Petersburg Medical Center

Home Health Report April 2024

Workforce Wellness

The Home Team has had many changes in the past few months and staff transitions. The current manager, Kirsten Testoni will be leaving the position in May and Laura Holder has stepped in and will be interim manager. The current staff include 2 nurses and a travel home health aide. The ancillary staff, billing, quality and patient navigator all remain stable. Remote staff will be traveling to Petersburg to assist the transition in May. Travel staffing will be assisting as we search for permanent hires. Twice weekly "huddles" for clinical staff are ongoing to review caseloads, patient acuity and any immediate department needs. This helps to improve patient care and creates cohesiveness among staff. Twice a month the therapy department joins us for case review and coordination (IDT meetings). These are documented in the patient electronic medical record and have improved continuity of care. Once a month we have an all-staff meeting. Wellness and health are a priority here in Home Health. Several members continue to utilize the community center gym. Staff are encouraged to take their "wellness walks," and there is a strong focus on work/life balance. In addition to the snacks provided by the wellness team, staff members often bring in healthy light meals or treats to share with the team. We celebrate monthly birthdays as a team. Staff are encouraged to use breaktime as an opportunity to get outside, especially with the weather improving each day.

Community Engagement

The priority of this department is to reach as many community members as possible. Whether through traditional home health services, program extensions or working directly with other community agencies. Ongoing projects include: partnering with Mountain View Manor, waiver and care coordinating services, and assistance with the quality programs throughout the hospital. We continue to work with the clinic, finance, and IT on the rollout of a remote home monitoring system that will better meet the needs of our community. The Healthsnap program has started for patients within the community and has been well received. We have initiated our "soft launch" programming in adult day in our new space within the PIA building. This collaboration has been integral to the success of this important outreach respite program. We have recently applied for grant funding from the state specific to adult day expansion and expect to hear the outcome of this soon. We continue to partner with Beat the Odds and were again granted money for a "voucher program." We have a wonderful person who provides housekeeping services for those who have been impacted by a cancer diagnosis. Members of the home health team continue to participate in the Share Coalition meetings. One Home Health staff member is also a member of the local EMS squad.

Patient Centered Care

The clinical staff here in Home Health continue to go above and beyond providing support and care to the patients we serve. Though we do not yet offer traditional Hospice, we recently have had several end-of-life patients under our care. The kindness and respect along with strong clinical skills offered to these patients and their families is exceptional. These are not easy cases and often require the staff to work outside regular hours. Often the primary nurse volunteers to cover the patient until their death for continuity of care. More often, it's simply because they want to.

Facility

The home health department is fortunate to have a space within the PIA building that works well for our initial launch of the adult day program. We continue working closely with PIA on the planning stages of the larger and more permanent space. PIA also houses our storage room for DME and the administrative office for home health. This space is a great fit for our department, and we appreciate PIA for the opportunity to work out of their building.

Financial Wellness

Home Health continues to have some financial challenges. This is related to several things including decreased referrals, decreased reimbursement and increased acuity patient care and in-home needs. To counter this, we obtained an MOA with the school system and are now providing a nurse to manage school nursing needs 20 hours each week. This will continue into the next school year as staffing allows. PMC receives a stipend for this project. Adding the adult day program will not result in a need for significant staffing increases. Instead, we will utilize the current staffing and add positions as needed. In addition, our quality nurse is providing support to LTC and assisting in managing the quality needs within the PMC community. The patient Navigator works across departments and into the community to provide support and resources.

Submitted by: Laura Holder, RN, Home Health Manager