiovascular instability
  - norepinephrine use
  - low blood pressure
  - ankle brachial index
  - oxygen use
  - smoking
- skin moisture
- incontinence

### B-5: Pressure Ulcers ...

- advanced age
- shear
- sensory perception
- general health status

B-5-4 Demonstrate knowledge and ability to select and use appropriate pressure ulcer risk assessment tools:

- Braden Scale
- Braden Q Scale
- Norton Scale

B-5-5 Demonstrate ability to use a structured approach to risk assessment to identify individuals at risk of developing pressure ulcers.

B-5-6 Demonstrate ability to calculate an individual's pressure ulcer risk assessment score.

B-5-7 Demonstrate knowledge and ability to interpret significance of the pressure ulcer score.

B-5-8 Demonstrate professional judgment in evaluating risk assessment scores and individual risk factors in the context of the resident's goals and needs.

B-5-9 Demonstrate ability to reassess pressure ulcer risk as significant changes occur in resident's health status.

B-5-10 Demonstrate knowledge and ability to perform a head-to-toe skin assessment at least daily, checking pressure points such as:

- sacrum
- ischium
- trochanters
- heels
- elbows
- back of head

B-5-11 Demonstrate ability to assess skin on admission and routinely thereafter.

B-5-12 Demonstrate ability to inspect skin at bony prominences and other areas of exposure to etiologic factors.

## B: RESIDENT CARE

### B-5: Pressure Ulcers ...

B-5-13 Demonstrate ability to identify:

- blanching response
- localized heat
- edema
- induration

B-5-14 Demonstrate knowledge and ability to identify issues in the skin assessment of residents with darkly pigmented skin.

B-5-15 Demonstrate knowledge and ability to identify areas of discomfort or pain that could be attributed to pressure ulcer damage.

B-5-16 Demonstrate knowledge and ability to observe skin for pressure damage by medical devices.

B-5-17 Demonstrate knowledge and ability to document all skin assessments.

B-5-18 Demonstrate knowledge and ability to provide appropriate skin care such as:

- not turning resident onto a body surface that is still reddened from a previous episode of pressure loading
- not using massage for pressure ulcer prevention
- not vigorously rubbing skin that is at risk of pressure ulceration
- individualizing bathing frequency
- using skin emollients to hydrate dry skin in order to reduce risk of skin damage
- protecting skin from exposure to excessive moisture
- applying appropriate timing and methods of cleaning and skin protection for incontinent residents
- considering end-of-life care as it affects the skin care protocol

B-5-19 Demonstrate knowledge and ability to reposition all at-risk residents.

B-5-20 Demonstrate understanding that repositioning frequency will be determined by:

- resident's tissue tolerance
- level of activity and mobility
- general medical condition
- overall treatment objectives
- assessment of the skin

## B: RESIDENT CARE

### B-5: Pressure Ulcers ...

B-5-21 Demonstrate knowledge and ability to properly position resident to offset load:

- sitting
- lying
- height of bed

B-5-22 Demonstrate ability to use transfer aids to reduce friction and shear.

B-5-23 Demonstrate knowledge and ability to reposition resident using the 30-degree tilted side-lying position, back and prone as tolerated.

B-5-24 Demonstrate knowledge and ability to avoid head-of-the bed elevation and a slouched position that places pressure and shear on the sacrum and coccyx.

B-5-25 Demonstrate ability to limit the time a resident spends seated in a chair without pressure relief.

B-5-26 Demonstrate ability to appropriately record repositioning regimes.

B-5-27 Demonstrate knowledge and ability to select support surfaces based on:

- level of pressure ulcer risk
- pressure ulcer stage
- level of mobility
- comfort
- place and circumstances of care provision

B-5-28 Demonstrate knowledge of uses/attributes of various support surfaces.

B-5-29 Demonstrate ability to protect heels by elevating them off surfaces.

B-5-30 Demonstrate knowledge and ability to use support surfaces to prevent development of pressure ulcers while seated.

B-5-31 Demonstrate knowledge to avoid use of:

- synthetic sheepskin pads
- cutout, ring or donut-type devices
- water filled gloves

B-5-32 Demonstrate ability to use pressure redistribution products in the operating room.

## B: RESIDENT CARE

### B-5: Pressure Ulcers ...

B-5-33 Demonstrate knowledge and an understanding of the safe use and maintenance of support surfaces.

B-5-34 Demonstrate knowledge and ability to screen the nutritional status of every resident at risk of pressure ulcers.

B-5-35 Demonstrate knowledge and ability to refer residents with nutritional risk for assessment by a professional.

B-5-36 Demonstrate knowledge and an understanding of the importance of:

- nutrition
- hydration
- oral nutrition supplements
- vitamins and minerals
- feeding methods (oral, enteral, parenteral)

B-5-37 Demonstrate knowledge and the ability to identify clinical signs of under-nutrition:

- unintended weight loss
- physical signs
- laboratory data

B-5-38 Demonstrate knowledge of the goals of nutrition therapy for a resident.

B-5-39 Demonstrate knowledge and the ability to write pressure ulcer related documentation for:

- risk assessment
- skin assessment
- interventions
- prevention strategies

B-5-40 Demonstrate knowledge and ability to interpret and record the resident's response to interventions and treatments.

B-5-41 Demonstrate ability to practice the agency's frequency and method of documentation.

B-5-42 Demonstrate knowledge and ability to develop and implement pressure ulcer educational program for residents, family and caregivers.

## B: RESIDENT CARE

### B-5: Pressure Ulcers ...

B-5-43 Demonstrate knowledge and ability to include educational information on:

- risk factors for pressure ulcers
- skin assessment and care
- positioning and repositioning
- support services
- nutrition
- bowel and bladder management

B-5-44 Demonstrate ability to include mechanisms to evaluate effectiveness of education programs.

B-5-45 Demonstrate ability to think critically in pressure ulcer risk assessment.

B-5-46 Demonstrate ability to think critically when interpreting changes in resident's status and its influence on plan of care to prevent pressure ulcers.

B-5-47 Demonstrate knowledge and ability to identify resident triggers that require changes to plan of care.

B-5-48 Demonstrate knowledge of the role of health team members in pressure ulcer treatment and prevention.

B-5-49 Demonstrate knowledge of the procedures for referral of residents to other professionals.

# C: MENTAL AND BEHAVIORAL HEALTH

## C-1: Mental Health Assessment

C-1-1 Demonstrate knowledge and ability to recognize the difference between mental illness and mental health.

C-1-2 Demonstrate knowledge and ability to describe common mental health issues / illnesses such as:

- adjustment disorders
- autism
- anxiety disorders
- brain injury
- cognitive disorders
- dementia
- developmental disorders
- eating disorders – anorexia nervosa and bulimia nervosa
- learning and behavioral disorders
- mood disorders (unipolar, bipolar)
- personality disorders
- post-traumatic stress disorder
- schizophrenia
- substance related disorders

C-1-3 Demonstrate knowledge and ability to identify signs and symptoms of mental health issues / illnesses such as:

- anxiety
- attempted suicide / suicide risk
- delusions
- depression
- hallucinations
- mania
- paranoia
- post-operative psychosis

C-1-4 Demonstrate knowledge and ability to properly assess mental status:

- behavioral
- emotional
- intellectual
- mini-mental examination
- motor
- perceptual
- suicide risk assessment

# C: MENTAL AND BEHAVIORAL HEALTH

## C-1: Mental Health Assessment ...

- C-1-5 Demonstrate knowledge of diagnostic tools and guides in mental health.
- C-1-6 Demonstrate knowledge and ability to recognize and intervene in crisis situations:
- identify phases of crisis development
  - identify signs and symptoms of a crisis
  - identify nursing interventions
  - identify the goals and indications for crisis intervention
  - identify signs of escalating aggressive behavior
  - apply nursing interventions in accordance with agency policy
- C-1-7 Demonstrate ability to communicate and collaborate with the health care team within mental health environment.
- C-1-8 Demonstrate knowledge and ability to assess stress in a resident's / family's life:
- explore factors contributing to stress
  - assess strategies for managing stress
  - examine adaptability to change
  - provide care and direction in a crisis situation
  - recognize behavioral manifestations
- C-1-9 Demonstrate knowledge and ability to objectively report and document in the mental health environment.

# C: MENTAL AND BEHAVIORAL HEALTH

## C-2: Psychiatric Disorders

- C-2-1 Demonstrate knowledge of cognitive disorders to determine and understand the diagnostic criteria for:
- delirium
  - dementias
  - amnestic disorders
- C-2-2 Demonstrate knowledge of substance-related disorders to determine and understand the diagnostic criteria for:
- substance use disorders
  - substance-induced disorders
  - alcohol-related disorders
  - disorders related to other substances such as amphetamines, caffeine, cocaine, hallucinogens and water
- C-2-3 Demonstrate knowledge of schizophrenia and other psychotic disorders to determine and understand the diagnostic criteria for:
- schizophrenia
  - schizophreniform disorder
  - schizoaffective disorder
  - delusional disorder
  - brief psychotic disorder
  - substance-induced psychotic disorder
  - psychotic disorders due to a general medical condition
- C-2-4 Demonstrate knowledge of mood disorders to determine and understand the diagnostic criteria for:
- mood episodes
  - depressive disorders
  - bipolar disorders
  - mood disorders due to a general medical condition
  - substance-induced mood disorders

## C-2: Psychiatric Disorders ...

C-2-5 Demonstrate knowledge of anxiety disorders to determine and understand the diagnostic criteria for:

- panic disorders
- phobias
- obsessive-compulsive disorders
- post-traumatic stress disorders
- acute stress disorders
- generalized anxiety disorders
- anxiety disorders due to a general medical condition
- substance-induced anxiety disorders

C-2-6 Demonstrate knowledge of personality disorders to determine and understand the diagnostic criteria for:

- paranoid personality disorder
- schizoid personality disorder
- schizotypal personality disorder
- antisocial personality disorder
- borderline personality disorder
- histrionic personality disorder
- narcissistic personality disorder
- avoidant personality disorder
- dependent personality disorder
- obsessive-compulsive personality disorder

C-2-7 Demonstrate knowledge of the range of listed psychiatric disorders to determine and understand the diagnostic criteria for:

- somatoform disorders
- factitious disorders
- dissociative disorders
- sexual and gender identity disorders
- eating disorders
- sleep disorders
- impulse-control disorders
- adjustment disorders

C-2-8 Demonstrate knowledge that a psychiatric disorder may be related to a general medical condition.

# C: MENTAL AND BEHAVIORAL HEALTH

## C-3: Aggressive Behavior

- C-3-1 Demonstrate knowledge of facility policies regarding aggressive resident behavior.
- C-3-2 Demonstrate knowledge and ability to apply self-protection / prevention techniques such as:
- respect for personal space
  - flexibility
  - distance
  - teamwork
  - distraction techniques
- C-3-3 Demonstrate ability to ensure safety of other residents, self, and colleagues as appropriate.
- C-3-4 Demonstrate knowledge and ability to assess level of anxiety and recognize progression to agitation and aggression.
- C-3-5 Demonstrate knowledge and ability to utilize agitated behavior rating scale used by agency such as:
- absent – the behavior is not present
  - present to a slight degree – does not prevent other appropriate behavior
  - present to a moderate degree – benefits from cueing to appropriate behavior
  - present to an extreme degree – external cueing or redirection not effective
- C-3-6 Demonstrate knowledge and ability to be aware of factors contributing to aggressive behavior:
- psychosocial factors
  - environmental factors
  - pharmacological factors
  - caregiver factors
- C-3-7 Demonstrate knowledge and ability to respond appropriately to prevent and manage aggression:
- decrease noise
  - effective and appropriate verbal and non-verbal communication
  - reduce stimuli
  - isolate resident, as appropriate
- C-3-8 Demonstrate knowledge and ability to respond appropriately to resident who is making threats with an object or a weapon.

## C: MENTAL AND BEHAVIORAL HEALTH

### C-3: Aggressive Behavior ...

C-3-9 Demonstrate knowledge and ability to provide post incident management:

- support of residents
- support of caregiver and colleagues
- collaborate with the health care team

C-3-10 Demonstrate ability to document and report observations as appropriate.

### C-4: Abuse, Neglect and Exploitation

C-4-1 Demonstrate knowledge and an understanding that each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation.

C-4-2 Demonstrate knowledge and an understanding that a resident has the right to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident' medical symptoms.

C-4-3 Demonstrate knowledge of types of abuse and intolerable behavior such as:

- bodily harm
- emotional and mental harm
- verbal abuse
- sexual harm
- neglect
- administration or prescribing medication for an inappropriate purpose
- misappropriating money and / or valuable possessions
- failing to provide adequate nutrition, medical attention or other necessities of life
- misuse of physical and / or chemical restraint

C-4-4 Demonstrate the ability to recognize both verbal and non-verbal indicators of abuse and neglect such as:

- unexplained bruising and injury
- poor nutritional status and dehydration
- presence of restraints and locks
- financial irregularities
- negative interaction style, including telling off and rough handling
- withdrawn, anxious, depressed, distressed or aggressive behavior
- lack of confidence or self-esteem

## C: MENTAL AND BEHAVIORAL HEALTH

### C-4: Abuse, Neglect and Exploitation ...

- C-4-5 Demonstrate knowledge of, and comply with, institution policies regarding abuse and intolerable behavior.
- C-4-6 Demonstrate knowledge and application of legislation pertaining to abuse and intolerable behavior.
- C-4-7 Demonstrate knowledge and ability to accurately assess, manage, report, and document all incidences of abuse and intolerable behavior.

### C-5: Substance Abuse

- C-5-1 Demonstrate knowledge and ability to recognize substance abuse.
- C-5-2 Demonstrate knowledge and ability to recognize the types of substance abuse such as:
  - alcohol
  - prescription drugs
  - street drugs
  - inhalants / aerosols
  - over-the-counter drugs
  - stimulants – opiates / narcotics
  - hallucinogens
- C-5-3 Demonstrate knowledge and understanding of the effect of substance used.
- C-5-4 Demonstrate knowledge and understanding of drug withdrawal, rehabilitation, and recovery.
- C-5-5 Demonstrate knowledge and ability to provide nursing care to manage the symptoms of substance abuse.
- C-5-6 Demonstrate knowledge and ability to teach residents, families, and groups regarding prevention of substance abuse and promotion of health.

# C: MENTAL AND BEHAVIORAL HEALTH

## C-6: Suicide

- C-6-1 Demonstrate ability to recognize and understand the warning signs of suicide in residents such as:
- call to crisis line
  - change in personality
  - change in routine
  - family history
  - identification of a suicide plan
  - increase in psychosomatic illness
  - medication misuse
  - past history
  - sleep and eating patterns
  - suicidal ideologies
  - suicidal note
- C-6-2 Demonstrate knowledge and ability to intervene immediately with suicidal resident as appropriate.
- C-6-3 Demonstrate ability to educate family members to cope with resident's behavior and feelings:
- observe interactions
  - teach effective response
  - document findings
  - participate in family conference
  - provide information
- C-6-4 Demonstrate knowledge and ability to provide constant observation for suicide prevention as appropriate.

# C: MENTAL AND BEHAVIORAL HEALTH

## C-7: Medication Therapy

- C-7-1 Demonstrate knowledge and utilize critical thinking in determining the use of medication in treatment:
- drug actions, interactions and side effects
  - drug protocols
  - symptom management
  - routes of administration
  - discretionary use of medications
- C-7-2 Integrate current knowledge from the neurosciences to understand etiologic models, diagnostic issues and treatment strategies.
- C-7-3 Demonstrate knowledge of psychopharmacologic principles of medications prescribed for residents, including:
- drug classification
  - intended and unintended effects
  - related nursing implications
  - health teaching
- C-7-4 Demonstrate knowledge that a psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include the following categories:
- anti-psychotic
  - anti-depressant
  - anti-anxiety
  - hypnotic
- C-7-5 Demonstrate knowledge that each resident's drug regimen must be free from unnecessary drugs; an unnecessary drug is any drug when used:
- in excessive dose
  - for excessive duration
  - without adequate monitoring
  - without adequate indications for its use
  - in presence of adverse consequences
- C-7-6 Demonstrate knowledge that residents who have NOT used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record.

## C: MENTAL AND BEHAVIORAL HEALTH

### C-7: Medication Therapy ...

- C-7-7 Demonstrate knowledge that residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.
- C-7-8 Apply principles from the neurosciences and psychopharmacology to provide safe and effective management of residents being treated with psychopharmacologic agents.
- C-7-9 Demonstrate knowledge, skills and ability to conduct and interpret resident assessments in relations to the medications, including physical, neuropsychiatric, psychosocial and drug-related parameters.
- C-7-10 Demonstrate knowledge, skills and ability to utilize appropriate nursing, psychiatric and medical diagnostic systems to guide medication management of residents.
- C-7-11 Take an active role in the treatment of residents and integrate prescribed medication interventions into a cohesive, multidimensional plan of care.

# C: MENTAL AND BEHAVIORAL HEALTH

## C-8: Dementia Management

- C-8-1 Demonstrate knowledge that *dementia* is an umbrella term for several types of progressive neurodegenerative disorders, that vary in their pattern of expression and neuropathy.
- C-8-2 Demonstrate knowledge of the different types of common dementia such as:
- Alzheimer's type dementia
  - Vascular dementia
  - Mixed (Vascular/Alzheimer's)
  - Dementia with Lewy Body
  - Fronto-temporal dementias
  - Parkinson's dementia
  - other dementias
- C-8-3 Demonstrate knowledge and ability to recognize the symptoms of dementia including changes in cognitive functioning such as:
- memory (disorientation and short-term recall)
  - communication (receptive and expressive dysphasia)
  - visuo-spatial problems (see world as other do)
  - dyspraxia (ability to carry out everyday tasks)
  - dysexecutive syndrome (ability to plan a course of action)
  - disinhibition (problems with social control of behavior)
- C-8-4 Demonstrate knowledge and ability to recognize the symptoms and stages of the various sub-types of dementias such as:
- Alzheimer's Disease (AD)
  - Vascular dementia (VaD)
  - Lewy Body dementia spectrum
  - Fronto-temporal dementia syndromes (FTDs)
  - Alcoholic dementias
  - Creutzfeldt-Jakob Disease (CJD)
  - Huntington's Disease (HD)
  - Down's Syndrome dementia
- C-8-5 Demonstrate knowledge that dementias are progressive over time, beginning with subtle changes in behavior but leading to severe disruption of function.
- C-8-6 Demonstrate knowledge that the progression depends on the type of dementia and other physical, psychological and social factors.

# C: MENTAL AND BEHAVIORAL HEALTH

## C-8: Dementia Management ...

- C-8-7 Demonstrate knowledge that dementia is not part of normal aging, but the risk of getting it increases with age.
- C-8-8 Demonstrate knowledge that there are other health factors associated with increased risk of dementia such as:
- stroke
  - Parkinson’s Disease
  - head injury
  - diabetes mellitus
  - general cardiovascular risk factors (hypertension, smoking, cholesterol, renal failure and family history)
- C-8-9 Demonstrate knowledge and awareness that people living with dementia are at risk of their personhood being undermined and that person-centered approaches to health care were developed to protect against this.
- C-8-10 Demonstrate knowledge that person-centered health care values the human dignity of people with dementia and those who care for them, regardless of age or cognitive impairment.
- C-8-11 Demonstrate knowledge that the individuality of people with dementia, and that their unique personality and life experiences will influence their response to the dementia.
- C-8-12 Demonstrate knowledge of the importance of relationships and interactions with others to the resident with dementia, and their potential for promoting wellbeing.
- C-8-13 Demonstrate knowledge that residents with dementia are adults-at-risk of abuse, as they may be unable to protect themselves from significant harm or exploitation.
- C-8-14 Demonstrate knowledge that abuse and neglect of a resident with dementia can encompass a range of acts, from minor occurrences to criminal offenses such as:
- physical abuse
  - sexual abuse
  - psychological or emotional abuse
  - neglect of acts of omission
  - financial or material abuse
  - discrimination
  - institutional abuse

# C: MENTAL AND BEHAVIORAL HEALTH

## C-8: Dementia Management ...

C-8-15 Demonstrate the ability to be vigilant to both verbal and non-verbal indicators of abuse and neglect such as:

- unexplained bruising and injury
- poor nutritional status and dehydration
- presence of restraints and locks
- financial irregularities
- negative interaction style, including telling off and rough handling
- withdrawn, anxious, depressed, distressed or aggressive behavior
- lack of confidence or self-esteem

C-8-16 Demonstrate knowledge that all staff working with residents with dementia have a responsibility to be aware of possible abuse and take appropriate action whenever there is a concern that abuse may have taken place or may occur.

C-8-17 Demonstrate knowledge that all staff need to be aware of their professional codes of conduct and have a duty to respond appropriately to concerns of abuse and neglect.

C-8-18 Demonstrate knowledge that all staff must know and follow their organization, state and federal policies and procedures for reporting abuse.

C-8-19 Demonstrate knowledge and ability to communicate with residents with various types of dementia.

C-8-20 Demonstrate an understanding of the common cognitive impairments of residents with dementia such as:

- changes in behavior
- inability to express ideas through speech
- loss of ability to communicate in languages that are not their mother tongue
- difficulty in following instruction
- loss of memory of recent events
- early memories are clearer and more present
- may see world differently

C-8-21 Demonstrate knowledge and ability to provide appropriate care to residents with cognitive impairments.

C-8-22 Demonstrate knowledge that there is no decline in depth of feeling or range of emotions, even when verbal abilities have declined.

# C: MENTAL AND BEHAVIORAL HEALTH

## C-8: Dementia Management ...

C-8-23 Demonstrate knowledge that non-verbal communication with residents with dementia becomes even more important after their verbal abilities decline.

C-8-24 Demonstrate knowledge that residents with dementia will respond to the professional's body language regardless of his/her words.

C-8-25 Demonstrate the ability to read and use non-verbal methods to effectively communicate with residents with dementia.

C-8-26 Demonstrate the ability to recognize, assess and manage pain in residents with dementia.

C-8-27 Demonstrate knowledge and ability to use pain assessment tools, both verbal and non-verbal.

C-8-28 Demonstrate the ability to recognize non-verbal pain indicators such as:

- vocalizations
- facial expressions
- body language
- behavior/activity change
- physiological indicators

C-8-29 Demonstrate knowledge and ability to recognize the physiological signs and symptoms for the resident in pain.

C-8-30 Demonstrate knowledge and ability to provide effective pain management for residents with dementia.

## C-8: Dementia Management ...

C-8-31 Demonstrate knowledge that residents with dementia are at risk of malnourishment and dehydration due to:

- memory problems
- apraxia
- dysphagia
- changing nutritional needs
- decreased sensory
- physical impairments
- oral health
- digestive problems
- medications
- cultural and religious beliefs
- poor food preparation
- physical environment

D-8-32 Demonstrate knowledge and ability to assess the nutritional needs and intake of residents with dementia.

C-8-33 Demonstrate knowledge and ability to assist a resident with dementia to eat.

C-8-34 Demonstrate knowledge and ability to provide environments that are dementia friendly such as:

- access to glasses, hearing aid, walking aid, etc.
- paths are free of obstacles
- clocks, notices and calendars for orientation
- help and assistance
- adequate lighting
- avoid patterns on floors
- reduce noise
- provide access to fresh air and greenery

C-8-35 Demonstrate knowledge and ability to provide end-of-life care and support for residents with dementia and their care givers.

# C: MENTAL AND BEHAVIORAL HEALTH

## C-9: Behavioral Health

- C-9-1 Demonstrate knowledge and ability to provide behavioral health care:
- to residents with mental and psychosocial disorders
  - to residents with a history of trauma
  - to resident with post-traumatic stress disorder
  - with non-pharmacological interventions
- C-9-2 Demonstrate knowledge and ability to provide appropriate treatment and services to residents with mental disorders or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, to correct assessed problem or to attain the highest practicable mental and psychosocial well-being.
- C-9-3 Demonstrate knowledge and ability to provide residents with dementia the appropriate services to attain or maintain his or her highest practical physical, mental and psychosocial well-being.
- C-9-4 Demonstrate knowledge and ability to refer residents for specialized services such as:
- physical therapy
  - speech-language pathology
  - occupational therapy
  - rehabilitative services
  - medically-related social services

## D: SAFETY

### D-1: Missing Resident

- D-1-1 Demonstrate knowledge and ability to identify residents who are elopement risks.
- D-1-2 Demonstrate knowledge and ability to apply agency policy and procedure for at-risk missing residents.
- D-1-3 Demonstrate ability to initiate and conduct the agency procedure for managing a missing resident situation.
- D-1-4 Demonstrate ability to record and document incident.
- D-1-5 Demonstrate ability to notify appropriate professionals / family once resident has been found.
- D-1-6 Demonstrate knowledge and ability to identify and / or advocate for a prevention plan.

### D-2: Personal Protection

- D-2-1 Demonstrate knowledge and ability to properly use personal protection devices while interacting and providing care to residents, visitors, and families such as:
  - gloves
  - masks
  - specialized masks
  - gowns and aprons
  - footwear
  - appropriate clothing
  - protective glasses / goggles
  - personal protective alarms
- D-2-2 Demonstrate the knowledge and ability to properly remove, clean and / or dispose of contaminated personal protection devices.
- D-2-3 Demonstrate knowledge and ability to use protective / safety equipment such as:
  - biochemical waste disposal
  - fire extinguisher
  - fire alarms
  - sharps containers
  - spill kits

## D: SAFETY

### D-3: Standard Precautions

D-3-1 Demonstrate knowledge and ability to demonstrate the application of the principles of standard precautions:

- hand washing
- gloves
- face shields
- protective clothing
- safety glasses
- masks

D-3-2 Demonstrate knowledge and ability to understand the growth and spread of pathogenic micro-organisms:

- clean and aseptic techniques
- donning a mask
- donning gloves
- double bagging
- gowning for isolation
- hand washing
- isolation techniques
- specialized cleaning of equipment

### D-4: Sharps

D-4-1 Demonstrate knowledge of the facility / organization policy for disposal of sharps.

D-4-2 Demonstrate the knowledge and understanding of the dangers of incorrect disposal of sharps.

D-4-3 Demonstrate knowledge and ability to use precautions in handling of sharps and follow agency protocol regarding:

- disposal of needles
- removal of needles from disposable syringes
- removal of scalpel blades from handle

D-4-4 Demonstrate knowledge and ability to immediately report needle-stick injury to appropriate personnel as per agency protocol.

# D: SAFETY

## D-5: Infection Control

D-5-1 Demonstrate knowledge and an understanding of the elements of the infectious process:

- the infection agent (pathogen)
- reservoir (growth environment)
- exit from reservoir
- method of transportation
- mode of entrance to the body
- host (another person or animal)

D-5-2 Demonstrate knowledge and an understanding of the facility's infection prevention and control program (IPCP):

- designed to provide a safe, sanitary and comfortable environment
- to prevent the development and transmission of communicable diseases and infections

D-5-3 Demonstrate knowledge and ability to identify possible communicable diseases or infections before they can spread to other persons in the facility.

D-5-4 Demonstrate knowledge and an understanding as to when and to whom to report possible incidents of communicable diseases or infections.

D-5-5 Demonstrate knowledge and ability to follow standard and transmission-based precautions to prevent spread of infections.

D-5-6 Demonstrate knowledge as to when and how isolation should be used for a resident.

D-5-7 Demonstrate ability to establish isolation procedures according to facility policy:

- consult infection preventionist (IP) as appropriate
- appropriate protection of self and resident
- disposal of utensils, supplies, and waste
- appropriate isolation rooms
- proper handling of equipment
- proper signage
- explanation to resident and family

D-5-8 Demonstrate knowledge of the circumstances under which the facility prohibits employees with a communicable disease or infected skin lesions from direct contact with residents or their food.

### D-5: Infection Control ...

- D-5-9 Demonstrate knowledge and ability to follow hand hygiene procedures when involved in direct resident contact.
- D-5-10 Demonstrate knowledge of the facility's antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
- D-5-11 Demonstrate knowledge and an ability to record incidents identified under the facility's infection prevention and control program and the corrective actions taken.
- D-5-12 Demonstrate knowledge and ability to follow policies and procedures when providing influenza and/or pneumococcal disease immunizations to residents:
- prior education regarding benefits and potential side effects
  - time period when immunization is offered
  - right of resident or designated representative to refuse
  - documentation of immunization or refusal
- D-5-13 Demonstrate knowledge and ability to handle, store, process and transport linens so as to prevent the spread of infection.
- D-5-14 Demonstrate knowledge and ability to participate in, and contribute to, the facility's annual review of its infection prevention and control program.

# D: SAFETY

## D-6: Restraints

D-6-1 Demonstrate knowledge and ability to apply nursing interventions that replace restraint use such as:

- availability of appropriate staff to stay with resident
- availability of family to stay with resident
- observation and tracking of behavior
- education of staff and family
- moving resident near nursing station
- reality orientation
- rearrangement of environment
- recreational diversion
- removal of other stimuli

D-6-2 Demonstrate knowledge and ability to identify appropriate need for restraints:

- potential injury to self
- potential injury to others

D-6-3 Demonstrate knowledge and ability to utilize protective measures for residents as an alternative to restraints such as:

- non-skid shoes or socks
- low-rise beds
- motion detectors

D-6-4 Demonstrate knowledge of legal implications of restraint use.

D-6-5 Demonstrate knowledge and understanding of resident's rights with regard to restriction of personal freedom in use of restraints.

D-6-6 Demonstrate knowledge of therapeutic and non-therapeutic use of different types of restraints:

- physical restraints and protective devices
- pharmacological restraints

D-6-7 Demonstrate knowledge of negative effects of restraint use such as:

- restriction of freedom
- risk of falls
- decrease in cognitive ability
- bladder and bowel incontinence

## D: SAFETY

### D-6: Restraints ...

- D-6-8 Demonstrate knowledge of the need for a physician / nurse practitioner's order for the use of restraints.
- D-6-9 Demonstrate knowledge of the agency policy and procedures related to the use of restraints.
- D-6-10 Demonstrate knowledge and ability to safely use type of restraint needed.
- D-6-11 Demonstrate knowledge and ability to perform ongoing assessment, care and monitoring of skin, extremity, circulation, and resident's response.
- D-6-12 Demonstrate ability to document overall effectiveness of restraint.
- D-6-13 Demonstrate ability to act appropriately to an emergency with a resident in restraint.

### D-7: Safe Work Practices

- D-7-1 Demonstrate knowledge and ability to comply with workplace policies regarding Occupational Health and Safety.
- D-7-2 Demonstrate responsibility in maintaining a safe workplace.
- D-7-3 Demonstrate ability to ensure safety of residents, self, and colleagues as appropriate.
- D-7-4 Demonstrate knowledge and ability to apply self-protection / prevention techniques such as:
- respect for personal space
  - flexibility
  - distance
  - teamwork
  - distraction techniques
  - personal alarm devices
- D-7-5 Demonstrate knowledge and ability to assess level of anxiety and recognize progression to agitation and aggression.
- D-7-6 Demonstrate knowledge and ability to document and report all types of safety related incidents as per agency policy.
- D-7-7 Demonstrate knowledge and ability to apply the principles of non-violent crisis intervention.

### D-8: Safety Documentation and Reporting

D-8-1 Demonstrate knowledge of agency policies with regard to reports such as:

- incident / occurrence reports
- professional concerns
- Workers Compensation Board
- Health and Safety committees / agencies
- needle stick protocols
- union concerns

D-8-2 Demonstrate knowledge and ability to accurately document and complete reports.

D-8-3 Demonstrate ability to forward reports to appropriate personnel.

# E: MEDICATIONS

## E-1: Medication Principles

- E-1-1 Demonstrate knowledge and ability to apply critical thinking and clinical judgment throughout the pharmacology / medication administration process.
- E-1-2 Demonstrate ability to apply knowledge of pharmacology throughout the process of administration of medication:
- describe the physiological mechanisms of medication action including absorption, distribution, metabolism and excretion
  - identify the factors which affect medication action in residents of all ages
  - identify toxic, idiosyncratic, allergic, interactive, and side effects of medications
- E-1-3 Demonstrate knowledge of the principles of medication administration as related to assessment, evaluation, and documentation.
- E-1-4 Demonstrate ability to adhere to agency policy and procedure in the safe administration of medications.

# E: MEDICATIONS

## E-2: Medication Assessment

- E-2-1 Demonstrate ability to assess the resident's need for, and potential response to, medication by researching the resident's record and observing the resident's behavior.
- E-2-2 Demonstrate ability to review the pertinent information regarding the resident prior to preparing the medication such as:
- diagnosis, history, co-morbidities, and contraindications
  - history of allergies
  - medication history
  - age, weight, and dietary history
  - current clinical condition and cognitive status
  - level of knowledge regarding medication
  - resident's learning needs
- E-2-3 Demonstrate knowledge and ability to assess the appropriateness of the route of medication administration for the resident such as:
- ability to swallow
  - level of consciousness
  - age
  - body build
  - muscle size
  - skin condition
  - weight
- E-2-4 Demonstrate ability to identify risk factors and contraindications to the medication and report appropriately.
- E-2-5 Demonstrate ability to document assessment and nursing actions related to risk factors.

# E: MEDICATIONS

## E-3: Medication Orders

E-3-1 Demonstrate knowledge and ability to identify the components of a medication order:

- name of drug
- dosage
- frequency
- route
- duration
- date and time
- signature of physician / nurse practitioner

E-3-2 Demonstrate knowledge and ability to accept, process, and initiate medication orders such as:

- written, verbal, phone or electronic order
- time limited order
- standing order
- stat order
- PRN order

E-3-3 Demonstrate knowledge and ability to verify that medication order:

- is complete and accurate
- transcribe medication order
- is appropriate to the resident and condition
- follow-up with the physician as necessary
- consult with other health professionals
- adhere to agency policy

# E: MEDICATIONS

## E-4: Resources and Information

E-4-1 Demonstrate knowledge and ability to access appropriate resources for information on medication such as:

- Compendium of Pharmaceuticals and Specialists (CPS)
- Nursing Drug Handbook
- Nursing Drug Reference
- Formulary
- Computerized Medication System
- Pharmaceutical Information Network
- Pharmacy Department

E-4-2 Demonstrate knowledge and ability to identify the types of information to be researched about a medication prior to administration:

- appropriateness of medication for resident
- action of medication
- safe dosage range
- routes
- side effects and adverse effects of the medication
- special precautions or examinations required pre and post administration
- identification of allergies
- nursing implications

## E-5: Medication Dosages

E-5-1 Demonstrate ability to apply basic arithmetic to calculate medication dosages and solutions with 100% accuracy.

E-5-2 Demonstrate knowledge and ability to identify the common systems of measurement:

- the volume and weight of the metric system
- the liquid and solid measures of the household systems

E-5-3 Demonstrate knowledge and ability to safely calculate dosages, concentrations, rates, and volumes:

- utilize available medication in desired dosage if available
- calculate the dosage quantity to be administered
- seek guidance from another health professional as necessary

# E: MEDICATIONS

## E-6: Medication Preparation

D-6-1 Demonstrate knowledge and ability to prepare medication for administration:

- mix powdered oral medications
- mix powder in a vial with diluent for injectable medications
- mix medication in infusion bag or syringe
- mix medication in buretrol / minibag infusion system
- mix medications in a syringe

D-6-2 Demonstrate knowledge and ability to prepare medications for injection:

- draw medication out of an ampoule
- draw medication out of a vial
- change needle to appropriate size for administration
- label multi-dose vials for next use
- handle and dispose of sharps appropriately

## E-7: Medication Administration

E-7-1 Demonstrate ability to apply the "rights" for administering medication - right medication, dose, route, time, resident, reason, documentation and right to refuse.

E-7-2 Demonstrate ability to review pertinent information related to medication including:

- action
- duration
- frequency
- purpose
- side effects / contraindications
- nursing implications

D-7-3 Demonstrate knowledge and ability to administer medications according to agency policy and procedures:

- enteral - oral, tube feed, nasogastric delivery
- parenteral - subcutaneous, intramuscular, intradermal and intravenous
- percutaneous - skin application (topical), mucous membranes, sublingual, against cheek, eyes, ears, nose, inhaled, vaginal and rectal

D-7-4 Demonstrate knowledge and ability to provide proper documentation:

- document administration of medication immediately after administering
- use specific forms supplied for medication documentation per agency
- computerized documentation

# E: MEDICATIONS

## E-8: Injections

- E-8-1 Demonstrate ability to properly prepare medication for injection.
- E-8-2 Demonstrate ability to repeat the check of the medication name, dose, time and route of administration, and expiration date.
- E-8-3 Demonstrate ability to double check selected medications with another nurse prior to administration according to agency policy and protocol.
- E-8-4 Demonstrate ability to identify resident by checking identification number and name.
- E-8-5 Demonstrate ability to explain steps of the procedure and the pertinent information regarding the medication to the resident.
- E-8-6 Demonstrate ability to prepare the environment for administering the injection:
  - ensure privacy
  - position resident
  - follow aseptic technique
  - secure resident appropriately
- E-8-7 Demonstrate ability to select and landmark site for injection.
- E-8-8 Demonstrate ability to use proper technique to administer injection:
  - subcutaneous
  - intradermal
  - intramuscular
  - intravenous
- E-8-9 Demonstrate ability to dispose of sharps, used equipment, and supplies.
- E-8-10 Demonstrate ability to record the medication administration and resident's response.
- E-8-11 Demonstrate ability to document and report effects from medication appropriately.

# E: MEDICATIONS

## E-9: Teaching and Support

E-9-1 Demonstrate knowledge and ability to teach and support the resident / family regarding medications:

- assess resident's understanding about the medication
- provide information regarding medication name
- provide information regarding usual action / purpose
- provide information regarding compliance
- provide information regarding possible interactions
- provide information regarding potential side effects
- provide information regarding adverse effects
- provide information regarding special precautions
- provide information to enhance the effectiveness of the medication

## E-10: Monitoring

E-10-1 Demonstrate knowledge of the therapeutic outcomes of the medication for the resident.

E-10-2 Demonstrate knowledge and ability to monitor the resident while medication is being administered and intervene appropriately as necessary.

E-10-3 Demonstrate knowledge and ability to evaluate the outcome of the medication on the resident and seek appropriate intervention as necessary.

E-10-4 Demonstrate ability to recognize, intervene, manage and report adverse and non-adverse (expected) drug reactions and document as appropriate.

E-10-5 Demonstrate knowledge and ability to recognize and manage anaphylaxis:

- identifying symptoms of anaphylaxis such as severe bronchospasm, shortness of breath, angioedema, hypotension and urticaria
- administer anaphylactic medications as appropriate
- seek assistance from other health care professionals

# E: MEDICATIONS

## E-11: Storage and Disposal

D-11-1 Demonstrate knowledge and ability to properly store and dispose of medications and medication administration supplies:

- store and dispose of sharps in appropriate manner
- check shelf life of medications
- store narcotics and controlled substances per agency policy
- maintain appropriate storage requirements for medications - refrigerated and light sensitive
- follow medication disposal protocol per agency policy

## E-12: Professional Accountability

E-12-1 Demonstrate ability to accept full responsibility and accountability for own actions in the preparation and administration of medications.

E-12-2 Demonstrate knowledge and ability to adhere to the standard of the "rights" of medication administration:

- right medication
- right dose
- right route
- right time
- right resident
- right reason
- right documentation
- right to refuse

E-12-3 Demonstrate knowledge and ability to identify and acknowledge a medication error immediately upon discovery and report appropriately to allow for timely intervention.

E-12-4 Demonstrate ability to document and complete incident / occurrence report as appropriate.

# F: QUALITY CARE

## F-1: Compliance and Ethics

- F-1-1 Demonstrate knowledge that the facility has in operation a mandated *Compliance and Ethics Program*.
- F-1-2 Demonstrate knowledge and an understanding that the purpose of the *Compliance and Ethics Program* is to effectively prevent and detect criminal, civil and administrative violations under the *Act*, and to promote quality of care.
- F-1-3 Demonstrate knowledge of the written compliance and ethics standards, policies and procedure to follow that are reasonably capable of reducing the prospect of criminal, civil, and administrative violations under the *Act* and promote quality of care.
- F-1-4 Demonstrate knowledge of the compliance and ethics program contact to which individuals must report suspected violations.
- F-1-5 Demonstrate knowledge of the alternative method of reporting suspected violations anonymously without fear of retribution.
- F-1-6 Demonstrate knowledge of the consequences for committing violations for:
- organization's entire staff
  - individual providing services under contract
  - volunteers, consistent with the volunteers' expected roles
- F-1-7 Demonstrate knowledge of the individuals responsible for overseeing compliance with the organization's compliance and ethics program's standards, policies and procedures.
- F-1-8 Demonstrate knowledge and due care not to delegate substantial discretionary authority to individuals who had a propensity to engage in criminal, civil or administrative violations under the *Social Security Act*.
- F-1-9 Demonstrate knowledge and ability to assist in disseminating information that explains in a practical manner what is required under the compliance and ethics program.
- F-1-10 Demonstrate knowledge and ability to recognize and report violations to the compliance and ethics programs.
- F-1-11 Demonstrate knowledge and a willingness to participate in annual reviews and revisions of the compliance and ethics program.

# F: QUALITY CARE

## F-2: Quality Assurance

- F-2-1 Demonstrate knowledge of the organization's quality assurance and performance improvement (QAPI) program that focuses on indicators of care and quality of life.
- F-2-2 Demonstrate knowledge of the documentation and systems required to demonstrate systematic identification, reporting, investigation, analysis and prevention of adverse events.
- F-2-3 Demonstrate knowledge and awareness that the QAPI program must address the full range of care and services provided by the facility including clinical care, quality of life and resident choice.
- F-2-4 Demonstrate knowledge of systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives.
- F-2-5 Demonstrate knowledge of how information is used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.
- F-2-6 Demonstrate knowledge and understanding of the performance indicators used by the organization's QAPI program.
- F-2-7 Demonstrate knowledge of the facility's adverse event monitoring, including the methods by which the facility uses to systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility.
- F-2-8 Demonstrate knowledge of the approaches used to determine underlying causes of problems impacting larger systems.
- F-2-9 Demonstrate knowledge of corrective systems designed to effect changes to prevent or reduce quality of care, quality of life, or safety problems.
- F-2-10 Demonstrate knowledge of how the facility monitors the effectiveness of its performance improvement activities.
- F-2-11 Demonstrate knowledge of how to set priorities for performance improvement activities that focus on:
  - high-risk, high-volume or problem prone areas
  - incidence, prevalence and severity of problems
  - health outcomes, resident safety/autonomy/choice
  - quality of care

## F: QUALITY CARE

### F-2: Quality Assurance ...

- F-2-12 Demonstrate knowledge and ability to track medical errors and adverse resident events, analyze their causes and implement preventive actions and mechanisms that include feedback and learning through the facility.
- F-2-13 Demonstrate knowledge and ability to participate in quality assessment and assurance committee and projects.
- F-2-14 Demonstrate knowledge that good faith attempts by the quality assessment and assurance committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

# G: PROFESSIONALISM

## G-1: Professional Conduct

- G-1-1 Demonstrate knowledge and ability to perform only those duties and restricted activities within assigned authority as outlined in legislation and regulation.
- G-1-2 Demonstrate knowledge and ability to identify and report any incompetent, illegal or unethical conduct by colleagues or other health care personnel to the appropriate authority.
- G-1-3 Demonstrate knowledge and ability to seek assistance when unable to perform competently.
- G-1-4 Demonstrate knowledge and ability to identify when assignment of duties is beyond individual competence or authorized practice and respond in a manner such as:
- consult with team members or supervisor
  - collaborate as necessary
  - hand off tasks as necessary
  - upgrade education and training
- G-1-5 Demonstrate knowledge and ability to apply concepts of professional autonomy throughout practice such as:
- accountability for one's own actions and behaviors
  - best practices and research
  - independence as appropriate
  - ethical decision making
  - self-managed competence
- G-1-6 Demonstrate knowledge and ability to maintain confidentiality with residents, colleagues, staff, team and organization such as:
- adhere to policy, procedures, guidelines, standards and legislation
  - identify and report breaches in confidentiality
  - manage all resident information appropriately (verbal, written, electronic)
  - recognize and manage risks
- G-1-7 Demonstrate knowledge and ability to display professional behavior both inside and outside the workplace.
- G-1-8 Demonstrate knowledge and ability to provide health care services in a nondiscriminatory and ethical manner.
- G-1-9 Demonstrate knowledge and ability to recognize and minimize risks that may lead to malpractice.

# G: PROFESSIONALISM

## G-2: Professional Boundaries

G-2-1 Demonstrate knowledge and ability to establish, maintain and manage professional boundaries with:

- resident, family and others
- colleagues and co-workers
- students and trainees
- supervisors
- employers
- suppliers and vendors

G-2-2 Demonstrate knowledge and ability to recognize and maintain professional boundaries such as:

- beginning, maintaining and ending relationships
- caring for family / friends
- casual, friendship, romantic, sexual
- chastising, coercion, favoritism
- conflict of interest
- giving and receiving gifts
- inappropriate financial or personal benefits
- inappropriate physical contact
- limited self-disclosure
- psychological abuse and/or disruptive behaviors
- social media interactions

G-2-3 Demonstrate knowledge and ability to recognize and avoid risks associated with use of social media such as:

- breaching resident / organizational privacy and confidentiality
- compromising public safety
- diluting trust in health care professionals and the health care system
- undermining individual professional reputation and career
- using during work hours

# G: PROFESSIONALISM

## G-3: Fitness to Practice

G-3-1 Demonstrate knowledge and ability to maintain physical, mental and emotional health to ensure safe, competent and ethical practice.

G-3-2 Demonstrate ability to monitor self for fitness-to-practice such as:

- addictions
- cognition
- coping mechanisms
- family and environmental issues
- inappropriate behaviors
- mental health
- physical ability
- psychological well-being
- sensory perception
- stress management

G-3-3 Demonstrate ability to take responsibility and self-manage fitness-to-practice to ensure resident and personal safety such as:

- participating in wellness activities
- maintaining positive self-esteem and attitude
- managing work-life balance
- accessing assistance programs / counseling
- self-reporting and withdrawing from providing services, if necessary

G-3-4 Demonstrate ability to recognize resources available and access appropriate ones for self-improvement and maintenance of personal well-being.