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:

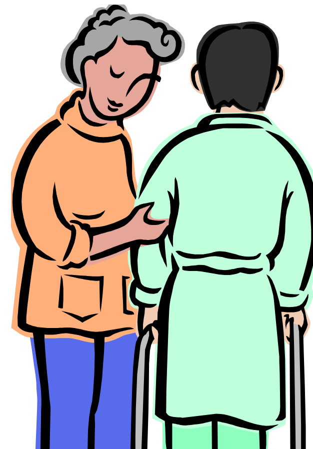
- Certified Wound Ostomy Care (CWO
- Mental Health
- Infusion Nursing
- Palliative Care

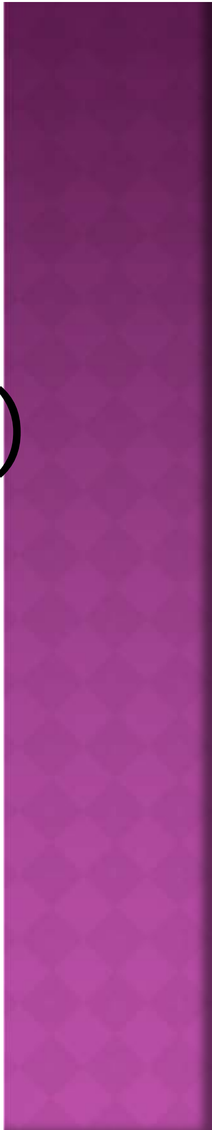
REHAB SERVICES =

Physical Therapists (PT)

Occupational Therapists (OT)

Speech Language Pathologists (SLP)





OTHER SERVICES

- MSWs
- Home Health Aides
- Dietitians
- Chaplains
- Clinical Support Staff

COLLABORATION WITH OTHERS

- 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

CURRENT WORK WITH EMS

- 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