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HOMECARE Education Management™

INSIDE

DECEMBER 1998

VOL. 3, NO. 12 (pages 177-192)

American Health Consultants® is A Medical Economics Company

Special Report: Psychiatric Home Care

Psychiatric services may be just what the doctor ordered for your business

Specially trained aides are key to running a cost-effective program

Home care agencies have two big choices when they receive referrals for psychiatric patients: They can seize the day, or they can continue the same old practice of treating these patients as if they were medical-surgical clients. Two large home care companies have chosen to meet the challenge and even seek more referrals for psychiatric patient services.

"We decided this was a window of opportunity for us," says **Carolyn Scott**, RN, MS, national coordinator of the behavioral health program for Staff Builders Home Health Care in Chicago. Staff Builders is a for-profit company that has about 200 home care agencies from coast to coast.

Scott and **Verna Benner Carson**, PhD, RN, CSP, developed comprehensive psychiatric training programs for aides and nurses. Staff Builders agencies use the programs to build their employees' expertise in dealing with patients who have psychiatric diagnoses. **(See story on Staff Builders' aide education program, p. 181.)** Some Staff Builders branches have quadrupled their psychiatric census since going through the training, Scott adds.

Atlanta-based Norrell Health Care also has a psychiatric training program for aides who work at the company's 11 offices in New York, Pennsylvania, and New Jersey. **(See story on Norrell's aide training**

In next month's issue

Caring for psychiatric patients could be a big revenue source for your home care agency under the interim payment system and in the future. This month's cover story discusses the growing number of psychiatric patients being referred to home health agencies. Next month, *Homecare Education Management* will include an in-depth special report on educating employees about psychiatric illnesses. Look for articles on teaching nurses, dealing with patients' depression, and understanding the major psychiatric drugs. ■

program, p. 179.) "We are starting to get referrals for caregivers with expertise in psychiatric patients," says **Cathy Kelly**, RN, BS, Norrell quality improvement manager. "Before, these patients were lumped into the general population of home care patients."

Psychiatric diagnoses are becoming more important in home care referrals for a variety of reasons:

• **Reimbursement changes.** "One of the things driving people to consider psych services is the home care industry's move from fee for service to the interim payment system [IPS]," says **Gary Hoover**, PhD, a psychologist with Healthcare Documentation Systems in Winston-Salem, NC. Healthcare Documentation Systems specializes in designing and producing a computer-assisted documentation system for psychiatric care.

"Instead of focusing on increased visits as being responsible for increased revenues, agencies are having to focus more on increasing patient census," Hoover explains.

This is a big change for home care agencies, and it's forcing agencies to take a closer look at their patient mix, Scott adds. "It's becoming more and more difficult to squeeze out any kind of profit," she says

Psych services might help bottom line

Providing specialized psychiatric services can help the bottom line because psychiatric patients often require fewer visits than an agency's Medicare beneficiary cap allows under IPS, Scott says. That often surprises home care administrators because they think of psychiatric services as a black hole of need that could result in years of visits, she explains.

That view is dated, however. Agencies such as Staff Builders do not provide therapy to these patients. They use a medical model of solving problems to get patients stabilized and perhaps help them make a transition to long-term care. Such services might take 12 to 15 visits, which leaves plenty of cushion in the beneficiary cap for other cases, such as diabetic patients, who might be high users, Scott says.

With the current managed care mentality, home care agencies need to find the most cost-effective way to care for psychiatric patients. And one way to do that is to use specially trained mental health aides under the supervision of a nurse, Scott says.

"If you are able to justify the need for further mental health services, many of the behavioral health case managers with commercial payers are willing to extend visits much longer than they would have under Medicare because they don't have to deal with homebound issues," she adds.

Psychiatric hospitals see declining LOS

• **Reduced inpatient stay.** Another trend driving the growth in psychiatric home care is that managed care is causing the same drops in length of stay at psychiatric hospitals as in acute care hospitals. This, in turn, is creating a need for alternative providers for psychiatric patients, and home care is a natural choice, says **Anthony Sciara**, PhD, a psychologist with the Grove Clinic in Asheville, NC.

Hospitals still treat psychiatric patients who need acute care, but the ongoing care has to be provided elsewhere, Sciara says.

Plus, some psychiatric hospitals and programs have closed in recent years, and their patients are being mainstreamed into communities, Kelly says. "People are not getting as much institutional care as they would have in the days gone by, and now they are being treated at home."

Hoover notes that managed care organizations [MCOs] already have cut much of the fat from inpatient services and now view home care psych services as a way to reduce psychiatric care costs by helping patients remain stable and preventing returns to the hospital.

COMING IN FUTURE MONTHS

- Have staff teach themselves
- Teach staff signs of elder abuse
- Address needs of minority caregivers
- Try community outreach education
- Teach AIDS patients self-care

• **Reduced outpatient services.** MCOs are not approving many visits to outpatient psychiatric clinics, either, Sciara says. "The managed care outpatient psychiatric care has suffered significantly because of fewer visits being approved. And there is significant oversight of what therapists are doing. This actually makes it more difficult to treat patients because of the amount of paperwork that goes along with the visits."

• **Reduced service from community agencies.** Mental health community centers have shifted their focus from a direct service model to a case management model, Hoover says, "so they're looking externally for service providers."

Sciara predicts psychiatric patients' shift to home care services will continue. And he says home care agencies might begin to consult with psychologists and other mental health professionals to assist with emergencies.

In addition to serving the needs of patients with psychiatric illnesses as their primary diagnoses, home care agencies increasingly are asked to recognize and address the psychiatric needs of medical-surgical patients, Sciara adds. "It's been my experience in over 20 years of practice that even a patient who has only a medical problem, such as an amputation due to diabetes, often has significant psychological issues that go along with that. And these people just have not been getting the mental health services they need."

"Home care aides tend to be nurturing caregivers, but with psychiatric patients, you need to be aware of boundary issues and be firm, but kind, in implementing behavior change."

The growth of home care psychiatric services carries one danger, however. Medicare intermediaries have observed an increase in psychiatric services and are taking a hard look at how they are being delivered, Hoover says. That means agencies must be careful about how they document psychiatric services to prevent accusations of fraud and abuse, he explains. His company has developed a computer software program called Mental Health Studio, which provides documentation for psychiatric home care services.

What these trends boil down to is a greater need for psychiatric education in home care agencies, all four experts agree. Both aides and nurses need training to understand the finer points of psychiatric illnesses and medications. Otherwise, home care staff could make mistakes in interpreting these patients' behaviors and in treating them.

"It takes a uniquely trained aide to work with that type of patient," Hoover says. "Home care aides tend to be nurturing caregivers, but with psychiatric patients you need to be aware of boundary issues and be firm, but kind, in implementing behavior change." ■

Psych training gives aides necessary skills

Atlanta-based Norrell Health Care created a special psychiatric care training program for aides in response to the unique needs of its growing census of psychiatric patients.

"We have a need for caregivers with sensitivity toward behavioral issues," says **Cathy Kelly**, RN, BS, quality improvement manager for Norrell Health Care in Albany, NY. "It's a little different dealing with psychiatric patients. You might be dealing with issues of the patient having crying jags, explosive behaviors, manic depressive swings, reactions to psychotropic medications."

Kelly spent several months developing a comprehensive training program with an 88-page manual that teaches aides how to recognize and handle various psychiatric symptoms and behaviors. Her program consists of eight hours of classroom study that can be delivered in one day or spread out over a week. Each year after their initial training, aides attend a three-hour inservice on psychiatric patients.

"They receive grassroots professional training," Kelly says. "We like to see this as something they would aspire for, and it's not for everybody."

Course participants are screened, with emphasis on good attendance and dependability. Aides who exhibit social problems are not good candidates to work with psychiatric patients, she adds. Here's how she developed the training program:

1. Research psychiatric disorders. She used various resources, including the library, the Internet, psychiatric textbooks, and nursing texts, and she spoke with experienced psychiatric caregivers. **(See "Internet Connect," p. 190.)**

Two good resources are the American Psychiatric Association's *Diagnostic Criteria from DSM-IV*[1] and *The Essential Guide to Psychiatric Drugs*[2] by Jack M. Gorman, MD. Kelly also spent time reading children's books on psychiatric illnesses because she wanted to put the clinical jargon into simple language.

2. Write a manual for aides. Kelly's goal was to explain the clinical material in an understandable way. She used shorter words as substitutes for clinical terms whenever possible. Because some psychiatric terms have no substitutes, she included a phonetic spelling, an explanation, and several examples. **(See sample, inserted in this issue.)**

"When explaining a phobia to someone, you need to explain to them pretty graphically how bizarre it can be when someone is having a panic attack and becomes sweaty at the thought of crossing a bridge," Kelly says. "So you ask students what gets their own hearts pounding or suggest they imagine a time when they've been really terrified and transplant that feeling to someone who has an irrational fear."

Kelly also might use a popular movie to illustrate a certain disorder. For example, in the 1995 movie *Copycat*, Sigourney Weaver's character, who suffered from agoraphobia, was so afraid of open spaces that she had trouble leaving her house even to escape a killer.

3. Instruct aides about care of psychiatric patients. Norrell Health Care's manual consists of two books. One is for the instructor, and the other is for the students. The student books include areas where aides can write notes. The instructor's manual has two parts, and one part includes everything that is in the student's manual.

Here's the course description: "This program is designed to provide the experienced home health aide with additional didactic training in the specialty of behavioral / mental health home care services. The behavioral / mental health training program provides special instruction regarding the home care of clients with affective, anxiety, eating, personality, and thought disorders. The program is a combination of lecture, discussion, video, question and answer, and a demonstration of care skills. Following the didactic portion of the program, the home health aide must successfully demonstrate therapeutic communication skills."

By the end of the training program, home health aides must meet these objectives:

- Describe the mental health care continuum.
- Discuss the types of mental illness that may be seen in the community.
- Discuss what to expect on the Aide Plan of Care for specific diagnoses.
- Discuss diagnostically specific interventions.
- Describe the components of therapeutic listening.
- Discuss and demonstrate behavioral / mental health care skills.
- Recognize their own feelings regarding mental illness.
- Identify what must be recorded and reported about problematic client behaviors.

The second part of the instructor's manual highlights the important sections and includes teaching tips, resource material, and psychological inventories. The inventories are complex; one might show how psychological testing is done or how psychotropic drugs are used, for example.

Instructors emphasize that aides should err on the side of caution with psychiatric patients. Just because these patients don't have wounds or obvious physical ailments doesn't mean everything is fine. "That's why psych patients are often left in the lurch, because no one understood their needs," Kelly says.

Home health aides need to understand the basis of abnormal behaviors before they can deal with them therapeutically, she adds.

In addition, instructors teach aides how to handle patients who may be experiencing hallucinations by validating their fears but making it clear the frightening images aren't real, Kelly says. "This helps focus and reorient the client. It's also helpful to attempt to divert the client's attention by involving them in some type of diversional activity."

References

1. American Psychiatric Association. *Diagnostic Criteria from DSM-IV*. Washington, DC; 1994.

2. Gorman JM. *The Essential Guide to Psychiatric Drugs.* New York City: St. Martin's Press; 1990. ■

Staff Builders provides mental health aide class

How do you take a group of certified nursing assistants who have had little formal education and train them to specialize in dealing with some of the most complex home care cases? Staff Builders of Lake Success, NY, put time, money, and personnel resources into creating a comprehensive training protocol that prepares home health aides to deliver care to mentally ill patients.

Program development took two years, including the time spent piloting the program in Staff Builders agencies, says **Carolyn Scott**, RN, MS, national coordinator of the behavioral health program for Staff Builders Home Health Care in Chicago. Scott developed the program along with **Verna Benner Carson**, PhD, RN, CSP, national director of behavioral health for Staff Builders Home Health & Hospice in Fallston, MD. Carson has co-written a psychiatric textbook for nurses, *Mental Health Nursing: The Nurse-Patient Journey*.[1]

Scott and Carson spoke about how to prepare mental health aides at the recent National Association for Home Care conference in Atlanta.

Staff Builders' mental health aide program is divided into four segments of two hours each. Trainers are given a packet of information including handouts for participants and a post-test that must be passed with 75% accuracy. **(See post-test, p. 183.)** Trainers attend to these details:

- determine who will follow up on training effectiveness;
- create a form for attendance;
- develop a tracking system for training?
- invite and screen aides;
- reserve training room;
- make time for training;
- provide training materials;
- serve refreshments.

The training material includes hard copies and transparencies for each of the four sections. Aides receive the handouts, and instructors have the outlines. **(See handouts, inserted in this issue.)** An instructor's outline clearly states the objectives, content, teaching strategies, and evaluation strategies, referring instructors to appropriate pages in the training packet. Here's how one might look:

CLASS 1: What is mental illness?
TIME: Two hours
OBJECTIVES: After the class, the aides should be able to:

1. State four symptoms of schizophrenia.
2. State four symptoms of depression.
3. State four symptoms of mania.
4. State four symptoms of anxiety.
5. State four symptoms of borderline personality disorder.
6. Complete handout with 75% accuracy.
7. Complete post-test with 75% accuracy.

CONTENT: See pages *(insert page numbers)* for content and post-test.
TEACHING STRATEGIES:

1. Give lecture on content. Use examples throughout, preferably of patients with whom the aides are familiar; this will make the material come alive.
2. Use written case scenarios for the aides to read and complete.
3. Provide handout on content.

EVALUATION STRATEGIES:

1. Participants are able to complete handout on case scenarios with 75% accuracy.
2. Post-test to evaluate knowledge (if aide does not score 75%, consider reviewing areas of deficiency and re-testing).

Scott explains that the four two-hour segments in Staff Builders' training program for mental health aides cover the following issues:

1. What is mental illness?

There are four key points that describe mental illness, Scott says:

- affects thinking and moods;
- can be acute or chronic;
- affects everyday functioning;
- can be caused by brain diseases.

"Then the instructor talks about how patience and acceptance are essential when working with mentally ill patients, and the goal is to make the patient as independent as possible. Sometimes you need interventions, like limit setting, attention to boundaries, and behavioral contracts," she says.

Next, instructors discuss the major types of mental illness, which are thought disorders, anxiety disorders, borderline personality disorders, and mood disorders such as major depression and bipolar anxiety disorders. Instructors describe each mental illness type in detail:

- **Schizophrenia** is a thought disorder characterized by thinking problems, hallucinations,

delusions, trouble functioning, relationship problems, communication problems, and strange affect.

• **Major depression** is a mood disorder characterized by sadness or irritability; no interest in life; changes in sleep, appetite, and weight; lack of energy; anxious pacing; feelings of worthlessness; and suicidal ideation.

• **Bipolar illness** includes major depression or mania. A patient may be irritable, hyperactive, fast-talking, having grandiose thoughts, going without sleep, not eating much, and disdaining treatment.

• Patients with **anxiety disorders** — including generalized anxiety, panic disorder, and obsessive-compulsive disorder — worry a lot and may be at risk for suicide. Medication and therapy help.

• **Borderline personality disorder** patients characteristically have intense unstable relationships, feelings of love/hate toward others, and fear of rejection. They need firm boundaries, consistency, and patience.

2. What is the role of the mental health aide?

"The role includes encouraging independence with personal care and being a sounding board, reinforcing the nurse's plan, and oftentimes being a role model," Scott says. Also, the agency expects mental health aides to inform the nurses of any concerns.

Personal characteristics include empathy, a nonjudgmental attitude, responsibility, and the ability to set limits, maintain boundaries, and help patients maintain dignity and feel accepted.

"We try to educate them about the difference between a professional therapeutic relationship and a social relationship because many times aides, and even nurses, get their roles mixed up," Scott says. A social relationship, for example, is based on friendship. Both parties get their needs met; spontaneity is the rule, and there is an equal sharing of personal concerns.

"A therapeutic relationship means the focus is on the patient, and the patient is accepted without judgment," she says. "And the focus also is on the treatment goals set up in the nurse's care plan." In addition, aides schedule time to see patients, so visits aren't spontaneous, and promptness and reliability are very important.

Then instructors discuss personal space and how important it can be to psychiatric patients. "Particularly with schizophrenics, if you get too close to them or touch them, they have a real problem with your stepping into their space," Scott explains. "We tell aides they need to give patients 1½ to two feet of space when talking with them." Limits on touching should be set. Neither aides nor patients should engage in inappropriate touching.

Instructors cover good communication skills, such as exhibiting empathy and kindness. They teach aides how to deal with hallucinations or delusions by not challenging them but accepting them as a patient's current reality. Aides must learn to solve problems and deal with criticism and anger. They also learn about "boundaries," which means setting limits and communicating them in a firm but respectful manner.

Finally, they outline the agency's care plans for psychiatric patients. Care plans are divided into three sections: physical and mental status assessment, patient's knowledge, and the patient's skills.

The health status or physical assessment care plan includes the following:

- vital signs;
- observation;
- sleep and appetite;
- patient complaints;
- dangerous behaviors;
- direct care;
- mood behaviors;
- safety concerns.

The patient's knowledge care plan reinforces the nurse's teaching about medicines, illness, use of 911, and nutrition. The patient's skills care plan covers the following:

- skin care;
- safe transfer;
- personal care;
- coping skills;
- socially appropriate behavior.

3. Overview of psychiatric medications.

Instructors give aides a simplified overview of psychiatric medication. "This is so they can be the eyes and ears of nurses if side effects should pop up," Scott says. "We give them a whole list of side effects to educate them about what may be a problem and when to call the nurse if they see these."

Instructors discuss antidepressants, major tranquilizers or neuroleptics, mood stabilizers such as Lithium, anti-anxiety drugs, and a combination or "drug cocktail" of those medications. Common side effects include constipation, blurred vision,

drowsiness, restlessness, weight gain, slow movement, dry mouth, anxiety, urinary retention, drooling, photosensitivity, impotence, and blood pressure drops when standing.

There also is a handout on serious side effects that might be life-threatening. Serious side effects include vital sign changes, muscle rigidity, confusion, muscle aches, nausea, vomiting, diarrhea, tremors, signs of infection, problems with speech, strange movements, seizures, sweating, and eyes rolling back.

4. Psychiatric emergencies: Treatment plans and documentation.

Instructors tell aides what to do in cases of psychiatric emergencies so they know exactly what procedure to follow in alerting the nurse and agency, Scott says. "It might mean they have to call 911 themselves and have an ambulance or police come for the patient if it's an imminent situation," she explains. For example, if a patient appears to be suicidal or is exhibiting self-destructive behavior, the aide should stay with the patient, take all threats seriously, and call the nurse. However, if a patient appears to be homicidal or is exhibiting aggressive behavior, the aide must get to safety and call for help.

Instructors define the term "escalating behavior," which refers to behavior that appears to be growing in intensity. This might involve angry looks, threats and other angry words, pacing, and making fists. When a patient exhibits escalating behavior, the aide should do the following:

- don't challenge the patient;
- don't argue;
- stay calm;
- try to keep the patient talking;
- reassure the patient;
- keep a safe distance from the patient.

"We tell aides they need to stay between the patient and the door, so the patient is never blocking them from the door," Scott says.

The final lesson also covers the treatment plan and documentation. "We tell aides to write what they observe and to not give an opinion or judgment. Stick to the facts and write down the patient's words and about the specific care given."

Reference

1. Carson VB, Arnold EN. *Mental Health Nursing: The Nurse-Patient Journey*. Philadelphia: W.B. Saunders; 1996. ■

Mental health aide training test

Staff Builders of Lake Success, NY, has developed a comprehensive mental health aide training program that requires participants to take post-tests at the end of each of the program's four two-hour segments. Here's a sample of the post-test for the segment on "What is Mental Illness?"

Multiple choice: Please answer the following multiple choice questions by circling the best answer. Choose only one. Each question is worth 10 points.

1. Patients with schizophrenia may experience:
   a. auditory hallucinations
   b. delusional thinking
   c. flat affect
   d. all of the above

2. Major depression is an illness characterized by:
   a. occasional "bad moods" that pass
   b. alcohol and substance abuse
   c. poor work history and problems with authority
   d. depressed mood and loss of interest in activities

3. A patient suffering from bipolar illness:
   a. is not always aware that he or she is ill
   b. may experience "highs" and "lows"
   c. may talk too much, butt in, and cause disruption
   d. all of the above

4. One of the most common treatments for bipolar illness is:
   a. rest and relaxation
   b. involuntary commitment
   c. tranquilizers
   d. lithium and therapy

5. People with an anxiety disorder:
   a. worry more than normal
   b. are at risk for suicide
   c. are sometimes treated with anti-anxiety and antidepressant medications
   d. all of the above

True or false: Please answer the following questions by circling either T for true or F for false. Each question is worth 10 points.

6. Schizophrenia is a curable disease.
T F

7. Sleep and appetite disturbances can be symptoms of major depression and bipolar illness.
T F

8. If patients would try harder, they wouldn't suffer from mental illness.
T F

9. Splitting or setting people against one another is a common behavior associated with borderline personality disorder.
T F

10. Patients with borderline personality disorder often have intense, unstable relationships.
T F

11. Patients suffering from major mental illness may have trouble taking care of themselves.
T F

12. Affect refers to the way feelings are shown on a person's face.
T F

13. People with obsessive thoughts can't get troublesome thoughts out of their minds.
T F

14. People with compulsions feel they must do certain behaviors to decrease feelings of anxiety.
T F

15. A panic disorder produces acute distress that is present constantly.
T F

Answers: 1. d; 2. d; 3. d; 4. d; 5. d; 6. F; 7. T; 8. F; 9. T; 10. T; 11. T; 12. T; 13. T; 14. T; 15. F ■

SOURCES

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Reap economic rewards from MD staff training

Teach office nurses about Medicare

An Alabama agency recently noticed a drop in referrals from physicians' offices, which coincided with changes in how Medicare reimburses for home care services. The agency's managers worried that some patients would fall through the cracks when physicians became too cautious to make referrals. Plus, nurses in physician offices sometimes called to ask what kind of referrals could be made under Medicare rules.

So Decatur (AL) General Home Health came up with an enterprising solution: lunch-time inservices for physician's office staff. "Basically, we did some brainstorming on ways to get our faces and names in front of physicians' offices," recalls **Allyson Baker**, RN, manager of clinical practice for the hospital-based agency, which serves four rural counties in northern Alabama.

Physicians were scared by the new Medicare guidelines, such as the rule eliminating venipuncture as a qualifying skilled nursing visit for home care, notes **Pat Brooks**, RN, education coordinator. "Physicians didn't want to do anything wrong, so we thought we'd help them out with the new guidelines," she says. "We said, 'We're here, and we still can take care of your patients.'"

The educational program focused on raising awareness for the entire home care industry in the area and not just at Decatur General Home Health, Brooks adds.

Baker and Brooks describe how the program works:

1. Survey physician's office nurses.

Baker created a one-page survey that was mailed to more than 100 physician offices along with a self-addressed and stamped envelope. It included the physician's name, address, and phone number, and it asked for the nurses' names and whether they were RNs or LPNs. It also asked nurses which time of day would be best for an inservice and, if their lunch hour was the most convenient, what time they stopped for lunch.

The survey also provided space to write several educational topics that interested them. The last section listed courses the agency had developed in its continuing education program; the first two of those were on Medicare eligibility and criteria.

Some nurses chose to fax the surveys back, and the total return rate was more than 70%, Baker says.

2. Market the inservice.

The surveys indicated that nurses wanted to learn more about Medicare, and they wanted to attend a course on congestive heart failure (CHF), Brooks says. Also, most nurses said they wanted to attend an inservice during their lunch hour.

Decatur General set up the Medicare inservice in two separate, one-hour sessions. CHF was covered at a third inservice. The agency sent out about 100 fliers advertising the classes. The fliers asked nurses to call to register for the sessions, which were held at Decatur General Hospital in a lunch-and-lecture format. Participants were instructed to bring their own lunches.

The invitation wasn't limited to physician office nurses. "Other agencies in the area, like durable medical equipment and infusion companies, were welcome also," Baker says.

The marketing efforts seemed to work. About 45 people showed up to each of the Medicare classes, and more than 20 people attended the lecture on CHF.

3. Teach nurses about Medicare reimbursement and other important topics.

First, instructors gave out plenty of handouts. "They loved the handouts," Brooks says. Then they showed transparencies to illustrate the lecture.

The first session covered Medicare's and Social Security's history. "I started out by telling them about how Social Security came about, using a time line," Brooks says. For instance, the Social Security Act was signed into law on Aug. 14, 1935. "We showed them the organizational and program changes that happened along the way and that Medicare wasn't discussed until 1961," she says, adding that Lyndon Johnson signed the bill creating Medicare on July 30, 1965.

Brooks identified specific qualifying factors — physical, social, and environmental — relating to Medicare and home health services. She discussed the homebound status definition and how physicians need to follow up on patient care. Also, she explained that a skilled need must be present for home health to be involved.

"One of the problems we heard a lot was about the homebound status," Baker recalls. "They really didn't know what that meant."

Brooks told participants what Medicare means by that term. "A homebound patient would be someone who cannot leave their home without a taxing effort, as identified in the Medicare manual," she says. "This means they only get out of the home to visit their doctors, and it exhausts them when they do."

Next, she covered the recent Medicare changes brought about by the Balanced Budget Act of 1997. "It used to be physicians could refer us patients for venipunctures, and we could see them once a month to draw blood work," she says. "But we can't do that anymore because venipuncture no longer is a qualifying skilled service that allows the patient to receive home health services."

She explained to the nurses that a home health nurse still may provide venipuncture services to a Medicare patient, but there must be other qualifying factors, as well. For example, if the patient needs skilled catheter care or physical therapy, those would be qualifying factors. "But once the qualifying service is finished, they need to find another way to have their blood drawn," she adds.

If physicians are uncertain about whether a patient qualifies for skilled home care services, agencies such as Decatur General Home Health can evaluate the patient and make a recommendation. Decatur General provides this service at no charge, Brooks says.

"We see if there is anything we can do to help a patient," she says. "There might be teaching components that we need to address, or they may not be taking their medications correctly. You never know until you get out into the home."

The agency covered other Medicare details, as well, such as the Baltimore-based Health Care Financing Administration's Operation Restore Trust, and what the industry is doing to police itself to prevent fraud and abuse.

The classes were well-received. Since then, some physicians are referring patients as often as they did before the Balanced Budget Act changes, Brooks says. Also, the nurses reported they learned a lot from the sessions.

"So many told us later they have had patients we could have seen, but they just didn't know that," Baker says. ■

SOURCES

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Bust stress with humor, yoga inservices

Few jobs are more stressful than home care work these days. In addition to the usual stresses of patients with debilitating physical and sometimes mental ailments, your staff also must cope with increased workloads caused by budget constraints and layoffs. Two education managers have made stress management a priority because their staff need it more than ever.

"Health care today, especially home health care, is one of the most stressful professions to be in, primarily because of the rapid changes in reimbursement and regulations," says **Alice Hammel**, RN, MS, director of education for Kendallwood Health Care Services in St. Josephs, MO. The free-standing agency's four offices serve Kansas City and northwestern Missouri.

"Almost on a weekly basis in the last year, many agencies have had to drastically downsize or close, and this creates a tremendous amount of stress for employees and nurses," Hammel adds. She has found that yoga is a good way to help people relax and sleep better, so she's incorporated some pointers about yoga in her inservice.

Another education coordinator, **Pat Lynch**, RN, of The Elizabeth Hospice in Escondido, CA, says humor is a great way to relieve stress. She has created an inservice focusing on the topic.

Hammel and Lynch offer these tips on how to create a stress-busting inservice:

1. **Choose a focus.** Stress workshops or inservices may be designed in dozens of ways. Educators may want to choose one type one year and another the next. Lynch selected humor because she was intrigued by the possibility that laughter has some healing power. "And in hospice, you have to keep your sense of humor," she adds.

Hammel teaches yoga at home care conferences and at a local university to members of the public. "I had one incident where, a few weeks after my yoga class [at the university], an elderly gentleman's wife called me, saying, 'What did you do to my husband?'" she recalls. "I asked her what she meant, and she said, 'Last night was the first night in over two years that he totally slept through for eight hours.'" The same man also reported feeling no arthritis pain for two days after class.

Because she has seen some positive stress-reduction results in people she has taught over the years, she adds a little yoga education to her home care stress inservice.

2. **Research your topic.** Libraries and the Internet have plenty of resources on stress management. The U.S. Department of Health and Human Services and the National Institute of Mental Health have free handouts on stress management and relaxation, for instance.

Lynch found these two publications on humor most useful: *Humor in Healing*,[1] a book by Perry H. Biddle Jr.; and an article by self-proclaimed "Jollytologist" Allen Klein, "Humor and Death: You Got to Be Kidding," in the July / August 1986 *American Journal of Hospice Care*.[2]

The best way to learn about yoga is to sign up for a beginner's class at the local YMCA or community college, Hammel suggests. The added benefit of this experiential research is that the education manager also benefits from yoga's stress-reducing effects.

3. **Create an inservice structure.** Lynch follows Biddle's outline of four points in finding humor:.

- Humor is related to childhood. Laughing children at play represent humor at its most basic level. "Children, when they're being humorous, are being fun," Lynch says. "So in childhood, we reveal humor in its simplest form."
- Adults' senses of humor vary. That's why different things are funny to different people.
- People often must be in the mood before they can find the humor in things, Lynch says.
- When adults *are* in the mood, a shift of values takes place, helping them to appreciate what's fun and pleasant. Adults also have the ability to see humor even in unpleasant situations and laugh about those situations.

"This happens so much so that everyone starts laughing," Lynch says. "That's the way it is around hospice sometimes when it's not the best atmosphere, but someone says something funny at a team meeting, and we all start laughing." **(See story on stress relief tips, p. 187.)**

She also discusses the healing effects of humor, mirth, and laughter. "It has been proven that a hearty laugh stimulates almost all of the organs of the body and heightens the body's ability to resist disease," she explains.

The cardiovascular system benefits because the blood circulates faster when a person laughs, for instance; the respiratory system benefits because a good belly laugh produces deep

breathing and can give the lungs a good workout, Lynch says.

When Hammel gave a yoga seminar at a state home care meeting, she began by explaining the philosophy of yoga and its health benefits. The primary focus in yoga is to perfect body postures, also called asanas, which may be practiced for 15 minutes every morning and night, Hammel says.

She had the home care group practice basic yoga routines for about 40 minutes. She ended the session with meditation. "The last 15 minutes of yoga are for meditation to help people quiet their minds, relax their muscles after they've stretched, and to focus on relaxing with peaceful thoughts through a guided meditation," she says.

Yoga routines in the morning may help a person become focused for the day's work, while nighttime routines may help a person sleep better. "I have found that yoga helps people relax, sleep better, and it reduces their blood pressure," Hammel says. "People who consider themselves out of shape and do not practice a regular routine of exercise really do enjoy the practice of yoga because it's very easy on them; it's not strenuous or tremendously physically demanding."

Acceptance is the answer

Hammel follows a different routine during a stress management inservice for home care staff. While she still discusses yoga and its philosophy, she also covers these topics:

- chronic stress and the problems it causes;
- how to become much more focused and efficient at work through deep-breathing techniques;
- the proper way to do basic yoga postures;
- other stress reducers, including the philosophy that everyone has a circle of concern and a circle of control, which is much smaller than the circle of concern.

"Usually there are many things we're concerned about, but we have absolutely no control over them," Hammel says. "So I tell people to be concerned about their circle of control only and to let go of things in the circle of concern which they have no control over; accept and let go."

References

1. Biddle PH. *Humor in Healing.* Fort Lauderdale, FL: Desert Ministries; 1994.

2. Klein A. Humor and death: you got to be kidding. *Am J Hospice Care* 1996; July / August. ■

Here are stress-relief tips for your next inservice

Three educators offer their ideas

You may not be able to devote an hour to an inservice on stress management. If that's the case, three education managers offer some quick exercises to help relieve stress. You can add these easily before or after any regular inservice:

- **Try a little yoga.** Typically, a class on yoga will last an hour, with an introduction, 40 minutes of practice, and 15 minutes of mediation, says **Alice Hammel**, RN, MS, director of education for Kendallwood Health Care Services in St. Joseph, MO. But Hammel occasionally shows her agency's staff some simple yoga postures that can offer quick relief.

"I had a nurse in my office the other day, and she had all kinds of back problems," she recalls. "So I showed her three postures to strengthen her back muscles."

She also has demonstrated yoga's deep-breathing techniques, which may help people relax and become more focused and efficient in their work.

- **Make up some laughter exercises.** "We have to have a joyful attitude toward living," says **Pat Lynch**, RN, coordinator of education for The Elizabeth Hospice in Escondido, CA. "People who do not feel they have a sense of humor can actually train themselves to be humorous and increase their laughing ability." They can do this by reading funny books, memorizing funny stories, or learning jokes.

During an inservice on stress management, Lynch asks someone to tell the group a joke. Then when that person finishes, she asks someone else in the room to repeat that joke. This not only helps people to learn and practice telling jokes, but the second telling of the joke can be even funnier than the first.

Another technique she uses is to ask staff to stand and force themselves to laugh. "If you start laughing at nothing, and you laugh and laugh and laugh, then soon you'll have everyone in the room laughing at each other."

If they need a little help in getting started with laughing, Lynch holds up a small stuffed animal that laughs each time you press a button on its hand. At the end of its long bout of laughter, the stuffed creature says, "That's funny," which makes the staff laugh as well.

SOURCES

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Lynch also tells employees to hold their stomachs and feel the laughter. "There's nothing like an exhilarating feeling of a good belly laugh." When the laughter session ends, she asks how people feel and writes their responses on a board. Some responses have included "exhilarated," "tired," "refreshed," "happy," "out of breath," and "more awake and alert." The sessions usually bring people closer together, as well as help each person relieve some stress, Lynch says. "Put people who don't know each other in a room and have them tell funny things to each other, and they become bonded."

• **Play with dough.** There's a good reason why all of those goopy globs of Play-Doh sell so well. They're fun, even for adults, and they give you an instant and harmless outlet for stress and nervousness. Just pull and stick and smack and pat, and the stuff is still there to take a little more abuse.

Homemade dough also does the trick. In fact, it works so well that **Karen Newlon**, RN, community education consultant for Genesis Home Care in Zanesville, OH, uses it during inservices and sometimes on an as-needed basis during the week. "I keep some in my desk, and if someone comes by and is really stressed out, I'll give them some," she says. **(See box, below, for her recipe.)**

Stretchy Stress Reliever

- ✔ Mix 4 ounces white glue, ½ cup water, and a couple of drops of food coloring in a small bowl.
- ✔ In a medium-size bowl, combine one teaspoon of borax (a powdered laundry product) and one cup of water.
- ✔ Gently pour the glue mixture into the borax mixture; stir, mix well, and don't worry if it looks like a mess with water all around it.
- ✔ Scoop it out of the water and knead until pliable.

Unlike Play-Doh, the "stretchy stress reliever" will not hold its shape when molded. But the idea is that stressed-out employees can stretch it, shape it, squish it, and it bounces back to its original form. Also, it doesn't stick to hands, although Newlon recommends keeping it in a plastic bag or container when not in use because it will leave a mess on clothing or furniture.

Newlon has bought large bottles of children's glue and made enough egg-size stretchy stress relievers for 70 to 80 people. "I double-bag it in plastic sandwich bags, and it lasts for four weeks." She found the recipe for play dough and recipes for play clays on the Internet. **(See "Internet Connect," p. 190.)** ■

Spiff up your inservice with these creative ideas

One of the best things about creativity is you can tap into it for free. And in these days of tight budgets, every education manager needs to take advantage of every available free resource.

An Ohio education manager has relied on her 16 years of home care experience to help her create a variety of innovative and low-budget inservices for home health aides.

"There seems to be a real need for innovative inservicing on a shoestring budget," says **Karen Newlon**, RN, community education consultant for Genesis Home Care in Zanesville, OH. The hospital-based agency serves six counties in southeastern Ohio. Newlon spoke about creative inservices at the recent National Association for Home Care conference in Atlanta.

She also has been involved with youth groups, and she found that some of the creative ideas used in those groups also could work in home care.

Genesis Home Care holds at least one aide inservice each month. The first thing Newlon does is give each aide a copy of the inservice schedule, including when the sessions will be held and what topics will be covered. "And if

you can schedule those on paydays, you will increase your attendance," she notes.

She has devised a variety of tips for creative inservices. Here are a few:

• **Tie inservices to theme months.** For example, Oct. 3-9, 1999, is National Fire Prevention Week, so a fire safety inservice would be appropriate during that week. **(See "Special Days to Remember," p. 191, to learn which health care events will be honored in December.)** "You could have a firefighter speak and show a video, or you could have a local firefighter participate in a video you're making," Newlon says. "You could have the firefighter bring the full gear and have one of the fun-loving aides put on that gear, and this helps aides realize how important fire fighters are to us."

For Food Safety Education Month in September, she gave aides little bars of soap concealed in birthday wrapping paper and taped to memos with an infection control message.

• **Give a hand-washing demonstration.** If the inservice is about Washington, DC-based Occupational Safety and Health Administration regulations, you could use a special substance to demonstrate how poorly most people wash their hands.

The substance is put on the aides' hands, and then they wash their hands as usual. When they're done, a black light shows how much of the substance is left on their hands. That substance, you could tell them, is like the bacteria they might have missed by not washing thoroughly.

An organization called Partnerships for Food Safety has several ideas that promote infection control. One idea is to tell aides to sing "Happy Birthday" while washing their hands. "Just sing it twice while washing with soap and water, and that will be the approximate right amount of time to wash your hands appropriately," Newlon says. **(See "Internet Connect," p. 190.)**

• **Reward special behavior.** "If aides have done something really special or gone out of their way to help a co-worker or to come to work at an unscheduled time, I give them little packages of candy," Newlon says. "I put these address labels on them with a rainbow graphic that says something like, 'Thank you for helping our home care team; you are a life saver.'"

She also has given out Rice Krispies treats in blue foil packages. She puts a label on them that says, 'You are a treat to work with in home care.'" Another good treat is Payday candy bars, which she sometimes puts in the aides' paycheck envelopes, along with a message that reads "Thinking of you on payday for your special efforts."

These rewards might be given any time of the year or on special occasions, such as during National Home Care Month in November.

• **Encourage inservice participation.** Sometimes it's difficult to find volunteers to answer a question during a class. So Newlon has come up with a gimmick that makes participation like lottery ticket. She bought some little balls at a discount store and placed them underneath chairs at the inservice. The first time she uses the balls, she gives out treats to everyone who has one. The next time, she asks those with balls under their chairs to answer questions or participate on a panel.

"Sometimes it's a reward, and other times it's something they have to do something for," she says. "You do that once, then the next time they will start looking for the balls because they think they're going to get a treat."

• **Create special themes for use throughout the year.** Newlon has used "star power" as a theme. One project might be a "star search," in which she searches for home care employees who have provided exceptional care. Their reward, naturally, is a star.

Also, she has posted a large star on the staff bulletin board and placed copies of client thank-you notes on it. A third trick is to give a wand with a star on the end to an employee who will be in charge of crowd control at a staff meeting.

• **Make a figurative alphabet soup.** "Also, I use alphabet soup, the ABC's of home health," Newlon says. Education managers could boost staff morale at an inservice by putting up a giant tablet and asking each aide to describe the agency, using the alphabet. For example, next to the letter A, someone could write "always on time." The letter B could mean "better than the competition."

The education manager would write the letter on the tablet before the inservice. The only rule would be that staff must write positive things only. If educators don't want to take time during the inservice for this activity, they could simply explain it and then display the tablet for a week so staff could write comments when they have free moments, Newlon adds.

She also has taught aides about the acronyms home care agencies use. She calls this the "alphabet soup of home care." She asks aides to write

out what each abbreviation means on a big board. The aides who know the most abbreviations win a gift-wrapped Alphabits cereal box or can of alphabet soup. Abbreviations might include BBA for Balanced Budget Act, IPS for interim payment system, or NAHC for the National Association of Home Care.

• **Demonstrate teamwork and staff cohesiveness.** Education managers could build mystery and a little excitement into their inservices by sending special invitations that include a puzzle piece with the aide's name on one side and characters or pictures on the other side. The invitation could read, "Has home care become a puzzle to you? Come to the inservice and learn how we all fit together," Newlon suggests. Aides will have to bring their puzzle pieces to the inservice and figure out where they fit.

• **Provide "poison-smart" training.** "Another thing we do that has been very effective is we work closely with the poison control center, and they provide poison-smart training," she says. Trainers show how Parmesan cheese cans can look like cleanser cans to both children and adults with dementia. "So they might put cleanser on spaghetti or try to clean the sink with Parmesan cheese," she says. Also, blue gelatin dessert looks like some air fresheners, so a patient could try to eat the air freshener.

• **Explain why you must repeat, repeat, repeat.** Each year, some of the same inservices must be held on safety, infection control, and other important issues. Newlon explains why aides need to learn the same material again and again.

She asks aides to turn their packets over when the workshop begins, and she says, "What I'd like you to do is . . . draw the head of a penny." Of course, most people will not remember who is on a penny or which way the head faces.

"The point is, how many pennies have you handled in your lifetime, and you don't even know who is on it and which way their head is facing?" she will say. "How can I expect you to remember everything I share with you in this inservice? That's why we'll repeat and reinforce it." ■

SOURCE

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Internet Connect

One small step for *HEM*, one grand step for readers

Perhaps you need a little more practice before you call yourself the John Glenn or Sally Ride of cyberspace. Well, *Homecare Education Management* has just the solution. As a new feature for 1999, *HEM* will provide you with Internet addresses where you may find additional information about some of the topics covered in each issue.

Web sites sometimes change quickly, so we'll do our best to make sure the addresses listed are current — at least for the month in which they're published. Each listing will begin with the Web site in boldface, excluding the typical introductory characters of http: / /. The address will be followed by a description of what you will find on the site and the name, address, and phone number of the sponsoring organization, when available.

Here are some Web sites that correspond to articles published in this issue of *HEM*:

• **www.fightbac.org/media/index.html:** Sponsored by the Partnerships for Food Safety Education, this Web site includes a fact sheet about the organization, which is a public / private partnership created to reduce the incidence of foodborne illness by educating Americans about safe food-handling practices. All of the information on the site is subject to copyright laws. The site has links to the partnership's 20 member organizations, including the American Meat Institute and the U.S. Food and Drug Administration.

Best feature: The site's media center link includes a description of foodborne illness and a list of seven foodborne pathogens.

• **family.com:** Disney Online created this site, which is filled with games, crafts, hobbies, and other wholesome activities. It also has recipes from *FamilyFun Magazine* for play clay and cornstarch clay. All you have to do is go to the main page's search engine and type in "play dough," and it will offer you some choices of where to find it.

• **www.premier.net/~gero/geropsyc.html:** Geropsychology Central of the department of psychology at Louisiana State University created this site. It has little psychological information, but it does have links to other psychology sites.

• **ad.bio.uci.edu/:** This educational site was created by the Institute for Brain Aging and Dementia at the University of California in Irvine. Again, this site may be most useful for its links to additional information.

• **www.cmhc.com/prof.htm:** You'll find some clear-cut descriptions of many different psychiatric disorders, a complete list of all ICD-9-CM mental disorder codes, and a complete list of DSM-IV codes. This informative site also has links to other psychiatric information and resources. Its copyrighted material is sponsored by Mental Health Net & CMHC Systems. ■

❁ Special Days to Remember ❁

December

1-31: Jingle Bell Run for Arthritis. Communities across the nation will feature events with a variety of running and walking competitions. Participants will dress in costumes and wear bells on their shoes. Contact: Arthritis Foundation, 1330 W. Peachtree St., Atlanta, GA 30309. Telephone: (404) 872-7100, ext. 6228.

1: World AIDS Day. Designated by the World Health Organization, the day is part of continuing efforts to increase awareness about AIDS. Contact: American Association for World Health, 1825 K St. NW, Suite 1208, Washington, DC 20006. Telephone: (202) 466-5883. Fax: (202) 466-5896. E-mail: AAWHstaff@aol.com.

25: Clara Barton's Birthday (1821-1912). Clara Barton was the founder of the American Red Cross.

January

1-31: National Glaucoma Awareness Month. Sponsored by Prevent Blindness America, the month raises awareness of the eye disease, which affects 2-3 million people. Contact: Nancy Antol, special projects manager, Prevent Blindness America, 500 E. Remington Road, Schaumburg, IL 60173. Telephone: (800) 331-2020. Fax: (847) 843-8458. E-mail: info@preventblindness.org. Web site: http://www.preventblindness.org.

17-23: Healthy Weight Week. The week celebrates healthy lifestyle habits and is observed with displays, health fairs, and media programs. Contact: Frances Berg, *Healthy Weight Journal*, 402 S. 14th St., Hettinger, ND 58639. Telephone: (701) 567-2646. Fax: (701) 567-2602. E-mail: fmberg@healthyweightnetwork.com. Web site: http://www.healthyweightnetwork.com.

25: National Intravenous Nurse Day. The day honors intravenous nurse professionals with special events and educational material. Contact: Publications Department, Intravenous Nurses Society, Fresh Pond Square, 10 Fawcett St., Cambridge, MA 02138. Telephone: (800) 694-0298. Fax: (617) 441-3009. World Wide Web site: http://www.ins1.org.

This calendar listing is provided courtesy of the Society for Healthcare Strategy and Market Development of the American Hospital Association (AHA). The organization, located at One N. Franklin, 31st Floor, Chicago, IL 60606, sells a 73-page "Health Observances & Recognition Days" 1999 calendar (Catalog No. HD-166858) for $15 for AHA members and $20 for nonmembers. Call (800) 242-2626 for more information. ■

Homecare Education Management (ISSN 1087-0385) is published monthly by American Health Consultants®, 3525 Piedmont Road, Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodical postage paid at Atlanta, GA 30304. POSTMASTER: Send address changes to **Homecare Education Management**, P.O. Box 740059, Atlanta, GA 30374.

Subscriber Information

Customer Service: (800) 688-2421 or fax (800) 284-3291, (custserv@ahcpub.com). Hours of operation: 8:30 a.m.-6 p.m. Monday-Thursday; 8:30 a.m.-4:30 p.m. Friday.

Subscription rates: U.S.A, one year (12 issues), $299. Approximately 18 nursing contact hours annually, $349; Outside U.S.A., add $30 per year, total prepaid in U.S. funds. One to nine additional copies, $150 per year; 10 or more additional copies, $90 per year. Call for more details. **Back issues**, when available, are $26 each. (GST registration number R128870672.)

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NEWS BRIEFS

Telephone nursing guidelines available

Tele-Nurse of Santa Rosa, CA, has designed a manual to help RNs in the home care setting and other medical settings perform telephone triage. The manual includes "safety nets," and questions for gathering appropriate data. It costs $175 and is available both in a paper copy and on CD-ROM.

For additional information, contact: Tele-Nurse, 2210 Eastwood Drive, Santa Rosa, CA 95404. Telephone: (707) 545-9777 or (888) 545-9777. World Wide Web address: http:www.rece.com/. ▼

Company offers help with pathways, IPS

VNA First of LaGrange, IL, has developed 92 outcomes-based critical pathways for home care nursing, physical therapy, occupational therapy, respiratory therapy, dietitians, and other disciplines.

The pathways cover the clinical areas of adult medical/surgical, pediatric, maternal, newborn, mental health, and hospice, and they have been developed and field tested by home care clinicians nationwide.

The pathways, called Home Care Steps Protocols, also may be used to demonstrate improved quality while reducing costs, which could assist agencies with the interim payment system.

The organization is an alliance of home care agencies that first began preparing for the prospective payment system in the late 1980s.

For additional information, contact: Lisa Van Dyck, Director of Education and Outcomes Project, VNA First, 47 S. Sixth Ave., #120, LaGrange, IL 60525. Telephone: (708) 579-2292. Fax: (708) 579-1696. ▼

CE objectives

After reading this issue of *Homecare Education Management*, continuing education participants will be able to:

1. Identify the key characteristics of patients with borderline personality disorder.
2. Assess the difference between a patient with schizophrenia and bipolar illness.
3. Demonstrate why laughing makes us healthier. ■

Company offers self-study programs

Nursing Spectrum of King of Prussia, PA, offers self-study programs for nurses on a variety of topics, including AIDS, cancer, diabetes, and legal issues.

The organization also offers one- or two-day seminars on issues, including making the transition to home care.

For more details, contact: Nursing Spectrum, Continuing Education, 2002 Renaissance Blvd., Suite 250, King of Prussia, PA 19406. Telephone: (800) 866-0919. Fax: (800) 285-8880. World Wide Web address: www.nursingspectrum.com. ■