

HEARTBEAT

3rd quarter newsletter 2012

HOSPITAL READMISSIONS AND COPD

By Eileen DeCesare, RN

Readmissions are the hot topic in healthcare at the moment and more importantly the question – how do we prevent them? Professional Healthcare has already launched a Hospital Readmission program focusing on Heart Failure. However, there are several other diagnoses that our team has identified as needing specific focus with regard to hospital readmissions such as COPD and Diabetes.

We are now beginning to focus on developing our COPD (Chronic

Obstructive Pulmonary Disease) program. COPD comes in two main forms: Chronic Bronchitis and Emphysema. **The main causes of COPD are:**

- Exposure to unhealthy substances that irritate the lungs such as:
 - Tobacco smoke (both first hand and second hand)
 - Heating fires
 - Occupational chemicals
 - Dust from the workplace

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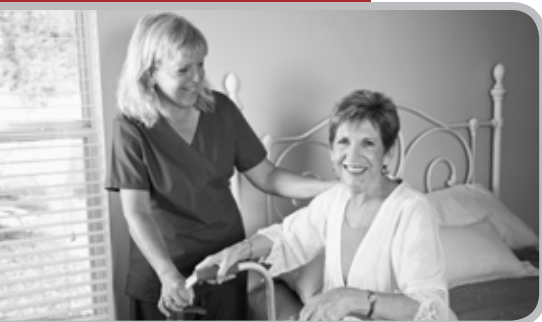
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DURABLE MEDICAL EQUIPMENT COMPETITIVE BIDDING PROGRAM SHOWS SUCCESS AND IS HERE TO STAY! By Rovena Harris

CMS has just completed round 1 of the Medicare competitive bidding program for durable medical equipment. Nine metropolitan areas participated, saving Medicare \$202 million dollars in just nine months. Round 2 has recently begun in an additional 91 markets and is expected to save Medicare, as well as beneficiaries, billions of dollars in the next few years. The

reasons cited by Medicare for this change is that the current fee based reimbursement schedule for hospital beds, wheel chairs, and other DME encourages waste, fraud and abuse by reimbursing well above market value.

As well as providing consultation on home health and hospice services, our liaisons are happy to provide assistance to discharge planners with the ordering of DME equipment should the need arise.



- Rare cases of a genetic disorder called alpha-1 antitrypsin deficiency:
 - This disorder causes a low level of alpha-1 antitrypsin (AAT), a protein made by the liver
 - A low level of AAT can cause lung damage and consequently COPD if exposed to some of the irritants named above

Indicators that a patient has COPD include:

- Progressive shortness of breath
 - May be worse with exercise than at rest
- Chronic cough / sputum production
 - May come and go
- Wheezing
- Feeling of Chest Tightness
- Family history of COPD

COPD has for a long time been the second greatest cause of hospital readmissions. According to a report of the Healthcare Cost & Utilization Project of the Agency for Healthcare Research and Quality, which looked at COPD readmissions across 15 states of which Virginia and Maryland were two, 190,700 patients over the age of 40 were admitted in those 15 states due to COPD during 2008. The cost for each of those admissions averaged at \$7,100. Of those admissions 13,600 people were readmitted with COPD as their principle diagnosis costing the hospital an average of \$8,400 per patient for the readmission on top of the cost of the original admission. That was 7.1% of the original admissions. In addition 17.3 % (33,000) of patients were readmitted with COPD as co morbidity, costing an average of \$10,900 per patient. Just as with CHF, many hospitals and other healthcare facilities are turning to home health agencies to ask for assistance in keeping their COPD patients out of the hospital. One of the major reasons that patients return to the hospital is that they don't follow the discharge instructions that the hospital gives them.

This is where home healthcare can help. The patient receives the following benefits:

Skilled Nursing:

- Monitoring of Vital Signs and Pulse Oximetry
- Respiration Function Monitoring
- Medication Management

- Patient Self-Care Education
- Assistance with Smoking Cessation

Pulmonary Rehabilitation:

- Prescribed Exercise Program
- Nutrition Education
- Energy Conservation
- Evaluation and Improvement of Home Safety

We can also help take the stress and worry away from both patient and family by offering Personal Care Services to assist with basic needs such as bathing, dressing, toileting, meal preparation and light housekeeping. While Medicare pays for the medical needs, Personal Care must be paid for privately or, in Virginia and DC, by the means tested Medicaid.

We are currently designing our COPD program and should be ready to launch soon. Watch this space!!



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FUNDAMENTAL DIFFERENCE BETWEEN HOME CARE AND INSTITUTIONAL CARE

By Elizabeth E. Hogue, Esq.

Discharge planners/case managers who work in institutions; such as acute hospitals, skilled nursing facilities, etc.; may not have thought of a fundamental difference between home care and care provided in the institutions in which they work. The difference is that discharge planners/case managers and other staff at institutions have at least fundamental control over the environment in which they provide services. Homecare providers; including home health agencies, hospices, HME (home medical equipment) companies and private duty agencies; work in an environment that is completely controlled by patients and their families. They have little or no control over the environment in which they render care to patients.

Consequently, home care providers, are, for example, vulnerable to physical violence and even death. Several home care nurses have been fatally shot within the past several years. The murder of a home care nurse, along with the patient and the patient's mother, in Maryland received national attention from the media several years ago. Some agency staff members make visits to patients' homes accompanied by armed guards because visiting staff are vulnerable to patients, their families, anyone who enters the patients' homes, and going to and from patients' homes.

Home care staff are also subject to attack from various sorts of animals. Dogs are the most obvious offenders. Imagine being attacked by a flock of pecking geese as you attempt to enter a patient's home or coming eye to eye with a pet alligator named Bubba in a mobile home in Louisiana. True stories! There are no fellow staff members to call for help under these circumstances. There is no security force to call for assistance. Home care staff members are on their own and extremely vulnerable to attack by humans and animals.

Home care providers are also vulnerable to injury because of the physical surroundings in which they work. A manager at a home health agency related a sad story about a nurse on the staff who made a routine visit to a patient who lives alone in her home. The physical condition of the patient's home was compromised. As the nurse was making her way to the patient's bedside, she fell through the floor of the patient's home! Unfortunately, she suffered severe injuries and required back surgery.

Agencies owe their employees a duty of reasonable care. That is, they are responsible to take reasonable precautions to protect their employees from harm. The Occupational Health and Safety Administration (OHSA) has affirmed this obligation on the part of home health agencies. This obligation is becoming far easier to talk about than to fulfill in increasingly threatening environments for home care personnel.

Of course, a key question regarding this obligation on the part of agencies is: What is reasonable? Providers are clearly obligated to make reasonable efforts to identify situations in which their workers are likely to be injured. This means that they must gather as much information about patients, their primary caregivers and their home environments as possible prior to admission.

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In order to help ensure that they have as much information as possible, providers may want to review patients' charts, talk to patients and/or their families while they are still in the hospital or SNF, etc. It is not always necessary to decline to accept referrals of patients based on the information obtained. If advance information is available, home care providers can act to protect staff and help patients. Put Bubba in a cage!

Case managers/discharge planners who impede efforts of home care providers in their efforts may enhance the likelihood that patients will go without needed services and home care providers will be injured.

Providers that fail to meet their obligations in this regard may be the target of suits for negligence by employees and/or workers' compensation claims. Since occupational health and safety requirements include a general mandate to employers to provide a safe working environment for their employees, as described above, agencies may also face OSHA violations when workers allege that conditions are unsafe.

It may be helpful for case managers/discharge planners to imagine being all alone in an urban area that has a reputation for being unsafe or in an isolated rural area knocking on the door of a patient's home for the first time not knowing what is on the other side of the door. If case managers/discharge planners think carefully about this scenario that is enacted by home care providers hundreds of times a day, they are likely to better understand why agency staff members want as much information about patients prior to admission as possible.

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HEALTHY TIPS TO SUSTAIN GOOD ENERGY IN A STRESSFUL ENVIRONMENT *by Juanita Matthews*

As a clinician you work in a stressful environment, sometimes working extremely long shifts. Therefore good nutritional guidelines are essential in maintaining your health. Make sure you are hungry when you eat. Sometimes you may think you are hungry, but you could very well be thirsty for water.

Plan a meal and eat it on time every day, whether it is a snack or regular meal. Planning should include protein, vegetable carbohydrates and fat from avocados, nuts, seeds, or small amounts of cheese.

Missed meals create anxiety, mood swings and cravings for bad carbohydrates (like candy, juice drinks, high calorie sodas, and pastries).

When you miss a meal or snack or both, you are basically running off of stress hormones such as adrenaline, and

blood sugar is dropping lower than the norm. This is why you start to feel irritable.

Add to your shopping list:

- Bagged salad and plenty of color vegetables
- Organic granola bars
- Canned tuna, chicken or salmon
- Bulk nuts in ¼ cup servings
- An apple, or pear (something with skin because there is a ton of fiber to help you feel full)

Remember a big meal eaten in a timely fashion will keep you from choosing poor quality snacks throughout your shift. The goal is to sustain good energy and keep your mood balanced.

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SURVEY

Name: _____ Phone: _____
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2. Please rate your satisfaction with our services *low 1 2 3 4 5 6 7 8 9 10 high*

3. If asked to recommend a home care or hospice agency, would you recommend PHR? Yes No

4. Does Heartbeat increase your perceived value of using PHR? Yes No

5. How often do you receive Heartbeat?
 1st time quarterly twice a year yearly less than one a year

6. Are there any other changes we could make to Heartbeat to improve reader experience (formatting, design, delivery etc)?

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