

The Home Health Aide Handbook

Jetta Fuzy, RN, MS
William Leahy, MD

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 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.

Contents

	Page	Topic	Page
I. Defining Home Health Services			
Home Health Care	1	<i>Special Precautions</i>	29
<i>Payers</i>	1	<i>Infectious Disease Precautions</i>	30
<i>Purpose of Home Care</i>	2	Safety and Body Mechanics	32
Agency Structure	2	<i>Principles of Body Mechanics</i>	32
HHA's Role	3	<i>Accident Prevention</i>	35
<i>The Care Team</i>	4	<i>Travel Safety</i>	38
<i>The Care Plan</i>	5	Emergencies	40
<i>Chain of Command</i>	6	<i>Medical Emergencies</i>	40
<i>Policies and Procedures</i>	7	<i>Disaster Guidelines</i>	46
<i>Professionalism</i>	8	III. Understanding Your Clients	
<i>Legal and Ethical Aspects</i>	9	Culture and Family	50
II. Foundation of Client Care		<i>Basic Human Needs</i>	50
Communication	15	<i>Cultural Differences</i>	51
<i>Barriers to Communication</i>	15	<i>Families</i>	52
<i>Oral Reports</i>	16	Body Systems	53
<i>Documentation</i>	18	<i>Common Disorders/Observing and Reporting</i>	53
<i>Telephone Communication</i>	20	Human Development	63
Infection Prevention	20	<i>Stages/Common Disorders</i>	63
<i>Home Care Bag</i>	21	<i>Aging</i>	65
<i>Spread of Infection</i>	21	<i>Death</i>	66
<i>Standard Precautions</i>	22	<i>Hospice Care</i>	69
<i>Personal Protective Equipment (PPE)</i>	25		

Topic	Page	Topic	Page
IV. Client Care			
Maintaining Mobility, Skin, and Comfort	71	Oxygen	153
Positioning	71	IVs	154
Transfers/Ambulation	75		
Range of Motion Exercises	84	V. Special Clients, Special Needs	
Skin Care	89	Disabilities and Mental Illnesses 156	
Comfort Measures	91	Disabilities	156
Personal Care Procedures	94	Mental Illnesses	157
Bathing	95	Special Conditions	161
Grooming	102	Arthritis	161
Oral Care	109	Cancer	162
Toileting	114	Diabetes	165
Vital Signs	119	CVA or Stroke	168
Temperature	120	Multiple Sclerosis	171
Pulse	126	Circulatory Disorders	172
Respirations	127	HIV and AIDS	176
Blood Pressure	128	Dementia	179
Pain	130	Alzheimer's Disease	180
Height and Weight	131	Chronic Obstructive Pulmonary Disease (COPD)	185
Special Procedures	133	Tuberculosis	186
Intake and Output (I&O)	133	Hip/Knee Replacement	187
Catheter Care	135		
Ostomy Care	138	VI. Home Management and Nutrition	
Collecting Specimens	140	The Client's Environment	189
Non-Sterile Dressings	143	Housekeeping	189
Warm and Cold Applications	144	Laundry	196
Medications	149	Bedmaking	200

<i>Topic</i>	<i>Page</i>
Proper Nutrition	203
<i>Nutrition</i>	203
<i>Special Diets</i>	212
<i>Planning and Shopping</i>	216
<i>Preparing and Storing</i>	218
Managing Time and Money	223
<i>Managing Time</i>	223
<i>Work Plan</i>	224
<i>Client's Money</i>	225
VII. Caring for Yourself	
Continuing Education	227
Stress Management	228
Your Career	230
VIII. Appendix	
<i>Abbreviations</i>	233
<i>Glossary</i>	235
<i>Index</i>	242
<i>Names/Numbers You Should Know</i>	249

<i>Procedure</i>	<i>Page</i>	<i>Procedure</i>	<i>Page</i>
Procedures			
Washing hands	24	Giving a complete bed bath	99
Putting on (donning) gown	26	Shampooing hair	103
Putting on (donning) mask and goggles	26	Combing or brushing hair	104
Putting on (donning) gloves	28	Providing fingernail care	105
Removing (doffing) gloves	28	Providing foot care	106
Performing abdominal thrusts for the conscious person	42	Shaving a client	107
Responding to a heart attack	46	Providing oral care	110
Helping a client sit up using the arm lock	73	Providing oral care for the unconscious client	111
Assisting client to sit up on side of bed: dangling	74	Flossing teeth	112
Transferring a client from bed to wheelchair	77	Cleaning and storing dentures	113
Helping a client transfer using a slide board	78	Reinserting dentures	114
Transferring a client using a mechanical lift	79	Assisting client with use of bedpan	115
Assisting a client to ambulate	81	Assisting a male client with a urinal	117
Assisting with ambulation for a client using a cane, walker, or crutches	82	Assisting a client to use a portable commode or toilet	118
Assisting with passive range of motion exercises	85	Measuring and recording oral temperature	121
Giving a back rub	92	Measuring and recording rectal temperature	123
Helping a client transfer to the bathtub	96	Measuring and recording tympanic temperature	124
Helping an ambulatory client take a shower or tub bath	97	Measuring and recording axillary temperature	125
		Measuring and recording apical pulse	126
		Measuring and recording radial pulse and counting and recording respirations	127

<i>Procedure</i>	<i>Page</i>	<i>Procedure</i>	<i>Page</i>
Measuring and recording blood pressure (two-step method)	129	Putting elastic stockings on a client	175
Measuring and recording weight of an ambulatory client	131	Cleaning the bathroom	194
Measuring and recording height of a client	132	Doing the laundry	198
Measuring and recording intake and output	134	Making an occupied bed	200
Observing, reporting and documenting emesis	135	Making an unoccupied bed	202
Providing catheter care	136	Assisting a client with eating	222
Emptying the catheter drainage bag	138		
Providing ostomy care	139		
Collecting a sputum specimen	140		
Collecting a stool specimen	141		
Collecting a routine urine specimen	141		
Collecting a clean catch (mid-stream) urine specimen	142		
Collecting a 24-hour urine specimen	143		
Changing a dry dressing using non-sterile technique	144		
Applying warm compresses	145		
Administering warm soaks	146		
Assisting with a sitz bath	147		
Applying ice packs	148		
Applying cold compresses	148		
Providing foot care for the diabetic client	167		

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. For home health aides, it includes all the procedures you learned in your training program, plus references to abbreviations, medical terms, care guidelines for specific diseases, and an appendix for you to write down important names and phone numbers. For certified nursing assistants moving to home care, we've 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'll see at the top of every page.

I. Defining Home Health Services

II. Foundation of Client Care

III. Understanding Your Clients

IV. Client Care

V. Special Clients, Special Needs

VI. Home Management and Nutrition

VII. Caring for Yourself

VIII. Appendix

You'll find **key terms** throughout the text. Explanations for these terms are in the Glossary in 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.

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I. Defining Home Health Services

Home Health Care

Home health aides 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 you from payments they receive from the following payers:

- Insurance companies
- Health maintenance organizations (**HMO**)
- Preferred provider organizations (**PPO**)
- **Medicare**
- **Medicaid**
- Individual clients or family members

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.

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. And because all payers monitor the quality of care provided, the way in which work is documented is very important.

CMS's payment system for home care is called the "home health prospective payment system" or "HH PPS."

Purpose of Home Care

Perhaps the most important reason 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.

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 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 or not it is safe for the client.

Home health agencies employ many home health aides (HHAs) and certified nursing assistants (CNAs). Services provided may include nursing care, specialized therapy, specific medical equipment, nutrition therapy/dietary counseling, pharmacy and intravenous (IV) products, and personal care. 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. All home health agencies have professional staff who make decisions about what care and services are needed (Fig. 1-1).

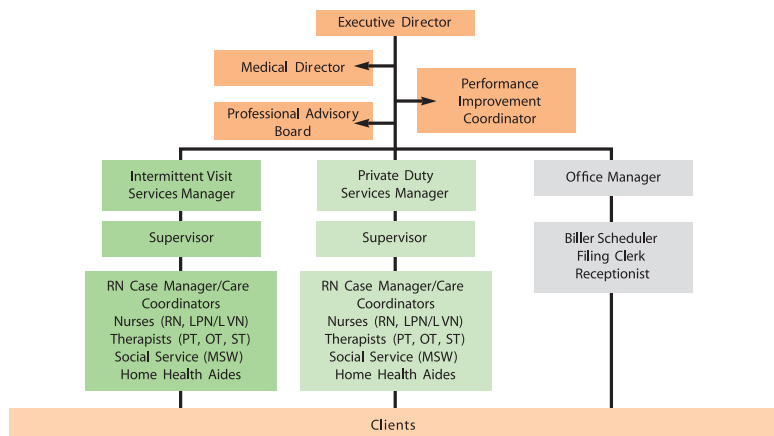


Fig. 1-1. A typical home health agency organization chart.

HHA's Role

A home health aide may be assigned to “make a visit.” This means that he or she will spend a certain number of hours each day or week with a client to provide personal care and housekeeping services. While the supervisor or case manager develops the assignments and client care plans, input from all members of the care team is needed. All HHAs are under supervision of the skilled professional: a registered nurse, a physical therapist, or a speech therapist.

In some ways, working as a home health aide is similar to working as a nursing assistant. In addition to the basic medical procedures and many of the personal care procedures, your job will also include:

- **Housekeeping:** You may have housekeeping responsibilities, including cooking, cleaning, laundry, and grocery shopping, for at least some of your clients. Tasks must be prioritized according to the assignment description, the client's needs, and what time allows.
- **Family contact:** You may have a lot more contact with clients' families in the home than you would in a facility. You will work with the family as a team, encouraging them to participate as much as possible in meeting the goals of the care plan.
- **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:** Communication skills are important. You must keep yourself informed of changes in the client care plan. You must also 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 awareness:** You need to be aware of personal safety when you are traveling alone to visit clients. 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. You will have to learn to work alone with only the client and family to help.

- **Adapting to the working environment:** In home care, the layout of rooms, stairs, lack of equipment, cramped bathrooms, rugs, clutter, and even pets can complicate caregiving.
- **Showing respect for the client's home:** In a client's home, you are a guest. You need to be respectful of the client's property and customs.
- **Providing 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.

As an HHA, you will be part of a team of health professionals that includes doctors, nurses, social workers, therapists, and specialists. The client and client's family are considered 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. Members of the healthcare team may include:

Home Health Aide (HHA): The home health aide performs assigned tasks, such as taking vital signs, and provides routine personal care, such as bathing clients or preparing meals. HHAs spend more time with clients than other care team members do. That is why they act as the “eyes and ears” of the team. Observing and reporting changes in the 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 or supervisor, 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 refers them to home health agencies.

Physical Therapist (PT): A physical therapist evaluates a person and develops a treatment plan. Goals are to increase movement, improve circulation, promote healing, reduce pain, prevent disability, and regain or maintain mobility. A PT gives therapy in the form of heat, cold, massage, ultrasound, electricity, and exercise to muscles, bones, and joints.

Occupational Therapist (OT): An occupational therapist helps clients learn to compensate for disabilities. For clients in home care, an OT may help clients perform activities of daily living (ADLs), such as dressing, eating, and bathing.

Speech-Language Pathologist (SLP): A speech-language pathologist, or speech therapist, helps with speech and swallowing problems. An SLP identifies communication disorders, addresses factors involved in recovery, and develops a plan of care to meet recovery goals. An SLP teaches exercises that help the client improve or overcome speech problems. An SLP also evaluates a person's ability to swallow food and drink.

Registered Dietitian (RD): A registered dietitian teaches clients and their families about special diets to improve their health and help them manage their illness. RDs may supervise the preparation and service of food and educate others about healthy nutritional habits.

Medical Social Worker (MSW): A medical social worker determines clients' needs and helps them get support services, such as counseling, meal services, and financial assistance.

Client: The client is an important member of the care team. The client has the right to make decisions and choices about his or her own care. The client's family may also be involved in these decisions. The care team revolves around the client and his or her condition, treatment, and progress. Without the client, there is no care team.

The Care Plan

The care plan is individualized for each client. It is developed to help achieve the goals of care (Fig. 1-2). It lists tasks that team members, including home health aides, must perform. It states how often these tasks should be done and how they should be carried out.

The care plan is a guide to help the client attain and maintain the best level of health possible. **Activities not listed on the care plan should not be performed.** The HHA care plan is part of the overall plan of care. It must be followed very carefully.

Care planning should involve input from the client and/or the family, as well as health professionals. Professionals will assess the client's physical, financial, social, and psychological needs. After the doctor prescribes treatment, the supervisor, nurses, and other care team members create the care plan. Many factors are considered when creating the care plan. They include the client's health and physical condition, diagnosis, treatment, any additional services needed, and the client's home and family.

 The image shows a sample client care plan form, which is a complex document with multiple sections and tables. The top section is titled "CARE PLAN" and includes fields for "Client Name", "Room No.", "Admission Date", and "Discharge Date". Below this, there are several tables and sections for recording observations, interventions, and progress. The form is organized into columns and rows, with various headings and sub-headings. The text is small and difficult to read, but the overall structure is clear, with distinct sections for different aspects of the care plan.

Fig. 1-2. A sample client care plan.
(REPRINTED WITH PERMISSION OF BRIGGS CORPORATION, DES MOINES, IOWA, 800-247-2343, WWW.BRIGGSCORP.COM)

Multiple care plans may be necessary for some clients. In these situations, the supervisor will coordinate the client's overall care. There will be one care plan for the HHA to follow. There will be separate care plans for other providers, such as the physical therapist.

Care plans must be updated as the client's condition changes. Reporting changes and problems to the supervisor is a very important duty of the home health aide. This allows the care team to revise care plans to meet the client's changing needs.

Chain of Command

As a home health aide, you are carrying out instructions given to you by a nurse. The nurse is acting on the instructions of a doctor or other member of the care team. This chain of command describes the line of authority and helps to make sure that your clients get proper care. It also protects you and your employer from liability. **Liability** is a legal term that means someone can be held responsible for harming someone else. For example, imagine that something you do for a client harms him. However, what you did was in the care plan and was done according to policy and procedure. Then you may not be liable, or responsible, for hurting the client. However, if you do something not in the care plan that harms a client, you could be held responsible. That is why it is important to follow instructions in the care plan and for the agency to have a chain of command (Fig. 1-3).

Home health aides must understand what they can and cannot do. This is important so that you do not harm a client or involve yourself or your

employer in a lawsuit. Some states certify that a home health aide is qualified to work. However, home health aides are not licensed healthcare providers. Everything you do in your job is assigned to you by a licensed healthcare professional. You do your job under the authority of another person's license. That is why these professionals will show great interest in what you do and how you do it.

Every state grants the right to practice various jobs in health care through licensure. Examples include granting a license to practice nursing, medicine, or physical therapy. All members of the care team work under each professional's scope of practice. A **scope of practice** defines the things you are allowed to do and describes how to do them correctly.

Policies and Procedures

You will be told where to locate a list of policies and procedures that all staff members are expected to follow. A **policy** is a course of action that should be taken every time a certain situation occurs. For example, one policy at most agencies is that the care plan must be followed. That means that every time you visit a client, what you do will be determined by the care plan. A **procedure** is a particular method, or way, of doing something. For example, your agency will have a procedure for reporting information about your clients. The procedure tells you what form you fill out, when and how often to fill it out, and to whom it is given.

Common policies and procedures at home health agencies include the following:

- Keep all information confidential.
- Follow the client's care plan. Do not perform any tasks that are not included in the care plan.
- Report to the supervisor at regular arranged times, and more often if necessary.

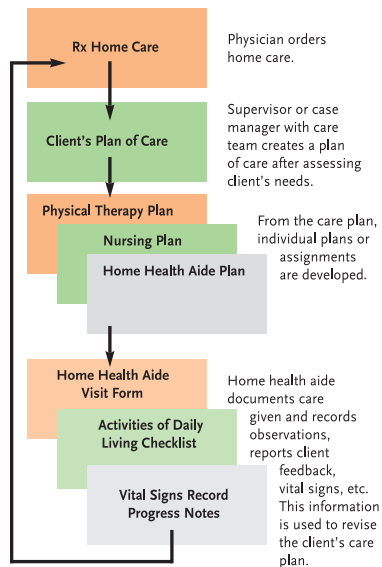


Fig. 1-3. The chain of command describes the line of authority and helps ensure that the client receives proper care.

- Report important events or changes in clients and their families.
- Do not discuss personal problems with the client or the client's family.
- Be punctual and dependable. Employers expect this of all employees.
- Follow deadlines for documentation and paperwork.
- Provide all client care in a pleasant, professional manner.
- Do not give or accept gifts.

Your employer will have policies and procedures for every client care situation. Though written procedures may seem long and complicated, each step is important.

Professionalism

Professional means having to do with work or a job. The opposite of professional is personal, which refers to your life outside your job. This includes your family, friends, and home life. Professionalism is how you behave when you are on the job. It includes how you dress, the words you use, and the things you talk about. It also includes being on time, finishing assignments, and reporting to your supervisor. For an HHA, professionalism means participating in care planning, making important observations, and reporting accurately.

Following the policies and procedures of your agency is an important part of professionalism. Clients, coworkers, and supervisors respect employees who behave in a professional way. Professionalism will help you keep your job and may help you earn promotions and raises.

A professional relationship with a client includes:

- Maintaining a positive attitude
- Being cleanly and neatly dressed and groomed (Fig. 1-4)
- Arriving on time, doing tasks efficiently, and leaving on time
- Finishing an assignment
- Doing only the tasks assigned
- Keeping all clients' information confidential
- Speaking politely and cheerfully to the client, even if you are not in a good mood



Fig. 1-4. Good grooming includes being clean and neatly dressed. Keep long hair tied back, and wear clean clothes and comfortable, clean shoes.

- Never cursing or using profanity, even if the client does
- Never discussing your personal problems
- Not giving or accepting gifts
- Calling the client “Mr.,” “Mrs.,” “Ms.,” or “Miss,” and his or her last name, or by the name he or she prefers
- Listening to the client
- Always explaining the care you will provide before providing it
- Always following care practices, such as handwashing, to protect yourself and the client

A professional relationship with an employer includes:

- Maintaining a positive attitude
- Completing assignments efficiently
- Consistently following policies and procedures
- Documenting and reporting carefully and correctly
- Communicating problems with clients or assignments
- Reporting anything that keeps you from completing assignments
- Asking questions when you do not know or understand something
- Taking directions or criticism without getting upset
- Always being on time
- Participating in education programs offered
- Being a positive role model for your agency at all times

Home health aides must be **compassionate**, honest, **tactful**, **conscientious**, dependable, respectful, unprejudiced, and tolerant.

Legal and Ethical Aspects

Ethics and laws guide our behavior. **Ethics** are the knowledge of right and wrong. An ethical person has a sense of duty toward others. He or she always tries to do what is right. If ethics tell us what we should do, **laws** tell us what we *must* do. Laws are rules set by the government to help people live peacefully together and to ensure order and safety.

Ethics and laws are very important in health care. They protect people receiving care and guide people giving care. Home health aides and all care team members should be guided by a code of ethics. They must know the laws that apply to their jobs.

Examples of legal and ethical behavior by HHAs include the following:

- Being honest at all times
- Protecting clients' privacy
- Not accepting gifts or tips
- Not becoming personally or sexually involved with clients or families
- Reporting abuse or suspected abuse of a client and assisting clients in reporting abuse if they wish to make a complaint of abuse
- Following the care plan and assignments
- Not performing any unassigned tasks or tasks outside their scope of practice
- Reporting all client observations and incidents
- Documenting accurately and promptly
- Following rules on safety and infection control, including OSHA rules about bloodborne pathogens, Standard Precautions, and tuberculosis

Clients' rights relate to how clients must be treated. They provide an ethical code of conduct for healthcare workers. Home health agencies give clients a list of these rights and review each right with them. Many states require home health agencies to provide their clients with the abuse hotline numbers. And it is a law for HHAs to report suspected cases of abuse.

Client's Bill of Rights

Home health clients and their formal caregivers have a right to not be discriminated against based on race, color, religion, national origin, age, sex, gender, sexual orientation, or disability. Furthermore, clients and caregivers have a right to mutual respect and dignity, including respect for property. Caregivers are prohibited from accepting personal gifts and borrowing from clients.

CLIENTS HAVE THE RIGHT:

- to have relationships with home health providers that are based on honesty and ethical standards of conduct;
- to be informed of the procedure they can follow to lodge complaints with the home health provider about the care that is, or fails to be, furnished and about a lack of respect for property [The phone number to report this listed here.];

- to know about the disposition of such complaints;
- to voice their grievances without fear of discrimination or reprisal for having done so; and
- to be advised of the telephone number and hours of operation of the state's home care hotline which receives questions and complaints about local home care agencies, including complaints about implementation of advance directive requirements. [Hours and phone number listed here.]

CLIENTS HAVE THE RIGHT:

- to be notified in advance about the care that is to be furnished, the disciplines of the caregivers who will furnish the care, and the frequency of the proposed visits;

- to be advised of any change in the plan of care before the change is made;
- to participate in planning care and planning changes in care, and to be advised that they have the right to do so;
- to be informed in writing of rights under state law to make decisions concerning medical care, including the right to accept or refuse treatment and the right to formulate advance directives;
- to be notified of the expected outcomes of care and any obstacles or barriers to treatment;*
- to be informed in writing of policies and procedures for implementing advance directives, including any limitations if the provider cannot implement an advance directive on the basis of conscience;
- to have healthcare providers comply with advance directives in accordance with state law;
- to receive care without condition or discrimination based on the execution of advance directives; and
- to refuse services without fear of reprisal or discrimination.

* The home care provider or the client's physician may be forced to refer the client to another source of care if the client's refusal to comply with the plan of care threatens to compromise the provider's commitment to quality care.

CLIENTS HAVE THE RIGHT:

- to confidentiality of the medical record as well as information about their health, social, and financial circumstances and about what takes place in the home; and
- to expect the home care provider to release information only as required by law or authorized by the client and to be informed of procedures for disclosure.

CLIENTS HAVE THE RIGHT:

- to be informed of the extent to which payment may be expected from Medicare, Medicaid, or any other payer known to the home care provider;

- to be informed of the charges that will not be covered by Medicare;
- to be informed of the charges for which the client may be liable;
- to receive this information orally and in writing before care is initiated and within 30 calendar days of the date the home care provider becomes aware of any changes; and
- to have access, upon request, to all bills for service the client has received regardless of whether the bills are paid out-of-pocket or by another party.

CLIENTS HAVE THE RIGHT:

- to receive care of the highest quality;
- in general, to be admitted by a home health provider only if it has the resources needed to provide the care safely and at the required level of intensity, as determined by a professional assessment; a provider with less than optimal resources may nevertheless admit the client if a more appropriate provider is not available, but only after fully informing the client of the provider's limitations and the lack of suitable alternative arrangements; and
- to be told what to do in the case of an emergency.

THE HOME HEALTH PROVIDER SHALL ASSURE THAT:

- all medically-related home care is provided in accordance with physicians' orders and that a plan of care specifies the services and their frequency and duration; and
- all medically-related personal care is provided by an appropriately trained home health aide who is supervised by a nurse or other qualified home care professional.

CLIENTS HAVE THE RESPONSIBILITY:

- to notify the provider of changes in their condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported);
- to follow the plan of care;
- to notify the provider if the visit schedule needs to be changed;

- to inform providers of the existence of any changes made to advance directives;
 - to advise the provider of any problems or dissatisfaction with the services provided;
 - to provide a safe environment for care to be provided; and
 - to carry out mutually-agreed-upon responsibilities.
- To satisfy the Medicare certification requirements, the Centers for Medicare & Medicaid Services (CMS) requires that agencies:
1. Give a copy of the Bill of Rights to each client during the admission process.
 2. Explain the Bill of Rights to the client and document that this has been done.
- Agencies may have clients sign a copy of the Client's Bill of Rights to acknowledge receipt.

You can help protect your clients' rights in the following ways:

- Never **abuse** a client physically, **psychologically**, **verbally**, or **sexually**.
- Watch for and report to your supervisor any signs of abuse or **neglect**.
- Call the client by the name he or she prefers.
- Involve clients in your planning.
- Always explain a procedure before performing it.
- Respect a client's refusal of care. Report the refusal to your supervisor immediately.
- Tell your supervisor if a client has questions about the goals of care or the care plan.
- Be truthful when documenting care.
- Do not talk or gossip about a client.
- Knock and ask permission before entering a client's room.
- Do not open a client's mail or look through his belongings.
- Do not accept gifts or money from a client.
- Respect your clients' property.
- Report observations regarding a client's condition or care.

Observing and Reporting: Abuse and Neglect

- o/r Physical abuse—unexplained injuries including burns, bruises, and bone injuries
- o/r Psychological abuse—complaints of anxiety, signs of stress, withdrawal from others, or fear of family members, friends, or authority figures
- o/r Neglect (**active** or **passive**)—signs of lack of care when HHA is not present, such as incontinence briefs not changed, or lack of food in the house

Negligence means actions, or the failure to act or provide the proper care for a client, that result in unintended injury. Some examples of negligence include:

- Not noticing that your client's dentures do not fit properly. Therefore, he is not eating well and becomes malnourished.
- Not replacing a hearing aid battery. Your client does not hear the smoke alarm, but is rescued by a neighbor who does hear it.
- Not observing that your client's eyesight is getting worse. Corrective measures are not taken, and she falls and is injured.
- Forgetting to lock a client's wheelchair before transferring her. The client falls and is injured.

To respect **confidentiality** means to keep private things private. You will learn confidential (private) information about your clients. You may learn about a client's state of health, finances, and personal relationships. Ethically and legally, you must protect the confidentiality of this information. This means you should not tell anyone other than members of the care team anything about your clients.

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in 1996. It was further defined and revised in 2001 and 2002. One of the reasons this law was passed is to help keep health information private and secure. All healthcare organizations must take special steps to protect health information. They and their employees can be fined and/or imprisoned if they do not follow special rules to protect privacy. This applies to all healthcare providers, including doctors, nurses, home health aides, and all care team members.

Under this law, health information must be kept private. It is called protected health information (PHI). Examples of PHI include name, address, telephone number, social security number, e-mail address, and medical record number. Only those who must have information to provide care or to process records should know this information. They must protect the information so it does not become known or used by anyone else. It must be kept confidential.

HHAs cannot give any information about a client to anyone who is not directly involved in the client's care unless the client gives official consent or unless the law requires it. For example, if a neighbor asks you how your client is doing, reply, "I'm sorry but I cannot share that information. It's confidential." That is the correct response to anyone who does not have a legal reason to know about the client.

All healthcare workers must follow HIPAA regulations, no matter where they are or what they are doing. There are serious penalties for violating these rules. Penalties differ depending upon the violation and can include fines and prison sentences.

Maintaining confidentiality is a legal and ethical obligation. It is part of respecting your clients and their rights. Discussing a client's care or personal affairs with anyone other than your supervisor or other members of the care team violates the law.