To whom it may interest:

I am a nursing case manager for a large medical complex with branches spanning the globe. We have patients that come to our main hospital traveling from across town to as distant as Asia and the Middle east, with patients that have the most daunting illnesses and clinical needs. As they come into the hospital, we also discharge the patients needing some support at home.

In most cases, the family can provide the necessary support. Wound care, drains and nutritional support are most common needs, although more mundane support is also needed. This ranges from toileting, bathing, and help eating. There are also cases where the family is unable to provide support. Either other family members are also needing support and the caregiver cannot attend to the needs of the family, or the caregiver also must work in order to provide the necessities of life for the family. Increasingly common situations, there is no family available to provide support for the patient.

In this instance, case management has two options. Institutional care in the form of skilled nursing or long-term care facilities are the first option. These have criteria that needs to be met and those meeting the criteria are placed there. The challenge is those who fall through the net of family availability and institutional care. They are often too healthy to be admitted to the facility, but unable to care for themselves.

For this group home care nursing becomes the option. Home care nursing falls into two categories. The first is short visit support. This is nursing who come to the home for an hour once or twice a week for a few weeks. Their primary function is to monitor patient progress by assessing healing, drawing labs, or evaluating the patient for signs of infection, they are not there to provide patient support needs for daily activities. The second category is scheduled nursing. This is a support service that is scheduled to be with the patient a specified number of hours per day.

The scheduled nursing is preferred for patients who has caregivers that need to be out of the house (work) or unable to support the patient. Many of my patients fall into this category, where the family cannot lift the patient to provide toileting, bathing, or positioning. In many of my patients, they need monitoring 24 hours a day, for enteral feedings, oxygen monitoring because of ventilator dependency, or intravenous medications. This is with the understanding that the family does support the patient, but they do need to sleep and self-care also.

We have found many challenges in securing this care for our patients. Many payors seem unwilling to authorize this care without substantial negotiation over many days or weeks with the clinical care team. It often appears that they feel the family will provide the care without sleep or needing to maintain their employment. When we do get authorization, the nursing agency presents a series of challenges. They cannot staff the patient because they do not have staff available. This is explained by the agencies because of costs. They cannot find nurses willing to accept the salary that can be offered when they can be paid more in a skilled facility. If they have staff, they generally can not provide the hours the patient needs, leaving gaps in the patient's care.

This is becoming the norm in our discharge planning. We often find patients who need homecare scheduled nursing. We will try to get the care knowing that the probability of success is nearly zero. We set up secondary plans knowing that home care will not be available, including extending the inpatient stay of the patient until they become independent. This places a burden on the

hospital by limiting bed availability for those who are higher acuity because we cannot discharge the patients at the lower acuity levels safely. This places a significant financial burden on the patient, the hospital and in aggregate society itself.

The ideal solution is to increase the reimbursement process to this critical aspect of home care nursing so that they can be price competitive with other nursing institutions. While this may be distasteful to payors at face value, the cost savings in the long term is significant. By allowing safe discharges of this group of patients the length of stay is greatly reduced, resulting in a larger savings for the payors.

Thank you for your attention in this matter. Please feel free to contact me with questions.

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