Patients at high risk for, or with confirmed or suspected COVID-19, can be safely discharged to home when it is clinically indicated. This allows for:

- Coordinated, personalized care at home
- Minimal exposure risk from group or public settings
- Reduction of fear for patient and family members

Home care clinicians collaborate with providers to:

- Establish plan of care with appropriate goals, interventions, and visit frequencies
- Monitor, teach, and assess patients
- Provide simple to complex interventions and procedures
- Facilitate telehealth implementation
- Reduce ED visits and rehospitalizations

Home care clinicians can provide:

- **Complex cares** including but not limited to: IVs, trach cares, feeding tubes, oxygen therapy, catheters, ostomies, venipunctures, central line management, wounds
- **Skilled interventions**
  - Disease assessment and monitoring
  - Rehabilitation therapy (physical, occupational, speech)
  - Medication education and management
- **Home safety** assessments
- **Patient and caregiver education**
  - Infection control practices
  - Visitation limitations
- **Coordination of services**
  - Medical supplies and Durable Medical Equipment
  - Home Health Aide
  - Non-medical assistance
  - Medical Social Services
- **Emergency preparedness**
  - Infection/pandemic
  - Natural disaster
  - Loss of power or other resources
- **Seamless transition to Hospice**

Home care clinicians:

- Are trained in infection control practices following CDC guidelines
- Screen all patients prior to provision of care as well as self-screen daily for COVID-19
- Utilize best practices along with ongoing quality improvement

### Initiating home care

| If you think home care might be beneficial for your patient, contact a local home care agency to explore the option |
| The agency will determine if they can take on the case, and they take responsibility for assessing the patient to determine eligibility |
| There is rarely a situation too simple or too complex for home care. The agency will let you know if this patient exceeds those boundaries |
| Hospital discharge planners may have a list of local home care agencies, or you may search for home health agencies by location at www.Medicare.gov/HomeHealthCompare |

### The goals of home care (AMA)

- **Improve the health and quality of life of the patient through comprehensive primary medical care and nursing and rehabilitative services**
- **Reduce the need for hospitalization and nursing home and other institutional placement**
- **Provide support for the informal caregiver**
- **Reduce emergency department visits**
- **Reduce hospital length of stay and the risk of hospital readmission**
- **Allow terminal patients to die at home in comfort if that is their wish**
- **Enhance optimal growth and development of infants and children**
- **Enhance functional potential of patients on life-sustaining devices**

### The benefits of home care during COVID-19

| Helps keep hospital & TCU beds available for more critical patients |
| Home Care professionals are already well-versed in infection control |
| In-home COVID-19 testing; education on infection control |
| Nurses collaborate with providers while in the patient’s home to adjust treatment plans, minimizing office or ED visits |
| Facilitation of and education on telehealth |
| Easier assessment of social determinants: Isolation/loneliness; home cleanliness and safety; exercise/activity |
| Follow-up option for patients who choose to self-discharge against medical advice |

**Information provided by Minnesota HomeCare Association 07/2020**