Professional Healthcare
RESOURCES
Home Healthcare You Can Count On

Heartbeat!

July 2007

Corporate Headquarters
7619 Little River Turnpike, Suite 600
Annandale, VA 22003
Phone: (703) 752-8700
Fax: (703) 752-8779

Centralized Intake Department
Northern Virginia/Maryland/DC
Phone: (703) 752-8741
Fax: (703) 752-8746
Toll Free
Phone: (866) 243-1234
Fax: (866) 845-0762

BRANCH OFFICE LOCATIONS

Annandale, VA Office
7619 Little River Turnpike, Suite 600
Annandale, VA 22003
Phone: (703) 379-9012
Fax: (703) 379-9095

Bethesda, MD Office
10411 Motor City Drive, Suite 300
Bethesda, MD 20817
Phone: (240) 395-0000
Fax: (240) 395-0001

Lanham, MD Office
4429 Forbes Blvd, Suite 208
Lanham, MD 20706
Phone: (301) 552-8325
Fax: (301) 552-2734

Norfolk, VA Office
JANAF Office Building
5900 E. Virginia Beach Blvd, Suite 119
Norfolk, VA 23502
Phone: (757) 333-4969
Fax: (757) 333-6614

Richmond, VA Office
1650 Willow Lawn Drive, Suite 301
Richmond, VA 23230
Phone: (804) 288-8686
Fax: (804) 288-6216

Roanoke, VA Office
5401 Fallowater Lane, Suite G
Roanoke, VA 24018
Phone: (540) 904-7880
Fax: (540) 904-7870

Washington, DC Office
1010 Wisconsin Avenue NW, Suite 300
Washington, DC 20007
Phone: (202) 955-8355
Fax: (202) 289-5461

Eileen DeCesare, RN
President / CEO Emeritus

Headline!

The birthstone for July is the ruby, and, because red is our company color, I wanted to take this opportunity to remind everyone how, in some cultures, red symbolizes power, good luck, and success. After thirteen years of steady growth, and with more to come, I am so proud to see those qualities reflected in Professional Healthcare Resources today. I know that it is because of the caring, compassionate people in our teams. At PHR, when we say "teams," we demonstrate that through our coordinated activities to ensure that we provide the care we promise. Our teams begin working together from the first contact with our referral services received by our liaisons, then initiated by our Intake department, and continues through the coordination and collaboration of our clinical management and field staff. In that teamwork, we really demonstrate our "passion for caring." Your commitment to providing our patients quick and efficient access to quality home care, and to helping us give them that care, is what makes us successful and empowered to do our best work. Thank you for all your efforts, and have a wonderful summer!

Eileen DeCesare, RN, MS, CNAA, LNC
President / CEO Emeritus

Making Homes Safer for Seniors

If you or a family member has undergone a change in health status brought on by age, illness, or accident, you know that the impact can be far-reaching. During and even after treatment, simply walking around the house or fixing a snack becomes an onerous chore.

According to the Centers for Disease Control and Prevention, 617,660 people aged 55 to 64 were injured in nonfatal falls last year. For ages 65 and older, the number jumps to 1,800,763. Other common causes of injury for these groups included accidental poisoning, overexertion, bites and stings, and unintentional cuts and piercing.

The majority of these accidents happen in and around the home—the place most people spend most of their time, and where they feel safe. It stands to reason, then, that some changes in the home could translate into safer, more comfortable living for people living with or recovering from a disability. A home safety assessment can make all the difference. Professional healthcare workers know what to look for and they can help you modify your home to allow safe, comfortable, and convenient daily living.

Where do you find professionals to evaluate yours or your loved one's home to ensure it's safe?

During the discharge process, hospital social workers may recommend that a home healthcare agency evaluate the home for the safety, comfort, and convenience of the patient being released.

Personal physicians may also recommend this service for patients whose healthcare needs create the need for changes on the home front. Patients who are interested can ask their doctors for referrals.

Professional healthcare workers are an invaluable resource when it comes to assessing a home for comfort and safety. Vickie Moor, a registered nurse and clinical manager of Professional Healthcare Resources told us that when she comes to a patient's home for the first time she is looking for answers to some pretty basic questions: How will the patient's medication needs be met? Can he or she move around the home with or without assistance? Is the bathroom accessible? Are there grab bars in the bathtub? Is there a caregiver willing and able to assist?

In many cases, a few changes are needed to make a home comfortable and accessible. Most changes are

(over)

fairly simple. Furniture should be arranged so that there are clear paths in and out of the room. Clutter should be cleared away to allow easy movement throughout the house. In the case of a person with fading vision, inadequate lighting should be supplemented with additional lamps. Medication should be clearly marked by name, with dosing directions understandable to the patient. Pill organizers and timers should be used if necessary. Items needed for activities of daily living should be within easy reach. Daily assistance with personal and household chores can be arranged.

There are areas in the home where room modifications may be needed. Hand rails near the toilet and in the bathing area are a fairly inexpensive way to help a frail or unsteady person deal with personal hygiene safely and independently. Stairs at the house entrance can be replaced of supplemented with a ramp or sturdy railings. If the first floor of the house lacks a bedroom or bathroom, new rooms can be added or a chairlift installed on the staircase. Lights can be added to telephones, timers, and alarms to allow the hard-of-hearing to notice when they are activated.

Obviously, some of the changes can get expensive. When necessary, Moor gets in touch with a staff social worker, who helps find money for the required tools and equipment. "I have never had a case where we left a patient in an unsafe environment," Moor says, "The social worker is great at finding solutions."

Still, Moor says that there are times when a home cannot be modified to address the needs of a particular patient. In those cases, her agency works hard to find the right place for that person—perhaps a more accessible home or a facility that offers needed services.

Adjusting to changing health circumstances means taking a good look at what you—and your home—can and can' t do with what you have. A healthcare professional can come to your house, see things that you take for granted, and offer solutions to problems you might have assumed were insurmountable.

~ Karen Kantor

©2007 Our Health Magazine. Reprinted with permission.

When Are Patients "Unsafe" for Home Care?

Discharge planners/case managers are likely to encounter instances in which home care, hospice, and home medical equipment (HME) providers state that they cannot accept patients because they are "unsafe" at home. The use of this term may be confusing to discharge planners/case managers. What is it about patients' homes that make it "unsafe" for them to receive services there? Aren't all patients appropriate for home care?

First, discharge planners/case managers may not have provided services in non-institutional settings. If so, it may be difficult to make a crucial distinction between institutional care and home health services.

Specifically, in institutional settings the provider controls the "turf" on which care is rendered. In post-acute care at home, providers have very little control over the environment in which services are provided. In fact, patients control the "turf" in home care because services are rendered in their private residences over which patients have almost absolute control.

Consequently, home care providers often confront barriers to the provision of services that many discharge planners have not experienced. Staff have, for example, encountered "attack geese" when they arrive at patients' homes and risk the consequences of a serious "pecking" in order to reach patients' bedsides! Or they have come eyeball-to-eyeball with a pet alligator named "Bubba" in a mobile home in Louisiana!

Although patients may not be adversely affected by pecking geese and may have a cozy relationship with "Bubba," there may be other factors over which home care providers have no control that clearly jeopardize the well-being or safety of patients. These factors may make it impossible for providers to render services at home.

Patients' homes may, for example, be in such disrepair that both patients and caregivers are at risk. A home health nurse, for example, recently fell through the floor of a patient's home as she approached the patient's bedside!

Patients' homes may also be invested with roaches, rodents and/or vermin of various types and descriptions.

Patients may suffer repeated falls at home despite appropriate interventions from providers that make it risky or "unsafe" for patients to remain at home.

Despite these examples, discharge planners/case managers may still be unclear about why patients cannot be cared for at home when post-acute providers decline referrals on the basis that patients are "unsafe." It may be helpful for providers to be much more specific in their communications. Specifically, it may be more helpful for providers to say, "The patient's home environment will not support services at home for the following reasons…."

When providers' communications with discharge planners/case managers are vague or unclear, it may be helpful for discharge planners to prompt more specific communication by asking: "What are the specific reasons why this patient's home environment will not support home care services?"

Institutional care and home health services are fundamentally different models of care. Because the differences are so great, it is reasonable to expect that providers who practice primarily in institutions and those who work in home care may not always understand or account for important factors involved in different types of care. Clear, specific communications are, therefore, absolutely essential for the well-being of patients.

©2007. Elizabeth E. Hogue, Esq. All rights reserved. No portion of this material may be reproduced in any form without the advance written permission of the author.