

Safe, Effective, and Preferred by Patients Home Infusion Therapy

We work with TriCare and other private insurances.

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Nurse Response to Your
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Remember Integrity for:

Incontinence Cure
Orthopedic Rehabilitation
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Skilled Observation
and much more

Your Integrity Team:

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Occupational Therapy
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Medical Social Work



Jeanice Mitchell, MPT
Administrator

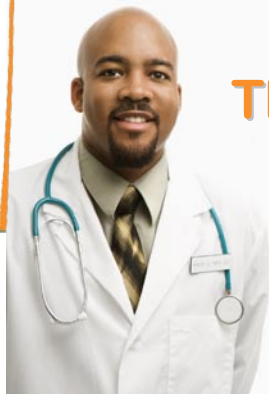
Medicare Certified
Home Health
&
Outpatient Clinic

Over the past 20 years, home infusion therapy (HIT) has grown into an industry and has become an important specialty in the home care arena. Homecare's capacity for safe and effective HIT serves hospitals well, because the current Medicare reimbursement system rewards hospital efficiency. Since home health represents considerable cost savings over inpatient stays, third party payors and government funds also benefit when HIT can shorten a hospitalization. Of course, the most important considerations for home infusion therapy are: will it be safe, will it be effective, and will patients feel good about it? **Integrity Rehab & Home Health is experienced in home infusion nursing and can help referring practitioners and facilities meet all of these goals.**

RECENT RESEARCH: Studies have repeatedly shown that home infusion therapy proves safe and effective compared to infusion therapy for hospital inpatients.¹⁻³ A study published recently in the *British Medical Journal* compared home IV and hospital IV for patients with cellulitis.² This study compared outcomes by measuring the number of days until there was no advancement in cellulitis, number of days on IV antibiotics, and number of days on oral antibiotics. The outcomes were virtually the same and showed no statistical difference. The one very large difference was patient satisfaction. Five percent of patients receiving home IV said they would have preferred hospitalization while **33% of hospitalized patients said they would have preferred home IV.** HIT costs less for patient and payor. **One study showed that home infusion antibiotics cost only 23% of the same therapy delivered in a skilled nursing facility and only 15% of the same therapy delivered in a hospital.**⁴ Integrity Rehab & Home Health can help you deliver HIT that is safe, effective, patient preferred, and cost effective.

SELECTION CRITERIA: Clearly, not all infusion patients are appropriate for home care. Generally speaking, the following criteria should be considered before releasing a patient for home infusion therapy. A patient should be clinically stable. If your patient requires human assistance at home, is adequate assistance available? When adverse reaction to therapy is a concern, has the patient already demonstrated a tolerance for the prescribed therapy? Is the home suitable for the storage and disposal of supplies/equipment?

WORKING WITH INTEGRITY: Integrity not only gives referring practitioners a sense of confidence in that they know services will be delivered professionally, we also make the process easier. At your request, Integrity will coordinate the home IV pharmacy services for you. Both Integrity and the pharmacy with which they coordinate will be on call 24/7 for your patient. Integrity will even make emergency visits in the middle of the night when necessary. You can count on Integrity to provide ample home health aide service to help with ADLs when indicated. When appropriate, our nurses will teach patients/caregivers to manage the home infusion process independently. We will continue to make nursing visits until the family is both capable and confident with independent HIT management or until HIT is discontinued.



The Doctor is the Boss

Integrity works hard to provide convenience to doctors and case managers by not picking and choosing cases based on profitability. From complex cases requiring multiple visits to simple cases requiring few visits, you can direct all your home health orders to Integrity.

Please tell your patients about
Integrity Rehab & Home Health

References

1. Caplan GA, Ward JA, Brennan NJ, et al. Hospital in the home: a randomised controlled trial. *Med J Aust.* 1999; 170: 156-160.
2. Corwin P, Toop L, McGeoch G, et al. Randomised controlled trial of intravenous antibiotic treatment for cellulitis at home compared with hospital. *BMJ.* 2005;330:129.
3. Eron LJ, Passos S. Early Discharge of Infected Patients Through Appropriate Antibiotic Use. *Archives of Internal Medicine.* 2001; 161(1): 61-65.
4. Dalovisio, J, et al, "Financial Impact of a Home Intravenous Antibiotic Program on a Medicare Managed Care Program," *Clinical Infectious Disease*, 2000.