

## Home Health Aide On-the-Go In-Service Lessons: Vol. 2, Issue 4: Patients With Dyspnea (Home Health Aide on-the-Go in-Service Lessons, Volume

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# Home Health Aide On-the-Go In-Service Lessons: Vol. 2, Issue 4: Patients With Dyspnea (Home Health Aide on-the-Go in-Service Lessons, Volume 2)

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## Home Health Aide On-the-Go In-Service Lessons: Vol. 2, Issue 4: Patients With Dyspnea (Home Health Aide on-the-Go in-Service Lessons, Volume 2) HCPro

This lesson on Patients With Dyspnea includes a complete training packet. Each in-service packet takes approximately one hour to complete and fully meets the Medicare in-service training requirements. As aides need training, you can make as many copies as you want - thereu2019s no restriction when used with aides assigned from your office location. Remember that Home Health Aides must have 12 hours of in-service training every year. LESSON OBJECTIVES Upon completion of this program, the home health aide will be able to: • Define dyspnea • List three disease conditions that are likely to lead to dyspnea • Recognize three signs/symptoms of increasing dyspnea, and • State two measures for reducing energy expenditure. OVERVIEW Heart failure, pneumonia, and chronic obstructive pulmonary disease comprise three of the top ten most common primary diagnoses for Medicare homecare. In fact, heart failure is often the second, and sometimes the most common diagnosis. All of the patients with these diagnoses are at much higher risk of dyspnea. Care pathways for managing patients with these diagnoses were among the first to be widely used. All too often, care planning for patients with dyspnea pays far too little attention to the home health aide. Many of these patients require personal care assistance from home health aides because of their compromised breathing. Beyond that, the involvement of the home health aide may be limited to maintaining oxygen equipment, taking vital signs, and reporting any abnormalities to the nurse. The very high prevalence of patients with dyspnea coupled with an increased rate of re-hospitalization for these patients mandates that stabilization or improvement in dyspnea should always be a part of a homecare agencyu2019s performance improvement activities. Recent establishment of improvement in dyspnea as a potential marker of quality in the OBQI (outcome-based quality improvement) reporting system provides even greater necessity to look at this issue. Home health aides can be very valuable in achieving better outcomes for patients with dyspnea. The purpose of this in-service is to provide information to assist in that goal.



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