Home Health and Hospice Aides and Compliance: Improve Quality by Reducing Risk

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Your Team
Home Health and Hospice Aides

Vital Statistic

As of 2014:
- 913,500 aides
- Job outlook for 2014 – 2024:
  - Increase of 38% (much faster than average)
  - Projected new jobs 318,400

*Source: BLS: https://www.bls.gov/ooh/health-care/home-health-aides.htm
Objectives

- Understand CMS’ change in approach to Quality Assurance
- Recognize vital role of the aide
- Acknowledge the risk in providing aide services
- Discuss how to manage the risk in providing aide services
- Examine how to improve quality care by reducing the risk in providing aide services
- Questions and discussion

CMS: A Change in Quality Approach

- Problem focused
  - Identified poor performers
  - With continuing advances in health care delivery, CMS changed its approach...
- Directed back to the center –
  - Patient-centered, data-driven, outcome oriented
Revision to Home Health CoPs

- Focused on:
  - Interdisciplinary approach
  - Integrated approach

- Less focused on:
  - Administrative process

- Always focused on:
  - Patient Rights

Back to the Center of Care: the Patient
Home Health and Hospice Aides

Recognize Vital Role of the Aide

Assigned wide range of tasks

Provides majority of care
Acknowledge the Risk in Providing Aide Services

Narrow "scope of practice"

Paraprofessional

Assigned wide range of tasks

Provides majority of care

Need to Build Strong Foundation for Aides

Independent

Narrow "scope of practice"

Paraprofessional

Assigned wide range of tasks

Provides majority of care
Manage the Risk in Providing Aide Services

Independent

Narrow "scope of practice"

Paraprofessional

Assigned wide range of tasks

Provides majority of care

• IDT

Home Health and Hospice Interdisciplinary Teams and Meetings

• Opportunities for aides to:
  – Join the team in discussion about the patient
  – Participate in discussion about possible revisions and updates to the Plan of Care
  – Clarify any questions about the patients and the Plan of Care
  – Learn more!
Home Health CoP Revision - IDT

§ 484.80 – Home health aide services
- Home health aide assignments and duties
  - Home Health aides must be members of the interdisciplinary team

Manage the Risk in Providing Aide Services

- Independent
- Narrow "scope of practice"
- Paraprofessional
- Assigned wide range of tasks
- Provides majority of care
- Aide Plan of Care
Aide Assignment/POC

- RN assigns aide specific patient and must consider:
  - Skills of the aide
  - Amount of supervision needed
  - Specific nursing or therapy needs of the patient
  - Capabilities of the patient’s family/caregiver

Aide POC

- Written patient care instructions (POC) for the aide must be prepared by the RN.

- *HH Note: If an RN is not on the case, the therapist responsible for home health aide’s supervision may prepare the aide instructions.
Home Health CoP Revision – Aide POC

§ 484.80 – Home health aide services
• Home health aide assignments and duties
• Rehab staff can develop the aide plan of care

Development of Aide POC

• Based on assessment of patient needs and the patient/family/caregiver desires, goals and decisions.
  • Priority: Patient's safety needs

• Written instructions must be specific to the patient
  • Assigned duties/tasks are ordered by physician and are permitted to be perform under state law.
  • Duties may include: Hands-on personal care; Performance of simple procedures as an extension of nursing or therapy services; Assistance in ambulation or exercises; Assistance in administering medications ordinarily self-administered (as permitted under state law)
Aide POC

- Professional staff documents effective communication/orientation of the POC to the aide prior to or during the initial aide home visit.
- Aide demonstrates knowledge of and follows POC.
- Documentation verifies reassessment of the client and review of the plan of care by the professional at specified intervals per CMS requirements and organizational policy.
- **HH Note:** Reassessment must be done at least every 60 days.

Common Pitfalls: Developing and Writing POC

- RNs and/or Aides do not define terms on POC in same way
- Frequency written to include the SOC week; often begins week two.
- RN does not complete an ongoing assessment of the needs of the patient in consultation with the patient/family/caregiver/aide
- RNs and/or Aides do not understand the Aide’s "scope of practice"
- Wide range of choices
- Patient condition changes
Manage the Risk in Providing Aide Services

- Independent
- Narrow "scope of practice"
- Paraprofessional role
- Assigned wide range of tasks
- Provides majority of care

• Aide Competency

Home Health CoP Revision: Aide Competency

§ 484.80 – Home health aide services
- Qualifications
- Content and duration of home health aide classroom and supervised practical training
- Competency evaluation
  - Satisfactory/unsatisfactory ratings
- In-service training (unchanged)
- Qualifications for instructors conducting classroom and supervised practical training (RN w/2 years nursing, at least 1 year in home health)
- Eligible training and competency evaluation organizations
  - Description of criteria rendering a provider ineligible (expanded from current)
Aide Competency Evaluation

- Competency evaluations are performed by RN
- Competency skills are assessed prior to delivery of care
- For training purposes, mannequins and/or simulation may be used in a lab setting
- Competency must be evaluated as described by the standards. Tasks cannot be assigned on the plan of care until the aide’s competency has been validated satisfactory.

Aide Competency Evaluation

Direct Observation (on a patient)

**Note:** These subject areas may be evaluated with the tasks being performed on a "pseudo-patient" such as another aide or volunteer in a laboratory setting. **Mannequins and/or simulation in any manner must not be used**

- Reading and recording of Temperature, Pulse, and Respiration
- Bath (bed, sponge, tub, or shower). **Note: In Hospice, all 4 must be observed**
- Shampoo (sink, tub, or bed). **Note: In Hospice, all 3 must be observed**
  - Nail and skin care
  - Oral hygiene
  - Toileting and eliminating
  - Safe transfer techniques/ambulation
  - Normal range of motion/positioning

**Hospice only:** Communication skills, including the ability to read, write, and verbally report clinical information to patients, caregivers, and other hospice staff
Aide Competency Evaluation

Indirect Observation

Required assessment of the aide’s skill (written/oral examination, or observations may be used)

- Observation, reporting and documentation of patient status and the care or services furnished.
- Basic infection control procedures.
- Basic elements of body functioning and changes in body function that must be reported to the aide’s supervisor.
- Maintenance of a clean, safe, and healthy environment.
- Recognizing emergencies and knowledge of emergency procedures.
- Ability to care for the physical, emotional, and developmental needs of the populations served by the Hospice/Home Health agencies.
  - Respect for the patient, his/her privacy, and his/her property.
  - Adequate nutrition and fluid intake
  - Any other task that agency chooses aide to perform. For tasks to have the aide perform.

Common Pitfalls: Aide Competency Tool

- Nothing on tool indicates tasks were evaluated in the care of a patient or in a laboratory setting using a pseudo-patient
- Required tasks are grouped together into generic categories on one line, rather than on individual lines
- No indication which tasks must be “observed”
- Misperception aide competency can be completed by observing aide with 1 patient
- "Met" column has a line drawn from top to bottom which indicates that all the tasks were performed on one patient at one time
- Use of patient names instead of medical record number on competency document
Manage the Risk in Providing Aide Services

- **Independent**
- **Narrow “scope of practice”**
- **Paraprofessional role**
- **Assigned wide range of tasks**
- **Provides majority of care**

**Aide Supervision**

Home Health CoP Revision – Aide Supervision

- § 484.80 – Home health aide services
  - Home health aide assignments and duties
    - Home Health aides must be members of the interdisciplinary team
    - Rehab staff can develop the aide plan of care
  - Supervision of home health aides
    - Every 14 days (aide does not have to be present)
      - Areas of concern identified – requires observation visit
      - Rehab staff can conduct the supervisory visits
    - Annual on-site visit with the home health aide present
    - Every 60 days, with aide present, for those patients not receiving skilled services (RN)
Aide Supervision

• RN must perform the supervisory visit to assess quality of care and services provided by the aide AND whether the ordered services meet the patient’s needs.

• **Note:** In Home Health, if the patient is not receiving skilled nursing care, supervision may be provided by the appropriate therapist (physical therapy, occupational therapy, or speech therapy).

• Supervision visits may be made in conjunction with a professional visit to provide services.

• RN supervisory visit (or supervising therapist) is made every 14 days in the patient’s home to assess whether the aide is following the patient’s POC for completion of tasks assigned to the aide by the RN.
  – Ensure of successful interpersonal relationship with the patient and family.
  – Demonstrate competency with assigned tasks.

• RN supervisory visit – the aide may or may not be present during supervisory encounters.

Common Pitfalls: Aide Supervision

• Box is “checked” vs “documented” elements of supervision.
• Patient and/or caregiver refuses an assigned task.
  • Aide leaves the document blank and does not indicate it was refused.
    – Patient asks aide to perform an unassigned task.
    – Aide obliges and does not contact the supervising professional.

• Plan of Care not updated: RN does not see the discrepancy of what was assigned versus what the aide does on supervisory visit.
• Nursing visit schedule and the 14 day challenge.
Contracted Aides

- If the agency chooses to provide aide services under arrangements with another organization or is contracted, the agency’s responsibilities include, but are not limited to:
  - Ensuring overall quality care provided by the aide
  - Supervision of the aide’s services as described above
  - Ensuring that the aide providing services have met the training and competency requirements

Aide Home Visits and Documentation

- Aides must follow the POC as “written,” not less and not more.
- Aide performs tasks only as been trained and has demonstrated competency
- Aide documents the tasks performed
- Aide documents communication with RN (or supervising therapist) when POC could not be followed, patient wants a change in the POC, and/or there is a change in the patient condition.
Common Pitfalls:
Home Visit/Aide Documentation

• Aide has not been oriented to POC.
• Definition of terms used on the plan of care are not clear (i.e. chair bath, tub bath, etc).
• Missed Visits (either no note or no reason given on the note)
• MD is not informed of missed visits and need to alter POC.
• POC and aide documentation do not coincide.
• No place to assign necessary tasks on the plan of care document.
• No place for the aide to document the tasks assigned were completed on
the visit note.

Common Pitfalls:
Home Visit/Aide Documentation

• Aide does not understand who makes changes to POC
• Provides tasks requested by the patient/caregiver. Does not document
requests to change the task or notifying RN POC needs change
• Documents the patient is experiencing symptoms, but does not document
informing the RN
• RN and/or Aide do not understand the care provided matches the plan of
care and documentation validates that care.
• RN and/or Aide do not know state’s “Scope of Practice”
Warning Signal: Deficiencies/Required Actions

An agency does not only need to “correct what needs to be corrected” but refocus on the patient and the care being delivered

Frequent Aide Deficiencies

- Limited “scope of practice”
  - G225/L626
  - G229/L629
- Paraprofessional role
  - G212/L615
- Assigned wide range of tasks
  - G224/L625
Improve Quality of Care

G224/L625
Well Developed/Written POC
Improved Patient Care

Improve Quality of Care

G212/L615
Comprehensive and clear competency tool
Improved patient care
Improve Quality of Care

- G224/L625, G229/L626
- Thoughtful Aide Supervision
- Improved patient care

Overall Improvement in Quality of Care

- Decreased probability of adverse events
  - Immediate jeopardy
- Decreased probability of citations/required actions
  - Decreased probability of condition level finding
  - Decreased probability of civil monetary penalties
Back to the Center of Care: the Patient

Questions/Discussion