Safe Home Care from the Perspective of a Discharge Planner

I was a hospital social worker for 10 years. I spent hundreds of hours making discharge arrangements for patients, many of whom were not safe to return to their primary residence without some level of post-acute care. But this was back in the day when keeping low-length-of-stay was a priority and discharging patients hastily (and many times prematurely) was just part of the process.

The days of discharging a patient as fast as possible, without repercussion, are over. Value-based alternatives are at the root of every decision a hospital's administration makes now. To secure optimal readmission outcomes and high patient satisfaction scores, a seamless discharge plan into the post-acute setting is as essential as monitoring daily vitals for a patient with a cardiac condition. It goes hand in hand.

Patients who leave the acute setting need not only the community resources that foster their independence, they also require resources that preserve their safety and security at home. Social workers and case managers (discharge planners) must be equipped with the tools to make optimal referrals based on patient need.

The in-home personal care profession is often thought of as a "potential alternative" for people who don't meet criteria for an insurance covered benefit, such as home health or hospice. Hospitals across the country are expected to coordinate the appropriate services for patients after discharge but frequently neglect to make in-home personal care arrangements that would likely align with their post-acute expectation: the promise to keep patients out of the hospital and safe at home through ongoing medication management, fall prevention, nutrition compliance, companionship and activities of daily living assistance.

The question is why? Why do the hospital personnel, responsible for developing and executing a discharge plan, often neglect to offer in-home personal care as a feasible alternative for patient care?

The answer is cost.

As is often the case, money is a factor in health care decisions. However, it's not the cost of the home care that prohibits patients and families from considering whether to use an in-home personal care service. It is the cost of the home care service that prevents discharge planners from even mentioning it to patients to start with. It is often the anticipatory refusal of the suggestion to use home care that prohibits social workers and case managers from making the referral at all.

I was that social worker. In a hospital that catered to a population comprised primarily of people over the age of 75, I saw patients each day that would have benefited from home care. When I did make a referral, I immediately sought to provide the least expensive home care choice.

In my experience, discharge planners are hesitant to mention the price per hour to hire a home care agency. Despite its obvious benefits, there is still a stigma regarding the "private-pay" component around the in-home personal caregiving sector. Finances are not an easy topic to discuss in our own personal lives, let alone the lives of the patients we're caring for.

Unfortunately, this aversion leads to the lack of knowledge about the differences in service delivery models within the home care industry itself. If cost is the driving motivator in the minds of hospital discharge personnel, then it will be the focus of discussion during the conversation
between the discharge planner and patient/family. Ultimately, that typically leads to the least expensive home care agency being referred.

If the home care playing field was even, this would not be an issue. But the playing field is not even, and sometimes it has holes, rocks and landmines. There are significant differences between home care agencies that employ their caregivers and ones that simply contract people to serve as caregivers. This can, in many instances, lead to unforeseen hazards for patients at home.

In Arizona, the unregulated home care environment allows for anyone to start and operate a home care agency. With no licensing requirements from the Department of Health, it is quite common for home care agencies to launch their program overnight. Because of the little-to-no overhead it takes to run an agency that uses contracted caregivers, the "registry" model is too often the path taken by owner/operators when deciding which model to use.

It wasn't until I saw the questionable service methods in practice by a local 'registry' agency that I learned the variation in models. I was aware of the difference in pricing, but I never thought to investigate why there was a contrast. Common sense told me that if all home care companies provide a caregiver, then the least expensive option would be the smartest choice.

What I've learned over the course of my life on many separate occasions is that "you get what you pay for." This is one area where that life lesson should be avoided. Therefore, it is essential for patients and their families to understand that all home care is not the same. Just as it is critical for a hospital discharge team to equip themselves with the knowledge of the home care differences.

Thus, the Safe Home Care Coalition (SHCC) was born.

In the Phoenix market, five separate in-home personal care companies came together with the purpose of educating the local medical systems and their consumers to the home care model variation. Due to my experience as a social worker and former discharge planner, I was elected to serve as an impartial spokesperson for the SHCC.

Our mission at SHCC is to educate on the in-home personal care service models so that hospital discharge planners can communicate all home care options in the best interest of the care recipient and their family. We have developed a slide presentation geared toward health care professionals that highlights the potential dangers for patients who don't know there is a difference between models. The presentation is CEU-certified for case managers and social workers and is titled, "The Value of Safe Home Care." It offers industry information and case examples to encourage clients and professionals to make the safest possible choice when considering in-home personal care services.

To date, we have provided the presentation to the Arizona Case Management Association, and have interested parties from the Mayo Clinic and Honor Health Care wanting more information. It is only a matter of time before health care professionals throughout the state of Arizona will be able to and willing to discuss the value of providing the highest quality of in-home personal care to their patients.

Cameron Svendsen, LCSW, is the spokesperson for the Safe Home Care Coalition (SHCC) http://www.safehomecarecoalition.org based in Phoenix AZ. The SHCC is an advocacy partnership formed by home care industry providers including members of HCAOA Arizona, with
the primary objective to educate in-home personal care services consumers and those health care professionals referring these services about the benefits and risks associated with these in-home care options. In particular, the coalition is focused on highlighting the distinction between the in-home personal care employer model vs registry/independent contractor model. Mr. Svendsen is a licensed clinical social worker and has 25 years serving in Arizona's health care market. His professional experience includes; hospital social worker, care manager, discharge planner and hospice and palliative care co-founder.