

Home Health Aide Hiring, Training, and Supervision



Hiring and Supervision in Home Health



**Caring Advantage, a series of
educational modules for home
care presented by AIG's Casualty
Risk Consulting, Patient Safety**

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Hiring, training, and supervision of home health aides is an important management challenge to home healthcare agencies. Lack of careful selection of staff, incomplete orientation, and inadequate supervision of home health aides can lead to patient injury and medical malpractice claims. This Home Health Aide Hiring, Training, and Supervision guide is designed to assist the home healthcare agencies in assessing their current approach to the hiring and management of home health aides and includes several tools to assist in this endeavor. The recommendations and the supporting tools are intended to go beyond the minimum requirements of the Centers for Medicare and Medicaid (CMS) in order to assure a more robust approach and reduce risk.



Duties and Responsibilities of a Home Health Aide

A home health aide is a person who carries out healthcare tasks in a patient's home under the supervision of a registered nurse or licensed therapist. A home health aide may also provide assistance with personal hygiene, housekeeping, and other related supportive tasks.

Note: A home health aide is also referred to as a certified nurse aide or hospice aide.

A home health aide provides services that are ordered by the physician in the plan of care and that the home health aide is permitted to perform under state law. The duties of a home health aide include the provision of hands-on personal care, performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance in administering medications that are ordinarily self-administered. Note: Refer to the document titled Home Health Aide Job Description for more detailed information on job duties and responsibilities.

Screening

The screening process is one of the most important steps in hiring a home health aide. The following activities can help to assure that the right person is hired:

1. Review the completed employment application.
2. Review the results of the HHA written competency examination.
3. Conduct an in-depth personal interview.
4. Verify the applicant's active status on the state's nurse aide registry (and ongoing prior to expiration, if applicable).
5. Verify the completion of a basic training program in home health aide services.
6. Verify employment references and work history.
7. Conduct professional and personal reference checks.
8. Conduct a criminal background check (minimally, state-based).
9. Review the Office of Inspector General's List of Excluded Individuals/Entities (<http://exclusions.oig.hhs.gov>).
10. Perform a health screening as specified by organizational policy or state law/regulation.
11. Verify that the applicant possesses:
 - A sympathetic attitude toward the care of the sick (personal interview).
 - The maturity and ability needed to deal effectively with the demands of the job (personal interview).
 - The ability to read, write, and carry out directions (written competency examination).
 - Proof of successful completion of a home health aide training program as required by applicable law, state and/or federal regulations (active status on state nurse aide registry or verification of training, written examination, and demonstration of competency).



Orientation

Orientation is a process by which initial job training and information is provided to the home health aide to promote patient safety and help ensure effective job performance. The home health aide's orientation is typically comprised of two components:

1. The organization-specific orientation.
2. The patient-specific orientation.

Note: Refer to the Home Health Aide Orientation Checklist for a list of suggested orientation topics. The amount of time spent in the orientation will range in time from days to weeks, depending on the home health aide's background and experience.

During the orientation period, the home health aide may observe care provided by peer home health aides in the home, but may not perform any patient care activities until competence assessment activities have been successfully completed by a registered nurse. After the successful completion of the orientation and competence assessment activities, the home health aide will receive a verbal orientation to the patient's specific care needs. In addition to the verbal instruction, the home health aide will receive written patient care instructions that were prepared by a registered nurse or another appropriate professional who will be responsible for the home health aide's supervision. These topics will include, but may not be limited to:

- Developing an individualized patient plan of care, including safety measures and fall risk.
- Infection control measures, including hand hygiene and standard precautions.
- How to report observations and/or changes in the patient's condition.
- Emergency procedures, including patient's resuscitation status.
- Role and responsibility of the family in the patient's care, if any.
- Care or services provided to the patient by other home care disciplines.

Training¹

Each home health aide must complete a training program in basic aide services. Most states mandate the number of education hours that a home health aide must achieve before providing care in the home.

Medicare-Certified Home Health Agencies: Home Health Aide Training Requirements

Duration of Training

Classroom and supervised practical training must total at least 75 hours. Note: Supervised practical training means training in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or licensed practical nurse.

Content of Training

- Communications skills.
- Observation, reporting, and documentation of patient status and the care or service provided.
- Reading and recording temperature, pulse, and respiration.
- Basic infection control procedures.
- Basic elements of body functioning and changes in body function that must be reported to home health aide's supervisor.
- Maintenance of a clean, safe, and healthy environment.
- Recognizing emergencies and knowledge of emergency procedures.
- The physical, emotional, and developmental needs of, and ways to work with, the populations served by the home health agency (this includes the need to have respect for the patient, their privacy and property).
- Safe transfer techniques and ambulation.
- Normal range of motion and positioning.
- Adequate nutrition and fluid intake.
- Any other task that the home health agency may choose to have the home health aide perform.
- Appropriate and safe techniques in personal hygiene and grooming, including:
 - Bathing
 - Shampoo, sink, tub, or bed
 - Nail and skin care (no clipping)
 - Oral hygiene
 - Toileting and elimination

Instructor Qualifications

Classroom and supervised practical training is to be performed by, or under the general supervision of, a registered nurse who possesses a minimum of two years of nursing experience (at least one year of which must be in the provision of home healthcare). Other individuals may be used to provide instruction under the supervision of a qualified registered nurse.

Competency²

Before a home health aide can begin providing aide services in the home, they must have a skill evaluation and be deemed competent by a registered nurse. Documentation is to be maintained of the competence assessment results, as well as the method of evaluating each skill (i.e., return demonstration of skills, written examination).

Competence Evaluation Method¹: Direct Observation of the Home Health Aide's Performance with a Patient

- Reading and recording temperature, pulse, and respiration.
- Safe transfer techniques and ambulation.
- Normal range of motion and positioning.
- Appropriate and safe techniques in personal hygiene and grooming that includes:
 - Bathing
 - Shampoo, sink, tub, or bed
 - Nail and skin care (no clipping)
 - Oral hygiene
 - Toileting and elimination

Competence Evaluation Method²: Written/Oral Examination or Direct Observation with Patient

- Communications skills.
- Observation, reporting, and documentation of patient status and the care or service provided.
- Basic infection control procedures.
- Basic elements of body functioning and changes in body function that must be reported to home health aide's supervisor.
- Maintenance of a clean, safe, and healthy environment.
- Recognizing emergencies and knowledge of emergency procedures.
- The physical, emotional and developmental needs of, and ways to work with, the populations served by the HHA, including the need for respect for the patient, their privacy and property.
- Adequate nutrition and fluid intake.
- Any other task that the home healthcare agency may choose to have the home health aide perform.

Note: A home health aide is not considered to have successfully passed a competency evaluation if an "unsatisfactory" rating is provided in one or more of the required areas. The aide cannot perform that task(s) without direct supervision by a licensed nurse until the aide passes a subsequent evaluation with "satisfactory." If a Medicare-certified home healthcare agency has been out of compliance with a Condition of Participation, its staff may not perform competence assessment activities.

Performance Evaluation³

A home health aide's performance must be evaluated a minimum of once every 12 months. Note: Refer to the Home Health Aide Performance Evaluation tool for additional information.

In-Service Education Guidelines⁴

Required hours: Minimum of 12 hours per year.

Supervisor qualifications: Registered nurse who possesses a minimum of two years of nursing experience with at least one year in the provision of home healthcare.

Education setting: Formal meeting/classroom setting, or in the home while the home health aide is providing care to the patient.

Training media: Verbal instruction, video, audio, computer-based training program, written materials.

Content included: Determined by the home healthcare agency with home health aide input. The state nurse aide registry may also mandate certain in-service topics to be completed at defined time intervals.

Content excluded: Topics mandated by organization (i.e., orientation, OSHA blood borne pathogen regulations, etc.), review of basic skills.

Record keeping: Documentation required (i.e., instructor qualifications, in-service topic, length of training).

Supervision⁵

Through the course of patient care, the home health aide will be supervised to ensure that they are properly caring for the patient. Interim, day-to-day home health aide supervision performed by the home health aide's supervisor should include:

- Reviewing time logs and attendance records.
- Reviewing home health aide visit documentation.
- Monitoring for patient complaints.
- Reviewing completed patient satisfaction surveys.
- Monitoring for the mandated in-service hours of education.

The following are some common supervision scenarios that occur in the home healthcare environment:

Supervision Scenario 1

Criteria	Patient is receiving nursing care
Responsible Person	Registered nurse
Frequency	On-site visit to the patient's home no less than every two weeks
Home Health Aide Present	Optional

Supervision Scenario 2

Criteria	Patient is not receiving any skilled care or rehabilitation services
Responsible Person	Registered nurse
Frequency	On-site visit to the patient's home no less than every 62 days
Home Health Aide Present	Yes, the home health aide must be providing patient care

Supervision Scenario 3

Criteria	Patient is receiving rehabilitation services and no nursing services are being provided
Responsible Person	Physical therapist, occupational therapist or speech-language pathologist
Frequency	On-site visit to the patient's home no less frequently than every 2 weeks
Home Health Aide Present	Optional

Note: Please refer to the Home Health Aide Supervisory Visit form for more details on documentation that needs to be completed during a home health aide supervisory visit.

References

1-5. Adapted from the Centers for Medicare and Medicaid. Part 484-Sec.484.36. Condition of participation: Home health aide services. Accessed via the Internet on September 12, 2007.

Other Sources

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