



H O M E C A R E Education Management™

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MARCH
1999

VOL. 4, NO. 3
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Teach staff and managers to put the focus on customers

Inservice should cover more than 'smile therapy'

After all of the home care changes in the last couple of years, an inservice on customer service might be the very last thing your staff, who consider themselves survivors, want to hear about. Still, it might be the most important inservice you could hold this year.

Now more than ever, all home care customers, and this label also applies to staff, need the best service a home care agency can provide.

"The overriding concern of home care agencies in the last year or so has been the interim payment system [IPS]," says **Kevin Loso**, associate director for development for the Rutland (VT) Area Visiting Nurse Association (VNA).

"So a lot of our response to IPS has to be explained to our patients and customers," Loso says.

The Rutland Area VNA conducted an in-depth customer service program to give staff pointers on how to better communicate and meet patients' needs while simultaneously providing care with greater efficiency.

"In response to IPS, we came up with a communications plan that focuses on our staff, our patients, other providers, other stakeholders, and the community at large," Loso says. "There was a strategy for each of those key audiences."

Home care agencies need to emphasize a philosophy of instilling a customer service consciousness, says **Karen Carney**, president of

Make customer service your top priority

This issue's focus on improving customer service is the first of a two-part series. Inside you will learn what customers really want from home care agencies and find a list of their top satisfaction issues. In the April issue of *Homecare Education Management*, there will be additional articles on how to please your referral sources and what to teach managers about making employees and customers satisfied. ■

Carney Communications in Andover, MA. Carney Communications is a marketing and training company that specializes in home care. Carney spoke as part of the Rutland Area VNA's customer service program.

"It should be a problem-solving approach, and it should not be smile therapy or a mandate for behavior change," Carney says. "Ninety-nine percent of employees truly want to give great service."

Customer service also includes finding out what's important to an agency's referral sources and then giving them what they need, says **Carleton Townsend**, vice president for quality measurement with Fazzi Associates in Northampton, MA. Fazzi Associates is a management consultation firm that does research training presentations focused in home health care.

"Providing referral sources with good customer service is the key to agencies really distinguishing themselves from the pack," Townsend says.

Carney and Loso offer these guidelines to setting up a comprehensive customer service program:

1. Commit time and energy to the project.

Rutland Area VNA embarked on a customer service training program with a full commitment from management, Loso says.

"I did some education up front on why it's important and why it's necessary to bring in a consultant to address this issue," he explains. "We coordinated the education plan around IPS in general."

Loso, with help from a senior management team, developed a communications plan that focused on internal and external communications.

Then the agency sponsored a workshop on customer service and developed a customer service action plan along with quarterly action plans. The agency also has incorporated the customer service philosophy into its orientation process.

"We started out with a planning retreat for our management team, and we followed up with three-hour sessions and had a total of six of them

to cover the entire agency," Loso says.

"Subsequently we've broken down into a customer service focus group that takes information generated in those sessions and identifies key objectives."

2. Involve everyone in the process.

Home care agencies should include customer service training for all employees or else they may compromise their ability to foster a customer service environment. (See story on customer focus, p. 36.)

"Sometimes they just want people to come in and fix their staff, so to speak, and that really doesn't work," Carney says. "It needs to be a companywide and customerwide effort."

This also means that home care agencies need to consider their employees as their customers, as well. Any workshops on customer service also should include training managers to handle staff better.

Managers should be taught how to create great opportunities for service to happen, a process Carney calls jump-start consciousness.

Carney gives an example of one of the quick-fix approaches that is unlikely to work: A home care agency trains staff to smile and be nice to patients and customers at all times. The reason this doesn't work is twofold: one, the staff are tired of hearing that they have to be nice in every type of situation; two, customers are not satisfied with care from providers who smile but are unable to give them what they want.

"You have to give your staff the skills to be able to handle different situations," Carney explains. "It has to go beyond smile therapy because that's not an effective tool for what they face in the field or on the phone."

Even the agency's chief executive officer has to buy in to the customer focus or it won't work. This may mean the CEO has to change how he or she interacts with the staff, Carney adds.

A customer focus also means that home care staff may have to learn new ways of defining quality care.

"An organization can provide superb clinical

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care and not necessarily provide good customer service,” Loso says. “The quality of care being provided is a given, so that’s not where you add value.”

Instead, all home care staff should go the extra mile, Loso suggests. “If you’re going to be 20 minutes late, it’s important to get on the phone and tell the patient that this is what’s happening today.”

Home care employees also need to remember that patients must be involved in the decision-making process and that their role includes empowering the family, he adds.

“It’s the whole philosophy of you can’t do everything for everyone, and you can’t be all things to all people, but you can make it a win-win situation rather than a win-lose,” he says.

3. Teach that change is constant.

Home care employees must be ready to adapt to a wide variety of difficult situations, which change constantly.

For example, Carney once heard of a home health aide who arrived at a home to provide bathing and personal care to a patient. The problem was that the only bathtub in the house had a dead bear in it because the family was draining its blood so they could eat it that winter.

“It was hard to give the patient a bath at that point,” Carney says. “So home care employees need to think about what they have under their control, and they have to have an attitude of being able to face anything.”

Employees often react negatively to changes and insist that either managers or regulators, are trying to make things more difficult for them. They may not have a lot of control over new company rules or government regulations, but they can control their attitude about those changes.

“Your attitude can set the tone for how you deal with a situation,” Carney says. “How you act and your attitude can make a big difference in how people interact with you.”

Carney suggests people try this exercise, just to see how important attitude is: Go to a favorite grocery store, gas station, or shop, and watch to see how many employees make eye contact with you. Then the next 10 times you go to the store, make an extra effort to smile and engage the cash register clerk in conversation. For instance, you could say to the teenage bagger, “I don’t know how you do it that fast,” or “Aren’t you cold with the door swinging open like that?”

“My guess is that long before that 10th visit

you will have changed that person’s attitude, and they’ll start to say ‘Hi’ to you and engage you by name,” Carney says.

4. Emphasize problem-solving approach.

“The problem-solving approach is the whole philosophy of instilling a customer service consciousness,” Carney says.

It’s a way of helping employees find solutions without giving them absolute mandates for certain behaviors. For example, some agencies might have rules that telephones must be answered on the third ring. While this may sound like a good idea, it could work against customer service at times. “What if you’re on the phone with a hospice client, and this person is emotionally distraught? Can you really put the person on hold and pick up the other phone?”

One size does not fit all

Instead, agencies should teach staff how to make important decisions about which behavior is the most appropriate. In the aforementioned case the employee would not pick up the phone on the third ring, and someone else might pick it up on the fourth or fifth ring. But that might be better than putting a distraught client on hold.

Carney suggests it’s better to offer employees certain behavioral guidelines that allow some leeway so they can decide how best to handle a particular situation.

“The problem is in the beginning of a focus on customer service, the attention is on what they’re doing wrong,” Carney says. “Sure they’re doing things wrong, but they’ll figure that out for themselves.”

Instead, home care managers should tell employees what they’re doing right, and then ask if employees would mind also focusing on a few more details.

This positive approach to changing staff behavior will work better than any mandates or a punishment-oriented environment, especially in today’s difficult home care environment, Carney says.

“It’s so easy for home care employees to feel that things are out of their control,” she adds. “They can get burned out, downtrodden, emotionally zapped by all that is happening.”

By helping employees shift their focus from the negative and what’s wrong to the positive and what they can do to make things better, everyone will benefit. ■

Teach staff, customers what customers really want

It's not always what you think it is

One of the first things **Karen Carney**, president of Carney Communications in Andover, MA, tells home care employees about customer service is typically one of the last things they expect.

"The customer is not always right," Carney says. "The truth is the customers don't always know what they want and what they need, particularly in home health care, with all the changes and reimbursement guidelines."

So home care's goals are to make customers right. The answer to their request may not be "yes," but the home care employee perhaps could steer them to another resource.

"The challenge is how to reset people's expectations so they're realistic," she adds. "And that's the managers' job to teach staff how to do it, and then it's the staff's job to do it with every customer encounter."

Carney relates customer service to three dynamics or tiers that describe every interaction. The three-tier concept is described in the book *Winning the Service Game* (Benjamin Schneider and David Bowen, 1995, Harvard Business School Press, Boston). The tiers are:

- **Customer tier:** Customers have a responsibility they bring to every service interaction. For example, grocery store customers are expected to pay before they leave with groceries. In home care, customers are expected to comply with their treatment and actively work with the physician and staff to do whatever needs to be done. If a home care nurse or aide makes an appointment to visit a patient's home, then the patient is expected to be there when the nurse or aide arrives.

"The goal in home care is to make the patient as independent as possible and that focus is increasing," Carney adds.

- **Front line tier:** These are the company employees who are working directly with the customer, whether it's over the telephone, in person, via e-mail, or through correspondence. "These are the people who are directly responsible for the moment of truth," Carney says. "Their actions and their tone of voice have quite a level of impact on that situation, although they're not

totally in control of the situation."

- **Organization tier:** The organization tier includes management because it's their responsibility to put into place all the systems, processes, training, and other infrastructure that's required for service. An obvious example, Carney says, is if the company's computer system is down then that may impact the front line staff's effectiveness.

"In an ideal world, all three of those dynamics would be in equilibrium but it doesn't always work that way," she adds. "More often, we need to pull one or more of those tiers back in synch with the others."

How do customers define customer service?

"It doesn't matter what we think we did," Carney says. "It only matters what customers think we did because they're the scorekeepers."

It's important that home care employees are in tune with customers and understand what they want and expect.

Carney gives an example of how a cable repair person found a way to do his job without making customers angry. Typically, the cable company service representatives would ask callers who reported that their cable was out, if they had it plugged in. People would answer "yes," and right away they'd be angry, thinking the cable representative was being condescending. Then customers would grow angrier as the representative asked a series of similar questions.

"One cable guy found out that it was driving people crazy, and he found a way to handle the calls differently," Carney says. Instead of asking them the power question, he'd say, "Go to the television set and turn it on, then turn to channel 6, turn to channel 3, and tell me what's happening."

The caller would go to the television set and turn it on and if it didn't turn on, the caller typically would check the plug. Then the person would turn it to channel 6 and then to channel 3. If the problem was that the television was unplugged or that the television was turned to the wrong channel, the person would have found that out on his or her own.

"Your words are important in dealing with people. It's how you say it," Carney adds.

Customers also expect people who are serving them to take personal responsibility.

(Continued on page 41)

For instance, when people dine in a restaurant that is very busy, their dinner might be very late. Many people will react negatively to this situation if they have been sitting at their table for 20 minutes or more and the server has not come by with the food. But while the server may have no control over how slow or busy the restaurant's kitchen is, the server does have control over how this problem is explained to the customer. So if the server ignores the table while they wait for their dinners, the customers are more likely to be angry than if the server repeatedly goes to the table and explains how the kitchen is behind but the restaurant is doing everything possible to bring them their dinners.

"Frequently things will happen, and the front line staff may think they don't have the power to change it," Carney says, adding that the truth is everyone can make a difference.

Employees frequently complain, "We can't do this because . . ." when it is they who are at fault, Carney says. "There's always going to be an excuse, but really in almost every situation there's some way from a personal point of view that they can find a way to make it better or to let go of it."

If the situation is truly so difficult that an employee cannot find any way to cope, then the person should decide whether to continue to work in that environment.

Make lemonade from service lemons

Carney demonstrates how there usually are many different ways to handle bad situations by asking employees to brainstorm for solutions to a case study problem. She uses an example of another health care setting, such as a physician's office:

Suppose a mother and daughter have an appointment with an orthopedic surgeon in his office, and they arrive 10 minutes early. They wait 45 minutes to be called. Then the employee who leads them into the examining room does not make eye contact and speaks rather coldly when they begin to turn down the wrong hall. They wait another 45 minutes in the examining room.

Finally the physician arrives and is very friendly. Their visit with him is positive, and when they leave, the people checking them out are friendly. Still, the mother and daughter did

What are the top 10 customer concerns?

Sometimes the best way to find out what customers really want is to simply ask them. Press, Ganey Associates of South Bend, IN, collected information on the most important issues for a patient recommending a home health agency. These are the top 10 patient satisfaction issues identified from 7,000 questionnaires sent in 1994 to patients of 25 home care agencies nationwide:

1. How well an agency handles request to change nurse or aides.
2. Family kept informed about treatment.
3. Family involvement in planning home health service.
4. Nurse's concern for patient's comfort.
5. Aide's concern for patient's comfort.
6. Nurse's concern to contact patient if late or absent.
7. How well nurse teaches patient to care for self.
8. Technical skill of nurse.
9. How well initial plan of health care or treatment meets needs.
10. Helpfulness of person who made initial arrangements for the service.

not have an overall positive experience with that physician's service.

What could the employees in that physician's office do to make the situation more positive?

Carney says people might come up with a variety of suggestions, including these:

- They could inform the physician when he's behind schedule.
- They could apologize to the people who are waiting a long time.
- They could be friendlier when taking patients to examining rooms.

Similarly, managers need to listen to employees suggestions about changes that may benefit the home care agency. If they have already tried some of these suggestions, they should tell employees that they have tried that approach and, "Here's what happened."

Also, if a rabble rouser confronts management about problems, managers should ask the person what he or she would suggest they do to change the situation. "If they can't come up with a solution, then they may realize that you can't come up with one either," Carney says.

Lastly, managers should let staff know that

Internet Connect

Let your fingers do the walking over Web sites

The Internet provides a wealth of material on many of the topics covered in *Homecare Education Management* this month. Included are educational material on diabetes, heart disease, and customer service.

- **www.diabetes.org:** The American Diabetes Association in Alexandria, VA, has a plethora of great practical guides and information about all aspects of diabetes. The Web site is easy to use. All you have to do is click on any one of more than 40 categories to find out some concise guidelines to type 1 diabetes, type 2 diabetes, gestational diabetes, understanding lab tests, nutrition and fitness, recipe of the day, legislative information, exercise, sex, pregnancy, parenting, and other topics. Only a few of the links led to dead ends. Most of the links provided material that was easy to print and read. The ADA also can be reached at 1660 Duke St., Alexandria, VA 22314. Phone: (703) 549-1500.

Best feature: There are too many great features to say this is truly the best, but the link to "20 Steps to Safe Exercise" is at the top. The five-page report explains how diabetes and obesity tie together and how diabetics can lose weight and improve their exercise habits. While there are not an actual 20 steps listed, the categories included in this site provide enough basic information to supplement any patient teaching material.

- **www.americanheart.org:** Sponsored by the American Heart Association in Dallas, this site has a variety of information about heart attacks, their warning signs, family health, strokes, and science. It also contains a huge directory with hundreds of links to other health care information, listed in an A to Z format. The AHA also can be reached at 7272 Greenville Ave., Dallas, TX 75231-4599. Phone: (214) 706-1396.

- **www.bsecpa.com/customer.htm:** This site contains links to a variety of articles and other resources on customer service.

- **www.aacvpr.org:** This site, sponsored by the American Association of Cardiovascular and Pulmonary Rehabilitation in Middleton, WI, has

the agency has certain priorities that must be met. For example, if the staff complain about the green color of the office bathroom, then perhaps the managers should explain that while no one likes the bathroom's color, the company cannot make a new paint job its top priority right now.

Carney says managers should talk to staff as one human being to another, saying, "If you can come up with a way we can do it simply maybe we can address it sooner, but we need to focus our attention here." ■

For more information on customer service, look here

Here are a few books and other resources to find out more information about improving customer service:

- ***The Customer Comes Second***, by Hal Rosenbluth and Diane McFerrin Peters; published in 1992 by William Morrow and Co. in New York.
- ***Customers for Life***, by Carl Sewell; published in 1990 by Pocket Books in New York City.
- ***Dinosaur Brains: Dealing with all those impossible people at work***, by Albert Bernstein and Sydney Craft Rozen; published in 1989 by Ballantine Books in New York.
- ***Getting to Yes***, by Roger Fisher and William Ury; published in 1991 by Penguin Books in New York.
- ***Growing a Business***, by Paul Hawken; published in 1987 by Simon & Schuster in New York.
- ***It's Not My Department***, by Peter Glen; published in 1992 by Berkley Paperbacks in New York.
- ***Managing Knock Your Socks Off Service***, by Chip Bell and Ron Zemke; published in 1992 by AMACOM, a part of the American Management Association in New York.
- ***Total Customer Service: The Ultimate Weapon***, by William H. Davidow and Bro Uttal; published in 1989 by Harper & Row in New York.
- ***Verbal Judo: The Gentle Art of Persuasion***, by George Thompson, PhD; published in 1993 by William Morrow and Co. in New York.
- ***Winning the Service Game***, by Benjamin Schneider and David Bowen; published in 1995 by the Harvard Business School Press in Boston.

information about pulmonary rehabilitation and the treatment of chronic obstructive airway disease. The AACPR can also be reached at 7611 Elmwood, Suite 201, Middleton, WI 53562. Phone: (608) 831-6989. ■



Grab staff's attention with a Hawaiian hula party

Brooklyn agency makes the most of games

If there's one sentence you've probably heard a lot over the past year, and it's always said in an exasperated tone, it is: "I'm sick of hearing about OASIS!"

Unfortunately, education managers and home care directors can't pretend the word doesn't exist because it's become as much a fact of life for home care agencies as taxes.

So what can you do to lighten up OASIS inservices, or any other inservices on equally unpopular subjects? The Visiting Nurse Association of Brooklyn, NY, has a solution: Simply throw a Hawaiian party.

The free-standing urban agency typically holds a large theme-oriented event each year to make the medicine of mandatory inservices easier to swallow. But in 1998, the agency had to focus on teaching staff about the Outcome and Assessment Information Set (OASIS) because the Baltimore-based Health Care Financing Administration (HCFA) has required its use for data collection.

The agency presented OASIS education in the form of a tropical party, complete with leis, pina colada sodas, umbrellas in drinks, and coconut shell candles, says **Celina Mompoin**t, RN, BSN, staff development coordinator.

The agency also provided food, including a four-foot hero sandwich and a fruit platter.

The agency, which has about 200 employees, held 14 inservices on OASIS, and the Hawaiian theme was used for all but two of them,

Mompoin

says. Each inservice lasted about two hours, and some were held in the evenings for the fee-for-service workers.

"We watched a video that introduced OASIS, and then we went over the forms," Mompoin says.

The staff gave the inservices a thumbs up on evaluation forms, she adds.

Try fair theme for mandatory inservices

For mandatory inservices in the fall of 1997, the agency used the theme of a country fair.

"People loved it, and they want us to do it again," Mompoin says.

The fair included balloons shaped like clowns, carnival music, popcorn, peanuts, ice cream, and a variety of booths and gaming centers. The booths each had mandatory educational material for staff to review and complete. The booth's various games, included the following:

- a bingo game about infection control;

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- a word search about substance abuse;
- a Jeopardy game on abuse and neglect;
- crossword puzzles about disaster and emergency plans;
- a hangman game on safety. (See **substance abuse word search, infection control BINGO, and disaster crossword puzzle, inserted in this issue.**)

“Staff would go to each booth, and some were group activities and others were independent activities,” Mompoin says.

Prizes were given to the game winners, again in keeping with the fair theme. They included candy, pencils, magnets, and for those who completed an optional topic, a year planner.

Employees went into the fair in two-hour shifts. The fair was held in three shifts, including an evening time slot so that everyone would have time to attend. The agency held the fair about 12 times over a month.

Each employee was given a ticket to the fair, with one made out for the professional staff and a different one for the business staff. Once they went to each booth on their ticket list and either played the game or completed a quiz, a booth attendant would sign their ticket.

“The fair could accommodate 20 to 25 people at one time,” Mompoin explains. “We said they could come in any time they liked, but a lot of nurses want a timed schedule, so we’d say they could select the 9 a.m. to 11 a.m. time slot or the noon to 2 p.m. time slot.”

Although the agency selects a different theme each year, the fair theme was so popular that it might be brought back, Mompoin says. “People loved it and they want us to do it again.” ■

CE objectives

After reading the March 1999 issue of *Homecare Education Management*, CE participants will be able to:

1. Distinguish between hypoglycemia and hyperglycemia.
2. Describe symptoms of a heart attack.
3. Propose a customer service policy.
4. Identify patients’ chief home care concerns. ■

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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, \$179 per year; 10 to 20 additional copies, \$120 per year. Call for more details. **Back issues**, when available, are \$50 each. (GST registration number R128870672.)

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