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INSIDE

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American Health Consultants® is A Medical Economics Company

Opening your own shop: Policy handbooks, QA, and marketing

Set clear standards and be sure they're met

"Having a handbook lets employees know clearly what the rules are for working at your agency, what they can expect from your company, and what the company expects from them," says **Kathleen Bailey**, owner of Private Duty Solutions, a home health care consulting firm that specializes in private duty / private pay services. "It's a very important management tool, especially given the litigiousness of our society today. What kind of defense do you have in court without it?"

Bailey divides her prototype handbook into three sections: standard employee policies; policies relating to working with the office staff; and rules for employee conduct in the client's home. "You need to have employment standards, things that your employees must do in order to remain employed by you," she says.

> ***"Good quality assurance means different things to different people. From the agency's point of view, it means providing what they perceive as good, quality service, doing things like offering supervision, training employees, and meeting accreditation standards."***

Bailey says a handbook should also describe the hiring process and specify such items as a dress code, substance abuse, and absenteeism. "Your termination policy should also be clearly stated," she says. "I think it's also very important to include policies outlining how employees should deal with clients."

She suggests beginning with a statement such as, "The following

policies have been established for the benefit of the home care staff to prevent potential conflicts between our clients, their family, the agency, and you, the direct care staff," and point out that if an employee conducts himself / herself in accordance with those policies, a misunderstanding that could lead to claims of abuse, neglect, theft, or any type of criminal conduct can be limited. "An employee policy handbook is really management's best friend."

An employee sampler

As an example of the kinds of policies she advocates, Bailey points to the 10 sample policies below, which are excerpted from 32 policy examples in her book.[1] "These are a sample of commonly violated policies that should be included in all employee handbooks," she says.

Policies for home care staff that relate to clients:

1. Do not solicit money from clients for any school, social, church, volunteer, or charitable organization.

2. Do not accept any gifts from a client. The agency does recognize, however, that on some occasions (birthdays or holidays) a client may want to express appreciation or good wishes with a gift. If so, please inform the client that he / she must contact the office before you can accept any gift. This protects you from confused clients who may think you stole the item.

3. In this state, it is illegal for anyone other than licensed professionals — RNs or LPNs — to administer medication or injection. You may not, under any circumstances, dispense or administer medication (including over-the-counter or prescription) unless you are a licensed professional nurse, and then only with a doctor's order that has been obtained by the nursing supervisor. If you are not licensed, and are requested by the client, the client's family, or the client's doctor to dispense medication, you must refuse to do so and call the office immediately. We will make arrangements to assure the client receives his / her medication. Your responsibility is to say "NO."

4. Do not discuss matters relating to a client's Last Will and Testament with the client or anyone. If a client asks you for advice, encourage the client to consult an attorney. Employees may NOT sign or witness any documents for the client, such as checks or wills.

5. Never accept private employment from a client for whom you have provided services through this agency during the preceding 90 days. Accepting work within the 90-day period will place you in violation of this policy and may be grounds for termination.

6. Do not bring any unauthorized individual into the client's home. This means you may not bring your children, family members, friends, or pets into the client's home during a scheduled assignment or when you are off duty.

7. Do not give your home telephone number or address to any client or institution for whom you may work. Even if the client asks you, do not give your number. They can contact you through the office. The agency never gives employee's home telephone numbers — for your protection.

8. Employees are NOT PERMITTED TO SMOKE cigarettes or any other tobacco products while on duty in a client's home. If you are working in an institutional setting, you must abide by the regulations of that institution.

9. Do not discuss your personal problems with the client or their family. A health care worker should never develop a social relationship with the client or their family. Try to maintain a friendly, but professional relationship.

10. Do not discuss your hourly wage with clients or fellow employees.

The necessary element for staying power

"Good quality assurance means different things to different people," Bailey says. "From the agency's point of view, it means providing what they perceive as good, quality service, doing things like offering supervision, training employees, and meeting accreditation standards." She says that clients don't care about any of that, and points out that, for the client, quality means that when a caregiver is in their home, that person is compatible with them.

"Clients do want that caregiver to have the necessary skills, however," she says. "They want the same caregiver to show up on a regular basis. They don't want to see a new face every other day. They also want that agency to provide the service on a continuing basis with no gaps in service."

Employee supervision is essential to quality assurance. The agency might have a policy that a supervisor goes out to monitor the quality of the in-home care every 60 or 90 days, unless state regulations mandate differently. Bailey cites formal visits to clients' homes and case monitoring by the office coordinator as two excellent methods of assuring quality. "Your coordinator should ask how things are going every time any employee

comes into the office. She should also ask the clients how things are going. Keep the lines of communication wide open with the caregiver and the client on a regular basis and document results. That way, you're keeping tabs and heading off possible problems before they develop."

Rate your caregivers

Bailey also recommends that agencies routinely survey their clients. "The client should receive a survey once a year," she says. "It should be a simple format the client uses to rate the caregiver, their interactions with the office staff, whether their bills are easy to read and understand. You need to survey each aspect of the contact with that client."

On the topic of accreditation as assurance of quality care, Bailey says that meeting accreditation standards mandates good quality control. "But every agency has to decide whether it's in its best interests to become accredited," she points out, adding that an agency can give excellent care without being accredited.

"Sometimes, you have to be accredited in order to get your contracts," Bailey says. "Now, here's where it gets tricky. You need your accounting person to run the numbers and find out if the cost of becoming accredited can be recouped. Your total costs may be $6,000 to become accredited, but you're only going to get $4,000 in business because you are accredited. That's when management has to decide whether the public perception of quality care from your agency is worth the extra expenditure in your community. In some parts of the country I think accreditation is very, very important. Where I live it doesn't matter at all because no one is accredited, and we have some excellent home care companies here."

She also says that agencies have to look at how many staff hours it will cost to get that accreditation, hours your staff could instead spend generating new business. "Let's say you have an employee you are paying to work 30 hours a week and she has to spend 10 of those hours making sure your documents and records meet accreditation standards. That's 10 hours a week of salary that you can save if you're not accredited. Your costs will probably be lower if you are not accredited. Many agencies pay a consultant to come in and do a mock survey before the surveyor comes in because of fear the agency won't meet the accreditation standards. That's another cost."

Accreditation may or may not be useful in your area for marketing purposes, but proven marketing practices are always important. First and foremost, Bailey emphasizes the need for a marketing plan. "You have to set specific goals with a time frame," she says. "Your plan should identify your market segments. Who are your clients? Who are your referral sources? How do you plan to let your community know about your services?"

She stresses the need for a way to evaluate the effectiveness of marketing techniques used in order to know where your business is coming from.

Bailey also says agencies need to know what their competition is doing because they may be able to plug into one of a competitor's weak points or strengthen their own offerings. "For example, if they accept credit cards or have a minimum number of hours for providing service, you probably should too. You also want to make sure that the services, prices, and the pay rates you offer are in the same ballpark."

To obtain this information, she suggests picking up competitors' information at public gatherings and calling them anonymously with specific questions. "Be sure that your application for employment asks for current pay rate information," Bailey says. "When a competitor's employees come to your agency to apply for work, this information should be slotted into your marketing file."

Bailey recommends hospital discharge planners and social service departments as good client referral sources. "Also, be sure that your local trust officers, attorneys, assisted living communities, physicians, clergy, and adult day care centers have information about your agency and the services it offers." She also advises making one-on-one sales calls.

"If you go to an assisted living facility or a suite of physicians' offices, it might be helpful to take a tray of sandwiches with you," she says. "Keep it simple and brief, just give them a reason to sit with you for 15 minutes so you can tell them about your services. Concentrate on what's in it for them. That's what everyone wants to know."

Try narrowing your audience

She points out that the Yellow Pages are one of the first places people look when they need caregiving services, but she says television or radio advertising is usually not cost-effective because it goes to a very broad audience. "You want to target a very narrow audience," Bailey says. "Sometimes newspapers will have special sections targeted to

SOURCE

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senior citizens. Consider advertising in any newsletters in your town that go out to higher income-level people. In my area there's a senior citizens' expo now. It started out with only about 30 vendors, but now it's huge! There are probably 150 vendors now, and it's only three years old. Often, it's the people in their 60s, who have the time to attend an expo, who need private duty home care services for their parents. You're getting to the target market, but not necessarily through the target client."

(Editor's note: The request-for-service document which accompanied last month's article featuring Kathleen Bailey fell victim to a production error. We are including the corrected form with this issue, although it is not referred to in this article.)

Reference

1. Bailey K. *Employee Policy Handbook for Private Duty Agencies*. Lancaster, PA: Zellem Printing; 1999. ■

Avoiding negligence traps

Policies and advertising count in court

"Determining negligence is simple to a lawyer," attorney **John Gilliland II,** says. "But to most people in health care, it seems complex."

Gilliland, who specializes in legal issues surrounding home health care, defines the term malpractice as a euphemism for negligence. "Basically, we use the same legal negligence test for health care as for an auto accident or a slip-and-fall case," he says. "You have certain elements that have to be proved to establish liability for negligence.

Gilliland says negligence requires the proof of these four elements:

1. There must be a duty. "You have to establish that a duty was owed," Gilliland says. "The duty arises when a professional relationship begins, which in home health care, is usually admission of the client or patient to whatever home health care services the agency provides."

2. The duty must be defined. "What is the duty? It is to exercise reasonable care in providing services to the patient," Gilliland says. He notes that in most health care cases, the legal definition of reasonable care is established by looking at what others working in the same field would do given the same circumstances. "You're compared to your peers, and this is one instance in which malpractice is a little different from a normal negligence suit." He points out that in an automobile accident, every person who would be on a jury knows that when you come to a stop sign, you must apply your brakes to stop.

However, in a case involving professional care, establishing a duty often involves testimony from expert witnesses called to define those things that should be done. "The expert is there to assist the jury," Gilliland says, "because it's assumed the jury doesn't really understand the practice of nursing, for example."

3. Reasonable care must have been breached. Did the agency exercise reasonable care?

4. There must have been damage. Did the breach of the duty cause damages that can be compensated in money?

"When most people talk about negligence," Gilliland says, "what they really mean is, 'Did I have a duty and did I breach it?' But in the law, if there is no damage to the plaintiff, the case is going to be thrown out."

Plaintiffs have to prove it all

When plaintiffs sue a home health agency, they have to prove all four of those elements. "If the agency can knock out any one of these, it's won the lawsuit," Gilliland says, "but the plaintiff must prove all four." He points out that an agency's internal policies can be introduced as legal evidence of the standard of care the agency has agreed to provide.

"You may establish a standard of care that is higher than what would otherwise be required," he says. "If your policies say you shall or will do things, you should expect to be bound by that in court."

Advertising is more than just getting the word out. It's also potential evidence should your agency fail to fulfill your claims. "Saying, 'We offer the best care east of the Mississippi' means you have increased the standard of care you offer," Gilliland says. "You've said it's not just

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reasonable care, it's the best!" Gilliland says that both private duty home care agencies' advertising and policies can come back to haunt them.

"When you are writing either, take into account that you may be held to it in a court of law," he says. "A lot of the problem is the adjectives and adverbs you choose."

He also cautions that licensure standards are binding, as well. "They're not just there so you can get something nice you can put on your stationery. They can come back as evidence of the standard of care you must meet, and that may be higher than what would otherwise be the case because you're saying, 'I'm accredited, therefore I'm better than average,' and that's offering an assurance of quality."

Insure yourself

Gilliland emphasizes that the one thing most businesses need to be sure of is carrying adequate malpractice insurance so that if they are sued they have protection. The agency must also decide whether to provide malpractice insurance to its employees or require them to carry it on their own. He says that a companion or home health aide really isn't practicing a profession, so the issue is normal negligence, not malpractice, but agencies should address insurance for the negligence of their employees. "There's one kind of insurance coverage many agencies don't have, but really ought to, and that's nonowned auto coverage," Gilliland says.

He points out that home care often involves lots of driving, and typically employees drive their own cars, not agency vehicles. If an employee is in an auto accident, both the employee and the agency will be sued because the employee was driving as part of their duties for the agency. Nonowned auto coverage protects the agency.

"It takes very little to be sued, and it's very important to get insurance in place," Gilliland says. "You might win without it but feel like you've lost due to the attorney's fees. When you have insurance, it pays the fees your defense." ■

GUEST COLUMNS

Ten tips for writing better policies

By **John C. Gilliland II**
Attorney
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Written policies are a fact of life in health care and home health agencies seem to drown in them. They may be required for reimbursement, for licensure, or simply for management or legal reasons. They concern many subjects ranging from nursing policies to personnel policies and everything in between.

When they are well-drafted, written policies can be very helpful to achieve desired conduct and standards of performance. However, when they are not, they can lead to misunderstandings and unintended legal liability. A poorly drafted policy may be worse than no policy at all. Following a few simple tips can improve your agency's written policies dramatically:

1. "Draft" polices; don't "write" them. You have probably heard lawyers speak of drafting a document or policy. They do not say they are writing one. There is a difference. When writing, you are communicating, but typically, you are not worrying too much about using just the right word or making sure your meaning is not misunderstood.

In contrast, drafting employs a specificity that we usually do not use in everyday life. It is not legalese. It is being sure the words you use have the meaning you want them to have and that what you say has only one meaning. As you put together your written policies, draft them rather than write them. Be sure you say exactly what you mean. Can the word you use be misunderstood? Can someone reading the policy be sure what it means? Have all potential situations been addressed?

2. Think before using 100% words. Words such as "always," "never," and "ensure" are "100% words. They permit no exceptions. Before you use such words in a policy, be sure they are what you really mean.

3. Avoid "puffing." Often home health managers do not realize the agency's written policies

can be used as evidence in a lawsuit to establish the standard of care the agency will be required to meet. In other words, what you say can come back to haunt you. Thus, if a policy says it is "to ensure the highest quality of care possible," it may be used to establish a higher legal standard for your agency than would otherwise be the case. Can you really "ensure" anything when working with human beings? "Highest" means far above the norm — there are no equals. Many things are "possible" but not practical. Similar problems can arise from the word "best." Think of it this way: If you say it, you should expect to be bound by it. Watch out for adjectives and adverbs. They often are unnecessary puffing and can be deleted without affecting the substance of the policy.

4. Permit exceptions. Although you should always think the policy through and try to address situations that can arise, no policy can contemplate all the possible, unique situations that could occur. Still, a court may very well hold your agency to what the policy says. Therefore, recognize in the policy itself, or on an introductory page to the overall policy manual, that situations can arise that would lead to deviations from policy or exceptions to usual procedures and conduct.

5. Pay attention to the meaning of words. Be sure the words you use mean what you think they do. Check their dictionary meanings if you are unsure. For example, many people say "emergency" when they really mean "unforeseen circumstances." The two are different concepts.

Also, consider the meaning of words in the context in which they are used. For example, a policy may say that something is to be done within so many days. It seems clear enough until you think about it. What kind of days? Calendar days or work days? If work days, work days of whom — the employer, the employee, the supervisor? In most cases, things are much clearer to always refer to calendar days.

Remember, too, that "shall" is mandatory and "may" is permissible. Be sure to use the one you really intend. A similar distinction exists between "must" and "should."

6. Use consistent terminology. Put aside everything you learned in creative writing. Your purpose is not to be interesting. It is to convey accurate directives. Adopt consistent terminology and use that same terminology whenever you are referring to the same concept. If you change terminology, a court will assume you meant something different. Otherwise, why would you have changed how you said it?

7. Avoid words that invite disagreement. Some words invite disagreement, such as "reasonable" and "substantial." In the utmost of good faith, persons can still disagree over what is reasonable or substantial.Try to avoid using those types of words. Instead, come to grips with the issue and say what is expected.

8. Avoid ambiguity. Be sure the policy is internally consistent so ambiguity is avoided. A common example of that is a policy that switches between calendar days and months when referring to the same thing. For example, in referring to the same time period, in one place the policy may refer to 90 calendar days and in another to three months. They are not the same, thus they create an ambiguity in the policy.

9. Have someone else read the policy. You may know what you meant when you wrote a policy. But does anyone else? Your intention means little next to the words that were actually written. If a policy is unclear, a court will interpret a policy against your agency because you wrote the policy. Have someone who is not close to the policy and its concepts read your draft and tell you what they think it says. It is amazing how quickly this step will identify areas that need clarification or rewriting.

10. Be sure it is legally correct. If the policy addresses a subject with legal implications, be sure your final draft is reviewed by an attorney acquainted with the subject involved. It is very common for legal aspects to be overlooked or misunderstood. ■

How to retain your staff

By **Judith B. Clinco**, RN
President and CEO
Catalina Home Services Inc.
Tuscon, AZ

Is staff turnover a problem for your agency? According to industry statistics, turnover in the rapidly expanding home care industry is as high as 50% in some parts of the country.

I own and run Catalina In-Home Services Inc., a home care agency in Tucson, AZ. I also work as a consultant to home care agencies interested in starting or expanding their private pay services. I consider controlling turnover very important

because it keeps a lid on recruitment, training, and administrative costs — and boosts client satisfaction.

Come aboard and stay

How can you retain employees in such a hot market? Here are some tips that Catalina uses to keep workers on board.

- **Careful screening:** Before hiring a caregiver we check references, driver's license, driving record, and auto insurance. We do a criminal background check. We also require a TB test and CPR certification.
- **Careful placements:** We work hard to match caregiver and client; our goal is a placement that meets the needs of both.
- **Midlife caregivers:** We welcome midlife women as prospective caregivers. We've found that their years of caring for family and home often build skills and attitudes mesh well with the needs of our clients. Because we treat them right, these women often are among our most loyal workers.
- **Aggressive training:** With our multilevel training program, an unskilled new hire can earn nurse's aide certification in 10 weeks of evening classes while continuing to work as a homemaker/companion during the day. To make training more affordable, tuition is paid in installments. And CNAs who commit to working for Catalina for at least nine months after graduation receive a hefty rebate.
- **A competitive wage and benefit package:** To make sure we don't fall behind, each year we anonymously poll every other home care agency in Tucson.
- **High standards for caregivers:** Conduct in the client's home, dress code, punctuality — we spell it out. Most caregivers are eager to do the right thing and just need to know what it is.
- **Caregiver support and supervision:** We provide regular nursing visits, and backup staff if an absence is unavoidable. We recruit supervisory staff who share Catalina's commitment to supporting and acknowledging our caregivers, especially new hires.
- **Personal touches:** We offer yearly paid vacation, bonuses for recruiting new staff and clients, in-house food service on paydays that gives field and administrative staff members opportunities to know each other, and holiday parties for staff members and their families. As president and CEO, I am on a first-name basis with every employee.

SOURCE

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Our approach seems to be working. Our annual turnover is 59% below the industry norm. Many of our employees have been with us more than nine years. It makes good economic policy to maintain a stable work force. In addition, it assures continuity and quality of care to the client. ■

Let's travel to the private duty marketplace

As in ancient Greece, this Agora is both a marketplace and a forum for the free exchange of ideas

(Editor's note: When this column began last September, Private Duty Homecare *opened a dialogue on the need to creating nationwide standards of care for the private duty home care industry. Since then, many of our readers have written, e-mailed, and even called in their thoughts on this topic. It now seems clear there is a wide base of support for supportive care licensure. At this point, this newsletter relinquishes this dialogue to* ***Judith B. Clinco****, RN,* PDH's *consulting editor. She has offered to continue organizing the effort to create and obtain uniform standards for private duty home care workers. Names and contact information for those of you who contacted* PDH *are being forwarded to her. Others who want to join the movement for uniform standards should contact her. Names and contact information of everyone who has contacted* PDH *about working on uniform standards have already been forwarded.)*

Before passing the torch for Agora, we'd like to share the thoughts of **Chloe Lansdale**, RN, president of HomeNurse Inc., of Wayne, PA. Lansdale is also president of the Pennsylvania Association of Home Health Agencies. She wrote:

"I am responding to the Agora column in the February 2000, issue of *Private Duty Homecare*. In Pennsylvania, there is no licensure for supportive care services, regardless of payer source. There is also no licensure for skilled, continuous care services except those things covered in the nursing

practice act (i.e., what procedures RN's and LPN's are permitted to do).

"PA home care licensure is only for intermittent services and that only when a skilled services is required. The law is essentially a clone of the original Medicare law. It has not been updated to reflect later revisions of the Conditions of Participation. Quite naturally, this lack of regulation leads to enormous variation in private duty home care services in the state. Many of us in Pennsylvania find this difficult and dangerous.

"Many insurance carriers for long-term care insurance require licensure as a condition of payment. In order to conform, you need to handle such cases as a part of your Medicare licensed agency and meet the Conditions of Participation. For a private duty case needing only supportive care services this is very burdensome. In addition, the huge growth of the home care market combined with the total lack of oversight and standards for private duty is a real recipe for disaster. The Pennsylvania Association of Home Health Agencies has as one of its goals to achieve appropriate licensure and standards for private duty home care. Clients assume that agencies sending supportive care nursing personnel into the home must meet some minimum standards. In Pennsylvania it is not so. I find the standards you printed very appropriate. I would be interested in knowing what the purpose of the Proposed Standards and of U.S. Care Inc. would be in Pennsylvania. Is this a prototype of a law or a new accrediting body?"

To regulate or not

Ginny Pinkerton, RN, sent us the following e-mail: "Thank you for raising this very big issue — one near and dear to my heart! In California, our definition of private duty is home care aide services (vs. licensed companies that provide home care aide and Medi-Cal / Medicaid services). As is true in many states, there is currently no regulation or licensure available here for companies providing home care aide services. I have been very active here in helping to develop and promote voluntary standards for the industry in California. I am chair of our state home care association and have also chaired a statewide workgroup that developed minimum voluntary standards for home care aides (uniform job titles, training, and supervision requirements), and an accreditation standard specific to the home care aide industry. I have been an owner of a home care aide company in San Diego and am currently part of a larger, statewide company that hopes to influence the direction of our industry here in California by promoting and implementing those standards. I would be very interested in your nationwide initiative to raise and unify private duty home care standards."

And **Kathleen Bailey**, RN, our featured interviewee for the past three months, recently reiterated her support by writing, "I offered my services to work toward national standards for private pay services. My offer still stands."

Thanks to all who care deeply about this issue, and best wishes to all who choose to engage in this very important work. ■

Increasing your income with special programs

Planned activities can boost clients' moods

Want to add some fun to private duty home care? You may want to consider planned activity kits in your agency's offerings.

Many homebound patients become bored with television and their usual diversions. One solution, according to **Jerry Poppenheimer** of TurnLeaf Publications, may be providing planned activities for them. Poppenheimer says that each TurnLeaf program kit provides information and materials or props for two, three, or four 30- to 45-minute periods of positive, entertaining intellectual stimulation. "The programs are written to stimulate the higher-functioning adult," he says. "However, because of the clear script and additional props, they are entertaining for most adult functioning levels."

A caregiver's guide

Kits include a guide to help the caregiver present questions and ideas that promote reminiscing and interaction. The material in TurnLeaf's programs is copyrighted and may not be resold without written permission, but the kits do include materials that may be photocopied and presented numerous times by the original purchaser. In addition to the props, each kit includes a large print script which either the client or caregiver may read. The icons in the script guide the reader as to when to turn on the cassette, show a picture, and

ask or read a question. Script pages and pictures are enclosedin plastic page protectors that can be wiped clean with germicide. Props may include a variety of such items as sound, music, or narrated cassettes, theme crossword puzzles, craft projects or recipes, patterns, and original poetry that relate to the subject.

Kit subjects are varied. One kit, "Plants of the Bible," includes an informative script, quotations about the plants, a discussion quiz, and color prints. Another, "Games We Play," offers two word games, script, and graphics. "We are now in the process of converting our original 25 programs onto compact discs," says Poppenheimer. "The CD versions will be available starting early fall of 2000." For more information on TurnLeaf kits, contact the company at (626) 583-8651 or by e-mail at TurnLeaf@LRS2000.com. ■

New e-commerce marketplace for home health

Medibuy.com, an e-commerce solution for health care supply procurement, and Drugstore.com Inc., an Internet site for health and wellness products, have agreed to develop a cobranded e-commerce marketplace targeted at the home health care market. Private duty home care agencies will be able to access health care products and information from one on-line address and procure durable medical equipment and personal care products for their patients. Future plans may include the ability to procure pharmaceuticals, as well.

Medibuy.com will design an on-line catalog specifically for home health care providers and market the cobranded site to new and existing Medibuy.com users. "We will be able to offer services in a manner that is effective and easy-to-use for home health care providers," says **Dennis Murphy**, CEO of Medibuy.com. **Peter Neupert**, president and CEO of Drugstore.com, says, "Drugstore.com gains access to a new and exciting market opportunity with this partnership by providing products and information to home health care professionals and other health care providers who have trusted relationships with consumers." Drugstore.com offers brand-name personal health care products, and a full-service, licensed mail pharmacy. Consumers can personalize their shopping experiences with shopping lists, e-mail reminders for replenishing regularly used products, private e-mail access to pharmacists, and beauty experts for questions. Drugstore.com has been awarded the Verified Internet Pharmacy Practice Sites certification by the National Association of Boards of Pharmacy as a fully licensed facility exercising the best safe pharmacy practices in compliance with federal and state laws and regulations.

For more information on Medibuy.com visit the company's Web site at www.medibuy.com. ▼

Policy analysis study faults government

A recent study prepared for the nonpartisan National Center for Policy Analysis (NCPA) says that America's seniors could have access to full prescription drug coverage without the government spending an additional dime on a costly new benefit by allowing Medicare recipients to combine Medicare funds with the money they currently spend on private insurance and pay premiums into a comprehensive private plan.

"We have all the money we need for prescription drug coverage. We just need to spend it more wisely," says **John C. Goodman**, president of NCPA. "If the elderly were able to put all their health insurance money into one plan, they could have the same coverage most nonelderly citizens have." The study estimates that Medicare will spend about $5,800 on each beneficiary this year. Add to that about $1,611 for the most popular Medigap policy and the combined sum should pay for any of a range of health insurance options.

Medicare recipients face significant out-of-pocket costs due to incomplete coverage. About 360,000 elderly Americans face expenses in excess of $5,000 every year. Thirty-three percent of Medicare recipients purchase private insurance through a former employer to fill the gaps in Medicare and 36% buy Medigap insurance.

Economic studies have shown that buying two different types of coverage causes a great deal of

waste, especially as drugs are not covered by Medicare or by many private plans. The study concluded that Medicare recipients who want to exercise more choices should be able to enroll in a fee-for-service plan with a high deductible and a medical savings account. This choice, in many cases, would result in a premium that is considerably less than what they currently pay for Medigap. The out-of-pocket cost under these plans could average about $1,200 a year, depending on the degree of managed care, which is far less than the risk of unlimited expense most now face.

It also found that in many cases, moving to a private plan would not only provide coverage for prescription drugs, but would also generate considerable financial savings, citing as an example that the average senior who currently has Medigap insurance would save more than $1,000 a year in lower premiums and out-of-pocket costs. For more information, visit NCPA's Web site at www.ncpa.org. ▼

OASIS training on the Internet

Moving successfully through the Outcome and Assessment Information Set (OASIS) data reporting rules can be challenging, but the process is increasingly important as home care moves toward a prospective payment system.

Data gathering under OASIS has been a federal requirement for all certified home health agencies since last July. To help home health care providers, the New Jersey Hospital Association (NJHA) has developed the *OASIS Survival Guide*. This four-hour Internet course covers all aspects of the federal government's OASIS mandate, including the most often-cited trouble spots. The course, which consists of 12 modules that can be used in any order, developed by home care experts at NJHA and endorsed by the National Association of Home Care, kicks off this month with a free 10-day trial period.

"When the OASIS mandate first took effect, there was a flurry of educational activity," says **Judy Finlan**, NJHA's director of clinical consulting services and the course's co-developer. "But once all the kickoff hoopla tapered off, there was little available to meet the training demands due to staff turnover and regulation changes. This course provides that convenient, always-available resource."

Most home care agencies are now preparing for the expected switch to a prospective payment system on Oct. 1. OASIS data will be used to determine reimbursement. "Up-to-date OASIS skills will become a critical part of ensuring that facilities are paid their fair share," says **Theresa Edelstein**, NJHA's director of continuing care and course co-developer. "Aside from meeting the data reporting requirements, facilities literally can't afford to let their OASIS skills slide."

To exercise the free 10-day preview of the OASIS Survival Guide, visit www.njha.com and click on "OASIS On-Line Learning." Contact Theresa Edelstein at (609) 275-4102 for additional information. ▼

CDC: Infectious diseases on rise in home health care

According to a recent report given at a conference for the Atlanta-based Centers for Disease Control and Prevention (CDC), the number of patients who receive medical care in their homes has risen dramatically during the last decade. The CDC says this increase puts patients more at risk of acquiring an infection during their at-home convalescence.

CDC is striving to further address infections associated with home health care. "We need to extend to home health care delivery the same standards we have applied to the hospital setting," says **Julie Gerberding**, MD, CDC's director of its Hospital Infections Program (HIP). "We have to monitor the frequency of these events and learn how to prevent them."

CDC estimates that 8 million Americans received home-delivered medical care in 1996, the latest year for which data are available. At that time, there were an estimated 11,409 home care agencies and 7.8 million discharges, representing respective increases of 69% and 150% since 1992.

Michele Pearson, MD, a HIP medical epidemiologist, says, "Significantly, in 1996, 10% of home care patients had an invasive medical device typically used in hospital settings, such as ventilators, urinary catheters, and vascular catheters. I think it is safe to say that those numbers will continue to increase as health care delivery in the United States continues to change." The Missouri Alliance for Home Care, a nonprofit association that provides home care education, advocacy, and information for its members, reports that 16% of 5,148 patients monitored during one month in 1999 in Missouri

home care agencies had infections.

Combating infections associated with home health care is one of many issues addressed in CDC's plan, "Addressing Emerging Infectious Diseases: A Strategy for the 21st Century." For more information about this plan please visit http://www.cdc.gov/ncidod/emergplan/index.htm. ▼

New antibacterial hand sanitizer developed

Given the Atlanta-based Centers for Disease Control and Prevention's (CDC) report on the growing problem of infectious diseases in home health patients, private duty agencies should seek preventive measures that allow caregivers to reduce their potentially infectious contact with clients. Skinvisible Pharmaceuticals has successfully completed clinical laboratory tests that show positive results for its newly developed antibacterial hand sanitizer that will be marketed under the name Safe4Hours. "Our research strongly indicates that Safe4Hours outperforms anything else available, inherently due to the unique qualities of our proprietary polymer delivery technology," says Skinvisible president **Terry Howlett**. "We listened to consumers and entered this marketplace to deliver a product that addresses what users are really looking for." Safe4Hours is alcohol-free and has proven persistent antimicrobial and antibacterial activity for up to four hours regardless of repeated hand washing during that time. The manufacturer says the product kills foodborne bacteria, aids in the prevention of cross-contamination, is moisturizing, and promotes dermal health to resist penetration of environmental and chemical irritants. For more information, call (877) 943-9065 or visit www.skinvisible.com. ▼

CaregiverZone offers eldercare solutions

According to CaregiverZone, a Web site for information, resources, community, products, and services that help provide care for the elderly, there are 25 million family caregivers in the United States who provide an estimated $200 billion a year worth of unpaid care each year and spend approximately $60 billion on products and services annually. "The figures tell us that the caregiving market is exploding," says **Ron Conway** of Angel Investors, LP, which helped fund the site. "CaregiverZone will lead this market by providing the most comprehensive, customized solutions for eldercare using the technology of the Internet.

California-based CaregiverZone was founded by a team of caregiving professionals who wanted to use the Internet to create a powerful and effective solution for family caregivers who felt frustrated or were confused in their efforts to get information through other channels. With

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the largest caregiver resource database on-line, CaregiverZone offers its Web site visitors care options and practical information on providing eldercare. Visitors can share information, emotions, and tips on eldercare. They can also purchase a full range of caregiving products.

'Caregiving is not a destination . . .'

"CaregiverZone acknowledges that caregiving is not a destination but a journey, and caregivers need support along the way. CaregiverZone offers customized products and services that address the various needs throughout the caregiving continuum from access to subacute and chronic care facilities and care providers to information on preventative care and grief support," says **Frederick St. Goar**, MD, FACC, of Tenex Medical Investors, cofunders of the Web site.

For further information, visit CaregiverZone's Web site at www.caregiverzone.com. ■

CE objectives

After reading this issue of *Private Duty Homecare,* CE participants will be able to:

1. Draft clear, appropriate internal policies.
2. Cite three ways to retain caregivers as agency staff.
3. Explain target marketing.
4. Describe three different kinds of policies found in an agency's employee policy handbook. ■