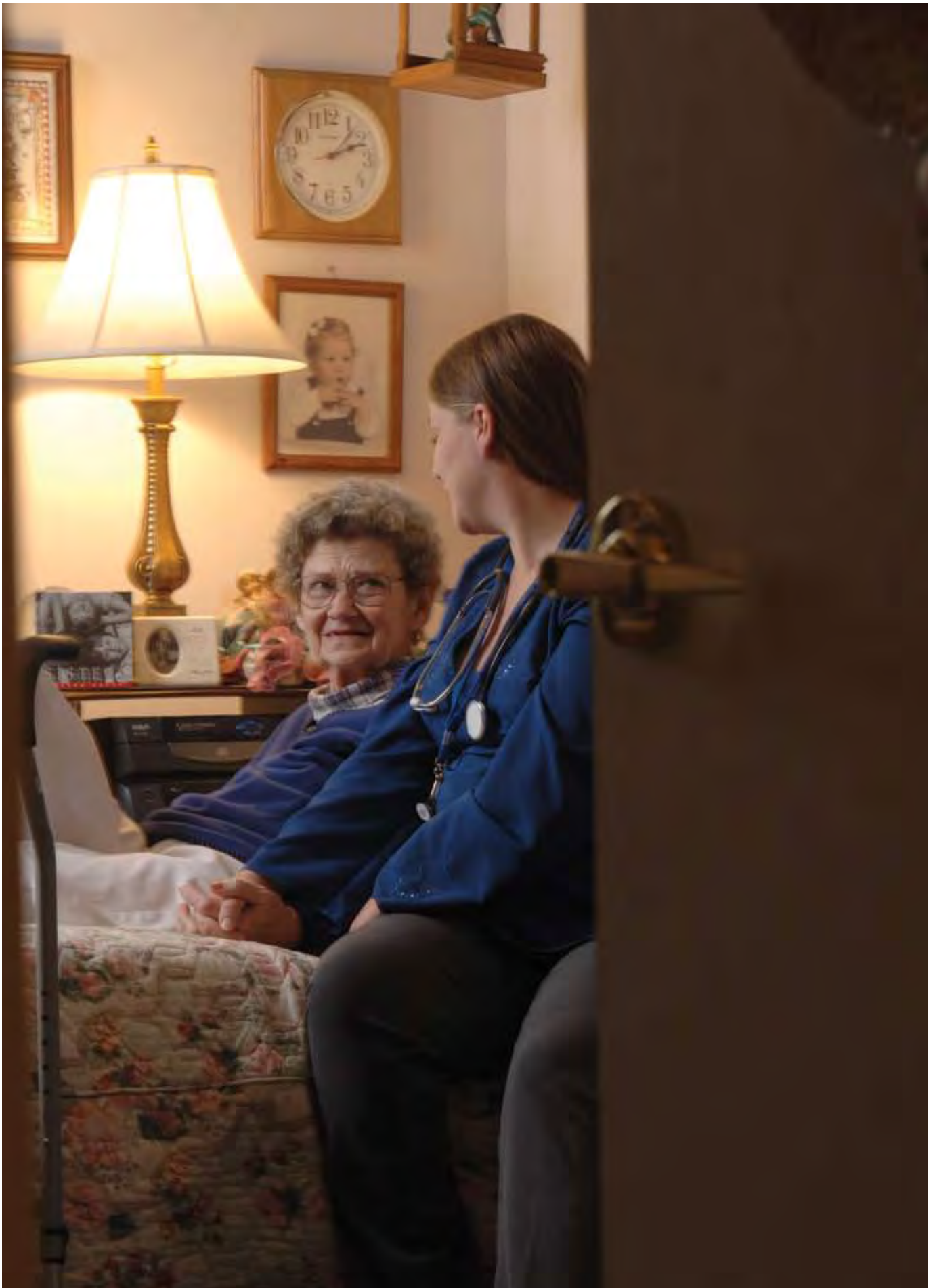


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## Taking Stock of The Private Pay Revolution

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# Defining Customer Satisfaction for Private Duty Agencies: Supplementing In-Home Hospice Care

By Barth Holohan

Customer satisfaction: it's the ultimate goal of any private home health care agency. All of the agency's time and resources should be directed toward achieving that coveted blessing and nod of approval from the customer. Any endeavor that fails to move the agency closer to that goal – or worse yet, draws it away from it – is simply a waste and ought to be stopped immediately.

In a setting where the agency is providing in-home caregivers for hospice patients, it becomes even more important. End-of-life situations are among the most emotionally draining scenarios into which an in-home caregiver can be thrust. It's an emotional time for the patient, the family, and in many cases, the caregiver.

According to the Hospice Foundation of America, there are roughly 3,200 hospice programs in the United States, Puerto Rico, and Guam. In 2002, hospice programs cared for nearly 885,000 people in the U.S. When appropriate, the private duty in-home caregiver can be a vital team member in these programs. But how? What value can a caregiver add to the equation? What needs can be satisfied?

Applying antiseptic terms like “customer satisfaction” to situations like these may sound like a heartless and capitalistic mistake; however, it is anything but. By seeking out true customer satisfaction, we are simply trying to discover how the agency can best provide hospice care that makes the patient and his or her family as comfortable as possible

during the difficult transition. That means understanding the caregiver's role, and how that individual relates to “the customer”.

## Defining “the Customer”

First, we must come to grips with who the customer really is. In most cases, agencies deal with at least two parties: the patient and at least one family member of the patient. The patient is, of course, the actual recipient of the care. The family member, generally, is the one who arranges for and oversees the care. Ideally, the agency would hope to please both parties.

Unfortunately, this is not always the case. An agency may be forced to take action that goes against the desires of one or both of the parties. An 85-year-old cancer patient, who can barely stand, may be angered to learn that his chemotherapy treatments make him too weak to travel across the country to attend his grandson's high school graduation. The grandson, eager for his grandfather to share this moment with him, may also be clamoring for his attendance. It's a heartrending situation. Some might argue that a commitment to customer satisfaction would mean giving the patient and his grandson what they want by encouraging the 85-year-old to make the all-day trip.

But is this really providing customer satisfaction? Who is the customer in this instance? Is it the patient? His grandson?

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It is helpful if we respond to this inquiry with a two-tiered answer. Agencies must recognize that ultimately, the patient is the customer for whom they are providing services. The patient occupies the first tier. His or her best interests must be placed above those of any other party, including family members. Indeed, we must take it a step further. The patient’s best interests should be placed above even his own desires.

That’s because the agency’s definition of customer service should be to provide the customer, namely the patient, with the safest care possible, even when that means protecting him from himself and telling him what he doesn’t want to hear.

Only after the patient’s needs have been met, and after he’s been made as comfortable as possible, can we begin tending to the desires of the family members. They occupy the second tier. Their wishes are important, but secondary to the patient’s.

## Caring for the Patient

Now let us examine the various roles that a private duty in-home caregiver plays in providing hospice care for the patient. When it comes to medically loaded topics like hospice care, it is easy to focus solely on the physical needs of the patient, but to do so would be a disservice to him. Providing complete hospice care means catering not just to the patient’s medical requirements, but also to the person’s emotional, psychological, and spiritual needs.

It is here that the in-home caregiver can be of most service. While nurses will be consumed with administering medical treatment, the caregiver can offer the patient companionship. A warm hand and a smiling face can sometimes work wonders toward easing a patient’s mind.

In hospice situations, the caregiver often plays the role of an attentive listener. A terminally-ill patient must deal with a lot of emotional baggage. He might be afraid, both for himself and for the relatives he will leave behind. There are a host of “end of life” questions that he will deal with.

Some of those questions, such as his belief in God and his thoughts of the afterlife, will be religious in nature. Others will be purely practical: Is the will in order? Will my spouse be financially supported? Who will make the mortgage payment after I’m gone? The caregiver doesn’t have to be a minister or an attorney to comfort the patient when these questions arise. She just has to let him know that someone is listening. And, when requests are made, make certain that the patient’s wishes are carried out.

It might sound trivial, but a terminally-ill patient can also benefit from a clean home. No one wants to live in a dirty environment, and an organized house lends a soothing air of normalcy and “business as usual” to the daily routine. Conversely, a home that is falling into disrepair can dampen the patient’s spirits and give him the impression that the family might not be able to take care of itself after he is gone. It can also make for a difficult environment for doctors, nurses, or other hospice care providers to work in. Thus, the caregiver’s services in completing household chores like taking out the trash, doing the dishes, or vacuuming the carpet do much more toward uplifting the patient’s spirits and improving his care than the caregiver probably realizes.

## Caring for the Family

It might sound surprising, but in many ways, the needs of the family are identical to the patient’s. Minus the medical difficulties, the family grapples with similar hardships. Like the patient, they’re asking tough spiritual questions. They’ll want to know their loved one’s beliefs and what will happen after he passes. They’ll want to know if they’ll ever see their loved one again, if not in this life, then in the world beyond. Forced to watch the patient suffering and slowly deteriorating, they might face heartbreak and depression. At this point, a hug and a kind word from the caregiver can provide much needed companionship and act as an emotional stabilizer for the household.

The caregiver can also help remove some of the workload from the shoulders of the family. According to the Hospice Foundation of America, more than 80 percent of hospice patients are cared for in their own homes or in the home of a family member. In most of these cases, terminal patients require round-the-clock care. Without a caregiver in the picture, family members often wind up juggling their careers, relationships, and personal time to provide this care entirely themselves. A caregiver gives them breathing room by stepping in and taking over some of this care. The patient is looked after. The housekeeping is covered. Family members who couldn’t get out of the house now have time to step away for awhile, and recuperate physically and emotionally.

## A Team Approach

It is important to remember that historically, hospice care has never been a one man or one woman affair. It takes a team of valued professionals, including doctors, nurses, spiritual leaders, social workers, and family members working together to provide a web of support for the patient. We emphasize this team approach to hospice care throughout our corporate culture. We believe private duty in-home caregivers can play a vital role as members of this team, and all of our care professionals are endowed with a spirit of cooperation and mutual aid.

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One key area in which caregivers can assist the attending medical professionals is that of patient assessment. The caregiver generally spends more quality time with the patient than the typical doctor or nurse, thus she likely has a clearer picture of the patient’s physical, mental, and emotional health, and can convey the patient’s status to the medical professional. Additionally, the private duty in-home caregiver will probably be able to notice gradual changes in the patient’s condition before anyone else. That’s information that can be invaluable when it comes to the administration of hospice care.

Caregivers can also help with the overall logistics of the hospice care. When it comes to structuring that care, hospice teams need to know the answers to a lot of very practical questions. What family members should be notified if there is a drastic change in the patient’s condition? What are their phone numbers? Who will be responsible for handling the patient’s financial concerns while the care is administered? Who is the patient’s religious advisor? Who will handle housekeeping and food preparation?

The caregiver can provide answers to these questions. Indeed, the caregiver may, in fact, be handling some of these tasks herself. By serving as a living information source, the caregiver will enable the medical professionals to complete their tasks more efficiently and more effectively.

Lastly, the caregiver can serve the role of a buffer between grieving family members and the other hospice professionals. Because of her close and ongoing familiarity with the family situation, she can articulate the family’s views and wishes in a way that others can’t. Instead of having to deal with all of the hospice team (doctors, nurses, and social workers), the family can communicate their desires to the caregiver who can pass them on. It helps that the caregiver can do this in a manner that is somewhat more detached than the family. While any good in-home health provider will care and care very deeply about the patient, she likely will be able to think about the patient’s health more clearly and less emotionally than the family.

The caregiver’s role as a communication facilitator cuts both ways. The presence of a caregiver means that the hospice team will only have to deal with one representative rather than the entire family.

## Conclusion

Customer service means providing value. A private duty in-home caregiver agency must provide value to two parties: the patient and the patient’s family. In hospice care situations, it means making the patient as comfortable as possible. This is accomplished by working together with a team of hospice professionals with a vast array of experience.

But ultimately, the center of this team is the patient. We must respect his wishes, while at the same time protecting his dignity and overall well-being. We must wear many hats. We’re often the patient’s psychologist, religious leader, housekeeper, confidant, and most importantly, a friend.

We believe hospice care is about walking the patient through the final moments of his life. That can’t be done in a manner that is haphazard or lackadaisical. The caregiver should treat her responsibilities with a solemn, if not holy, reverence. She must develop a relationship of trust, mutual respect, and loving care with her patients. Only then can she provide the type of hospice care the patient really needs. And that, it can be said, means true customer satisfaction.



**About the Author:** *Barth Holohan, MSW, MBA, president and founder of Continuum, St. Louis, MO. Barth’s interest in helping others started when he was a young man, when he began by volunteering in retirement homes. Later, he became a healthcare consultant and received a master’s degree in business and social work with a concentration in gerontology from Washington University in St. Louis. He also obtained a nursing home administrator’s license, and worked in the operations of retirement communities. He can be reached at [barth@continuumcare.com](mailto:barth@continuumcare.com).*

Continuum, locally owned and operated by Barth Holohan, MSSW, MBA, has been helping people of all ages with care needs in the St. Louis area since 2002. With services ranging from care managed home care, emergency medical alert systems, care planning/care management, bill paying and supportive services in retirement communities, Continuum truly offers Care for Life. Their expert staff are personally matched with families to partner with them and guide them through any care need. Visit [www.ContinuumCare.com](http://www.ContinuumCare.com) or call (314) 863-9912 or (636) 861-3336 for St. Charles County for more information.