



Professional Healthcare  
RESOURCES

Home Healthcare You Can Count On

# HEARTBEAT

2<sup>nd</sup> Quarter 2010



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

## Giving More To our Patients and the Community!

**S**pring is in the air. The weather is getting warmer, the children are playing outside, and the birds are singing. As I write this message the Professional Healthcare Hospice Foundation is getting ready for their spring fundraiser: “Jamming in Spring 2010”. Professional Healthcare Hospice Foundation is the philanthropic arm of Professional

Healthcare Resources, Inc. The foundation is completely independent of any of our “For Profit” entities both financially and legally.

The Foundation is a 501(c)3 non-profit organization, recognized by the IRS. The mission of the foundation is to promote awareness and provide access to hospice services, provide a vehicle to receive donations on behalf of hospice patients and families and to provide other important services to the patients and families in the community. Our main objectives are:

- Provide more education to the public to expand the community’s vision for end-of-life care
- Provide comfort measures to patients over and above what is covered by the plan of care
- Seek community partners and other supporters who will join the foundation in its journey to help our hospice patients

Our fund raising activities will benefit the following:

- Creation of Music Therapy, Healing Touch, aromatherapy, visualization and meditation and Pet Therapy
- Creation of the “Caring and Loving Hands” project

We raise money for these hospice programs through our fundraising activities and events. More information about donating to hospice can be found on our website at [www.phri.com](http://www.phri.com). We also have several fundraising events during the year. Jamming in Spring, which will most likely have made its way into the Foundation’s “archives” by the time you read this, is just an example of such a fundraising event offering food, music, dancing, silent auctions with fabulous items, and above all – laughter, fun and camaraderie.

I urge you to keep an eye on our Website as well as future issues of *Heartbeat* for further information. We would love for as many of you as possible to attend forthcoming events.

Together, we will work toward helping our patients in their end of life journey. Together, we will educate providers, caregivers and families who are going through this difficult journey with their loved ones.

As Blessed Mother Teresa of Calcutta, whose mission was to assist the dying, has stated: “The needs are great, and none of us – ever do great things. But we can all do small things with great love and together we can do some things wonderful.” Won’t you please help?

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

## Editorial

In the last issue of Heartbeat we asked you what YOU wanted to see in YOUR newsletter and we listened. You asked for shorter articles rather than lengthy features, you will see this issue contains more articles than usual but they are less dense than before. You asked for more thought leading articles, Elizabeth Hogue, Esq., writes about what Discharge Planners and Case managers need to know about Private Duty Home Care.

Our President, Eileen DeCesare, has written a thought provoking article about our philanthropy at Professional Healthcare, namely in the form of our hospice foundation, which I hope you will consider in your charitable giving. Garth Granrud, our Director of Marketing, talks about the new HH-CAHPS survey that CMS is requiring home care agencies to collect from their patients as of October this year. Geovani Bonilla, Director of Hospice Programs, will draw our attention to the new hospice offering in our Washington, DC branch and lastly I have written a couple of snippets about some new Preferred Provider Agreements that we have entered into in Maryland as well as our new electronic Point-of-Care system, Cerner Beyondnow.

As you see this issue is packed with useful information, please keep your suggestions coming; I can be reached at [jivatts@phri.com](mailto:jivatts@phri.com).

Enjoy!

Justin Ivatts, PCM (AMA), *Editor*

## Professional Healthcare Enters into Preferred Provider Agreement with Lorien Healthcare

Professional Healthcare Resources, Inc is pleased to announce that it has entered into preferred provider agreements with several of Lorien Health System's facilities in Maryland. Lorien of Columbia is a Skilled Nursing facility where patients receive 24 hour care and comprises 209 beds. On the same campus is Harmony Hall, an Assisted Living Facility where residents maintain a level of independence while having access to assistance when they need it.

Professional Healthcare has also been selected as the provider of choice by Lorien's Ellicott City facility, Encore at Turf Valley. This is a 63 bed Skilled Nursing Facility, with independent living apartments on the campus.

As a preferred provider Professional Healthcare will be the company recommended by the facilities to patients and residents when they need home care services and do not have an agency of their own selected. This agreement has come about because of the proven quality that Professional Healthcare has exhibited during over fifteen years of providing home care to the community. Professional Healthcare is CHAP (Community Health Accreditation Program) accredited, which is an industry standard seal of quality.

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## Professional Healthcare Goes Automated with New Point of Care Information System

Professional Healthcare is pleased to announce the implementation of its new point-of-care clinical system, Cerner BeyondNow.

The information system has been implemented throughout the entire agency in all eight branches. This will enable the company to manage patient records in a more secure, efficient and coherent manner. Each treating clinician will be able to log-in and gain immediate access to the patient's record, rather than comparing patient notes as before. For example the visiting nurse will be able to securely communicate any changes in a patient's health status to other clinicians on the care team so that they can respond accordingly.

Cerner is a leader in clinical information systems in the healthcare industry and the BeyondNow platform is the largest and most functional point-of-care system available to the health care industry today. The system handles billing, scheduling, patient information, physician's orders and secure communications.

All clinicians are equipped with wireless devices so that patient progress can now be recorded in the patient's home, rather than back at the office where details may be forgotten.

There is now no room for patient records getting lost or into the wrong hands. Every record is held on the company's secure HIPAA compliant server and is only accessible by authorized personnel. Eventually treating physicians will be able to log-in to their patients' records to access medical information and monitor progress.

# What Case Managers/Discharge Planners Need to Know About Private Duty Home Care Services

In order to be appropriate for home health or hospice services paid for by any payor, including the Medicare Program, patients must either be able to care for themselves or they must have a primary caregiver. Patients' family members or others may be willing to fulfill this role on a voluntary basis. If not, discharge planners/case managers should offer patients and/or their family members the option to pay privately for a primary caregiver who can meet patients' needs in between visits from professional staff from home health agencies and hospices. These types of services may be referred to by post-acute providers as private duty home care services.

The option to pay for private duty home care services should be offered to all patients who cannot care for themselves and who have no voluntary primary caregivers. Patients who can care for themselves or have voluntary primary caregivers may also wish to contract for additional assistance, so discharge planners/case managers should offer this option to all patients who may benefit from these services.

Discharge planners/case managers may be reluctant to offer these services to patients and their families because of the cost of such services. They may also erroneously conclude that patients and their families cannot afford these services. Discharge planners/case managers should not jump to conclusions about who can afford these services. Instead, private duty home care services should be offered to every patient and family who may benefit from them. This conclusion is consistent with legal and ethical requirements that govern the practice of case management.

From a legal point of view, discharge planners/case managers who work in hospitals must comply with Conditions of Participation (COP's) that govern hospitals. Specifically, discharge planners/case managers are required to develop appropriate discharge plans, if necessary, for all patients. Development of appropriate discharge plans undoubtedly includes private duty home care services for patients who may benefit from them.

In addition, the Case Management Society of America (CMSA) has published national standards of care for case managers. They are likely to apply to all case managers/ discharge planners, regardless of whether they are certified as case managers, because they are practicing as case managers.

These standards make it clear that case managers have a duty to advocate on behalf of patients. As advocates



for patients, discharge planners/case managers have an obligation to make sure that patients understand all of the options available to them, including the option to pay privately for home care services.

Case managers/discharge planners also have an ethical obligation to inform patients about the availability of private duty services. Autonomy is an important ethical principle applicable to the practice of case management/discharge planning. This ethical principle generally requires case managers to provide information to patients so that they can make informed choices.

Patients cannot make choices about the care they wish to receive unless they have information about all services available, including private duty services. Discharge planners/case managers, therefore, have a clear ethical obligation to provide information about private duty home care services to all patients who may benefit from them.

Patients are in the drivers' seat when it comes to decisions about their care, but they cannot make appropriate choices unless they have information about all of the types of care available to them. Consequently, discharge planners/case managers have legal and ethical obligations to make sure that patients have information about private duty home care services.

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## Home Healthcare begins a New Measurement of Patients Satisfaction

In the 3rd quarter of 2010, Medicare certified home healthcare companies must begin measuring patient satisfaction through a standard Home Health Consumer Assessment of Healthcare Providers and Systems (HH-CAHPS) survey. This survey is part of CMS's quality initiative and joins a host of other quality surveys developed by CMS and the Agency for Healthcare Research and Quality (AHRQ). The CAHPS program was developed to provide a standardized set of surveys that measure the patients' experiences throughout various places in the healthcare continuum including hospitals, nursing homes, clinicians and group practices, and health plans. The purpose of these surveys is to allow consumers to make objective comparisons between providers and clinics, and to create incentives for clinicians and administrators to improve patients' experiences with their agency. Health plans are also increasing use of the

data to assess the quality of care within their provider networks. The HH-CAHPS is similar to the hospital survey (H-CAHPS) in that there is a pay for participation requirement. Agencies that do not participate stand to lose a market update reimbursement scheduled for 2012. The HH-CAHPS survey contains 35 questions designed to measure the patients' experience with their home care company. Patients will also be asked to provide an overall rating of the home health care they receive. In the 4th quarter of 2010 CMS will be collecting the information and will post the data in 2011. We are looking forward to a standardized measuring instrument with which to benchmark ourselves against others in the industry, so that we can continuously improve the quality of care that we provide to our patients.

Garth Granrud  
*Director of Marketing*

## Professional Healthcare Resources of Washington, D.C. Responds to the Need for End-of-Life Care for District Residents

The District of Columbia and The Center for Medicare and Medicaid Services (CMS) have licensed and certified Professional Healthcare Resources of Washington, D.C. as a hospice care provider. Through the addition of hospice services to the comprehensive home care services offered by Professional Healthcare, District Residents will benefit from a single provider capable of coordinating and managing all their home care needs.

Through our electronic medical records system, partnerships with payors such as Kaiser Permanente, community health providers, physicians, hospitals and nursing facilities, we will offer a continuum of home health, personal care and end-of-life care services that are not currently available through a single healthcare provider. Patient's clinical care will be managed through an outcomes based approach to care, which focuses on the patient and family through the different stages of a chronic or life threatening illness.

Our patients will benefit by having a comprehensive medical record that measures clinical outcomes and interventions and minimizes medical errors that may occur when patients receive care not well coordinated between multiple healthcare providers.

Community volunteer and bereavement services will be an essential part of our hospice program. We will give back to our community through end-of-life care education programs and community bereavement services.

For more information regarding our hospice and palliative care program, please contact, Geovani A. Bonilla, Director of Hospice Programs telephone at (703) 752-8771 or via email at [gbonilla@phri.com](mailto:gbonilla@phri.com).

Geovani A. Bonilla  
*Director of Hospice Programs*

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