

Working with Pediatric Home Care Agencies

By Amy Nelson, chair of the Council for Pediatric Home Care, MN HomeCare Association

Recent advances in medical technology have increased the number of pediatric patients now treated at home. Common home medical interventions include: infusion therapies with central and peripheral lines, lab draws, parenteral and enteral nutrition, sleep diagnostic testing, respiratory assistive devices such as ventilators, Bi-level, CPAP, oxygen monitoring, CO2 monitoring, airway clearance equipment and techniques.

The MN HomeCare Association's Council for Pediatric Home Care is the first of its kind among state home care associations. It is dedicated to act as a resource not only for physicians and health care agencies but also consumers. Its three-fold intent: offer optimal care approaches to meet specific client needs; provide trained and qualified nurses; prepare families to best care for their own children.

Local public health agencies previously provided some of these services in communities. However budget reductions have decreased the availability of these pediatric home care resources except for targeted populations of families and children.

Finding credible and reputable home care agencies to work with is a primary consideration for physicians. Examples of tools that pediatricians can use to access and implement home care:

- Pediatric Private Duty Nursing Qualification Assessment Tool -- determines a client's need for private duty nursing hours while accurately considering all conditions which require the intervention of a skilled nurse
- Acuity Tool -- determines reimbursement rates, anticipated outcomes, predictability of hospital re-admissions/ER visits and level of staffing skill/experience needed
- Annual Client Plan -- creates a detailed summary of all the factors involved in or influencing home care for the ensuing 12 months

Funding for pediatric home care is increasing as more people recognize its cost effectiveness. While the average tab for hospitalization can be \$5,000 per day -- and care for premature infants is often higher -- home care is reasonable by comparison, costing thousands less. Many insurance companies now cover extended hour nursing and care visits. A tracheotomy patient, for example, can be approved for 24 hours per day care for one month and then weaned onto family care.

Managed care companies such as Medica, Health Partners, UCare and Blue Cross/Blue Shield understand that home care for children is not only safe and efficient, but also from 5 -20 times less expensive than facility care. It also provides one-on-one care, which is very difficult to obtain at hospitals or group facilities.

Communication Tips for Physicians:

1. Talk to home care agencies to understand their array of services
2. Ask for their advice or perspective on certain types of patients
3. Be proactive in communicating about home care with families and nurses
4. Discuss discharge planning, including home care, at a patient's admission
5. Tell home care providers what you need to optimize patient care

Physicians should feel comfortable in trusting and delegating care duties to home care nurses.

"We have sent over 400 children home with trachs and vents and find home care to be a very good alternative with fewer infections and low readmission rates," says Dr. John McNamara, director of children's home care & hospice program at Children's Hospitals and Clinics of Minnesota "Even acute illnesses have been successfully cared for at home."

For a list of pediatric home care agencies, go to www.mnhomecare.org

Minnesota Fall Flu Guide Available Online

Starting this year, Minnesota's statewide "Flu Plan" will only be available online. MDH will not be mailing out hard copies.

In addition, the plan's name has been changed to Minnesota Fall Flu Guide 2010-11.

A link to the guide can be found at the bottom of MN-AAP's home page at www.mnaap.org