M-5, Part V November 29, 1991
Chapter 1

CONTENTS

CHAPTER 1. HBHC (HOSPITAL BASED HOME CARE) PROGRAM

PARAGRAPH PAGE

1.01 Legal Authority 1-1

1.02 Authority and Responsibility 1-1

1.03 Accreditation Standards 1-1

1.04 Definitions 1-1

1.05 Objectives of the HBHC Program 1-2

1.06 Philosophy of Care 1-2

1.07 Scope and Purpose of Care 1-3

1.08 Relationship to Other Extended Care Programs 1-3

1.09 Teaching Program 1-4

CHAPTER 1. HBHC (HOSPITAL BASED HOME CARE) PROGRAM

1.01 LEGAL AUTHORITY

38 CFR Part 17, Section 17.60 (j), authorizes:

Home health services may be furnished to an eligible veteran when such services are found to be necessary or appropriate for the effective and economical treatment of the veteran's disability.

1.02 AUTHORITY AND RESPONSIBILITY

a. The VA medical center Director has the overall responsibility for the HBHC program and appoints and delegates the authority and responsibility for the day-to-day operations of the HBHC program to the HBHC Program Director.

b. The VA medical center Chief of Staff is responsible for all professional programs, including HBHC. The HBHC Program Director, a qualified health care professional, is accountable to the Chief of Staff for the overall administration and quality of care provided by the HBHC program. The Chief of Staff will appoint the HBHC Medical Director. This physician is responsible for the medical care delivered by the HBHC Team.

c. HBHC is an outpatient medical program which should be under the direction of the Associate Chief of Staff for Extended Care, if such a position exists at the facility. In some VA medical centers, HBHC functions effectively under the Chief of Staff, the Associate Chief of Staff for Ambulatory Care or the Chief of Medical Service.

1.03 ACCREDITATION STANDARDS

All HBHC programs are required to meet the JCAHO (Joint Commission on Accreditation of Healthcare Organizations) Home Care Standards for Accreditation.

1.04 DEFINITIONS

a. HBHC (Hospital Based Home Care) is a program which delivers primary health care in the home, through a VA hospital based interdisciplinary team, to homebound and often bedridden eligible veterans whose caregivers are capable and willing to assist in their care.

b. HBHC is a direct care program, administered from a VA health care facility, that utilizes VA personnel and resources. It is an outpatient program providing health services to individuals who require continuing care and for whom follow-up in an outpatient clinic is not feasible.

c. Homebound is considered to be the normal inability to leave home because of any one of the following situations:

(1) Requires the assistance of another individual.

M-5, Part V November 29, 1991
APPENDIX C

(2) Requires the aid of a supportive device.

(3) Leaving home is medically contraindicated.

(4) Requires a considerable and taxing effort.

M-5, Part V November 29, 1991
APPENDIX C

(5) Leaves home only for short duration and infrequently.

(6) Leaves home only for medical care.

d. Caregiver is defined as a person related to or associated with the veteran who performs, assists and/or lends support in the care of the patient.

1.05 OBJECTIVES OF THE HBHC PROGRAM

a. To provide primary health care services to homebound and often bedridden patients who reside in the community. This primary health care is defined as accessible, comprehensive, coordinated, continual, accountable and acceptable as follows:

(1) Accessibility. Means the HBHC patient/caregiver has access to the providers of care and explicit provisions have been made for emergencies during the night, on weekends, and on holidays.

(2) Comprehensiveness. Means the HBHC team is able to treat and manage the majority of health problems arising in the HBHC population, and provide preventative maintenance services.

(3) Coordination. Means the HBHC team coordinates the patient's care by referring patients to the appropriate specialists, providing pertinent information to and seeking opinions from these specialists, and explaining and teaching diagnosis and treatment to the patients and caregivers.

(4) Continuity. Means regular visits from the HBHC team and maintenance of complete medical records which are regularly reviewed and used in planning care.

(5) Accountability. Means that the HBHC team will develop a quality management program which monitors and evaluates the services that the team renders. The goal is to work toward continuous improvement. HBHC services will meet all applicable home care standards and its quality management program will fully integrate with those of the medical center.

(6) Acceptability. Means the HBHC patient and home caregiver agree to receive HBHC services and participate in the development of the treatment plan.

b. To create a therapeutic and safe environment in the home.

c. To support the home caregiver in the care of the patient.

d. To reduce the need for, and provide an acceptable alternative to hospitalization, nursing home care, emergency room and other outpatient clinic visits.

e. To promote timely discharge from the hospital or nursing home.

f. To provide an academic and clinical setting for students of the health professions in the interdisciplinary delivery of primary care to a chronically ill long-term care population in the home.

1.06 PHILOSOPHY OF CARE

a. HBHC is designed to be an extended care program to meet the long-term care needs of an aging veteran population. In contrast to the time-limited skilled care services

reimbursed by other funding mechanisms such as Medicare, HBHC provides comprehensive long-term care of the patient. While the veteran is in the HBHC program, the veteran's care is managed through a combination of providing and arranging for all health services. Attention should be paid to the provision of services in a cost efficient manner.

b. HBHC care is best rendered by an interdisciplinary team to effectively assess and manage the multiple, interacting health problems of chronic or terminally ill patients. The team provides primary health care to the patient while supporting and teaching the home caregiver to care for the patient. The unit of care, therefore, is the patient and the caregiver.

1.07 SCOPE AND PURPOSE OF CARE

The HBHC program provides primary health care to three main types of homebound veteran patients in the home setting. The three main types of patients appropriate for HBHC services and the related purposes of care are:

a. Long-term care patients (e.g., patients with chronic, multiple, interacting medical and psychosocial problems). Purpose of care:

(1) To offer families an alternative to nursing home placement.

(2) To minimize the amount of follow-up by Ambulatory Care Clinics.

(3) To prevent premature admissions to long-term care institutions.

(4) To maintain optimal physical, cognitive and psycho-social functioning.

b. Patients with terminal illnesses (e.g., palliative care patients). Purpose of care:

(1) To allow the patient the option of dying at home rather than in an institution.

(2) To help the patient and family cope with imminent death.

(3) To manage pain and other symptoms.

(4) To provide bereavement care to the family following the death of the patient.

c. Short-term care patients (e.g., patients needing post-hospital rehabilitation, or monitoring). Purpose of care:

(1) To assist in the transition from institution to home.

(2) To provide close monitoring of the patient.

(3) To provide intensive patient/caregiver education.

(4) To adapt and optimize rehabilitation to the home environment.

M-5, Part V November 29, 1991
APPENDIX C

1.08 RELATIONSHIP TO OTHER EXTENDED CARE PROGRAMS

The HBHC program, as a specific level of long-term care, is able to provide continuity in therapeutic interventions for patients discharged to their own homes from inpatient care or other Extended Care Programs. HBHC serves as a discharge resource

for eligible patients from the GEM (Geriatric Evaluation and Management program), NHCU (Nursing Home Care Unit), CNH (Contract Nursing Home), inpatient hospice units, and ADHC(Adult Day Health Care) programs. HBHC is able to deliver primary health care to selected patients placed in CRC (Community Residential Care) and also trains CRC sponsor's staff in specific procedures. The Respite Care program is frequently accessed for HBHC patients to enable the family to continue in their caregiving responsibilities. The HBHC team works collaboratively with the staff of the various extended care programs in securing patient care information and promoting transfers between the programs to assure placement of the patient in the most appropriate level of care.

1.09 TEACHING PROGRAM

a. The HBHC program provides an unique educational experience for fellows, residents, and students of various health professions. Medical, nursing, social work, dietetics, pharmacy and rehabilitation therapy trainees are taught interdisciplinary assessment, treatment plan development, and, most of all, primary care of a chronically ill patient population in a home setting. The HBHC program provides the trainee with the opportunity to observe and participate in an interdisciplinary team as well as to experience first-hand the major care issues of this country's aging population.

b. The HBHC Program Director and Medical Director are encouraged to seek educational affiliations with the various professional schools through the promotion of the HBHC program's training opportunities. At those stations where an ITTP (Interdisciplinary Team Training Program) is in place, HBHC serves as a clinical setting for stipend students and the resources of the ITTP benefit the HBHC team.