

Home Healthcare: A Risk Management Overview

The home healthcare environment presents a wide array of injury and liability concerns for clients, caregivers and employers. A comprehensive risk control program that identifies and addresses common exposures is essential to enhance worker and client safety and minimize potential loss. This issue of *Home Care Briefing*[®] examines the basics of home healthcare risk management, focusing on topics such as hiring, employment policies, standard of care and scope of practice considerations, environmental safety and workplace violence.

Hiring practices. Home care workers typically have extensive unsupervised contact with clients, and therefore must be trustworthy, clinically proficient, and capable of exercising independent thinking and responsible decision-making. Sound hiring practices can help enhance quality of care and significantly reduce risk. The hiring process should include, at a minimum, the following elements:

- **A thorough application process** requiring applicants to complete, sign and date a detailed application form that includes their job history, explanation of any employment gaps, and reasons why they have left or are considering leaving their current employment.
- **Verification of professional references** to confirm employment dates and other stated facts.
- **Documented criminal background checks** on a nationwide basis, as well as sex offender screenings.
- **A drug testing protocol**, created with the guidance of legal counsel.

- **Comprehensive job descriptions**, regularly reviewed and updated, that include basic duties, required skills and competencies, educational and experiential requirements, and general behavioral expectations. The job description should be discussed with newly hired staff, who then sign a form acknowledging that they have reviewed the stated job responsibilities, and understand and accept them.
- **Confirmation of professional licensure and certifications**, with up-to-date documentation maintained in the employee's personnel file.
- **Check of driver's license and motor vehicle record (MVR)** for employees whose job duties include driving. Appropriate auto insurance coverage should be confirmed for those who drive their personal vehicles, and licensure should be verified on an annual basis. (See [page 4](#) for more information on driving-related risks.)

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Employee orientation. Every newly hired employee should participate in a documented orientation program that is both thorough and consistent. It should minimally include the following information:

- **Nature of the organization**, as well as its mission and vision.
- **Organizational chart** and supervisory structure.
- **Quality improvement plan** and risk management functions.
- **Privacy and confidentiality rules** (including the signing of a confidentiality statement).
- **Employment policies**, including hours, time off, dress code, disciplinary measures, etc.
- **Operational policies and procedures**, emphasizing those applicable to the employee's specific job.
- **Injury/illness prevention program** and infection control procedures.
- **Workplace violence prevention policy** and "zero tolerance" enforcement.
- **Safe patient-handling techniques** and transfer procedures.
- **Standards of care and scope of responsibility** for professional and nonprofessional staff.
- **Documentation standards** and record audit policies.
- **Reporting methods and requirements**, including incidents, elder and dependent adult abuse, and equipment failure.

Policies and procedures. Written employment policies are intended to establish behavioral expectations and delineate the consequences of noncompliance. Employment policies should address the following areas, among others:

- **Gift-giving:** Caregivers should be prohibited from accepting monetary gifts, tips or valuables from clients, in order to prevent allegations of theft or abuse.
- **Monitoring:** Supervisors should make periodic unannounced telephone calls to client homes and conduct documented in-person interviews with clients and family members. Questions should focus on care issues, finances, and evidence of undue caregiver influence or inappropriate actions.
- **Incident response:** Allegations of theft or abuse should be reported immediately to police, and suspected employees should be suspended from duties during the investigation.

Sound operational and clinical policies and procedures are key to providing safe, quality care. The following measures can help ensure that policies, procedures and protocols remain current and strengthen defensibility in the event of litigation:

- **Review process:** Develop a multidisciplinary process to review all policies, procedures and protocols at least biannually, and ensure that all documents display the most recent review date.
- **Policy archive:** Maintain an archive of dated policies, procedures and protocols for use in the event of litigation or review by a regulatory or accrediting agency.
- **Staff awareness:** Promptly alert staff to all new or revised policies, procedures and protocols, and answer any questions that arise.

To promote compliance with evolving rules, regulations and laws, staff should undergo a refresher course on policy and procedure annually, or more frequently if indicated.

Standard of care. Home healthcare providers must render care that meets applicable standards and licensure requirements, and is commensurate with care provided by other similarly trained and credentialed providers, regardless of setting. Satisfying the standard of care involves adhering to the following laws, regulations and expectations:

- Professional licensure requirements.
- Federal and state statutes.
- Medicare regulations.
- Professional association standards, including those of the [National Association for Home Care & Hospice](#).
- Other applicable regulations and standards used to determine negligence in the event of litigation.

Scope of practice. Because many home healthcare services are delivered by unlicensed providers, special attention should be given to delegation of duties by licensed nursing staff, in order to ensure that employees do not provide clinical care beyond their training or regulatory limits. Note that nurse practice acts and regulations vary from state to state and may evolve over time. To maximize compliance, nurses must be aware of and regularly review applicable regulations and state nurse practice acts, as well as organizational policies governing delegation and scope of practice. All staff should receive extensive and documented training on standard of care and scope of practice issues.

Care planning. Individualized, realistically achievable goals should be established for each client, supported by thoroughly documented monitoring of the client's response to treatment and therapy. Care plans should be updated as needed, with long-term home care clients being assessed on at least a monthly basis. Care planning must comply with regulatory requirements and reflect billed charges.

Documentation. All communication with clients, family members, physicians and other caregivers should be documented. It is also essential to document client progress in meeting established goals, as well as recommended actions to be taken by clients, family members and/or other caregivers.

Safety and security. An unsafe and/or unclean residential setting places both home care clients and staff in peril. Risk control programs should include strategies to identify and address the following environmental hazards, among others:

- **Cluttered living spaces.** Clutter increases trip and fall risks, as does the presence of electrical cords. Hallways, doorways and foyers should be clear of obstacles.
- **Unsafe stairways.** Stairs should have sturdy handrails, as well as non-slip treads or mats.
- **Lack of adaptive features.** Raised seats and ramps should be installed as needed, as well as bathroom assistive devices, such as anti-skid strips, shower chairs, grab bars and hand-held shower heads. Beds should be adjustable to assist with client positioning.
- **Poor illumination.** Living areas, hallways, bathrooms, bedrooms, doorways and entry areas should be adequately and evenly lighted.
- **Temperature variance.** Excessive variation in home temperature can affect both the client and caregiver. If the home is too cold, first check to ensure that the thermostat and heating system are working. If utilities have been shut off due to non-payment, arrange a social services consultation to obtain assistance. If the home is too warm, request the client's permission to open windows and turn on available fans. Also, avoid dehydration by drinking plenty of water, and encourage the client to do the same. If the high temperature poses a health threat, alert social services agencies.

- **Pest infestation.** The presence of rodents and insects can lead to the spread of diseases, as well as potentially contaminating medical equipment and supplies. Clients should be asked prior to the initial encounter if there is a pest problem and, if so, if anything has been done to address the infestation. Handouts can be utilized to emphasize the importance of controlling pest outbreaks.
- **No potable water.** Clean running water is essential to healthy living. If concerns arise regarding purity or availability of tap water, caregivers should be trained to assess the availability of bottled water, utilize hand sanitizer to ensure good hand hygiene and relay concerns to their supervisor, who can initiate social service intervention.
- **Air pollutants.** Exposure to indoor air pollutants – such as secondhand smoke, mildew and mold – should be assessed and documented during the client intake process. If toxic substances are present, caregivers should take protective measures to reduce their own exposure and, if possible, address the underlying cause.
- **Dangerous animals.** Inquire about hostile or unrestrained animals during the initial client screening. If a potentially dangerous animal is encountered during a client visit, the caregiver should remain outside the home until it is contained. If the animal cannot be restrained, the caregiver should advise the client that he or she cannot enter the home and promptly notify the supervisor so that alternate arrangements can be made.

(See also *Home Care Briefing*® 2018 – Issue 2, "[Home Healthcare Hazards: Reducing Exposure to Common Health and Safety Threats.](#)")

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Violence and aggression. As caregivers typically work independently in clients' homes, they must develop the ability to quickly identify and respond to potentially unsafe situations. Training sessions, which should take place upon hire and at regular intervals thereafter, should focus on imparting the following skills and knowledge:

- **Recognizing signs of impending violence** exhibited by clients or family members, such as verbal aggression, threatening body language, signs of drug or alcohol abuse, and/or presence of weapons.
- **Knowing how to defuse anger** and de-escalate aggressive behaviors, including speaking in a calm and respectful manner, avoiding rapid or threatening movements, keeping a safe distance during moments of anger and maintaining an unobstructed exit pathway.
- **Empathizing with the needs and issues of agitated individuals**, and acknowledging their feelings of frustration.
- **Reporting violent occurrences** and potential red flags, such as the presence of weapons or signs of drug/alcohol abuse.
- **Trusting one's instincts and training** to promptly remove oneself from a potentially dangerous situation.

In addition, staff should be instructed to always have a charged, working cell phone at hand to call 911 in the event of an emergency.

Non-owned vehicle exposure. The following guidelines can help minimize driving-related risks:

- **Permit only authorized drivers to use personal vehicles** for business purposes.
- **Check the MVRs of designated staff drivers** before they perform any organizational business duties and annually thereafter.
- **Do not allow anyone under 21 years of age to drive on company business**, and annually verify the fitness to drive of employees 70 years of age and older.
- **Prohibit employees from driving on company business if they have had any Type A (major) driving violations in the last five years**, or if they have had three or more Type B (minor) violations or two or more at-fault accidents within a three-year period.
- **Require proof of valid personal automobile insurance** for employees who drive personal vehicles for business use.
- **Ensure that insurance policy limits meet state coverage requirements.** Preferably, policies should have combined single limits of at least \$300,000.

An effective risk management program is essential to the long-term success of any home healthcare provider. The suggestions included here are intended to aid administrators and owners in reviewing and, if necessary, updating their safety-related policies and practices, in order to protect employees and clients while reducing liability exposure.



For more information, please call us at 866-262-0540 or visit www.cna.com/healthcare.