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# Home Care Nursing: 'Finally, Somebody's Listening'



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When Jeffrey Halusic worked in a large New York City hospital as a psychiatric inpatient behavioral health nurse, he had certain built-in advantages at his workplace. “You have so many supports right at your beck and call at the

hospital,” he says. “You have bells, alarms, whistles, the supply closet.”

Today, Jeffrey works as a clinical home care manager. Delivering care in the home, he says, “is just a completely different animal. You have to be creative and go with the flow, and be ready for any changes that might occur.” In other words, care in the home has the advantage of mirroring the shape of human life itself.

And that, he says, “is what drew me to the community population-health setting.”

Home care nursing is one of the fastest-growing areas of the nursing profession. As the U.S. health care landscape shifts, there’s an increasing focus on driving down costs and avoiding expensive inpatient care by attending to whole-person care across the continuum, and to long-term care in the community for people with chronic illnesses and an aging population.

Keeping patients safe and as healthy as possible in the comfort of their homes demands creativity, collaboration and active listening. The rewards can be profound—to the nurse, to the patient and family being served, and to the field of population health, which ultimately affects us all.

In celebrating National Nurses Week and reflecting on the many different ways nurses transform lives, we’ve been speaking with the talented, committed nurses at the organization I head, the Visiting Nurse Service of

New York, about how their work in the home differs from nursing in other settings and what distinctive strengths they bring to their patients and patients' families to help them get the most out of life in the place where they want to be—the home.

Corinne McNally knew even before she graduated from nursing school in 2011 that she wanted to practice in the community. For her, the lasting value of home care nursing lies in educating and empowering patients and family members to manage care for themselves, over time and right at home. “My members are chronically ill, and for them education is the biggest thing,” she says of the people she cares for, members of VNSNY CHOICE Health Plans. “We’re teaching people to monitor themselves and to practice preventive care.”

By getting a firsthand look at people’s daily lives, she is able to see problems and initiate solutions that would be missed in a clinic or hospital. She can write into the care plan to pull up throw rugs she finds in the home of someone at risk of falling, or order a transfer bench for someone with limited mobility whose bathtub has high sides. When she visits members living in basement apartments with narrow entrances, she sees to it that the care team contacts the landlord to ensure safety and accessibility. “I’m in their home, I see how they live,” says Corinne. “I interact with their family members—so I really see the whole of what’s going on in their lives.”

Education is also at the core of nursing for Mary Geraldine McAleer, who worked on a medical-surgical floor of a hospital before coming to VNSNY fifteen years ago. “Being a home care nurse means having one-on-one time with the families and the patient to educate them on their needs, with no one breathing down your neck,” she says of her home visits throughout Queens.

Mary bridges the gap between what patients hear in a hospital or doctor’s office and how they carry out that care at home, particularly when it comes to taking medication properly. “There are a lot of discrepancies between what the patient is taking and what is actually prescribed for them, so I spend a lot of time at the start of care educating them about medication,” she says. She recommends the visual reinforcement of writing down all medications and prescription times, as well as pre-pouring the patient’s meds into a pill box.

It’s Michelle Schiffman’s job as an intake nurse to bridge the gap from hospital to home, working with providers in both settings to ensure safe transitions of care, which are widely acknowledged to be the most risky time for vulnerable patients. The Centers for Medicare & Medicaid reports that nearly one in five Medicare patients discharged from a hospital—approximately 2.6 million seniors—are readmitted within 30 days, at a cost of over \$26 billion every year. Studies consistently show that home care can reduce hospital readmissions. That’s true at VNSNY, as well. For instance, our value-based care management program reduced hospital readmission rates for this patient population by 5 to 10 percentage points.

For the patients Michelle works with, she helps set the stage for their safe return home and the care they will receive there. “It’s a big comfort to the patient, knowing that everything is set up for them and ready for them when they get home,” she says. “I use the clinical experience I have from bedside nursing to make sure that patients are safe to go home and that their needs will be met there.”

For Jeffrey Halusic, even without the comprehensive resources of the supply closet, he knows he provides dramatic relief to patients and caregivers, whom he works with telephonically as a Clinical Utilization Manager for Population Health. He recalled a recent experience that is typical of his patients’ responses to the care he delivers. “The patient said to me, ‘I have just been a ball of anxiety, overwhelmed for many weeks trying to navigate the health system, but within the last five minutes of speaking with you, I feel at peace now.’” Often, the care Jeffrey delivers is focused on caregivers who feel overwhelmed and isolated. “We let them know that we’re here, they’re not alone, there are resources out there. And they say, ‘Ahhh, finally somebody’s listening.’”

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Medium member since Apr 2018

As President and CEO of the Visiting Nurse Service of New York, Marki leads the nation’s largest not-for-profit home & community-based health care organization.

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