



New England Home Care

Taking Advanced Care to the Home
newenglandhomecare.com

TESTIMONY BEFORE THE HUMAN SERVICES COMMITTEE REGARDING S.B. 1122 – AN ACT CONCERNING CHANGES TO THE HUMAN SERVICES STATUTES

March 17, 2009

Senator Doyle, Representative Walker, and members of the Human Services Committee, my name is Kimberly Nystrom and I am the President of New England Home Care. New England Home Care provides care to 4500 patients annually, 570 of these patients are medically complex and fragile children. I **strongly support** sections one through five of the S.B. 1122.

I would like to highlight **Section 1** related to the need for increases in Medicaid rates for extended care or shift nursing. While this discussion equally relates to the care of medically fragile adults, New England Home Care provides these services to medically fragile children.

Caring for these children in their homes is difficult. We admit children onto service when they are 5-6 months old. Prior to admission, they have spent their short lives in the hospital. It often takes weeks for home care supervisors, hospital primary care nurses and discharge planners to create a successful discharge plan. The plan requires sending the children home with complicated medical equipment and competent and adequate nursing.

In the past few years, we have seen a shift in the complexity of the needs of the children coming home. When the original Medicaid rate structure was defined, the children coming home had a lower level of needs by today's standards. Those former needs included gastrostomy care and some assistance with feeding and bathing. Today's children were formerly destined to live their lives in an institutional setting. Today's children have significant neurological deficits, rare syndromes, cardiac anomalies complicated by respiratory compromise; they have tracheotomies and assistive breathing equipment. Patients



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with tracheotomies require 40-112 hours per week of RN or LPN care. Patients who also require ventilators start with 24 hours of daily care and move to 16-22 hours per day.

A nurse that is qualified to care for these patients should have previous pediatric ventilator experience. They are trained to work autonomously with the child, caregiver and the equipment. The nurse must possess strong assessment skills to identify issues as they arise, to think ahead to what will or might happen and to prepare. Many times there is no other caregiver in the home or another professional eye immediately present to call into the room. While supervisors are available around the clock to help the nurses' triage and problem solve, the nurse must function at a very high and independent nursing level.

The nurses' skill level is not ordinary. The supervision, oversight and training are extensive. We train, educate and test ongoing. To properly prepare and train, nurses must complete a lengthy orientation where skills are reviewed. Once the nurse has passed the requisite testing levels, they will transfer to orient in the home setting with another experienced nurse. Once they have passed this second level of skill testing, they will be approved to staff a similarly complex case. A nurse may orient up to 80 hours on a particular case based on the supervisor's discretion as to the complexity. On any given case, 3-7 nurses are required to ensure adequate coverage. Our program allows children to live safely in their homes at the optimal level for their disease states and we prevent enormously high cost hospitalizations. The hospital stays are lengthy, traumatic and exponentially more expensive than pediatric home care.

Without a doubt, the current extended care nurse rate of \$43.07 per hour for an RN and \$36.42 for an LPN does not cover the cost required to provide the level of service needed. With the rate structure proposed in S.B. 1122, we would be able to recruit those with experience and take children out of the hospital more frequently and in less time. Recruiting nurses to do this job at rates far less than what they can make elsewhere is a very difficult task.

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We ask for support for this program and children and families in need. Thank you for hearing our concerns and we urge you to pass SB 1122 out of the committee.

Respectfully Submitted

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President

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