Case Study: Visiting Nurse and Hospice Care, Santa Barbara
Home Health Activities to Drive Improvements in Bathing Function

The Visiting Nurse and Hospice Care, Santa Barbara (VNHCSB) scores above average in national Home Health Compare metrics on helping to improve patient functional status at independent bathing. According to Agnes Padernal, Director of Home Health, accurate OASIS assessment is key to documenting initial functional status, which then drives interventions and outcomes assessments. All staff should receive training on assessment criteria and the agency’s standards for coding levels of assistance needed / independence. Staff education can include use of ‘patient scenarios’ to promote better understanding of the interconnection between patient function and codes. This technique improves consistency of agency practices and better inter-rater reliability of coding.

Under the VNHCSB’s protocol, the nurse or physical therapist (PT) performs the initial functional status assessment. If the patient is unable to bathe independently, the agency may make a referral to occupational therapy (OT) and involve home health aides.

Occupational Therapists perform activities directly related to improving the patient’s functional capabilities for bathing. The OT typically:

- Observes the patient shower
- Monitors for safety risks during showering
- Identifies the need for devices, for example, may recommend use of a shower chair and handheld shower
- Instructs the patient or caregiver on how to place items in reach such as soap, shampoo to enhance safety and independence
- Carefully documents baseline, and improvements, and discusses goals with the patient

Key factors:

- Accurate initial assessment can be problematic since the clinician generally can’t observe the patient in this activity during first visit; hence, documentation and goals related to this measure may occur over several visits, or after OT referral
- A detailed assessment will focus on the patient's ability to bathe the entire body, which includes safe access to the tub or shower and safe transfer in and out of the tub or shower. Note the level of assistance the patient needs
- For coding purposes, clinicians need to know that any type of patient assistance counts as intermittent assistance (including reminding, help transferring, reaching areas to wash)
- Home health aide training is critical. Make sure aides know the plan and support patient’s independence (rather than doing it for the patient)
Agencies should ensure that the care plan and DME referrals help patients to access right equipment.

Monitor metrics in real time to identify plateaus or performance below expectations. If necessary, identify staff training needs, referral protocols or other systematic interventions needed to ensure consistent practices to improve patient functional bathing status.

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