Professional Healthcare
RESOURCES
Home Healthcare You Can Count On

Heartbeat!

November 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
Skilled: (703) 752-8741
Personal Care: (703) 752-8784
Intake Fax: (703) 752-8746

Toll Free
Skilled: (866) 243-1234
Personal Care: (877) 747-7479
Intake 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

Baltimore, MD Office
3421 Benson Avenue, Ste G-100
Baltimore, MD 21227
Phone: (410) 368-2825
Fax: (410) 644-1483

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

Blessings!

November's arrival is a reminder that the holidays will be upon us once again. A time for celebration, reflection and remembrance, it is also time for sharing blessings and graces. Thanksgiving is a time not only to celebrate the traditional harvest, but also a time to give thanks for all the blessings of the past year. It is an opportune time to remember those less fortunate. Professional Healthcare will continue its tradition of preparing and delivering Thanksgiving meals for homebound patients and their caregivers. In a small way, it is part of what we do to care for those who have trouble caring for themselves.

As we celebrate Thanksgiving this year, we will continue our commitment to our clients as well as to each other. We will continue to demonstrate our "Passion for Caring" as we strive to exceed client expectation.

I would like to congratulate our Lanham Branch for the most recent Home Care Elite designation by Outcomes Concept Systems (OCS, an outcomes/benchmarking company) as one of the top 100 home health agencies in the country in 2007. This is the second year in which Professional Healthcare has been given this honor. In 2006, our DC Branch was recognized as number 39 of the top 100 of 8,000 home healthcare agencies in the country.

Congratulations to Shirley Cobb, Lanham Branch Administrator and her entire staff! Thank you for demonstrating passion, and for being top caliber professionals who have given compassion, genuine concern, kindness and warmth toward our clients.

Last but not least, another blessing for PHRI is the addition of PHR of Baltimore, Inc. We recently acquired St. Agnes Home Health and Hospice. We officially and successfully transitioned to PHRI on October 1, 2007. This will be our first Hospice service and I am thankful to everyone for such great work and preparation for this event. We welcome our newest family members in Baltimore, and we look forward to a very rewarding relationship.

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

Professional Healthcare Resources Expands to Baltimore

Professional Healthcare Resources, Inc, one of the largest independent Medicare-certified home health care agencies in the Washington, DC metropolitan area, announced on October 1 its acquisition of the home health care and hospice operations of St. Agnes Healthcare of Baltimore, Maryland.

The Baltimore location will serve as Professional Healthcare's eighth branch, joining branches in Montgomery and Prince Georges County, Maryland, the District of Columbia, and in Annandale, Richmond, Norfolk, and Roanoke, Virginia.

"The St. Agnes acquisition is key to our geographic expansion strategy," said Ron DeCesare, Chief Executive Officer. "We've wanted to offer services in the Baltimore area for quite a while. We now have a continuous service area stretching from Fredericksburg, Virginia north to the Pennsylvania-Maryland border. We're also excited about adding hospice to

continued on next page

our current service lines of home health care and private duty personal care, and plan to roll hospice services out in our other locations within the next year.''

Eileen DeCesare, President and Founder of Professional Healthcare Resources, said ''I am so delighted that we at Professional Healthcare can add a much needed service to the array of home health care services that we currently provide. I am also very pleased that we are working closely with an organization that parallels our philosophy of caring and service to others.''

Robin Dowell, Branch Administrator of Professional Healthcare's Baltimore Branch and former administrator of St. Agnes Homecare and Hospice, said ''This is an exciting time for all of us and a positive move. Professional Healthcare Resources is an established home health provider with an excellent reputation. We have worked hard to provide quality, compassionate home care and hospice care to patients and families in the Baltimore metropolitan area for the past 33 years, and will continue to provide that level care as Professional Healthcare Resources of Baltimore.''

The St. Agnes acquisition is Professional Healthcare's largest to date, and its second acquisition of a hospital-based home health agency. Professional Healthcare acquired its Lanham, Maryland branch from Doctors Community Hospital in 2003. The new Baltimore branch will provide services in Baltimore City, Baltimore County, Howard County, and Anne Arundel County, Maryland.

Founded in 1994 by Eileen DeCesare, RN, MS, CNAA, LNC, Professional Healthcare is headquartered in Annandale, Virginia. It provides skilled nursing and therapy, medical social services, private duty personal care, palliative care, hospice, and international recruiting of skilled clinicians. It is the largest independent home health agency in the Washington, DC metropolitan area. Professional Healthcare was selected in 2006 as one of the ''Homecare Elite''—the top 100 home health agencies in the country—by OCS, Inc.

Justin Ivatts
Doug Smith

Home Infusion Therapy

Home infusion therapy has rapidly grown over the years due to the major shift from the acute care hospital setting to homecare. A variety of drug therapies can be administered safely in the home setting from short term treatments with antibiotics and steroids, to life saving therapies for the management of critically ill patients with end stage disease states such as heart failure and pulmonary hypertension.

Services are provided in a number of ways. Some hospitals have their own infusion service branch, but most often infusion therapy is provided by home care agencies or specialized home infusion companies. The type of medical insurance a person has heavily influences what type of agency must be used. Patients who have two insurances are able to utilize the secondary insurance to pay for drugs and supplies that would not be covered by Medicare. If the infusion company is not Medicare certified, then a second homecare agency must be used to provide the nursing piece which would be covered by Medicare benefits. Home infusion companies and Medicare certified agencies work closely together to provide home infusion therapy to these clients.

A specialized set of skills is needed to provide intravenous therapy to patients safely, whether in the hospital, ambulatory care or homecare setting.

Agencies utilize clinicians who are experienced with IV therapy and in many cases have achieved a national intravenous certification. They have developed highly effective teaching strategies for a wide range of abilities and situations.

In addition to skilled clinicians, there are other factors to consider in order for home infusion to produce a favorable outcome. Careful assessment of the patients learning ability and home situation are imperative. From a cost perspective and staffing issues, it often is not reasonable to have a home health nurse come in and do each infusion. There should be someone who is able to be taught and take responsibility for the therapy. Exceptions are sometimes made for short term therapies that can be managed with daily visits with a definite end point. But generally, a teachable patient or caregiver must be in the home. In most cases, a central venous access device is favored for longer, frequent therapies or those medications that have higher complication rates related to extravasations of medications.

Often times, the hospital schedule is not convenient for those patients at home, so some shifting around of infusion times must be considered. Also, always using the least frequent treatment that will accomplish the treatment goal is preferred.

Infusion companies have come a long way with regards to types of infusion devices. There are infusion pumps that a patient can wear around their waist that are programmed to automatically start the infusion, end it and factor in a keep vein open option. These are very useful for those patients requiring every 4 or 6 hours infusions.

With careful planning, home infusion therapy can be an excellent alternative for the patient. People generally do better in their own homes and have a decreased risk of illness from hospital acquired infections. Costs from prolonged hospitalization can be contained and outcomes are generally favorable.

Claire F. Burke RN, OCN, CRNI

Practitioner Arrested for Alleged Obstruction of Justice

On April 9, 2005, a female victim of domestic violence with injuries to her head, face, and forearm went to the Emergency Room of Lafayette General Medical Center in Lafayette, Louisiana. The victim's injuries were severe enough to warrant admission as an inpatient at the Medical Center.

A nurse on duty called 911 to report the incident of domestic violence. An officer from the Lafayette police department immediately went to the Medical Center and was told by a nurse that a woman had reported to the hospital with injuries that she said were caused by her husband.

Elizabeth Maier was employed by the Hospital as a case manager. When the police officer tried to talk to the victim, Ms. Maier refused to let the police officer talk to her and repeatedly threatened to sue if the police officer continued to try to talk to the victim.

Ms. Maier based her actions on the Health Insurance Portability and Accountability act of 1996 (HIPAA). Specifically, Ms. Maier understood that the Hospital could not provide further information or access to the patient in the Hospital due to legal prohibitions imposed by HIPAA.

The police officer's superior then arrived at the Hospital. He explained to Ms. Maier that a state statute in Louisiana required an investigation of all incidents of domestic violence and that hospital personnel cannot deny police access to victims of crimes. In response, Ms. Maier continued to block access to the victim and to threaten a lawsuit.

The police officer and his superior then spoke to an attorney for the Hospital. Based on this conversation, the police understood that Maier would contact them when the victim was discharged. Instead, the victim was discharged into the care of her husband, the alleged assailant, and Maier did not contact the police when the patient was discharged.

The police consequently contended that Ms. Maier's actions obstructed and delayed the investigation of the domestic violence incident by preventing the police from interviewing the victim and obtaining information necessary to arrest the perpetrator. A warrant was subsequently issued for Maier's arrest on the charge of obstruction of justice.

On May, 2005, Maier was arrested and charged with obstruction of justice and booked in the Lafayette Parish Prison. The prosecutor ultimately decided not to pursue the charges against her.

Ms. Maier nonetheless filed suit against the police department based on alleged violations of her civil rights *[Elizabeth Maier v. Morgan Green, et al; Civil Action No. 06-715, March 30, 2007]*.

With regard to HIPAA, Maier claimed that the police officers should have known that her actions were justified by HIPAA regulations. The Court stated, however, that HIPAA does not bar police officers from obtaining information related to perpetrated crimes directly from patients, nor does it prohibit health care personnel from allowing police officers access to patients who are victims of crimes.

The Court further noted that, during her deposition, Maier could not identify any HIPAA provision that would prohibit police officers from asking patients who are victims of crimes to identify perpetrators. Instead, Maier asserted that the nurse who called to police to report the domestic abuse violated HIPAA and the victim's confidentiality.

The Court also said that although the exact issue presented in this cased is not addressed in the HIPAA regulations, The U.S. Department of Health and Human Services (DHHS) said the following in *HHS Questions and Answers, FAQs on Privacy of Health Information/HIPAA Disclosures in Emergency Situations:*

> ''Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public consistent with applicable law and the provider's standards of ethical conduct.''

Based upon this provision, and considering the seriousness of domestic violence offenses in general, the substantial injuries the victim suffered, allegedly at the hand of her husband, and the fact that the victim was released from the Hospital to the care of her husband, the HIPAA regulations did not prohibit providing access as requested by the police.

The Court, therefore, concluded that Ms. Maier's actions were based on an obvious ''misconstruction'' of the provisions of HIPAA. Regardless of her understanding of HIPAA, the police had probable cause to arrest Maier for obstructions of justice. Consequently, the lawsuit filed by Ms. Maier was dismissed.

This case demonstrates that there is still a lack of understanding of the provision and application of the HIPAA Privacy Rule. The consequences of this lack of understanding are potentially serious for both patients and providers. Practitioners should review the Privacy Rule along with applicable statutes in the states in which they practice to avoid serious consequences.

Live-in Services, A Viable Option

With one out of every four American families caring for a parent, an older family member, a spouse or a friend, family caregivers are often trying to find that balance between meeting the needs of their loved one while trying to manage their own personal obligations such as work, family life and busy social calendar. In an effort to try and juggle all of these things, more and more families are choosing the option of "Live-in" homecare service to meet their needs.

What exactly is a "Live-in"? Depending on the need, a Live-in can be a Homemaker Companion or a Home Health Aide (Caregivers) that actually reside in the Client's home; providing personal one-on-one, 24 hour intermittent care in the comfort and privacy of the Client's home.

A Live-in offers assistance with personal care (bathing, grooming, dressing, medication reminders…), provides light housekeeping services (laundry, meal preparation, shopping, accompaniment to physician appts…), and also strives to enhance socialization; personalizing services to meet the interests of the client (reading, shopping, playing games, gardening…).

In order to facilitate Live-in services, the Client must make certain minor provisions for the Caregiver rendering care. The Client must provide sleep accommodations; a private room, allowing the Caregiver to have 8 hours of sleep with minimal interruption. The Client must be willing to provide meals, beverages and snacks. The Client's bath and laundry facilities must also be available for the Caregiver's personal use.

Services are normally billed at a daily flat rate with the Caregiver working approximately 10 hours intermittently throughout a 24 hour period, primarily during waking hours. Services can be short term; providing respite for family caregivers, assistance during vacations, holidays, or care following hospitalization (ex. 2–7 days a week for 1–2 weeks). The services can also be long term in nature; providing 24 hour continuous live-in support for the health, safety and well-being of the client (ex. 4–7 days a week ongoing).

Live-in care is becoming more and more the service of choice for those desiring 24 hour intermittent home care; meeting personal care, safety, and socialization needs. It is considered by many as one of the more affordable homecare options, providing a means for their loved one to continue living in their own home.

Linda Klingensmith
Director of Personal Care & Private Duty