



Providing Home Care



A Textbook for Home Health Aides

William Leahy, MD

with Jetta Fuzy, RN, MS

and Julie Grafe, RN, BSN

THIRD EDITION



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Notice to Readers

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

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Gender Usage

This textbook utilizes the pronouns "he," "his," "she," and "hers" interchangeably to denote healthcare team members and clients.

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Acknowledgments

All books need an author. Finding one who is passionate and knowledgeable is a publisher's most important work. William Leahy, MD became involved with home health aide education both out of an interest in the care his patients received and to give direction and meaning to the lives of young people in his community. After teaching the home health aide program at Bladensburg High School in suburban Maryland, he undertook the project of writing a better book. To his credit, he hired a registered nurse, working as a professional health journalist, to help craft the project. His vision was to have learning and teaching material that could be used by the program he founded and subsequently, to use the royalties from the project to ensure the program's continuance. All royalties from sales of this book fund a foundation formed to support young people studying healthcare careers.

Developing educational material for unlicensed healthcare workers demands the guidance of nurses who understand both educational theory and the practice of home health aide services. We found both in our experienced consulting editors, Jetta Fuzy, RN, MS, and Julie Grafe, RN, BSN.

During the years of creating and revising this text, many reviewers and customers guided us. A sincere thanks to each of them:

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Using this Book

This book will help you master what you need to know to provide excellent, compassionate care to clients with very different needs. It will also teach you to take care of yourself and your career.

Understanding how the book is organized will help you make the most of this resource.

We have divided this book into seven sections and assigned each section its own colored tab. Each colored tab contains the chapter number and title, and you'll see them on the side of every page. At the top of every page, you'll find the name of the topic that is being taught.

Understanding Home Health Aide Services

Building a Foundation: Before Client Care

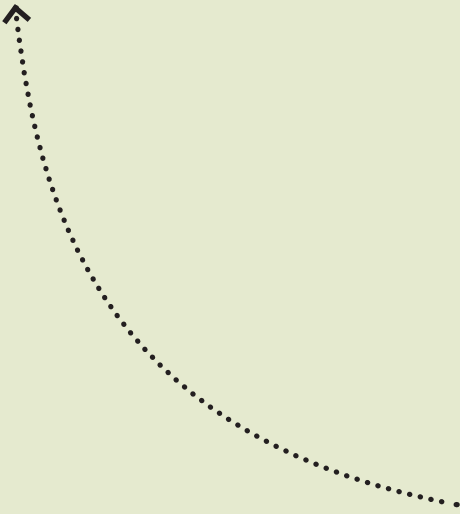
A Holistic Approach to Understanding Clients

Developing Personal Care and Basic Healthcare Skills

Special Clients, Special Needs

Practical Knowledge and Skills in Home Management

Where Do I Go From Here?



1. List examples of legal and ethical behavior

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

intravenous (*in-trah-VEE-nus*)

Need help pronouncing a word? With each new word introduced in the text, the pronunciation is included.

Here are our rules for using the pronunciations:

Long vowels

A = AY

E = EE

I = EYE

O = Oh or O

U = oo or yoo

Short vowels

a = a as in "above"

e = e as in "bet"

i = i as in "sip"

o = o as in "not"

u = u as in "bud"

oo = oo as in "Sue"

yoo = as in "cute"

oy = as in "oil"

key terms

You'll find bold key terms throughout the text followed by the definition.

Washing hands

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



Common disorders, guidelines, and observing and reporting are colored for easy reference.

Chapter Review

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

1

Home Care and the Healthcare System

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

You are training to become a home health aide because you know that health care is a growing field. The healthcare system refers to all the different kinds of providers, facilities, and payers involved in delivering medical care. **Providers** are people or organizations that provide health care, including doctors, nurses, clinics, and agencies. **Facilities** are places where care is delivered or administered, including hospitals, long-term care facilities or nursing homes, and treatment centers. **Payers** are people or organizations paying for healthcare services. These include insurance companies, government programs like Medicare and Medicaid, and the individual patients or clients. Together, all these people, places, and organizations make up our healthcare system.

When you need health care you probably go to a doctor's office, a clinic, or an emergency room. Most of the time, you will be seen and treated by a physician (MD), a registered nurse (RN), a certified nurse practitioner (CNP), or a physician's assistant (PA). If you need further care or treatment, it may be provided by a specialist (MD), a physical therapist (PT), a speech language pathologist or therapist (SLP or ST), or another kind of healthcare worker. People who need continuing care may spend time in a hospital, reha-

ilitation center, or a nursing home. Some people who need continuing care will be cared for in their homes (Fig. 1-1) by a home health aide (HHA) or other home care professional. This type of care is called home health care.



Fig. 1-1. Home health care is provided in a person's home.

Healthcare Settings

Home health aides work in the home. However, there are a variety of healthcare settings, including:

- **Long-term care (LTC)** facilities, also called “nursing homes” and “nursing facilities,” are for people who need 24-hour care.

Long-term care assists those with ongoing conditions.

- **Assisted living** facilities provide some help with daily care, such as showers, meals, and dressing. Help with medications may also be given.
- **Adult daycare** is given at a facility during daytime working hours. Generally, adult daycare is for people who need some help, but are not seriously ill or disabled.
- **Acute care** is given in hospitals and ambulatory surgical centers for people who have an immediate illness or injury. People are admitted for short stays for surgery or diseases.
- **Subacute care** is care given in a hospital or in a nursing home. The people need more care and observation than some long-term care facilities can give.
- **Rehabilitation** is care given by the specialists mentioned earlier in the chapter. Physical, occupational, and speech therapists help restore or improve function after an illness or injury. You will learn more about rehabilitation in Chapter 15.
- **Hospice** care is given in homes or facilities for people who have six months or less to live. Hospice workers give physical and emotional care and comfort, while also supporting families. You will learn more about hospice care in Chapter 11.

Who will pay for your care may determine what kind of care you receive and where you receive it. Often payers control the amount and types of healthcare services people receive. **Traditional insurance companies** offer plans that pay for health care of plan members. Most people covered by traditional insurance are part of a plan at their place of work. The costs are paid for by the employer, the employee, or shared by both. Traditional insurance plans usually provide excellent care for their members. However, the costs have risen greatly and many employers and employees can no longer afford to pay for traditional insurance plans.

As a reaction to the increased costs of traditional insurance plans, many employers and employees belong to **health maintenance organizations** (HMOs). If you belong to an HMO, you must use a particular doctor or group of doctors except in case of emergency. The doctors working for HMOs are paid to provide care while keeping costs down. Thus they may see more patients, order fewer tests, or cut costs in other ways.

Preferred provider organizations (PPOs) are another healthcare option used to reduce costs. A PPO is a network of providers that contract to provide health services to a group of people. Employees are given incentives to use network providers. Employers are given reduced, fee-for-service rates for getting employees to participate in the network. A person in a PPO may still get health care outside the network of providers, but must pay a higher portion of the cost.

If you become seriously ill, you may be admitted to a hospital. This decision is made by a doctor, and may have to be approved by your insurance company. The costs of hospital care have risen greatly. To make up for it, healthcare payers are controlling who can be admitted to a hospital and for how long.

After release from the hospital, many people need continuing care. This is particularly true as people are released after shorter hospital stays. Continuing care may be provided in a long-term care facility, a rehabilitation hospital, or by a home health agency. The type of care depends on the medical condition and needs of the patient or client.

Our healthcare system is constantly changing. As we develop new and better ways of caring for people, care becomes more expensive. Better health care helps people live longer, which leads to a larger elderly population that may need additional health care. New discoveries and expensive equipment have also driven healthcare costs higher (Fig. 1-2).



Fig. 1-2. Technology makes it possible to offer better health care, but medication and equipment can be expensive.

HMOs and PPOs continue to replace traditional insurance plans. This affects the amount and quality of health care provided. These cost control strategies are often called **managed care**. In the past, the goal of health care was to make sick people well. Today it is to get sick people well in the most efficient (least expensive) way possible. Home health care is in part a cost-controlling strategy because it is less expensive to care for someone in the home than in a facility. Shorter hospital stays, another cost-controlling strategy, have also increased the need for home health care.

2. Explain Medicare and Medicaid, and list when Medicare recipients may receive home care

Medicare was established in 1965 for people aged 65 or older. It now also covers people of any age with permanent kidney failure or certain disabilities. Medicare currently covers more than 40 million people. Medicare pays for 31.6% of all home care. Medicare has two parts: Hospital Insurance (Part A), and Medical Insurance (Part B). Part A helps pay for care in a hospital or skilled nursing facility or for care from a home health agency or hospice. Part B helps pay for physician services and various other medical services and equipment. Medicare will only pay for care it determines to be medically necessary. **Medicaid**, which pays

for 13.3% of all home care, is a medical assistance program for low-income people.

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

3. Explain the purpose of and need for home health care

Institutional health care delivered in hospitals and nursing homes is expensive. To reduce costs, hospitals have begun to discharge patients earlier. Many people who are discharged have not recovered their strength and stamina. Many require skilled assistance or monitoring. Others need only short-term assistance at home. Most insurance companies are willing to pay for a part of this care because it is less expensive than a long hospital or nursing home stay.

The growing numbers of older people and chronically ill people are also creating a demand for home care services. Family members who in the past would care for aging or ill relatives frequently leave home towns to live and work in distant areas. In addition, they often have other responsibilities or problems that interfere with their ability to provide care. For example, family members who work or who care for young children may be unable to look after aging relatives as they become frail and less functional.

Most people who need some medical care prefer the familiar surroundings of home to an institution. They choose to live alone or receive care from a relative or friend. Home health

aides can provide assistance to the chronically ill, the elderly, and family caregivers who need relief from the physical and emotional stress of caregiving. Many home health aides also work in assisted living facilities. Assisted living facilities allow independent living in a home-like environment, with professional care available as needed.

As advances in medicine and technology extend the lives of people with chronic illnesses, the number of people needing health care will increase. Home services will be needed to provide continued care and assistance as chronic illnesses progress. For example, people with acquired immunodeficiency syndrome (AIDS), a chronic illness that is infecting more and more people throughout the world, will require in-home assistance (Fig. 1-3). They will also require disease-specific health care as their illnesses progress. Improvements in medications and better management of the disease have already shown that people with AIDS can live longer, with an improved quality of life.



Fig. 1-3. Home health aides often provide ongoing care for people with chronic illnesses.

One of the most important reasons for health care in the home is that most people who are ill or disabled feel more comfortable at home. Health care in familiar surroundings improves mental and physical well-being. It has proven to be a major factor in the healing process.

4. List key events in the history of home care services

The first home health aides were women hired to care for the homes and children of mothers who were sick or hospitalized in the early 1900s. During the Great Depression in the 1930s, women were hired as “housekeeping aides.” They were paid by the government. When this government program was discontinued, some aides continued to work for local family and children’s services, which provided services to families in need.

In 1959, a national conference on homemaker services was held. It was clear that there was a great need not only for homemaker or housekeeping services, but for personal, in-home care for sick people. Thus, the aide’s role expanded to include personal care of the sick as well as care of the home and family.

In 1965, the Medicare program was created. Because many Medicare recipients need home care, home health services have been growing ever since. Medicare first began referring to homemakers as “home health aides.”

Growth in the number of certified home health agencies, 1989 to 2004.

	Medicare Certified Home Health Agencies	Medicare Certified Hospice
1989	5,676	597
2000	7,628	2,634

Interest in home health care has increased for several reasons. Increased healthcare costs along with advances in capabilities have created a need for the affordable, continuing care that home care provides. The growing population of the elderly and people with chronic diseases, such as AIDS and Alzheimer’s disease, has also created greater demand for home care.

Another reason home health care has grown is the use of **diagnostic related groups** (DRGs) by Medicare and Medicaid. A DRG specifies the treatment cost Medicare or Medicaid will pay for various **diagnoses** (*dye-ag-NOH-seez*), or physicians' determinations of an illness. Because a flat fee is assigned for each diagnosis, hospitals lose money if a person's stay is longer than what is allotted in the DRG. Hospitals generally make money if a person's treatment is completed more quickly than specified in the DRG. Home health care has grown to take care of the needs of people who are discharged from the hospital earlier than they would have been in the past.

Today, the process of training and monitoring home health aides is changing. Many states are developing certification standards for programs that train aides.

The Centers for Medicare & Medicaid Services (CMS), formerly the Health Care Finance Administration (HCFA), is a federal agency within the U.S. Department of Health and Human Services. CMS runs the Medicare and Medicaid programs at the federal level. In 1999, CMS issued new rules for home health agencies that care for Medicare clients. These rules require criminal background checks for newly-hired aides. They also state that certified nursing assistants can work as home health aides after receiving training and taking a competency evaluation.

5. Identify the basic methods of payment for home health services

Any of the following may pay for home health services (Fig. 1-4):

- Medicare
- Medicaid
- Individual client or family
- Insurance company
- State and local governments

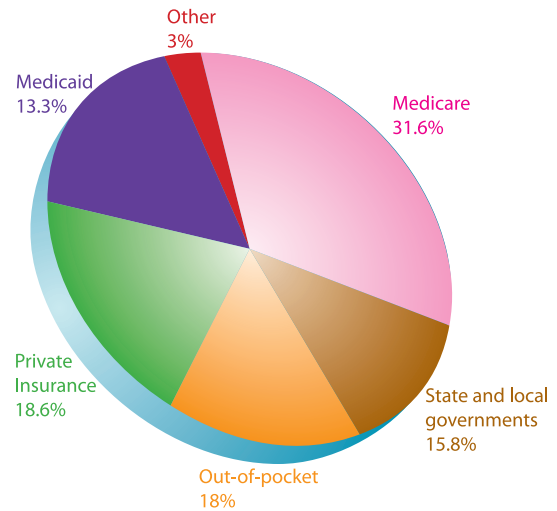


Fig. 1-4. Sources of payment for home health care. [Source: Centers for Medicare & Medicaid Services Office of the Actuary National Health Care Expenditures: 1990-2012 www.cms.gov (February 2004) via The National Association for Home Care & Hospice “Basic Statistics About Home Care,” www.nahc.org]

Medicare pays agencies a fixed fee for a 60-day period of care based on a client's condition. If the cost of providing care exceeds the payment, the agency loses money. If the care provided costs less than the payment, it makes money. For these reasons, home health agencies must pay close attention to costs. And because all payers monitor the quality of care provided, how work is documented or recorded is very important.

CMS's payment system for home care is called the “home health prospective payment system” or “HH PPS.” It works very much like the DRG system described earlier for hospitals.

6. Describe a typical home health agency

Many home health aides are employed by home health agencies. **Home health agencies** are businesses that provide health care and personal services in the home. Healthcare services provided by home health agencies may include nursing care, specialized therapy, specific medical equipment, pharmacy and intravenous (IV) products, and personal care. Personal care services may include housekeeping, shopping, help with activities of daily living, and cooking.

Clients who need home care are referred to a home health agency by their doctors. They can also be referred by a hospital discharge planner, a social services agency, the state or local department of public health, the welfare office, a local agency on aging, or a senior center. Clients and family members can also choose an agency that meets their needs.

Once an agency is chosen and the doctor has made a referral, a staff member performs an assessment of the client. This determines how the care needs can best be met. The home environment will also be evaluated to determine whether it is safe for the client.

The services home health agencies provide depend on the size of the agency. Small agencies may provide basic nursing care, personal care, and housekeeping services. Larger agencies may provide speech, physical, and occupational therapies, and medical social work. Some common services are listed below. A brief description of each service is provided in Chapter 2.

- Physical therapy
- Occupational therapy
- Speech therapy
- Medical-surgical nursing care, including medication management, wound care, care of different types of tubes, catheterization (*kath-eh-ter-eye-ZAY-shun*), and management of clients with AIDS, diabetes (*dye-ah-BEE-teez*), chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF)
- Intravenous (*in-trah-VEE-nus*) infusion therapy
- Maternal, pediatric (*pee-dee-A-trik*), and newborn nursing care
- Nutrition therapy/dietary counseling
- Medical social work
- Personal care, including bathing; taking vital signs; skin, nail and hair care; meal preparation; light housekeeping; ambulation; and range of motion exercises

- Homemaker/companion services
- Medical equipment rental and service
- Pharmacy (*FAHR-mah-see*) services
- Hospice (*HAH-spiss*) services

All home health agencies have professional staff who make decisions about what services are needed. These professionals, who may be physicians, registered nurses, or other licensed professionals, also reassess clients' needs for service, write care plans, and schedule services.

Once staff determine the amount and types of care needed, assignments are given. A home health aide may be assigned to spend a certain number of hours each day or week with a client providing care and services. While the care plan and the assignments are developed by the supervisor or case manager, input from all members of the care team is needed. All HHAs are under the supervision of a skilled professional: either a registered nurse, a physical therapist, a speech language pathologist or therapist, or an occupational therapist. Figure 1-5 shows a typical home health agency organization chart. More information about the care team and how the members work together is in Chapter 2.

7. Explain how working for a home health agency is different from working in other types of facilities

In some ways, working as a home health aide is similar to working as a nursing assistant or nurse's aide. Most of the basic medical procedures and many of the personal care procedures you perform will be the same. However, some aspects of working in the home are very different from working in a hospital or other care facility.

Housekeeping: You may have housekeeping responsibilities, including cooking, cleaning, laundry, and grocery shopping, for at least some of your clients.

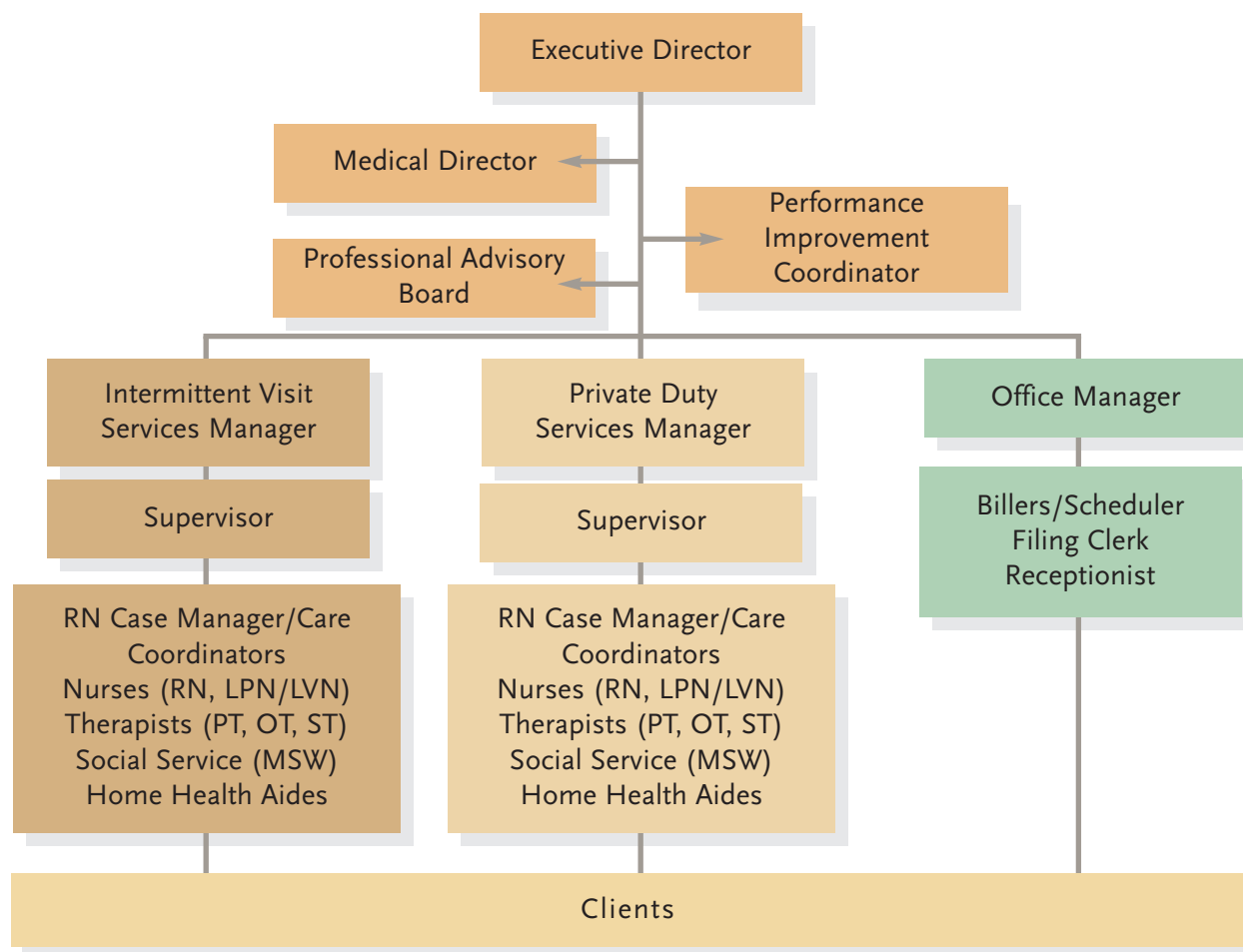


Fig. 1-5. A typical home health agency organization chart.

Family contact: You may have a lot more contact with clients' families in the home than you would in a facility.

Independence: You will work independently as a home health aide. Your supervisor will monitor your work, but you will spend most of your hours working with clients without direct supervision. Thus, you must be a responsible and independent worker.

Communication: Good written and verbal communication skills are important. Keep informed of changes in the client care plan. You must keep others informed of changes you observe in the client and the client's environment.

Transportation: You will have to get yourself from one client's home to another. You will need to have a dependable car or know how to use public transportation. You may also face

bad weather conditions. Clients need your care—rain, snow, or sleet.

Safety: You need to be aware of personal safety when you are traveling alone to visit clients. You may be visiting clients in high-crime areas. Be aware of your surroundings, walk confidently, and avoid dangerous situations, such as visits after dark.

Flexibility: Each client's home will be different. You will need to adapt to the changes in environment. In a care facility, you know what supplies will be available and what kind of cleanliness and organization to expect at work. In home care, you may not know until you get there.

Working environment: Nursing homes are built to make caregiving easier and safer. They have wide doors, large bathing facilities, and special

equipment for transferring residents. If needed, other caregivers are close by and can help move a resident or answer questions you may have. In home care, the physical layout of rooms, stairs, lack of equipment, cramped bathrooms, rugs, clutter, and even pets can complicate caregiving.

Client's home: In a client's home, you are a guest. You need to be respectful of the client's property and customs. The client is in control most of the time. If there are any customs that seem unsafe, talk to your supervisor.

Clients' comfort: One of the best things about home care is that it allows clients to stay in the familiar and comfortable surroundings of their own homes. This can help most clients recover or adapt to their condition more quickly.

Chapter Review

1. What type of care is generally given by a home health aide and takes place in the home?
2. Why is home health care a cost-controlling strategy?
3. How do Medicare recipients qualify for home health care?
4. Name three reasons for the increase in demand for home health care.
5. Why are the following years important: 1959, 1965, and 1999?
6. What is the most common source of payment for home health services?
7. List ten common services provided by a typical home health agency.
8. Which one of the many differences between working as an aide for a home health agency and working for a facility is most important to you?