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*Eileen DeCesare, RN  
President / CEO Emeritus*

## Humor!

At Professional Healthcare, we take our commitment to providing quality care very seriously. It is hard work and dedication to working together as a team that sets us apart, and gives Professional Healthcare its excellent reputation. But we don't always have to *be* serious. We must always remember, as Doris Lessing once said, that laughter is by definition, healthy. In a recent communication, Jim Ball mentions several interactions he had with medical professionals where they acted with humor, lightening a routine interaction, or even a potentially tense and frustrating one. He says that humor is the great elixir in life, and by lightening up, we can bring a smile to everyone's face, including our own.

A little humor eases any tension. Use this as a way of resolving conflicts, and see how it can turn negative moments with patients or co-workers into relationships which are positive and long lasting. Let's be known as people who display our passion for caring with a big dose of humor, and have fun this month!!

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

## Study Indicates Heart Failure Patients Benefit with Home Health Services

More Medicare patients are hospitalized for heart failure than any other diagnosis. Many heart failure patients are hospitalized again and again. Yet, multiple studies indicate that home health services can reduce the incidence of re-hospitalization, the cost of care and help enhance heart failure patients' quality of life.

For instance, in *Circulation: the Journal of the American Heart Association* (2006) researchers reported a 10 year longitudinal study analyzing the effect of home health services. Three hundred heart failure patients were randomized to two groups. The first group received the "standard" care for heart failure patients. The second group received home health services from nurses and therapists based upon "evidence-based" interventions. At the end of 10 years, the researchers reported, "the home health intervention is a remarkably cost- and time-effective strategy."

How do home health clinicians achieve these outcomes for heart failure patients? At Professional Healthcare Resources, nurses and therapists use multiple strategies, based upon gold standard guide-

lines. They help patients develop skills and confidence in keeping their heart failure "under control."

Nurses assess patients every two or three days after hospitalization, gradually decreasing visits as the patient's status stabilizes and the patient learns self-assessment and managing skills. Nurses listen to the patient's heart and lung sounds, measure the patient's lower extremities for early signs of swelling, and note early but ominous changes in pulse, respirations and blood pressure. By catching these signs early, even before the patient develops symptoms, the nurse can ward off a hospitalization with a telephone call to the physician. For instance, the physician may order an increase in diuretic for a patient with early signs of fluid overload, purging the patient of the fluid that threatened to send the patient back to the hospital.

Nurses also teach patients skills proven to decrease re-hospitalization. Patient education in the home has many advantages over education provided in the physician's office or hospital. First, home health nurses assess the patient in the patient's environment, discovering the unique challenges the patient faces,

*(over)*

such as the sodium-laden foods the patient's granddaughter prepares and the chaotic way the patient keeps medications, compromising safe medication administration. The nurse can individualize the patient's education plan to meet the patient's unique needs, many of which can go undiscovered except for the home-based assessment.

A second reason patient education occurs better in the home than in the hospital or physician's office is because patients are not usually as anxious or as tired as they are in medical settings. Being in their own non-stressful environment promotes learning. And third, home health nurses go back and evaluate the degree to which education promoted new behaviors to attain management of the heart failure. They coach and support patients into the behaviors necessary for good self-management.

Some of the skills nurses teach heart failure patients are:

- Keep a sign/symptom diary. Patients are instructed to record how they feel each day, especially noting any increased shortness of breath, decreased energy level, swelling of feet or ankles. They can also learn how to take their pulse, and use home blood pressure monitoring equipment. Nurses monitor these diaries, and instruct patients how to use these subtle changes to identify early signs of impending failure.
- Record a daily weight. Patients learn to record their weight at the same time each day, in approximately the same clothing. They learn to call the physician or home health nurse if there is a 2 pound weight change in a day or a 5 pound weight gain in a week, as these are early signs of heart failure, which can be countered when discovered early.
- Maintain a low sodium diet. Home health nurses help patients make the connection between food and excess fluid. With the patient's permission, they peek into cupboards and refrigerators, frequently

discovering foods which the patient did not understand contained sodium.

Nurses monitor the patients' medications, evaluating their effectiveness, assessing their side effects and adverse effects, and monitoring the patient's adherence to the medication regime. Patients frequently become confused about exactly what medications they are supposed to take and when they should be taken. For instance, many home health nurses report visiting a new home health patient, who started their new medications after hospitalization with the old medications pre-hospitalization. This can precipitate another hospitalization when the patient takes their pre-hospitalization *digoxin* and their post-hospitalization *lanoxin*—which are really the same medication.

Physical therapists help patients gradually develop an exercises program which strengthens their hearts as much as possible, without causing further stress on their hearts. Occupational therapists teach energy conservation techniques which help the patient stabilize their activities with the capacity of their hearts.

No wonder the researchers who conducted the study in *Circulation* stated that their "data affirmed the advantages of visiting CHF patients in their own homes to determine the best strategies to maximize their health and address potentially fatal clinical and social issues." Ultimately, the *Circulation* researchers concluded their cost-benefit analysis affirmed the value of home health services for heart failure patients.

Ingilis, S., Pearson, S., Treen, S., Gallasch, T., Horowitz, & Stewart, S. (2006) Extending the Horizon of Chronic Heart Failure: Effects of Multidisciplinary Home-Based Intervention Relative to Usual Care. *Circulation*, 114, 2466-2473. Also available at <http://circ.ahajournals.org/cgi/content/full/114/23/2466>.

~ Mary Narayan RN, MSN, CNS

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## Home Healthcare

Homebound? Not to worry, with home healthcare. From nurses to therapists, home health aids to companions, many patients these days can take advantage of services provided through home health. What's more, often Medicare or long-term healthcare insurance pays for these services.

Home healthcare is for those who find it too challenging to get out to a doctor or therapist. The professionals sent to homes by Professional Healthcare Resources (RNs, LPNs, physical, speech and occupational therapists, sitters, etc.) see clients with acute illnesses, those who have a worsening situation because of a chronic illness, or clients recovering from surgery. Pneumonia, newly-diagnosed diabetes, congestive heart failure, emphysema, asthma, those recovering from a joint-replacement, those who need their Foley catheter changed on a regular basis, or those who need to be taught skills such as giving themselves injections, caring for a wound, taking blood pressure readings to transmit to the doctor's office, all these are examples of clients who can use home healthcare services.

In the last decade, the biggest change in home healthcare is the reimbursement. "This took us from Medicare paying for every visit we did to the point

where we are paid a lump sum, under the Perspective Payment System, for 60 days at a time" says Betty Basile, RN, Roanoke branch manager of Professional Healthcare Resources.

Home healthcare has also become much more high tech. For instance, clients now have machines that dispense their medications at pre-set times automatically. Blood monitors transmit readings to a control center on a real-time basis. Monitors can detect a chance of worsening congestive heart failure a lot sooner.

In addition, there is a lot of focus on teaching the patient or his caregiver wound care. This mostly applies to diabetics who have ulcers on their legs or those who are immobile and whose pressure ulcers become wounds. Nurses will monitor the wound healing while teaching those in the home how to care for it in-between visits.

"Imagine you have just had surgery and are not allowed to drive or you have emphysema and it's just too taxing to walk to the car and then to the door of the doctor's office," concluded Basile. That's what makes home healthcare services so important.

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