Home Health Care Nursing – Good Communication is Essential

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Avoiding Liability Bulletin – March 2014

There are many legal concerns/issues in the delivery of home health care. One of the most important is the necessity of open, complete, timely and accurate communication among and between those who provide care to a patient in the home.

This mandate includes you as the home health care nurse. In a 2008 case, a home health care nurse cared for a patient who was the victim of a crime that resulted in paraplegia. He was discharged from a rehabilitation facility and the physician ordered daily home care visits to monitor his "almost healed" Stage 2 pressure sore.1 Because of difficulties with daily visits (his insurance company would not reimburse for them), the physician ordered less visits.

The home health care nurse visited the patient shortly after his discharge from the rehab facility. She did an assessment and noted the dimensions of the pressure sore, which was located near the tailbone. The nurse believed the ulcer would be completely healed in about three weeks, called the physician and left a voice mail with him concerning the visit and her findings. 2

Her second visit indicated that the pressure sore was "100% pink and there was no odor from the pressure ulcer.

The nurse attempted eight visits over the next several days but was unable to see the patient for four of those days due to no one being home. When she saw the patient, she did see changes in the pressure sore's condition, did document these changes, and left a voice mail message with the physician. Likewise, each time she was unable to see the patient she left a note for the family and also left a voice mail message for the physician.

The patient was admitted to the hospital after the R.N. did see the patient one more time. The condition of the pressure sore had deteriorated even more than on previous visits so she told the family they needed to take the patient to the hospital. The patient's hospitalization resulted in a reduction in the size of the pressure ulcer but the patient required many additional procedures to treat the ulcer, which never really healed. A "flap" enclosure was performed to try and close the wound. 3.

The family sued the home health agency alleging that its employees were negligent in their care of the patient. The jury returned a large verdict in favor of the patient. The R.N.'s degree of fault was assessed at 30%. 4

At issue was the R.N.'s conduct as testified to by a nurse expert who was also certified in wound care. She clearly stated that not contacting the physician personally about the patient's care was a breach of the standard of nursing care. In addition, the R.N.'s failure to recognize the symptoms of his deteriorating condition and not intervening to avoid the infection he suffered from the deteriorating wound ultimately resulted in the development of the Stage 4 ulcer that never healed.

FOOTNOTES

1. Olsten Health Services, Inc. v. Cody, 979 So. 2d 1221 (Fl District of Appeals) 2008, 1-8. Available at: http://caselaw.findlaw.com/fl-distric-court-of-appeal/1160380.html . Accessed June 22, 2012.
2. Id.
3. Id.
4. Nancy J. Brent (2012), "But I left Voice Messages And A Note….", 1(2) Wound Care Advisor , 4. Available at http://www.WoundCareAdvisor.com . Accessed 2/24/14.

GENERAL REFERENCE

David Tammelleo (2008), "Treatment of Decubitus Ulcers Botched: Verdict for $3,050,000, 49 (1) Nursing Law Regan Report, 1.

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