

Aging Happens: There are many different kinds of home health services

By Ellen Waldman

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When Glen was getting discharged from a skilled nursing facility (SNF), he was planning to return to his own home. The home had been built as “age-friendly.” This meant he had all the physical amenities he would need to manage in this home, should he be in a wheelchair. And he actually did need to be in a wheelchair for now, so what could be easier? Well, for starters, the home itself is only one, albeit an important component, to living independently.

The other factors were people to help provide some actual caregiving, and some in-home medical services. Caregivers included family, friends, and hired support through a licensed caregiving agency. The services of Home Health (HH) would need to be provided by one of several HH agencies in the Rogue Valley. The one he selected happened to be Providence, but Asante Ashland, AccentCare and Signature all provide these services as well.

I spoke to Cheryl Martin, RN, BSN, and Community Liaison for Providence Home Services (541-732-6569, providence.org/homehealth) to learn more about this. She welcomes your calls, as well, if you have any other questions.

Who might need Home Health services?

Home Health is often ordered if someone is recovering from a stroke, a major injury, surgery or recent hospitalization. Also, if the person is being discharged from a skilled nursing facility, they might need follow-up care. It can help people who are trying to manage neurological conditions, such as Parkinson’s disease, MS or sometimes dementia. They (or a family member) might have a need to be trained on safely transferring from a bed to a wheelchair, for instance. They also provide general home safety checks.

How is Home Health accessed?

All of these services are ordered by a physician. Discharge planners at the hospital or nursing facility are very involved with this part, especially if the family needs more help with the patient. The nursing facility social worker often advocates to the doctor. Sometimes, if the patient has already been released to home, their primary doctor can still request this. The patient would need to see their primary physician first.

What are the actual services provided?

These services are for a home-bound patient, meaning they are not able to leave home without some aid. Perhaps they cannot easily get to medical appointments. When the nurse (RN) comes to check on them at home, the RN sends notes to update the doctor. The patient then doesn't have leave the home to have information sent to the medical doctor. All medical services are directed by the physician, though. The goal is rehabilitation and regaining function in their home environment.

All services are provided by a team including an RN, physical therapist (PT), occupational therapist (OT) and a speech therapist. They can provide wound care and interstomal care (like a colostomy, etc.). They can also train a family member or the patient for administering injections. It might include a social worker, if the patient is recovering from a stroke, recent hospitalization or managing a neurological condition.

What else does Providence Home Services include?

Home Services includes more than just Home Health. It also includes:

1. Palliative care. This is more of a team effort which might also include a chaplain. The patient is still actively seeking treatment, and needs help having their symptoms managed.
2. Connections: This program sends a trained volunteer to offer non-medical support. The person needs to be living with a serious or chronic illness or advanced disease. The person can self-refer. This is often the entryway into other services later, and volunteers will alert the team if something has changed.
3. Hospice. This is more for end-of-life care and symptom management, not treatment.
4. Infusion therapy: This provides therapy in the home for services like tube feeding, IV antibiotics or nutrition and hydration.
5. LifeLine: This is the emergency alert system. You don't need a doctor referral, and can call for this directly.

How are these service covered?

Medicare and other insurance benefits will cover HH. The length of time for these services depends on each situation, but usually from two weeks to many months. Hospice covers all Durable Medical Equipment (DME), like beds wheelchairs, etc., but not necessarily HH or palliative care. If the doctor orders any DME, the insurance usually pays for it.

I often suggest that families have nothing to lose by asking for a referral to be assessed for Home Health services. For Glen, it meant that he could complete his rehab in the comfort of his age-friendly home. How fortunate that we have so many choices for this type of medical care.