



Professional Healthcare
RESOURCES

Home Healthcare You Can Count On

HEARTBEAT

1st Quarter 2010



Eileen DeCesare, RN,
President & CEO
Emeritus of Professional
Healthcare Resources, Inc.

I hope that everybody enjoyed the holidays. I want to share with you a heartwarming email that was sent to me by one of our nurses, Linda Williamson:

“It’s time to share another heartwarming personal care success story with all of you. Last summer, I went to open a case for Personal Care at a nursing home. The patient was to be going home that day after receiving care for a month. I found her lying in her bed in a fetal position and non-verbal. Her eyes followed me, but I wasn’t sure if she understood my questions. She never smiled and appeared so sad. The son answered most of the questions. When I asked him to sign the consent, he refused and said “No, let

my mother sign.” After I left, I looked at her signature and found in very small letters below her name that she had written “Died 11/08.” I called the son to report this but he did not show much concern.

She was sent home and I made monthly visits but continued to find her frequently in bed, and uninterested in engaging in activities. She was developing stage 1 bed sores from poor nutritional intake and being in bed too much. On December 1, 2009, I did my usual home visit but there was a new aide assigned this time, named Mari. When I entered the home, I was surprised to see the patient sitting in her chair in the living room, well dressed, and reading a church bulletin, with the TV on. I told her she looked fantastic! She no longer had any bed sores and had gained 10 pounds.

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Editorial

It is with mixed emotions that I write this New Year greeting as we have had a sad, tragic beginning to 2010 with the events in Haiti. The crisis unfolding there makes you realize how much we have and how much we take for granted. As part of our response, we would like to highlight a few organizations that are providing relief and would value donations that are tax deductible.

www.unicefusa.org

www.worldvision.org

www.redcross.org

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Rehabilitation and...Its Therapists

Rehabilitative services include physical, occupational and speech-language therapy. Each practitioner or therapist has a state governed scope of practice.

The efforts of each discipline focus on achieving a return to the highest level of independence with teaching or modification to gait, transfers, speech or communication and other elements influencing home safety. All therapists set goals to successfully accomplish a functional outcome that will regain or restore motor performance. In the strictest definition, patient evaluations are unique and individual; a process in which the therapist makes clinical judgments based on data gathered during an examination or screening in order to implement a plan of care.

Each rehabilitative discipline performs their own unique assessment and determines what clinical care map will be used to achieve a successful outcome. Interventions may include, but are not limited to, gait training (with or without an assistive device), balance and coordination re-training to improve safe locomotion, and transfer training to teach both the patient and the caregiver how to assess the home environment for potential fall risk hazards.

Occupational therapists utilize similar assessment skills as physical therapists. The occupational therapist



evaluates equipment needs, wheelchair modification needs, bathroom/shower design, and safety hazards that patients may encounter during the activities of daily living. Occupational therapists also train home health aides for personal care.

Patients with cognitive or behavioral diagnoses receive treatment intervention from all disciplines to address judgment, problem-solving, goal setting. Each discipline has a skill set that allows the therapist to set goals for the management of cognitive problems.

Speech-language therapists establish treatment interventions that address communication, cognitive or memory dysfunction, or physical issues such as swallowing. Speech therapists determine if a patient can safely swallow medication and communicate their basic wants and needs. They also assist the other members of the health care team communicate in the most effective manner to treat the patient's injury, disease, or illness.

Research continues to present data that shapes our practice and remind us that variables exist, benchmarks change, and awareness of new therapeutic concepts is critical to stay abreast of evidence-based processes and technology.

Archer Ticer, PT
*Director of Rehabilitative Services
(Richmond Branch)*

Happy New Year

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I looked around the home and was amazed at how clean everything was. I then witnessed the patient walk down the hallway unassisted. She was smiling and talking with me the whole time—she was as tickled as I was over her improvement. Mari then showed me a schedule she had written and laminated. It included 10:00 a.m. exercises, 11:00 a.m. cooking with Mari, 1:00 p.m. afternoon walk outside if the weather permits, and more! I just heard from another nurse that Mari had taken a field trip with the patient, bringing her into our office where she greeted everyone with big smiles!

Mari deserves praise and more for changing this woman's life."

When I received this email from Linda, I was so touched.

I was so happy for the patient and so proud of Mari. I see so many stories like this that come across my desk, from our staff or patients and their families. It reaffirms to me the commitment that we have for our patients and the passion that we have caring for them.

As we start the new year, I pose the same challenge that I give to everybody each year. Let us continue to be even better, to be even more passionate in caring for others, and to continue to advocate for those who are counting on us. To Mari and all of you who are directly or indirectly caring for our patients, thank you for all that you do. Please continue to embody our mission, our philosophy of care and above all, our caring and passionate dedication to our patients and other people we serve.

Eileen DeCesare, RN, MS, CNA, LNC, NE-BC
President, CEO Emeritus

February is Heart Month

It's easy to see why the heart gets a whole month, cardiovascular disease is the leading cause of deaths worldwide. An estimated 80 million American adults (approximately one in three) have cardiovascular disease (CVD). In 2006, over 6 million patients were discharged from hospitals with CVD as the primary diagnosis, the highest number of any disease category. In the United States, the cost for CVD is estimated to be \$503.2 billion for 2010.

The good news is that advancements in medical procedures and drug therapies have decreased the mortality rate of CVD from its peak in the 1960's. There is also mounting evidence that coordinating care between acute and post-acute settings can lead to decreased mortality, length of stays, lower hospital readmissions, and lower healthcare costs. A meta-analysis published in JAMA (C. Phillips et. al 2004) showed a reduction in readmission rates, improvement in quality of life, and healthcare cost savings among patients with congestive heart failure through the use of comprehensive discharge planning and post discharge support. Some of the interventions in the trials included:

- Medication review and counseling on medication compliance
- Coordinating home care and communication between providers and physicians
- Home visits by a community based nurse
- Counseling on diet, exercise, and social services

Other studies have also shown similar results. A randomized clinical trial published in the Annals of Internal Medicine (M. Naylor et. al. 1994) of cardiac

patients showed that coordinating post discharge care resulted in fewer readmissions, fewer total days of acute care, lower readmission rates, and lower charges for healthcare services after discharge.

The number of elderly patients re-hospitalized in the control group was more than three times higher than that of the intervention group during the first two weeks after discharge. Patients in the intervention group received similar services provided in the study published in JAMA. The coordinated discharge planning also resulted in reduction of costs. The mean charges for the intervention group 6 weeks after discharge was \$2,453 compared to \$6,746 for the control group.

Mounting evidence supports the benefits of comprehensive discharge planning and post discharge support between acute care hospitals, community based home care, and physicians. Better coordination and improvement in the transition between acute care hospitals to home can provide cost savings and improved outcomes.

With healthcare reform measures looming, there is a chance to have several demonstration projects and pilots implemented that could further study the effectiveness of community based collaborative care to improve health outcomes and reduce costs. While it may not be mandated, it still makes sense for healthcare providers to collaborate and improve the continuity of care throughout the healthcare settings to reduce costs and improve the quality of life for patients with cardiovascular diseases.

Garth Granrud
Director of Marketing

Editorial

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On a happier note, we are starting to see the U.S. economy recover and healthcare is going from strength to strength. Professional Healthcare is well poised to continue providing "quality home care and hospice to more people" in 2010 and beyond.

Heartbeat aims to bring you the latest information on clinical and regulatory issues as they pertain to home healthcare. As such, we are committed to striving for a "best in class" publication. But we can only achieve this with your feedback. Therefore, we would really appreciate it if you could take a minute or two to complete the short survey on the back of this newsletter and fax it back to 703-752-8779 (attn. Marketing) or follow the link on www.phri.com/heartbeat-newsletter-survey.htm to complete an online version. To thank you for your time every response that we receive will be entered into a drawing to win a brand new iPod Touch. The closing date for all entries is Saturday March 20th.

Justin Ivatts, PCM (AMA)
Editor

Heartbeat Survey

Instructions

Please take a few minutes to give us your feedback and suggestions on Heartbeat, Professional Healthcare's newsletter for the healthcare community. Please fax back to 703-752-8779 and mark it "attn Marketing." Alternatively you may complete the survey online at www.phri.com/heartbeat-newsletter-survey.htm.

If you would like to enter our drawing for a new iPod Touch, please provide us with your name and address so we can send you the prize if you are a winner! Only surveys completed before March 20, 2010 will be eligible for the drawing. Employees of Professional Healthcare and their families are not eligible for the drawing.

Provide your name and address if you want to be entered in the iPod Touch drawing.

Name _____ Address _____

City _____ State _____ Zip _____

Heartbeat Feedback

1. What kind of health care organization do you work in?

- Hospital Skilled Nursing Facility Assisted Living Facility Independent Living Facility
 Doctor's Office Other Medical Facility I am a Professional Healthcare employee Other (non-medical)

2. Have you received Professional Healthcare's newsletter Heartbeat before this edition? Yes No

3. How have you received Heartbeat?

(Select only one.) In person, from a PHR liaison By e-mail Paper copy, sent in mail

4. How would you rate Heartbeat on a scale of 1 - 10 (10 being the highest rating)

(Select only one.) 1 2 3 4 5 6 7 8 9 10

5. Please tell us the reason for your rating.

6. Do you currently read any other healthcare industry newsletters? Yes No

7. If you answered yes to the question above, please list the newsletters you read regularly

8. What topics or features would you like to see covered in Heartbeat? (e.g., home health, hospice, regulations and compliance, clinical information, fun items like crossword puzzle)

9. If you would prefer to receive Heartbeat electronically, please provide us with your e-mail address. _____

Corporate Headquarters

7619 Little River Turnpike, Suite 600, Annandale, VA 22003

Phone: (703) 752-8700 Fax: (703) 752-8779

Central 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 Toll Free Personal Care: (877) 747-7479 Toll Free Intake Fax: (866) 845-0762

Branch Office Locations

Annandale, VA

7619 Little River Turnpike, Suite 600, Annandale, VA 22003

Phone: (703) 379-9012 Fax: (703) 379-9095

Baltimore, MD

3421 Benson Avenue, Suite G-100, Baltimore, MD 21227

Phone: (410) 368-2825 Fax: (410) 368-8449

Bethesda, MD

10411 Motor City Drive, Suite 300, Bethesda, MD 20817

Phone: (240) 395-0000 Fax: (240) 395-0001

Lanham, MD

4429 Forbes Blvd., Lanham, MD 20706

Phone: (301) 552-8325 Fax: (301) 552-2734

Norfolk, VA

6350 Center Drive, Suite 212, Norfolk, VA 23502

Phone: (757) 333-4969 Fax: (757) 333-6614

Richmond, VA

1650 Willow Lawn Drive, Suite 301, Richmond, VA 23230

Phone: (804) 288-8686 Fax: (804) 288-6216

Roanoke, VA

5401 Fallowater Lane, Suite G, Roanoke, VA 24018

Phone: (540) 904-7880 Fax: (540) 904-7870

Washington, DC

1010 Wisconsin Avenue NW, Suite 300, Washington, DC 20007

Phone: (202) 955-8355 Fax: (202) 289-5461