Imagine walking into a patient’s home. The patient is on a ventilator, receiving IV therapy and has recently been discharged from the hospital. She’s in considerable discomfort from pressure wounds. Her husband thinks he’s learned how to manage the vent, but he’s not so sure right now. And they both are looking at you.

Even if you know just what to do, do you know the order in which to do them? Do you know how best to teach the husband about the vent? About infusion? And what do you need to communicate to her physicians? Some of these questions may be routine, others may not.

Ideally, you’d want a knowledgeable colleague at your side—someone you can consult. You may be the sole clinician standing in the room with the couple, but you do have access to colleagues—more than 50 of them.

That’s the beauty of the 19th edition of the Visiting Nurse Associations of America’s Clinical Procedure Manual (CPM). It features more than 300 procedures performed by home health, hospice and palliative care providers, and draws on the expertise of more than 50 authors. Think of it as a procedural encyclopedia for the home health care and hospice professional, one that provides practical, step-by-step guidance on day-to-day practices across a wide variety of topics, systems and issues.

And for the first time, it’s available in a digital version. That means a clinician can download it to her laptop, phone or tablet, providing instant access from the field. It’s searchable and, once downloaded, doesn’t require an Internet connection.

“It’s like having a very informed colleague by your side, which is important. It can be lonely out there,” says Meg Doherty, MSN, ANP-BC, MBA, CEO of Norwell VNA and Hospice in Massachusetts. (Doherty herself is one of those virtual colleagues: She authored the Respiratory System chapter.)
She knows: When she began working in home health 27 years ago, she was alone—there was no clinical procedure manual at all. “We were sometimes flying by the seat of our pants,” she says. Much has changed since then. In 1986, the Visiting Nurse Associations of America (VNAA) released the VNAA Nursing Procedure Manual. It has been updated many times and, in 2012, it received a new name: the Clinical Procedure Manual. The change reflects the variety of professionals working in the field of home health care and hospice. VNAA publishes a new edition of the CPM every two years.

One-of-a-kind resource

VNAA is the national organization that supports, promotes and advances nonprofit providers of high-quality home health, hospice and palliative care. VNAA members care for the sick, the elderly and the frail in their own homes. The CPM supports that mission; it is a tool for

• Procedure and visit pre-planning
• Agency-wide competency training and testing
• Follow-through care coordination and documentation
• Ensuring procedures are demographically appropriate
• Creating standardized policies and procedures to meet licensing and certification requirements
• Achieving efficient, effective, patient-centered care for better patient outcomes.

Some manuals on the market touch on aspects of home health and hospice care, but the CPM is the only one that specifically addresses clinical home health and hospice care, notes Margaret “Peg” Terry, PhD, RN, VNAA’s Vice President of Quality and Innovation. “We need to be providing care based on evidence-based guidelines. This is the only comprehensive manual for the home health clinician to do that,” she says. “With more than 300 step-by-step, standardized procedures, VNAA’s Clinical Procedure Manual is the only resource you need to prepare clinicians to safely and efficiently perform the latest complex procedures in the home health care and hospice setting.” Terry served as chief clinical editor.

Connecting clinicians to resources

The digital format allows integration of other tools and resources, Terry explains. “We have many, many more links to other sites, including the VNAA Blueprint for Excellence and other tools we have found to be very effective.” It links clinicians to patient-education resources, care tip sheets, and the most up-to-date best practices references and research in the field.

The CPM provides specific, detailed guidance. It highlights the tasks essential for efficient, effective and safer care transitions, supporting step-by-step, complete care. In this new format, it equips practitioners with detailed procedures, prompts for documentation and care coordination and includes procedure-specific patient engagement tips and tools.

The benefit to clinicians and agencies is clear: It ensures home health professionals will always be prepared for whatever they encounter during a patient visit—that they will have the most current best practices—and the appropriated instructions—at their fingertips.

Specialized knowledge for the generalist

Because it’s comprehensive, touching on all the clinical activities home health professionals perform, the CPM is the ideal tool for general-
ists. It informs the home health professional’s daily activities, and provides instructions for procedures they don’t do every day. That’s important. “The thing about home health care that’s different from other settings, such as hospitals, is you have to be a generalist. This edition of the CPM provides in-depth knowledge so they can reach in and pull out the best practices they need in a particular situation.” Of particular value, she says, are the sections on infusion, infection control and skin and wound care.

Fostering patient engagement

The very nature of care is evolving; home health professionals perform increasingly complex procedures in a patient’s home. And often, so does the patient. Home health clinicians teach patients—and caregivers—how to handle the technology, how to identify what works, what to do if it doesn’t work, and what to expect. The CPM provides guidance and support for patient engagement and education.

“The way each procedure is laid out in the manual reminds the nurse that the patient is in the driver’s seat. We are there to make sure we save that seat for them,” says Doherty.

In some ways, the CPM is as much for the patient as the clinician. For instance, pages can be printed out and left with the patient anywhere there is a printer. It includes materials specifically designed to give the patient and it outlines the process for educating the patient about her condition—and what to expect.

“Over the years we’ve been good at telling people something could be a possible side effect; in fact, what we should have been saying is, this is what you should expect by when. If it doesn’t happen, then this is what you need to do,” she adds. “Teaching people what to expect—that’s the only way you can engage them.”

This allows home health professionals to become partners with patients, helping them develop goals and make informed decisions. “If you can’t get them to partner with you, that can be a real problem in achieving their health care goals,” she says.

VNAA and its members have an historical commitment to patient-centered, community-focused care. Home health care and hospice must focus on the patient and the family. It’s the patient’s turf, so it’s the patient’s choice. The CPM supports that and fosters confidence in the care they receive. “We want consumers to know this is our bible in the field. Patients and their families can rely on these procedures. They can rely on us.”

Documentation guidance

The patient is the most important member of the team, but there are others—physicians, case managers, pharmacists, etc. Communicating among those team members is essential, especially when the patient is moving from one health care setting to another. The CPM pays particular attention to care coordination in general and transitions of care in particular. It includes prompts and reminders to communicate with others on the team, and to carefully document what has been done.

It describes the procedures and the types of detailed documentation required. The documentation is important from the regulatory and legal standpoints; it’s also crucial in terms of accreditation and reimbursement.

The CPM includes practice-based reminders and measures for quality assessment and tracking. That means every practitioner knows what to expect and document at each encounter. CPM incorporates appropriate OASIS measures and guidelines, and aligns with Joint Commission and CHAP requirements.
Home health and hospice care requires highly skilled individuals to deliver all the services ordered for the patient. The manual supports workforce training, providing valuable tools for organizations to standardize key processes and practices.

A seat at the table

Reliable, standardized procedures create a pathway for complete, measurable care. The CPM lays the groundwork for organizations to better measure outcomes and predict costs, supporting payment reform efforts and readying organizations for accountable care structures.

As science and technology evolve, so will the manual. Each edition of the CPM is based on the current research and evidence; this one is no different.

Terry said they added maternal and child health procedures to this iteration, as well as more assessment protocols for chronic diseases and for patient and family engagement. “Every year we find there is something more to expand or include.”

The CPM must be flexible enough to expand, agrees Doherty. “In the health care environment, the sand is always shifting. The CPM provides solid ground. Patients, clinicians and agencies need to know they can rely on these procedures to help provide the highest quality of care to home health and hospice care patients.”

In this time of shifting sands, the VNAA—and home health in general—must claim a seat at the health care quality improvement table. That requires standardization of protocols and practices, as well as enhanced measurement, reliability and consistency of efficient, high-quality, appropriate care. The CPM, along with the VNAA Blueprint, provides this. Home health and hospice care organizations now have more clearly defined pathway to approach patient care in a changing environment, and to achieve the Triple Aim of better care, better health and lower costs.
Meg Doherty, RN, ANP, MBA is CEO of Norwell VNA (NVNA) and Hospice in Massachusetts and has led the organization for more than 25 years. NVNA and Hospice is the only independent, nonprofit homecare agency on the South Shore and the only homecare agency in Massachusetts to be named to the HomeCare Elite of top agencies in the country for eight successive years. Doherty guided an agency expansion into more than 27 communities and added hospice and private care services to meet the continuing care needs of patients in the region. In 2011, she coordinated the connection to Cancer Support Community of Massachusetts under the NVNA Foundation umbrella to ensure its viability in offering free services and support to people impacted by cancer.

Doherty has taught both undergraduate and graduate nursing programs and has been on the clinical faculty at the Institute of Health Professions at Massachusetts General Hospital, Northeastern University and Boston College. She is a visiting scholar at the William F. Connell School of Nursing at Boston College and guest lecturer at University of Massachusetts/Boston School of Nursing. Doherty was a member and former chair of the Commonwealth of Massachusetts, Board of Registration in Nursing. An academic text author, she contributed to the VNAA Clinical Procedure Manual 19th Edition, has written numerous journal articles and is a member of the board of directors of the Visiting Nurse Associations of New England and Home Care Alliance of Massachusetts as well as the Norwell (Mass.) Public Health Board.

Margaret “Peg” Terry, PhD, RN serves as the VNAA’s inaugural Vice President of Quality and Innovation. In this role, Terry provides resources and guidance to member agencies in their efforts to improve quality of care, adopt innovative program models, and succeed in a competitive and rapidly evolving delivery system. She oversees educational programming and the Quality Initiative, where working closely with VNAA members, Peg led the development of the Engaging in Quality Learning Collaborative. She also plays a national role working with policy makers as they shape quality measures that will have an impact on VNAA member agencies and the patients they serve.

Previously Terry worked as the vice president of clinical affairs for MedStar Health Visiting Nurse Association, headquartered in Maryland and serving the Maryland, DC, and Virginia region as part of a regional multi-hospital integrated delivery system. She served in that role starting in 2005, before which she was MedStar VNA’s vice president of Operations, Quality Improvement and Regulatory Affairs for seven years. Before joining the VNA, she served for six years as president and CEO of another nonprofit agency.

Beyond her significant hands-on agency operations experience, Terry is an accomplished educator and researcher. She has also been active in several quality measurement and standard-setting bodies, including the Joint Commission and the National Quality Forum.
The VNAA would like to acknowledge and thank the following clinical experts who participated in the development and production of this edition. Their time and commitment to continually improving quality of care standards and their contributions have greatly enhanced the VNAA CPM.

Section 1: Cardiovascular
Julie Salo, DNP, RN, ACNP, Visiting Nurse Service of Rochester and Monroe County, Rochester, NY
Debra Shewmaker, BSN, RN, Inova VNA Home Health, Fairfax, VA

Section 2: Endocrine
Arlene Chabanuk, MSN, RN, CDE, Crozer Keystone Home Care & Hospice, Wayne, PA
Charlotte Tack, RN, MSN, ANP-C, CDE, Visiting Nurse Service of Rochester and Monroe County, Rochester, NY

Section 3: Gastrointestinal
Brittany Opitz, BSN, RN, CWON, Visiting Nurse Service of Rochester and Monroe County, Rochester, NY
Gladys Polzien, RN, MSN, CHPN, Aspirus Keweenaw Home Health and Hospice, Calumet, Michigan

Section 4: Genitourinary
Debbie Smith, RN, BSN, CWOCN, Colorado Visiting Nurse Association, Denver, CO
Holli Wiseman, RN, MS, Colorado Visiting Nurse Association, Denver, CO
Sandra Wood, RN, WOCN, Colorado Visiting Nurse Association, Denver, CO

Section 5: Hospice and Palliative Care
Andrea Huertas, BSN, MBA, Christiana Care VNA, New Castle, DE
Bonnie Morgan, M.Ed., RN, CHPN, FPCN, Four Winds Hematology and Oncology, Phoenix, AZ
Danielle Pierotti, RN, MSN, AOCN, CHPN, PhD(c), HCI Care Services, West Des Moines, IA
Cindi Pursley, RN, CHPN, Colorado Visiting Nurse Association, Denver, CO

Section 6: Immune System
Mary Narayan, MSN, RN, HHCNS-BC, CTN, Home Health Clinical Nurse Specialist, Vienna, VA

Section 7: Infection Control
Ann Blackmore, RN, BSN, CIC, Christiana Care VNA, New Castle, DE
Carole Yeung, RN, CIC, Baptist Home Health Network, Little Rock, AR

Section 8: Infusion Therapy
Barbara Botto, RN, CRNI, Home Health VNA, a member of Home Health Foundation, Lawrence, MA
Lisa Gorski, MS, RN, HHCNS-BC, CRNI, FAAN, Wheaton Franciscan Home Health & Hospice, Milwaukee, WI
Nicki Smith, RN, CRNI, COS-C, Cornerstone VNA, Rochester, NH

Section 9: Labs and Specimens
June Gallup, RN, MS, HCS-D, COS-C, BCHH-C, Cornerstone VNA, Rochester, NH

Section 10: Lymphatic System
Ruchi Patel, MA, OTR/L, CPAM, LSVTc, Visiting Nurse Service of New York, New York, NY
Jill Dennis-Perez, MS, OTR/L, Visiting Nurse Service of New York, New York, NY

Section 11: Maternal and Newborn
Diana Bittner, RN, IBCLC, Cornerstone VNA, Rochester, NY
Vivian Burton, RN, MSN, CEIS, Home Health VNA, a member of Home Health Foundation, Lawrence, MA
Tasha Hamilton, RN, MSN, CNS, Visiting Nurse Service of New York, New York, NY
Helena Meiri, RN-BC, MA, Visiting Nurse Service of New York, New York, NY
Colleen Nelson, BSN, RN, VNA Health Group, Red Bank, NJ

Section 12: Medications
Mary Narayan, MSN, RN, HHCNS-BC, CTN, Home Health Clinical Nurse Specialist, Vienna, VA
Section 13: Mental Health
Myrna Agosto, APMHNP-BC, Visiting Nurse Service of New York, New York, NY
Maureen Boller-Delaney, RN, MA, PMHNP-BC, NC-BC, CCM, Visiting Nurse Service of New York, New York, NY
Ab Brody, RN, PhD, GNP-BC, NYU College of Nursing, New York, NY
Rose Madden-Baer, DNP, RN, MHSA CPHQ, CHCE, Visiting Nurse Service of New York, New York, NY
Susie Compton, MSN, Lincoln Medical Home Health and Hospice, Fayetteville, TN
Jill Dennis-Perez, MS, OTR/L, Visiting Nurse Service of New York, New York, NY
Ruchi Patel, MA OTR/L, CPAM, LSVTc, Visiting Nurse Service of New York, New York, NY

Section 14: Mobility and Transfers
Kim Colorito, PT, Lac, ART-C, LSVT-C, Visiting Nurse Service of New York, New York, NY
Lauren Marano, PT, MSPT, COS-C, Visiting Nurse Service of New York, New York, NY
Gerard Mounic, OTD, OTR/L, BCPR, C/NDT, COS-C, LSVT-C, Visiting Nurse Service of New York, New York, NY
Pam Szczerba, PT, MPT, Christiana Care VNA, New Castle, DE

Section 15: Musculoskeletal
Kim Colorito, PT, Lac, ART-C, LSVT-C, Visiting Nurse Service of New York, New York, NY
Jill Dennis-Perez, MS, OTR/L, Visiting Nurse Service of New York, New York, NY
Lauren Marano, PT, MSPT, COS-C, Visiting Nurse Service of New York, New York, NY
Gerard Mounic, OTD, OTR/L, BCPR, C/NDT, COS-C, LSVT-C, Visiting Nurse Service of New York, New York, NY
Ruchi Patel, MA, OTR/L, CPAM, LSVTc, Visiting Nurse Service of New York, New York, NY
Pam Szczerba, PT, MPT, Christiana Care VNA, New Castle, DE

Section 16: Neurological
Daniel J. Carpenedo, MA, CCC-SLP, Visiting Nurse Service of New York, New York, NY

Section 17: Nutrition
Nancy Collins, PhD, RD, LD/N, FAPWCA, FAND, Nutrition411.com
Liz Friedrich, MPH, RD, CSG, LDN, FAND, Nutrition411.com
Elaine Koontz, RDN, LD/N, Nutrition411.com
Colleen Sloan, RD, LD/N, 360 Nutrition Solutions, LLC

Section 18: Pain Management
Carol Long, PhD, RN, FPCN, Capstone Healthcare, Phoenix, AZ

Section 19: Patient Education
Mary Narayan, MSN, RN, HHCNS-BC, CTN, Home Health Clinical Nurse Specialist, Vienna, VA
Debra Shewmaker, BSN, RN, Inova VNA Home Health, Fairfax, VA

Section 20: Pediatrics
Kathleen Cervasio, PhD, EdD, ACNS-BC, RN, CCRN Alumnus, Long Island University, Brookville, NY
Catherine M. Flynn, RN, BSN, Maimonides Medical Center, Brooklyn, NY
Krissy Mullen, RN, BSN, MSE, Long Island University, Brookville, NY
Jill Peacock, DNP, RN, Epic Health Services, Dallas, TX

Section 21: Personal Care
Mary Narayan, MSN, RN, HHCNS-BC, CTN, Home Health Clinical Nurse Specialist, Vienna, VA
Section 22: Preventive Care and Immunizations
Andrea Zoodsma, RN, BSN, PHN, Central Coast VNA and Hospice, Monterey, CA

Section 23: Respiratory System
Meg Doherty, MSN, ANP-BC, MBA, Norwell VNA and Hospice, Norwell, MA

Section 24: Safety
Kim Colorito, PT, Lac, ART-C, LSVT-C, Visiting Nurse Service of New York, New York, NY
Mary Narayan, MSN, RN, HHNCNS-BC, CTN, Home Health Clinical Nurse Specialist, Vienna, VA
Ruchi Patel, MA OTR/L, CPAM, LSVTc, Visiting Nurse Service of New York, New York, NY

Section 25: Skin and Wound Care
Mary Farren, RN-BC, MSN, CWOCN, Visiting Nurse Service of New York, New York, NY
Darinka Kanchera, RN, WOCN, Visiting Nurse Service of New York, New York, NY
Brittany Opitz, BSN, RN, CWON, Visiting Nurse Service of Rochester and Monroe County, Rochester, NY
Evelyn Rivera, RN, WOCN, Visiting Nurse Service of New York, New York, NY

Section 26: Telehealth Technology
Cheryl Shirk, RN, MSN, Medstar Health, Columbia, MD

About the Editors

Mary Curry Narayan, MSN, RN, HHNCNS-BC, COS-C, is from Vienna, VA. Narayan received her BSN from Cornell University, New York Hospital School of Nursing in New York and MSN with a focus on advanced nursing practice from George Mason University in Fairfax, VA. Besides serving as VNAA’s clinical consultant, Narayan is active on the editorial board of Home Healthcare Nurse Journal and serves as adjunct faculty at George Mason University.

Margaret (Peg) Terry, PhD, RN, Visiting Nurse Associations of America —Chief Clinical Editor

Eileen Grande, BS, MBA, MS, Visiting Nurse Associations of America —Copy Editor

Kelly Tyson, BA, MPA, Visiting Nurse Associations of America —Copy Editor