



# New England Home Care

**Taking Advanced Care to the Home**

[www.newenglandhomecare.com](http://www.newenglandhomecare.com)

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Dear Senator Harp and Representative Wood, I am Kimberly Nystrom, President of New England Home Care. We are a licensed and certified provider of psychiatric nursing services in the home. I am here to highlight how home care plays a vital role in deploying trained and qualified psychiatric home care nurses who routinely interact with individuals and their environments that might produce violent behavior.

### Early Intervention:

- Psychiatric nurses are trained to assess and intervene at very early stages. We see home environmental factors where individuals are at high risk to decompensate with threats and violence.
- We monitor failure to comply with complex medication regimes that can contribute to serious behavioral issues that may result in violent behavior.
- We are trained to intervene at the most basic level in the home, making sure individuals link with critical system to divert bad situations.
- We are in constant contact as the eyes and ears to the medical community, law enforcement and other governmental agencies identifying threats and safety issues.

### Frequent Monitoring:

- A skilled mental health assessment includes monitoring complex medication regimes and complicating conditions and risk factors.
- Included in these routine assessments is the presence or absence of hallucinations, delusional thinking and the existence of suicidal and homicidal thoughts.
- Safety issues such as access to firearms or other potentially dangerous weapons are a routine part of the nurse's identification and assessment when monitoring client activity.
- The early identification and intervention of the skills of the nurse in the home include facilitation of linkages to appropriate treatment.

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**Skilled Intervention:** I share several examples of crisis aversion by home care nurses:

1. We had a recent report from a nurse that a client made a direct reference to “shooting’ a colleague because his phone calls interrupted meal time. Our nurse immediately contacted the psychiatrist and facilitated an emergency appointment. This case was investigated and the individual did not have possession of a gun but the threat was deemed credible warranting increased intervention.
2. A friend of a client called our psychiatric nurse whom she had met when the nurse was in the client’s home. She reported to the nurse that the client was outside her apartment with a gun. Our nurse maintained contact with the individual on the phone while 911 was called and police intervened. Client was hospitalized.
3. We took care of an elderly client whose grandson was extracted from her home for abuse towards his grandmother. Shortly thereafter our nurses learned that the grandson posted a serious threat of violence on social media toward his family. Our nurses notified the authorities who intervened.

These are routine occurrences. Fortunately, our nurses are trained and present to deal with these potentially dangerous situations.

We in the industry are here to collaborate and support a meaningful way to keep these individuals safely in the community, but to intervene swiftly and appropriately when needed.

We urge caution in forcing quick fix solutions that result in a decrease in nursing where vitally needed. We welcome ongoing dialogue on how we can assist and play a fundamental role in the wake of this horrible tragedy that brings us here today.

Respectfully Submitted,

Kimberly Nystrom, RN, JD  
President, New England Home Care  
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