

## Home Health Care (HHC) - (Section 9) of WPVP Gap Analysis

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### 9. Home Health Care (HHC)

- a. There is a pre-service comprehensive household safety assessment that is communicated with all on-site caregivers (before they enter the home), that includes (but not limited to):
  - i. The patient’s medical history/history of violent behavior and/or mental illness/AMS
  - ii. The patient's home/occupants
  - iii. Parking/Entrance way
  - iv. After dark service/lighting
  - v. “Windshield Survey”
  - vi. Environmental risks
  - vii. Demographics/crime/theft/vandalism
  - viii. Specific identified areas of risk for WPV
  - ix. Other related safety concerns (Vehicle safety, slip, trip, fall, lifting, sharp injury...)
- b. The staff member performs an updated written safety checklist (based upon the pre-service checklist) each time they provide an on-site service.
- c. The staff member identifies household risks that may impact WPV and could limit and/or terminate the on-site service including (at a minimum):
  - i. Unsafe parking/entry
  - ii. Unsafe neighborhood activity
  - iii. Patient and/or household occupants who exhibit violent or threatening behavior including stalking.
  - iv. Neighbors who exhibit violent or threatening behavior including stalking.
  - v. Excessive distractions (smoke, smells, noises...)
  - vi. Threatening pets/animals
  - vii. Observed weapons
  - viii. Illicit drugs
  - ix. Illegal activities
  - x. Illegal substances
  - xi. Alcohol use
  - xii. Other safety concerns
- d. There is a process for the team member to “check-in and provide an estimated length of service time, and then check-out”, all in real time with each home visit.

e. There is an updated assessment of the patient's history and the current needs that include:

- i. An up-to-date Care Plan
- ii. An up-to-date Medication Plan
- iii. Identified Specialized Patient needs, such as hearing, sight, and equipment.
- iv. Patient dependencies
- v. Patient mobility

f. There are protocols for the team member to follow to request changes to the care plan if needed.

g. There are clearly communicated protocols for each team member to follow during a high-risk event, including an immediate call for assistance (i.e., 911).

h. Team members receive specific and on-going training on:

- i. Assessing mental health (Dementia, AMS...), and cognitive impairment of the patient.
- ii. Assessing possible substance abuse disorders of the patient.
- iii. Assessing the physical and/or limited mobility of the patient.
- iv. HHC/Hospice specific Procedures, Policies, Programs.
- v. Managing violent behaviors including when and how to terminate services and safely leave.

i. Team members can request an escort and/or assistance in advance when needed.

j. Team members are actively involved with a WPVP and/or safety committee.

k. There is team member support after a WPV event:

- i. In Real Time
- ii. On-going (as needed)

l. Team members check the patient's EMR for a "flag" for violence.

m. All WPV events are reported immediately including verbal, inappropriate behaviors, and sexual content.

n. All WPV events are reported immediately that include damage or loss of personal or work-related items.

o. Employees are equipped with a device that allows transmission of one-way or two-way messages.

p. There is an option to have a "No harm/Behavioral agreement contract" signed by the patient.

q. There is a protocol and/or process for "Administrative Discharge".

- r. The patient and occupants are made aware of unacceptable behaviors, including the definitions of WPV (verbal abuse, threatening, intimidating, harassment, sexual...) prior to services.
  - i. Patients are made aware that services can be terminated if they engage in these behaviors.
- s. Employees are supported if patient services need to be terminated.
- t. The facility tracks the location of traveling team members.