What you can do to prevent injuries to your home health aides

Authors: Jena Cole and Ninica Howard work for the Safety & Health Assessment & Research for Prevention (SHARP) Program of Washington State Department of Labor & Industries. This research, Identifying Risk of Musculoskeletal Disorders in Home Health Care in Washington, is supported in part by NIOSH grant no. 5 U60 OH008487.

Home health care is a high risk industry for work-related musculoskeletal disorders (WMSDs). Between 2012 and 2016, WMSDs accounted for 32% of the workers' compensation accepted claims in Washington State home health services, with total claims costs of over $5.6 million[i].

To better understand how these injuries are occurring, the Safety & Health Assessment & Research for Prevention (SHARP) program of Washington State's Department of Labor & Industries is conducting research of musculoskeletal injuries in home health aides. For the past 3 years, we have been interviewing aides and managers in the industry in an effort to learn more about how these injuries occur so we can develop prevention solutions to share with the people that can make a difference – you.

We interviewed 5 uninjured home health aides, 31 injured aides and held 2 focus groups of agency managers to get their perspectives on why and how injuries are occurring. The goal of the interviews was to obtain first hand perspective on relationships between factors in the workplace that may contribute to injury. We looked at a variety of factors involving both the aides and the care recipients including age, health status, and skills. We asked about the demands of the work including the equipment and the tasks, duration and training. We also asked about environmental constraints and supports, including health policy, and the community, social and physical environments. We are using quantitative analysis to better understand how these various factors impact each other and safety on the job.

Preliminary analysis of the data reveals that injured aides, uninjured aides, therapists, and managers are all saying the same thing – more consideration should be given to the physical demands placed on home health aides in order to follow the care plan.

We are hearing that the care plan is often developed without considering how it may impact the aides. And this is putting the aides, who must follow the care plan, at risk of injury. One injured aide shared with us that the care plan may be written on the assumption that the patient knows how to do their "part":

> "Whereas this patient, and this is just this particular patient, had no clue that if she pulled herself up on the bar or I showed her how to side step and I showed her that you don't have to have two arms to hold yourself up and stand and get some strength in your legs and she had had none. She didn't have any clue..."

A manager commented:

…the RN oversees the CNA plan of care and I think a lot of times the RN doesn't necessarily understand what they are asking the CNA to do. So they are tasked with "supervising" the CNA and yet some do and some don't [understand], so RNs need just as much education as the CNAs in terms of recognizing what's too much for the CNA. What's appropriate and what's not.

Another manager agreed:

So we have RNs that are, that could potentially have an RN directing a CNA to do something that really is more than what they are capable of, but the RN may not recognize that.

An injured aide remarked that improved awareness by nurses and family members of available equipment is important. The care plan should reflect equipment best suited to help the aide based on the objective assessment of the patient's mobility and strength and not on the patient's claims.

The families need to be more aware of that, and also the nurses that do the assessments. They need to look at that. Even though sometimes the patient says they can do it, they can't.

Aides have also noted that the frequency that nurses' assessments are done doesn't fully consider for how fast a patient's condition can change visit by visit.

Those 2 days, she was cool. She was not easy, heavy-wise, but she was easy, compliant, could get help, she could help roll over, but she was not that same woman when I came that third day… She was not coherent. She was breathing and alive but she could not follow commands…

An aide shared her concerns about equipment – that it was important to test that all equipment is in good working condition so that it doesn't increase the physical demands of the aides or impede them from caring for the patient in the safest way possible. In an example given, the patient had a hospital bed, but it was not adjustable and contributed to an injury to the aide and could have placed the patient at risk of injury.

Yeah, when she had her assessment done to be put on hospice services they should have checked it. The nurse could have asked the daughter if everything is working properly. Did she need a different bed or, you know, that sort of thing.

Sometimes the home health aide feels unheard by their agency or nurse. An injured aide noted:

I'd have liked them to come out and see how difficult it was to maneuver her.

Managers shared success stories that they have used to improve communication and the working environment for their aides. The following are strategies that managers shared.

Use physical therapists to perform patient assessments. A physical therapist may have a better understanding of the impact on aides as they evaluate the patient's physical ability.

> *Often the physical and occupational therapists have a better idea of what based on their standardized tests that they do as part of their initial assessment. They have a better idea of transferability, and ambulation and what the bathing is actually going to look like than what nurses often do.*

Set limits. A manager shared that their agency sets limits to what they will do to provide care. They will not ask their aides to do any task that could injure their aides. Their rule is that if the aide cannot provide the care in a manner that is safe to themselves, then they won't provide it. This includes the aide not getting on the floor to provide care:

> *I was like, "No. You don't get on the floor. You don't, you're putting your back [at risk]" and she was like "Yeah, it was tweaking my back, too." I was like, "that's when you set a boundary and you say no. You have to figure out safe ways of providing care. Period."*

Support aides when they reach out to managers. Aides should not believe that they must deal with issues alone. Encouraging aides to call when problems arise should be supported by not dismissing or minimizing the issue. A manager shares how they empower their aides:

> *…but it's very ok to recognize that if you can't get the help you need when you recognize that a patient is unable to assist to the degree that they should be according to the plan of care and are too heavy that call the RN first, if you can't reach the RN, it's okay to dismiss yourself and then when you can reach the RN adjust the plan of care and/or make a joint visit the next time around to talk about it together with the patient there. Keep everybody accountable, kind of like a little family conference*

Problem-solving should be a team effort. The care team meetings or in-service trainings is also a good time to work together to solve tricky situations:

> *…12 hours of continuing education required per year for CNAs and so we give that via a once a month meeting and sometimes, you know, we practice about what kinds of situations you encounter, how did you respond and you know just to give people an opportunity to kind of practice the language and to know that if someone is verbally abusive that it's very ok to excuse yourself and leave the home and you know, again, you're not going to get in trouble for any of this because it's a*

good boundary and it also teaches the patient that you can't be verbally abusive, you can't be demeaning and of any of our clinicians, it's the CNA who's going to get that, if anybody.

We have the same 12 hours. Yeah, of our yearly requirement. We try to incorporate that into meetings at least 4 times a year, but we don't do it as often as monthly. It's a great goal, I would love to do that.

Home health care is a high risk industry for work-related musculoskeletal injuries, but there are things that can be done to make the job safer for everyone involved. Collaboration and communication about how the care plan will be implemented is a great place to start.

For more information on the work SHARP is doing to prevent injuries to home health aides: Lni.wa.gov/HHCstudy.

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[i] Howard, N. Adams, D. Home Care Services: An Examination of the Washington State Workers' Compensation Claims Data, 2012-2016, SHARP Program, 95-02-2019, Jan 2019.