

The Basics of Home Infusion Therapy: Part 2

The last issue of this newsletter reviewed the origins of home infusion therapy. It included some of the most common home infusion medications and those diseases commonly treated with home infusion therapies today. The home infusion referral process was discussed, as well as the responsibilities of home infusion companies and the nurses and pharmacists who work with home infusion patients.

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In the past, nurses went to the home and administered most (or all) of the patient's home infusion medications. Today, health insurance does not cover unlimited nursing visits; rather, the patient or a caregiver is expected to learn how to administer the therapy after just a few nursing visits. A nurse still goes to the home on a regular basis for such purposes as patient evaluation, changing the dressing on the IV site, and drawing blood for labs, but this may be limited to 1-2 nursing visits per week. Since clinical supervision will be limited in the home environment, careful consideration must take place before referring a patient for home infusion therapy.

Evaluating the Patient for Home Infusion

Successful home infusion therapy is dependent on several factors. Two of the most important are the patient's medical condition and the type of therapy to be administered. When considering home infusion for a particular patient, the following should be included in the evaluation:

- Patient's medical condition—is it stable enough for home care?
- Is the therapy safe for the home environment?
- Is there health insurance coverage for home infusion?
- If the therapy will last for more than a few days, does the patient have an appropriate IV access device for long-term therapy (PICC or central venous catheter) and is the device working reliably?
- Is there 911 service to the patient's home, and how far away is the nearest emergency squad?
- Home environment—is it relatively clean, free of infestation, and is there a working telephone and running water?
- Is the patient or a caregiver able to learn how to administer the medication?
- Does the patient have transportation to and from follow-up physician appointments?

A reputable home infusion provider will assist a referral source in determining the level of home infusion insurance benefits, the appropriateness of a therapy for the home environment, and what the patient will need to be able to learn for medication self-administration. Patients will have the best outcomes when the referral source and the home infusion provider work together to determine the appropriateness of home care for an individual patient.

Referring Patients to the Home Infusion Provider

Some patients are referred directly from a physician's office or clinic to a home infusion provider, but the majority of home infusion patients come from a hospital. Coordinating the patient's care can be a challenge during the transition from hospital to home. It is important to begin working with a home infusion provider as soon as home infusion is considered. Waiting to contact a home infusion provider on the day of discharge can be problematic, especially since there can be a delay in verifying insurance benefits. Advance notice to the home infusion provider allows time to verify home infusion benefits and helps the provider to accomplish the first delivery and the first nursing visit in a timely manner.



Referral Information

The home infusion provider should be given the following information: the patient's demographics (including if the patient is going to an address other than the home address), insurance information, the name of an emergency contact person, the physician's orders for home care (including flush orders for the IV access device), the patient's relevant medical history and labs, and a current list of medications. The medical history should include the patient's allergy history, height and weight, and diet. Accredited home infusion providers are required to have this information prior to dispensing medications to a new patient.

In addition, the home infusion provider must know when the patient's next dose is due and the expected time of discharge. In some cases, the home infusion medications can be delivered to the hospital prior to discharge. Initial teaching can also sometimes take place prior to discharge. This plan can help avoid service delays for patients who live in remote areas.

Selecting a Medication Administration Device

Before the patient goes home, the home infusion pharmacist will determine the best method for medication administration. This decision will depend on the type of IV access, the drug to be administered, and the patient / caregiver ability to learn or manipulate the drug administration system. While the final decision is usually made by the pharmacist, the home care nurse is often consulted so that the best method is selected for the individual patient. Some medications must be delivered with an infusion pump for patient safety. Other medications can be administered safely by gravity infusion, by IV push, or with a self-infusing device such as an elastomeric product. For some patients, the ability to see, understand, or manipulate a drug administration device will determine which method is selected for use in the home.

Managing the Home Infusion Patient

A nurse will administer the patient's first dose after the patient returns home. Teaching begins with this first visit. Depending on the patient and the circumstances, the patient or caregiver may administer the second or third dose under the nurse's supervision. Once the patient becomes independent in medication administration, nursing visits will usually be limited to 1-2 per week. More frequent visits may be required depending on the physician's orders and the need to draw labs, but it is important to verify insurance coverage for these extra visits.

In addition to the clinical monitoring done by the home care nurse, the patient is also monitored by the home infusion provider. The patient is contacted prior to each delivery and is asked about changes in their condition and medications. If the patient is not using their medications correctly, the pharmacist or nurse will follow up with additional teaching or intervention. If other concerns arise, a nurse or pharmacist will follow up with the appropriate physician or other clinician. The home infusion pharmacist will also review the patient's labs and make recommendations for dose changes as needed.

An accredited home infusion provider must monitor various patient clinical outcome indicators. These typically include IV catheter infections, adverse drug reactions, medication errors, pump malfunctions, delivery problems, therapy interruptions, and patient complaints. If an adverse event occurs, the home infusion provider will coordinate with the home care nurse, the physician, and the patient to resolve the problem.

Conclusion

The option of receiving IV therapy at home is appreciated by patients who are stable enough to finish their care outside of the hospital environment. Careful consideration of the relevant factors will help ensure that patients receive safe home infusion therapy. Good communication and coordination between the referral source and the home infusion provider will help accomplish good clinical outcomes for home infusion patients.



Having complete referral information is important

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