New England
Home Care
Taking Advanced Care to the Home

Appropriations Committee
Testimony of New England Home Care
Friday, February 17th, 2012

Senator Harp, Representative Walker, and members of the Appropriations committee, thank you for the opportunity to speak with you this evening. My name is Pam Nordstrom. I am employed at New England Home Care as a Supervisor of Clinical Services as a psychiatric nurse.

I am here today to testify in regards to the proposal within the social services portion of the Governor's midterm budget to require that home health agencies designate a certain number of unskilled personnel to be trained to administer medications in the place of a registered nurse to individuals living in the community who have a combination of psychiatric illnesses with medical co-morbidities.

For some of the most stable clients, a medication technician might be appropriate with nursing oversight. However, for sicker clients, a med tech is not going to have the skills to determine a medication reaction versus a diabetic reaction, or when a client has become more psychotic and is no longer safe to be in the community, which would put both the client and the staff member at risk.

To give an example of the client population we work with, I have a patient who is a chronic paranoid schizophrenic, who hears voices in his head all day long that other people are trying to hurt him, give him Aids and then beat him up. He is timid and fearful. He becomes so anxious that he calls his nurse, his doctor and myself 20 times a day, each to be reassured that he is all right. He has very recently been diagnosed with both thyroid and lung cancer. A med tech is not going to be able to assess his level of anxiety or psychosis. Nor will a tech have the skills to determine if his medication is reacting with his chemotherapy.

Over the last year, we have worked closely with our clients, physicians, and case managers to implement a recovery focused program to assist our clients in being as independent as they can be. Working with the Behavioral Health Partnership, we have successfully been able to decrease the amount of skilled nursing visits through ongoing skilled nursing oversight. Our visits could be daily, twice daily, weekly or monthly depending on the client's clinical symptoms at that point in time. Moving forward, we are integrating the Recovery Model into every plan of care.

We recognize and understand cost management, but feel there is a real risk in replacing skilled nursing with unskilled personnel. With an aging client population, we are going to need more skill, not less.

We join with other health care providers and home health agencies to request that there be an in depth discussion with the legislature, the administration, the Behavioral Health Partnership, and providers on how we can reform the policy around medication administration through the use of person-centered and individualized care planning. We also would like to emphasize that a new model would still require the intricate involvement of the nurse, whether it be through oversight of an unskilled worker and delegation of tasks, or continuing to care for the higher acuity level patients. Given this, a 10% rate cut to nursing services would drastically hamper the nurse's ability to carry out those functions in an effective manner.

We thank you for your time tonight and for your continued support for this issue, and we are happy to take any questions.