

MS090: Feeling At Home With Home Health

March 25, 2022 3:30-5:00 PM

Presenter:

My "Mimi" Tran-Raga,
M.S., CCC-SLP



Disclosure Statement

- I have no relevant financial relationship in the products or services described, reviewed, evaluated or compared in this presentation

About the Speaker

- Graduate of the University of the Pacific
 - B.S. May 2004
 - M.S. Dec. 2005
- 17 years experience in the Skilled Nursing Facility setting
- 15 years experience in the home health setting
- Areas of experience: Dysphagia, aphasia, dysarthria, cognition, voice, AAC

Learner Objectives

- Describe patient demographics, define homebound criteria, describe referral process, identify disciplines involved in home care
- Describe the bag technique as related to infection control. Become familiar with HIPAA guidelines for e-charting. Understand cultural differences, ethics, the SLP's role as a counselor
- Understand general documentation guidelines for direct patient care, including evaluation, F/U, re-assessment, DCs. Briefly discuss Oasis-D as it relates to SLP scope of practice. Learn to complete non-visit activities, such as NOMNOC forms, hospital transfer orders

Patient demographics for home care clients

- Age range of home care clients
 - 50-59 years: 10%
 - 60-69 years: 15%
 - 70-79 years: 35%
 - 80 years+: 35%
- Top 5 primary medical diagnoses of home care clients
 - CVA: 63%
 - CNS diseases: 8%
 - Respiratory diseases: 5%
 - Hemorrhage/injury: 3%
 - Other neoplasm: 2%
- Top 5 Functional Communication Measures scored by SLPs working in home care
 - Swallowing: 54%
 - Spoken Language Expression: 37%
 - Motor Speech: 29%
 - Spoken Language Comprehension: 26%
 - Memory: 15%

Homebound criteria:

- Criteria One: Confined to the home and/or leaving the home is medically contraindicated
- Criteria Two: Patient has a normal inability to leave home **AND** leaving home requires taxing effort for the patient
- What compromises the patient's ability to leave the home?

Referral Process

- Acute hospital
- SNF
- Home: COC
- Orders
- DME

Disciplines Involved in Home Care

- PCP
- RN/LVN
- PT/PTA
- OT/COTA
- MSW
- HHA
- In recent years: RRT, RD

Reimbursement for Home Health Services

- Intake will confirm insurance
- Medicare, PPO, HMO, Private
- Documenting medical necessity
- OASIS-D assessment data

Getting Started

- You're hired, now what?
- The role of a preceptor
- Skills check list
- Required training (in the office or online)
- Request a ride along

Bag Technique

- A tool for infection control
- Setting up your bag and car (Clean and dirty areas/pockets)
- Supplies
 - Vitals equipment
 - PPE: N95 masks, gloves, face shield/eye goggles, *gown, shoe covers*
 - Barriers
 - Hand sanitizer
- Special situations
- Demonstration

What To Expect

- Be courteous, schedule accordingly
- Be culturally sensitive
- ASHA code of ethics
- Be open to your role as a counselor

Language Barriers

- Language barriers should be identified by Intake when receiving patient referral
- Does your agency have access to a language line?
- Are family members reliable interpreters?
- Plan visit accordingly
- Vital for initial assessment

HIPAA and E-Charting

- Make sure your tablet or laptop is password protected
 - Change password at least once every 3 months
- Point of care service and e-charting
- Keep information safe and secure in your vehicle and at home

Direct Patient Care: Evaluation

- Prior to visit, review patient demographics, H&P, reason for referral, agency's Covid screening protocol
- Communicate with intake if more info is needed
- During visit
 - Take vitals
 - Be aware of patient parameters

Direct Patient Care: Evaluation continued

- Perform evaluation
 - Keep in mind the reason for referral
 - Be mindful of your time
 - Standardized vs non-standardized assessments
- Interpret results to patient and family/caregivers
- Discuss recommendations
- Determine frequency & duration of visits
 - What does 1w1, 2w3 mean?

Direct Patient Care: Evaluation continued

- Following evaluation, contact PCP according to agency's protocol. Note the agent/MA receiving your verbal orders (date and time)
- What is your agency's documentation protocol for timely completion of visit notes
- Relay eval results and POC to team members (email, case conference, IDT notes)
- SOAP vs SBAR notes

Direct Patient Care: F/U visits

- Have treatment materials ready
- What do you need to address on each visit?
 - Take vitals
 - Ask about doctor's appointments
 - Med changes, any incidents/falls
 - Pain

Direct Patient Care: F/U visits continued

- Treatment Interventions for underlying impairments, also consider patient's HH goals:
- Aphasia: Verbal and nonverbal language tasks, AAC: low tech vs hi tech
- Dysphagia: Diet recommendations, education re: diet modification techniques
- Articulation: Functional target words and phrases
- Voice/breath support: Does the patient need referral to RRT?
- Cognition: Life skills

Direct Patient Care: F/U visits continued

- Re-assessments
 - For Medicare patients, we must perform a re-assessment every 30 days
 - Sometimes your agency will flag this for you, but please take it upon yourself to track this
 - Must document previous and current levels, interventions to date, effectiveness of treatment thus far, justification for ongoing skilled need (medical necessity)
- Need to contact PCP if extending services

Direct Patient Care: Discharge

- Discipline-only discharge
 - Give your patient at least 48 hours notice of DC
 - In the visits leading up to your DC, ensure you have initiated and established an HEP
 - Explain reason for DC
 - Reached stated goals
 - Reached max rehab potential
 - Non compliant
 - Ready for outpatient services

Other Types of Visits

- Start of Care Oasis-D
 - Usually for ST only referrals
 - Oasis training is required
- Discharge Oasis
 - When you are the last discipline out
- Resumption of Care
 - Following a hospital stay of over 24 hours, the first discipline to see the patient must complete an ROC
- Re-certification
 - Home health certification period = 60 days
 - Re-cert visit is required to continue with services into the next home health episode
 - 5-day window

Non-visit Activities

- According to your specific agency policies
- Consent forms (at Start of Care)
- NOMNOC forms
- Hospital hold/Transfer orders
- Additional documentation time

Scheduling

- Communicate with your agency re: your territory/ coverage areas
- Plan route ahead of time
- Not only plan your day, but plan your week
- Hold patients and caregivers accountable for scheduling

Other Considerations

- Meetings
- Joint Commission survey

References

Reference 1:

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Reference 2:

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Reference 3:

(n.d.). Retrieved August 23, 2021, from [https://www.jointcommissionjournal.com/article/S1553-7250\(06\)32022-3/fulltext](https://www.jointcommissionjournal.com/article/S1553-7250(06)32022-3/fulltext)

Questions?

- Contact info: MTranSLP@gmail.com
