

Basic Communication When Providing Care in the Home

**Satellite Conference and Live Webcast
Thursday, June 28, 2012
2:00 – 4:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

**Becky Leavins, RN
Nurse Consultant / Compliance
Coordinator
Home and Community Services
Alabama Department of Public Health**

Arrival

- **The initial face-to-face meeting with the patient/client is very important because it sets the tone for this visit and future visits**

The Right Way to Communicate

- **When you enter the home you should start with a greeting, for example:
– *“Hello, Ms. Smith, my name is Jane Doe, I am your Home Attendant/Home Health Aide and I’m from the Brand New County Home Care.”***

The Right Way to Communicate

- **The first few minutes in the home visit should be spent in light conversation with the patient
– This will help put the patient at ease**

The Right Way to Communicate

- **Most patients/clients enjoy the social interaction as well as the service that you will be providing**
- **If this is a new patient the interaction will give the patient/client a few minutes to become comfortable with you before you begin to provide personal care or other tasks in the home**

The Right Way to Communicate

- Let the patient/client know at the beginning of the visit the plan for the entire visit
- Most patient/clients want to know what you are going to do before you begin a task

The Right Way to Communicate

- As you begin each assigned task keep the patient/client informed about what you're doing next
 - *“I have come to clean your house today and then I can help you with your bath and I will be here for 3 hours.”*

Explaining Procedures

- When providing direct personal care remember to explain what you are going to do prior to performing the task
 - *“I am going to empty your catheter bag so don't try to get up and walk until I'm finished.”*

Explaining Procedures

- *“We are going to get you up in the hydraulic lift and move you over to your chair, then lower you into the chair.”*
- *“On the count of “3” I am going to help you into a standing position.”*

Explaining Procedures

- When providing homemaker services:
 - *“I have finished cleaning the kitchen, now I'm going to go change your sheets and clean your bedroom.”*
 - *“I started a load of clothes and now I am going to vacuum the living room”*

Explaining Procedures

- The one exception to this is the patient/client with Alzheimer's Disease
 - Explaining procedures and tasks may be overwhelming for them and elicit a negative response
 - In this situation you would be communicating with the caregiver

Explaining Procedures

- **With the Alzheimer's patient/client simply guiding them in to get a bath is more successful than stating that you are going to give them a bath now**

Giving Directions

- **Frequently the HA/HH Aide are required to give direction or instruction to the patient/client on how to complete a task**

Giving Directions

- **Break down the directions into simple steps**
- **Use language the patient/client can understand**
- **Have the patient/client give you feedback to make sure they understood the directions/instructions given**

Giving Directions

- **Keep instructions simple and use short sentences**
- **Demonstrate the task if needed**
- **Get feed back from the patient/client or caregiver to make sure they understand the instructions**
- **Have patient/client or caregiver demonstrate what you have taught**

Patient / Client Rights

Communication in Patient Rights

- **Our patients/clients have a right to:**
 - **Have services provided without regard to race, color, national origin, age, sex, or handicap**
 - **Receive the services of a translator**

Communication in Patient Rights

- Have a relationship with our staff that is based on honesty and ethical standards of conduct
- Be notified about the care that is to be furnished, the types of caregivers who will furnish the care, and the frequency that are proposed to be furnished

Communication in Patient Rights

- Participate in the planning of your care and any changes in the care
- Receive a copy of their Plan of Care (POC) upon request
- Be advised of any change in the POC before the change is made

Communication in Patient Rights

- Have self and property treated with respect, dignity, courtesy, and fairness regardless of their age, sex, race, religion, nationality, or ethnic origin

Communication in Patient Rights

- Expect that all home care personnel, within the limits set by the POC, will respond in good faith to their requests

Communication in Patient Rights

- Be informed, in writing, of their rights under state law to make decisions concerning medical care, including the right to:

Communication in Patient Rights

- Be fully informed of the consequences of all aspects of care, unless medically contraindicated, including the possible results of refusal of medical treatment, counseling, or other services

Communication in Patient Rights

- Refuse services or to establish an Advanced Directive without fear of reprisal or discrimination
 - However, should they refuse to comply with the POC and their refusal threatens to compromise our commitment to quality care, then we or their physician may be forced to refer them to another source of care

Communication in Patient Rights

- Confidentiality of their medical records as well as information about their health, social, and financial circumstances and about what takes place in their home unless permission to release is given or mandated by law or policy

Communication in Patient Rights

- Receive home health care or life care from personnel who are qualified and supervised
- Request a change in caregiver
- Participate in discharge planning
 - Home Health only

Communication in Patient Rights

- Be informed of items and services provided by the agency, including any charges that are billed for them to Medicare, Medicaid, and their insurance company
 - Home Health only

Communication in Patient Rights

- Be notified within 30 calendar days the date home care provider becomes aware of any changes in charges in which they will become liable
 - Home Health only

Communication in Patient Rights

- Be informed that our homecare agency maintains liability insurance coverage

Communication in Patient Rights

- Contact the LC/HH supervisor (name and number in the admission packet) without fear of discrimination/reprisal to voice any complaint or grievance concerning care or treatment by the agency

Communication in Patient Rights

- Have the right to expect the supervisor responds to their complaint within 24 hours unless there are extenuating circumstances

Communication in Patient Rights

- Contact the Area Home Health/Life Care Manager (name and number in the admission packet) if the supervisor is unable to resolve their complaint/grievance to their satisfaction

Communication in Patient Rights

- Report any complaint/grievance concerning care, treatment, or implementation of advanced directives without fear of discrimination or reprisal through the Alabama Hotline number which is available 24 hours a day, 7 days a week

Communication in Patient Rights

- Life Care only
- Contact their Case Manager if the Health Department is unable to resolve their complaint to their satisfaction
- Phone number given

Communication in Patient Rights

- Contact the Alabama Medicaid Agency if the Case Manager of the health department is unable to resolve the complaint/grievance to their satisfaction
- Phone number given

Patient / Client Responsibilities

Communication in Patient / Client Responsibilities

- Notify us of any changes in their condition such as hospitalization, changes in symptoms, etc.
- Follow the POC and accept responsibility for any refusal of treatment

Communication in Patient / Client Responsibilities

- Notify us of schedule changes that may need to be made prior to the scheduled visit
- Inform us of the existence of and any changes made to their Advanced Directives
 - Home Health only

Communication in Patient / Client Responsibilities

- Advise us of any problems or dissatisfaction with the services provided
- Provide a safe environment for care to be provided

Communication in Patient / Client Responsibilities

- Carry out mutually agreed responsibilities
- Notify us if their insurance changes, their Medicare Part D changes, or if they sign with a Medicare Advantage, which changes them from traditional Medicare
 - Home Health only

Communication and HIPAA

Communication and HIPAA

- Discussion about the client/patient in the work place is on a “Need to Know” basis
- There can be no discussion of client/patient from one home to the next

Communication and HIPAA

- Do not give clients/patients your phone number(s)
- Contact client/patient though the office so they will not get your home/cell phone number through caller ID

Communication and HIPAA

- Do not give the client/patient phone number or address to anyone outside our agency unless directed by your supervisor
- You cannot bring family members/friends to the client/patient home
 - Not even to sit in the car and wait

Conclusion

- Communicate effectively with the client/patient and caregiver
- Don't communicate about other clients/patients
- Communicate with your supervisor
- Communicate with co-workers only what is necessary

Conclusion

- Communicate outside the Agency only when directed by your supervisor

References

- ADPH Internal Human Resources
- ADPH Home Care Website
- *“A Handbook for the Home Care Aide”*, Home Care University An Affiliate of National Association for Home Care and Hospice