



Community Health Care Services Foundation, Inc.

*the premier educational resource
for home care and hospice*

inside: dispelling the myths of
hospice

'Surge' needed in emergency prep

"A pandemic will overwhelm the current health care system. The increase in patients requiring hospitalization and crucial care will result in shortages of multiple resources including personnel and equipment. This will in turn create a situation where nursing homes and home care agencies will be required to accept more clinically complex hospital discharges and will have to care for patients they would normally discharge to the hospital. . . All facilities will need to supplement their highly trained professional staff with volunteers and lesser trained staff."

—(New York State Department of Health Pandemic Influenza Plan, February 7, 2006)

By Gayle Farman

In home care, this directive means training home care paraprofessionals who will play a key role in preparedness planning and emergency response. Findings from a recent survey of health care workers in Maryland revealed that the perception of the importance of one's role in the agency's overall response was the single most important factor associated with willingness to report to work during a pandemic influenza. Further, only 33% of workers thought they were knowledgeable about the public health impact of pandemic flu. Less than a third who took part in the survey believed they would have an important role in the response to a local outbreak. The data suggest that nearly half of the respondents are likely not to report to duty during a pandemic. Thus, it is critical that home care agencies ensure that their workers understand the important role that they will play in any emergency situation and provide access to additional training to help prepare these workers in the event of an emergency.

Education and Training

A major component of the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) Home Health Care Services Pandemic Influenza Checklist is the development of an education and training program that is language and reading-level appropriate for all home care personnel.

CHC began a contract with the New York State Department of Health (DOH) in 2007 to produce and market online training videos for home care paraprofessionals and community volunteers on public health threats and emergencies, including pandemic flu, terrorism and bioterrorism. Using advanced technology from Home Care Information Network (HCIN) that combines audio, video, and presentation slides over the Internet, CHC recorded and produced three 60-minute educational seminars. These are accessible 24/7 from CHC's Web site (www.chcforum.org/prepare), along with downloadable audio files and workbooks in English or Spanish. These programs will be offered free of charge through August 31, 2008.

CHC has now been awarded a grant from DOH to continue these important emergency preparedness efforts. Several

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Hospice myths need to be dispelled

By Laura Howard

Home health aides assigned to hospice cases are on the front lines of both patient care and public education. Aides new to hospice need education and training in a variety of areas—pain management, ethical concerns, communication, cultural considerations, dealing with the patient's family and dealing with bereavement and loss of a patient.

Many people who are considering initiating hospice care for a loved one will first go to an aide with whom they are familiar. They may see this as a non-threatening means of gaining information without committing themselves. As part of hospice training, it is important to dispel the many myths that are associated with hospice care. Aides who receive the proper training are able to provide informed responses to any concerns or misconceptions.

Most of these myths center around where hospice care is delivered, who can receive hospice care, how care is delivered and how patients pay for care.

For example, many people believe that hospice is a physical location. Many hospice organizations do have

hospice residents for patients who require a higher level of care. According to the American Hospice Foundation, however, 80% of patients receive care in their homes. Hospice care is also available in nursing homes and hospitals.

A common misconception is that hospice is only for cancer patients or the elderly. In reality, hospice serves terminally ill people of all ages. While many do have cancer, a large number of hospice patients have other progressive illnesses.

Some think that hospice is only for the last few days of life or only for those already bedridden. Hospice care is provided to persons with life-limiting illnesses whose prognosis suggests six months or less.

It is also not true that when hospice care comes in, the patient will die faster. Hospice neither hastens death nor prolongs life. Because patients receive substantial treatment for pain management and symptom control, they can choose how they will spend their remaining time. An obstacle for some considering hospice care is the belief that patients will have a hospice caregiver present in the home 24 hours a day. In reality, care is provided as need is determined. The hospice team is,

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Spanish and Russian translations of these Forums have been made possible by a grant from the Cardinal Health Foundation. The Foundation's mission is to advance and fund large regional and national programs that improve access to and delivery of quality health care services. Headquartered in Dublin Ohio, Cardinal Health is an \$80 billion, global company serving the healthcare industry with products and services that help hospitals, physician offices and pharmacies reduce costs, improve safety and productivity, and deliver better care to patients. Ranked No. 19 on the Fortune 500, Cardinal Health employs more than 40,000 people on five continents. More information about the company may be found at www.cardinalhealth.com.

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however, available for support 24 hours a day, seven days a week.

Others are under the impression that it is the physician's decision whether or not a patient will receive hospice care. While a doctor's input is needed to determine if hospice care is medically appropriate, it is the patient that signs a consent form electing to be admitted to hospice.

Hospice does not replace a patient's doctor. The hospice medical director is available for consultation with the primary physician and considers the continuation of the patient-physician relationship a high priority.

Another obstacle is misconceptions about payment. In fact, most private health insurance, Medicare and Medicaid provide full coverage for hospice care, usually with no co-pays or deductibles. The fear that after six months patients will no longer be able to receive hospice care through Medicare and other insurance is also unfounded. Under the Medicare hospice program, if the patient lives beyond the initial six months, he or she can continue receiving hospice care as long as the physician recertifies that the patient is terminally ill.

Finally, one of the largest misconceptions is that hospice care is not available in a particular area. Patients and families are encouraged to check their local Yellow Pages, area United Way office, or physician to find out about the availability of hospice services. Other useful resources for finding an agency are the HCP website (www.nyshcp.org), the National Hospice and Palliative Care Organization at www.nhpco.org and the National Association for Home Care & Hospice at www.nahc.org.

Laura Howard is Agency Relations Coordinator for HCP member HomeCare and Hospice of Olean, NY.

Surge planning . . .

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different goals have been outlined for this phase of the project and will focus on issues related to surge capacity and planning in home care.

Employee Skills Inventory

The next step is to ensure that home care agencies are employing measures to catalog their capacity to expand care capabilities in an emergency. An employee skills inventory is intended to assist in reducing primary patient care needs (decompression) in hospitals and nursing homes during a regional care crisis. Home care agencies will be encouraged to use a standardized measurement, such as a skill analysis tool, to identify the skill set of employees. For example, do you know how many of your workers are also EMTs or have completed classes toward securing an LPN or RN degree?

HPN and HAN

DOH continues to emphasize the importance of the Health Provider Network (HPN) and the Health Alert Network (HAN) as tools in emergency planning and statewide response. The HPN is a secure system and DOH's principal means for disseminating and gathering important information and data regarding bioterrorism preparedness, surveillance and response. The Health Alert Network (HAN) is a "library" of information about outbreaks and is used to give providers access to relevant information. All home care providers are required to have access to the HPN and regularly monitor it.

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Upcoming educational events

Fingerprint Training

20 sessions across New York State in 2008. Half-day onsite seminars: "Nuts & Bolts of CHRC" and hands-on fingerprint training.

Getting Referrals from Hospitals

February 21 2008
1 pm to 2:30 pm
Audio conference featuring health care attorney and consultant Elizabeth Hogue.

The Secret to Home Care Safety & Accident Prevention

February 27
11 am to 12 noon
Webinar with safety expert Jim Pavoldi.

Forum #36: Dealing With Incontinence

March 13, 2008
3 pm to 4 pm
Audio conference for home care paraprofessionals.

To register for an event, visit www.chcforum.org/seminars or call 518/463-1167, ext. 817.



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Surge Plan Template

“Surge” is defined as the ability to expand care capabilities in response to prolonged need. This would allow for a seamless system able to respond effectively and efficiently to public health emergencies. Surge planning will assist providers with preparation for a possible pandemic flu outbreak and will prepare them for other potential surge events (e.g., extensive chemical spill, biological catastrophe other than pandemic flu, radiological or natural disaster).

According to Katharine Logan, Public Health Emergency Preparedness Representative for DOH, “This year, the focus is on surge to decompress the hospitals if the need arises. Surge planning involves knowing what an agency can handle, including crossing geographic borders they normally may not.” She continued, “We need to know what a home care agency’s ability to respond is if their client caseload goes from 100 to 120 (surge of 20%).”

CHC President Phyllis Wang said, “Surge planning will require identification of regulatory barriers that would need to be waived in an emergency.” She added that an Emergency Preparedness Advisory Group consisting of staff and

members from CHC affiliate HCP—the New York State Association of Health Care Providers, Inc.—will work with the Department to provide feedback regarding standardized surge templates, as well as regulatory barriers that would need to be addressed.

Statewide Educational Outreach

CHC will take part in providing a statewide educational outreach for home care agencies that will outline the necessity for surge planning and present the template for home care. Regional meetings will be conducted for home care agencies this spring with CHC staff and representatives from the DOH Health Emergency Preparedness Program.



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