Hospice and Community Care INSURANCE SERVICES℠
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Important news about insurance and risk management for hospices and home health care agencies.

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We welcome your comments and questions.

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Professional Boundaries:

How to Maintain the "Right" Balance

Barbara Stover Gingerich RN MS FACHE CHCE

The issue of professional boundaries in medicine is an international concern. The Canadian Nurses Association's (CNA) *Code of Ethics for Registered Nurses* (2002) and College and Association of Registered Nurses of Alberta [CARNA]'s *Nursing Practice Standards* (2003) both established clear practice parameters and expectations for therapeutic and professional nurse-patient relationships. Closer to home, the National Council of State Boards of Nursing [NCSBN] has taken an active role in defining and providing professional boundaries resources. The NCSBN defines professional boundaries as "the spaces between the nurse's power and the client's vulnerability." This power is further described as originating from the nurse's professional position and resulting access to private knowledge about the client.

The Medical Journal of Australia has also studied this topic and noted that there has been a trend to less formality in medicine and doctors are encouraged to develop a relaxed, collaborative relationship with their patients, often referring to them by their first names. Patients and doctors might misinterpret this informality and as a result, experience increasing difficulty maintaining clear professional and personal boundaries. [Galletly, 2004]

Why Establish Boundaries

It is important to maintain a more even balance of power within the patient care setting and it is believed that by establishing boundaries, the healthcare worker can form a safe connection and relationship with the client, while still meeting the client's needs. Establishing professional boundaries assists in identifying and demonstrating therapeutic behaviors in the care setting. This in turn eliminates or diminishes behaviors with the potential to negatively impact the client's care. The established boundary limits grant both sides in the relationship real control and provide a safe, therapeutic connection between the healthcare worker and the client/patient. The formation of boundaries allows both sides to better function within the boundaries established.

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Professional Boundary Practice Tips

Professional boundaries within the social work field of practice were recently studied and researched in the United Kingdom. A 2009 report focused on the patients' perspective relative to what they perceived to be boundary crossings and boundary violations in the social work care setting. This group of respondents believed that professionalism [as they saw it] was essential to providing the patient with safety and confidence and maintaining professional boundaries. These individuals provided both communication and behavior examples to support their responses. They focused on the health care worker's:

- ✓ Dress [informal but not scruffy]
- ✓ Voice tone [not condescending, but age and intelligence appropriate]
- ✓ Choice of vocabulary words used [warm, but safe and unambiguous words]
- ✓ Approach to the relationship structure at the start of care [formalized and clear from the outset]
- ✓ Approach to asking questions [appropriate and in keeping with care needs]
- ✓ Chosen setting for information gathering [context, respectful, private, sitting down]
- ✓ Provision and delivery of what is promised [neither more nor less than stated]
- ✓ Ability to provide information and reports on a regular basis
- ✓ Respect and adherence to patient's confidentiality [General Social Care Council, 2009]

Inservice education and workshops recommend that the basics, along with examples of potential violations, be presented. Topics and examples suggested for inclusion are:

- Boundary crossings
- Boundary violations
- Boundary violation potential
- Risk factor identification
- Vulnerability identifications
- Potential conduits
- Accountability systems
- Early warning signs
- Potential violation management strategies [Holder & Schenthal, 2007]

Boundary Violation Examples

In some cases, there appears to be only a thin gray line between professional therapeutic relationships and professional boundary violations. A key factor to consider in identification of potential boundary violations includes asking the question – is the boundary negotiated from a position of power? Some examples of where there is a frequent potential for boundary blurring includes self-disclosure. While this is a permissible activity, it should be limited in scope to maintaining the focus on the client and benefiting the client, not the staff member. Self-disclosure runs the risk of being non-therapeutic and moving the professional relationship to one that the client perceives to be friendship. This could easily be the beginning of the 'slippery slope' and lead to a friendship developing that could result in interference with care and treatment. Avoiding friendships with clients can be difficult, and becomes even more difficult should one of the parties desire or perceive that a romantic relationship is developing. Given the great concern regarding potential sexual abuse and its resultant liabilities, the best prevention is to avoid the development of friendships and to maintain a strictly professional relationship that is open and welcoming.

Another example is gifts, both giving and receiving. If gift giving may imply special treatment, it must be limited to token value items and be infrequent in nature. In other cases there could exist an overlapping relationship between the staff member and the client, such as being members of the same church, profession, association, neighborhood and/or community. This can occur more frequently in smaller communities where many people know each other.

It is important to maintain the therapeutic nature of the care and services and to provide care during the provider's usual service hours, unless specifically scheduled by the client's physician or the office staff, in order to meet therapeutic goals. For example, if family is only available in the evening for teaching, then it could be appropriate for the office to arrange a visit during the time the family member can be present.

Communication methods are both verbal and physical in nature. It is best to avoid any physical contact, beyond direct care and treatment contact, a pat on the shoulder or a handshake. It is also important to understand the culture and ethnic background of clients to assure that contact is in keeping with the client's cultural customs to prevent the risk of misinterpretation of actions from occurring.

Resources

The College & Association of Registered Nurses of Alberta provides an online resource titled, *Professional Boundaries: A Discussion Guide and Teaching Tool*. This 17-page resource provides definitions, glossary of terms, discussion questions and case examples, with specific questions, responses and discussions. This resource is available at http://www.nurses.ab.ca/CarnaAdmin/Uploads/Professional%20Boundaries%20Discussion%20Guide.pdf

The National Council of State Boards of Nursing provides an online resource designed to serve as the nurse's guide to the importance of appropriate professional boundaries. This 10-page document titled *Professional Boundaries*, defines professional boundaries, professional violations, boundary crossings and professional sexual misconduct in a direct and succinct manner. This resource presents a Continuum of Professional Behavior that ranges from under involved to therapeutic professional behavior to over involved. This continuum, which is also referenced in the *Professional Boundaries: A Discussion Guide and Teaching Tool* resource, focuses on the staff member being helpful, while maintaining a therapeutic relationship. This resource details *THE NURSE'S CHALLENGE*, applicable to all health care workers, which is to

- Be aware
- Be cognizant of feelings and behavior
- Be observant of the behavior of other professionals
- Always act in the best interest of the client [NCSBN, 2007, p.9]

For a copy of the NCBSN document, please access https://www.ncsbn.org/ProfessionalBoundariesbrochure.pdf

Professional Boundaries, Inc., a consortium of health care professionals, provides The Smart Boundary™ Workshops, Seminars and Training Programs focused on prevention and risk management. Training programs discussing common professional boundary issues or violations are also available through this company. Many of their programs and offerings are approved for Continuing Medical Education [CME] hours and can be used by the health care worker towards the fulfillment of states' regulatory / licensing boards' requirements, including required course work specific to boundary transgressions and violations. More information is available at the company's website, https://www.professionalboundaries.com/.

Summary

Health care workers must focus their care within the zone of helpfulness, maintaining a fine balance at all times. While it is important that staff be warm and accepting, there is a constant need to consider one's actions and intentions. All care and service interactions must be in the best interest of the patient and must not negatively impact care and services. Should staff believe that misinterpretation could occur or has occurred, it is important to share these thoughts with their manager. In addition, it might be beneficial to have another staff member present during care delivery. The observing staff member can provide an additional perspective and feedback relative to the continued presence of a professional and therapeutic relationship.

While, it is clear that patients are to be treated similarly it is not always easy to do so. The true test of compliance with professional boundaries is practicing within the professional practice standards and in keeping with the healthcare provider's Code of Ethics. Finally, staff must continually ask themselves if this action will benefit the patient and be in keeping with meeting the goals of the care and treatment plan. ♥

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COMPLIANCE CONCERNS:

Home Care Aide Supervision and Personal Care

Barbara Stover Gingerich, RN MS FACHE CHCE

Introduction
The Medicare home care aide services criteria and conditions have remained relatively unchanged. The source document for care provision requirements and conditions of participation specific to public and community health care settings is TITLE 42—PUBLIC HEALTH, CHAPTER IV—CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, Chapter 24.

Contained within Chapter 24, PART 484—CONDITIONS OF PARTICIPATION [CoPs]: HOME HEALTH AGENCIES, Subpart C-Furnishing of Services, Section 484.36 Condition of Participation: Home Health Aide Services, it states that "Home care aides are selected on the basis of such factors as a sympathetic attitude toward the care of the sick, ability to read, write, and carry out directions, and maturity and ability to deal effectively with the demands of the job." This section also provides guidance relative to the requirements for education, training, competency evaluation and ongoing supervision of the health care aide's care provision. Similarly PART 418—HOSPICE CARE, Subpart E - Conditions of Participation: Other Services, Section 418.94 Condition of Participation— Home Health Aide and Homemaker Services, addresses the availability and supervision requirements for home health aide and homemaker services, in that they are to be "available to meet the needs of the patients and their training, attitude and skills are those specified in Section 484.36." This includes supervision, i.e., a registered nurse must visit the home site at least every two weeks when aide services are being provided, and the visit must include an assessment of the aide services.

With the increasing job opportunities and the turnover of current home care aides, there is an ongoing demand for new employees in this job classification. Since services are often required after hours, such as during the evening or at night, and/or on weekends and holidays, these positions often lend themselves to part-time work. This means that recruitment and selection, training and education, and ongoing supervision take on ever-increasing importance.

Home Care Aide Requirements

While Medicare CoPs specify that the home care aide must have certain minimum training, states vary in their requirements. Many, but not all, state Medicaid program home care aide requirements are similar or identical to the Medicare program. Medicare requires that the aide training program, which is a minimum of 75 hours, address specific subject areas and include both classroom and supervised practical training [a minimum of 16 hands-on hours]. Competency, certification, and annual in-service/education hours also make up the core requirements for home care aides.

In addition to the core education and competency requirements, the aide's manner should be one of desiring to help people, in a responsible and compassionate manner. While all these baseline requirements might be expected to insure that the home care/hospice aide provides quality care, the requirement for ongoing supervision provides the health care agency with the responsibility and opportunity to observe and evaluate the aide in the care setting with a variety of patients and families.

Aide Supervision

To summarize, Federal Medicare CoPs home care/hospice aide supervision requirements mandate that:

- A supervisory visit must be made at least every two weeks, i.e., at least once in every 14-day calendar period.
- The aide does not have to be present during the supervisory visit. [Note: This may vary from state to state.]
- A therapist can make the supervisory visit, if therapy is the only skilled service being provided.
- The supervisory visit must be made in person, not via telephone communication.
- Therapy assistants and licensed nurses [licensed vocational/ licensed practical] cannot make the supervisory visit.

In cases where personal care services only are provided, a visit by a registered nurse must be made, with the personal care worker present, at a minimum of every 60 calendar days. Actual care provision must take place during this supervisory visit.

The CoPs also specify that aides provide care under the direction of the registered nurse via written instructions for patient care. This is prepared by the registered nurse and reviewed with the aide before the aide provides any care.

When home care/hospice providers employ an aide directly, the supervision, training and competency requirements are more easily and directly met. In some cases, home health and hospice agencies contract for aide services. When service provider contract arrangements exist, it can be more difficult to assure that the contractor is adhering to the CoPs. It remains the responsibility of the home health agency or hospice to ensure that care quality is achieved and maintained and that the training, education, supervision and competency requirements are met on an ongoing and continuous basis.

Supervisory Visit Elements

Several elements must come together to satisfactorily achieve compliance with the supervisory visit condition. One of the initial elements is that an accurate system for scheduling and validating that the aide supervision visits are being made is designed and implemented. By including aide supervisory visit completion as one of the provider's performance/quality improvement program indicators, providers are able to collect ongoing data for analysis relative to their level of compliance with this requirement. However, while the scheduling and validating can meet the direct requirement, supervision quality is also inherent in the requirement.

Recruitment and selection, training and education, and ongoing supervision are taking on ever-increasing importance.

Assuring the quality aspect of the supervisory visit is not always a direct objective, but it is essential that staff responsible for the supervisory visit understands the importance and value of the visit. Staff members completing supervisory visits need to be educated about expectations relative to the supervisory visit. Aides should be made aware that the supervisory visit is not intended to be punitive or disciplinary in nature.

During the supervisory visit, staff should include the patient and close family members who are frequently present within the care setting in the discussion. It is not only the patient's perception regarding care and services, but also family and significant others who are important to overall quality and patient satisfaction.

Other essential elements to overall personal care quality are communication and comprehension. Since it is permissible that the supervisory visit can be made without the aide present, it is increasingly important that the aide be provided with clear instructions and a complete and accurate written care plan prior to beginning care. It is also important that during any supervisory visit, the individual conducting the visit ask if there are additional needs that are not being met, specifically personal care needs.

Communication and Reporting

While the supervisory visit is an ideal time for updating the aide plan of care as noted above, once the plan of care is revised and updated, the changes must be promptly communicated to all home care/hospice aides involved in providing care. Many individuals working as aides do so because they enjoy interaction with patients and the personal satisfaction received from caring for someone else. In some cases, aides may not be highly skilled in writing and documenting and could have English as a Second Language [ESL]. All home care/hospice aides need to have clear instructions in any situation and the information needs to be provided in terms understood by the aide. Step-by-step approaches, examples and visuals are good to use. They can increase understanding, application and retention of information.

Reporting patient care changes and patient or family/significant other concerns is key to the total quality of aide service. While a generic list of what to report can be developed and used, this list should be tailored to the individual patient's diagnosis and needs, as well as to the individual home care/hospice aide. A generic list of what to report might include the following:

The aide should report any of the following to the supervisor or the patient's nurse case manager:

- mental changes, i.e. increased depression, anger, crying

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- new difficulties that the patient/family/ significant other might verbalize
- any new or changed open or reddened skin areas
- changes in functional abilities
- any complaints or visual signs of pain, constipation, diarrhea, nausea, vomiting, fever or chills
- weight gain or loss, according to specific patient parameters
- changes in food or fluid intake

Because the patient's functional ability is key to home care reimbursement, the nurse completes a functional assessment to determine the patient's ability to perform certain activities of daily living independently or semi-independently at admission and at specific care intervals. Because of this increasing scrutiny of the patient's functional abilities, examples of changes to report in this area might be used as teaching tools for the home care/hospice aides.

The following are examples of what should be reported.

Example #1 - Bathing

This patient normally has been able to bathe the top of the body, such as face, arms, hands and chests. During several bath times, you find that this is taking more of the patient's energy and leaves the patient very tired. This needs to be reported by the aide to the supervisor or the patient's nurse case manager.

Example #2 - Mealtime

This patient is normally able to eat most foods with some assistance from the aide. The aide finds that the patient's appetite is decreased over a period of several meals. It is important that the aide report that to the supervisor or the patient's nurse case manager.

A second mealtime example is the aide's role in observing the patient's ability to chew and swallow foods. This is because the aide's role makes them the most likely staff member to be present with the patient at mealtime. The aide observes that the patient has increasing difficulty with chewing and swallowing during mealtimes and is more prone to coughing and choking. This is important to report to the supervisor or the patient's nurse case manager.

Example #3 - Transferring

Transfers are a safety concern and another important functional ability that needs ongoing observation and monitoring. The patient is usually a transfer with assist of one, which can be performed without undue stress or weight being placed on the aide. The patient begins to have increasing difficulty with transferring; placing increasing weight on the aide and it is becoming more apparent that the patient cannot assist in the transfer process as well as in the past. This is another important change in the patient's functional status that should be reported to the supervisor or the patient's nurse case manager. [Gingerich, 2001]

Establish Policy and Procedures

Providers understand that it is important to establish policies and procedures, because they provide structure for staff to follow that is a standardized and consistent approach to care. It is important that home care/hospice aides understand that following policies and procedures improve consistency in care delivery, which in turn enhances care quality. Should a provider's care and services come under scrutiny, whether via an accreditation, licensing or investigative process, documentation and record audits are conducted that often form the foundation for further action decision making. Once the clinical record audit is completed, a snapshot relative to care and service delivery is seen.

It is important that these findings depict that documentation is complete and consistent with established policies and procedures. In some cases audit findings could be used to construct a legal foundation for future defense or prosecution of the provider organization if further action is taken. It is critical that all staff, including contract staff know and follow the policies and procedures established.

A sample home health aide supervision policy and a sample home health aide supervisory visit form have been posted at the resource tab of the Hospice and Community Care Insurance Services website, www.hccis.com. They can be used as a reference for providers in refining their own aide supervision visit process.

Summary

The home health/hospice provider must establish policies, procedures and processes to address aide care, supervision and services for their own staff. They must also determine the best approach to meet this requirement for aides providing services via a contract. Should a surveyor or auditor arrive to review clinical records, the best assurance for quality and consistency for contracted services is for the provider to have retained the supervision, competency and evaluation, as well as the in-service education functions within their own organization. In addition to the documentation for these important aspects of aide care and service provision, it is also important that the aide's credentials, background screening, health screening and employment eligibility verification form [I-9] be readily available within the provider's files. Establishing a reliable and verifiable process with contract staffing organizations and conducting audits of the contractor's compliance should occur on an ongoing basis, with appropriate actions taken based upon findings. ♥

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HCCIS Resources Can Support Your Organization's Education Programs

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Staff education of any type is one of the most important elements of a risk management program, since it provides the foundation for effective risk control and loss prevention. A well informed staff will better understand the organization's mission and its customer base, administrative and department-specific policies and procedures, documentation requirements, and regulatory standards affecting your industry.

Education is a continual process and should not stop with the completion of orientation. Along with mandatory educational programs, there should be educational programs designed to keep each employee current in their area of expertise, programs that are developed based on trending and analysis of internal quality and risk data/information, and programs that are based on topical industry-specific issues.

HCCIS offers numerous tools that can help support your organization's educational programs. Most of these can be found for no cost on our website, **www.hccis.com**. Print information includes copies of our most current and all past issues of our quarterly newsletter, *HCCIS Update*. Recent past issues have included topics such as telemedicine/telehealth, wandering patients/elopement, nutritional assessment and contractual liability.

You can also find copies of all of our loss control Communiqués, on topics such as bereavement camps, laptop security, physician credentialing and pressure ulcers. The communiqués are designed to provide a quick overview of the loss control issues pertaining to a specific topic.

Some of the more popular items found on the website include a sample fall safety assessment tool, a sample patient/visitor incident report form, a self-evaluation liability checklist and a valuable documentation mini-tool kit that provides numerous tools that can be utilized when educating staff regarding documentation requirements.

Since the year 2000, the number of employees alleging discrimination, wrongful termination, sexual harassment and retaliation has increased steadily (U.S. Equal Employment Opportunity Commission/EEOC). Because of this trend, HCCIS has recognized a need to provide management liability educational resources to our insureds. On our website you can find numerous employment practice updates and communiqués on topics of interest. Our insureds can also register for our GoGlatfelters website. This resource offers useful tools such as analysis of EEOC data, employment practice training programs and model policies, along with an extensive database of employment practice topics.

Because we realize that it is important to use many different methods to orient and train staff, we have also developed several training videos on topics of interest. The list that follows includes a brief description of each of the videos currently available. Coming shortly will be a new video that takes a light approach to performance of a safety assessment in the home environment.

Hospice Video Descriptions

DOCUMENTATION:
It's Not Bigger Than You
Documentation is a big part of the daily activities of all healthcare providers. Thorough documentation can be very helpful when investigating an incident or defending a claim. This short (12 minute) training video on documentation provides helpful tips for documenting on the clinical record. In addition to some "do's and don'ts" of documentation, the video also focuses on three key areas of claim frequency: patient falls, medication errors, and pressure ulcer/wound management.

PATIENT TRANSFER SAFETY:
Handle with Care
Incorrect patient lifting and transfer movements can result in injuries to both patients and healthcare providers. This 11 minute training video provides safety tips, as well as demonstrations of correct patient transfers in a number of different scenarios. There is an emphasis on taking the time to prepare the patient and the environment before any transfers begin.

ZERO TOLERANCE:
Abuse Prevention and Reporting
Healthcare workers in a community-based role are in a unique position to recognize and report abuse. This 27 minute training video is a thorough review of all types of abuse that may be identified including physical abuse, sexual abuse, emotional abuse, financial exploitation, neglect, abandonment and self-neglect. The video includes

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HCCIS Resources

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candid interviews with healthcare workers who have identified abuse in their work experience and how they handled those situations. The focus of the video is on recognizing abuse, documenting your findings and reporting to the appropriate authorities.

DRIVER SAFETY

Motor vehicle accidents are one of the leading causes of lawsuits against community-based organizations, including hospice and home care agencies. Safety behind the wheel starts with the determination to do no harm. This 10 minute training video highlights some key common sense areas of driver safety, starting with good vehicle maintenance. There is also discussion of avoidance of distractions and unnecessary time pressures, which often lead to careless mistakes and ultimately accidents.

In Summary

We hope you find these tools to be a valuable adjunct to your own internal resources for employee education and training. Please feel free to contact us if you are looking for any specific material or information, or if you have any suggestions for future loss control communiqués or videos (bnorman@glatfelters.com).

Who to Contact

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