



Sutter VNA & Hospice

A Sutter Health Affiliate

Community Based, Not for Profit

The Home Care and Hospice Advantage

A newsletter for physicians and medical staff

Sutter VNA & Hospice

Who We Are

- One of California's largest, and oldest, not-for-profit providers of home health care and hospice. We have provided health care in patients' homes for nearly 100 years.
- An organization committed to providing care for all patients, regardless of their ability to pay.
- An agency that demonstrates the highest standards in home health care. We are proud of our score of 100 on our most recent JCAHO accreditation survey.
- An experienced team of nurses, rehabilitation therapists, wound care specialists, social workers, registered dietitians, and home health aides.
- Founder of one of the first hospice programs in the U.S., 26 years ago.
- Beneficiary of the Sutter VNA & Hospice Foundation, which engages community support and donations to support home health and hospice care for every patient who needs these services.

March 31st is National Physician's Day

On that day, and every day, we wish to thank you for supporting home health and hospice services, and for trusting your patients' care to Sutter VNA & Hospice.

To refer a patient for home health or hospice care, please call 1-800-557-9777 or fax 1-800-596-5444.

Questions That Doctors Frequently Ask...

...About Home Health Care

Q. Is a patient considered "homebound" if he or she leaves home for a haircut or to attend religious services?

A. Yes, that patient may still be considered homebound for the purposes of receiving home health care. Medicare requires that a patient normally be unable to leave home unassisted. Being homebound means that leaving home is a major effort. When a home health patient does leave home, it must be to get medical care, or for short, infrequent non-medical reasons such as a trip to the barber or to attend religious services or adult day care.

Q. What services does Medicare cover under "home health care?"

A. Medicare will help cover: part-time or intermittent skilled nursing care; part-time or intermittent home health aide services (e.g., help with bathing, toileting, dressing) as part of the care related to the patient's injury or illness; physical therapy, speech therapy and occupational therapy for as long as the patient needs it; medical social services; certain medical supplies, such as wound dressings; and certain medical equipment.

...About Hospice Care

Q. Isn't hospice primarily for cancer patients?

A. No. While cancer is a common diagnosis in hospice patients, hospice is also appropriate for patients with terminal illnesses such as lung disease or end-stage heart ailments, Alzheimer's disease, and AIDS. In fact, patients with non-cancer illnesses like chronic heart failure sometimes benefit significantly from home health care and careful morphine administration, because opioids can reduce preload and afterload. These patients may come on and off hospice several times, and Medicare accepts this as appropriate because prognosis is uncertain in these cases. *(cont. on page 2)*

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Questions Doctors Frequently Ask

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Q. What happens if my hospice patients outlive their six-month life expectancy?

A. If a patient outlives his or her initial period on hospice care, there is no penalty to the referring physician. In fact, the Medicare program recognizes that terminal illnesses do not have entirely predictable courses, therefore the hospice benefit is available for extended periods of time beyond six months. Many patients are enrolled in hospice and later discharged if they stabilize. Medicare covers hospice care for two 90-day election periods, followed by an unlimited number of 60-day election periods.

Talking With Patients About Hospice Care – A Free Resource for Physicians and Medical Professionals

A recent study published in the *Journal of the American Medical Association* on January 7, 2004 concluded that "Family members of decedents who received care at home with hospice services were more likely to report a favorable dying experience."

The sooner a patient receives hospice care, the sooner the benefits of hospice care begin. However, bringing up the subject with patients and families can be difficult.

Sutter VNA & Hospice offers "Talking With Patients About Hospice Care," a free resource that briefly outlines a six-step approach to discussing hospice with patients and families. To request a copy, please call Sutter VNA & Hospice at 510-450-8546 or send an e-mail to: svnahospice@sutterhealth.org.

Sutter VNA & Hospice Introduces New Wound Care Coordinator and Wound Care Initiatives

An estimated 38 percent of all patients admitted to home care programs in the U.S. have a primary diagnosis of an open, chronic wound. These wounds, if not treated appropriately, may linger for years, limiting a patient's functional status and quality of life, or even his or her ability to remain at home.

To address the needs of wound care patients, Sutter VNA & Hospice has developed a new comprehensive home-based Wound/Ostomy Program that will exceed the standard of treating chronic wounds successfully in a home care environment.

The new initiatives have already attracted specialists to come work at Sutter VNA & Hospice.

"We've added four additional nurses, for a total of 11 Board certified wound, ostomy, and continence specialists," reports Jean Tuthill, RN, MSN, the new Coordinator of Wound and Ostomy Services at Sutter VNA & Hospice.

Jean Tuthill, RN, MSN recently joined Sutter VNA & Hospice as Coordinator of Wound and Ostomy Services. She is a Certified Clinical Nurse Specialist with board certification in Wound, Ostomy and Continence Nursing, and brings to Sutter VNA & Hospice 17 years experience establishing and managing comprehensive wound programs in inpatient, outpatient, and home settings.

In a short time at Sutter VNA & Hospice, Ms. Tuthill has developed and implemented an advanced wound product formulary for better standardization of topical wound therapies and referral criteria to improve assessment and outcomes. All Sutter VNA & Hospice wound care nurses are trained to do bedside Doppler assessment of patients with lower extremity ulcers, and Ms. Tuthill provides classes and personal consultation on wound care for all nurses..

Another recent development is the purchase of digital cameras for evaluating wounds and allowing for consultation and teamwork on a larger number of patients throughout Sutter VNA & Hospice service areas.

"In 2004 we'll be working closely with hospital-based practitioners and risk management departments so that they become involved in the 'War on Decubiti,'" says Ms. Tuthill. She also meets individually with physicians in the community and attends continuum of care meetings, to increase the visibility of the wound care program and to share best practices.

If you would like more information about Sutter VNA & Hospice wound care services, please contact Jean Tuthill at 510-450-8562, or send e-mail to tuthilje@sutterhealth.org.

Sutter VNA & Hospice Provides:

- ✓ Skilled Nursing Care at Home
- ✓ Physical Therapy, Speech Therapy, Occupational Therapy
- ✓ Wound and Ostomy Care
- ✓ Medical Social Workers
- ✓ Registered Dieticians
- ✓ Psychiatric Home Care Services
- ✓ Maternal/Infant Services
- ✓ Hospice Care
- ✓ Bereavement Counseling
- ✓ Home Infusion Therapy
- ✓ Home Medical Equipment
- ✓ Flu Clinics and Community Wellness Programs

Some services may not be available at all locations.

TO REFER A PATIENT:

(800) 557-9777 Phone
(800) 596-5444 Fax

GENERAL INFORMATION:

(800) 698-1273

HOSPICE INFORMATION:

(888) 600-7744

WEBSITE:

www.suttervnaandhospice.org

E-MAIL:

svnahospice@sutterhealth.org

Sutter VNA & Hospice is part of Sutter Health, a network of not-for-profit hospitals, doctors, and nurses that share expertise and resources to advance health care quality.

Short Length of Stay: An Alarming Trend in Hospice Care

by Dr. Brad Stuart, Medical Director

Sutter VNA & Hospice

Most physicians agree that hospice care is the gold standard for treatment of their dying patients, but an alarming trend indicates that hospice programs are being grossly underutilized. While the overall number of hospice enrollments is increasing, more and more patients are being referred in the latest stages of their illness, often when at the brink of death.

"If you asked yourself, 'Would I be surprised if this patient died in the next six months?' and the answer is 'No,' then now is the time to consider all that hospice care can do to benefit your patient."

Dr. Brad Stuart
Sutter VNA & Hospice
Medical Director

This trend has accelerated recently. The median length of stay for hospice patients has declined steadily over the last ten years: in 2001 half the U.S. patients entering hospice care died less than three weeks after they were enrolled. Despite the fact that patients are eligible for hospice when they have a prognosis of six months or less, currently, more than one third of hospice patients die in one week or less.

"Short lengths of hospice stay are harmful to patients and families," says Linda Jekel, RN, a Sutter VNA & Hospice Case Manager.

"When we're called at the last minute, the care is often all about putting out fires such as pain and nausea. In contrast, I can cite many cases where an earlier referral made all the difference. We are able to build a relationship with the patient and family, while gaining control of the patient's pain and other symptoms. Our social worker

helps patients and families get their financial affairs in order, make final arrangements in advance, and resolve some personal issues. Our home health aides, chaplain and volunteers pull together to make this important life passage a comfortable and caring one," Ms. Jekel said.

One of the many benefits of hospice care is reduced spending by the government. By preventing unnecessary hospitalizations, hospice care has the potential to reduce Medicare costs by \$3,192 per patient in the last month of life. Every dollar spent on hospice saves Medicare \$1.52. And there are advantages for the physician: when you refer a patient to hospice and continue to be involved with the patient's care, Medicare will reimburse you for the time you spend on many aspects of care plan oversight.

As physicians, we want what's best for our patients and their families. Hospice is not just about dying. It's about optimizing both health and quality of life for patients and families, and giving patients their lives back for as long as they have. This means referring patients to hospice sooner, to ensure that the full range of medical and social services are offered to patients and families as early as possible, and for as long as needed.

Dr. Brad Stuart is a nationally recognized expert and author in the fields of palliative care, hospice, pain management and advanced illness management. When your patient is cared for by Sutter VNA & Hospice, Dr. Stuart is available for consultation, as well as, upon your request, primary management of your patient's pain and symptoms.



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Central Intake/Referrals

(800) 557-9777

(800) 596-5444 (fax)

Local Offices

Emeryville

(510) 450-8501 (home care)

(510) 450-8596 (hospice)

San Leandro

(510) 618-5200 (home care)

(510) 618-5220 (hospice)

Concord

(925) 677-4240 (home care)

(925) 677-4250 (hospice)

San Mateo

(650) 685-2800 (home care)

(650) 685-2830 (hospice)

Santa Rosa

(707) 535-5600 (home care)

(707) 535-5700 (hospice)

Sacramento

(916) 927-3481 (home care)

(916) 454-6525 (hospice)

Roseville

(916) 781-3355 (home care)

(916) 781-2666 (hospice)

Tracy

(209) 830-5310 (home care)

(209) 830-5300 (hospice)

“Do Not Use” These Abbreviations – A Handy Reference Card For Your Office

The new 2004 Home Care National Patient Safety Goals introduced by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) includes a list of “dangerous” abbreviations, acronyms and symbols not to use in patient-specific documentation, including orders.



To help keep patients safe from medical errors, Sutter VNA & Hospice has prepared a handy reference card that lists 14 abbreviations commonly found in home health and hospice documentation, their common misinterpretations, and acceptable substitutes.

To receive a copy of the “Do Not Use” reference card, please call Sutter VNA & Hospice at 510-450-8546 or send an e-mail to svnahospice@sutterhealth.org. Please provide your mailing address, as the card cannot be sent via e-mail.



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