

September/October 2012

## UPCOMING EVENTS

Save the date and come meet your Care Providers Insurance Services team:

### 2012 FIWT Insurance Trade Show

October 19, 10 a.m.-1 p.m.

Westin Park Central, Dallas, TX

[[www.fiwt.com/2012\\_FIWT\\_DFW\\_Area\\_Retail\\_Staff\\_Reg\\_form.htm](http://www.fiwt.com/2012_FIWT_DFW_Area_Retail_Staff_Reg_form.htm)]

### NAHC Annual Meeting & Expo

October 21-25

Gaylord Palms Resort & Convention Center, Orlando, FL

[[www.nahc.org/Meetings/AM/12/home.html](http://www.nahc.org/Meetings/AM/12/home.html)]

### IIAD All Industry Day

October 30

Cowboys Stadium, Arlington, TX

[[www.iiad.affiniscap.com/displaycommon.cfm?an=1&subarticlenbr=3](http://www.iiad.affiniscap.com/displaycommon.cfm?an=1&subarticlenbr=3)]



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## Hospice Care Facts and Figures from NHPCO

### Care Providers adds hospice to its coverage classes

In 2010, an estimated 1.581 million patients received services from hospice. But what is hospice care?

Considered the model for quality compassionate care for people facing a life-limiting illness, hospice provides expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well.

Hospice focuses on caring, not curing. In most cases, care is provided in the patient's home but may also be provided in freestanding hospice centers, hospitals, nursing homes, and other long-term care facilities. Hospice services are available to patients with any terminal illness or of any age, religion, or race.

### How is hospice care delivered?

Typically, a family member serves as the primary caregiver and, when appropriate, helps make decisions for the terminally ill individual. Members of the hospice staff make regular visits to assess the patient and provide additional care or other services. Hospice staff is on-call 24 hours a day, seven days a week. The hospice team develops a care plan that meets each patient's individual needs for pain management and symptom control. This interdisciplinary team, as illustrated in Figure 1 below, usually consists of the patient's personal physician, hospice physician or medical director, nurses, home health aides, social workers, bereavement counselors, clergy or other spiritual counselors, trained volunteers, and speech, physical, and occupational therapists, if needed.

### Where is hospice care delivered?

The majority of patient care is provided in the place the patient calls "home". In addition to private residences, this includes



nursing homes and residential facilities. In 2010, 66.7% of patients received care at home. The percentage of hospice patients receiving care in a hospice inpatient facility increased slightly from 21.2% to 21.9% (from 2009 and 2010).

### How many hospices are in operation?

The number of hospice programs nationwide continues to increase — from the first program that opened in 1974 to over 5,000 programs (in 2010). This estimate includes both primary locations and satellite offices. Hospices are located in all 50 states, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands.

*Extracted from: National Hospice and Palliative Care Organization. NHPCO Facts & Figures: Hospice Care in America, 2011 Edition. Click here for the complete report.*

[[www.nhpco.org/files/public/Statistics\\_Research/2011\\_Facts\\_Figures.pdf](http://www.nhpco.org/files/public/Statistics_Research/2011_Facts_Figures.pdf)]



## Donors Give Without Online Research

Donors who send in a check after receiving a direct mail appeal are less likely to go online to check out the charity than they were four years ago. That's a reversal of three years earlier when a spike upward was experienced between 2005 and 2008. **READ MORE**

[[www.thenonproffitimes.com/article/detail/majority-of-donors-give-without-online-research-49170](http://www.thenonproffitimes.com/article/detail/majority-of-donors-give-without-online-research-49170)]

## Taxing Donors

The facts are stark and can be universally agreed upon: With the growth in entitlement spending and a tax code that grows more complex every year, this country faces a major need to look at all fiscal policy to determine what is the best path forward for long-term, sustained economic growth. Regardless of what mix of "revenue enhancements" and spending cuts are used, a healthy nonprofit sector will be a critical component to these changes. **READ MOTRE** [[www.thenonproffitimes.com/article/detail/taxing-donors-4929](http://www.thenonproffitimes.com/article/detail/taxing-donors-4929)]



## Home and Hospice Care Hazards *NIOSH highlights common exposures*

The Bureau of Labor Statistics has projected home healthcare work to be the fastest growing occupation through 2016. Home healthcare workers, including home healthcare aides, nurses, physical therapists, occupational therapists, speech therapists, therapy aides, social workers and hospice care workers, face unique hazards delivering services in patients' homes and in various diverse communities. Home healthcare workers, while contributing greatly to the well-being of others, face unique

risks on the job to their own personal safety and health. During 2007 alone, 27,400 recorded injuries occurred among more than 896,800 home healthcare workers.

Risk exposures include:

**Environment.** Home healthcare workers face an unprotected and unpredictable environment each time they enter the patient's

community and home. According to estimates of the Survey of Occupational Injuries and Illnesses (SOII) [BLS 2007a], 330 nonfatal assaults on home healthcare workers occurred in 2006—a rate of 5.5 per 10,000 full-time workers, more than twice the rate for all U.S. workers.

**Injury.** Home healthcare workers are susceptible to injuries. These may result from overexertion due to transferring patients into and out of bed or to assisting with patient walking or standing. Compared with other workers, home healthcare workers take more frequent sick leave as a result of work-related musculoskeletal symptoms.

**Travel.** The large amount of driving from home to home exposes the home healthcare worker to risks of vehicular injury or fatality. The 2007

incidence rate for lost workdays from injuries caused by transportation incidents was more than 10 times higher for home healthcare workers than for hospital workers and more than 3 times higher than that of general industry workers.

**Other hazards.** Home healthcare workers may be exposed to blood borne pathogens, needle sticks, infectious agents, latex, stress, violence occurring in the home or street, verbal abuse, weapons, illegal drugs, and they may encounter animals, temperature extremes, unsanitary conditions in the homes, lack of water, severe weather, or a response to a chemical spill or act of terrorism.

It is important to note that the foundation of any good safety program is a strong management commitment to the safety program. A safety committee should be formed and members should represent the cross-section of employees.

Employees should have a means of discussing their safety concerns and management should have a means of providing information on the company safety plans and policies. Safety training should be part of initial and on-going annual training. A summary checklist for use by the employer and worker is available by clicking [here](http://nsminc.com/newsletters/OccHazardsInHomeHC.pdf) [<http://nsminc.com/newsletters/OccHazardsInHomeHC.pdf>].

*Adapted from: Occupational Hazards in Home Healthcare, a publication of Centers for Disease Control and Prevention National Institute for Occupational Safety and Health (NIOSH), which aims to raise awareness and increase understanding of the safety and health risks involved in home healthcare, and suggests prevention strategies to reduce the number of injuries, illnesses and fatalities that too frequently occur among workers in this industry.*

## The Workplace Helpline Reviews...

### *Refusal to wear protective safety gear requires action*

The employer has an obligation to maintain and promote workplace safety. Further, in certain industries, there are health and safety code laws that require employees to don certain protective safety gear and the refusal to do so could result in penalties and fines for the employer. Accordingly, if the organization has a policy and/or requirement that employees wear certain protective safety gear and an employee refuses to do so, the best thing for the employer to do is to approach the situation from a performance management standpoint, that is if the employee is insubordinate and commits a safety violation by his or her refusal to wear safety glasses then the employee should be subject to disciplinary action in accordance with the employer's policies and past practices.

For example, we are not aware of any reason why an employer cannot seek to send home (or keep home) an employee who reports to work and refuses to in essence work in a safe manner, if management reasonably believes that the health and safety of that employee or others may be at risk if the employee performs work without the use of the safety glasses. Indeed, an employee who refuses to do so can be counseled, disciplined or even discharged for insubordination if consistent with employer policy and practice.

Under federal and state occupational safety and health laws, employers have a duty to ensure the work environment is safe and healthy, and this would presumably include taking measures to ensure that employees who

perform work do so safely with the precautionary gear. In this regard, you can consider consulting with federal or state occupational safety and health agencies – the federal OSHA offers a free consultation service that can assist your organization further in ensuring a safe workplace (see [www.osha.gov/dcsp/smallbusiness/consult.html](http://www.osha.gov/dcsp/smallbusiness/consult.html)) and many state agencies offer something similar. Further, this response assumes that there is no employment contract or collective bargaining agreement that otherwise governs the issue of disciplinary action in response to the situation that you describe.

*NSM Insurance Group recognizes the complex human resource and employment challenges that confront your organization daily. HELPLINE HR services combine state-of-the-art technology and content with professional support services in order to help you, as employers, meet today's workplace challenges. HELPLINE will answer your company's specific human resource and employment law questions!*

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## **Watch Out!** Slips, Trips and Falls are the #1 cause of employee injury!

Most of these injuries are preventable...Review your loss reports and identify the causes of Slips, Trips and Falls



### Help Prevent Slip, Trip and Fall injuries:

- Proper Housekeeping in work and walking areas
- Keeping these areas free of obstacles
- Regular inspection of working and walking areas
- Identify environmental and equipment hazards



Priscilla Archer 800-761-7072 x 1313  
Or email [PArcher@nsminc.com](mailto:PArcher@nsminc.com)

## Partnering with NAHC

From professional development to fighting for better regulation, from knowing all angles of federal and state regulations to providing the latest information affecting home care and hospice, National Association for Home Care & Hospice (NAHC) stands ready to serve your needs, enabling you to better serve your patients. NAHC is the nation's largest trade association representing the interests and concerns of home care agencies, hospices, home care aide organizations, and medical equipment suppliers. Simply put, NAHC is the one organization dedicated to making home care and hospice providers lives easier.

NSM Insurance Group's Care Providers Insurance Services is a proud member of NAHC.

