

The Home Health Aide Handbook

Jetta Fuzy, RN, MS
William Leahy, MD

FOURTH 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 his or her healthcare agency.

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Gender Usage

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

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Welcome to
Hartman Publishing's
Home Health Aide
Handbook!



We hope you will happily place this little reference book into your purse, backpack, or your home care visit bag and leave it there so you will have it available at all times as you go about your day-to-day duties as a home health aide. This handbook will serve as a quick but comprehensive reference tool for you to use from client to client.

Features and Benefits

This book is a valuable tool for many reasons. It includes all the procedures you learned in your home health aide training program, plus references to abbreviations, medical terms, care guidelines for specific diseases, and an appendix where you can write down important names and phone numbers. For certified nursing assistants moving to home care, we have included information on making the transition from facilities to homes. In addition, this book contains all of the federal requirements for home health aides, so it can also be used in a basic training program.

We have divided the book into eight parts and assigned each part its own colored tab, which you will see at the top of every page.

I. Defining Home Health Services

II. Foundation of Client Care

III. Understanding Clients

IV. Client Care

V. Special Clients, Special Needs

VI. Home Management and Nutrition

VII. Caring for Yourself

VIII. Appendix

You will find **key terms** throughout the text. Explanations for these terms are in the Glossary section of the Appendix of this book. **Common Disorders**, **Guidelines**, and **Observing and Reporting** are also colored for easy reference. Procedures are indicated with a black bar. There is also an index in the back of the book. We will be updating this guide periodically, so don't hesitate to let us know what you would like to see in the next handbook we publish. Contact us at

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Beginning and ending steps in care procedures

For most care procedures, these steps should be performed. Understanding why they are important will help you remember to perform each step every time care is provided.

Beginning Steps

Wash your hands.

Handwashing provides for infection prevention. Nothing fights infection like performing consistent, proper hand hygiene. Handwashing may need to be done more than once during a procedure. Practice Standard Precautions with every client.

Explain the procedure to client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.

Clients have a right to know exactly what care you will provide. It promotes understanding, cooperation, and independence. Clients are able to do more for themselves if they know what needs to happen.

Provide privacy for the client.

Doing this maintains the client's right to privacy and dignity. Providing for privacy is not simply a courtesy; it is a legal right.

If the bed is adjustable, adjust bed to a safe level, usually waist high. If the bed is movable, lock bed wheels.

If the client has an adjustable bed, locking the bed wheels is an important safety measure. It ensures that the bed will not move as you are performing care. Raising the bed helps you to remember to use proper body mechanics. This prevents injury to you and to the client.

Ending Steps

Return bed to lowest position.	Lowering an adjustable bed provides for the client's safety.
Wash your hands.	Handwashing is the most important thing you can do to prevent the spread of infection.
Document the procedure and your observations.	You will often be the person who spends the most time with a client, so you are in the best position to note any changes in a client's condition. Every time you provide care, observe the client's physical and mental capabilities, as well as the condition of his or her body. For example, a change in a client's ability to dress himself may signal a greater problem. After you have finished giving care, document the care properly. Do not record care before it is given. If you do not document the care you gave, legally it did not happen.



In addition to the beginning and ending steps listed above, remember to follow infection prevention guidelines. Even if a procedure in this book does not tell you to wear gloves or other PPE, there may be times when it is appropriate.

I. Defining Home Health Services

Home Health Care

Home health aides (HHAs) provide assistance to the chronically ill, the elderly, and family caregivers who need relief from the stress of caregiving. Many home health aides also work in assisted living facilities, which provide independent living in a homelike group 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. The need for home health aides will also increase.

Payers

Agencies pay HHAs from payments they receive from these payers:

- Insurance companies
- Government programs like **Medicare** and **Medicaid**
- **Health maintenance organizations (HMOs)**
- **Preferred provider organizations (PPOs)**
- Individual clients or family members

The Centers for Medicare & Medicaid Services (CMS) 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.

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, the agency makes money. For these reasons, home health agencies must pay close attention to costs. Because all payers monitor the quality of care provided, the way in which work is documented is very important. CMS' payment system for home care is called the *home health prospective payment system* or *HH PPS*.

Purpose of Home Care

One of the most important reasons for offering 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.

Agency Structure

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 may 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.

Home health agencies employ many home health aides (HHAs) and certified nursing assistants (CNAs or NAs). The services provided 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. Common services provided include medical-surgical nursing care, including medication management, wound care, care of different types of tubes, and care for different diseases. Services also include intravenous infusion therapy; maternal, pediatric, and newborn nursing care; nutrition therapy; medical social work; personal care; medical equipment rental and service; pharmacy services; and hospice services. All home health agencies have professional staff who make decisions about what services are needed (Fig. 1-1).

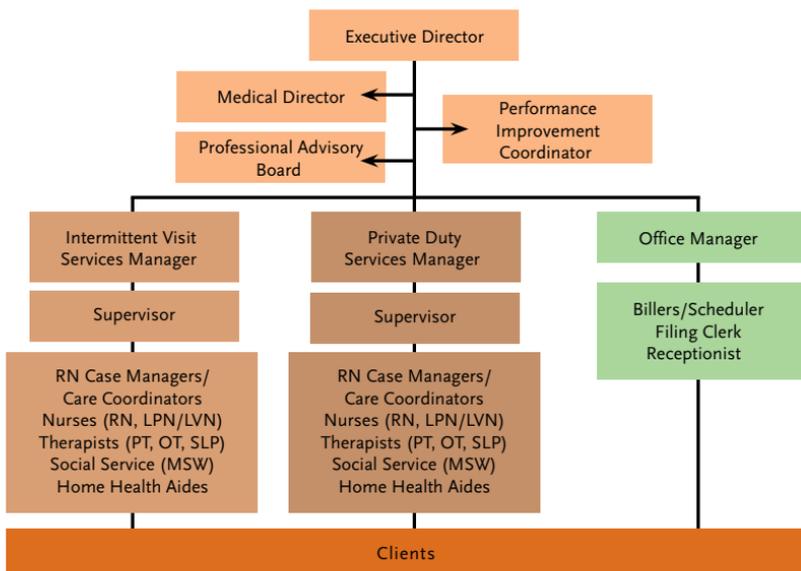


Fig. 1-1. A typical home health agency organization chart.

HHA's Role

An HHA may be assigned to spend a certain number of hours each day or week with a client to provide care and services. While the client care plan and 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, licensed professional: a nurse, a physical therapist, a speech-language pathologist, or an occupational therapist.

Working in Clients' Homes

In some ways, working as a home health aide is similar to working as a nursing assistant. Most of the basic medical procedures and many of the personal care procedures will be the same. However, some aspects of working in the home are different:

- **Housekeeping:** An HHA may have housekeeping responsibilities, including cooking, cleaning, laundry, and grocery shopping, for at least some clients.
- **Family contact:** An HHA may have a lot more contact with clients' family members in the home than she would in a facility.
- **Independence:** An HHA will work independently. A supervisor will monitor her work, but the HHA will spend most hours working with clients without direct supervision. Thus, the HHA must be a responsible and independent worker.
- **Communication:** Communication skills are important. An HHA must keep herself informed of changes in the client care plan. She must also keep others informed of changes she observes in the client and the client's environment.
- **Transportation:** An HHA will have to get herself from one client's home to another. She will need to have a dependable car or be able to use public transportation. An HHA may also face bad weather conditions. Clients need care—rain, snow, or sleet.
- **Safety:** An HHA needs to be aware of personal safety when traveling alone to visit clients. She should be aware of her surroundings, walk confidently, and avoid dangerous situations.
- **Flexibility:** Each client's home will be different. An HHA will need to adapt to the changes in environment.
- **Working environment:** In home care, the 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, an HHA is a guest. She needs to be respectful of the client's property and customs.

- **Client's 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.

An HHA is part of a team of health professionals that includes doctors, nurses, social workers, therapists, and specialists. The client and client's family are considered a very important part of the team. Everyone involved will work closely together to help clients recover from illnesses or injuries. If full recovery is not possible, the team will help clients do as much as they can for themselves.

The Care Team

Clients will have different needs and problems. Healthcare professionals with different kinds of education and experience will help care for them. This group is known as the *care team*. Members of the healthcare team include the following:

Home Health Aide (HHA): The home health aide performs assigned tasks, such as taking vital signs. The HHA also provides routine personal care, such as bathing clients or preparing meals. Daily personal care tasks such as bathing; caring for skin, nails, hair, and teeth; dressing; toileting; eating and drinking; walking; and transferring are referred to as **activities of daily living (ADLs)**. Assisting with ADLs is a major part of the HHA's responsibilities. HHAs spend more time with clients than other care team members. They act as the "eyes and ears" of the team. Observing and reporting changes in a client's condition or abilities is a very important duty of the HHA.

Case Manager or Supervisor: Usually a registered nurse, a case manager or a supervisor is assigned to each client by the home health agency. The case manager, with input from other team members, creates the basic care plan for the client. He or she monitors any changes that are observed and reported by the HHA. The case manager also makes changes in the client care plan when necessary.

Registered Nurse (RN): In a home health agency, a registered nurse coordinates, manages, and provides care. RNs also supervise and train HHAs. They develop the HHA's assignments.

Doctor (MD or DO): A doctor's job is to diagnose disease or disability and prescribe treatment. A doctor generally decides when patients need home health care and can refer them to home health agencies.