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*Eileen DeCesare, RN
President / CEO Emeritus*

Communication!

September is the start of a new season in the year, and for PHR, a new season in the company as well. I want to encourage us to build and improve our relationships with one another, because that is one of the best ways that we will demonstrate *our passion for caring* to our patients, by showing how we take care of each other as well. One of the ways we can do that is through practicing some steps in effectively communicating with one another on a regular basis. First, we practice actively listening to those around us; this means listening with the intent to understand what the other person is saying, so that we can know best how to respond. Taking the time to listen in this way will help us provide better answers and also, better care. Take extra time to read and re-read E-mail communication. Check to see if your intended message is truly being communicated. Remember that E-mails can sometimes be construed many ways as the sender and receiver are not face to face with one another. We can also practice the habit of seeking input from others, and provide opportunities for co-workers to share how they feel, what they are thinking, and what can be done to resolve issues or move forward. This could mean providing regular meetings, issue- or idea-specific questionnaires, or just having an "open door" for sharing with each other. Go forward with confidence and *passion*, and thank you for building your relationship with PHR!

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

What is Homecare?

Home care is an increasing necessity in today's medical environment. The primary driver behind this necessity is insurance costs, which oblige hospitals and medical facilities to discharge patients more quickly and oftentimes prior to complete recovery. In many acute care facilities, for example, the institution's goal is to discharge a patient within three days (depending on the diagnosis). Even sub-acute care facilities and rehabilitation facilities must be conscious of a patient's length of stay for reimbursement purposes.

Side by side with changes in the insurance industry, the patient population is aging; baby-boomers (the largest American population to date) are entering geriatric status and pushing even more healthcare changes. Home health care will be no exception to those changes. This population is characterized by self-reliance, and many of its members will demand to remain at home and independent as long

as possible. Their expectations are higher. Home health care professionals must therefore not only be prepared to serve a burgeoning population, but they must also bring a higher skill level *to* that population.

The skill level is a key factor. Home health care typically distinguishes two levels: skilled and non-skilled. Non-skilled care is often paid out-of-pocket, privately or by a long-term care insurance policy. These para-professionals typically help with personal care and daily activities. Skilled professionals, on the other hand, are required under Medicare guidelines, which are used by many insurance companies. These skilled professionals, labeled as intermittent skilled by Medicare, include nurses, physical therapists, occupational therapists or speech therapists. The patient must have medical necessity to receive home health care services paid by Medicare. Depending on

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the diagnosis, naturally there can be different levels of acuity of care within those skills.

Medicare's conditions of participation for home health care are as follows:

- The patient must have a physician's order.
- The patient must have Medicare as a primary or secondary insurance.
- The patient must require intermittent skilled care.
- The services must be reasonable and necessary.
- The patient must be homebound.

Homebound is defined as:

- The inability to leave home. To comply, leaving home should require a considerable and taxing effort, requiring assistive appropriate

IS YOUR LOVED ONE'S HOME SAFE?

- 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?

devices, special transportation and/or the assistance of another person.

- Absences from the home must be infrequent, of short duration and usually to receive medical care not available at home, such as doctor appointments, dialysis or radiation treatment.
- Occasional absences from the home for non-medical reasons are acceptable when the absences are infrequent (i.e. once a week), of a short duration (less than two or three hours), and the patient cannot obtain these services at home, i.e. church services once a week, a funeral or a hairdresser.
- The inability to drive oneself anywhere.

Any healthcare professional who provides discharge planning for patients in their facilities will benefit from this understanding of Medicare guidelines for home care. As our population continues to age, the relationship between discharge planners and home health care agencies becomes crucial. Better clinical health care outcomes can result if these federally-mandated requirements are clearly understood. Further, the facility can gain an economic advantage since Medicare plans to pay based on positive clinical outcomes in the future.

Clinical outcomes have always been at the heart of Professional Healthcare Resources. In fact, the D.C. branch was recently ranked 39th in the nation by Outcomes concepts Systems, Inc, a Seattle, WA based information agency, working exclusively in the home healthcare and hospice industry. The advantage is clear for all participants — the patient, the facility, physicians and family.

~Vicki Stewart, RN
Community Relations Manager
Washington, DC Branch

How Occupational Therapy Can Help!

Occupational Therapy is the use of purposeful activity to restore useful functionality after illness or injury to return a person to the highest level of independent ability possible. Occupational Therapists perform evaluations and provide treatment to thousands of patients from the tiny hand of a neonatal patient to the determined eyes of a hospice patient in an attempt to help these patients return to the skills of everyday living.

Occupational therapists, as part of a multidisciplinary team, perform multi-faceted evaluations of a patient and their environment. Evaluations can include determining level of cognition and perceptual skills, assessing strength, motion, fine and gross motor coordination, endurance, balance, and posture. Additionally, OT's monitor a patient's environment and equipment needs, their overall safety, and their pain level.

Once the evaluation is complete occupational therapists work with a patient and caregiver to determine a treatment plan including frequency and duration of treatment sessions to achieve the agreed upon goals. These plans often include strengthening programs for the upper body, motor skill development for the hands to facilitate return to home management activities like preparing meals, writing or even getting the mail. Recommendations for home modifications can also increase a patient's ease of function and safety in the home.

Occupational therapist and their patients are always working towards meaningful goals to maximize the patients independent functioning, enjoyment, and participation in life.

~ Robert MacDonnell OT R/L
Occupational Therapist
Annandale Branch