

November 21, 2005

**NEWS RELEASE - NOVEMBER IS NATIONAL HOME HEALTH & HOSPICE MONTH**

Home Health Care (HHC) is a part of the JTDMH health system. Housed in the annex building, the HHC staff is often not visible to residents of the St. Marys community and outlying areas. This makes it difficult for people to be familiar with home care. Unless an individual has been referred to home care, they may not have any knowledge that Joint Township Home Health exists. In celebration of National Home Health & Hospice month, this article will give a sneak peek at home care.

HHC has 11 registered nurses and 11 home health aides. There are 4 clerical/billing employees. Physical, Occupational, and Speech Therapists also treat patients in the home. Social Workers are available to help patients at home navigate through complex community services. The dietitian gives advice for high nutritional risk patients. There are many other individuals who assist with the care of the HHC patient.

So what does home health do? Baths? Blood Pressures? This is a common misconception in the community. The best way to describe home health is to quote Robyn Rice, author of *Home Health Nursing Practice*. She states the purpose of HHC is “to provide the support, treatment, and information that caregivers and patients need to successfully manage their health care needs at home. The home health nurse’s role is that of facilitator of home independence through patient education, patient advocacy, and case management”.



The skilled nurse (SN) provides a number of treatments, which include, but are not limited to: wound care, IV therapy, medication management, phototherapy, Synagis injections, foley care, and CVAC care. Treatments and procedures that were once only performed in the hospital or outpatient setting are now seen in home care. The SN must have excellent physical, psychosocial, and environmental assessment skills. She must be knowledgeable in the principals of patient education for all ages, cultures, learning abilities and disabilities. The SN must be a creative problem solver. The home patient is in control, unlike in the hospital where meals, mealtimes, medications, and etc. are controlled. He is on "his turf". This can be a challenge for HHC staff. The SN includes the patient and caregivers in the plan-of-care as she collaborates with the physician to develop treatment, goals, and desired outcomes for the individual. She also coordinates the patient services with other team members to assist the patient and caregiver in reaching their optimal level of independence with health care needs.

The home health aides (HHA) are valuable team members. They, like other HHC staff, drive to residences that are within 25-30 miles of St. Marys. HHAs provide care in a variety of environments. Depending on the patient program, the HHA may be in a home for an hour to provide bathing and personal care. If the program is Medicaid Waiver, Caregiver's, Alzheimer's, or Golden Year's Respite, she may be in the home for up to four hours. These hours may be for meal preparation, errands, laundry, homemaking, and bathing/personal care. This area of care delivery to the disabled, elderly and chronically ill population helps them to live in their own homes as long as they possibly can. The aide is an important facet of HHC.

Therapists and social workers are also important team members. Their contributions are too numerous to mention in this article. Through weekly care conferences and numerous phone conversations, the HHC professionals coordinate care and treatment to assist the patient to progress toward positive outcomes. These individuals work closely with the physician.

Good documentation skills are essential for all HHC employees. Reimbursement is based on documentation. HHC is a heavily regulated field and each required form serves a purpose. Timetables are set for many of these required forms. Electronic documentation is easing this burden.

There are many rewards in home care. Team members can spend one-on-one time with patients to provide the kind of care, treatment, or teaching the patient needs and deserves. There is autonomy in the professional practice of home care. There is the satisfaction of seeing an open wound heal, assisting a patient to independence with activities of daily living, preparing meals so an elderly person can remain in her home, or showing the way through the paper maze of Medicaid. HHC takes the baton from Acute Care, TCU, or IRU to help the patient to the finish line within the comfort of his own home. It is rewarding to be a part of this continuum of care.

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I feel an indescribable passion for home care. It's best described as being a part of the JTDMH health care system that is able to assist families stay together and provide for greater health, comfort, and dignity at home. Let's celebrate Home Health Care.

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