

Home Health Nurse Podcast Episode Transcript

"Julie Wan" 00:00:01

Welcome listeners to the NYU Langone nursing station podcasts. Welcome to this episode where we bring together nurses to dive into the specialized field of home health nursing. In this discussion, we'll explore the unique challenges faced by home health nurses, examine how the role of the inpatient nurse during discharge influence home health care and reflect on the impact that home health services have on the inpatient side of healthcare. Join us as we uncover the interconnected roles and collaborative efforts that shape patient care across settings. My name is Julie Wan and I am the nurse manager of nursing quality at the Brooklyn campus and your host for today's episode. This session is eligible for contact hours and in compliance with ANCC's commission on accreditation, this educational activity does not include any content that relates to the products and or services of a commercial interest that would create a conflict of interest. Today I am joined by Erica, Tatiana, and Nikki, and I'm going to ask them to introduce themselves.

"Erica Reed" 00:01:14

Hello hi. My name is Eric Reed. I happen to be a registered nurse and a nurse practitioner professionally. My current role here at NYU Langone home care is as a director of intake managed care contracts and info systems.

I hold multiple degrees as a graduate prepared RN, Masters is an MSN and I have an MBA in practice and currently pursuing a DNP.

"Tatiana Saint Victor" 00:01:37

Hello everyone. My name is Tatiana Saint-Victor and I have been a RN for 15 years. The last 9 years I have spent in home care. I am currently a nurse educator for home care, I recently transitioned to that role back in September. I am also in school at the moment. I am pursuing my MSN in education.

"Julie Wan" 00:02:05

Hi, everyone, my name is Nikki Joe Grossman. I'm a nursing supervisor for NYU home care out of the Brooklyn branch. I am a nursing supervisor, but I also have the pleasure of overseeing a physical therapist, so in home care. I've been a nurse for twelve years now. I am doctorally prepared and I have a certification in health care quality and I'm happy to be here. Thank you.

"Julie Wan" 00:02:29

Well, thank you all for being here today and I look forward to this conversation, so let's just dive in. Erica, can you tell our listeners about what home health entails and how does it differ from home hospital?

"Erica Reed" 00:02:41

Oh, Julie, that's a really good question cause those two often get interchange interchangeably used and people confuse them a lot because they both deliver care at home to the patients in a community. But they're very different in scope. So the certified home health services that's traditionally performed at home care is a post acute intermittent skilled service that's provided

for patients for recovery after our hospitalization or to help patients manage chronic conditions in a community.

"Erica Reed" 00:03:57

So a patient in this forum typically is not hospitalized their service in their home, and they receive intermittent services from multiple disciplines, whether it's still nursing, PT, OT, speech, home health aid or social work. Of course we receive doctors orders to provide care for these patients.

And these patients they're not so acute that they require round the clock care from the clinician. They may have round the clock care from a custodial provider, but not from the nursing perspective. But, we are there to basically support the patient to maintain some independence in the community and to be able to manage their conditions more appropriately in the community with the support from us and the support from their families. Home hospital is different in the aspect that the their acute care patient, meaning that they are not sitting in the brick and more mortar building where we provide the actual patient care. We are bringing that same service to the patient in their house.

The purpose of this is off, of course, to help free up beds and provide a different, way of providing services to patient that's outside of our traditional way of doing things. The patient is actually formally admitted to the hospital again in their home. They are not required to be homebound.

They do have daily visits from the physician, they're monitor tele from telehealth devices so we can keep an eye on their vitals and other things that we need to make sure that the patient's stable. They're given like IV meds, oxygen, imaging, labs, things like that within their home. They are usually feeling close. We have a requirement for how close they need to be to the hospital in case we need to bring them back here. But there is a 24/7 command center and there's doctor's always available to make sure that the patient's care is not being missed or anything like that.

We take most of all of the disease processes for these patients to be able to go home, but the patient cannot be like meeting ICU criteria. We don't deliver that acute of care in the home. That requires more in house oversight. These are your patients that might come in like with cellulitis, any IV antibiotics, pneumonia, COVID patients, things like that, those of those patients that we service to be able to, to be able to get that type of service too.

"Julie Wan" 00:05:13

So then what kind of patients would qualify for the home health nurse?

"Erica Reed" 00:05:18

So for the home health nurse, for certified home health care those patients would be the patients who they have to be homebound according to the conditions of participation for Medicare. These patients require assistance or oversight with things like nephrostomy drains, pleurex catheters, wound cares chronic wounds, medication management, teaching them about their disease process and management, patients who need physical therapy after joint surgery, open

heart surgery to really rehabilitate these patients that have become deconditioned. Definitely a lot of the diabetic patients. Patients who have a foley things like that. And for the hospital at home, we take care of those same type of patients. But again, once they're discharged from our services, from home hospital, that's like being discharged from the hospital.

"Erica Reed" 00:06:08

That patient will then be allowed or entitled to still receive home care services. So think the service will be seamless for that patient in the home because they never had to leave their house. They got their acute care in their home and now they would transition to the intermittent care that would be followed by the other nurses in PT that were coming in the house to rehabilitate the patient.

"Julie Wan" 00:06:28

I see. Thank you for sharing that. And what are some of the benefits for, of home health nursing for the patient?

"Tatiana Saint-Victor" 00:06:36

There's an abundance of benefits to the patient, but to discuss a couple, it's the ability for the patient to remain in their familiar environment. When the patients are able to receive care at home, it can often reduce their stress. It also supports the emotional well being. It also promotes faster recovery.

Home health nursing enables personalized one on one care as that nurse can exclusively focus on the individual patient during their encounters when they visit them in the home. It also works to benefit against rehospitalizations because they're being monitored regularly in the home setting, it facilitates early identification of health issues that can arise, it also enhances the patient's safety. It also alleviates pressure on the healthcare system as a whole. It's cost effective. It also promotes independences. The nurses go in and they're there to provide education not only to the patient but also their family members. It could be regarding medication management, equipment use, management of chronic conditions. So by doing all of this, it fosters confidence in the patient, their caregivers and promotes autonomy.

"Julie Wan" 00:07:51

And when you see a patient, Tatiana, what are some of your main goals for that visit?

"Tatiana Saint-Victor" 00:07:58

Well, we definitely want to promote safety in the home. So there's things that when a patient would go into the hospital, they can't really speak a speak for because you're not in the home. So we assess the home as a whole. So we want to make sure that the patient is safe. We want to make sure that we're preventing any further complication that could arise. We also offer other disciplines. We have disciplines during our home care episodes, which can improve functional independence in the home. Management, like I mentioned before, of symptoms, and chronic conditions. You also want to support the patient to ensure that they have proper nutrition, proper hydration, they're following their prescribed diets that were ordered from the hospital.

We want to make sure that they're coping, you know, we also offer social work which can help with that as well. A lot of patients go to the hospital and come up with new onset diagnosis that can be very challenging for them to manage on their own. And also, just making sure that they have a good support system within the home as well.

"Nikki-Jo Grossman" 00:08:59

Tatiana all really great points. One of the things that we also do in assisting the patient and one of our main goals is to make sure that every medication that the patient is supposed to be going home with from the hospital or on from their primary care physicians is actively present in the home that the patient is educated on why they're taking it, that they're taking it correctly. We help them create sometimes med boxes or we work within their individual environments. We really focus on individualized care from this perspective, which as everyone listening to this, who's within NYU would know is a, is a really important factor of the nursing care that we provide. So through the proper medic medication reconciliation and education, this helps us as nurses support one of our primary goals, which is to prevent that rehospitalization. And I really want to commend the nurses that are out there doing this work because, you know, I'm sure that everyone listening to this knows some of these patients are going home on like 20 different meds. It can be very confusing, there's polypharmacy, the patients are older, they might be cognitive deficits. So having that dedicated time one on one without the interruptions that exist on the inpatient level is so valuable, and I think the work that our nurses are doing is just amazing.

"Erica Reed" 00:10:12

I wanted to ask for piggyback on what you just said, Nikki, you brought something very valuable to that conversation. Just speaking from the, cause I've actually worked on the inpatient side for care management and also as a home care nurse for 24 years that you often get into the house, right?

You find out that the patients can't be prescribed the medication that they found that they could not afford until they got home. So now the whole challenge of trying to get a doctor to find something comparable to make sure that we're still achieving what we have set to achieve medically for the patient and have patient and have it where the patient can have some affordability, it becomes even that much more challenging when the patient's already back in the community. So, kudos to our nurses who work so diligently to make sure that we keep the communication open and we reach out to these doctors to try to resolve these issues and mitigate these issues for the patients so that this way we don't have any disruption in the care disruption in the patient's recovery and that this way if this is a chronic condition and chronic medications that the patient needs to be on for management, we have a way for the patient to make remain compliant.

"Julie Wan" 00:11:19

Thank you all for sharing a piece of that because like you've all touched on, individualized care is really the key here for all our patients and that complexity of coordinating medications and things like that. That takes a lot of dedicated time. So thank you for sharing that as one of the main goals for your visits. Why is the role of the inpatient nurse during discharge significant for home health?

"Nikki-Jo Grossman" 00:11:45

So I can speak to that. This is Nikki again. The better part of my, experience as a nurse has been on the inpatient level with NYU. I am NYU proud. I didn't think about how that care would go further than the care I provided from you know either 7a to 7p or 7p to 7a when I was bedside. But being in this role gives me a distinct vantage point of being able to really appreciate how everything is so fluid into it, into itself. I'll start with the AVS

"Julie Wan" 00:12:16

And for our listeners, an AVS is an after visit summary, which is essentially the discharge summary.

"Nikki-Jo Grossman" 00:12:25

This is a primary responsibility of the inpatient nurse. When we are discharging the patient we are the people that are sitting with them, reviewing their instructions, we want to make sure that they understand what they're supposed to be doing when they go home, which includes follow up visits for MDs. It includes medication instruction, right? They'll stop taking this, start taking, resume, change, all these different instructions.

And the role of the inpatient nurse is so vitally important to the home health nurses because of exactly what I just mentioned with that med reconciliation. The support that they provide to the patient in ensuring the accuracy of that AVS provides.

Us the support that we need as home health care nurses to then hit the ground running and provide additional add on education to these patients. It's continuous fluid education that starts at the inpatient level and transitions to the patient's home, which is really where they're gonna learn those habits to keep up with that med compliance. Again, as Tatiana mentioned, they're in their home environment. So this is where their routines exist. We have that privilege to be in their home to see where do they keep their meds? Where is their water? How can we help them? How can we help them make sure that they take this medication every day? Can we make an environmental modification? Can we teach them how to set an alarm? Can we suggest moving the med box from the kitchen counter to the bedside table that they might have in their home.

All these important things, but it really starts at the accuracy of that AVS and I know that the nurses in the hospital work very, very hard with the discharging clinicians when they recognize an error or something that doesn't make sense. So we really appreciate that effort that they put in because it feeds us to be able to help the patients stay out of the hospital, which ultimately just loops right back around to provide assistance for them as the inpatient nurses.

"Erica Reed" 00:14:13

I wanted to also close the loop on that with you, Nikki as well because coming from the inpatient side, the AVS is majorly important, but what's also important from a certain as the patient transition to the certified home health agency is remember we're in intermittent service, right? So when a patient's going home with certain wound Care that

That might be required daily or drain that needs to be done daily or even going home with a feed pump, We want to make sure that the patient has the support they need, meaning either the patient is going to be instructed at the bedside prior to discharge on how to see if they're able to manage it because technically home care has at least 24 to 48 hours to get into the home. So we want to make sure that the patient
Has some sort of teach back on what they're doing

So at that point it's imperative that the nurse at the bedside makes sure that a discharges information is one, demonstrated to that we had appropriate teach back so the patient's able to at least manage until home care can get into the house. I can't stress the importance of the education that's provided to the patient by the nurse before they leave that hospital, so important.

"Nikki-Jo Grossman" 00:15:17

I agree Erica, and I think that actually as you were saying it, it's making me remember all the things that I did Bedside as well. DME,

"Julie Wan" 00:15:23

To clarify for those who may not know, DME stands for durable medical equipment. To give you a few examples this might include mobility aids like a walker, cane, or a crutch, a home bathroom equipment such as a shower chair or a raised toilet seat.

"Nikki-Jo Grossman" 00:15:39

Right? These things that we just don't necessarily appreciate how important it is in the home environment when we've never worked in that setting, but that walker that you're ensuring as an inpatient nurse is leaving the hospital with the patient is invaluable to their safety in the home. They don't have smooth flaws like we have in the hospital. There's a wide range many of which might live in smaller apartments with environments that have clutter or different types of things that aren't as easy to navigate as a hallway in the hospital. So having the appropriate DME like a cane, a walker, raised toilet seats, all of these things that are so important to keeping them safe in the home, the inpatient nurse being the shepherd of that before the patient leaves the hospital is really it's invaluable to the patient recovering well and not returning to the hospital. So it, it ultimately also impacts the organization's goals, which is, you know, to reduce rehospitalization as well.

"Julie Wan" 00:16:37

Thank you and closing the loop once again, how does the work that you do as home health nurses impact the organization on the inpatient side now?

"Nikki-Jo Grossman" 00:19:48

I think it's really a team effort, right? So as mentioned, one of our main objectives is to provide intermittent short term care to patients as nurses that bridge them back safely into the community. So what does that mean? We want to teach them again about their meds, about how to ambulate safely not only in the home. As mentioned, we have therapy services as well. The physical therapist occupational therapist on our team, if the conditions are appropriate, they get out there in the community with the patients, they get in their stairwells with them. They go up

and down, you know, the stairs that are different than the ones that are in the hospital. They might be narrower, they might have different conditions, they get out into the street with the patients. They're walking on the cements that is not perfectly flat. They're really putting in that effort to teach the patient how to be functional, right? It's all functional movement, functional capacity to exist in the community and get back out into the community in a safe fashion and not wind up back in the hospital. I know we've all heard as nurses how important it is to keep patients out of the hospital. I think we can all appreciate that just by way of workload. But really when you think about also patient facing things that patients might look at when they're choosing a hospital to go to. I bet you they are looking at admission rates. They want to see how many patients get discharged from certain hospitals come back in. I would think twice before I go to a hospital that has a higher readmission rate. And I know that we do a wonderful job at NYU to keep those numbers down. I know that NYU home care is actually on the lead in that.

On the lead in that. So we're very proud of the work that we do not only that how we work in tandem on the inpatient level and in the ambulatory levels and in the FGPs and every nurse that provides care across the spectrum, but also from an organizational level and I think we all work very hard to make sure that we remain as success as an as an organization. It's proud work.

"Julie Wan" 00:18:42

Thank you. I think that's a really nice way to conclude this episode. I wanna thank you all our panelists for joining us today and sharing your valuable insights into the specialty of home health nursing. You've shed a light on the vital role.

Home health plays and patient care and the broader health care system. And thank you to our listeners for tuning in. We hope you enjoyed this discussion and gained a deeper understanding of the impact and importance of home health nursing. See you next time and for any questions or comments, please email hashtag nursing station podcast, and as a reminder, this session is eligible for .5 contact hours. A survey will be posted with the recordings. Please access and complete the evaluation to obtain the certificate.