

**Goals & Objectives**  
**HOME BASED PRIMARY CARE ROTATION FOR GERIATRIC FELLOWS**  
Updated 7-1-10

**I. EDUCATIONAL PURPOSE**

At the end of the rotation the learner will be able to:

1. Identify appropriate indications for home visits.
2. Describe the advantages of providing medical care in the elder's home.
3. List barriers to and limitations of house calls.
4. Determine what equipment, supplies, and forms may be useful to bring for a home visit, realizing that a stethoscope is often the only medical equipment that may be necessary.
5. Demonstrate documentation requirements for physician home visits.
6. Describe environmental assessment to identify hazards and barriers in the home (Home Safety Evaluation), and recognize potential safety hazards in the home.
7. Contrast out-of-pocket costs for the elder considering home treatment of an acute illness (e.g., course of I.V. antibiotics administered at home for pneumonia) vs. the elder's deductible expense for an acute care admission.
8. Describe strategies to maximize the efficiency of house calls.
9. Describe the values of the interdisciplinary team process to provide optimal care in the home.
10. Identify situations when home care is not appropriate or safe for the elder.
11. List procedures to ensure the safety of the health care provider.
12. Explore how house calls can enhance the physician-patient relationship.
13. Describe the advanced treatment interventions that can be provided in the home setting.
14. Demonstrate skills as physician consultant/member of Interdisciplinary Team. (IDT)

**II. TEACHING METHODS**

- Patient care encounters during HBPC service at Omaha VA Hospital with feedback by attending physician and team members.
- Interdisciplinary team meetings during HBPC service at Omaha VA Hospital.
- Readings (see Educational resource section)

**III. MIX OF DISEASES**

Diseases include the spectrum of general internal medicine and geriatric medicine. Most frequently encountered diseases will include cancers, end-stage heart and lung disease, spinal cord paresis, severe neurological disease, as well as multi-system failure.

**IV. PATIENT CHARACTERISTICS**

All patients during this targeted rotation will be adult veterans; the majority are male. UNMC continuity home care patients are primarily female.

**V. TYPES OF CLINICAL ENCOUNTERS**

- Home visits; both initial and follow-up visits.
- Family and patient care team meetings. (Interdisciplinary)

## **VI. PROCEDURES AND SERVICES**

Physician home visits, co-managed/interdisciplinary home visits are most common. Environmental assessments for safety and functional support are made at these. Family meetings and patient/care-giver education are part of these visits.

### **Patients**

Source:  
VA HBPC program.

### **Onset/frequency of visits**

The Fellow will:

- Start-during first month of Fellowship.
- Initially; 1 to 2 half days per month making visits with HBPC-NP &/or Attending.
- Perform home base primary care visit (once or twice) monthly (fellow will have assigned time-see monthly schedule).
- Fellow will have discussion sessions with HBPC attending post-visit. (See schedule)
- Fellow will participate in Interdisciplinary Team (IDT) meeting during which their patient is staffed. (Wednesday afternoon's 2:30 p.m. HPPC office).

### **Communication/documentation**

Following the fellow's visit, they will perform the following:

- Discuss case with attending. (At mutually agreed times of attending and fellow.)
- Document note in CPRS within 72 hours of the encounter, under HBPC physicians name who attended them
- Send copy of note to attending and to patient's NP and to any relevant members of HBPC-IDT.
- Alert patient's NP of any urgent changes by telephone.
- To enter progress notes for HBPC: Go to "Notes" tab, "Action", "New Progress Note", enter HBPC and HBPC physician.

Alternative presentation: occasionally when in NOTES tab, go to "Action" it may present differently, at times you may get a box that will only accept O/HBPC, then scroll down to HBPC Physician note and proceed with that title. Reminder, always send a copy of the note to your attending, the patient's nurse practitioner, nurse, and anyone else on the HBPC team who seems relevant to you.

### **Visit preparation**

- Review relevant portions of medical record (CPRS and "shadow chart\*" at HBPC).
- Print out last visit, current med list and additional information as necessary.
- To view patients scheduled for that visit: Contact HBPC NP's Sharon Yenny 681-8872, Beth Cecil APRN 669-0590 or Karen Maulsby (HBPC secretary) 995-3783. To access future HBPC appointments: on the Notes tab go to "File", in the upper left hand corner of page click on "Clinics", type in O/HBPC NP, if nothing comes up, type in O/HBPC MD, further down on the left-hand side under "List Appointments for" click on "Specify dates range" in the boxes that appear, type in the date of visits in both boxes.

### **Day of visit**

- Pick up "shadow charts"\* and other equipment that might be anticipated to be needed from HBPC office (Building 3 OVAMC campus)

**Documentation of VA work: fellow will sign into "New Innovations" website to document VA work times.**

### **Workstations**

#### **Places where we prefer the fellow to work on campus OVAMC**

- First choice-HBPC office (to promote ease of communication among team members) if no space available there.
- Second choice-fellows room 9303-OVAMC, access code 44440.

\***Shadow charts** contain; driving directions, advanced directives, problem list, previous med list, coversheet (phone numbers, addresses, social security numbers.)

## **VII. EDUCATIONAL RESOURCES**

Reading list: Some of these articles will be provided in the Home Care binder.

### **Recommended to read first, in the following order:**

1. Levine S et al. Home care. JAMA 2003;290:1203-1207.
2. Hayashi J. Leff B. Community-Based Long-Term Care and Home Care. Hazards Geriatric Medicine and Gerontology. Chapter 2.
3. Katz P. Karuza J. Community-Based Care. Geriatric Review Syllabus 6<sup>th</sup> edition. Chapter 17 pages 125-133

### **The following can be read in any order:**

- Wajnberg A. et. al. Hospitalization And Skilled Nursing Facility Admissions Before And After The Implementation Of A Home-Based Primary Care Program. JAGS, 58:2010, 1144-1147
- Stuck AE et al. Home visits to prevent nursing home admission and functional decline in elderly people: Systematic review and meta-regression analysis. JAMA 2002;287:1022-1028.
- Hughes SL et al. Effectiveness of team-managed home-based primary care: A randomized multicenter trial. JAMA 2000;284:2877-2885.
- Smith KL et al. Brief communication: National quality-of-care standards in home-based primary care. Ann Intern Med 2007;146:188-192.
- Leff B et al. Satisfaction with hospital at home care. J Am Geriatr Soc 2006;54:1355-1363.
- Elkan R et al. Effectiveness of home based support for older people: systematic review and meta-analysis. BMJ 2001;323:719.
- Clark J. Preventive home visits to elderly people: Their effectiveness cannot be judged by randomized controlled trials (editorial). BMJ 2001;323:708.

## **VIII. METHOD OF EVALUATION OF FELLOWS COMPETENCIES**

- Review of written records
- Mentor's end of rotation evaluation
- Interdisciplinary team members are given the opportunity to evaluate the fellow after the completion of the rotation. (Evaluation form being instituted with next fellow on service.)

## **IX. TEACHING PERFORMED BY FELLOWS**

As members of the interdisciplinary home care team, fellows are expected to share their knowledge and expertise on geriatric health problems with the nurse practitioner, social worker, therapists, nurses, dietitian, and health aid during team meetings and home visits.

Education of family members on health problems and prognosis is an important educational function for the fellow.