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Information Management in Home Care

MARGARET M. HASSETT AND MARJORIE H. FARVER

Introduction

Nurses are experiencing patient care situations in the home setting that, until recently, would only have occurred in an acute care setting. While new medical skills and technologies have made it possible for patients to recuperate faster and for surgery to be less traumatic, cost containment, diagnostic related groupings (DRGs) with the associated decreased length of hospital stay, consumer preference, and healthcare reform are supporting the move toward patient care at home. Information technology can provide the home healthcare professional with data at the point of care in a format that improves home care practice, creates clinical documentation, and generates data for payroll and billing.

History and Growing Pains

Home health care, while being the oldest type of healthcare delivery, has been a small segment of the healthcare delivery system in the United States throughout the nineteenth century and most of the twentieth century. The beginning of home health’s exponential growth dates from 1966, with Medicare and Medicaid reimbursable home care benefits. The second significant growth period occurred after 1983, when Medicare implemented prospective payment, DRGs, leading to a significant decrease in hospital length of stay. The number of home health agencies has grown from 1700 home health agencies in 1967 to 10,000 agencies in 1992 (Harris, 1988; Klein, 1993; National Association for Home Care’s Information Resources and Quality Assurance Committee, 1994). Home health care has now become an integral component of between 8 and 15% of hospitalizations (Klein, 1993) and is recognized as an essential intervention in most critical pathways of coordinated care. Acute care facilities, rehabilitation centers, and other providers have developed pathways that include home healthcare services.
HCFA Definition of Home Health Care

Home health care, as defined by the Health Care Financing Administration (HCFA), includes skilled nursing, physical therapy, occupational therapy, speech therapy, medical social work, and home health aide services. The goals of home care are restorative; to increase self-care knowledge and ability and improve function. Home health agency services are highly regulated. The Federal Conditions of Participation dictate that a patient must be home-bound and require skilled professional services (not custodial) under a physician’s direction, services must be intermittent, and a caregiver must be available. Ancillary services, although not as heavily regulated, are also important in the total care of a patient at home. These services include respiratory and durable medical equipment, infusion and pharmacy, and hospice.

Inaccessibility of Information in Home Care

The home care provider and hospital professional require similar information to deliver the necessary patient care. Both practitioners require patient demographic data, past medical history, diagnoses, laboratory and x-ray test results, and a treatment plan. In addition, patient teaching materials, policies and procedures, drug and treatment information, technical data, available community services, and updated phone lists facilitate the delivery of patient care either at home or in the acute care setting.

The point of care in home care is the patient's home. However, the patient’s medical record, policies and procedure books, teaching materials, and clinical reference books are inaccessible because they are kept at the agency office. The practitioner, who is already carrying assessment equipment, dressing supplies, infection control supplies, and other equipment, must also carry information. Condensed drug and treatment references, copies of the patient’s medical record, new procedure documentation, and patient teaching materials are taken on home visits.

Another missing link in home care, traditional in the hospital setting, is collaboration with peers during the delivery of patient care. Case management conferences are necessary to ensure continuity of care between professional disciplines in home care. Scheduling these conferences is often difficult due to variations in working hours and dependence on staff who work for more than one agency.

Documentation in Home Care

Quality documentation is vital in the billing process for home care services. However, the documentation of the patient visit is traditionally accomplished in the home, car, or other convenient location, challenging the prac-