

March 2007

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Synagis Injections for Babies

Now that the flu and cold season is upon us, our tiniest patients are at risk for RSV. UI Community HomeCare is happy to provide Synagis injections to these children.

Respiratory Syncytial Virus (RSV) usually causes mild cold-like symptoms in adults and children. But RSV can make premature babies and children with certain other medical conditions very sick. Each year 125,000 infants in the United States are hospitalized with severe RSV infections, the leading cause of infant hospitalization. Severe RSV infections cause up to 500 childhood deaths annually.

Synagis (palivizumab) is indicated for the prevention of serious lower respiratory tract disease caused by RSV in pediatric patients at risk of RSV disease.

UI Community HomeCare provides monthly Synagis injections to our tiniest patients from October through April every year. Synagis is indicated about every 30 days, therefore an injection is needed each month during the RSV season.

When you call UI Community HomeCare to provide Synagis injections, coordination necessary to deliver the prescribed therapy is handled by Liz Ford, at 319-337-8522 ext.115.



What is Fabry Disease

Fabry disease was first described in 1898. It affects an estimated 1 in 40,000 to 117,000 live births.

The gene that is altered is carried on a mother's X chromosome. Her sons have a 50% chance of inheriting the disorder and her daughters have a 50% chance of

UI Community HomeCare nurses have the unique opportunity to provide infusion services to patients with a rare disease called Fabry disease. This disease is caused from a genetic disorder resulting from a defect in the gene for the lysosomal or alpha-galactosidase (alpha-GAL) enzyme. This lack of enzyme is needed to metabolize lipids, fat-like substances that include oils, waxes and fatty acids. These lipids, or fats, can build up to harmful levels in the eyes, kidneys, autonomic nervous system and cardiovascular system. Symptoms usually start during childhood or adolescence and include a burning sensation or pain in the feet and hands, a decreased ability to sweat, cloudiness in the corneas of the eyes, fever, gastrointestinal difficulties and hearing loss. Fabry disease also involves potentially life-threatening complications such as progressive kidney damage, heart attack and stroke.

In 2003 the FDA approved the first treatment for patients with Fabry disease. The product is called Fabrazyme. Fabrazyme is a synthetic form of the natural enzyme that Fabry patients are lacking. UI Community HomeCare nurses provide a nursing visit for infusion therapy twice a month with Fabrazyme to their patients. This visit allows the nurse to monitor patient vital signs and determine if therapy is going as planned.

Our UI Community HomeCare team currently provides service to four Fabry patients in eastern Iowa. We provide specialized infusion therapy as well as the Fabrazyme medication to our patients through our in-house Pharmacy. All four of our patients have sought treatment at University of Iowa Hospitals and Clinics from Dr. Thomas Loew, who specializes in the treatment of Fabry Disease. Studies by the FDA have shown that Fabrazyme infusions reduce fat deposition in many, but not all of the cells examined for lipid deposits.

Research will continue on Fabry Disease. In the meantime, UI Community HomeCare is proud to provide Fabrazyme infusion services to help alleviate the symptoms of Fabry disease to our patients in eastern Iowa.

Satisfied Customers

The UICH tracks ongoing satisfaction surveys from our patients, referral sources, contracted nursing agencies and our physicians. We make every effort to have satisfied customers. Here is a sampling of some customer comments.

“As an out of area Social Worker making a referral, I was happy to speak to a live person. You provided wonderful service. Thank you.”

“Everything was instructed to me to make it as simple as possible. A great job by staff. Thank you.”

“The nursing in-services have been great. We couldn’t appreciate it more. It’s been a pleasure working with you and we look forward to continuing. Thank you!”

CPR+ Operating System

As of August 2006, UI Community HomeCare has transitioned to using CPR+ as our main computer operating system. This program has been exclusively designed for the Home Infusion/Homecare Industry; written with input from nurses, pharmacists, reimbursement specialists and other homecare experts. CPR+ has the ability to display multiple windows at the same time, allowing access to several patient records simultaneously. This multitasking feature allows all members of our UICH team to save time and improve efficiency. Karon DeMar, one of our Reimbursement Specialists, has this to say about CPR+.

“The UICH Reimbursement Department is adjusting to CPR+ and we find some aspects of billing easier than our former operating system. Sending our claims electronically to payers seems to be going smoothly and we have a better means of tracking claims for processing through CPR+. We feel like we are getting faster with processing each month. The more we familiarize ourselves with CPR+ we find positive aspects of the program.”

Watch for upcoming interactive features for CPR+ on our website.

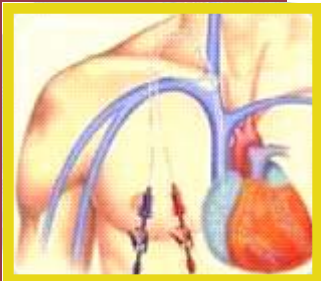
Central Venous Line UPDATES



PICC line

Central venous catheters (CVCs) are no longer specialty lines for patients in the ICU or on long term chemotherapy. They are now common place in all patient care areas. Approximately 5 million CVCs are placed annually in the United States. *Do you know how to take care of them? In this section of our newsletter, information will be provided to help you feel more comfortable with these catheters.*

One of the references used is the **Infusion Nursing Standards of Practice** from the **Infusion Nurses Society (INS)**. The INS is recognized as the global authority in infusion therapy. The **Standards of Practice** defines the accountability of nursing in the participation and delivery of specialized nursing care. All nurses involved in the delivery of infusion therapies are responsible for ensuring the incorporation and dissemination of the **Standards of Practice** into current practice in all healthcare delivery settings. Therefore, these standards are the reference points for legal cases.



Hickman

The most commonly used type of CVC is the **Peripherally Inserted Central Catheter (PICC)**. Veins used for PICC lines are the basilic, median cubital, cephalic, and brachial veins. Once the PICC line has been put in, tip placement must be confirmed by x-ray and documented before it can be used. The PICC tip shall be dwelling in the lower one third of the superior vena cava to the junction of the superior vena cava and the right atrium. (INS Stnd 42.4, 42.5) The line is now ready for use and can be used to deliver IV fluids from NS to vesicants, and can be used for labs.



Catheter site care consists of a dressing change every 7 days if the exit site can be visualized. If gauze is present a dressing change is needed every 48 hours. (INS Stnd 44) Site care consists of sterile cleansing of the catheter-skin junction with an appropriate antiseptic solution, application of a new stabilization device and application of a sterile dressing. (INS Stnd 51)

CVC's shall be flushed at established intervals to maintain patency and prevent the mixing of incompatible solutions. UICH flushes all lines and therapies using the SASH (saline-antibiotic-saline-heparin) method. To prevent catheter damage, the size of the syringe should be in accordance to catheter manufacture's labeled use and directions. (INS Std 50 Criteria L) In most cases this is a syringe size of 10cc.

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Anything thing less will cause a psi (pounds per square inch) level that may cause the catheter to rupture.

The nurse should aspirate the catheter for positive blood return to confirm patency prior to administration of medications and solutions. (INS Std 50 Criteria N) Complications of CVC's are substantial. If they are not addressed in a timely manner it can lead to catheter removal. A common complication that occurs is an occlusion. These occlusions can be nonthrombotic or thrombotic in nature.

Nonthrombotic causes are mechanical or from a drug precipitate. Mechanical causes range from external causes such as kinked tubing, clamped tubing, clogged filters, or injections caps. Internal causes can be from catheter malposition or migration, "pinch-off syndrome," and catheter rupture or fracture.

Thrombotic occlusions take the form of intraluminal, mural, or a fibrin sheath. Intraluminal thrombi form within the catheter lumen or in the reservoir. Mural thrombi form on the outside of the catheter on the vessel wall. And a fibrin sheath forms on the outside of the catheter. These sheaths have been reported to form as early as 24 hours after insertion. Studies have shown that after 3-7 days the fibrin sheath becomes a fibrous sheath and helps start the thrombus formation.

The occlusions that form are complete or partial occlusions. Inability to flush or aspirate indicates a complete occlusion. If infusion and/or aspiration is possible but difficult the occlusion is partial. Another partial occlusion is the persistent withdrawal occlusion. With this occlusion you are able to infuse but not aspirate. Currently the only FDA approved thrombolytic agent is tPA (Cathflo). When a line has reached the point of a persistent withdrawal occlusion, this is when UICH prefers to administer tPA, instead of waiting for the complete occlusion to occur. We have had very good luck in saving lines by instilling the tPA at this point.

UICH will report on CVC updates in each of our newsletters. If you have any questions regarding CVCs, or need an in-service on tPA administration, please feel free to contact UICH nurse manager, Kelli Krutsinger.

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cathflo

Home Infusion Therapy

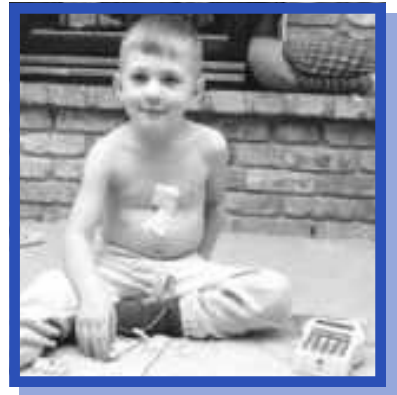
There are many instances where Home Infusion Therapy is preferable to hospitalization. During the past decade, home IV therapy and other types of professionally guided home medical treatment have proven to be safe and effective. Home therapy allows people to regain a sense of freedom and comfort through home medical treatment.

Home Infusion allows the patient the comfort and convenience of staying at home while still enjoying the most up to date and specialized treatment regime prescribed by a physician and administered by a specialist nurse who is trained in the most up to date infusion techniques. **UI Community HomeCare** is proud to share in the partnership of qualified health professionals to create the best home care scenario for our patients.

In the past, the need for intravenous medication meant a trip to the hospital. Through the teaching and support of **UICH's** specially trained nurses, IV medication can be given at home by the patients or their family support system. With the help of the latest small portable equipment, some patients can even return to work or resume their favorite activities while undergoing therapy.

UI Community HomeCare provides home infusion therapy to patients throughout the state of Iowa, as well as surrounding states. Our staff provides, the following services to patients in their homes :

- Fabrazyme Therapy
- Antibiotic/Antifungal
- Chemotherapy
- Immuno Globulin Therapy
- Hydration
- Pain Management
- Catheter Care
- Total Parenteral Nutrition
- Enteral Nutrition
- Rheumatoid Arthritis Therapies
- Self-Injectable Medications
- Multiple Sclerosis Therapies
- HIV-Related Therapies



Advantages of Home Care-

Treatment at home has been shown in many cases to have the following advantages :

- Improved quality of life
- Significant cost reduction
- Reduced risk of infection
- Privacy and company of family or caregiver
- Greater self-participation in treatment program
- Comfort of own home/food/clothes and general routine
- Decreased stress on patient and family
- Earlier return to work/school/active lifestyle

Access to Infusion Therapy... Difficult for Dual-Eligible Patients

Let's face it, most patients would rather return to their homes quickly following treatment in the hospital. Patients recover and feel better back in familiar surroundings and their own bed. In an ideal situation a patient who requires home infusion therapy would be sent home directly from the hospital with access to infusion therapy the very same day.

However, discharge planners are noticing since changes to Medicare that began January 1, 2006, patients known as, dual-eligibles, who are insured by Medicaid and the prescription drug benefit (Medicare Part D) are having trouble being set up for home infusion therapy in a timely manner. Part D does not cover the cost of equipment, supplies and professional services and Medicaid may not always pick up the gap. In many cases, discharge planners have to arrange for patients to go to a Skilled Nursing Facility for their infusion services in order for them to be insured. Hospital discharge delays are frustrating, but they are also costly. When patients remain in the hospital longer, or have to go to a Skilled Nursing Facility, their total healthcare bill increases.

Dual-eligible patients are considered to be the sickest and most vulnerable patient's in the healthcare system. In a study by the National Home Infusion Association, assisted by the Case Management Society of America, 68 percent of hospital discharge planners found it was more difficult to arrange infusion therapy for dual-eligible patients. The average delay for hospital discharge was 1.6 days but delays of 3 days or more were reported by 15 percent of the planners. According to the American Hospital Association, the average cost of a day in the hospital is \$1450. The costs of those extra days in the hospital are being passed on to our nations' healthcare system. The NHIA estimates the annual cost of these delays for all Part D-covered patients to exceed \$4.5 billion.

NHIA is urging our current Congress to introduce and pass legislation that was introduced by Congressional Representatives from Texas, New York and Wisconsin in a bipartisan bill (H.R. 5791) during the 109th legislative session. This bill would address the significant gaps in Medicare Part D for home infusion therapy. They are suggesting consolidating all aspects of home infusion therapy (drugs, supplies, equipment and professional services) under Medicare Part B.

We at **University of Iowa Community HomeCare** support the passing of this bill in Congress. We urge you to write your legislative representatives to encourage their vote to change coverage of Medicare Part B to include home infusion therapy. Legislative changes might just change this trend of difficulty in covering dual-eligible patients and lower healthcare costs for our home infusion patients.

***This article contains excerpts from an article in the 2007 Jan./Feb. issue of INFUSION magazine, entitled " Trouble Getting Home...Study Finds Medicare Part D Hampers Home Infusion Therapy Access for Dual-Eligible Patients," written by



UI Community HomeCare

*2949 Sierra Court SW
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Home Infusion

Oxygen Therapy

Durable Medical
Equipment

Anywhere in Iowa!

«Name»

«Dept»

«Address»

«City», «State» «Zip»

What's Inside?

- Synagis Injections for Babies
- Fabry's Disease
- Customer Satisfaction
- CPR+ Computer System
- Central Venous Line-UPDATES
- Trouble with Medicare Part D

The Infuser

News and Information about UI *Community HomeCare*