HOME CARE AIDE
ASSOCIATION OF AMERICA

THE HOME CARE AIDE ASSOCIATION OF AMERICA IS AN AFFILIATE OF THE NATIONAL ASSOCIATION FOR HOME CARE, LOCATED AT 228 7TH STREET,SE, WASHINGTON, DC 20002-5809.

Expanding Roles: Delegating Tasks to Home Care Aides

Should HCAs be permitted to administer medication? Adjust an IV flow rate? Monitor oxygen? Change a colostomy bag? Provide decubitus care? Change a simple dressing? Across the country HCAs are providing these services and performing other tasks that traditionally have been considered within the scope of nursing practice.

Fueled by an aging population, hasty patient discharges, and an increasingly cost-focused health care environment, the home care industry has grown rapidly. Most notable of these trends, however, is the continued and projected growth in the number of paraprofessionals. The US Department of Labor projections indicate a growth rate of more than 100% in two home care paraprofessional positions. HCAs who perform a variety of housekeeping tasks for home care patients, will increase from 179,000 positions in 1994 to 391,000 in 2005 (a 119% increase). HCAs who provide personal and physical care, will see an increase from 420,000 in 1994 to 848,000 in 2005 (a 102% increase).

As the HCA ranks have expanded, so have their roles. The role of the paraprofessional caregiver has grown in some settings beyond the assistive realm into areas of significantly more independence. It is no longer unusual for HCAs to provide dressing and simple wound care, routine catheter care and irrigation, and administration of medication. These tasks are all being delegated to HCAs in many states. The expanding scope of tasks for HCAs raises challenges and dilemmas for home care agencies, nurses, HCAs, and home care recipients.

Agencies are under great pressure to have aides provide care beyond basic activities of daily living (ADLs). As resources to pay for health care services shrink and costs increase, health care providers, insurers, and government entities seek less-expensive means to provide care. And people with disabilities have pushed for a more liberal and less medical view of the scope of work that can safely be provided by paraprofessional caregivers.

EXPANDING ROLES

For the past year the Home Care Aide Association of America (HCAAA), an affiliate of the National Association for Home Care (NAHC), has examined issues related to HCAs' expanding role and scope of practice. In response to numerous requests for guidance from members, HCAAA's Supervision and Delegation Task

The National Association for Home Care (NAHC) established the Home Care Aide Association of America (HCAAA) in 1990 to provide a forum for the discussion of issues related to the work of paraprofessionals in home care. Home care aide (HCA) is one of the fastest growing occupations in the country. As the HCA ranks have expanded, so have their roles. HCAAA has examined closely issues related to the expanding role and scope of task of HCAs in an effort to provide guidance to its members.

This issue analysis is designed to assist agencies in examining the myriad issues related to expanding the tasks of the HCAs, responding to requests from managed care companies, and addressing state or federal legislative initiatives. Despite urging from some agencies for a concrete list of acceptable HCA tasks, HCAAA has concluded that the broad and diverse range of practices at the state and agency level, the diversity in client needs and conditions, and variations in individual aides' abilities make it impractical to present a list of activities that can be delegated. HCAAA believes that an agency's decision to permit delegation of tasks to aides should be based on assessment of a number of variables, including existing laws and regulations, the complexity of client needs and stability, and the training and clinical competence of the HCA.

Force, comprised of home care nurses and administrators, examined delegation issues to develop a position on suitable tasks for appropriately trained HCAs.

HCAAA found that policies and practices governing HCA duties are changing rapidly. The US Department of Health and Human Services provided funding for research on supervision and delegation. State Nurse Practice Acts are being revised to expand tasks that nurses may delegate to aides. Home care agencies report pressure from payor sources to expand the tasks HCAs currently provide. Home care agencies are forming coalitions to develop consensus on what is and is not appropriate. People with disabilities are seeking ways to expand the tasks that can be delegated as well as supervisory and training requirements.

Delegation of tasks to HCAs is governed primarily by state Nurse Practice Acts. These laws vary by state: some have fairly strict requirements while others are broadly drawn, leaving much to the discretion of registered nurses. Although some states have developed or are developing training and competency standards for aides, few rules and regulations provide a solid framework for agencies.

In 1995 HCAAA surveyed NAHC members to assess current agency practices in delegating tasks to HCAs that are traditionally considered beyond the aides' scope of tasks. The survey sought information in a broad range of clinical areas from monitoring to medication administration and invasive procedures.

More than half of respondents indicated that HCAs in their state or region were being assigned nontraditional tasks. More than 70% expected funding sources—primarily managed care companies—to request HCAs to perform nontraditional tasks. Most respondents believed expansion of tasks was appropriate for HCAs *with appropriate training.*

HCAAA has concluded that the broad and diverse range of practices at the state and agency level, the diversity in client needs and conditions, and variations in individual aides' abilities make it impractical to define a list of activities that can be delegated. There is insufficient information to draw hard conclusions about ideal approaches and little information about the consequences.

EXAMINING THE ISSUES

Two research reports have examined the implications of more extensive delegation of nursing tasks to unlicensed paraprofessionals and have reached similar conclusions.

"Liability Issues Affecting Consumer Directed Personal Assistance Services," published in 1995 by the World Institute on Disability and the American Bar Association Commission on Legal Problems of the Elderly, closely examines 50 state nurse practice acts and delegations practices in many states. The report states:

Under nurse delegation, our experience is insufficient to draw any hard and fast conclusions about optimum approaches, legal ramifications. Existing law is quite varied and vague...If any one theme has been consistent in home and community-based services, it is the reality that one size does not fit all. Detailed standards and procedures that must be applied to all consumers easily miss that reality.

A report published by the Public Policy Institute of the American Association of Retired Persons (1995) examines a range of delegation issues. The report, "Delegation of Nursing Activities: Implications for Patterns of Long-Term Care," was written under contract by the University of Minnesota's National Long-Term Care Resource Center. The report reviews nurse practice statutes, related regulations, and customary professional practices to examine the circumstances by which nurses can and do delegate nursing tasks to unlicensed people. The goal of the report was to explore nurses' potential for playing an enhanced role as teachers and delegators of care to unlicensed persons. The report includes a case study of opinions about nurse delegation.

In support of nurse delegation, the following statements were made: "Delegation offers a way for nurses to assist patients to live in the settings of their choice because of general cost lowering"; "Delegation promotes equity between people with families (...give free care outside of nurse delegation prohibitions) and those who do not have families"; "Delegation offers nurses greater opportunities for leadership and use of their skills."

Views in opposition to expanded delegation included fears that "permission to delegate would glide into requirements to delegate"; concerns that "nurses' education about the why, how, and what of delegation was insufficient"; skepticism about the claims to efficiency made by proponents of delegation; liability concerns; concerns about risks of poor quality care.

The report concludes that nurse delegation is a feasible and promising approach to providing cost-effective, long-term care in community-based settings, including group residential settings.

IMPLICATIONS FOR AGENCIES

The home care industry is in a unique position in that it routinely

teaches family members, friends, and neighbors to perform sophisticated and complex tasks to promote client independence. At the same time, agencies employ paraprofessional caregivers whose training and supervision become the agency's direct responsibility and liability. Some agencies are in contractual arrangements whereby another entity actually employs a paraprofessional caregiver with whom the agency staff works. Agencies must consider that they may be held liable for actions taken by aides who are inadequately trained or supervised. Within the context of delegation there are two directions of liability which agencies must understand and consider.

Under the doctrine of *respondeat superior* the agency is responsible for all the actions its employees take. Accordingly, negligence by an aide in the performance of delegated tasks leads to liability for the agency. The nurse who has delegated the responsibilities retains liability for the performance of the aide. This could mean personal professional liability. Liability in both of these instances can mean direct financial consequences as well as loss of license. As well, individual nurses whom the agency employs must consider the impact of inappropriate delegation, or improperly performed tasks, on their own licensure status.

Most Nurse Practice Acts are broad in their definition of what constitutes the practice of nursing, leaving nurses uncertain of the standards they must meet. Nurses make critical delegation decisions that must be consistent with safe and effective nursing practice. As the nurses making these decisions will necessarily consider the appropriate training of aides, agencies must consider whether nurses have the skill to delegate.

A recent paper by the National Council of State Boards of Nursing (NCSBN), "Delegation: Concepts and Decision-Making Process," provides practical guidelines to direct the process for making decisions about delegation. NCSBN includes Five Rights of Delegation to facilitate decisions about delegation:

- Right Task—one that is delegable for a specific patient

- Right Circumstances—appropriate patient setting, available resources, and other relevant factors considered

- Right Person—delegating the right task to the right person to be performed on the right person

- Right Direction/Communication—clear concise description of the tasks, including their objectives, limits, and expectations

- Right Supervision—appropriate monitoring, evaluation, intervention, as needed, and feedback.

The paper lists a number of premises as the basis for delegation. The first is: "All decisions related to delegation of nursing tasks must be based on the fundamental principle of protection of the health, safety, and welfare of the public."

Reimbursement issues are another concern for the home care agencies. Often reimbursement is inadequate to cover the cost of essential training and supervision. Rates paid to home care agencies under Medicaid are often below the cost of providing care, which forces some home care agencies to subsidize patients. As the scope of tasks for aides expands, more extensive and costly training will be required. This cost will place an added burden on agencies. In addition, payors are demanding more for less, placing home care providers in a difficult situation.

DIFFICULT DECISIONS

Clearly, for home care agencies the primary concern is and must be the safety and well-being of the care recipient. However, every day home care agency staff must make difficult decisions concerning aide tasks with little guidance and under increased pressure for aides to do more. Established standards are minimal and are complicated by conflict among industry standards, federal and state governments, the nursing community, advocates, and people with disabilities, each of whom claims responsibility for determining appropriate standards in different circumstances.

Although some agencies and communities have developed and operationalized lists of tasks that can and cannot be provided by aides, the HCAAA Advisory Board has opted not to create such a list. This paper was developed to help agencies examine issues related to expanding the tasks of the aides employed by the agency, responding to requests from managed care companies, and addressing state or federal legislative initiatives.

HCAAA believes that an agency's decisions to permit delegation of specific tasks to specific aides should be based on assessment of a number of variables, including existing laws and regulations, the complexity of client needs and stability, and the training and clinical competence of the home care aide.