Report on Findings and Recommendations

By the

Nebraska Board of Health

on the Proposed State Regulations

of the Home Health Aides

to the

Director of Health

and the

Nebraska Legislature

January 25, 1988

Introduction

The Nebraska Regulation of Health Professions Act created a three-tier process for the review of proposals pertaining to the credentialing of health occupations. These three tiers are the technical review committees, the Board of Health, and the Director of Health. The Board of Health reviews specific proposals for credentialing only after the technical review committees have completed their reports on these proposals. After the Board completes its reports on the proposals, these reports, and those of the technical review committees are presented to the Director of Health, who in turn prepares his own report on them. All reports are submitted to the Nebraska Legislature for its consideration.

Each of these three review bodies issues reports that represent the advice of their membership on the proposals in question. Each report is a separate, independent response to the proposals, and is in no way dependent upon the reports that have preceded it.

The Board of Health reviews credentialing proposals only after receiving a preliminary recommendation on each proposal from an advisory committee selected from its own membership. This committee met on November 4, 1987, in order to give the full Board its advice on the proposal of the home health aides. The full Board of Health met on November 16, 1987, and formulated its own, independent report on this proposal. The following pages constitute the body of this report.

Recommendations

The applicant group seeks to establish minimum standards of training for all home health aides in Nebraska. The technical review committee recommended approval of the proposal with modifications pertinent to grandfathering, exemptions, and supervision. The committee also recommended that the definitions currently used to describe home health aide service levels, job titles, and levels of supervision be reviewed so as to ensure that they are mutually consistent. The Board of Health also recommends approval of the application, as well as the specific modifications made by the technical review committee. In addition, the Board members decided to append to their report a document written jointly by the contending parties to the application outlining a compromise reached by these parties pertinent to such issues as grandfathering, tiering, and the hours of training necessary to provide a minimum level of training for home health aides.

Discussion

The 407 Advisory Committee discussed the pertinent issues raised by the application prior to the discussion that occurred during the meeting of the full Board of Health. The advisory committee endorsed the technical review committee's recommendations on the proposal, as well as a document written jointly by the contending parties which was created to resolve outstanding issues in the areas of grandfathering, tiering, and hours of training for home health aides. The advisory committee sought, and received from the contending parties to the proposal the assurance that there was nothing in the compromise document that contradicted the recommendations made by the technical review committee.

The Board of Health agreed with the technical review committee that there is a need for the state to establish minimum standards in the area of home

health care. However, one Board member stated that it would not be advisable for the Board to go beyond making a general recommendation, and attempt to define such controversial terms as "medically stable" and "medically unstable" as they pertain to home health aide practice. This Board member state that this task, as well as the tasks of designating the appropriate amount of hours of training for home health aides and specifying the appropriate levels of regulation, should be left to the Legislature to resolve.

The Board then took action on the three criteria as they pertain to the proposal. Dr. Powell moved that the proposal satisfies all three of the criteria of LB 407, and that the above-mentioned compromise document be appended to the Board's report on the proposal. Voting aye were: Nelson, Quinn, Clark, Adickes, Powell, Rhodes, Masek, Kenney, Coleman, and Hilkemann. There were no nay votes. By this action the Board decided to recommend approval of the proposal and appended the compromise document to its report.

October 28, 1987

M E M O R A N D U M

To: 407 Committee
Nebraska Board of Health; and

Gregg F. Wright, M.D., M.Ed., Director
Nebraska Department of Health

From: Nancy Scheet, Omaha Visiting Nurse Association,
Nebraska Association of Home and Community
Health Agencies (NAHCHA)

Linda Ament, Beatrice Home Health Agency,
407 Committee Member, NAHCHA

Pat Mehmken, Tabitha Home Health, NAHCHA

Nancy Brown, Applicant Group, Division of Standards

Mary Munter, Applicant Group, Division of Community
Health Nursing

Sandra Klocke, Applicant Group, Home Health Program,
Division of Community Health Nursing

RE: Change in Scope of Practice of Home Health Aides -
407 Application

Through the process of the 407 Technical Committee hearings, significant differences of opinion surfaced between the Applicant Group and the trade organization representing home health agencies, Nebraska Association of Home and Community Health Agencies (NAHCHA). Final resolution of these differences had not occurred prior to the final 407 Technical Committee meeting. Both groups strongly support the need for training of Home Health Aides to assure public safety and high quality delivery of services. In the interest of meeting this goal basic to both groups, representatives from NAHCHA and the applicant group met to discuss and resolve the areas of conflict.

Through this group effort, the following agreements in principle were reached to the satisfaction of all parties involved. It is recommended by the participants that the following provisions be included as part of the statutory language of the enabling legislation.

I. Definition of Home Health Aide

A non-licensed, paraprofessional who is employed by an agency to provide personal care, assistance with activities of daily living and/or therapeutic services for a client under the direction and supervision of a licensed registered nurse.

Discussion: It is felt this defines a basic hands on care giver. This person may be assigned a variety of titles by various agencies i.e. personal care aide, homemaker/home aide, etc. It also includes the "higher" level of home health aide who may assist, with additional training, in providing therapeutic services. There is some question as to whether two legal definitions may need to be developed, such as Home Health Aide I and Home Health Aide II.

II. Training Requirements

There would be one entry level for all who fall under the definition of home health aide. For those aides assisting in therapeutic services i.e. blood pressures, temperatures, non-sterile dressing changes, etc., additional training and validation of competencies would be required. The training plan, which could be implemented by a variety of sources as defined in the application would be as follows:

Basic Home Health Aide Training

Class room training, approved by the Department of Health and administered by a Registered Nurse which consists of the 30 hours of content as out-lined below. In addition, supervised clinical practice sufficient to learn and demonstrate minimum acceptable proficiency in tasks or duties connected with each unit of theory content would be required. Proficiencies must by validated by a licensed Registered Nurse.

Curriculum: The curriculum for a basic home health aide course must include, at a minimum, the following components of classroom instruction including appropriate practical training:

Introduction To Home Care And Home Health Aide Services - Eight (8) Hours of the Following:

Overview of training; role and services of the home health agency; role and limitations of home health aide; working in another person's home; understanding the care plan and assignment sheet; communication skills and teaching; basic human needs; working with the family and people from other cultures; working with children; working with older adults; working with ill and disabled persons; mental health and mental illness; death and dying; observing and reporting abuse and neglect.

Basic Skills And Knowledge In Home Care - Nine (9) hours Of The Following:

Principles of infection control in the home setting; hand washing techniques/waste disposal; maintaining a clean, healthy home environment; basic nutrition at home; planning, shopping, preparing, serving, and storing foods; therapeutic diets; food and culture; feeding techniques; nutritional problems of ill and aged persons; safety measures in home care; fire and disaster procedures. Body systems and functions, observing signs and symptoms illness; understanding how and when to report changes in a patients condition.

Basic Skills And Knowledge In Personal Care - Six (6) Hours of the Following:

Oral hygiene; care of dentures; assisting patients to dress and undress; the complete bed bath; the tub bath; the shower; giving a back rub; preventing pressure sores; giving a shampoo in bed; combing the hair; shaving; foot care; nail care; offering the bedpan; offering the urinal; assisting with the commode; perineal care; understanding catheters; catheter care and limitations of the home health aide; incontinence; bedmaking (occupied and unoccupied).

Basic Skills and Knowledge in Transfer and Rehabilitation Techniques - Five (5) Hours Of The Following:

Principles of body mechanics; positioning a person in bed; transfer techniques; assisting with ambulation; working with assistive devices; active range of motion; caring for a person with limited function.

Emergency Care And First Aide Skills - Two (2) Hours of The Following:

How to restore and maintain breathing; bleeding; poisoning; shock; seizures; burn; suspected heart attack.

Home Health Aide Therapeutic Module

For aides required to do <u>any</u> therapeutic tasks, an additional 15 hour theory training module would be required covering the content out-lined below. This training would be administered by a licensed Registered Nurse, require supervised clinical practice sufficient to demonstrate minimum acceptable proficiency in tasks and duties connected with the content and be validated by a licensed Registered Nurse.

Basic Skills and Knowledge In Observing The Human Body: Systems And Functions and Basic Skills and Knowledge in Treatments and Procedures - 15 Hours of the Following:

Cleaning and shaking down the thermometer; reading the glass thermometer; oral temperature; rectal temperature; axillary temperature; radial pulse; respirations; blood pressure; clinitest and acetest; understanding and measuring intake and output; reporting and charting observations; assisting with medications; oxygen safety; changing a non-sterile dressing; understanding ostomies; changing an ostomy bag; deep breathing exercises; weighing; basic infant care procedures.

Discussion: It was agreed that one entry level of care giver was appropriate if practice realities were addressed by including an advanced training component. This meets the needs of those who give only simple hands on care and would not require training in therapeutic measures. For those aides required to provide higher levels of care, the additional training is needed. Health Care Financing Administration (HCFA) may recommend even higher levels of training for aides providing care to Medicare patients. The requirement that a licensed Registered Nurse administer the course does not preclude appropriate delegation of specific content to other qualified personnel.

III. Supervision

For Clients requiring basic level aide services with no therapeutic aide services, and who do not require skilled nursing or other professional therapeutic services, supervision of home health aide services will include a minimum of onsite supervision once every sixty days and a minimum of personal contact and care plan review with aide every 30 days.

For clients requiring any home health aide services, who also require skilled nursing or other professional therapeutic services, supervision of home health aide services will include onsite supervision every two weeks with or without the aide present.

This supervision is generally provided by the licensed registered nurse but may also be provided by other appropriate professionals, i.e. a physical therapist, occupational therapist, or speech pathologist relative to related professional services.

It was further agreed that a licensed Registered Nurse need not accompany an aide on each initial visit to new clients but must fully orient and review the plan of care with the aide prior to initial visits.

Discussion: This clarifies the frequency of supervision based on the types of professional therapeutic services the client is receiving rather than trying to define concepts of medically stable or unstable. It was generally agreed the ill clients are also receiving some skilled or therapeutic service whether on a frequent or infrequent basis that would then require the closer aide supervision.

IV. Grand Fathering

In reviewing and discussing, the original application language, it became apparent that by clarifying the intent of the language on point 3 under item 53 on Page 70 that "grand fathering" needs were essentially met. The statement in the application under route of entry is:

"- be an individual currently employed in good standing as a home health aide at the effective date of these regulations who is able to demonstrate competency in the skills covered in the home health aide training course and has received a certificate from the agency documenting this competency,"

Discussion: The applicant group explained that this was intended to cover currently employed aides whom the agency was willing to document minimum acceptable proficiencies in tasks and duties related to the aide training modules and issue a certificate validating these competencies. These records, maintained by the agency would be acceptable documentation to "grandfather" currently employed aides. With this clarification, it was felt that the "grand fathering" needs expressed by NAHCHA were met.

V. Other Routes of Entry

The application stated an individual who successfully completes a Basic Resident Care course for nursing assistants may practice as home health aides upon the completion of an additional home health aide component. It was agreed this component should include 13 hours of theory as outlined below with demonstration of minimum acceptable proficiencies as required in the basic training.

Curriculum for Nursing Assistants

Introduction To Home Care And Home Health Aide Services -
Five (5) Hours Of The Following:

Role and services of the home health agency; role and limitations of the home health aide; working in another person's home; understanding the care plan and assignment sheet; basic human needs; working with the family and people from other cultures; working with children; and working with older adults at home; working with ill and disabled persons; mental health and mental illness; death and dying; observing and reporting abuse and neglect in home care.

Basic Skills And Knowledge In Home Care -
Five (5) Hours Of The Following:

Handwashing and waste disposal in the home setting; maintaining a clean, healthy home environment; basic nutrition at home; therapeutic diets; food and culture; feeding techniques; nutritional problems of ill and aged persons; safety measures in home care; fire and disaster procedures.

Basic Skills And Knowledge In Personal Care - Two (2) Hours Of The Following:

How to adapt personal care skills to home care; understanding catheters and the limitations of the home health aide.

Basic Skills And Knowledge In Transfer And Rehabilitation Techniques - One (1) Hour Of The Following:

How to adapt rehabilitation and transfer techniques to home care; caring for a person with limited function.

Discussion: This clarifies specifically what would be required for this route of entry.

VI. Re-entry Into Practice After Absence

It was agreed that a certified home health aide not practicing for a period of three (rather than five) years be required to demonstrate minimum acceptable proficiencies in the tasks and duties related to the aide training modules. The hiring agency would be responsible for documenting and validating these competencies along with providing an orientation for the entering aide.

Discussion: This meets the need to assure continued competency without requiring automatic retraining.

The intent of the Department of Health and Home Health industry is to assure that enabling legislation is drafted and passed, and subsequent rules and regulations promulgated to protect Nebraska residents.