Home Health Care 101: An Overview of Key Elements for an Evolving Practice Setting

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Session Type: Educational Sessions  
Session Level: Basic

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# Home Health Care 101: An Overview of Key Elements for an Evolving Practice Setting

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Treasurer, APTA Home Health Section

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National Director, Clinical Specialty Operations and Outcomes  
Gentiva Home Health & Hospice  
Research Chair, APTA Home Health Section

## Disclosure

- Chris Chimenti: No relevant financial relationship exists  
- Matt Janes: No relevant financial relationship exists

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## Introduction

### Chris Chimenti
- Slippery Rock University  
  - 1997 - MS, PT
- NovaCare Outpatient Rehabilitation
- HCR Home Care (1999 - Current)  
  - Field Staff (3 Years)  
  - Supervisor (1 Year)  
  - Director (9 Years)
- APTA, Home Health Section  
  - Research Chair
  - Treasurer, Executive Committee Member

### Matt Janes
- University of Louisville  
  - 1997 - BHS, PT
- University of Indianapolis  
  - 2002 - MHS  
  - 2008 – DPT
- Baptist Hospital – Acute Care  
- Kentucky Orthopedic Rehab Team (KORT) – Outpatient  
- Gentiva Home Health & Hospice  
  - (2004 – Current)  
  - Director – Rehab (2 Years)  
  - Corporate Clinical Support (8 Years)  
- APTA, Home Health Section  
  - Research Chair
Objectives
At the end of this session the participant will be able to:
1. Describe the role of the home care therapist in the continuum of care and patient lifespan
2. Describe the opportunities and responsibilities for physical therapy practice in the home health practice setting
3. Define challenges posed to the home care therapist
4. Understand selected best practices to integrate into clinical or operational practice
5. Describe how technological advances have impacted home care practice

Do You Have Home Care Experience?

Please Stand...
Are You Home Care Material?
Would you enjoy working in different locations every day?

a. Yes (stand)

b. No (sit)

Are You Home Care Material?
Would you enjoy working on a team with Occupational Therapists, Speech Therapists, Nurses, Registered Dietitians, and Home Health Aides?

a. Yes (stand)

b. No (sit)

Are You Home Care Material?
Would you:

a. Enjoy working with one patient at a time? (stand)

b. Only want to multi-task between patients? (sit)

c. Only want to teach groups of patients together? (sit)
Are You Home Care Material?
Would you like the ability to **flex the hours you work**?

a. Yes (stand)

b. No (sit)

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Are You Home Care Material?
Can you see yourself working with the following **patient populations**?

a. Orthopedic
b. Neurologic
c. Cardiopulmonary
d. Medically complex
e. Geriatrics
f. Pediatrics
g. All/most of above (stand)
h. None/few of above (sit)

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Are You Home Care Material?
Are you willing to **drive in the following conditions**?

a. Snow
b. Rain
c. Sun
d. -10° weather
e. 100° weather
f. City roads
g. All/most of above (stand)
h. None/few of above (sit)
Are You Home Care Material?
Are you prepared to be in a home where the following **animals** live?

A. Dog  
B. Cat  
C. Snake  
D. Goat  
E. Parrot  
F. All of above *(stand)*  
G. None of above *(sit)*

Are You Home Care Material?
Will you start **screaming hysterically** if you see a cockroach, mouse, or bed bug?

a. Yes *(sit)*  
b. No *(stand)*

Are You Home Care Material?
Are you willing to go work in a **sketchy neighborhood** in order to treat a patient?

a. Yes, if a guard is available PRN *(stand)*  
b. No *(sit)*
Are You Home Care Material?

Are you willing to work in **underserved rural areas** in order to treat patients?

- a. Yes (stand)
- b. No (sit)

---

Are You Home Care Material?

Would you like to receive **fresh baked cookies** from your patient’s spouse when you arrive at their home for PT?

- a. Yes (stand)
- b. No (sit)

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Home Health Supply & Demand

- Median gross earnings for physical therapists in home care: $87,000
- 6.7% of physical therapists provide home care services.

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Home Health Supply & Demand

Home health care employment on the rise.

33,400 Projected employment of physical therapists in home health care services in 2022 — a 44% increase from 2012.

US Bureau of Labor Statistics, Department of Labor

Home Care Myths

• Myth: Home care is where “old” therapists go to die.
  • Truth: Therapists at all points of their career are represented in home care.

• Myth: You can’t work in home care until you have 1-2 years experience.
  • Truth: New Grads Welcomed!

• Myth: All home care patients are bed bound.
  • Truth: Patients in home care need to be homebound, which is very different than bedbound.

• Myth: Home Care agencies are run by nurses.
  • Truth: Therapists play an integral role in the leadership of home care agencies.

• Myth: No therapists do home care full-time.
  • Truth: Many Therapists work in Home Care Full-Time.

• Myth: There is no equipment to do “cool” stuff.
  • Truth: Some equipment is available for home care therapists.

• Myth: Therapists in home care don’t specialize.
  • Truth: Many Home Care Therapists have advanced specialization and certification.

• Myth: Evidence-based practice isn’t utilized in home care.
  • Truth: EBP is alive and well in Home Care.
Home Care History

- 1796 Boston Dispensary
  - Home care versus hospital
- 1877 New York
  - Nursing care in the home
- 1885 Buffalo New York
  - Established first voluntary group to provide nursing care in the home
- 19th century visiting nurse associations
- Declined use in 1960’s
- Vibrant practice today

Home Care Agency Structure

- Certified
  - Certified by Centers For Medicare & Medicaid (CMS)
  - HMOs and Private Insurance
- Licensed
  - Private Duty

- For-Profit
  - Profits to Owners/Shareholders
  - Pay Taxes

- Not-For-Profit
  - "Surplus" Used Within The Organization
  - Related to Mission
  - Tax Exempt
  - Revenue Remains Important

- Hospital-Based
  - Hospital Discharges Are Primary Focus

- Independent
  - All Referral Sources
  - Hospitals
  - SNF’s
  - Assisted Living
  - Physician Office

What Is ‘Certified’ Home Health Care?

- Billing Through Major Payers
  - Medicare/Medicaid
  - Private Insurance, HMOs
- Interdisciplinary Team
  - Skilled Nursing
  - Physical/Occupational/Speech Therapy
  - Medical Social Work
  - Registered Dietician
  - Home Health Aide
Continuum Of Care

Hospital
Skilled Nursing/Inpatient Rehab Facility
Home Health Care
Outpatient Services

• Case Example
  – Total Knee Replacement Surgery
  – Best Outcomes?
  – Most Cost Effective?
  – Bundled Payment

Patient Populations

• Pediatrics
  – Early Intervention
    • Preschool Age

• Adult
  – Acute/Postacute
    • Skilled Services
  – Short-Term/Rehab
    • Improvement Anticipated
  – Long-Term
    • Maintenance
    • Private Pay/LT Care Insurance
    • Personal Care Assistance Program
      – Funded by Medicaid
      – Maintain Health & Wellness
  – Hospice
    • Palliative Care For Terminally Ill
    • Physical, Emotional, and Psychosocial Needs
    • < 6 Months To Live

Typical Diagnoses/Conditions

• Falls Prevention
• Orthopedics
  – Joint Replacement Surgery
  – Fractures
• Neurology
  – Stroke
  – Multiple Sclerosis
  – Parkinson's Disease
  – Amyotrophic Lateral Sclerosis
• Cardiopulmonary
  – Heart Failure
  – Chronic Obstructive Pulmonary Disease
• General Medical
  – Frail Elderly
  – Extended Inpatient Care
• **Medical Management Skills
  – Vital Signs Monitoring, Wound Assessment/Care
**What Exactly Is HOME?**

- Private Home
  - Patient
  - Family Member/Friend
- Apartment
- Mobile Home
- Cottage
- Assistive Living Facility
- Independent Living Facility
- Group Home

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**There's No Place Like “Home”**

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**Home Health Care**

*Who Qualifies?*

- Conditions Of Participation (Federal)
  - 484.18 Acceptance of Patients
    - “Patients are accepted for treatment on the basis of a reasonable expectation that the patient’s medical, nursing and social needs can be met adequately by the agency in the patient’s place of residence.”
- Medicare Benefit Manual
  - Homebound
  - Skilled Service
  - Physician Order
    - Direct Access is N/A…unfortunately
  - Reasonable & Necessary
  - Intermittent
    - Acute Change in Condition
    - Rehab Potential
    - Maintenance Therapy
    - Jimmo vs. Sebelius
  - Unique/Individualized Care Plan
Homebound Definition

Per §1814(a) and §1835(a) of the Act, an individual shall be considered "confined to the home" (homebound) if the following two criteria are met:

<table>
<thead>
<tr>
<th>Criteria One One Must Be Met:</th>
<th>Criteria Two Both Must Be Met:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person to leave their place of residence.</td>
<td>There must exist a normal inability to leave home.</td>
</tr>
<tr>
<td>Have a condition such that leaving his or her home is medically contraindicated.</td>
<td>Leaving home must require a considerable and taxing effort.</td>
</tr>
</tbody>
</table>

Payment

• Medicare: Prospective Payment System (PPS)
  – Instituted in 2000
  – Fixed payment for 60-Day Episode Of Care
  – Case Severity Determines Payment
    • Outcomes Assessment and Information Set (OASIS)
    • Therapy services
  – Home health services that meet the guidelines are covered by Medicare at 100%.

• Medicaid
  – Moving to Managed Contracts

• Commercial Insurance
  – Private
  – Medicare Advantage
  – Fee-For-Service or Episodic Payment
Home Health Medicare PPS

- CMS base 60 day episode rate is ~$2,961.38
- Responses to specific OASIS questions are organized into 3 domains:
  1) Clinical Severity
  2) Functional Severity
  3) Service Utilization (Therapy)
- Greater Medical Complexity = Higher Reimbursement

Clinical Severity Domain

- Diagnoses
  - Parenteral/Enteral Nutrition or IV Infusion
  - Vision
  - Pain
- Wound/Lesion
  - Pressure Ulcer
  - Stasis Ulcer
  - Surgical Wound
- Dyspnea
- Urinary Incontinence
- Bowel Ostomy
- Behavioral

Clinical OASIS Question
Home Care Physical Therapy Evaluations

- Cardiopulmonary Status
  - Vital Signs
- Integumentary
- Caregiver Support
- Equipment Assessment
  - Durable Medical Equipment

Home Care Physical Therapy Evaluations

- Observation
- ROM/Strength
- Gait
- Balance
- ADL & IADL
- Cognitive/Mental Status
- Neurological

Functional Status Domain

- Dressing Upper Body
- Dressing Lower Body
- Bathing
- Toileting
- Transferring
- Ambulation/Locomotion
- Ability To Self Manage Injectable Medications
**Functional OASIS Question**

1. Able to groom self unaided, with or without the use of assistive devices or adapted grooming utensils
2. Grooming utensils must be placed within reach; self able to complete grooming activities
3. Someone must assist the patient to groom self
4. Patient depends entirely on personal care aide for grooming needs

**Evidence-Based Assessment in Home Care**

- LE Strength/Endurance
  - 30 Second Sit-to-Stand
  - 5XSTS
- Reaching Ability
  - Functional Reach
- Gait Velocity/Directional Change
  - Gait Speed
  - Timed-Up-And-Go (TUG)
- Balance
  - Berg Balance Scale (BBS)
  - Modified Clinical Test of Sensory Interaction on Balance (mCTSIB)

**30-Second Chair Stand Test**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Endurance, Strength, Transfers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Measure number of stands completed in 30 seconds.</td>
</tr>
<tr>
<td>Time to Administer</td>
<td>30 seconds</td>
</tr>
<tr>
<td>Equipment Required</td>
<td>Chair and stopwatch</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male Scores</th>
<th>Female Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>14-15</td>
<td>13-17</td>
</tr>
<tr>
<td>65-70</td>
<td>12-14</td>
<td>11-15</td>
</tr>
<tr>
<td>70-74</td>
<td>10-12</td>
<td>9-14</td>
</tr>
<tr>
<td>75-79</td>
<td>8-10</td>
<td>7-12</td>
</tr>
<tr>
<td>80-84</td>
<td>6-8</td>
<td>4-10</td>
</tr>
<tr>
<td>85-90</td>
<td></td>
<td>2-9</td>
</tr>
<tr>
<td>90-95</td>
<td></td>
<td>1-6</td>
</tr>
</tbody>
</table>
Timed-Up-And-Go
Before & After

Home Care Physical Therapy Evaluations

Home Safety Assessment
• Proper Lighting
• Lifeline Alert System
• Safe Stairways
• Throw Rugs, Cords
• Bathroom Grab Bars, Tub Seat, etc.

Physical Therapy Evaluation & Plan

• Develop Goals WITH The Patient (Patient Centered)
  –Motivational Interviewing
  –“What Were You Able To Do A Month Ago That You Would Like To Be Able To Do Again?”
Home Care Physical Therapy Goals

- Measurable
- Functional
- Achievable
- Patient/Caregiver
  - Agreement
  - Participation

Service Domain

- Receipt of Therapy Visits
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
- Additional Reimbursement
  - \( \geq 6 \) Combined Therapy Visits
  - Medicare sees value in Therapy!
    - Falls prevention
    - Re-Hospitalization
    - Functional Mobility

PT Intervention in Home Care

- Strengthening
- ROM/Stretching
- Gait/Stair Training
- Transfer/Bed Mobility Training
- Balance Training
- DME Education
- Coordination/Proprioception Training
- Task Specific/Functional Training
- Orthotic/Prosthetic Training
PT Intervention in Home Care
- Modalities
  - Heat/Cold
  - Electrical Stimulation
  - Biofeedback
  - Ultrasound
- Wound Care
- Edema Management
- Pain Management
- Breathing/Respiratory Training
- Falls Prevention/Education

Interdisciplinary Collaboration
- Home Health Team
- Physician
- Patient, Family, & Caregivers
- Payers: Managed Care
- Vendors: DME, w/c, etc.
- Other Services: Orthotist, Prosthetist, etc.

Discharge Planning In Home Care
- Continuum Of Care
- Discharge Planning
  - Begins Day 1
- Avoid ‘Learned Helplessness’
- Link To Patient Goals
- Coordinate With Other Team Members
Home Health Care Discharge Disposition

- Self With HEP
- Assist Of Caregiver
- Outpatient PT
- Day Program

PPS Payment Variations

- Low Utilization Payment Adjustment (LUPA)
  - Four (4) visits or less
  - Paid on a per visit basis
  - Variety of Reasons for a LUPA

- Partial Episode Payment (PEP)
  - Patient is admitted to Agency A, then transfers to Agency B
  - Proportional payment to each based on length of stay
  - Ex: Patient meets treatment goals, is discharged, then subsequently admitted to another agency during same 60-day episode

Face-To-Face Encounter

- Direct Meeting Between Patient And Physician/Non-Physician Practitioner
  - Medicare Requirement
  - Occurred no more than 90 days prior to OR 30 days following the start of home health care

- Signed Attestation of Qualification For Home Care Services
  - Skilled need and homebound status must be supported by the physician’s medical record
Face-To-Face Encounter

Per the regulations at 42 CFR 424.22(c):

- Documentation in the certifying physician's medical records and/or the acute/post-acute care facility's medical records (if the patient was directly admitted to home health) shall be used as the basis for certification of home health eligibility.

- If the documentation used as the basis for the certification of eligibility is not sufficient to demonstrate that the patient is or was eligible to receive services under the Medicare home health benefit, payment will not be rendered for home health services provided.

Therapy Medicare Reassessment

Background

- Therapist’s documentation must justify ongoing services based on objective measure(s) of functional progress—PT, OT and ST
- Applies to traditional MEDICARE
- CMS mandates Reassessments to be completed at a minimum once every 30 days per ordered therapy discipline
- PTA/COTA cannot complete Reassessment

Therapy Medicare Reassessment

- Home Care Agencies do not get reimbursed for subsequent therapy visits provided if:
  1. Reassessment is late
  2. Content of the Reassessment does not meet CMS requirements
Home Health Care 101 - Chimenti and Janes

Home Health Medicare Payment Reduction

- National Association Of Home Care (NAHC)
  - "Medicare Home Health Patients Suffer $77 Billion in Cuts 2009-2019"
  - "Baby Boomers Will Reach Their 65th Birthday At A Rate of 10,000 Per Day For The Next 19 Years"
  - "The Need For Home Health Will Only Increase"

Outcomes

- Home Health Quality Reporting Program (HH QRP)
  - Outcome measures – risk adjusted
  - Improvement measures (i.e., measures describing a patient’s ability to get around, perform activities of daily living, and general health)
  - Measures of potentially avoidable events (i.e., markers for potential problems in care including Acute Care Hospitalization (ACH), ED utilization, 30 day Rehospitalization)
  - Utilization of care measures (i.e., measures describing how often patients access other health care resources while home health care is in progress or after home health care is completed)
  - Process measures – non risk adjusted
  - Process measures evaluate the use of home health agency use of specific evidence-based processes of care (i.e. timeliness of home care admission, immunizations, and use of risk assessment tools for falls, pain, depression, and pressure ulcer development).

- Patient Satisfaction
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  - HH-CAHPS Survey
    - 34+ questions
    - Mailed questionnaire
    - Telephonic interview
  - Agency Specific Outcomes
    - Clinical objective tests/measures
    - Pain level
    - Etc...

http://www.medicare.gov/homehealthcompare
### Select Providers

<table>
<thead>
<tr>
<th>Visiting Nurse Service (215) 232-6295</th>
<th>VNA HealthTrends (215) 886-8000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add to Compare</td>
<td>Add to your Favorites</td>
</tr>
<tr>
<td>Quality of Care Results</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How often patients got better at walking or getting in and out of bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting Nurse Service</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How often patients got better at bathing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting Nurse Service</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>61%</td>
</tr>
</tbody>
</table>

### Quality of Care Results

<table>
<thead>
<tr>
<th>How often patients got better at walking or getting in and out of bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting Nurse Service</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>60%</td>
</tr>
</tbody>
</table>

### Patient Satisfaction Results

<table>
<thead>
<tr>
<th>How often the home health team gave care in a professional way</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting Nurse Service</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>80%</td>
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</table>

<table>
<thead>
<tr>
<th>How well did the home health team communicate with patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting Nurse Service</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>77%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the home health team discuss medication side effects and precautions with patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting Nurse Service</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>77%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How do patients rate the overall care from the home health agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting Nurse Service</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>77%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Would patients recommend the home health agency to friends and family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting Nurse Service</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>77%</td>
</tr>
</tbody>
</table>
Advanced Certification Opportunities

- Physical Therapists can achieve advanced home health credentials
  - Certificate OASIS Specialist-Clinical
  - COS-C
  - Home Care Coding Specialist-Diagnosis
  - HCS-D

Benefits of Home Care PT Practice

- 1:1 Patient Care
- 45min-1hr sessions
- 5-6 patients/day
- Changing work environment
- Flexible schedule

Benefits of Home Care PT Practice

- Autonomous practice
- Ideal setting for functional training
- Opportunity to fully understand patient perspective
- Interdisciplinary collaboration
Stretch Break

The Challenges Of Home Health Care

Time Management

- Autonomous Practice
- Maximize Time With The Patient
- Organizational Skills
- Scheduling/Travel Route
- Flexibility With Scheduling
  - Patients Sometime Unavailable
    - MD Appointment
    - Hospitalization
- Integrating Documentation Into The Visit
  - How Good Is Your Memory?
- Exit Strategy
  - Loquacious
Communication

- Physician, physician extenders – orders
- Patient – Health Literacy – Language Barriers – Cultural Competence
- Caregivers
- Interdisciplinary Team
- Other providers and services
- Payers

Rural Home Health

- Distance Between Patients – Windshield Time
- Proximity to Office
- Team Meetings/Ongoing Education
- Cell Phone Coverage
- Mentorship

Weather
Blizzard of 2014

Safety & Security
What Poses One Of The Greatest Safety Risk For Home Care Clinicians?

Scary!
Safety & Security

- Pet Policy
- Needle Sticks
- Musculoskeletal Injury
- Crime

• If Something Doesn’t Feel Right...
  - Weather-Related Travel Restrictions
  - Slips/Trips/Falls

Variety Of Living Conditions

- Home Environment
- Family Support
- Abuse
  - APTA Code Of Ethics
    - 4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
- Social Work
  - Adult Protective Services (APS)
  - Child Protective Services (CPS)
  - Community Resources

Case Study

- 72 y.o. Male
- Admitted To Home Health Care
  - 15 Days S/P BKA
    - Stump Shrinker
    - Prosthesis 2+ Months Away
- Pertinent PMHx: Diabetes, COPD, HTN
- Lives With Supportive Spouse
  - 2-Story Colonial
    - 1+1 Steps To Enter
    - 10 Steps To 2nd Floor
    - 2nd Floor Full-Bath
Compare/Contrast

- Prior Level of Function
  - Ambulation With Straight Cane
  - Driving
  - Independent With ADLs
- Current Level of Function
  - Independent W/C Propulsion
  - CG Slide Board Transfers
  - Non-Ambulatory

Problem-Based Learning

- Assessment
  - Sleeping Arrangements
  - Toileting
  - Bathing
    - 2nd Floor Full Bath
  - Shaving/Brushing Teeth
  - MD Appointments
- P.T. Plan Of Care (POC) Development?

Technology

I Remember The Day....
**Point Of Care**

- Tablets/Smart Phones/Laptops
- Nearly 100% Electronic
- Documentation Efficiency
  - Portability
  - Optimize Documentation While In Patient’s Home
  - Maximum Recall
- Complete Medical Record At A Finger-Tip
- Work-Life Balance
- Optimal Efficiency With Quality Review

**Telehealth**

- Telecommunications Technology For Remote Patient Monitoring
- Complex Medical Conditions
  - Heart Failure, Uncontrolled HTN, COPD
- High Risk For Emergent Care or Re-Hospitalization
  - Cost-Savings
  - Quality of Care
- Monitors Blood Pressure, Pulse, Oxygen Saturation, Weight, And Blood Glucose
- Data Analyzed By Registered Nurse
  - Alert By Exception
  - Coach Patient To Self Manage
  - Alert Home Care Staff and Physician

**Almost Done**
Why Should Students Consider A Clinical Affiliation In Home Health?

- 1:1 Time With Clinical Instructor
- Drive Time = Uninterrupted Mentorship
- Learn Diverse Set of Skills
  - Interdisciplinary Collaboration
  - Triage
  - Medical Management
  - Continuum of Care
  - Autonomy
  - Vision 2020

New Graduates

- Myth: New grads can’t work in home health
- Fact: NEW GRADS ARE WELCOME!
- Some states have restrictions
  - Florida - PTs must have a minimum of 1 year experience
- MUST be the right fit!
- Student
- Home Care Agency
  - Orientation & Mentorship
  - Clinical Affiliation

Considering A Career In Home Health?

- Myth: New grads can’t work in home health
- Fact: NEW GRADS ARE WELCOME!
- Some states have restrictions
  - Florida - PTs must have a minimum of 1 year experience
- MUST be the right fit!
- Student
- Home Care Agency
  - Orientation & Mentorship
  - Clinical Affiliation
Interview Your Prospective Employer

- What To Consider...
  - Clinical Mentorship
  - Well-Developed New Hire Orientation Program
  - Growth Opportunity
  - Ongoing Education
  - Culture of Team Work and Support
  - Employment Stability

Questions & Answers

Contact Information

- Chris Chimenti - chimenti@hcrhealth.com
- Matt Janes – matt.janes@gentiva.com

Resource Information

www.homehealthsection.org
References

- Skeletal Animation – Primal Pictures, Inc.