Training Resources for Hospice and Home Health Aides Caring for Patients at End of Life

A report of the MA Council for Home Care Aide Services and the Hospice & Palliative Care Federation of MA

September 2009
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In June 2008, the Centers for Medicare and Medicaid Services (CMS) issued new Conditions of Participation (COPs) for Hospice Agencies. For the first time, the Hospice COPs included specific regulations for the qualifications, training, supervision, competencies and duties of “hospice aides”. In December 2008, the MA Council for Home Care Aide Services (Council) and the Hospice and Palliative Care Federation of Massachusetts (Federation) partnered to form a Hospice Aide COPs Task Force. The Task Force was charged the task of developing resources for both home care and hospice agencies related to the training and supervision requirements for hospice aides.

The Task Force included:

Co-Chairs
Rigney Cunningham, Hospice and Palliative Care Federation
Lisa Gurgone, MA Council for Home Care Aide Services

Members
Bob Dean, All Care VNA and Hospice
Karen Garlie, Overlook VNA and Hospice
Audra Noonan, Metrowest Home Care and Hospice
Liz Osbahr, Classic Home Care
Carol Palmer, Southeast Home Care, Hospice and Palliative Care and Infusion
Clare Pappagallo, ABC Home & Healthcare Professionals
Janet Pesce, Hallmark Health VNA and Hospice
Joanne Sullivan, Old Colony Hospice
Pat Taatjes, Hallmark Health VNA and Hospice
Laura Tuttle, Anderson & Tuttle LLC, Home Health and Hospice Consultant

Task Force members reviewed both the new Hospice COPs and the current Conditions of Participation (COPs) for Home Health Aide Services and developed the attached two resources:
1. A Cross Walk of the COPs for Home Health Aide Services and Hospice Services
2. A list of Recommended Hospice Aide Training Curriculum topics. (NOTE: Topics already covered in home health aide training need not be repeated.)
3. Final Interpretive Guidelines Version 1.1 for the Medicare Hospice Conditions of Participation that apply to hospice aides for compliance guidance
4. Citations for additional training resources

The Council and the Federation offer our sincerest gratitude to our dedicated committee members who engaged in this collaborative process.
# CROSS WALK OF COPs for HOME HEALTH AIDE SERVICES AND HOSPICE SERVICES

<table>
<thead>
<tr>
<th>Personnel Requirements</th>
<th>COPs for Home Health Services (42 CFR 484)</th>
<th>COPs for Hospice Services (42 CFR 418)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home health aide is a person who successfully completes one of the following:</td>
<td>Hospice Aide is a person who completes one of the following:</td>
</tr>
<tr>
<td></td>
<td>- A training program and competency evaluation</td>
<td>- A training program and competency evaluation</td>
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<tr>
<td></td>
<td>- A competency evaluation</td>
<td>- A competency evaluation</td>
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<td></td>
<td>- A state licensure program (not applicable in MA)</td>
<td>- A nurse aide training program and competency evaluation, and has a valid state nurse aide license</td>
</tr>
<tr>
<td></td>
<td><em>Citation: § 484.4</em></td>
<td>- A state licensure program (not applicable in MA)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Requirements</th>
<th>COPs for Home Health Services (42 CFR 484)</th>
<th>COPs for Hospice Services (42 CFR 418)</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 hour training required which includes at 16 hours of supervised practical training. Individual must complete at least 16 hours of classroom training before beginning the supervised practical training.</td>
<td>Same</td>
<td>Same</td>
</tr>
<tr>
<td><em>Citation: § 484.36 (a)(1)</em></td>
<td><em>Citation: § 418.76 (b)(1)</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required Training Content</th>
<th>COPs for Home Health Services (42 CFR 484)</th>
<th>COPs for Hospice Services (42 CFR 418)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Communications skills</td>
<td>Same language with one exception. Under Required Training Content the following additional statement has been added:</td>
<td>Same language with one exception. Under Required Training Content the following additional statement has been added:</td>
</tr>
<tr>
<td>- Observation, reporting and documentation of patient status and the care or service furnished</td>
<td>- &quot;the Hospice is responsible for training hospice aides, as needed, for skills not covered in the basic checklist&quot;</td>
<td></td>
</tr>
<tr>
<td>- Reading and recording temperature, pulse, and respiration</td>
<td><em>Citation: § 418.76 (b)(2)</em></td>
<td></td>
</tr>
<tr>
<td>- Basic infection control procedures</td>
<td></td>
<td></td>
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<tr>
<td>- Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor</td>
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<tr>
<td>- Maintenance of a clean, safe, and healthy environment</td>
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<td></td>
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<tr>
<td>- Recognizing emergencies and knowledge of emergency procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required Training Content continued</td>
<td>COPs for Home Health Services (42 CFR 484)</td>
<td>COPs for Hospice Services (42 CFR 418)</td>
</tr>
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<td></td>
<td>• The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy and his or her property</td>
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<tr>
<td></td>
<td>• Appropriate and safe techniques in personal hygiene and grooming that include:</td>
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</tr>
<tr>
<td></td>
<td>(A) Bed bath</td>
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</tr>
<tr>
<td></td>
<td>(B) Sponge, tub, or shower bath</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(C) Shampoo, sink, tub, or bed</td>
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<tr>
<td></td>
<td>(D) Nail and skin</td>
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<td></td>
<td>(E) Oral hygiene</td>
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</tr>
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<td></td>
<td>(F) Toileting and elimination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Safe transfer techniques and ambulation</td>
<td></td>
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<tr>
<td></td>
<td>• Normal range of motion and positioning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adequate nutrition and fluid intake</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Any other task that the HHA may choose to have the home health aide perform.</td>
<td></td>
</tr>
<tr>
<td>Citation: § 484.36 (a)(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Instructor Requirements</td>
<td>Training program must be overseen by an RN with a minimum of 2 years nursing experience and 1 year provision of home health care. Other individuals may be used to provide instruction under the supervision of a qualified registered nurse. Citation: § 484.36 (a)(2)(ii)</td>
<td>Same Citation: § 418.76 (e)</td>
</tr>
</tbody>
</table>
# Cross Walk of COPs for Home Health Aide Services and Hospice Services

<table>
<thead>
<tr>
<th>Inservice Requirements</th>
<th>COPs for Home Health Services (42 CFR 484)</th>
<th>COPs for Hospice Services (42 CFR 418)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Home Health Aides must receive at least 12 hours of in-service training during each 12 month period</td>
<td>Same</td>
</tr>
<tr>
<td></td>
<td>• An agency should establish a policy that defines their 12 month in-service period. The Council recommends that agencies track in-services on an annual basis</td>
<td>Citation: § 418.76 (d) and (e)</td>
</tr>
<tr>
<td></td>
<td>• In-services can be prorated for new employees that begin working after the start of the 12 month in-service period</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Home Health Aide in-service training must be overseen by an RN with a minimum of 2 years nursing experience and 1 year provision of home health care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Citation: § 484.36 (b)(2) and (3)</td>
<td></td>
</tr>
<tr>
<td>Mandatory In-services</td>
<td>Required by regulation upon hire and annually:</td>
<td>Same</td>
</tr>
<tr>
<td></td>
<td>• Infection Control, exposure to bloodborne pathogens, and home safety <em>(required by OSHA guidelines)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• HIPPA <em>(required by Federal law)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• MA Expanded Patient Abuse Statute <em>(required by the MA Patient Abuse regulation 105 CMR 155)</em></td>
<td></td>
</tr>
<tr>
<td>Supervision Requirements</td>
<td>• If the patient receives skilled nursing care, the registered nurse must perform the supervisory visit</td>
<td>The Hospice COPs require that a nurse conduct all supervisory visits for patients receiving skilled services. Citation: § 418.76 (h)</td>
</tr>
<tr>
<td></td>
<td>• If the patient is not receiving skilled nursing care, but is receiving another skilled service (physical therapy, occupational therapy, or speech-language pathology services), supervision may be provided by the appropriate therapist.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Citation: § 484.36 (d)</td>
<td></td>
</tr>
</tbody>
</table>

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www.mahomecareaides.com
<table>
<thead>
<tr>
<th>Frequency of Supervisions</th>
<th>COPs for Home Health Services (42 CFR 484)</th>
<th>COPs for Hospice Services (42 CFR 418)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The patient must receive an on-site visit by a nurse or the appropriate professional no less frequently than every two weeks.</td>
<td>• No less than every 14 days the registered nurse must visit the patient receiving skilled services to assess the quality care. The COPs also state that the aide does not have to be present at this visit.</td>
</tr>
<tr>
<td></td>
<td>• If the patient is not receiving any skilled services, the nurse must make a supervisory visit to the home every 62 days while the aide is present.</td>
<td>• The Hospice COPs also require the nurse to conduct an annual on-site visit of the hospice aide while the client is receiving care.</td>
</tr>
<tr>
<td></td>
<td><em>Citation: § 484.36 (d)</em></td>
<td><em>Citation: § 418.76 (h)</em></td>
</tr>
</tbody>
</table>
Recommended Hospice Aide Training Curriculum

Basic Training Topics in End of Life Care

The following training curriculum was developed for use with home health aides to be trained as hospice aides and can be adapted by home care and hospice managers to meet the specific needs of their agency.

Medicare Hospice Condition of Participation 42 CFR 418.76 lists required training topics for hospice aides that are consistent with those required for home health aides under Medicare Home Health Conditions of Participation 42 CFR 484. (See Crosswalk in Appendix). Hospices also must ensure that contracted aides have the required training.

Topics already covered in home health aide training need not be repeated. This list is to support compliance with Hospice CoP 418.76 (b) (xiii) that requires the hospice to be responsible for training hospice aides, as needed, for skills not covered in the basic checklist.

<table>
<thead>
<tr>
<th>Total</th>
<th>16 hours</th>
</tr>
</thead>
</table>

**Suggested Time**

**Concepts of Death and Dying**
- Stages of Dying
- Normal grief

1 hour

**The Hospice Aide**
- Do’s and Don’ts as a hospice aide
- Your feelings about dying
- What you should report
- Managing personal stress
- Caregiver grief
- Establishing boundaries with patients and families

1.75 hours

**Communication Skills**
- Basic skills
- Verbal communication
- Nonverbal communication
- Reporting/documenting clinical information
- Dealing with conflict

1 hour
Hospice Care
- History
- Philosophy
- Working with the interdisciplinary team
- Services
- Patient rights

1 hour

Ethical Issues
- Basic principals in ethics
- Ethical decision-making
- Process for identifying and reporting issues and concerns

1.5 hours

Understanding Religious and Cultural Values
- Culture and culture identity
- What is cultural competence?
- Cultural values in the U.S.
- Self-assessment regarding cultural differences
- Culture and its influence on end of life care and decisionmaking
- Culture responses to death, death rituals
- Cultural responses to grief and mourning

2 hours

Comfort Care for Common Symptoms
- Poor appetite
- Weight loss and anorexia
- Dehydration
- Dysphagia
- Mouth sores
- Dry Mouth
- Increased oral secretions
- Nausea/Vomiting
- Incontinence
- Diarrhea
- Constipation
- Shortness of Breath
- Confusion
- Fatigue
- Restlessness/delirium/PTSD
- Anxiety
- Confusion
- Depression

2.5 hours
Pain Management 1.5 hours
- What is Pain?
- Myths and barriers to pain management
- Consequences of Untreated Pain
- Preventing pain
- Pain Medications
- Non-drug pain management

Signs of Impending/Eminent Death 1 hour
- Physiological changes at death
- Physical symptoms
- Emotional/spiritual/mental signs
- Interventions at end of life

Advance Directives .5 hours
- Overview of comfort care protocol, DNR, and
  Do Not Hospitalize orders

Post Mortem Care .5 hours
- Process upon death of patient
- Communicating the death to family and hospice staff

Pediatric issues (If program provides pediatric hospice or
  pediatric palliative care)
Recommended Topics for Hospice Aide Inservice Training

12 hours per year

Other Types of Communications Skills
• Touch
• Listening
• Barriers to good communication

Ethics
• Ethical issues such as withholding or withdrawing treatment, euthanasia, physician assisted suicide, tube feeding
• Guardianship
• Standards of practice
• Organization/legal practice

Terminal Diseases
• Dementia
• Cancer
• AIDS

Pain Management
• Tolerance to pain
• Addiction
• Uncontrolled pain
• Palliative sedation

Interventions
• Chemotherapy
• Radiation therapy
• Complimentary therapies
• Psychological support
• Spiritual care
• Environmental adaptations

Post Mortem Care
• Pronouncement
• Care of the body

Grief and Loss
• Anticipatory grief
• Complicated grief
§418.76 Condition of participation: Hospice aide and homemaker services

All hospice aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section. Homemaker services must be provided by individuals who meet the personnel requirements specified in paragraph (j) of this section.

§418.76(a) Standard: Hospice aide qualifications

(1) A qualified hospice aide is a person who has successfully completed one of the following:
   (i) A training program and competency evaluation as specified in paragraphs (b) and (c) of this section respectively.
(ii) A competency evaluation program that meets the requirements of paragraph (c) of this section.

(iii) A nurse aide training and competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154 of this chapter, and is currently listed in good standing on the State nurse aide registry.

(iv) A State licensure program that meets the requirements of paragraphs (b) and (c) of this section.

L610

(2) A hospice aide is not considered to have completed a program, as specified in paragraph (a)(1) of this section, if, since the individual's most recent completion of the program(s), there has been a continuous period of 24 consecutive months during which none of the services furnished by the individual as described in § 409.40 of this chapter were for compensation. If there has been a 24-month lapse in furnishing services, the individual must complete another program, as specified in paragraph (a)(1) of this section, before providing services.

§418.76(b) Standard: Content and duration of hospice aide classroom and supervised practical training

L611

(1) Hospice aide training must include classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse, or a licensed practical nurse, who is under the supervision of a registered nurse. Classroom and supervised practical training combined must total at least 75 hours.

L612

(2) A minimum of 16 hours of classroom training must precede a minimum of 16 hours of supervised practical training as part of the 75 hours.

L613

(3) A hospice aide training program must address each of the following subject areas:

(i) Communication skills, including the ability to read, write, and verbally report clinical information to patients, care givers, and other hospice staff.

(ii) Observation, reporting, and documentation of patient status and the care or service furnished.

(iii) Reading and recording temperature, pulse, and respiration.
(iv) Basic infection control procedures.
(v) Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor.
(vi) Maintenance of a clean, safe, and healthy environment.
(vii) Recognizing emergencies and the knowledge of emergency procedures and their application.
(viii) The physical, emotional, and developmental needs of and ways to work with the populations served by the hospice, including the need for respect for the patient, his or her privacy, and his or her property.
(ix) Appropriate and safe techniques in performing personal hygiene and grooming tasks, including items on the following basic checklist:
(A) Bed bath.
(B) Sponge, tub, and shower bath.
(C) Hair shampoo (sink, tub, and bed).
(D) Nail and skin care.
(E) Oral hygiene.
(F) Toileting and elimination.
(x) Safe transfer techniques and ambulation.
(xi) Normal range of motion and positioning.
(xii) Adequate nutrition and fluid intake.
(xiii) Any other task that the hospice may choose to have an aide perform. The hospice is responsible for training hospice aides, as needed, for skills not covered in the basic checklist, as described in paragraph (b)(3)(ix) of this section.

L614

(4) The hospice must maintain documentation that demonstrates that the requirements of this standard are met.

Interpretive Guidelines §418.76(b)(4)

A hospice aide may receive training from different organizations if the amount of training totals 75 hours, the content of training addresses all subjects listed at §418.76(b)(3) and the organization, training, instructors, and documentation meet the requirements of the regulation.

Documentation of training should include:

- A description of the training/competency evaluation program, including the qualifications of the instructors;
- A record that distinguishes between skills taught at a patient’s bedside with supervision, and those taught in a laboratory using a real person (not a mannequin) and indicators of which skills each aide was judged to be competent; and
• How additional skills (beyond the basic skills listed in the regulation) are taught and tested if the hospice’s admission policies and case-mix of hospice patients require aides to perform more complex procedures.
§418.76(c) Standard: Competency evaluation

L615

An individual may furnish hospice aide services on behalf of a hospice only after that individual has successfully completed a competency evaluation program as described in this section.

(1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this section. Subject areas specified under paragraphs (b)(3)(i), (b)(3)(iii), (b)(3)(ix), (b)(3)(x) and (b)(3)(xi) of this section must be evaluated by observing an aide's performance of the task with a patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a hospice aide with a patient.

L616

(2) A hospice aide competency evaluation program may be offered by any organization, except as described in paragraph (f) of this section.

Interpretive Guidelines §418.76 (c)(1) – (2)

The hospice must ensure that the skills learned or tested elsewhere can be transferred successfully to care of the hospice patient in all settings. The hospice should give careful attention to evaluating both employed aides and those aides who provide services under arrangement or contract. This review of skills could be done when the nurse installs an aide into a new patient care situation or during a supervisory visit. A mannequin may not be used for this evaluation.

If the hospice’s admission policies and the case-mix of patients demand that the aide care for individuals whose needs require additional competency beyond the minimum required in the regulation, the hospice must document how these additional skills are taught and tested.

L617

(3) The competency evaluation must be performed by a registered nurse in consultation with other skilled professionals, as appropriate.

L618

(4) A hospice aide is not considered competent in any task for which he or she is evaluated as unsatisfactory. An aide must not perform that task without direct supervision by a registered nurse until after he or she has received training in the
task for which he or she was evaluated as “unsatisfactory,” and successfully completes a subsequent evaluation. A hospice aide is not considered to have successfully completed a competency evaluation if the aide has an “unsatisfactory” rating in more than one of the required areas.

Interpretive Guidelines §418.76 (c)(4)

A hospice aide who is evaluated as satisfactory in all subject areas except one would be considered competent. However, this aide would not be allowed to perform the task in which he or she was evaluated as unsatisfactory except under direct supervision. If a hospice aide receives an unsatisfactory evaluation in more than one subject area, the aide would not be considered to have successfully passed a competency evaluation program and would be precluded from functioning as a hospice aide in any subject area. The regulations place no restrictions on the number of times or the timeframe in which an aide can be tested in a deficient area.

L619

(5) The hospice must maintain documentation that demonstrates the requirements of this standard are being met.

§418.76(d) Standard: In-service training

L620

A hospice aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient.

Interpretive Guidelines §418.76 (d)

Hospices may fulfill the annual 12-hour in-service training requirement on a calendar year basis, an employment anniversary basis, or a rolling 12 month basis as long as each aide meets this in-service training requirement.

Hospice aide in-service training, that occurs with a patient in a place of residence, supervised by an RN, can occur as part of the every 14 day supervisory visit, but the exact new skill or theory taught must be documented. In-service training taught in the patient’s environment should not be a repetition of a basic skill.

Procedures and Probes §418.76(d)

Ask how the hospice schedules training to assure that every aide receives at least 12 hours of in-service training within each 12 month period.
(1) In-service training may be offered by any organization, and must be supervised by a registered nurse.

(2) The hospice must maintain documentation that demonstrates the requirements of this standard are met.

Procedures and Probes §418.76(d)(2)

Review a sample of 3-4 hospice aide training files to validate that aides are receiving the required number of training hours. If concerns arise, interview the aides regarding in-service trainings received.

§418.76(e) Standard: Qualifications for instructors conducting classroom and supervised practical training

Classroom and supervised practical training must be performed by a registered nurse who possesses a minimum of 2 years nursing experience, at least 1 year of which must be in home care, or by other individuals under the general supervision of a registered nurse.

Interpretive Guidelines §418.76(e)

The required 2 years of nursing experience for the instructor should be “hands on” clinical experience such as providing care and/or supervising nursing services or teaching nursing skills in an organized curriculum or in-service program. The required 2 years of nursing experience may be in home care or in hospice care.

“Other individuals” who may help with hospice aide training would include health care professionals such as physicians, physical therapists, occupational therapists, medical social workers, and speech-language pathologists. Nutritionists, pharmacists, lawyers and consumers might also be teaching resources.

§418.76(f) Standard: Eligible competency evaluation organizations

A hospice aide competency evaluation program as specified in paragraph (c) of this section may be offered by any organization except by a home health agency that, within the previous 2 years:
(1) Had been out of compliance with the requirements of §484.36(a) and (b) of this chapter.

(2) Permitted an individual that does not meet the definition of a "qualified home health aide" as specified in §484.36(a) of this chapter to furnish home health aide services (with the exception of licensed health professionals and volunteers).

(3) Had been subjected to an extended (or partial extended) survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the State).

(4) Had been assessed a civil monetary penalty of $5,000 or more as an intermediate sanction.

(5) Had been found by CMS to have compliance deficiencies that endangered the health and safety of the home health agency's patients and had temporary management appointed to oversee the management of the home health agency.

(6) Had all or part of its Medicare payments suspended.

(7) Had been found by CMS or the State under any Federal or state law to have:
   (i) Had its participation in the Medicare program terminated.
   (ii) Been assessed a penalty of $5,000 or more for deficiencies in Federal or State standards for home health agencies.
   (iii) Been subjected to a suspension of Medicare payments to which it otherwise would have been entitled.
   (iv) Operated under temporary management that was appointed by a governmental authority to oversee the operation of the home health agency and to ensure the health and safety of the home health agency's patients.
   (v) Been closed by CMS or the State, or had its patients transferred by the State.

§418.76(g) Standard: Hospice aide assignments and duties

L625

(1) Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section.

Interpretive Guidelines §418.76(g)(1)

Hospice aide written instructions for patient care prepared by the R.N. responsible for the supervision of the aide must be patient specific and not generic.

Procedures and Probes §418.76(g)(1)

Interview key staff to determine the following:
• Are aides direct employees of the hospice or provided by arrangement?
• If services are provided under arrangement, how does the hospice ensure that the aides providing patient care have the appropriate competency skills?
• How the hospice ensures that aides are proficient to carry out their assignments in a safe, efficient and effective manner.
• How the hospice monitors the assignments of aides to match the skills needed for individual patients.

If you have questions that arise as a result of home visits or record reviews, ask the clinical managers to respond to specific issues.

L.626

(2) A hospice aide provides services that are:
   (i) Ordered by the interdisciplinary group.
   (ii) Included in the plan of care.
   (iii) Permitted to be performed under State law by such hospice aide.
   (iv) Consistent with the hospice aide training.

L.627

(3) The duties of a hospice aide include the following:
   (i) The provision of hands-on personal care.
   (ii) The performance of simple procedures as an extension of therapy or nursing services.
   (iii) Assistance in ambulation or exercises.
   (iv) Assistance in administering medications that are ordinarily self-administered.

Interpretive Guidelines §418.76(g)(3)(iv)

The IDG determines if there are medications that are appropriate for aides to help administer based on the needs of the patient and family, training and competency of the aide, policies of the hospice, and any applicable State and local laws and rules. If State or local laws and rules prohibit hospice aides from administering medications, they are precluded from doing this activity. However, if medication administration is within the bounds of State and local laws and rules, and if hospices choose to have aides perform this task, the hospice is required to provide aide training in medication administration and assure that the aide is competent to perform this task before he/she is assigned to the patient. See also §418.76(b)(3)(xiii).

L.628

(2) Hospice aides must report changes in the patient’s medical, nursing, rehabilitative, and social needs to a registered nurse, as the changes relate to the plan of care and quality
assessment and improvement activities. Hospice aides must also complete appropriate records in compliance with the hospice’s policies and procedures.

Procedures §418.76(g)(4)

When conducting home visits to patients receiving hospice aide services be observant for changes in the patient’s medical, nursing, rehabilitative and social needs that the aide should be reporting to the RN.

Through clinical record reviews, look for documentation by the aide describing changes in the patient’s medical, nursing, rehabilitative and social needs and to whom he or she reported the information. Clinical notations should be dated and signed.

§418.76(h) Standard: Supervision of hospice aides

L629

(1) A registered nurse must make an on-site visit to the patient’s home:

(i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient’s needs. The hospice aide does not have to be present during this visit.

Interpretive Guidelines §418.76(h)(1)(i)

If the RN makes a supervisory visit on a Tuesday, the next supervisory visit is due by the Tuesday which occurs 14 days later.

In addition to ensuring that hospice aides furnish the care identified in the plan of care, RN supervisors must assess the adequacy of the aide services in relationship to the needs of the patient and family. In-person visits by the supervising nurse to the patient’s home allow the nurse to directly observe the patient and the results of the aide’s care. The supervisory visits must be documented in the patient’s clinical record.

L630

(ii) If an area of concern is noted by the supervising nurse, then the hospice must make an on-site visit to the location where the patient is receiving care in order to observe and assess the aide while he or she is performing care.
Interpretive Guidelines §418.76(h)(1)(ii)

The supervising RN must conduct an in-person supervisory visit with the aide to observe and assess aide skills if a potential deficiency in care furnished by the aide is noted in the regular 14-day supervisory visit (during which the aide is not required to be present).

L631

(iii) If an area of concern is verified by the hospice during the on-site visit, then the hospice must conduct, and the hospice aide must complete, a competency evaluation in accordance with §418.76(c).

L632

(2) A registered nurse must make an annual on-site visit to the location where a patient is receiving care in order to observe and assess each aide while he or she is performing care.

Interpretive Guidelines §418.76(h)(2)

The annual on site supervision visit is to assess and observe each aide providing care to one of the patients. There is no requirement for the observation visit to be conducted on each patient the aide is caring for.

Hospices may determine the appropriate location to document the annual aide on-site evaluation in accordance with their own policies and procedures.

Procedures and Probes §418.76(h)(2)

Interview key staff to determine how the hospice assures that all aides are supervised on-site annually.

L633

(3) The supervising nurse must assess an aide’s ability to demonstrate initial and continued satisfactory performance in meeting outcome criteria that include, but is not limited to—
   (i) Following the patient’s plan of care for completion of tasks assigned to the hospice aide by the registered nurse.
   (ii) Creating successful interpersonal relationships with the patient and family.
   (iii) Demonstrating competency with assigned tasks.
   (iv) Complying with infection control policies and procedures.
   (v) Reporting changes in the patient’s condition.
Interpretive Guidelines §418.76(h)(3)

Supervisory visits may be made in conjunction with a professional visit to provide services. Documentation of RN supervision should include, but not be limited to, if the aide is following the plan of care, is competent in performing required tasks and is satisfactory to the patient/family.
Citations for Resources

Training Manuals Available Through the MA Council for Home Care Aide Services (Council)

*Standards of Practice for Home Health Aide Services in Massachusetts*
This manual, revised by the Standards Committee of the Council in 2008, delineates requirements for homemakers, personal care homemakers, and home health aides as set forth by the federal Conditions of Participation (COPs) for Home Health Agencies, the Massachusetts Executive Office of Elder Affairs, and the Massachusetts Rehabilitation Commission.

This manual is divided into seven distinct sections: Hiring Practices, Position Descriptions, Training Requirements, Competency Evaluation, Field Supervision, In-Service Requirements, and Disciplinary Action and Termination. The manual also includes relevant home care laws and regulations and an appendix with multiple legal reference documents. In addition, this new manual includes a companion resource disk that contains sample documents and additional resources in both Microsoft Word and PDF formats. We are pleased to offer this new manual and companion disk to Council members for $150 (plus $5.00 mailing charge). Non-members can purchase the manual and disk for $300 (plus $5.00 mailing charge).

*Home Care Aide Training Curriculum Outlines*
This manual contains the Council’s Home Care Aide Training Curriculum Outlines, developed by the Council Standards Committee. The Council’s Training Curriculum meets the minimum requirements of the Commonwealth’s Home Care Program, the Federal Conditions of Participation for Home Health Aide Services, and the Joint Commission on Accreditation of Healthcare Organizations’ (JCAHO) accreditation process. The Council’s curriculum includes training outlines for Homemakers, Personal Care Homemakers and Home Health Aides. This manual is can be purchased by Council members for $55 (plus $5.00 mailing charge) and $105 for non-members (plus $5.00 mailing charge).

*Home Health Aide Competency Examination*
In 2005, a special workgroup of the Council’s Standards Committee undertook the task of revising the Council’s Home Health Aide Competency Exam. The exam also includes a Home Health Aide skills checklist. The exam was revised with the specific goals of clarifying/rewording certain questions and addressing issues that arise for English for Speakers of Other Languages (ESOL) students.

Our 2006 edition is the Council’s fifth revision of this exam. Our exam is divided into ten sections to ensure coverage of all of the subject areas required by Centers for Medicare & Medicaid Services’ (CMS) Conditions of Participation for Home Health Agencies. We are pleased to offer this revised examination on CD to Council members for $105.00. Non-members can purchase the exam for $205.00.

To order these manuals or learn more about additional resources available through the Council, contact us at 617-224-4141 or visit our website at [www.mahomecarcaides.com](http://www.mahomecarcaides.com).
End of Life Training Curriculum Available Through the Extended Care Career Ladder Initiative (ECCLI)

The Commonwealth Corporation (Comm Corp) has developed an “End of Life Care” training curriculum that is available for free on their website www.commcorp.org. This curriculum is one of three curricula developed through the Extended Care Career Ladder Initiative (ECCLI), a state-funded program that provides training grants to nursing homes and home care agencies. The curricula were developed to provide training to their direct care staff.

The “End of Life Care” curriculum includes exercises and classroom activities with step-by-step instructions for trainers. The course contents are intended as an introduction to the subject matter and include terms of study at the start of each module, with definitions of key terms that students may not know. Each curriculum also includes a student and teacher’s manual. The curricula can be adapted to meet the individual needs of the staff at your agency. You can download free copies of these useful resources today at http://www.commcorp.org/eccli/library/curricula.html

Peak Development Resources

Peak Development Resources offers continuing education resources for staff in hospitals, home health agencies and long-term care facilities. They offer resources for Home Health Aides which cover numerous end of life care topics such as "Pain Management: The Role of the Home Health Aide. Information on this resource can be found online at www.peakdev.com.

Hospice and Palliative Nurse Association

The Hospice & Palliative Nurse Association offers training via teleconference for nursing assistants on the fourth Wednesday of each month. $40 per course. Purchase the course online at www.hpna.org. Click on Education, Continuing Education, Teleconferences, General Information, and Teleconference Schedule.

Hospice Education Network (HEN)

The Hospice Education Network (HEN) offers self-study courses on-line that can meet the training requirements of the Medicare Hospice Conditions of Participation for basic and in-service training. Training courses can be purchased through a hospice program's HEN membership or by an individual for $29. Courses can be viewed on a personal computer and are available on demand 365 days a year at home or in the workplace using a personal computer. Offerings include topics such as "Nutrition at End of Life," "Signs and Symptoms of Approaching Death," "Effective Communications" and "Managing Stress, Boundaries and Burnout." In addition, HEN offers a module to prepare for the Hospice & Palliative Nurse Association Certification Examination for Hospice Aides. For further information, go to www.hospiceonline.com or call 508-778-0008.