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IN THIS ISSUE

■ **Substance abuse:** Tips for setting up drug screening program cover

■ **Consent form:** Employees must consent to random testing 87

■ **Supervisor checklist:** Know signs and symptoms of substance abuse. 88

■ **Retention:** Avoid costly recruitment by keeping aides you have. 89

■ **Supervisory survey form:** Find out what aides think of their supervisors. 91

■ **Animal companions:** Keep pets safe to improve patient relationship. 92

■ **LegalEase:** Avoid charges of abandonment in telehealth programs 93

■ **News Briefs:**
— Home health payments increase 95
— Nurse shortage not ending soon 95

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Is your home health nurse using drugs? Testing promotes safety, limits liability

New hire, random, and for-cause drug screens work best

Six percent of home care, community, and public health nurses in the United States use addictive prescription drugs without a prescription, and 16% binge drink, which means they drink at least five drinks in one sitting.¹

Because home health personnel are not directly supervised in most situations and are directly responsible for the safety of patients, it is important for all home health agencies to recognize and take steps to minimize the risk of an impaired employee, points out **Arlene Maxim, RN**, a home care consultant in Grand Rapids, MI.

"I recommend that home health agencies test all new employees and perform random tests as part of an ongoing substance abuse prevention program," says Maxim.

Two years ago, when a nurse who was accused of stealing a patient's pain medication admitted to being a recovering addict who relapsed, Progressive Home Care in Bath, OH, developed and implemented a drug-testing program for all employees.

"We now test new employees and perform random tests on all employees," says **John Corbett**, compliance officer for the agency. In addition to the random tests, the agency will conduct drug tests on employees who are suspected of having a problem, he adds.

"We perform random tests on all employees who are in positions that we've determined to be safety sensitive, such as patient care staff and drivers," says **Kay B. Sykes, SPHR**, director of human resources for Alacare Home Health & Hospice in Birmingham, AL, an agency that has conducted drug screens on new hires since 1991 and developed a formal substance abuse policy in 1992 that incorporated a process for random, post-accident, and reasonable cause testing.

Before you implement a substance abuse policy or enhance the policy you now have, be sure to have the support from the members of your board of directors, says Maxim. "Once you have their support, put the policy in writing and have it reviewed by a labor attorney who can make sure you are in compliance with state and federal laws as well as professional licensing boards in your state," she adds.

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"In the past, we asked employees to notify us of all prescription medicines that they were taking but that request is no longer allowed under the Americans with Disabilities Act," says Sykes. Asking for all medications is an invasion of privacy, but Alacare can and does ask for employees to self-report any medication that might affect their job performance, she adds.

Use an employee assistance program

Be sure that your substance abuse policy includes referrals to an employee assistance program (EAP), suggests Maxim. "Not every incident should automatically result in termination, so you need a resource for employees who need help with a substance abuse problem.

"An EAP will not only provide this resource but can also be available to employees with personal problems that can be addressed before a

substance abuse problem develops," she adds. Be sure your policy defines incidents that require disciplinary measures and EAP referral as opposed to automatic termination.

To find a good EAP for your agency, contact other health care organizations, home health agencies, or companies in your area, suggests Maxim.

"Also check with your local chamber of commerce," she adds. "You want to make sure the EAP is legitimate and has a good track record," she says. Find out if the EAP has services in all of the areas in which your employees are located, Maxim says.

Once an Alacare employee has been referred to the EAP, he or she is required to sign an agreement in which the employee agrees to comply with the counselor's recommendations and successfully complete any plan of treatment recommended, says Sykes.

"They are also subject to periodic, unannounced drug tests for one year," she adds. If the employee does not meet these requirements or commits a second offense, the employee is terminated, Sykes explains.

Check with any professional licensure boards that apply to your employees, because some state boards of nursing have programs in place in which registered nurses with substance abuse problems must participate in order to keep their license, says Corbett.

"We work with our state board of nursing because we would rather fix the problem of the employee's substance abuse than terminate the employee so that someone else gets the problem," he says.

Some of the requirements of the nursing board might present problems, points out Sykes.

"While we do want to rehabilitate the employee, we have had one instance in which a nurse admitted to a problem and entered the nursing rehab program," she says.

When the rehab program staff approved the nurse's return to work, the stipulation was made that the nurse must work in a closely supervised environment.

"This nurse was a home care staff nurse. Unfortunately, we did not have a suitable position in the office that was available and we could not meet the requirement of close supervision, so we had to terminate her employment," she explains.

The agency has experienced few incidents of substance abuse in employees, and this was the

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Editorial Questions

For questions or comments, call **Christopher Delporte** at (404) 262-5545.

only separation of employment that has resulted due to the board's requirements in Sykes' 13 years with Alacare, she says.

Train supervisors, inform employees

Your supervisors must be well trained in both the details of the policy as well as signs that might indicate reasonable cause to test an employee for substance abuse, says Maxim. **(See related article on signs and symptoms, p. 88.)**

While no one or two of these signs is proof that there is a substance abuse problem, they should trigger a closer look at job performance and employee behavior, she suggests.

Also, be sure your employee orientation program includes a discussion of your substance abuse policy and explains random testing, says Maxim.

"You should also obtain the proper consent from every employee that applies to random testing," she says. The consent should be reviewed by an attorney to make sure it is valid in your state and will be in effect throughout the duration of the employee's tenure at the agency. **(See example of consent form, below.)**

Maxim also points out that any drug screening information obtained from new hires or existing employees who undergo random testing must be stored in the locked medical file

Consent Form Needed for Employee Drug Tests

(Editor's note: This sample consent form was developed by Arlene Maxim RN, a home care consultant in Grand Rapids, MI, for use by home health agencies that test for employee drug or alcohol use on a random or reasonable cause basis. Maxim recommends that any form used by an agency be reviewed by an attorney who can make sure the form is in compliance with local, state, or federal laws that apply to your specific location.)

Drug/Alcohol Testing Consent

I understand that it is the policy of this Agency to conduct drug and alcohol testing on all potential and current employees. I further understand that all job applicants are tested for the purpose of detecting drug and alcohol abuse and that one of the requirements for being considered for employment with this Agency is that there is a satisfactory passing of the Agency's drug and/or alcohol testing procedure(s).

I expressly authorize the Agency to release any test-related information, including positive results, to the Unemployment Compensation Commission, or any other relevant government agency.

I understand that this agreement, under any circumstances, limits my right to terminate my employment or to be terminated in accordance with Federal and State law.

For the purposes of being considered for employment with this Agency, I agree to submit to drug or alcohol testing. I further understand that satisfactory test results do not guarantee employment with this Agency.

Should I be accepted as an employee with this Agency, I agree to submit to drug and /or alcohol testing at any time requested as a condition for continued employment with this Agency. I further understand that taking part in such testing is a formal condition for continued employment.

I hereby consent to drug and alcohol testing according to the policy of the Agency.

Print/Type Applicant Name _____

Applicant Signature _____

Date _____

Witness Signature _____

Date _____

rather than the regular personnel file to protect employees' privacy.

When planning the actual collection of test samples, be sure you choose a reputable lab. Alacare uses only labs that are certified by the National Institute on Drug Abuse, a division of the National Institutes of Health in Bethesda, MD.

"We require them to adhere to strict chain of custody protocols, closely monitor employees when they come in for a test, and automatically conduct a confirmation test on all non-negative results," says Sykes.

Non-negative results and the follow-up confirmation test results are reviewed by a medical review officer, she adds.

If you choose to collect the test specimen in your facility, be sure you follow chain-of-custody protocols, emphasizes Corbett.

"The specimen jar is sealed in front of the employee with an adhesive strip that covers the lid and bottle, then the employee initials the tape," he says.

"The bottle then goes into a tamper-proof bag along with all of the paperwork," he adds. If the outside lab used by his agency receives a bag or specimen jar that appears to be opened or if the lab personnel suspect tampering, Corbett is contacted and he calls the employee to provide another specimen.

"Urine samples are collected for the drug tests, and we conduct a 10-panel screen that includes amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, methadone, methaqualone, propoxyphene, opiates, and phencyclidine," says Sykes.

In addition to protecting patient safety and reducing liability risks for the home health agency, there are other benefits to a well-planned, carefully implemented substance abuse program, says Sykes.

"We receive discounts on our workers' compensation insurance, and we feel our practices minimize risk and liability in other areas to the extent possible," she says.

Make testing a normal business practice

Sykes emphasizes that the program needs to be well planned and communicated to all employees. "If handled inappropriately, a substance abuse program can be demoralizing to the staff," she says.

The trick is to make sure that employees know

that this is just a normal part of doing business for the home health agency, Sykes explains.

"We have signs in our offices that job applicants can easily see that notify them at that point that we test for substance abuse, and we make sure we cover our policies on substance abuse testing thoroughly in orientation so that everyone knows this is done on a random basis," she adds.

[For more information on drug testing staff, contact:

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- **Kay B. Sykes**, SPHR, Director of Human Resources, Alacare Home Health & Hospice, 4752 Highway 280 E., Birmingham, AL 35242. Telephone: (205) 981-8000. E-mail: kays@alacare.com.]

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Note behavior; physical signs for cause testing

Learn to spot warning signs of substance abuse

Requiring an employee to be tested for drugs or alcohol on the basis of reasonable cause means more than following just a hunch, says **Arlene Maxim**, RN, a home care consultant in Grand Rapids, MI.

"Although nurses have very good instincts about what is normal or abnormal behavior for employees, it is necessary to document specific reasons for requiring a drug screen," she says.

The warning signs of substance abuse that supervisors need to keep in mind fall into three categories: recognizable behavior, abnormal work patterns, and working with others.

Maxim has documented some of the signs to watch for in a handout she uses at seminars and for clients called "Reasonable Cause Checklist for the Supervisor."

Some of the signs include:

RECOGNIZABLE BEHAVIOR

- Depression
- Anxiety/irritability
- Increased complaints about co-workers, argumentative
- Emotional outbursts (i.e., uncontrolled crying, laughter, screaming)
- Observable changes in mood after breaks
- Withdrawal or abnormally talkative
- Spends more than normal amount of time on the telephone
- Exaggerated sense of self-importance
- Outwardly violent behavior

ABNORMAL WORK PATTERNS

- Will avoid discussing work issues with supervisor
- Acceleration in absenteeism and tardiness, particularly on Mondays and Fridays and before, during, and after holidays
- Frequently unreported absenteeism that employee later explains as “an emergency”
- Abnormally high incidence of headaches, “the flu,” nausea, etc.
- Frequent trips to the restroom or drinking fountain
- Disappears from the work environment — supervisor unable to easily locate employee
- Frequent requests to leave work early
- High incidence of accidents such as needle sticks, minor auto accidents, etc.
- Inconsistency in quality of documentation, scheduling of visits, etc.
- Lacks ability to concentrate
- Has difficulty remembering instructions or mistakes made
- Takes more than the average time submitting documentation/scheduling visits, etc.
- Demonstrates increasing difficulty in completing complex tasks

WORKING WITH OTHERS

- Overreacts to actual or perceived criticism
- Displays acts of paranoia
- Other staff members complain about behavior such as asking to borrow money, abusive language, etc.
- Increased patient or family complaints about abnormal behavior

Maxim points out that supervisors also must document physical indicators in addition to patterns of behavior that exist.

“Physical indicators must be present in order

to determine reasonable cause for drug screening,” she says.

Physical indicators that should be documented include any or all of the following:

- Pupils constricted or dilated
- Flushed skin
- Abnormal, involuntary eye movement
- Unsteady gait
- Smell of alcohol
- Slurred speech
- Obvious needle marks
- Abnormal body odors
- Red or watering eyes and nose
- Complaints of vertigo or syncope
- Drowsiness
- Muscle twitching
- Sweating or yawning
- Possession of drug paraphernalia and/or substance that appears to be drugs or alcohol

Maxim recommends that in agencies with more than 50 employees, a reasonable-cause checklist and form be signed by two supervisors, one of whom is trained to recognize the signs or symptoms of substance abuse.

For agencies with fewer than 50 employees, only one supervisor’s signature is adequate, she advises. ■

Building relationships, skills keep aides at work

Cut turnover by recognizing aides’ priorities

(Editor’s note: This is the first of a two-part series that looks at home health aide retention issues such as training, supervision, and benefits. In this article, experts talk about factors that motivate and retain aides. In next month’s article, innovative programs that enhance aide education and tips on improving retention will be presented.)

You’ve added 401Ks and improved health insurance coverage to your benefit package. You’ve added extra vacation time for employees who stay longer than five years. You’ve also improved job descriptions and made your annual personnel evaluations more thorough and detailed.

This must be enough to attract and keep good employees, right?

Those are not techniques that will improve

retention if you're talking about home health aides, say experts interviewed by *Hospital Home Health*.

The benefits and aspects of a job that will attract and keep an RN are different from the benefits and aspects of a job that keep home health aides, says **Patricia Jump**, RN, president of Acorns End Training and Consulting in Stewartville, MN.

"It's hard to get people to acknowledge the hidden rules of class differences, but it's important to do so in order to understand the factors that motivate home health aides," she says.

"Many home health aides are single parents who are living at or near poverty level and don't have much education," Jump points out.

"Their driving forces are survival of the day, their relationships with other people, and entertainment. This compares to professional staff or middle class staff members who are driven by job responsibilities and achievement," she adds.

For these reasons, it is important to look at your agency from a home health aide's perspective in order to effectively attract, manage, and retain these important paraprofessionals, says Jump.

Four ways to improve employee retention

In addition to recognizing class differences, Jump suggests four other ways to improve home health aide retention.

1. Learn to listen.

"We are so busy in home health that we tend to multitask; but if you are talking with an employee, put everything aside and listen," says Jump.

Informal talks in the break room or hallway, as well as more formal talks such as meetings or one-on-one scheduled meetings, can all be effective if you focus on what the home health aide is saying, she points out.

"If an employee says that he or she doesn't like the work anymore, don't just accept it and move on. Instead, ask what did you like about the job before and what has changed?" she suggests. Don't just make statements such as "We all have bad days."

Pay attention to feelings, because the employee may have been inappropriately touched by a patient but may be embarrassed to admit it, says Jump. By asking thoughtful questions that allow the patient to talk about their reasons for disliking the job, you may discover a situation that can be addressed and resolved, and keep the aide, she adds.

2. Put "people people" in supervisory and management roles.

Because relationships are important to home health aides, you should not promote solely on the basis of skill, says Jump. "The relationship with patients is what attracts aides to home care, but it is the relationship with their supervisor, manager, and other co-worker that keeps the aide at your agency," she adds.

Keeping home health aides happy and working at their agency is a special talent of HomeCare Options in Paterson, NJ, a home care agency that employs 350 home health aides with an average tenure of eight years.

"Several job satisfaction surveys we've conducted show that satisfaction with their supervision is a major factor," says **Ken Wessel**, MSW, ACSW, LSW, executive director of the agency. To make sure that supervisors are doing their job well from the perspective of the aide, the agency developed an annual supervisory survey.

The survey gives each employee a chance to rate supervisors in several areas including respect of the employee and feedback to the employee. **(See survey form, p. 91.)**

"This survey gives supervisors insight about the aides' perception of their supervision," he points out. If the survey identifies some concerns about any supervisor, the supervisor receives additional training, he adds. "This survey and our follow-up actions show aides that we do care about their opinions," he says.

Another way to strengthen relationships is to make sure supervisors have face-to-face time with employees, says Jump. "Supervisors should visit patients at the time aides are there; they should talk with employees by telephone; and they should send thank-you notes or notes of praise to employees who have done something noteworthy," she says.

"Also, look for ways to get your aides together. If you plan an inservice, allow a half-hour before the class starts for people to visit and talk," she says. "Make sure, too, that supervisors and managers are there for the aides to see as well."

3. Supervisors should be coaches.

Don't supervise in a punitive way, says Jump. Managers should not look at an employee's performance only from the perspective of whether or not the aide is following the rules, she adds. "If an aide is having a problem, meet one on one in a respectful manner, and ask him or her to suggest

(Continued on page 92)

HomeCare Options Annual Supervision Survey

Dear Home Care Aide:

As part of our internal quality assurance process, we need to assess the appropriateness of our field supervision. Please complete this survey and return it with your time sheets. You do not need to sign it.

Thank you for your help.

ITEM	Response (check one)				
	Always	Usually	Don't know	Sometimes	Never
1. I see my field supervisor the 1st or 2nd day of a brand new case.	<input type="checkbox"/>				
2. I have a care plan to go by when I start a new case.	<input type="checkbox"/>				
3. My field supervisor goes over the plan of care with me.	<input type="checkbox"/>				
4. My field supervisor is helpful when I have a problem.	<input type="checkbox"/>				
5. I can reach my field supervisor when I have a problem.	<input type="checkbox"/>				
6. My field supervisor treats me with respect.	<input type="checkbox"/>				
7. My field supervisor goes over my performance evaluation with me before I sign it.	<input type="checkbox"/>				
8. My field supervisor lets me know when I am doing a good job as well as when I need to do better.	<input type="checkbox"/>				
9. My field supervisor makes sure I know how to do something before she tells me to do it.	<input type="checkbox"/>				
10. I feel that my training has prepared me for my job.	<input type="checkbox"/>				
11. I find the inservice meetings interesting and helpful. (Please list any suggestions for inservice meetings on the back of this form.)	<input type="checkbox"/>				

12. The field supervisor generally spends this much time during a home visit: (circle one)	1½ hrs or more	1 hr	30 min	15 min	less
13. It has been this long since the last visit by a field supervisor: (circle one)	3 wks	1 mo	2 mos	3 mos	more
14. I have worked for HomeCare Options for _____ years; _____ months.					
15. The field supervisors that I see most often are: _____					

(Please write any comments on the back of this form.)

Signature (optional): _____ Date: _____

Source: HomeCare Options, Paterson, NJ.

some solutions," she says. "If the solution is suggested by the aide rather than dictated by the supervisor, it is more likely to solve the problem long-term," she says.

Be sure the employee knows what is expected in the job and what consequences there can be, but make sure employees know that one mistake does not necessarily mean dismissal, she points out.

Be sure to find ways to recognize positive actions as well, Wessel suggests. His agency has a "Caught you doing something great" program in which supervisors can give employees coupons when they've done something worthy of praise.

The coupons can be turned in for prizes or saved to accumulate enough coupons to attend the National Association of Home Care's Home Care Aide Conference. Wessel says that four to six aides attend each year.

Your praise doesn't have to have a monetary value, adds Jump. "Exit interviews show that one of the biggest reasons aides leave their jobs is that they don't believe they've been appreciated or respected," she says.

"A thank-you note, involvement in planning conferences, or recognition at a staff meeting or in-service, shows that you value the aide's contribution and efforts," she says.

4. Teach aides problem-solving and other skills.

Although a home health aide does not necessarily think in terms of developing a career, every aide wants to be as good at the job as possible, says Jump. "One skill that is critical is problem-solving," she says.

Professional staff members learn problem-solving skills throughout their education, but aides have not, she explains. Although you can conduct an inservice on the topic, this is a skill that can best be taught one on one, she suggests.

"If an employee has a problem with tardiness, walk him or her through the process of getting to a patient's home," she says. Ask the employee to look at different reasons that contribute to the tardiness and have the employee suggest ways to solve the problem.

Also, teach aides to use past experience to solve problems, suggests Jump. "If the aide has a problem with a difficult patient, have the aide look back to other times with that patient or another similar patient and think about what helped previously," she says.

While it is important to give aides the training needed to develop job skills, it is also important to give them skills that improve their personal

life, says Wessel. "We have many Hispanic aides, and more than 25% of Hispanic women drop out of high school," he says.

The lack of education along with the fact that English is a second language to many of his aides was the impetus for several initiatives that make it possible for aides to earn their high school equivalency degree, improve their English, and even receive tuition assistance if they choose to further their education beyond the high school degree. (*Editor's note: This program will be described in more detail next month.*)

Because it is not productive or efficient to continually recruit and train new aides, it makes sense to evaluate your supervision, benefits, and training of the aides you have, says Jump.

"Too many times, I've heard agency managers say that aides are going to leave anyway so there's nothing that can be done. There are ways to keep aides at your agency, and it's much easier and less costly to focus on retention rather than recruitment," she adds.

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Pets can benefit patients, but prepare staff for care

Nurses and aides need to keep pet safety in mind

The benefit of animal companions for cardiac patients was documented as long ago as 1995 in a study that showed the one-year survival rate for heart attack patients who owned pets was significantly higher than for heart attack patients who did not own pets.¹

This benefit extends to people with other illnesses as well, says **Robin Tropper**, executive director of the Humane Society of the High Plains in Hays, KS.

"The unconditional, emotional support given by pets to their owners can reduce stress in all people," says Tropper. The pet's dependence on people to provide care also can motivate older adults to focus on caring for something else rather than wait for others to care for them, she says.

While home health personnel can use a patient's pet as a way to communicate with the patient as they groom, feed, or just talk about the animal, it is important to make sure that the pet's safety is kept in mind as home health equipment and medications are brought into the home, Tropper warns.

"Your initial assessment of the patient and the patient's home should take into account that there is a pet in the home," suggests Tropper. "If an aide is expected to help care for the pet, be sure you find out the pet's eating or walking schedule," she says. Be aware of things that can harm the pet as its environment changes with the introduction of home care, she adds.

- **Make sure pill bottles and medications are not open or accessible to pets.**

"Cats love to bat things around, and pill bottles are wonderful toys from their perspective," says Tropper. Be sure that caps are securely closed in case the cat starts to play with one, she adds.

- **Remember that pets chew things.**

Watch for dogs that chew electrical cords, tubing, or even pill cases, says Tropper. Even if the medication in the pill case or bottle is something a vet might prescribe for an animal, such as aspirin, it can be dangerous if the animal ingests an abnormal dose when the case pops open, she explains.

- **Keep medications separate.**

Be especially careful if the pet is on medication, warns Tropper. "Some pet medications look very much like our medications, so you want to be sure that you don't mix the two." One way to ensure no mistakes is to keep the medications in separate cabinets or locations, she suggests.

- **Watch harmful chemicals.**

When aides clean any toilets or mop floors, be sure to keep cleaning products away from pets, says Tropper. "If the aide uses a product such as Pine-Sol to mop the floor, make sure the pet doesn't walk across the floor until it is dry because it is caustic to their paws," she says.

Insecticides, rodent poisons, and rubbing alcohol should all be kept in a place that the pet cannot reach, she adds.

While caring for a patient with a pet means taking many of the same precautions you take when there is a young child in the home, Tropper

points out that the pet can help home care personnel when they are with the patient.

"Patients enjoy talking about their pet, and performing simple tasks like brushing or feeding the pet, so the pet can become an easy way to communicate. If home care personnel show their appreciation for and respect of the pet, the patient is more comfortable with the aide or the nurse," she says.

[For more information about pets and home care, contact:

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LegalEase

Understanding Laws, Rules, Regulations

Telehealth: Limiting the liability of abandonment

By **Elizabeth E. Hogue, Esq.**
Burtonsville, MD

[Editor's note: This is the second of a two-part LegalEase column that addresses home health agency risk management concerns related to telehealth. Last month's article examined liability related to negligence and offered tips on how home health agency managers can protect their agencies. This month's column covers how agencies can protect themselves from charges of abandonment. (For more information about telehealth in home care, see Hospital Home Health, March 2002, p. 25.)]

Home care providers always have been very sensitive to the possibility of liability for abandonment of patients. Providers' caution with regard to this issue certainly is justified and

should be reflected in providers' use of telehealth devices.

First, it is important to be sure that providers and vendors understand what abandonment is so that risks associated with telehealth can be appropriately addressed.

Both providers and vendors, for example, may be operating under the misconception that whenever patients go without services, there is almost automatic liability for abandonment.

On the contrary, in order for patients to prove abandonment, they would have to show that providers committed all of the following:

- unilaterally terminated the provider-patient relationship;
- unilaterally terminated the relationship without reasonable notice;
- unilaterally terminated the relationship when further attention is needed.

A key question in the application of this theory of liability in instances of equipment failure/malfunction will be whether the failure/malfunction constitutes termination of relationships with patients.

To the extent that agencies are precluded from providing services to patients by problems with equipment, it may be argued that the failure/malfunction amounted to termination of the relationship.

An example of a situation in which agency personnel may be precluded from providing services in the event of problems with telehealth equipment may occur when agencies are monitoring the condition of patients in remote locations and cannot provide services in person to substitute for monitoring using telehealth equipment.

Agencies, on the other hand, may attempt to defeat claims of abandonment under these circumstances on the basis that the relationship with the patient was not terminated, but only disrupted on a temporary basis.

Temporary disruptions of services may occur even when telehealth devices are not used, such as in the event of natural disasters, for example.

Patients also may claim that reasonable notice was not given when devices fail unexpectedly. Injuries or damage to patients as a result of inability to provide services may support patients' claims that further attention was needed. Like negligence, patients must show either physical injury or damage, or extreme and outrageous conduct on the part of providers.

There are, however, practical strategies that agencies can use to manage risks of liability

for abandonment in the event of equipment malfunctions and/or failure. These strategies include the following:

1. Teach skills to use in case of equipment failure.

Agencies must evaluate on admission whether patients can care for themselves in the event of equipment malfunction or failure. If patients have the capability to care for themselves, agencies must discuss in detail the steps that patients should take when equipment is not working properly.

For example, if patients' vital signs are being monitored regularly via telehealth, patients should be taught alternative ways to monitor them. They also should be taught how to report results to agency personnel and what constitutes abnormal results.

Appropriate actions to take in the event of abnormal results also must be discussed in detail with patients. These discussions must be documented. Successful return demonstrations should also be documented when appropriate.

2. Train caregivers.

When patients cannot care for themselves in the event of problems with telehealth equipment, agencies should be certain that there is at least one primary caregiver, either paid or voluntary, who can assist patients. Primary caregivers should receive appropriate training about what to do under these circumstances. Training should be documented as described above.

3. Monitor patients' abilities continuously.

Agency staff members should continuously monitor the ability of patients to participate in telehealth. Patients' and/or primary caregivers' ability to do so may change over time. Patients who were active, appropriate participants upon admission may lose the ability to benefit from telehealth services as their conditions progress or deteriorate.

When patients' ability to benefit has been compromised, agency personnel must take action to help ensure alternate sources or means of care.

4. Document actions in writing.

Agencies also may wish to confirm the obligations of patients/primary caregivers in the event of equipment malfunctions/failures in writing via language in admission agreements or letters documenting these responsibilities.

Both patients and primary caregivers may be asked to sign the documents, confirming that they understand their responsibilities.

The need for enhanced use of telehealth in the home care industry is becoming increasingly clear.

Unfortunately, the development of workable, reliable systems may lag behind the need in the industry. In addition, it may be difficult for home care managers who may not be computer experts to effectively evaluate and use systems or hold vendors accountable for problems.

Liability for agencies and vendors may result. Nonetheless, the use of telehealth equipment in the home care industry is becoming a necessity. Managers must be persistent in their use of available systems and practical strategies to limit risks to achieve ultimate goals.

[A complete list of Elizabeth Hogue's publications is available by contacting: Elizabeth E. Hogue, Esq., 15118 Liberty Grove, Burtonsville, MD 20866. Telephone: (301) 421-0143. Fax: (301) 421-1699. E-mail: ehogue5@comcast.net.] ■

NEWS BRIEFS

CMS: 3.3% rise in home health payment rates

The Centers for Medicare & Medicaid Services (CMS) announced a 3.3% increase in Medicare payment rates to home health agencies for fiscal year 2004. The increase will bring an extra \$340 million in payments to home health agencies next year.

Home health payment rates are updated annually by the percentage change in the home health marketbasket index.

CMS establishes the home health marketbasket index, which measures inflation in the prices of an appropriate mix of goods and services included in home health services.

The updated payment rates are published in

the July 2 issue of the *Federal Register*.

In addition, on June 16, CMS launched "Home Health Information Resource for Medicare," a new on-line tool for home health agencies (HHAs) that's available on the CMS web site.

The resource center provides a comprehensive database that includes information on enrollment and participation, initiatives, policies and regulations, coding and billing, Outcome Assessment and Information Set, research, education, preventive services, program integrity, and Medicare secondary payers.

The web site also gives HHAs information for staying on top of the home care industry, with sections on the latest news and where to find it, home care contacts, and home health highlights. CMS created the page to "incorporate all home health-specific information in one place" and will update it regularly.

To access the site, go to: www.cms.hhs.gov/providers/hha. ▼

No quick end to nursing shortage, new report says

Although health care organizations are using innovative strategies to recruit and retain nurses and federal, state, and local government agencies are providing financial support to help alleviate shortages, the national nursing shortage will continue to be one of the greatest challenges to the health care industry for many years, according to a report issued by Fitch Ratings, an international credit rating agency based in New York City.

Because health care providers will continue to experience salary inflation and increasing benefit expenses, these costs will offset any savings from increased operational efficiency in other areas.

The "Nursing Shortage Update" report can be found at www.fitchratings.com. Click on "U.S. Public Finance," then "Special Reports." ■

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CE questions

17. What is one request that Alacare Home Health & Hospice in Birmingham, AL can no longer make of employees under the Americans with Disabilities Act, according to Kay B. Sykes, SPHR, director of human resources for the agency?
- A. to agree to random drug testing as a condition of employment
 - B. to answer a question about previous crime convictions
 - C. to notify the agency of any and all prescription medications taken by the employee
 - D. to give the agency a home or evening telephone number
18. What are the driving forces in a home health aide's life, according to Patricia Jump, RN, president of Acorns End Training and Consulting in Stewartville, MN?
- A. job security and a good health insurance plan
 - B. A guaranteed retirement plan and 40 hours a week
 - C. little supervision and no requests for overtime
 - D. strong relationships with supervisors and co-workers, and survival of the day
19. Why does Robin Tropper, the executive director of the Humane Society of the High Plains, say that home health personnel should welcome the presence of a pet rather than view it as a nuisance?
- A. The pet can be a source of conversation with the patient.
 - B. Home health personnel need the extra challenge of caring for a pet.
 - C. Pets should not require any extra care or attention by home health staff.
 - D. The home health staff member is not in the home long enough to be concerned with a pet.
20. How can an agency ensure that telehealth equipment failure will not result in charges of abandonment, according to Elizabeth E. Hogue, Esq., a home health attorney?
- A. Install backup equipment in all patients' homes.
 - B. Teach patients what to do in case of equipment failure.
 - C. Continuously monitor patients' ability to handle telehealth equipment and responsibilities.
 - D. B and C

Answer Key: 17. C; 18. D; 19. A; 20. D

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CE objectives

After reading each issue of *Hospital Home Health*, the reader will be able to do the following:

1. Identify particular clinical, ethical, legal, or social issues pertinent to home health care.
2. Describe how those issues affect nurses, patients, and the home care industry in general.
3. Describe practical solutions to the problems that the profession encounters in home care and integrate them into daily practices. ■