Partners in Education Program

- What is the Partners in Education Program
- What are the benefits of the program
- Who is eligible to participate

What is the Partners in Education Program?

- Program that joins business and academia
- Expands the educational curriculum
- Broadens learning opportunities
- Integrates home healthcare education and practical experience into the community health curriculum

What are the Benefits of the Program?

- Students
- Schools
- Gentiva

Student Benefits

- Greater body of knowledge to include home health
- Acquire clinical skills and knowledge through observation and performance of patient care in the homecare environment
- Witness the many benefits of homecare and expand career opportunities by considering homecare as a career
School Benefits

- Program incorporates homecare education and practical clinical experience into community health curriculum, providing a more comprehensive experience
- Expands business and community relationships and services
- Advances local community and economic development through additional career opportunities for nursing graduates

Gentiva Benefits

- Develops a stronger corporate citizenship through community involvement and economic development
- Nurses will experience the benefits of being a home health nurse

Who is Eligible to Participate?

- Students currently enrolled in an accredited course of study in nursing or related health topics
- Eligible students who meet state, school and Gentiva requirements to participate as student observers and providers of care under direct supervision of a nurse preceptor

Student Responsibilities

- Assume responsibility for learning experience
- Follow all company policies and procedures
- Provide agency with required health clearance documentation
  - Physical exam
  - TB clearance
  - Immunization against communicable diseases
- Provide agency with proof of OSHA training

Student Responsibilities

- Conduct behavior in a professional and ethical manner
- Respect the confidentiality of patient health information
- Provide the agency with student learning activities plan
- Complete evaluation of student experience
History of Home Health Care

- Not new and innovative concept
- For centuries, families cared for sick and disabled loved ones at home

Organized Home Care 1885-1910

- Most seriously ill individuals were treated at home
- Nurses chose to work in the home rather than in a hospital
- Most nurses remained with the patient 24 hours/day
- Around 1910 shift from private duty nursing to home care visits with focus on:
  - Direct patient care
  - Teaching family members to care for sick relatives

Organized Home Care 1885-1910

- Infectious diseases prevalent resulting in high death rate so nurses focused on providing lessons on physical and moral hygiene
- Trained nurses taught skills for healthy living and personal responsibility for health

Expansion of Visiting Nurses 1911-1929

- American Red Cross
  - Established rural visiting nurse service
  - Helped local chapters establish community visiting nurses services
  - Opened an average of 68 visiting nurses programs monthly
- Metropolitan Life
  - First insurance company to offer visiting nursing benefits to policyholders across the country
- Nurses worked for either public or voluntary agencies

Centralization of Hospitals 1930-1954

- Fewer patients were sick at home
- Hospitals were preferred for medical, surgical and obstetrical patients
- Private duty nursing was now provided in hospitals
- Reduction in need for training home care nurses
- Metropolitan life terminated its visiting nurses benefits
- Red Cross’s national nursing service was closed
Rebirth of Home Care 1955-1964

- The rebirth of home care is attributed to:
  - The rising cost of hospital care
  - Increase in chronic illness
  - Rapidly aging population
- Three types of formalized home care providers
  - Hospital based home care
  - Community based home health service
  - Home maker services

Funding for these home care providers was limited to:
- Private contributions
- United Way
- Local health and welfare departments
- Fees charged to patients.

Acceleration of Home Care – 1965 to Current Day

- Increase of chronically ill and disabled patients put financial strain on agencies for funding
- Medicare legislation provided home care services to the elderly
- Medicaid legislation provided home care services to the poor
- Older American Act provided home and community support to older Americans as an alternative to institutionalization

Home care recognized as:
- Cost containment measure
- Alternative to hospitalization
- Alternative to nursing home placement
- Medicare Diagnostic Resource Groups or DRGs
  - Hospital paid fee based on patient diagnosis
  - Sooner patient discharged, greater chance hospital would benefit

Home Health Agencies (HHAs)

- 20,000 HHAs in America
- Wide range of service
- Care team that provide and coordinate patient care
- Available 24 hour a day 7 days a week
Types of Home Care Providers

- Home health agencies
- Hospices
- Infusion therapy companies
- Respiratory therapy companies
- Durable medical equipment and supply dealers

Types of Home Health Agencies

- Traditional - visit or combination of visit and shift
- Staffing
- Homemaker and personal care

Home Health Agencies: Traditional

- Nursing
- Physical, speech and occupational therapy
- Medical Social Services
- Personal care

Home Health Agencies: Staffing

- Long term staffing in the home
- Institutional staffing - Company may also provide temporary employees to institutions to fill open positions or to supplement staffing during peak shifts
- Finder fee is charged or the company may bill by the hour

Home Health Agencies: Homemaker and Personal Care

- Assistance with daily living activities
  - Bathing
  - Dressing
  - Meal preparation
  - House cleaning
  - Companionship

Hospices

- Service for the terminally ill
- Interdisciplinary Team
  - Skilled professional
  - Volunteers
- Care provision
  - Physical
  - Spiritual
  - Emotional
  - Financial
Infusion Therapy Companies

- Medication
- Equipment
- Training

Respiratory Therapy Companies

- Provide respiratory equipment, such as C-pap machines and oxygen concentrators
- Rapidly growing segment of the industry

Durable Medical Equipment and Supply Dealers

- Deliver, install and train the patient to use equipment at home
  - Respirators
  - Wheelchairs
  - Walkers
  - Catheters

Hiring a Caregiver Directly

- Caregiver is hired outside of an agency
- Patient or family is responsible for
  - Hiring
  - Supervising
  - Paying
- Decreased cost - increased risk

Summary

- 20,000 HHAs in America
- Wide range of service
- Several different types of home care providers

Home Health Care Employees
Introduction

• Health Services is one of the largest industries in the country, with more than 11 million jobs, of which 6.3% are in home health care.

Working Conditions

• Daily routine may vary
• Surroundings differ from case to case
• Clients may have a combination of services requiring different levels of skills

Home Health Care Employee Base

• Field Professional caregivers
• Field Paraprofessional caregivers
• Office support
  ▪ Administrative
  ▪ Clinical

Field Professional Caregivers

• Registered Nurses
• Licensed Practical/Licensed Vocational Nurses
• Therapists
  ▪ Physical
  ▪ Occupational
  ▪ Respiratory
  ▪ Language and Speech Pathologist
• Social Workers

Field Paraprofessional Caregivers

• Home Health Aides
• Personal Caregivers
• Homemakers
• Chore Workers
• Companions

Registered Nurses

• Nurses
  ▪ Promote health
  ▪ Prevent disease
  ▪ Help patients cope with illness
  ▪ Assess patients’ conditions and home environment
  ▪ Provide patient care and instructions
  ▪ Record symptoms, reactions and progress
  ▪ Supervise Home Health Aids
Licensed Practical Nurses (LPN) and Licenses Vocational Nurses (LVN)

- Follows the direction of Registered Nurses
- Provide basic care
- Observes patients and reports adverse reactions
- In some states can administer medication and IV fluids

Physical Therapist

- Provides care to patients with acute orthopedic, nerve and/or muscle disorder
- Assesses current level of functionality and creates individualized care plan
- Performs therapeutic treatment and establishes a home program for patient/family to follow

Occupational Therapy

- Works on fine motor skills needed to perform activities of daily living
  - Dressing
  - Eating
  - Grooming

Respiratory Therapy

- Tests lung capacity and analyzes oxygen and carbon dioxide concentration
- Measures patient's potential of hydrogen (PH)
- Provides temporary relief to patients with chronic asthma or emphysema

Speech and Language Pathologist

- Performs patient evaluations
- Provides services to patients that have disorders with
  - Communication
  - Swallowing

Social Worker

- Helps people function in their environment
- Provide Counseling to help the client
  - Identify concerns
  - Consider effective solutions
- Finds reliable resources
Home Health Aide

- Provide non-skilled care
  - Personal care
  - Housekeeping
  - Meal preparation
  - Dressing
  - Companionship
- Supervised by RN or PT
- Report changes in patient’s condition to supervisor or case manager

Office Support

- Administrative support staff
  - Scheduling
  - Payroll/Billing
  - Record maintenance
- Clinical managers
  - Overall responsibility for patient management
  - Supervision and management of field professional and paraprofessional staff

Caregiver Related Challenges

- Stranger in the house
- The patient resists care from the caregiver
- Professional boundaries break down between the caregiver and the family
- The caregiver and family push boundaries of allowable care
- The family desires to fire the agency and retain the caregiver

Current State of Home Care

The Market Opportunity

- 2004 Home Care Spending - $62.5 billion*
- Home care industry growth drivers
  - Aging population
  - Medical/technological advances
  - Patient preference for home care
  - Changing family structure
  - Cost advantages

The Cost Advantage

Source: Average Medicare-covered charges per covered day of care in short-stay hospital, skilled nursing facility and home care visit, 1999 data, as reported in Social Security Bulletin, Annual Statistical Supplement, 2000
Aging Population = Higher Spending

![Graph showing the aging population and increased spending.](image)

Home Care Statistics

- 8 million Americans receive home health care
- 20,000 organizations provide home health care
  - 7,000 Medicare certified
  - 13,000 Not Medicare certified

Home Care Goals

- Reduce hospitalization and nursing home days
- Reduce emergency room visits
- Allow terminal patients to die at home
- Provide support for patient's caregiver
- Enhance optimal growth and development
- Enhance functional potential

Most Likely Users of Home Care

- Women are more likely than men to use home care
- Those most likely to have a home care visit
  - Aged 85 and older
  - Widows
  - Living alone
  - Having difficulties with basic daily activities

Top Home Health Diagnoses

<table>
<thead>
<tr>
<th>Rank</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms</td>
<td>Musculoskeletal and Connective Tissue Diseases (i.e. arthritis)</td>
</tr>
<tr>
<td>3</td>
<td>Cancer</td>
<td>Diabetes</td>
</tr>
</tbody>
</table>
Top 5 Diagnoses: GHS

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Non-Medicare</th>
<th>All Patients</th>
<th>Hospital DRG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormality of Gait</td>
<td>Abnormality of Gait</td>
<td>Abnormality of Gait</td>
<td>Heart Failure</td>
</tr>
<tr>
<td>Malaise and Fatigue</td>
<td>Cardiovascular Disease</td>
<td>Cardiovascular Disease</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Difficulty Walking</td>
<td>Multiple Sclerosis</td>
<td>Difficulty Walking</td>
<td>Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>Osteoarthritis</td>
<td>Malaise and Fatigue</td>
<td>Joint or Limb Reattachment</td>
</tr>
<tr>
<td>Pressure Ulcer</td>
<td>Heart Failure</td>
<td>Heart Failure</td>
<td>Cardiac Procedure</td>
</tr>
</tbody>
</table>

Home Care: Significant Role

Homecare Practicum Experience

- Assignment of student to agency
- Notification by preceptor to student
- Make arrangements to meet preceptor at agency for first day
- Schedule dates with preceptor for future practicum days

Homecare Practicum Experience

- Follow Learning Activities Plan
- Regularly review student experience with preceptor
- Document on appropriate forms if performing a skill

The Home Care Admission

- Receiving a referral
- The initial patient assessment
- Establishing the Plan of Treatment
Referral
- Received from:
  - Facility
  - Physician office
- Insurance verified
- Initial orders are received for care
- Assessing professional scheduled to perform initial patient assessment

Initial Assessment
- Skilled need
- Appropriate for homecare
  - Safe environment
  - Appropriate/adequate resources
  - Ability to learn
- Report findings to clinical manager
- Plan of treatment is established

Plan of Treatment
- Assessment
- Problem identification
- Goal are determined
- Care delivery
  - Patient Teaching
- Coordination of care

Resources
- Micromedex/CareNotes Patient Education Material
- Gentiva University