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Pilot Program Trains Certified Home Health Aides to Provide Nursing Care to Patients at Home

May allow people with disabilities or chronic illnesses to leave institutions or remain in their homes

SUMMARY

Many Medicaid beneficiaries with disabilities or chronic conditions prefer to receive supportive services (e.g., giving medication and managing catheters) at home rather than live in nursing homes. Barriers to receiving such care include the nursing shortage, the high cost of nursing care and concerns of home care agencies about whether certified home health aides can safely provide these services.

The New Jersey Department of Human Services, Division of Disability Services (Trenton, N.J.) conducted a Nurse Delegation Pilot Program, in which registered nurses (RNs) delegated specific health care tasks performed in the homes of some Medicaid beneficiaries to certified home health aides, from November 2007 to April 2011. Outside evaluators then conducted two different evaluations—of the process, and of the cost to Medicaid.

The Nurse Practice Act in New Jersey allows delegation of most health maintenance tasks to certified home health aides, as guided by the nurse's professional judgment. The regulations do not allow aides to give patients medication; the New Jersey Board of Nursing allowed them to do this under this pilot project.

The project director recruited participants by:

- Inviting home care agencies that provide Medicaid Personal Care Services (in-home assistance with activities of daily living, such as bathing or dressing) to participate and to identify nurses, aides and Medicaid beneficiaries to participate.
- Working with counselors from the New Jersey Department of Health and Senior Services and social workers at nursing facilities to identify residents who could be discharged and have their care effectively managed at home though nurse-delegated services.

Participation by nurses, aides and Medicaid beneficiaries was voluntary. Nurses and aides participated in a comprehensive orientation program. Nurses trained aides in specific tasks for each patient and delegated those tasks when they felt that the aide could perform them safely and effectively. The nurses had the authority to delegate or not delegate tasks for a particular patient to a particular aide.

The Nurse Delegation Pilot Program included two evaluations:

- The Division of Disability Services subcontracted with the Rutgers Center for State Health Policy (New Brunswick, N.J.) to do a process evaluation through surveys and interviews of participating Medicaid beneficiaries, nurses and home health aides, and surveys of agency administrators and policy-makers. Evaluators also observed project meetings and a New Jersey Board of Nursing meeting.
- The federal Department of Health and Human Services funded Mathematica Policy Research (Princeton, N.J.) to study the program's costs to Medicaid and whether the program resulted in more adverse events (emergency room visits, hospitalizations, physician visits and nursing facility use) in participating Medicaid beneficiaries (the treatment group) than in those receiving standard Personal Care Assistance Services (in-home assistance with activities of daily living, such as bathing or dressing; the control group). The evaluators used Medicaid data to compare costs and outcomes for the two groups.

Results

Project staff reported the following results in a report to the Robert Wood Johnson Foundation (RWJF).

- Two hundred and twenty-six Medicaid beneficiaries, 70 nurses and 86 certified home health aides from 19 home health agencies participated in the Nurse Delegation Pilot Program. Of the Medicaid beneficiaries, 104 had been discharged from nursing facilities to participate in the program, while 122 were receiving home care.

  The most common primary conditions the participating beneficiaries had were diabetes (90 participants) and high blood pressure (84 participants).

  The most common tasks nurses delegated to home care aides for participating Medicaid beneficiaries were:

  — Administering medication (173 participants).

  — Blood sugar monitoring (62 participants).

  — Tube feeding (13 participants).

  — Wound care (13 participants)

Findings of the Evaluations

The Process Evaluation

Evaluators from the Rutgers Center for State Health Policy reported the following findings (*New Jersey Nurse Delegation Pilot Evaluation Report*[1]*).*

- The New Jersey Nurse Delegation Pilot Program had significant positive effects in improving the health and quality of life of participating Medicaid beneficiaries. In almost one out of every five cases, the delegated task was not done before the pilot program. In other cases, consumers or their families had trouble doing these tasks.
- There was no evidence of adverse outcomes to the health of the Medicaid beneficiaries who participated in the pilot program.
- Some aides were already doing tasks delegated under the pilot program before the program began. Nurse delegation brought supervision to "underground" practices.
- All groups participating (Medicaid beneficiaries, nurses, certified home health aides and administrators/policy-makers) were satisfied with delegation. Medicaid beneficiaries and aides were more satisfied with delegation than nurses and administrators/policy-makers.
- Voluntary participation was important. There was no evidence of coercion for anyone to participate in the pilot program.
- Many nurses who wanted to delegate tasks were able to do so in this pilot program. Nurses who did not delegate thought that a lack of a backup plan for participating Medicaid beneficiaries was the main barrier to enrolling consumers in the program.
- Nurses perceived that delegation increased their workload due to the need for more paperwork and supervision.
- The evaluation supports modifying the Nurse Practice Act to allow certified home health aides working under nurse delegation to give medication.

The Cost Evaluation

Evaluators from Mathematica Policy Research reported the following findings *(An Assessment of Medicaid Costs and Adverse Events Under New Jersey's Nurse Delegation Pilot*[2]*)*:

- The average annual cost of nurse-delegated services to Medicaid was $551 per beneficiary. This is slightly less than the cost of four days in a nursing facility. Costs varied by diagnoses and by tasks:

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[1] Farnham J, Young H, Reinhard S, et al., April 2011.

[2] Dale S and Brown R, 2010.

- Beneficiaries with dementia had the highest annual costs for delegation ($677) while beneficiaries with paralysis had the lowest costs ($364).
- Among beneficiaries for whom medication administration was the only delegated task, the costs averaged $655 per year.
- Among those for whom blood sugar testing was the only delegated task, costs averaged $472 per year.

- The treatment and control groups had similar rates of hospitalizations, number of days spent in the hospital, number of emergency room visits and number of physician visits. (However, the evaluators noted that due to the small size of the program, they could only detect large changes. Further study is needed to determine whether nurse-delegated services might reduce emergency room use or hospitalizations by providing more regular care to beneficiaries.)
- It is possible that the pilot program has been able (or will be able) to reduce nursing facility use by enough to offset the enhanced payment paid to agencies for nurse-delegated services.

Significance of the Project

"Nurse delegation is a great and money saving way to provide quality health care and help give patients a better quality of life," said Susan Brennan-McDermott, RN, project director and former director of the Nurse Delegation Pilot Program.

Lessons Learned

1. Get the support of the state board of nursing for projects involving nurse delegation. Each state can decide whether to allow nurse delegation. Because New Jersey does not allow certified home health aides to give patients medication, without the approval of the New Jersey Board of Nursing to permit this, the pilot program could not have been done. (Project Director)
2. Expect getting people out of nursing facilities to be difficult and time consuming. Due to resistance from nursing homes about discharging people, the project director had to personally meet with discharge planners at nursing homes to get each person discharged. "Getting people out of nursing facilities is almost a full-time job itself," said Brennan-McDermott.
3. Provide a nurse delegation orientation program that is based on the relevant state law and national guidelines and best practices. Consider offering continuing education credits for completing the program. Nurses in the pilot program learned about delegation requirements under New Jersey law, as well as how to be compliant with guidelines and best practices, while earning continuing education

credits for completing the orientation program. Offering credits resulted in high levels of participation in the orientation program. (Project Director)

4. Make participation in nurse delegation programs voluntary. Voluntary involvement by Medicaid beneficiaries, nurses and home health aides was important to all of these groups being satisfied with the program. (Project Director)

5. Grant nurses full authority to make the final decision about delegation. Relying on the professional judgment of the nurses who participated in this pilot program helped ensure its safety and quality. (Project Director)

Funding

RWJF provided a grant of $279,001 to support this pilot program. Project staff used some of this funding to subcontract the process evaluation to the Rutgers Center for State Health Policy. The federal Department of Health and Human Services funded the cost evaluation.

Afterward

The New Jersey Nurse Delegation Pilot Program continues to serve the Medicaid beneficiaries who participated in the pilot program. As of August 2011, the New Jersey Board of Nursing was determining whether to allow nurse delegation as a part of practice. If approved, the Division of Disability Services plans to expand the program statewide.

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