Home Health/Hospice Guide for Safe Patient Handling & Mobility

Home Health/Hospice facilities pose unique challenges in regard to safe patient handling and mobility. Home Health/Hospice employees can be working in clients’ homes, in hospitals, long-term care facilities, assisted living facilities, etc. Safe patient handling and mobility can be effectively utilized with home health/hospice clients.

For home health care employees working in another health care facility, the home health/hospice company should be informed of the safe patient handling and mobility practices followed at that contracted facility. Find out what their patient handling practices entail and what equipment is used to move their patients. Home health/hospice should be involved with and recommend the necessary equipment to provide the safest means in moving this patient. If the facility doesn’t have the appropriate equipment, consider bringing transfer aides such as, repositioning sheets, pivot discs, seated transfer boards, portable lifts, etc. This, too, should be considered for home visits. If a lift is needed, home health/hospice should facilitate the process in obtaining the needed lift by making the recommendation and working with staff/families at the facility/home to do so.

An important aspect to address to ensure a successful program is educating the families about the safe patient handling and mobility program and the facilities’ philosophies on following these safe practices. If families are aware of the program, they will be more compliant with assisting the home health/hospice agency when the need arises to obtain equipment. If family members refuse a safe patient handling and mobility policy, it may become a business decision for the home health/hospice agency not to take on the added risk that is associated with manual transfers.

Home Health/Hospice Issues to be Addressed

- Objective criteria to determine method of transfer – the assessment process and transfer recommendation is no different than for all other patient facilities.
- Efficiency of getting transfer assessment completed at start of caring for patient is very important. The first week is crucial, because transfer assessment and orders for equipment may not have been completed yet. This leaves a gap of time where patients will be transferred “on the fly”, an injury could easily occur in this time frame.
- Bariatric patients – if the account takes bariatric patients, ensure they have the appropriate equipment to safely transfer them.
- A detailed plan as to what to do in the event a patient is on the floor and can’t get up with stand-by assistance – contact ambulance, if it happens often and they don’t have a total lift, consider purchasing one, etc. You can train to use the chair method to get off the floor, but if they can’t get up with stand-by assist, a plan needs to be laid out as to what staff are to do.
- Training and guidance as to when it is acceptable to have family help with cares and transfers.
- Room layout – consider space issues and ways to improve maneuvering, i.e. what about moving the bed to another wall? If you can’t enter the bathroom safely with a mechanical lift, consider removing the door, replace with a curtain or use a commode in another area?
- Flooring – if carpeting is an issue with using mechanical lifts, consider laying down hard, smooth surface over carpet, i.e. hard office mats that are used to assist with rolling chairs. Larger casters on the mechanical lifts can improve performance with carpeting as well.
- Training staff to recognize patient changes in condition for transfer needs, who to contact and what to do until appropriate transfer equipment is available (see below).
- What to do in the interim, until the appropriate equipment becomes available – devise a plan to transfer patients as little as possible, until equipment is obtained. For example: Utilize bedpan for toileting; turn/reposition every two
hours instead of getting up; consider additional staff until appropriate equipment is obtained (this does not mean they can manually lift person, but more staff may be needed to assist with repositioning and providing cares); use additional caregivers and gait belt if transfer to bedside commode must be done and patient can bear some weight; perform bed bath; change linens by rolling patient; etc. Remember these are temporary until appropriate equipment is obtained. Consider providing home health staff with portable lifts, which can be used until equipment is obtained.

- Obtaining equipment – Have the facility develop a detailed plan on how to get approval for, rent/purchase equipment, and provide training. Many times an order will need to be obtained from the medical provider. Home health/hospice nurses need to specify what type of equipment they are requesting, as many medical providers will just order a “hoyer” (using this word as a general statement for a total lift), not knowing all of the options out there. Funding may come from Medicare, Medicaid, Managed Care Organizations, County funding, family/community contributions or “second-hand” equipment stores. Here are some examples in Wisconsin:
  - Medicare – will cover second caregiver. One lift is approved for five years. Most often only manual (not electric) lifts approved. It is best to have electric, so facility should see if another financial resource (even family or facility) will pick up the additional cost.
  - Medicaid
  - MCO (Managed Care Organization) – nurses, social workers, med aides, etc. [http://www.dhs.wisconsin.gov/ltcare/CMOs.htm](http://www.dhs.wisconsin.gov/ltcare/CMOs.htm).
  - Care Wisconsin is an example of this. [http://www.carewisc.org/partnership_program](http://www.carewisc.org/partnership_program).

Once funding is established, the equipment will need to be ordered. A list of DME (durable medical equipment) companies and other equipment providers should be developed to assist with this process. Training on specific equipment may be offered by the DME company or they can contact the manufacturer. We, the Loss Control reps, can be a resource as well.

- For lifts in homes, environmental considerations need to be evaluated (stairs, carpet, room layout, etc.). (See LC-1402 and LC-1404)
- The account should devise a plan as to when it is appropriate or safest to not move the patient out of bed any longer and provide training to all staff as to when this would occur. There is a point when hospice patients no longer need to be moved out of bed, and knowing when this point is will eliminate unneeded moving of the person and risk to staff. A repositioning bed sheet (not slide sheet) is an option to assist with maneuvering the patient.
- A thorough accident investigation/injury review process with patient handling injuries/ incidents to get to the core of why the incident occurred and implement corrective action to prevent recurrence.