



HIGH-TECH RESPIRATORY HOME CARE

by *Kenneth A. Wyka, MS, RRT, FAARC*

All respiratory home care companies provide their patients with oxygen, CPAP, bi-level pressure devices and compressor/nebulizers, but a relatively small number also offer high-tech respiratory home care. What I mean here, is equipment and follow-up care specifically for ventilator-dependent patients. High tech care may also, however, include apnea monitoring for infants, airway management and tracheostomy care. There are a number of reasons why a handful of home care companies in any geographical area provide these services. This article will examine these reasons and will take a close look at the scope of high-tech home care and where it may be going in the future.

Most home care companies do not provide high-tech respiratory home care, but there are many reasons why they should.

Most home care companies do not provide high-tech respiratory home care. In fact, it is far easier to list the reasons why home care companies do not offer this level of service. Those reasons include the cost of providing this level in the home, questionable insurance coverage and reimbursement, the cost of staffing a competent RT staff, the cost of

equipment and supplies needed and the always present legal considerations and consequences. It indeed requires a commitment on the part of any home care organization that decides to provide high tech respiratory care within the home setting. It is labor intensive and costly but if properly managed, it can bring revenue into the company and provide the staff with patient-related challenges far beyond those of oxygen, aerosol and CPAP therapy; routine care that can carry the potential for being, at times, mundane.

I have been involved with several DME companies over the years that delivered high tech respiratory home care and I found that these organizations were dynamic and progressive in their approach to high quality care. They were on the cutting edge of what was happening within the home care industry. The RTs employed by these companies had an opportunity to exercise their clinical skills to the fullest. I'm not saying that RTs at other home care companies do not have excellent clinical ability for many of these individuals often work at local hospitals to keep their skills fresh. What I am implying is that RTs who provide higher levels of respiratory home care tend to be more satisfied with their positions because of the challenges they frequently encounter and are able to handle. This provides excellent job satisfaction and an opportunity for professional growth.

The best example of high tech care is the ventilator-dependent patient. Preparing this patient for discharge to the home is labor intensive. It involves discharge planning with the case manager, family, physician, insurance provider, RT Department and nursing staff; requiring both interdisciplinary meetings and clear communication regarding desired outcomes. Part of this process is the home inspection conducted to insure that the environment is both safe and functional for the patient and caregivers. Oftentimes, electrical modifications are required along with structural changes to allow for greater access into the home and from room to room. Adequate ventilation and temperature control are other considerations that must be factored into the patient environment. Any needed changes may take time and can cause delays in the actual discharge date. However, they are necessary for safe and effective patient care in the home and the RT is the one who best understands their importance.

Education and related training for family and/or caregivers follows the home inspection. Depending on the number of individuals needing training and any experience they might have, this can also be a time-consuming process. Both hospital and home care staffs are called upon to provide this component of the discharge process. Family and other caregivers are taught daily patient care procedures, patient monitoring, proper suctioning techniques, routine trach care and airway management, changing of ventilator circuits, use and cleaning of related equipment and basic emergency responses. A checklist documenting the dates and types of education provided, trainer and competency levels should be completed and kept on file.

It is recommended before discharge to the home that the family or caregiver spend at least one full day caring for the patient within the hospital. This should involve all the levels of care that would be delivered at home. The purpose here is to insure that individuals are able to provide the necessary care with minimum supervision and to identify any last minute deficiencies that require remediation. It is also essential, prior to discharge, that the patient be placed on the actual home ventilator for at least 24 to 48 hours to insure that the device will provide adequate ventilatory support.

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The type of home care equipment prescribed for home use will depend on the patient's diagnosis, severity of the condition and overall patient condition. With many ventilator-dependent patients, a ventilator and back-up unit is recommended. This is in compliance with the AARC's clinical practice guideline (CPG) for managing patients within the home environment. It should be noted that ventilatory-assisted patients who require 8 hours or less of ventilatory support, often on a nocturnal basis, do not need the back-up ventilator. Other home care equipment may include a stationary and portable oxygen system, suction unit and battery-powered back-up unit, oximeter, hospital bed, Hoyer lift, commode, wheelchair or power chair. In addition, there are considerable supplies that need to be provided ranging from catheters to tubing to ventilator circuits.

Insurance payment for equipment and supplies is important. Home care companies do not receive payment from any state agency for indigent care delivered. Consequently, insurance authorization is obtained before the discharge plan and process is activated. Rarely are patients or family financially able to cover the costs of ventilator care within the home. Besides being labor intensive, caring for the ventilator-dependent patient in the home is also an expensive proposition; but not as costly as hospital or facility-based care.

And remember, we have not factored in the expense of the RT home visits. The RT will follow-up with the discharged ventilator patient on a daily basis for the first week, every other day during the second week at home and once a week during the third week. Again, depending on patient condition and need, routine follow-up visits will be on a monthly to quarterly basis. Unfortunately, there is generally no reimbursement mechanism for RT home visits although some state Medicaid programs have recognized the RT and have provided payment for visits pertaining to the management of the ventilator-dependent patient at home.

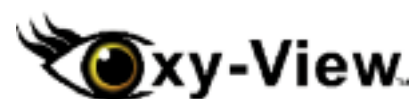
As for nursing services, Medicare does not pay for nursing shifts while Medicaid does. However, this must be applied for and approved prior to actual patient discharge from the hospital. Nursing is an important part of the equation. Many families and caregivers believe they can care for the patient on a 24 hour basis and many have attempted to do so. In most cases, these individuals burn out and find the responsibilities associated with on-going patient care too much to handle. It is best to have at least one 8 hour shift of nursing coverage per day; 2 shifts per day are better if at all possible. Nursing agencies providing care for the ventilator-dependent patient must have personnel that are fully trained in and competent with home ventilators and related care. This type of training can be provided through the home care company but again, we are talking about time, money and commitment.

Need I say more? The process takes time, personnel, equipment and money. It is not easy and probably is the major reason why many home care providers shy away from patients requiring high-technology respiratory care in the home. This care is challenging in many ways but in many ways, it also provides a sense of accomplishment and satisfaction; not to mention the positive patient outcomes that are often realized. The outlook for this type of home care is difficult to predict as is the number of patients that may need ventilatory support in the home. Mechanical ventilators are becoming more reliable, easy to use and more portable. The outlook probably rests with insurance coverage, reimbursement and the willingness of home care providers to accept the challenge and offer this level of respiratory home care to any patient in need of it.

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