“Star of Excellence” Award Edition

NVNA AND HOSPICE:
CELEBRATING 100 YEARS AND LOOKING AHEAD TO THE FUTURE OF HOME CARE
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The Past, Present & Future of Home Care

By Erica Ford

HOW HAVE YOU SEEN HOME CARE EVOLVE OVER THE COURSE OF YOUR CAREER?
In many ways, home care is now considered an extension of the hospital, or even a hospital at home. When I was a practicing nurse at NVNA and Hospice, we didn’t have many patients coming right from Intensive Care Units (ICUs) and we saw a far greater number of patients attending post-acute rehab than we do today. The patient journey typically started in the hospital and transitioned to a post-acute rehab center before the return home.

But hospital visits are expensive and, as I’m sure you can imagine, many patients prefer to recover at home. So today, the goal is to limit the amount of time that patients spend in the hospital and help them recover at home whenever possible. Patients are now able to return home the same day as their surgery because home health providers have the ability to treat them with the same level of care that they would receive in the hospital.

In fact, the majority of our business is providing that type of complex care for patients in their homes. Working closely alongside hospital physicians and case managers, our nurses are providing skilled care and responding to a variety of clinical needs, including post-surgical care, medication management and disease care and management. They’re providing an assessment of the patient’s condition and needs, developing care plans, managing those plans and giving the patient and their caregivers the education and information necessary to maintain the patient’s health, safety and independence.

Another element of the evolution is the behavioral health component of care. Home health clinicians are now treating patients more holistically. Our nurses are providing care for their patients’ physical well-being, but they’re also supporting and educating their patients’ families and caregivers and ensuring they have the resources to plan for a successful future once their physical care is complete.

WHAT ROLE HAS TECHNOLOGY PLAYED IN THAT EVOLUTION?
Just like almost every other industry, technology has played a huge role in the evolution of home care, and we’re seeing that continued evolution in real-time due to COVID-19. Since March,
telehealth has been a topic of national conversation as healthcare agencies around the world are relying on it to see, diagnose and, in many cases, treat their patients. Amidst a global pandemic, telehealth is helping bridge the gap between patient and care provider.

As an agency, I’m proud to say that we’ve been ahead of the curve when it comes to investing in technology. NVNA and Hospice started utilizing telehealth back in 2005 and we now offer a robust program through a company called Health Recovery Solutions (HRS) that allows our clinicians to provide high-quality coordinated care via phone, video chat and text messages with patients.

Having this technology in place and in use allowed us to quickly and efficiently scale the program once the country went into lockdown. Beyond the typical home care patient, we began utilizing telehealth for post-surgery patients as well as hospice caregivers who needed guidance prior to the nurse’s in-home visits. In March, we were able to quickly incorporate HRS’s new COVID Care Plan, consisting of a COVID-19 screening tool, symptom surveys and custom education. It also provided clinical best practices on symptom survey cadence and video visits on our entire telehealth census. This gave us an effective, ongoing layer of patient monitoring for COVID-19 symptoms. The care plan also provided clear, simple and accurate guidance to both assure and educate patients about the virus and to help stop the spread.

But that rapid shift meant that physicians and home health clinicians had to increase and improve communication in order to ensure that proper care could be provided at home. As a result, it highlighted to physicians just how important home care is, and how it can support their practice by keeping their patients safe at home.

As far as NVNA and Hospice’s response to the pandemic, our primary goal was, of course, to keep our patients and staff safe. Much of our response was an extension of what we already do as an agency, and centered on fast, clear communication. We’re always had a comprehensive infection control program in place, which allowed senior management to initiate it swiftly. The incident command team met daily to check CDC guidelines, implement changes to protocol and communicate those changes to the rest of the agency.

The situation at the Pat Roche Hospice Home was far more delicate. Nursing homes were quickly and devastatingly affected by the pandemic, which led facilities to eliminate unneeded hospital visits.

YOU MENTIONED COVID-19. CAN YOU TALK ABOUT HOW IT HAS IMPACTED HOME HEALTH CARE AND HOW NVNA AND HOSPICE HAS RESPONDED TO IT? As you probably read about in every major news outlet, the coronavirus pandemic has had a major impact on home health care. People were, understandably, reluctant to visit hospitals and emergency departments, which meant that patients in need of care were turning to home health clinicians to minimize their exposure to the virus.

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IN YOUR OPINION, WHAT DOES THE FUTURE OF HOME CARE LOOK LIKE?

The reality is that patients are generally sicker than they have been in the past, and clinicians are caring for them at longer trajectories as a result. In terms of how that affects the home care sector, I can confidently say that it’s going to grow. Patients won’t want to stay in the hospital for long periods of time unless absolutely necessary, so we’re going to see more and more of them opt for in-home care. Along those same lines, behavioral health will play a larger role in our clinicians’ day-to-day responsibilities and they’ll continue to treat patients more holistically than ever before.

Baby boomers will also continue to impact the home care sector. According to the 2020 Census, the baby boom generation is now at an estimated 73 million, and all boomers will be at least age 65 by 2030. This means that as more and more of them enter their senior years – about 10,000 a day – we’ll continue to see a steady increase in the number that opt for in-home care.

I also believe that the future of home care – and healthcare as a whole – will continue trending in the virtual realm. In the immediate future, we’re going to see telehealth being used in new, more innovative ways.

Finally, we can’t talk about the future of home care without talking about Medicare and commercial payers. For those who may not be aware, Medicare and the other commercial payers cover certain types of visits, but only a small portion of them cover telehealth for home care – meaning the use of telehealth is an overhead cost. Unfortunately, the current model doesn’t identify when a virtual visit can safely and effectively occur in place of an in-person one. That’s why many agencies, including NVNA and Hospice, are lobbying for change. I’m currently working with the National Association for Home Care, as well as the federal government, to push for a policy update.

WHAT DO YOU HOPE FOR THE FUTURE OF NVNA?

Since its doors first opened in 1920, the Norwell Visiting Nurse Association has been charged with bringing essential health service and education into the homes of the South Shore community – and that mission has remained the same over the last 100 years. Following in the footsteps of my predecessors, I will work diligently to ensure that NVNA and Hospice remains rooted in its founding mission while also striving to expand its offerings based on patient needs.

In terms of specific growth, I have made it my mission to expand upon our hospice and palliative services. As a first step, NVNA and Hospice launched its Grace Campaign to raise $4.5M by 2021, of which $2.8M has already been raised. Under the leadership of Campaign Chair Jane Steinmetz, Managing Principal of Ernst & Young, donations will help establish a fund for the future that will build on the mission of the Pat Roche Hospice Home and further enhance the Palliative Care Division. Both services have come a long way in such a short amount of time, so I want to maintain that momentum and help them reach their full potential.

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