



Home Health Line

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Three proven ways to streamline your lab work

In addition to driving long distances to their patients, field nurses can be frustrated by spending even more time on the road delivering specimens to local labs for testing. But failure to get those tests completed in a timely way could land your nurses in court and cost your HHA its license.

Case in point: Lorri Ann Mullen DePasqua. According to a Florida attorney general’s investigation, her patient bled to death because DePasqua, an RN at the time, did not do the daily tests to monitor the patient’s levels of two blood thinners. Of the two labs that she drew in seven days, one was tainted and the second did not reach the lab until five days later.

DePasqua is facing charges of culpable negligence. The HHA where she worked lost its license. And both are named in a civil lawsuit.

Nurses rarely end up in court because of lab work problems, but the frustrations they face are real and can affect their job satisfaction. Here are three ways to ensure that results are available within the prescribed time and reduce the nurse’s time spent to shuttle blood work from place to place, as well as reduce the cost of lab orders.

Idea # 1: Consider using – for free – Lab-in-a-Box, a self-contained kit for lab draws, says Maryse Bouton, coordinator of staff development and education at VNA of Somerset Hills, N.J.

There is no cost to the HHA with Lab-in-a-Box; the entire bill goes to third party payers, like Medicare, says Bonita Groesser, president of Home Healthcare Laboratory in Franklin, Tenn., makers of Lab-in-a-Box.

“Using the box has saved travel time and mileage.” Bouton says. When she was working as a field nurse five years ago, she says, she had to time her clients’ blood draws with local lab hours of operations and drive about 30 minutes to drop them off. Her HHA later switched to the box.

“It has increased productivity and lowered cost, about \$40 per visit, last year,” adds Lu Post, vice president of training and development at Amedisys in Baton Rouge.

For Cindy Calloway, assistant administrator at Home Health Specialists in Austin, Texas, lab work is an expensive proposition because of the

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supply costs. The rural HHA, which sees about 200 Medicare patients per year, spends about \$2,500 every year on supplies, half of which expire before they are used, she says.

Lab-in-a-Box is a compact kit of the supplies needed to draw and package blood to send off for lab testing. It includes tubes, temperature and light control devices, insurance forms and a Federal Express bag to send the box to its lab in Franklin, Tenn., for testing. Results are available the next day, faxed to both the nurse and the physician, and posted on the company's secure Web site. Groesser says the company has 1,000 HHA customers.

So why isn't everybody using Lab-in-a-Box, especially if it has been around for 10 years and it is free?

For one thing, you have to draw more blood, says Debbie Dawson, senior consultant at Healthcare Strategies in Chattanooga, Tenn. The box requires three tubes, instead of one. "That's a challenge for elderly patients," she says.

Another issue is whether there's a nearby FedEx shipping location, says Regina McNamara, president of Kelsco Consulting Group in Cheshire, Conn. McNamara has clients in remote parts of Georgia and Louisiana. FedEx will pick up the box at the patient's house or the nurse can drop it off at a FedEx drop location, but in rural areas there are no FedEx drop-off locations nearby, and FedEx does not always pick up the box on time. "I try to introduce Lab-in-a-Box to our clients, but most are still not using it," she says.

"We have had more problems with UPS," says Pam Chandler, triad pharmacy clinical team leader at Advanced Home Care in High Point, N.C., which also supplies lab equipment to 150 HHAs throughout the state. In the five months it has used the box, it has had one problem with FedEx, Chandler says. Half of the HHAs it serves use the box, she adds.

Fred McBee, vice president of marketing at Home Healthcare Laboratory, says nurses in rural locations have come up with creative ways to find places where FedEx comes routinely such as a local dry cleaner or pharmacy. "The biggest hurdle is that nurses don't understand how FedEx works, but once they try it, they love it," McBee says.

At Amedisys, Post says she's been recommending the box to all of its 3,000 nurses for the past five years, and Home Health Laboratory provides the training. The only situation in which the box would not be appropriate is when a nurse has to do a stat lab, Post says.

Patient dies, HHA loses license: Here's why...

Failure to fulfill a physician's orders for daily blood tests, the lack of communication between the field nurse and the HHA clinical team, and systemic mismanagement of patient care ended with a dead patient, two nurses in court and the HHA owners losing their licenses.

In a series of unfortunate events detailed in two separate state investigation reports by Florida's Attorney General's Office and Agency for Health Care Administration, Camilla Combs, 74, was rehospitalized only a week after being admitted for home health care following routine knee surgery and died a few days later in August 2005.

Lorri Ann Mullen DePasqua, a registered nurse, was tasked with drawing daily prothrombin time and international normalized ratio (PT/INR) tests to monitor two blood thinners – Coumadin and Lovenox – for atrial fibrillation and post surgical therapy, respectively, the reports note.

But DePasqua drew the blood only two times in seven days, the investigations show. The first sample was tainted and the second did not reach the laboratory until five days later, after Combs was in intensive care.

Thomas Larkin, owner of High Tech Health Care, where DePasqua worked, told the *Palm Beach Post*, in a May 21 report, that daily blood tests were usually done every other day. And because the agency didn't have its own lab, the results weren't known for 36 to 48 hours, he said.

But that was not what the doctor ordered. According to the state's reports, Combs' blood was to be tested every day. The intake nurse, the night nurse and the case coordinator said they did not know that DePasqua was not drawing blood daily.

The attorney general's report was cited in the Palm Beach County State Attorney's probable cause affidavit, and DePasqua was charged with culpable negligence, a second-degree offense that carries a maximum fine of \$500 and 60 days in jail. On April 27, DePasqua pleaded not guilty.

their license to operate High Tech and its sister agency, Private Care. They also paid a \$35,000 fine. DePasqua, High Tech and Private Care are also named in a civil suit brought by Combs' adult children. □

Idea # 2: Try a portable monitor for prothrombin time and international normalized ratio (PT/INR) testing, especially for daily point-of-care results, says Debbie Dawson of Healthcare Strategies. A drop of blood is all that is needed to test the status of anticoagulation therapy. Although there are several brands available, such as ProTime, CoaguChek or INRatio, many nurses generically refer to all the devices as “protime,” Dawson says.

ProTime, made by International Technidyne in Edison, N.J., costs about \$1,500 per unit, but agencies can save between \$54 and \$91 per visit, according to a cost analysis conducted by the non-profit St. Cloud Hospital Home Care and Hospice in St. Cloud, Minn.. The only associated cost of the ProTime system is \$5 per use for supplies, the HHA reports

“It is accurate, instant and the cost is recovered in saving time,” says McNamara of Kelsco. For those HHAs that suspect the accuracy of portable monitors, McNamara suggests running parallel tests to compare the difference.

“We run monthly calibrations of the monitors,” says Latricia Blackwell, director of professional services at Unified Home Care in Reidsville, NC. The nurses take a protime strip and a blood draw from the same patient and calibrate the results at a local hospital.

“[It] is very cost effective for us,” Blackwell says. As a rural HHA, it saves about 40 miles and 30 minutes of travel time to a hospital for lab results, she says. ProTime has been around since 1996, but only 30% of HHAs use the product, says Mike Fine, director of sales and marketing for Quality Assured Services in Orlando, Fla., a distributor of ProTime.

“The main reason is awareness,” Fine says, “even among doctors.” Only 35% of doctors use ProTime in their own practices. “But agencies that use ProTime can increase their referrals from doctors who want fast results,” Fine says.

Upcoming audio conferences

- **PPS Changes Redefine OASIS Payment Questions**, Tuesday, June 19, 2007, 1-2:30 p.m., Eastern Time.
- **PPS Changes & Non-Routine Supplies**, Tuesday, June 26, 2007, 1-2:30 p.m. Eastern Time.

To register, call 866/620-5939 or link to: <
www.homehealthinteractive.com/HomeHealthInteractive/Training.aspx#OnSiteTraining>. □

Idea # 3: Consider using software that synchronizes patient data to ensure that nurses at the point-of-care and all personnel involved in patient care, even physicians, have full access to complete and current patient information.

Keeping track of patient care was a problem in the DePasqua case in Florida. According to the Florida attorney general’s investigation, neither case coordinator nor the two other nurses involved in the care of DePasqua’s patient knew that she was not drawing blood daily. The Florida Agency for Health Care Administration determined this to be a systemic problem and revoked the license for High Tech Healthcare, where DePasqua worked.

Misys Healthcare Systems in Raleigh, N.C., Lewis in Baton Rouge, La., and Patient Care Technologies in Atlanta are among the vendors that have synchronizing capabilities in their software.

Visiting Nurse Service in Indianapolis initially spent \$1 million in hardware and Misys’ software a couple of years ago, says Gayla Pitts, chief operating officer. It took 18 months to recover the cost of the investment, Pitts says. The maintenance cost is about \$175,000 per year, subsequently.

“I don’t know what I would do without it,” is what their nurses usually say about the software, Pitts says. The HHA has close to 300 employees and delivers 5,000 visits per month. “But size should not be a factor,” she adds.

Misys’ product, called Homecare, is scalable and the cost depends on the number of features and users, says Jeneane Brian, clinical strategy executive. An HHA using the standard features, including synchronization, with two users, can expect to initially spend \$20,000, she says.

The synchronizing feature is bundled into the software package that manages everything from patient history and physician orders to scheduling and billing, as standard features. You have to buy the whole package, Brian says.

Homecare allows nurses to input patient data onto a Tablet PC or laptop and upload the information from the patient’s home, the nurse’s home or the HHA, using either a broadband or phone Internet connection.

The nurses at Visiting Nurse Service usually synchronize from their own homes twice a day. Their experience is that it takes two to three minutes to upload the data by broadband, and 15 to 20 minutes by phone. Misys says it takes five to seven minutes.

□ --Anju Bawa [abawa@decisionhealth.com]