

Home Care Association of America – Illinois Chapter

White Paper

Regulatory Rules Recommendations

An Emerging Home Care Paradigm: Accelerating Post-Acute Strategies Are Shifting Care to a Community and Home-Based Model

EXECUTIVE SUMMARY

Healthcare delivery continues to evolve and change at an accelerated pace. Hospital and Skilled Nursing length of stays continue a downward trend with care being directed towards community-based and home care options. Provider payments are changing to value-based models that focus on costs and outcomes. This emphasis on post-acute care means that an increasing volume of care will occur in the home setting. Home care is a highly cost-effective site of care and consumers find it attractive.

America is experiencing a dramatic shift in demographics, and in 2035, there will be 78.0 million people 65 years and older compared to 76.7 million under the age of 18. (Source: <https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html>). As Americans age and live longer, increasing numbers of them will live with multiple chronic conditions, such as diabetes or dementia, and functional impairments, such as difficulty with the basics of life like mobility and managing one's household. One of the greatest health care challenges facing our country is ensuring that older Americans with serious chronic illness and other maladies of aging can remain as independent as possible. Meeting this challenge will require envisioning the potential value of home-based health care, creating a pathway for home-based care to maximize its potential, and integrating it fully into the U.S. healthcare system.

All these drivers of change point to a shift in the delivery system toward clinically appropriate care in the community, with the home as a central node. The home care industry, particularly the home services segment, must develop the capabilities necessary to care for patients with chronic conditions and broader care needs in the home and community. It is estimated that 88% of people 65 years or older have at least one chronic condition, with a quarter of these having four or more conditions.

Home services agencies will need to develop new capabilities to coordinate and collaborate with other care providers, ensuring that the patient receives appropriate, high-quality care regardless of the setting or location. To allow home services agencies to fulfill this mandate to provide high-quality, efficient care as part of ongoing reforms, the regulatory environment needs to shift to allow greater flexibility for care in the home when appropriate.

Adding to the growth of home care needs in the US, particularly for long term care, is the emerging shortage of qualified home healthcare workers and the increasing challenge faced by home services agencies on meeting the public demand for non-medical care. The industry is faced with providing an expanded scope of services while the labor pool of workers contracts.

CURRENT PRACTICE – HOME SERVICES AGENCIES

The current Illinois Department of Public Health (IDPH) regulations limit the scope of practice for unlicensed personnel (Home Services Workers) under the Home Services license act. Home Services Agencies are focused on providing care and assistance that is non-medical in nature but is based upon assisting clients in meeting the demands of living independently and maintaining a personal residence, such as companionship, cleaning, laundry, shopping, meal preparation, dressing, and bathing.

Notable regulatory restrictions include:

1. Bathing restricted to clients where the worker is trained, competency evaluated, and the client can self-direct the bath
2. Restrictions on assistance with special feeding needs
3. Restrictions on documenting and reporting vital signs and other indicators of a potentially worsening chronic health condition
4. Restrictions on the use of prescription shampoos for hair care
5. Positioning of client restricted to simple alignment
6. Positioning without client's request not permitted
7. Transfers with assistive devices cannot be performed unless client can assist with the transfer and/or can self-direct
8. Restrictions on changing portable oxygen tanks for transfers within home or transportation out of home
9. Adjustment of oxygen flows or changing oxygen tanks not permitted

The original license for Home Services enacted in 2008 came under an expansion of the Home Health license act in Illinois. Regulatory language was largely approached from a medical model of care that regulated home health agencies both by the State and Medicare. This approach should continue to evolve as seen in the agency survey process where survey findings and recommendations consider the uniqueness of and increasing consumer needs from Home Services Agencies.

Quite a lot has changed since licensure took effect for Home Services Agencies. We need to have a discussion on how to align our regulations within the current context of the healthcare environment in which Home Services Agencies are operating. The potential impact of not expanding the scope of the Home Services license will likely drive increasing numbers of consumers to the 'underground market', utilizing unlicensed, untrained, unsupervised, unregulated options.

THE HOME CARE ASSOCIATION OF AMERICA ILLINOIS CHAPTER RECOMMENDS THE FOLLOWING CHANGES TO THE HOME SERVICES LICENSE:

RECOMMENDATION #1: SCOPE OF CARE - OBTAINING AND REPORTING VITAL SIGNS AND OTHER SIGNS & SYMPTOMS OF A STABLE OR WORSENING CONDITION

- **RECOMMENDATION:** Automated cuff for blood pressure measurement should be approved for use. Additionally, measuring weight, blood glucose results using finger sticks with blood glucose meters, and temperature measurement should be permitted. Documentation of results should be entered into the daily client care record or log sheet if required.
- **RATIONALE:** Automated cuffs are available for consumers to utilize in the home. Caregivers will be trained in proper technique for blood pressure, blood glucose and temperature measurement. Universal precautions will be utilized. Results will be recorded and reported to family or health care provider as per care plan. Training competencies will be developed and required by Home Service Agencies.

RECOMMENDATION #2: BATHING

- **RECOMMENDATION:** Remove the restriction on bathing where client must be able to direct the bath. Bathing services can include areas of the body other than those areas with special skin care needs
- **RATIONALE:** Skilled placement is not an option for home services clients who cannot self-direct bathing. Home Services Agencies frequently provide services to clients who have dementia or on hospice and might not be unable to self-direct. Orientation and teaching that includes the correct order and tasks for bathing would result in a low risk experience for the client. Clients are not trained in the proper technique for bathing. Regarding affected areas of the skin, caregivers will be instructed to observe and report any redness or discharge and report findings to agency owner, family or health care provider as per care plan. A competency evaluation would also be implemented.

RECOMMENDATION #3: SKIN CARE

- **RECOMMENDATION:** Since we are not making a diagnostic decision of whether a skin condition needs a dressing or packing, the application of topical prescription and non-prescription based lotions to rashes, skin tears, Stage 1-2 decubiti and first/second degree burns should be permitted. However, no packing of wounds should be allowed.
- **RATIONALE:** This approach represents a low risk for intact skin. If the caregiver observes any changes, report to agency, family or health care provider as per care plan.

RECOMMENDATION #4: DRESSING

- **RECOMMENDATION:** The exclusion of "no elastic bandages application" should be removed from the current regulations.
- **RATIONALE:** TED hose are consumer-based products available at drug stores. Orientation, training and competency evaluation that includes the correct order and tasks for applying the elastic bandage would result in a low risk experience for the client.

RECOMMENDATION #5: FEEDING

- **RECOMMENDATION:** Assist with normal feeding should include thickened liquids when client can independently swallow and can be positioned upright. Exclusions: syringe feeding, bolus or intravenous nutrition. Remove language referring to "No feeding of a patient at high risk of choking".
- **RATIONALE:** The risk of aspiration is inherently present in all feeding situations and is not diminished regardless of who administers the thickened liquid, whether that person is a non-medical caregiver, family member or a nurse.

RECOMMENDATION #6: HAIR CARE

- **RECOMMENDATION:** "Assist the maintenance and appearance of hair" is the recommended language for this section. Remove language "Not shampooing with shampoo requiring a prescription."
- **RATIONALE:** This approach represents a low risk for the client. The caregiver will report any observed changes to agency, family or health care provider as per care plan.

RECOMMENDATION #7: NAIL CARE

- **RECOMMENDATION:** Filing for all clients should be allowed. Recommend striking the last sentence, "No nail care of patients with conditions that might involve peripheral circulatory problems or loss of sensation (e.g. diabetic)."
- **RATIONALE:** This approach represents a low risk for the client. The caregiver will report any observed changes to agency, family or health care provider as per care plan.

RECOMMENDATION #8: POSITIONING

- **RECOMMENDATION:** Home Services should be allowed to reposition every two hours or as instructed by the plan of care. The caregiver will report any observed changes to agency, family or health care provider as per care plan. Positioning can be provided without the patient requesting the change but would be based on the written plan of care.
- **RATIONALE:** Low risk with the goal of reducing skin breakdown and potential bed sores. Training and competency will be demonstrated by the caregiver.

RECOMMENDATION #9: TRANSFERS

- **RECOMMENDATION:** Assist with all types of transfers when the client can assist with transfer. Assist client in the use of a mechanical or electrical transfer device only when the following conditions are met: a) worker has been trained in the use of the device, b) the agency has conducted a competency evaluation of the worker using the type of device that is in the home. Exclusions: No assistance with transfers when the client is unable to assist with the transfer (this applies to personal transfers, NOT Mechanical or electrical devices)
- **RATIONALE:** Caregiver would be trained in the same manner as the family with regard to proper technique and demonstrating competency.

RECOMMENDATION #10: AMBULATION

- **RECOMMENDATION:** Assist with ambulation. Assist with ambulation of patient using adaptive equipment for ambulation (walker, cane, wheelchair) per required IDPH training.
- **RATIONALE:** Assisting a client with the use of specific adaptive equipment is currently a training requirement under Section 245.71.

RECOMMENDATION #11: RESPIRATORY CARE

- **RECOMMENDATION:** Remove language that excludes changing tanks, turning off tanks, adjusting the oxygen flow.
- **RATIONALE:** This approach represents a low risk for the client. Caregivers will be trained in proper technique for changing tanks, turning tanks on and off, and adjusting the flow of oxygen on the device. The caregiver will report any observed changes to agency, family or health care provider as per care plan.

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