Home Health, Home Care, 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

- Gain an understanding of CMS’ change in approach to Quality Assurance
- Recognize vital role of the aide
- Recognize the defined role of the aide
- Acknowledge the risk in providing aide services
- Examine ways to manage the risk in providing aide services
- Recognize how reducing risk improves quality
- Questions and discussion

Back to the Center of Care: the Patient
Recognize Vital Role of the Aide

Assigned wide range of tasks

Provides majority of care
Recognize the defined role of the aide

- Well defined "scope of practice"
- Paraprofessional
- Assigned wide range of tasks
- Provides majority of care

Acknowledge the Risks in Providing Aide Services

- Independent
- Well defined "scope of practice"
- Paraprofessional
- Assigned wide range of tasks
- Provides majority of care
Manage the Risk in Providing Aide Services

- Independent
- Well Defined "scope of practice"
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• Interdisciplinary Team

Home Health and Hospice Interdisciplinary Teams and Meetings

• Opportunities for aides to:
  – Join the team in discussion about the patient
  – Participate in discussing revisions and updates to the Plan of Care
  – Clarify any questions about patients and the Plan of Care
  – Learn more!
Manage the Risk in Providing Aide Services

- Independent
- Well Defined "scope of practice"
- Paraprofessional
- Assigned wide range of tasks
- Provides majority of care

Aide POC

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

- *HH Note: If nursing services are not the primary services provided to the patient, the therapist responsible for home health aide’s supervision may prepare the aide instructions.
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.

Common Pitfalls: Developing and Writing POC

• Lack of specificity
• Wide range of choices
• Use of “PRN” or “per patient request”
• Plan of Care is not updated
Aide POC

- Professional staff must orient the aide prior to or during the initial aide home visit
- Aide demonstrates knowledge of and follows POC
- Remember that the POC gets updated often

Aide Assignment

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

Aide Competency Evaluation

- Competency evaluations are performed by RN
- Competency skills are assessed prior to delivery of care
- Competency must be evaluated as described by CMS requirements
  - 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

- Competency Tool –

- Tasks evaluated:
  - Required tasks are grouped together into generic categories on one line, rather than on individual lines

- Method of evaluation:
  - Nothing on tool indicates tasks were evaluated in the care of a patient or in a laboratory setting using a pseudo-patient
  - No indication which tasks must be “observed”
  - Met” column has a line drawn from top to bottom which indicates that all the tasks were performed on one patient at one time

- Completed form:
  Does not include name of aide, evaluator, and/or date that competency was completed

Manage the Risk in Providing Aide Services

Aide Supervision

- Independent
- Well defined “scope of practice”
- Paraprofessional role
- Assigned wide range of tasks
- Provides majority of care
Aide Supervision

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

• RN supervisory visit (or supervising therapist) is made no less frequently then every 2 weeks (Hospice – 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 successful interpersonal relationship with the patient and family.
  – Demonstrate competency with assigned tasks and adherence to the plan of care.

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

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

Common Pitfalls: Aide Supervision/Documentation

• Supervision
  – 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

Documentation
  – Box is “checked” vs “documented” elements of supervision.
  – Aide leaves document blank when patient refuses a task.
  – Patient asks aide to perform an unassigned task.
  – Aide does not document contacting the supervising professional.
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 describe above
  - Ensuring that the aide providing services have met the training and competency requirements

Aide Home Visits and Documentation

Home Visits
- Aides must follow the POC as “written;” not less and not more.
- Aide performs tasks only as been trained and has demonstrated competency for

Documentation
- 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

Home Visit
• Definition of terms used on the plan of care are not clear (i.e. chair bath, tub bath, etc).
• Aide has not been oriented to POC
• Provides tasks requested by the patient/caregiver

Common Pitfalls: Aide Documentation

• Missed Visits are not documented nor a reason why visit was missed
• If a visit was missed, no notification that physician was informed and/or there is a need to change/alter POC
• POC and aide documentation are not in alignment
• No documentation of requests to change task on POC or notification to RN the POC needs a change
• Documents the patient is experiencing symptoms, but does not document informing the RN
Warning Signal: Deficiencies/Required Actions

- Cited deficiencies/required actions
- No only need to “correct what needs to be corrected” but refocus on the patient and the care being delivered

*(For Medicare certified agencies this can result in citation of multiple G and L tags)*

### Frequent Aide Deficiencies

- **Well defined "scope of practice"**
  - Aide not following the plan of care
  - Aide Supervision

- **Paraprofessional role**
  - Aide Competency

- **Assigned wide range of tasks**
  - Plan of Care does not clarify task
Overall Improvement in Quality of Care

Reducing Risk:
- Plan of Care is well developed and well written
- Aide Competency tool complete
- Aide Supervision is “thoughtful”

- Improving Quality Care
  - Decreased probability of adverse events
    - Immediate jeopardy
  - Decreased probability of citations/required actions
  - Decreased probability of condition level finding and additional visits

Back to the Center of Care: the Patient
Change Ahead

2018 Changes for Medicare Home Health Aide CoP’s

CMS’ change to Quality Assurance Revision of the HH CoPs

• CFR 484.36 to CFR 484.80

• Focused on:
  • Integrated approach
  • Interdisciplinary approach

• Less focused on:
  • Administrative process

• Always focused on:
  • Patient Rights
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

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
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)

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)
CHAP Resources

- [jackie.king@chapinc.org](mailto:jackie.king@chapinc.org) - Jackie King
- [customerservice@chapinc.org](mailto:customerservice@chapinc.org) – General questions (related or unrelated to standards)
- [standards@chapinc.org](mailto:standards@chapinc.org) – Questions related to CHAP’s new standards/HH Revised CoPs