

Module 1 – History of Home Care

Introduction

To prepare a nurse aide to become a home care aide, it is essential that the nurse aide learns the history of home care and home health, understands the role of the nurse aide in home care, and identifies the various disciplines involved in home care. Insight into these areas will prepare the aide to provide care in the home.

Objectives

At the end of the module, the nurse aide will be able to:

1. Understand the history of home care/home health
2. Identify the different disciplines involved in home care
3. Describe the role of the nurse aide in home care
4. Recognize supervision requirements for the nurse aide in home care

Instructional Resource Materials

- Power Point for Module 1 – Home Care
- Handout/Activities
- Instructor should visit the following Web sites:
 - N.C. Board of Nursing (<https://www.ncbon.com/practice-position-statements-decisions-trees>) prior to teaching the class for updates to position statements/information being presented.
 - + Assisting Clients with Self-Administration of Medications: <https://www.ncbon.com/vdownloads/position-statements-decision-trees/assisting-clients-with-self-admin-of-med.pdf>
 - + Competency Validation: <https://www.ncbon.com/vdownloads/position-statements-decision-trees/competency-validation.pdf>
 - + Delegation and Assignment of Nursing Activities: <https://www.ncbon.com/vdownloads/position-statements-decision-trees/competency-validation.pdf>
 - + Decision Tree for Delegation to a UAP: <https://www.ncbon.com/practice-position-statements-decisions-trees>
 - DHSR: For supervision rules of licensure for in-home aide services:
 - + **10A NCAC 13J .1107**: <http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2013%20-%20nc%20medical%20care%20commission/subchapter%20j/subchapter%20j%20rules.html>
 - + **§484.80 Conditions of participation: Home health aide services**
Regulations and Interpretive Guidelines for Home Health Agencies:
See 42 CFR § 484.80 beginning on Page 52 of manual
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_b_hha.pdf

Module 1 – History of Home Care

| Slides | Instructor's Script | Notes |
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| Slide 1 Title Slide | Script Home Care | |
| Slide 2 | <p>Script</p> <ul style="list-style-type: none"> • Objectives - At the end of the module, the nurse aide will be able to: <ol style="list-style-type: none"> 1. Understand the history of home care/home health 2. Identify the different disciplines involved in home care 3. Describe the role of the nurse aide in home care 4. Recognize supervision requirements for the nurse aide in home care | |
| Slide 3 Title Slide | Script MODULE 1-A – The History of Home Care/Home Health Care | |
| Slide 4 | <p>Script</p> <ul style="list-style-type: none"> • Throughout history, family members have provided health care to their ailing relative in their own home. • In the U.S., the earliest documented organized effort to care for sick family members at home was in 1813, by the Ladies Benevolent Society in Charleston, South Carolina. • In the late 1800's, women were able to train as nurses and were hired by wealthy families. • The establishment of home care insurance coverage began at the turn of the century, and by the early 1900's, women were routinely doing home visits. • In fact, from 1909 – 1952, over 100 million insurance claims for home visits were submitted to MetLife. • While nurses were being trained and utilized more, professional homemakers were also being trained. • In the early 1900's, mature, practical women were trained to provide childcare and home management, often called housekeeping aides. • In 1959, at a homemaker conference, it was decided that homemaker services should be extended to chronically ill and/or elderly family members. • By this point, home care nurses and homemakers had been sharing comparable duties. They were paralleling each other in similar ways. • In 1960, personal and health care duties were added to a homemaker's job description, and | |

Module 1 – History of Home Care

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| | <p>the term home health aide was adopted.</p> <ul style="list-style-type: none"> • From 1970 - 1990, there was a significant increase in the number of home health agencies opening; therefore, Medicare and Medicaid started regulating the care. • By 2010, over 33,000 providers delivered home care services to approximately 12 million individuals throughout the country. Home health costs each year continue to climb into the billions. | |
| <p>Slide 5</p> | <p>Script</p> <ul style="list-style-type: none"> • What is the difference among the terms Home Care, Home Care Agency, and Home Health Agency? <ul style="list-style-type: none"> ○ Home Care is health care brought to the place of a temporary or permanent residence used as an individual's home to maintain or restore the individual's health and well-being. ○ A Home Care Agency is a subset of Home Care that is licensed by the state to provide assistance with activities of daily living and/or instrumental activities of daily living for an individual living in a residence to help maintain an individual's health and well-being; note that the goal is to maintain health and well-being. ○ A Home Health Agency is a subset of Home Care that is licensed by the state and certified to receive Medicare and Medicaid reimbursement for providing nursing care, therapies, medical social work, and home health aide services on a part-time intermittent basis. The goal is to restore health and well-being. | |
| <p>Slide 6</p> | <p>Script</p> <ul style="list-style-type: none"> • Over time, the titles of the aides in the homes have changed. What is the difference between each title? <ul style="list-style-type: none"> ○ Home Health Aide – This is the title used by home health agencies that provide skilled care and bill Medicare. ○ Home Care Aide – This is the title used by home care agencies that do not provide skilled care and do not bill Medicare. ○ Other titles may include Personal Care Aide or Homemaker – depending on the agency and service to be provided. ○ We will explore in greater detail the differences in home health and home care | |

Module 1 – History of Home Care

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| | in this module. | |
| Slide 7 | <p>Script</p> <ul style="list-style-type: none"> • Why is home care growing so much and so fast? • There are several reasons: <ul style="list-style-type: none"> ○ Increased health care costs have created a need for more affordable, continuing care at one’s home. ○ People are living longer – including people with chronic diseases such as Alzheimer’s disease, and need care as they age. These patients are too healthy to be hospitalized, but in need of too much assistance to live at home alone with no help. ○ Hospitals lose money if a patient stays longer than the allotted time per illness or treatment; therefore, there is motivation to get patients in and out of the hospital quicker than in the past. However, these patients still may need follow-up and continued care at home. | |
| Slide 8 Title Slide | <p>Script</p> <p>MODULE 1-B – Disciplines Involved in Home Care</p> | |
| Slide 9 | <p>Script</p> <ul style="list-style-type: none"> • Each home care agency is different, but all share similar methods of operation. • Here is an example of the basic procedure for admitting a new patient: <ul style="list-style-type: none"> ○ Initial contact is made with the patient or a family member. This could be a referral from a hospital, a church, a family doctor, a family member – anyone. ○ An assessment or evaluation is completed with the prospective patient – this is to decide whether home care is appropriate for this patient. ○ If the patient does qualify, types of care or services are discussed and decided upon based on the patient’s specific needs. A care plan is then developed. ○ A care plan is individualized and designed to help the patient achieve the goals listed. It designates specific tasks that each member of the health care team will complete or work on with the patient. The purpose of developing and carrying out a care plan is that it gives the health care providers a guide for helping the patient reach and maintain the best level of health possible. The care plan must be followed | |

Module 1 – History of Home Care

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| | <p>carefully, and activities should not be added to or removed from it without permission from the nurse or case manager involved.</p> <ul style="list-style-type: none"> ○ Once the care plan is developed, the various personnel are then assigned for their specific type of service (to be discussed momentarily). ○ Records are kept documenting all care provided to the patient. ○ Some patients will need home care for a matter of days or weeks, while others will need care on a continuing basis. The nurse or case manager involved will be the one who is responsible for termination, if applicable. | |
| <p>Slide 10</p> | <p>Script</p> <ul style="list-style-type: none"> ● Home care/home health agencies vary in what disciplines or services they can provide to patients. ● Home care is often referred to as an agency that does not provide skilled disciplines. The focus is on the home care aide and services include personal care and home management. This type of agency seldom bills Medicare and is the reason they do not have the selection of disciplines that home health agencies have. The market for home care is growing and many aides will find employment in this sector. ● Home health is typically referred to as an agency that can bill Medicare. The focus is to provide skilled care – ranging from home infusion therapy, wound care, education to ventilator care. ● The following is a list of disciplines that may be involved in a home health agency. | |
| <p>Slide 11</p> | <p>Script</p> <ul style="list-style-type: none"> ● Registered Nurse – an RN has a state license to practice nursing. In home care, the RN will assess, provide intervention, evaluate, educate the patient and family, and provide interventions for the family. ● Community Health Nurse (or public health nurse) – this is a state licensed nurse with special knowledge about the promotion and preservation of public health. ● Licensed Practical Nurse – An LPN can work under the direction of a registered nurse or physician. LPN's are not frequently used in home care. ● Nurse Aide – NA's can work under the direction of a registered nurse or physician. | |

Module 1 – History of Home Care

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| <p>Slide 12</p> | <p>Script</p> <ul style="list-style-type: none"> • Physical Therapist – licensed by the state, works with patients to restore function, and prevent disability after a disease, injury, or loss of a body part. Conducts strength training, gait training, and can assist with home safety as well as pain control (heat, ice, TENS, etc.). Usual focus is lower body. • Occupational Therapist – Certified or licensed by the state to assist patients with essential daily living tasks (self-care education and ADL’s). Usual focus is upper body. • Respiratory Therapist – Certified or licensed by the state to evaluate breathing and assist with prescribed breathing treatments and equipment. • Speech/Language Pathologist – Certified by the state to treat patients with speech disorders caused by physical issues or mental disorders. Can also assist with swallowing problems and communication devices. Speech therapy is not always offered in each agency. • Case Manager – can be a registered nurse, physical therapist, or speech pathologist. The case manager assesses the needs, develops a plan of care, reviews it periodically, coordinates care, and collaborates with the rest of the team. Not every agency will have a specific case manager. For example, a registered nurse may do all these activities however will not have a different title. | |
| <p>Slide 13</p> | <p>Script</p> <ul style="list-style-type: none"> • Social Worker – formally educated to assist individuals, families, groups, or communities with social and/or psychological issues. Often coordinates community resources to meet a patient or family’s needs. Can assist with long-term planning, placement, or advanced care directives. • Registered Dietitian/Nutritionist – trained to teach patients and their families about diet/nutrition to improve health and manage illness. • Chaplain – not every agency will have a chaplain on staff. Agencies affiliated with a hospital or hospice usually have chaplains. The chaplain assists with an individual’s or family’s spiritual care and/or grieving and coping. A chaplain’s services do not require physician orders. | |
| <p>Slide 14 Handout 1</p> | <p>Script</p> | |

Module 1 – History of Home Care

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| | <ul style="list-style-type: none"> Activity: The Home Health Aide and Care Team | |
| Slide 15 | Script <ul style="list-style-type: none"> Go over answers for the activity | |
| Slide 16 Handout 2 | Script <ul style="list-style-type: none"> Activity: Case Scenario | |
| Slide 17 | Script <ul style="list-style-type: none"> Go over answers for the case scenario activity | |
| Slide 18 | Script MODULE 1-C – The Nurse Aide’s Role in Home Care | |
| Slide 19 | Script <ul style="list-style-type: none"> The nurse aide can assist with Activities of Daily Living (ADL’s): <ul style="list-style-type: none"> Bathing Grooming Dressing Toileting Feeding Ambulation/Exercises | |
| Slide 20 | Script <ul style="list-style-type: none"> The nurse aide can also assist with Instrumental Activities of Daily Living (IADL’s) <ul style="list-style-type: none"> Light house cleaning Meal preparation Grocery shopping Laundry/linen Garbage disposal | |
| Slide 21 | Script <ul style="list-style-type: none"> The nurse aide might also be responsible for assisting with transfers and exercises that have been prescribed by the therapist. The home care aide can never give medicine to patients, nor can they fill pill boxes. The home care aide may measure vital signs (temperature, pulse, respiratory rate, and blood pressure). | |
| Slide 22 | Script <ul style="list-style-type: none"> After the patient’s care plan has been developed by the agency’s nurse or case manager, a certain number of visits or hours each day or week will be assigned to a nurse aide. The nurse aide will be responsible for providing the personal care and housekeeping services specified by the aide’s supervisor. Because each patient will have different and unique needs, it is important for the nurse aide | |

Module 1 – History of Home Care

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| | <p>to follow the care plan closely. Reading the care plan, checking off completed tasks, and documenting well are especially important for the nurse aide. Never do anything that is not listed on the plan of care. Never fail to do anything that is listed on the plan of care. Always ask questions if there is something you do not understand on the plan of care or there is a task with which you need additional training.</p> | |
| <p>Slide 23</p> | <p>Script</p> <ul style="list-style-type: none"> • Being a nurse aide requires a certain level of flexibility and comes with other responsibilities as well: <ol style="list-style-type: none"> 1. Work hours can be irregular. 2. Schedules can change. 3. Settings and job responsibilities will change at every patient’s home. 4. There must be adequate transportation in place, as the nurse aide will have to travel from one patient’s home to the next. 5. Contact with the patient’s family will be more frequent than in a facility. 6. Good written and verbal communication skills are important. 7. Personal safety is an issue when doing home visits as well. It is important to be aware of your surroundings, walk confidently, and avoid dangerous situations (such as visits after dark). 8. Working around a patient’s home can also be challenging if they have clutter, stairs, cramped bathrooms, pets, etc. | |
| <p>Slide 24</p> | <p>Script</p> <ul style="list-style-type: none"> • So far, we have discussed what tasks could be required of a nurse aide. However, it is also important to discuss what a nurse aide should not do, as these are considered out of the scope of practice for a nurse aide: <ol style="list-style-type: none"> 1. DO NOT administer medications. The Home Care licensure rules in North Carolina state that an in-home aide may assist a patient with self-administration of medications. Assisting the patient may include reminding the patient to take a medication, handing the patient a pill box labeled by the patient, family, or nurse or crushing a tablet per the patient’s plan of care. 2. DO NOT insert or remove tubes or objects from a patient’s body unless it has been assigned and your competency has been | |

Module 1 – History of Home Care

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| | <p>validated by an RN</p> <ol style="list-style-type: none"> 3. DO NOT accept an assignment that is out of your scope of practice; and do not ignore an assignment that is listed for you to complete. 4. DO NOT diagnose or prescribe medications or treatments. 5. DO NOT tell the patient or family the patient’s diagnosis or treatment plan – this is the responsibility of the nurse or physician involved. | |
| <p>Slide 25</p> | <p>Script MODULE 1-D – Supervision of the Nurse Aide</p> | |
| <p>Slide 26</p> <p>Review website: See Page Module 1-1 for links to <i>Supervision Rules of Licensure for In-Home Aide Services</i> and §484.80 <i>Conditions of participation: Home Health Aide Services</i> in the CMS State Operations Manual</p> | <p>Script</p> <ul style="list-style-type: none"> • Nurse aide supervisors have many responsibilities in the agency. • A supervisor must first ensure that nurse aides adhere to three (3) specific federal regulations: <ol style="list-style-type: none"> 1. Medicare certified agencies only – nurse aides are required to have 12 hours minimum of continuing education or in-service training each year. 2. Nurse aides must act in accordance with Occupational Safety and Health Administration (OSHA) rules regarding blood borne pathogens, precautions, and tuberculosis (to be discussed in an upcoming module). OSHA is an agency of the United States Department of Labor and develops rules and regulations to protect workers from hazards while on the job. It is up to your employer to train you on OSHA regulations and provide you with the tools you need to stay safe on the job. 3. The supervisor must adhere to both home care licensure laws and the state occupational licensing laws. | |
| <p>Slide 27</p> | <p>Script</p> <ul style="list-style-type: none"> • Another role of a nurse aide’s supervisor is to ensure that all criteria for employees are being met such as credentials, training, and education. <ul style="list-style-type: none"> ○ For example, according to the N.C. Board of Nursing, the RN supervisor must validate all qualifications of employees, including requirements for licensure, certifications, or registry listings (e.g. the nurse aide), and must be able to validate skills in all nurse aide related activities. In North Carolina, nurse aides are considered listed on the N.C. Nurse Aide I Registry. Nurse aides do | |

Module 1 – History of Home Care

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| | <p>not meet the definition of certification, so the term certified is not recognized by the state.</p> <ul style="list-style-type: none"> ○ The nurse aide supervisor will observe the nurse aide in the patient’s home while providing care to that patient. This also helps with the validation process. ○ Remember that you are <i>always</i> supervised, even if the supervisor is not physically in the home. Your supervisor is responsible for your activities and you must always adhere to your agency’s policies and procedures. ○ As a home care aide, you will work independently but will always be supervised. | |
| <p>Slide 28 Handout 3</p> | <p>Script</p> <ul style="list-style-type: none"> ● Handout 3 – Competency/Skills Validation – this is just an example of some of the areas that an agency may evaluate <ul style="list-style-type: none"> ○ Review handout with students | |
| <p>Slide 29</p> <p>Instructor – review with the class the Position Statements for RN and LPN Practice: <i>Decision Tree for Delegation to a UAP and Delegation and Assignment of Nursing Activities:</i> links found on Page Module 1-1</p> | <p>Script</p> <ul style="list-style-type: none"> ● The supervisor is also responsible for delegation of tasks. In North Carolina, delegation must be in accordance with the N.C. Board of Nursing guidelines. ● There are several criteria that must be met before the RN can delegate tasks to the nurse aide: <ul style="list-style-type: none"> ○ The tasks must frequently recur in the daily care of the patient ○ The tasks performed must be according to an established or standardized sequence of steps ○ The tasks involve little or no modification from one patient care situation to another ○ The tasks may be performed with a predictable outcome AND do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure itself ○ The task is allowed by agency policy/procedure. Note that even if a task meets all criteria, an agency can decide not to allow the task to be completed. | |
| <p>Slide 30</p> | <p>Script</p> <ul style="list-style-type: none"> ● Each agency will have its own procedures and rules for how often a nurse aide needs | |

Module 1 – History of Home Care

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| | <p>evaluation (supervision) or in what capacity.</p> <ul style="list-style-type: none">• If the agency is a Medicare participating home health agency, direct supervision, evaluation of the nurse aide by the RN while the nurse aide is present in the home, is required every 14 days.• A licensed home care agency (non-Medicare) could mandate that the nurse aide is evaluated or supervised once every 90 days.• It is the responsibility of the agency to know its supervision requirements, and it is the responsibility of the nurse aide to comply and cooperate with supervision activities. | |
| Slide 31 | <p>Script</p> <ul style="list-style-type: none">• For more information on items discussed in this module, please visit:<ul style="list-style-type: none">○ OSHA: www.osha.gov○ N.C. Board of Nursing: www.ncbon.com○ DHSR: www.ncdhhs.gov/dhsr | |