



## **Partners in Education Home Health and Community Nursing**

### **Objectives**

- Discuss the Partners in Education Program
- Describe the history of home care
- Identify the different types of home care providers
- Explain the current state of home care
- Identify home health employees
- Describe homecare practicum experience



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### **Partners in Education Program**

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



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### **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



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### **What are the Benefits of the Program?**

- Students
- Schools
- Gentiva



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### **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



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## 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



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## School Benefits

- Aligns the school with the nation's leading homecare company
- Clinical experts from Gentiva are able to serve as guests speakers in topics such as:
  - Homecare technology
  - Healthcare compliance
  - Utilization management
  - Joint Commission on Accreditation
  - Health Insurance Portability and Accountability Act



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## Gentiva Benefits

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



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## 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



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## 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



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## 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



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## History of Home Health Care

## History of Home Health Care

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



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## 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



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## 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



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## 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



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## 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



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## 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



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## Rebirth of Home Care 1955-1964

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



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## 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



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## Acceleration of Home Care – 1965 to Current Day

- 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



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## Home Care Providers

## 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



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## Types of Home Care Providers

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



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## Types of Home Health Agencies

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



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## Home Health Agencies: Traditional

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



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## 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



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## Home Health Agencies: Homemaker and Personal Care

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



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## Hospices

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

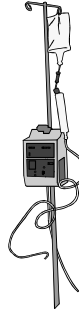


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## Infusion Therapy Companies

- Medication
- Equipment
- Training



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## Respiratory Therapy Companies

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



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## Durable Medical Equipment and Supply Dealers

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



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## Hiring a Caregiver Directly

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



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## Summary

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



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**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.



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## Working Conditions

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



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## Home Health Care Employee Base

- Field Professional caregivers
- Field Paraprofessional caregivers
- Office support
  - Administrative
  - Clinical



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## Field Professional Caregivers

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



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## Field Paraprofessional Caregivers

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



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## 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



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## 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



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## 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



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## Occupational Therapy

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



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## 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



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## Speech and Language Pathologist

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



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## Social Worker

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



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## Home Health Aide

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



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## 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



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## 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



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## 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

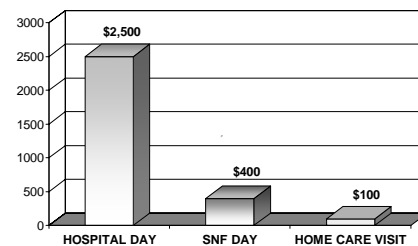


Source: Centers for Medicare & Medicaid Services Projection

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## The Cost Advantage



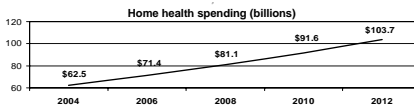
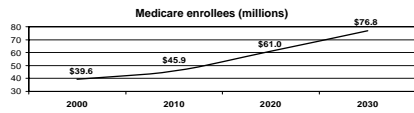
Source: Average Medicare-covered charges per covered day of care in short-stay hospital, skilled nursing facility and home care visit, 1999 data, as reported in *Social Security Bulletin, Annual Statistical Supplement, 2000*



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## Aging Population = Higher Spending



Source: Centers for Medicare & Medicaid Services, Office of the Actuary Home Health spending includes home health services and durable medical equipment.



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## 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



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## The Home Care Market

### Home Health Care Industry Expenditures - 2001 (\$ in billions)

	Market Size	Percent of Market
Home Health Agencies	\$ 33.2	73.3 %
Respiratory therapy	4.6	9.9
Infusion therapy	4.7	10.4
Durable medical equipment (DME)	2.9	6.4
<b>Total Home Health Care Market</b>	<b>\$ 45.3</b>	<b>100.0 %</b>

Source: Deutsche Bank and CMS



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## 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



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## 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



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## Top Home Health Diagnoses

	Men	Women
1	Heart Disease	Heart Disease
2	Malignant Neoplasms	Musculoskeletal and Connective Tissue Diseases (i.e. arthritis)
3	Cancer	Diabetes



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## Top 5 Diagnoses: GHS

Medicare	Non-Medicare	All Patients	Hospital DRG
Abnormality of Gait	Abnormality of Gait	Abnormality of Gait	Heart Failure
Malaise and Fatigue	Cardiovascular Disease	Cardiovascular Disease	Pneumonia
Difficulty Walking	Multiple Sclerosis	Difficulty Walking	Chronic Obstructive Pulmonary Disease
Heart Failure	Osteoarthritis	Malaise and Fatigue	Joint or Limb Reattachment
Pressure Ulcer	Heart Failure	Heart Failure	Cardiac Procedure



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## Home Care: Significant Role



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## Home Care Practicum

## 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



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## Homecare Practicum Experience

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



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## The Home Care Admission

- Receiving a referral
- The initial patient assessment
- Establishing the Plan of Treatment



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## Referral

- Received from:
  - Facility
  - Physician office
- Insurance verified
- Initial orders are received for care
- Assessing professional scheduled to perform initial patient assessment



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## 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



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## Plan of Treatment

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



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## Resources

- Micromedex/CareNotes Patient Education Material
- Gentiva University



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