

Marie's Story: A Lesson in Why Knowing the Difference Makes All the Difference

I'm afraid I am going to have to postpone the second installment in our three-part series, "Knowing the Difference Makes All the Difference," to share with you a shocking and alarming story. The story emphasizes why knowing the difference makes a huge difference to the care you or your loved ones receive. But first, I want to thank each of you who responded so passionately to last week's column, *The Differences Between Medicare Certified Home Care Agencies, Private Home Care Agencies and Home Care Registries*.

Some of your responses reveal just how confusing home health care is these days. You said: "I had thought all home care agencies were the same" and "How come no one talks about this stuff?!" In fact, one of you had no idea you were indeed responsible for payroll taxes on the girl who gives your mother a shower (maybe because your current registry disguises itself as a Home Care agency?!), and two of you expressed concern regarding your current provider.

I want to share with you a true story. To protect this patient's name, let's call her "Marie". More on Marie in a moment. But first, those of you who know me well know that two days each week I remove my "CEO hat" and put on my "Clinical Instructor hat". Teaching in the Nursing Program at a local college gives me the honor and pleasure of sharing my passion for nursing with these soon-to-be nurses.

Recently, on a very busy medical floor, we cared for Marie. In her late 80's, Marie was living at home after suffering a debilitating stroke. She was admitted to the hospital for a necrotic leg. When the time came for us to take down her dressing and perform wound care, I was amazed (and quite disgusted). Why? Not only was the odor of necrotizing tissue overwhelming, but also Marie was in intense pain. The tissue was so broken down we could visualize her tendons. My students—still too naïve to understand how business intrudes on health care—asked me, how could this happen? How could it get to this point? Who was caring for Marie?

So I put on my "Nancy Drew hat" and started asking questions. I uncovered some horrifying answers. Turns out that Marie had a private home care agency in her home EVERY day. I know this because her aide was with her in the hospital (wearing her agency ID). This home care aide didn't know who I was because I was wearing my "Clinical Instructor Hat". I investigated further and learned that the family privately hired an "under the table" caregiver to live with Marie. Where does the agency aide fit in? Because Marie needed two people for transfers, the family also hired a private home care agency to come in once or twice a day to help the "under the table" gal.

Wearing my "Nancy Drew" hat makes me pretty inquisitive (some might call it pushy, but I'm willing to be called pushy when it comes to caring for the people who need it most). So I pushed the envelope a little bit and asked the home care aide a few questions:

- Q: How long have you been with Marie? A: About a year.
- Q: Does she live alone? A: Yes, the family hired us.
- Q: When did her leg start to break down? A: About a month and a half ago.
- Q: Did you notify anyone? A: Well, sort of. (At this point she was becoming uncomfortable.)
- Q: Who gives Marie her medications? A: Well, we do.
- Q: Are you "medication certified"? A: Umm, no.

To review: It was a month a half before the home care aide decided Marie needed treatment. The home care aide was administering medications for which she was neither certified nor qualified. I ask you, friends, is this the type of care you want for you or your loved one? I'm not trying to scare you here; I'm just telling you Marie's story.

I cannot underscore the importance of researching private home care agencies. Find out WHO is supervising field staff and HOW frequently the supervision takes place. Do supervisors walk in the house, fill out a piece of paper and leave? Or, do they take a holistic approach, review the care plan, and for Pete's sake: Do they take the time to meet the patient, perform an assessment, and teach the field staff to CALL the office with any concerns or changes?!

Look: I live in town. Most of my business is local business, and I am tied to the community by far more than just business: My kids are in school here, I'm on the Board of Directors for the Chamber, and I teach CCD at a local church. I also have the great responsibility of caring for many of your parents or loved ones. I will share this fact with you: The agency responsible for Marie's neglect is actively marketing in surrounding towns. Yes, they're here, and they're looking for your business.

So next week, you'll discover how to avoid the tricks, traps and pitfalls that unscrupulous home care providers may use to lure you into agreeing to services you don't want or need. Remember, the essence of home health care is to provide individuals, families and loved ones with services that promote maximum comfort and independence in the home.

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