Home Health Services
OBJECTIVES

- Understand what Home Health does
- Understand what EMS does
- Describe what we do together
- Identify where are the opportunities to work more collaboratively
HOME HEALTH GOALS

- Provide high quality, cost effective care in the patient’s most desired setting
- Prevent costly admissions/readmissions
- Be active partners in the continuum of care
HOME HEALTH CRITERIA

Medicare patients must meet:

- criteria for *homebound* status
- medically necessary “skilled” service
NURSING SERVICES:

Provide skilled assessment and patient specific interventions, including cardiovascular and genitourinary assessments, and medication management

May include:
- Certified Wound Ostomy Care (CWON)
- Mental Health
- Infusion Nursing
- Palliative Care
Physical Therapists (PT)
Occupational Therapists (OT)
Speech Language Pathologists (SLP)
OTHER SERVICES

- MSWs
- Home Health Aides
- Dietitians
- Chaplains
- Clinical Support Staff
Work with physician offices, hospitals, various facility types including Adult Foster Homes, as well as directly with payers.

Specific work done on reducing hospital readmissions.
In Redmond: high risk patients identified by a certain criteria are eligible and the payer must be OHP.

In Heppner, EMS will ask patients who frequently call 911 if they have Home Health.

Elsewhere in the state: TVF&R’s pilot project in Multnomah County.

Benefits of partnership: Reducing visits to the ED and rehospitalizations.
FUTURE STEPS

- EMT and Home Health working together to fill the gaps
- Home Health could help with training of EMT providers
- Collaborate on patient satisfaction and clinical outcomes