

2

The Home Health Aide and the Care Team

1. Identify the role of each care team member

Home health aides work directly with clients and families in their homes. They are part of a team of health professionals that includes doctors, nurses, social workers, therapists, and specialists. The team will work closely together to help clients recover from their illnesses. If full recovery is not possible, the team will help clients do as much as they can for themselves.

Clients have different needs and problems. Healthcare professionals with a wide range of education and experience help care for them together (sometimes referred to as an *interdisciplinary approach*). This group is known as the care team. Members of the care team include the following:

Home Health Aide (HHA): The **home health aide** performs assigned tasks, such as measuring vital signs, and provides or assists with personal care, such as bathing or meal preparation. Home health aides spend more time with clients than other members of the care team. 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 (Fig. 2-1). Home health aides must have at least 75 hours of training.

Case Manager or Supervisor: Usually a registered nurse, a case manager or 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. 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.



Fig. 2-1. *Observing carefully and reporting accurately are some of the most important duties home health aides perform.*

Registered Nurse (RN): In a home health agency, a **registered nurse** coordinates, manages, and provides care. RNs also supervise and train home health aides. They develop the home health aide care plan, or assignments. A registered nurse is a licensed professional who has graduated from a two- to four-year nursing

program. RNs have diplomas or college degrees and have passed a national licensure examination. Registered nurses may have additional academic degrees or education in specialty areas.

Physician or Doctor (MD [medical doctor] or DO [doctor of osteopathy]): A **doctor** diagnoses disease or disability and prescribes treatment. A doctor generally decides when patients need home health care, develops a treatment plan, and refers them to home health agencies (Fig. 2-2). Doctors have graduated from four-year medical schools, which they attended after receiving bachelor's degrees. Many doctors also attend specialized training programs after medical school.



Fig. 2-2. A doctor makes a diagnosis and prescribes treatment. She usually decides when a person needs home health care.

Physical Therapist (PT or DPT): A **physical therapist** evaluates a person and develops a treatment plan to increase movement, improve circulation, promote healing, reduce pain, prevent disability, and regain or maintain mobility (Fig. 2-3). A PT administers therapy in the form of heat, cold, massage, ultrasound, electrical stimulation, and exercise to muscles, bones, and joints. A physical therapist has received a master's degree or has graduated from a doctoral degree program (doctor of physical therapy, or DPT) after receiving an undergraduate degree. PTs have to pass national licensure examinations before they can practice.

Speech-Language Pathologist (*pa-THAH-loh-jist*) (SLP): A **speech-language pathologist** or

speech therapist identifies communication disorders, addresses factors involved in recovery, and develops a plan of care to meet improvement or recovery goals. An SLP teaches exercises to help the client improve or overcome speech impediments. An SLP also evaluates a person's ability to swallow food and drink. Speech-language pathologists have earned a master's degree in speech-language pathology and are licensed or certified to practice.



Fig. 2-3. A physical therapist helps exercise muscles, bones, and joints to improve strength or restore abilities.

Occupational Therapist (OT): An **occupational therapist** helps clients learn to adapt to disabilities. An OT may help train clients to perform activities of daily living (ADLs), such as dressing, eating, and bathing. This often involves the use of special equipment called assistive devices (Fig. 2-4). The OT evaluates the client's needs and develops a treatment program. Occupational therapists have earned a master's or doctoral degree and must pass national licensure examinations before they can practice.



Fig. 2-4. An occupational therapist will help clients learn to use assistive devices, such as this special utensil and plate. (PHOTOS COURTESY OF NORTH COAST MEDICAL, INC., WWW.NCMEDICAL.COM, 800-821-9319)

Registered Dietitian (RD or RDN): A **registered dietitian** (RD) or registered dietitian nutritionist (RDN) assesses a client’s nutritional status and develops a treatment plan to improve health and manage illness. A registered dietitian creates diets to meet clients’ special needs and may also supervise the preparation of food and educate people about nutrition. Registered dietitians have completed a bachelor’s degree or master’s degree and must pass a national licensure examination.

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. A medical social worker may book appointments and transportation. Medical social workers have usually earned a master’s degree in social work.

Client: The client is an important member of the care team. Providing person-centered care means placing the client’s well-being first and giving her the right to make decisions and choices about her own care. The client helps plan care, and the client’s family may also be involved in these decisions. The care team revolves around the client and her condition, goals, priorities, treatment, and progress. Without the client, there is no care team.

2. Describe the role of the home health aide and explain typical tasks performed

The role of home health aides is to improve or maintain the independence, health, and well-being of clients. This is accomplished by providing or assisting with personal care, assisting with activities of daily living (ADLs), and performing assigned tasks. It is also accomplished by promoting self-care. HHAs can reinforce the teachings of other team members and promote behavior that improves health, such as maintaining a healthy diet and exercising.

Home health aides provide services directly to their clients in several ways. HHAs provide care

or assist with self-care, depending on the care plan. A care plan may include the following, depending on state regulations:

- Bathing
- Dressing
- Grooming
- Helping with elimination
- Assisting with range of motion (ROM) exercises and ambulation (walking)
- Transferring from bed to chair or wheelchair
- Measuring vital signs (temperature, pulse rate, respiratory rate, and blood pressure)
- Feeding
- Reminding the client about medications
- Giving skin care
- Using medical supplies and equipment, such as walkers and wheelchairs
- Changing simple dressings
- Making and changing beds
- Light cleaning, including dusting, vacuuming, and washing dishes
- Teaching home management and safety

HHAs help maintain a safe, secure, and comfortable home life for clients and their families. This may include light housekeeping, food shopping, meal preparation, and laundry.

Home health aides are also role models. They promote clients’ independence by practicing proper housekeeping, nutrition, and healthcare skills. Encouraging clients to do tasks for themselves helps ensure that health will be maintained between visits.

In addition, home health aides teach by example. By performing procedures and providing help efficiently and cheerfully, they provide the family with a model for caregiving. Home health aides are not intended to replace a family

member. Rather, HHAs support and strengthen the family.

3. Identify tasks outside the scope of practice for home health aides

Laws and regulations about what aides can and cannot do vary from state to state. A **scope of practice** defines the tasks healthcare providers are legally allowed to do as permitted by state or federal law. However, some procedures are not performed by home health aides under any circumstances. Tasks that are said to be outside the scope of practice of a home health aide include the following:

- HHAs do not administer medications unless trained and assigned to do so. Only a few states allow home health aides to do this. However, when allowed, additional training is **always** required. Home health aides may assist the clients with self-administered medications in certain situations.
- HHAs do not insert or remove tubes or objects (other than a thermometer) into or from a client's body. These procedures are called *invasive* and are performed only by licensed professionals.
- HHAs do not honor a request to do something outside the scope of practice, not listed in the job description, or not on the assignment sheet. In this situation, an HHA should explain that she cannot do the task requested. The request should then be reported to a supervisor. This is true even if a nurse or doctor asks the HHA to perform the task. The HHA should refuse to perform the task and explain why. Refusing to do something that the HHA cannot legally do is the HHA's right and responsibility.
- HHAs do not perform procedures that require sterile technique. For example, changing a sterile dressing on a deep, open wound requires sterile technique.
- HHAs do not diagnose illnesses or prescribe treatments or medications.
- HHAs do not tell the client or the family the diagnosis or the medical treatment plan. This is the responsibility of the doctor or nurse.

Home health aides must know which tasks are outside their scope of practice and not perform them. Many of these specialized tasks require more training. It is important for HHAs to learn how to refuse a task for which they have not been trained or that is outside their scope of practice.

At the end of this textbook, there is an appendix that includes additional procedures. Most HHAs cannot perform these tasks without special training. Each HHA must know and follow his state's and agency's regulations.

4. Define the client care plan and explain its purpose

The client care plan is individualized for each client. It is developed to help achieve the goals of care and meet the client's specific needs (Fig. 2-5). It lists tasks, services, and treatments that team members, including home health aides, must perform. It states how often these tasks should be performed and how they should be carried out. For example, the care plan for a client who has had a stroke may list the following HHA responsibilities:

- Perform range of motion exercises daily
- Measure vital signs, such as temperature, pulse, and blood pressure, once a day or more
- Meet diet and fluid requirements

In addition, the care plan includes the client's diagnoses and limitations, goals, and interventions, such as medications, monitoring, treatments, and nutritional requirements. It also states the needed supplies and equipment,

HOME CARE AIDE CARE PLAN

Patient Address: _____		Telephone No. _____					
Directions to Home: _____							
Case Manager: _____ Phone No. _____ Frequency/Duration: _____ Supervisory visits: <input type="checkbox"/> every 2 weeks <input type="checkbox"/> every 30 <input type="checkbox"/> every 60 <input type="checkbox"/> Other _____ Patient problem: _____		PARAMETERS TO NOTIFY CARE MANAGER Temp _____ BP _____ P _____ R _____ Urine _____ Other (pain) _____ DNR: <input type="checkbox"/> Yes <input type="checkbox"/> No					
PRECAUTIONARY AND OTHER PERTINENT INFORMATION – Check all that apply. Circle the appropriate item if separated by slash. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with other <input type="checkbox"/> Alone during the day <input type="checkbox"/> Bed bound <input type="checkbox"/> Bed rest/BRPs <input type="checkbox"/> Up as tolerated <input type="checkbox"/> Amputee (specify): _____ <input type="checkbox"/> Partial weight bearing: <input type="checkbox"/> R <input type="checkbox"/> L </div> <div style="width: 30%;"> <input type="checkbox"/> Non weight bearing: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Fall precautions <input type="checkbox"/> Special equipment: _____ <input type="checkbox"/> Speech/Communication deficit <input type="checkbox"/> Vision deficit: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hearing deficit: <input type="checkbox"/> Hearing aid </div> <div style="width: 30%;"> <input type="checkbox"/> Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Partial <input type="checkbox"/> Oriented x 3 <input type="checkbox"/> Alert <input type="checkbox"/> Forgetful/Confused <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Prosthesis (specify): _____ <input type="checkbox"/> Allergies (specify): _____ </div> <div style="width: 30%;"> <input type="checkbox"/> Diabetic <input type="checkbox"/> Do not cut nails <input type="checkbox"/> Diet: _____ <input type="checkbox"/> Seizure precaution <input type="checkbox"/> Watch for hyper/hypoglycemia <input type="checkbox"/> Bleeding precautions <input type="checkbox"/> Prone to fractures <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> _____ </div> </div>							
Check all applicable tasks. Specify by circling the applicable activity for those items separated by slashes. Write additional precautions, instructions, etc. as needed beside the appropriate item.							
ASSIGNMENT	Every Visit	Weekly	Other – Comments/Instructions	ASSIGNMENT	Every Visit	Weekly	Other – Comments/Instructions
VITALS	Temperature	<input type="checkbox"/>	<input type="checkbox"/>	ACTIVITY	Assist with Ambulation W/C / Walker / Cane	<input type="checkbox"/>	<input type="checkbox"/>
	Pulse	<input type="checkbox"/>	<input type="checkbox"/>		Mobility Assist Chair / Bed Dangle / Commode Shower / Tub	<input type="checkbox"/>	<input type="checkbox"/>
	Respirations	<input type="checkbox"/>	<input type="checkbox"/>		ROM Active / Passive Arm R / L Leg R / L	<input type="checkbox"/>	<input type="checkbox"/>
	Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>		Positioning - Encourage Assist every ____ hrs	<input type="checkbox"/>	<input type="checkbox"/>
	Weight	<input type="checkbox"/>	<input type="checkbox"/>		Exercise - Per PT / OT / SLP Care Plan	<input type="checkbox"/>	<input type="checkbox"/>
BATH	Tub/Shower	<input type="checkbox"/>	<input type="checkbox"/>	NUTRITION	Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>
	Bed Bath - Partial/Complete	<input type="checkbox"/>	<input type="checkbox"/>		Assist with Feeding	<input type="checkbox"/>	<input type="checkbox"/>
	Assist Bath - Chair	<input type="checkbox"/>	<input type="checkbox"/>		Limit/Encourage Fluids	<input type="checkbox"/>	<input type="checkbox"/>
HYGIENE/GROOMING	Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	Grocery Shopping	<input type="checkbox"/>	<input type="checkbox"/>	OTHER
	Assist with Dressing	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	
	Hair Care	<input type="checkbox"/>	<input type="checkbox"/>	Wash Clothes	<input type="checkbox"/>	<input type="checkbox"/>	
	Shampoo	<input type="checkbox"/>	<input type="checkbox"/>	Light Housekeeping Bedroom / Bathroom / Kitchen / Change Bed Linen	<input type="checkbox"/>	<input type="checkbox"/>	
	Skin Care	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Care	<input type="checkbox"/>	<input type="checkbox"/>	
	Foot Care	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	
	Check Pressure Areas	<input type="checkbox"/>	<input type="checkbox"/>				
PROCEDURES	Nail Care	<input type="checkbox"/>	<input type="checkbox"/>				
	Oral Care	<input type="checkbox"/>	<input type="checkbox"/>				
	Clean Dentures	<input type="checkbox"/>	<input type="checkbox"/>				
	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>				
	Assist with Elimination	<input type="checkbox"/>	<input type="checkbox"/>				
	Catheter Care	<input type="checkbox"/>	<input type="checkbox"/>				
	Ostomy Care	<input type="checkbox"/>	<input type="checkbox"/>				
Record Intake/Output	<input type="checkbox"/>	<input type="checkbox"/>					
Inspect/Reinforce Dressing (see specifics in comment section)	<input type="checkbox"/>	<input type="checkbox"/>					
Medication Reminder	<input type="checkbox"/>	<input type="checkbox"/>					
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>					

Signature/Title: _____ Date: _____ Review and/or revise at least every 60 days

SIGNATURE/TITLE	DATE	SIGNATURE/TITLE	DATE

PART 1 - Clinical Record
PART 2 - Patient
PART 3 - Care Manager

PATIENT NAME – Last, First, Middle Initial
ID#

Fig. 2-5. A sample client care plan. (REPRINTED WITH PERMISSION OF BRIGGS HEALTHCARE®, 800-247-2343, BRIGGSHEALTHCARE.COM)

permitted activities, specific safety measures, and the length and frequency of home health care visits.

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

Throughout this textbook there is an emphasis on the importance of HHAs making observations and reporting them to their supervisors. Sometimes even simple observations are very important. The information collected, such as vital signs, and the changes observed in the client are both important in determining how the client's care plan needs to change.

5. Describe how each team member contributes to the care plan

Care planning should involve input from the client and/or the family, as well as from health professionals. When the client is involved in care planning, he is more likely to participate in and continue treatment. In addition, the client has a legal right to participate in his own care. Person-centered care places special emphasis on the importance of the client's input.

When planning care, 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 formulating a care plan. These include the following:

- The client's health and physical condition
- The client's diagnosis and treatment
- The client's goals, priorities, preferences, or expectations
- Whether additional services and resources, including transportation, equipment, or

supplementary income, are needed (for example, a social worker may arrange transportation for the client to and from appointments with his doctor)

The **psychological** (*sye-ka-LOJ-ik-ul*) (mental and emotional) and **socioeconomic** (*soh-see-oh-ee-ka-NOM-ik*) (social and economic) status of the client and the family are other important considerations. The agency will assess how the client and family are reacting to the medical problems the client is experiencing. Family members may be unavailable for some clients. For example, a client may have only elderly and ailing relatives to help with care. Family members may have jobs to go to or children to care for. Some families may have relatives who are unwilling to assist in care. For some families, problems like alcoholism and substance abuse can make it difficult to provide care. Housing and financial resources may also be lacking. A medical social worker may be sent to the home to assess the situation, make referrals, and assist with long-term care planning.

Input from all members of the care team is needed to develop the client care plan. For instance, a 250-pound, elderly client requests a tub bath. The supervisor assigns it. The home health aide finds that the client has no assistive equipment and is unable to move to the tub. The assignment puts the home health aide and the client at risk of injury. The home health aide must communicate this to his supervisor. The assignment needs to be changed to a bed bath or shower, or the client needs to obtain assistive equipment. The supervisor is responsible for re-assessing the assignment and making necessary changes to the care plan.

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 home health aide to follow. There will be separate care plans for other providers, such as the physical therapist.

Care plans must be periodically reviewed (at least every 60 days) and updated as the client's condition changes. Reporting changes and problems to the supervisor is a very important role of the home health aide. That is how the care team revises care plans to meet the client's changing needs (Fig. 2-6).

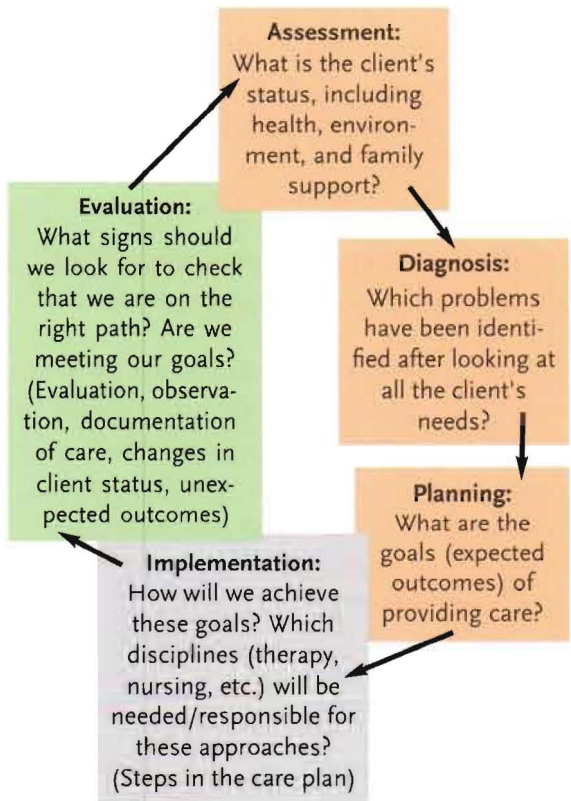


Fig. 2-6. The care planning process.

6. List the federal regulations that apply to home health aides

There are three basic federal regulations that apply to home health aides:

1. HHAs working in a Medicare-participating agency must complete at least 75 hours of training and/or they must pass a competency evaluation before they begin working. Training may be at a community college, high school, or home health agency (Fig. 2-7). State laws may require training in specific areas as well as certification through a standardized test. Rules also include

demonstrating the ability to read, write, and give oral reports.



Fig. 2-7. Home health aides must complete at least 75 hours of training and/or pass a competency evaluation to work for a Medicare-participating agency.

2. HHAs must have at least 12 hours of education (in-service training) every year. Home health agencies are required to offer these courses for their employees. However, it is the HHA's responsibility to successfully complete 12 hours of courses each year. An agency will not allow HHAs to work if they have not met the 12-hour in-service training requirement. Many states require more than 12 hours.
3. HHAs must comply with Occupational Safety and Health Administration (OSHA) rules about bloodborne pathogens, Standard Precautions, and tuberculosis. OSHA (osha.gov) is a federal government agency that makes rules to protect workers from hazards on the job. Information on following these rules is covered in Chapter 5.

7. Describe the purpose of the chain of command

A home health aide carries out instructions given to her by a nurse. The nurse is acting on the instructions of a doctor or other member of the care team. This is called the **chain of command**. It describes the line of authority and helps to make sure that clients get proper health care. The chain of command also protects

employees and employers from **liability** (*lye-a-BIL-i-tee*). Liability is a legal term that means someone can be held responsible for harming someone else. For example, imagine that a task that a home health aide performs for a client harms him. However, the task was in the care plan and was done according to policy and procedure. In this case the HHA may not be liable, or responsible, for hurting the client. However, if the HHA does something not in the care plan that harms a client, she could be held responsible. That is why it is important to follow instructions in the care plan and to follow the chain of command (Fig. 2-8).

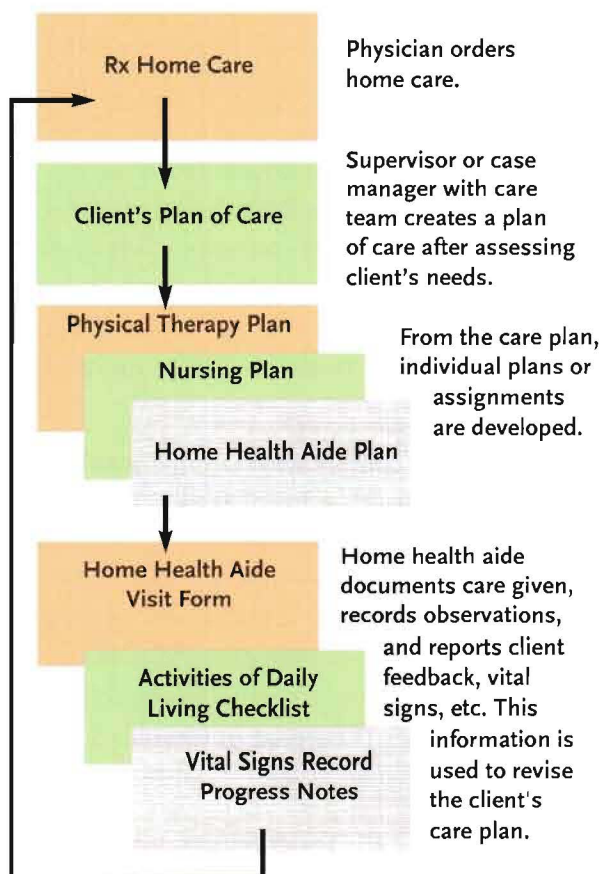


Fig. 2-8. The chain of command describes the line of authority and helps ensure that the client receives proper care.

Home health aides must understand what they can and cannot do. This is important so that they do not harm clients or involve themselves or their employers in lawsuits. Some states certify that a home health aide is qualified to work.

However, home health aides are not licensed healthcare providers. Everything they do in their job is assigned to them by a licensed healthcare professional. That is why these professionals will show great interest in what HHAs do and how they 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. Each member of the care team works under their scope of practice.

8. Define policies and procedures and explain why they are important

All home health agencies have 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, a common policy at most agencies is that the care plan must be followed. That means that every time an HHA visits a client, what she does will be determined by the care plan. A **procedure** (*proh-SEE-dyoor*) is a method, or way, of doing something. For example, an agency will have a procedure for reporting information about clients. The procedure explains what form to complete, when and how often to complete it, and to whom it is given.

Common policies at home health agencies include the following:

- All client information must remain confidential. Keeping information confidential means not telling anyone about it. This is not only an agency rule, but it is also the law. Chapter 3 contains more information on confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA). All agency employees must keep all information about clients and their families confidential. The HHA should be careful where she keeps her notes and assignment sheets. Keeping paperwork out

in the open where someone could read it or losing notes or assignments is a breach of confidentiality. Confidentiality also extends to the agency's personnel files and clinical records. This means an employer cannot give out information about any employee from job applications or other records.

- The client's care plan must always be followed. Home health aides should perform all tasks assigned by the care plan. Tasks that are not listed in the care plan or approved by the supervisor should not be performed. If the client or family requests changes, the HHA should report the requests to the supervisor.
- Home health aides must report to the supervisor at regular, arranged times, and more often if needed. For example, HHAs must report the following to their supervisors: important events or changes in clients and their families; an accident on the job; and anything that delays or prevents them from going to or completing an assignment.
- Personal problems should not be discussed with the client or the client's family. Discussing personal problems is unprofessional. HHAs must act professionally. Clients should see an HHA as a care provider rather than as a friend.
- Home health aides must be punctual and dependable. Employers expect this of all employees.
- Home health aides need to follow deadlines for documentation and paperwork. Timely and accurate documentation is very important. This topic is discussed in detail in Chapter 4.
- All client care must be given in a pleasant, professional manner.
- Home health aides should not give or accept gifts. Gift-giving and receiving is not allowed because it is unprofessional (Fig. 2-9). Gift-

giving can cause other problems as well. For example, a client may forget that she gave an object as a gift and report it as stolen. Some clients who give gifts may believe they deserve special treatment.



Fig. 2-9. Home health aides should not accept money or gifts because it is unprofessional and may lead to conflict.

Employers will have policies and procedures for every client care situation. These have been developed to give quality care and protect client safety. HHAs should always follow their employer's policies and procedures. Procedures may seem long and complicated, but each step is important. This book includes general procedures for all the basic tasks home health aides will do. HHAs must understand all policies and procedures and where to locate them. If something is not clear, the supervisor should be notified.

9. List examples of a professional relationship with a client and an employer

Professional means having to do with work or a job. **Personal** refers to life outside a job, such as family, friends, and home life. **Professionalism** is behaving properly when on the job. It includes dressing appropriately and speaking well. It also includes being on time, finishing assignments, and reporting to the supervisor. For an HHA, professionalism means following the care plan, making important observations, and reporting accurately. Clients, coworkers, and supervisors respect employees who behave professionally.

Professionalism helps people keep their jobs and may also help them earn promotions and raises.

A professional relationship with clients includes the following:

- Providing person-centered care
- Keeping a positive attitude
- Arriving on time, doing tasks efficiently, and leaving on time
- Finishing an assignment
- Doing only assigned tasks that are in the care plan and that the HHA is trained to do
- Keeping all clients' information confidential
- Being polite and professional at all times (Fig. 2-10)



Fig. 2-10. *Being polite and professional is something that is expected of home health aides.*

- Not discussing personal problems
- Not using personal phones while caring for clients
- Not using profanity, even if a client does
- Listening to the client
- Calling the client *Mr.*, *Mrs.*, *Ms.*, or *Miss*, and their last name, or by the name the client prefers; terms such as *sweetie*, *honey*, *dearie*, etc., are disrespectful and should not be used
- Never giving or accepting gifts
- Always explaining care before providing it

- Following practices, such as handwashing, to protect oneself and clients

A professional relationship with employers includes the following:

- Completing assignments efficiently
- Always following policies and procedures
- Documenting and reporting carefully and correctly
- Reporting problems with clients or assignments
- Reporting anything that keeps an HHA from completing assignments
- Asking questions when the HHA does not know or understand something
- Taking directions or feedback without getting upset
- Being clean, neatly dressed, and groomed
- Always being on time
- Telling the employer if the HHA cannot report for work
- Following the chain of command
- Participating in education programs
- Being a positive role model for the agency

10. Demonstrate how to organize care assignments

To finish all assignments each day, home health aides have to work efficiently. To be efficient, they need to decide the order in which to do their tasks. For example, an HHA is assigned to work with an elderly client from 2:00 to 4:00 p.m. on Monday. The care plan states that the client needs some housekeeping, dinner preparation, and personal care. When the HHA arrives at the client's home, she sees what tasks need to be done. She makes a list of the tasks she will do and the order in which she will do them (Fig. 2-11).

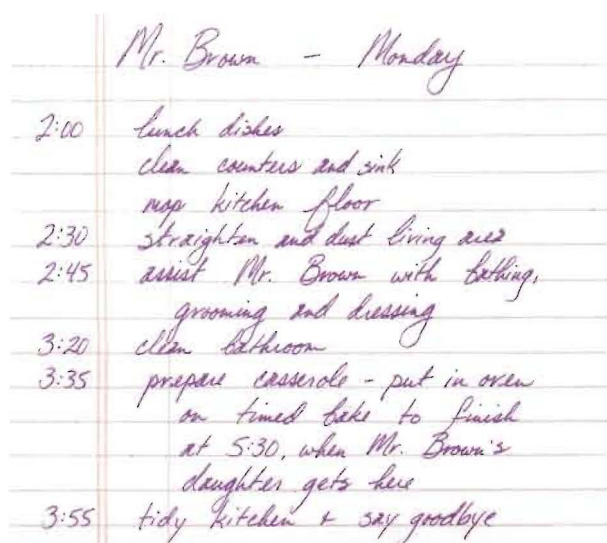


Fig. 2-11. Making a list of tasks to be done will help an HHA perform them efficiently.

Two hours is not a lot of time to do all those tasks. The HHA will have to work quickly. If she does not plan the tasks before she starts, she might spend too long cleaning the kitchen and never make dinner. Making a list of tasks makes for more efficient work. It is also helpful to include the client in the planning. A client may not cooperate with the schedule if he has different priorities. It takes communication, and sometimes negotiation, to arrange a schedule that works.

If an HHA runs out of time with a client, she may have to leave some tasks uncompleted. This can negatively affect the client and will put the HHA behind during her next visit. Completing assignments efficiently means not always trying to catch up. It means being able to complete necessary tasks in the time allowed.

11. Demonstrate proper personal grooming habits

Regular grooming makes people feel good about themselves, and it makes others feel good about them too. Grooming affects how confident clients feel about the care home health aides give. Professional home health aides have the following personal grooming habits:

- Bathing or showering daily and using deodorant or antiperspirant (do not use perfume, cologne, aftershave, or scented body creams or lotions, as clients may not like scents or may have illnesses that are worsened by scents)
- Brushing teeth frequently and using mouthwash when necessary
- Keeping hair clean and neatly brushed or combed and tying long hair back in a bun or ponytail
- Keeping facial hair short, clean, and neat
- Dressing neatly in a uniform that has been washed and ironed
- Not wearing clothes that are too tight or too baggy, torn or stained, or too revealing (short skirts, low-cut blouses, see-through fabrics)
- Not wearing large jewelry (the main exception to this rule is a simple, waterproof watch that may be used to measure vital signs and record events)
- Wearing an identification badge if required by the agency
- Not having visible tattoos and extra piercings (except for pierced ears)
- Wearing comfortable, clean, high-quality, closed-toe shoes (Fig. 2-12)



Fig. 2-12. Wearing a clean uniform, a watch, and an identification badge, as well as keeping long hair tied back and wearing clean, closed-toe shoes, are all a part of proper grooming.

- Keeping fingernails short, smooth, and clean
- Not wearing artificial nails (acrylic, gel, sculptured, or wraps) because they harbor bacteria
- Wearing little or no makeup

Home health aides should follow any specific rules an agency has regarding their appearance.

12. Identify personal qualities a home health aide must have

Home health aides must be:

- **Compassionate:** Being **compassionate** (*kum-PASH-on-et*) means being caring, concerned, considerate, empathetic (*em-pah-THEH-tik*), and understanding. Demonstrating **empathy** means identifying with the feelings of others. People who are compassionate understand other people's problems. They care about them. Compassionate people are also sympathetic. Showing **sympathy** means sharing in the feelings and difficulties of others.
- **Honest:** An honest person tells the truth and can be trusted. Clients need to feel that they can trust the people who care for them. The care team depends on honesty in planning care. Employers count on truthful records of the care provided, the observations made, the hours worked, and the time and mileage spent traveling.
- **Tactful:** Being tactful means showing sensitivity and having a sense of what is appropriate when dealing with others. It is the ability to speak and act without offending others.
- **Conscientious:** People who are **conscientious** (*kahn-shee-EN-shus*) try to do their best. They are guided by a sense of right and wrong. They are alert, observant, accurate, and responsible. Giving conscientious care means making accurate observations and reports, following the care plan, and taking

responsibility for one's actions (Fig. 2-13). For example, accurately measuring vital signs, such as temperature or pulse rate, is important. Other members of the care team will make treatment decisions based on the documented measurements. Without conscientious care, a client's health and well-being are in danger.



Fig. 2-13. Home health aides must be conscientious about documenting observations and procedures.

- **Dependable:** Home health aides must be able to make and keep commitments. They must report to work on time. They must skillfully do assigned tasks, avoid absences, and keep their promises. Dependability is especially important in home care, where the supervisor is not usually there to check on client care.
- **Patient:** People who are patient do not lose their tempers easily. They do not act irritated or complain when things are hard. Clients are often elderly and may be sick or in pain. They may take a long time to do things. They may become upset. Home health aides must be patient. They must not rush clients or act annoyed.
- **Respectful:** Being respectful means valuing other people's individuality, including their age, religion, culture, feelings, practices, and beliefs. People who are respectful treat others politely and kindly. They care about other people's self-esteem and do not gossip about them. Home health aides may not like or

agree with things that clients or their families do or have done. However, their job is to care for each client as assigned, not to judge him or her. HHAs should respect each client as an individual who needs their care.

- **Unprejudiced:** Home health aides work with people from many different backgrounds. They must give every client the same quality care, regardless of age, gender, sexual orientation, gender identity, religion, race, ethnicity, or condition.
- **Proactive:** Being proactive means anticipating potential problems and needs before they occur. Home health aides who pay close attention to clients and their environments are more likely to anticipate needs and prevent problems before they happen, rather than simply reacting after something occurs. Careful observing and reporting are key ways to be proactive.

13. Identify an employer's responsibilities

Agencies should teach home health aides about their policies and procedures. Agencies must make sure that HHAs are educated and are able to perform all assigned tasks. The employer's responsibilities include the following:

- Provide a written job description. The job description tells what the HHA is expected to do during working hours.
- Provide testing and skills evaluation before sending HHAs to care for clients.
- Provide initial training and continuing in-service training. Initial training includes an explanation of the policies and procedures of the agency, including the agency's documentation system. In-service training is a federal requirement. It keeps skills fresh and helps the HHA do an even better job. OSHA regulations require employers to offer infection prevention education, among other topics (Chapter 5).
- Provide appropriate preparation for each assignment. The agency should teach HHAs to appropriately care for each client's special needs and conditions. The HHA should be told why the client needs a service and what the goals of care are. If other team members are involved, their responsibilities should also be explained.
- Provide supervision. Supervisors support HHAs and teach them how to do new tasks. They help HHAs find solutions to problems and adjust to new situations. Supervisors check with clients to assure the goals of the care plan are being met. They will also check to see that clients are satisfied with the care they are receiving.
- Provide information about supervision. The employer should explain when and where HHAs will meet with supervisors and what will be discussed in these meetings. The HHA should also be told how the supervisor can be reached for help and why the supervisor will visit clients' homes.
- Provide proper equipment and supplies for HHAs to safely do their work. For example, the agency should provide the gloves an HHA must sometimes wear to protect herself and her client from infection.

Chapter Review

1. Why is the client the most important member of the care team?
2. How can home health aides be positive role models for clients and their families?
3. What does the term *scope of practice* mean?
4. Should an HHA tell a client about her diagnosis or medical treatment plan? Why or why not?
5. Why is it important to observe and report even simple observations about a client?

6. What are the factors considered when forming a care plan?
7. What is the minimum number of hours of training that HHAs must complete to work for a Medicare-participating agency?
8. How many hours of in-service education are HHAs required to have per year?
9. Name one reason why the chain of command is important.
10. What is one reason why a home health aide should not give or accept gifts?
11. Describe professionalism.
12. Create a sample schedule for a two-hour morning visit to an elderly client named Mrs. Smith. Use tasks different from those listed in Figure 2-11.
13. Why should an HHA not wear scented items, such as perfume or scented lotions, when working in a client's home?
14. Why would it be important for an HHA to keep long hair tied back?
15. Define *empathy* and give an example of how an HHA could be empathetic.
16. What type of preparation should an employer provide before sending an HHA to care for clients?
17. How do supervisors help HHAs and clients?