

NHIA Member Spotlight



The PHS management team

PEDIATRIC HOME SERVICE

By JEANNIE COUNCE

Pediatrics is a notoriously specialized area of medical practice. Kids' bodies are constantly changing as they develop and process medications differently than adults do. Clinical challenges aside, treating pediatric patients involves a delicate bedside manner that should include the entire family. Reducing anxiety through education and home-based treatment whenever possible is important to all involved.

That's why St. Paul, Minnesota-based Pediatric Home Service (PHS) treats only infants, children, and adolescents. "We work as a team before a patient is discharged to come up with two care plans: one for the patient and one for the family," explains PHS CEO Susan Wingert.

Wingert, a respiratory therapist by training, founded PHS 16 years ago to address the specialized needs of "technology-supported" children—those who use ventilators, positive airway pressure, oxygen, and so on. By focusing on providing high-tech equipment, care planning, and education, PHS soon carved out a niche in the pediatric care arena.

"We use the primary care model because it provides a front line for the families," says Wingert. "And because kids treatment plans change as they grow, we focus on good internal and external reporting, decision making, and communication between members of the care team."

Impressed by improved outcomes and reduced need for emergent care, it wasn't long before local physicians and payers were asking PHS to consider expanding its service offerings. "They saw a need for a breadth of specialized services," recalls Wingert. "And they recognized that in treating peds, it's safer to have fewer moving parts when coordinating care."

PHS has brought on clinical experts in a variety of areas, including dietitians and educators, but in 1997, the company added a



Clinicians learn about the high-tech medical devices used to treat their PHS patients.

home infusion therapy component. The expansion took a year and a half to develop, and included building a new facility replete with clean room for sterile compounding. Wingert relied on experts from the field—including NHIA resources—to guide her.

"I needed to find people with infusion skills and experience in pediatrics—that's a really small pool from which to recruit," she observes. In the end, she managed to find qualified clinicians with the right balance of technical and people skills—PHS now boasts 125 employees—48 of whom are clinicians—covering infusion, respiratory, and nutrition therapy, as well as education and social services. Here are some more of Wingert's thoughts on her patients and NHIA.

Biggest challenge: To cross the disconnect with children who are too young to understand, or not able to intellectualize, that being poked and prodded, and receiving sometimes painful treatment, is really meant to help them get better. It's a challenge to get the child to trust you and remain calm.

Most rewarding experience: When one young patient finally understood and as his infusion nurse arrived for a visit, asked his mom to leave the room "because Brandy and I have something to do."

Biggest achievement: Surviving in a world made up of people who don't recognize pediatrics as a specialized patient population. These patients don't follow the adult care model so reimbursement doesn't fit into the adult model either. Kids aren't just smaller adults.

Why join NHIA: Because we appreciate that NHIA is out there helping to fight our battles. We use NHIA's information all the time—it's incredibly helpful.



PHS clinical staff and its fleet of hybrid cars. "Driving hybrid cars fits with our mission of improving health for kids," says CEO Susan Wingert.

SPOTLIGHT A MEMBER

Do you know an NHIA member who goes above and beyond the call of duty or has found innovative ways to treat patients? We'd like to hear their story. Contact Infusion Editor Jeannie Counce at 406-522-7222 or jeanniecounce@earthlink.net.