

HHA001-T: Home Health Services (Home Health Aide In-Service Training)

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Home Health Services (Home Health Aide In-Service Training)

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A Home Health Aide In-Service Course / Non-CE

Last Updated:
Original Release:

Terminology

Activities of Daily Living (ADL)

Dementia

Disability

Discharge Planner

Home Health Aide

HMO (Health Maintenance Organization)

Nutrition

OBRA (Omnibus Budget Reconciliation Act)

Disease

Preferred Provider Organization (PPO)

Reimburse

Terminally III

Activities of Daily Living (ADL)

Common daily tasks such as dressing, eating grooming or bathing.

Dementia

Mental deterioration, loss of the ability to think clearly.

Disability

Partial or complete loss of the ability to use a body part or sense.

Discharge Planner

The person in a hospital responsible for preparing a care plan for someone about to be discharged.

Home Health Aide

An aide who goes to the client's home to provide care, under the direction of a registered nurse. Many agencies require that home health aides be certified nursing assistants.

HMO (Health Maintenance Organization)

An organization that contracts to provide all care as long as the individual uses the providers that are members of the HMO.

Nutrition

The science of foods and how they affect health.

OBRA (Omnibus Budget Reconciliation Act)

A set of federal regulations, passed in 1987 and updated in 1991, that focused on healthcare issues, including assuring quality care for older persons in long-term care facilities.

Parkinson's Disease

Disorder of the nervous system resulting in body stiffness and shakiness.

Preferred Provider Organization (PPO)

A medical plan that offers to pay a person's healthcare costs as long as the person selects physicians from a list of physicians who are part of the plan.

Reimburse

To pay back, or pay after a service is provided.

Terminally Ill

A person who is expected to die soon.

Introduction

In this module... you will learn about:

- What home health care is and who it is for
- The members of the home health team
- Some recent changes in the healthcare system



Home Health Care

People have been providing forms of care for the ill and disabled in their own homes for centuries. A hundred years ago wealthy people who needed assistance could call on nannies to help with the children, cooks for shopping and food preparation, housekeepers for help with housework, and visiting nurses for nursing care.

Today, a home health agency may provide any or all of these services and more. The forms of payment have changed, so now many more people can use the services, and the level of training has also improved dramatically. The same important idea remains, however: to provide many basic needs and services for those who are too ill or disabled to do these things for themselves and to provide the services in the person's own home.

Who needs home health care?

There are many reasons a person might make use of home health care:

- During the recovery period from an injury or serious illness
- **Disability** due to a chronic illness, such as **Parkinson's Disease**
- Permanent disability from a serious injury
- Need for a repeated medical procedure, such as respiratory therapy, that can be given with portable equipment
- Inability to perform some activities of daily living (**ADLs**) due to age or **dementia**

What services are provided?

The person receiving home care may receive many different kinds of services:

Nursing services under the direction of a registered nurse or physician:

- Basic nursing services, such as bowel and bladder care
- Physical therapy or occupational therapy
- Speech therapy
- Respiratory therapy
- Kidney dialysis or other services using portable equipment
- Nutritional counseling

Other services:

- Light housekeeping
- Shopping and cooking
- Laundry
- Transportation
- Companionship

These services are rarely, if ever, provided by a single person, but by a variety of skilled professionals. We will discuss the members of the home health team later in this chapter.

What are the advantages of home health care?

Home health care is the fastest growing segment of the health care industry. One of the main driving forces in the development and growth of home health care has been

the huge growth in costs of health care in America. Providing care in a person's own home instead of a hospital or long-term care facility can help control costs.

This cost-cutting began with attempts to control the increase in costs for the government's Medicaid programs. The government helped define what are called **Diagnostic Related Groupings (DRGs)**. These DRGs were based on medical studies of how many days in hospital were needed to treat and recuperate from various medical conditions. Both government and health insurance companies were interested in streamlining care and making sure people were not staying unnecessary lengths of time in expensive institutions such as hospitals.

Once DRGs were defined, a hospital employee called a **discharge planner** could use them to plan a release date and develop a detailed plan for follow-up home health care. This would streamline care and provide services at a much lower cost than in-patient care within the hospital. There are many advantages of home health care in addition to lowering costs, however.

What are the advantages of home health care? - Continued

The following are some of the advantages of home health care:

Significant savings over providing care in an institution such as a hospital or long-term care facility (nursing home).

- Allowing earlier release from a hospital after serious illness or injury
- Allowing people to remain in an environment where they are most comfortable
- Allowing people to remain near their families
- Allowing people to remain where they can do many things for themselves

While cost-control may be the main force behind the rapid growth of the home health care industry, this development seems to be working to the advantage of everyone. Those who pay for the care see lower costs. Those who provide the care can often now work flexible schedules in relaxed home environments. And those who need the care can remain in their own homes and with their families during an illness, recovery period, or even if seriously disabled.

Who provides home health care?

Many different kinds of agencies have developed to fill the growing need for home health care. Some home health agencies function like referral services. They maintain listings of **home health aides** and other healthcare workers and assign them to clients, but the healthcare workers themselves remain independent contractors. Some agencies employ their home health workers and offer them employee benefits. Some agencies

are independent corporations and some are run by hospitals or other healthcare organizations.

Perhaps the newest type of home health agency is the sunset care or Medicare substitute agency. This agency offers to provide all of a Medicare recipient's medical care, including home health care, and they accept as full payment the average allocation from Medicare for one recipient.

The American healthcare system is going through large changes and has been changing radically for at least twenty years. These changes will probably continue. Whatever the future brings in the way of institutional change, it is almost certain that there will be a large and growing role for home health care.

The Home Health Team

Introduction

Supervisor

Registered Nurse/Visiting Nurse

Licensed Practical Nurse/Licensed Vocational Nurse

Home Health Aide

Physical Therapist

Occupational Therapist

Speech Therapist/Speech Pathologist

Respiratory Therapist

Nutritionist

Social Worker

Hospice Health Worker

The Whole Team

Click the buttons on the right to learn more about the home health team roles.

Supervisor

This will be a registered nurse or physician. The supervisor has overall responsibility for the client's care plan, for assigning other professionals, and for making sure care was provided properly and at the right times.

Registered Nurse/Visiting Nurse

This is a registered nurse who can provide complete in-home nursing care.

Licensed Practical Nurse/Licensed Vocational Nurse

The LPN/LVN works under the direction of a registered nurse to provide some forms of nursing care in the home.

Home Health Aide

The home health aide works under the direction of a registered nurse to provide some forms of basic nursing care in the home. The home health aide may be expected to provide simple home services, such as shopping and light housekeeping, as well. In some agencies these services will be provided by a trained homemaker or homemaker.

Physical Therapist

The physical therapist helps the client restore function and overcome disability following an injury or the loss of a body part such as a hand.

Occupational Therapist

The occupational therapist helps the client relearn physical abilities and the skills needed to perform basic daily tasks such as dressing or bathing.

Speech Therapist/Speech Pathologist

The speech therapist helps a client with speech disorders.

Respiratory Therapist

The respiratory therapist helps a client with breathing treatments and portable breathing apparatus.

Nutritionist

The nutritionist uses a knowledge of the science of nutrition to help plan an appropriate diet for the client.

Social Worker

The social worker helps the client with psychological problems or dementia.

Hospice Health Worker

Often a registered nurse who is specially trained to work with the terminally ill.

The Whole Team

All of these people together make up the home health team. The home health aide is an important member of this team and is often the one who provides the most direct care for the client. You may also be asked to assist other team members in providing some of these other services.

Teamwork is very important. The team members must all cooperate in gathering information, planning, and performing what needs to be done for each individual client. After care is given, team members must also cooperate to evaluate the services to be sure the client's needs were met.

Types of Medical Facilities

Introduction

Hospital

Long-term care facility

Subacute care unit

Intermediate care facility for the developmentally disabled

Board and care facility

Assisted living facility

Adult day care

Mental health facility

Hospice facility

As a home health aide, many of your clients will be recently released from a hospital or other healthcare facilities. And some of your clients may need to move to a facility as their needs change. You should be familiar with the many kinds of facilities.

Click the buttons on the left to learn more about several types of medical facilities

Hospital

A facility that provides 24-hour inpatient care and all types of acute medical care. It may also provide long-term care in a separate unit.

Long-term care facility

Sometimes called a skilled nursing facility. An institution that can provide nursing care 24-hours a day for an extended period of time.

Subacute care unit

Sometimes called an intermediate care facility. Usually located within a hospital. It provides skilled nursing care and supportive care, often for patients who are recovering from surgery or illness.

Intermediate care facility for the developmentally disabled

An institution that provides care and support services for the developmentally disabled who have occasional need for skilled nursing services.

Board and care facility

An institution, often a private home, that offers some care and supervision for clients who need it. The clients are usually ambulatory. Often, some nursing care is provided, but not 24-hours a day.

Assisted living facility

A facility that provides meals, laundry, and transportation services for persons who cannot live independently. It does not usually offer nursing care.

Adult day care

A facility that provides meals and activities but not living facilities for adults who attend during the day only.

Mental health facility

A facility that provides 24-hour care for the mentally ill. Recently, mental illness is being treated more and more on an outpatient basis and in the home.

Hospice facility

A facility that provides 24-hour care for the terminally ill. Some hospice care institutions provide services through home visits to the terminally ill.

Who Pays for Home Health Care?

Over the last 20 years there have been tremendous changes in the healthcare system in America, most of the changes relating to who pays for the care. Long ago, all payment was between an individual who needed a service and a provider of health care services such as a physician or a hospital.

The first major change was the development of health insurance, provided by an employer. For a regular payment, the insurance company would **reimburse** either the individual or the provider for a fixed percentage of costs. Usually there was a deductible amount that had to be reached first, such as \$500 for example, before any services were reimbursed.

The next major development was the **health maintenance organization (HMO)** that agreed to provide all care for a regular payment (and often a small co-payment for each service) as long as the individual used providers who were members of the HMO.

Introduction

Medicare

Medicaid

PPO (Preferred Provider Organization)

Disease Management

OBRA or the Omnibus Budget Reconciliation Act

Click the buttons on the left to learn more about terms in the field you should be aware of.

Medicare

A federal program that pays for some of the healthcare of those over 65 and the permanently disabled. It covers limited long-term care expenses.

Medicaid

A federal program that offers money to the states to pay for some of the healthcare of people who cannot afford it. Benefits vary from state to state. In some states Medicaid funds help pay long-term care costs.

PPO (Preferred Provider Organization)

A plan, similar to an HMO, that offers to pay a person's health care costs as long as the person selects physicians from a list of physicians who are part of the plan.

Disease Management

A plan that covers a specific chronic disease, such as asthma. It emphasizes patient education and follows a definite set of procedures.

OBRA or the Omnibus Budget Reconciliation Act

A set of federal regulations that mainly affects long-term care. It was passed in 1987 and took effect in 1990, and updates were passed in 1991. OBRA focuses on the care of the older person in long-term care facilities. It defines the rights clients have and it also sets standards for the quality of care in long-term care facilities and for the training of nursing personnel. For example, under OBRA, to become a certified nursing assistant a person must complete a nursing assistant course of at least 75 hours, and must pass a written and practical competency exam.

Some

states have laws that set even stronger standards. Some of these organizations and regulations have come about because of rising medical costs, and some because state and federal governments have passed laws to try to protect individuals who need nursing care and to ensure quality of care. As a home health aide, you should be aware of these changes in the healthcare industry.