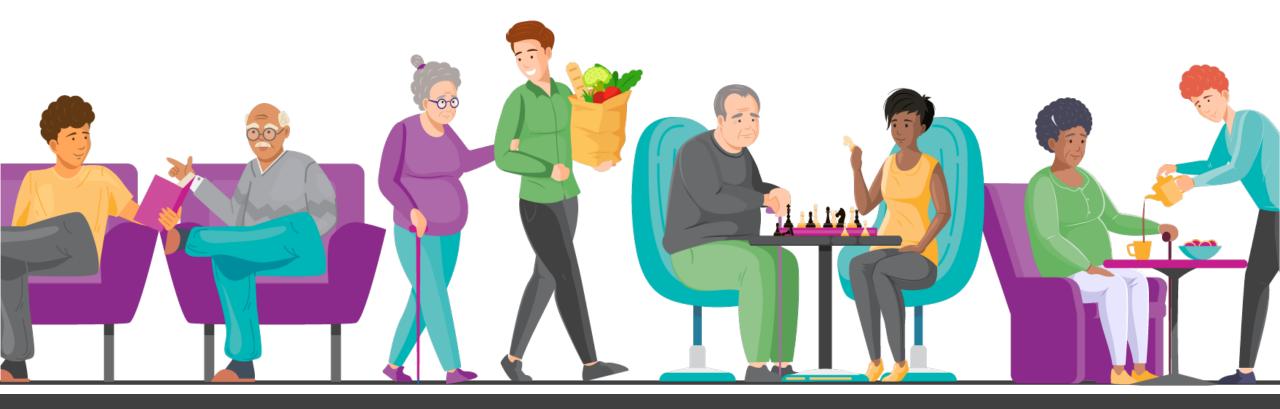# Agenda

- Individualized Emergency Plan

- Home observation process

- Grievance/Complaints

- Hospice

- Additional Resources

- Jeopardy Review

Individualized Emergency Plan

- To be completed at admission for new clients and during next visit for all current clients
- This form will replace the emergency numbers in admit packet – admin to follow up and replace on knowledge center
- Does NOT replace the home safety form in matrix
  - No longer need to specify emergency plan in the notes section of this form
- Completed form will be kept in 3 places
  - Front of home chart
  - Matrix– original POC attachments
  - Binder in office

CLIENT INDIVIDUALIZED EMERGENCY PLAN - 1.30.24 1.pdf

Individualized Emergency Plan

Review with each comprehensive assessment and document on your assessment this was complete. If there are changes, update the document and replace in home binder and office binder; upload updated version with date to original POC attachments. If client moves, this form will need to be updated.
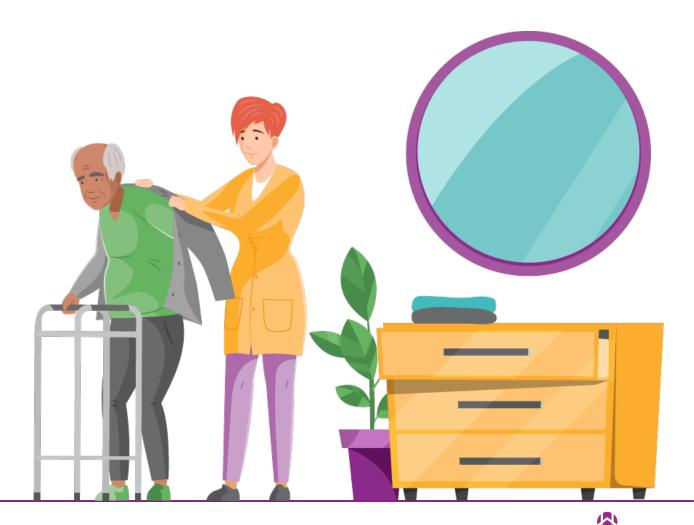
Safety

Precautions
- ☐ Aspiration Precautions
- ■ Bleeding Precautions
- ■ Diabetic Precautions
- ☐ Elopement Precautions
- ■ Fall Precautions
- ☒ Oxygen Precautions
- ■ Respiratory Precautions
- ☐ Seizure Precautions
- ■ Skin Precautions
- ☐ Other: _____

Infection Control
- ☐ Airborne Precautions
- ☐ Contact Precautions
- ☐ Droplet Precautions
- ■ Standard Precautions
- ☐ Other: _____

Safety Measures
- ☐ 24 Hour Supervision
- ■ Call 911 for All Emergencies
- ■ Clear Pathways
- ■ Lock Wheelchair with Transfers
- ☐ Proper Positioning During Meals
- ■ Safety in ADLs
- ☐ Side Rails Up x ___***___
- ■ Slow Position Changes
- ☒ Use Appropriate Ambulation Assistive Devices at All Times
- ☐ Other: _____

- ■ Demonstrates Knowledge and Understanding of Safety Measures/Safety Management.

Disaster Code Plan: _Level 2 Medium Risk_

- ■ The Patient's Vulnerability/Risk Assessment and Emergency Plan Have Been Reviewed with the Client and Family.

Home Observation Process

- As a reminder, the regulation requires this to be completed twice per year for each HHA (best practice is approximately every 6 months)

- Allowable tasks include: bathing, hair care, toileting, skin care

- You should not be uploading client documents in caregiver file (home obs form)

Home Observation Process

- Expirations will continue to be set 6 months at a time from date completed
  - You can no longer track the completed dates in the expirations tab due to difficulty finding the previous completed forms after 6 months
- This will now be tracked in the caregiver's profile → main tab → notes

Grievances/Complaints

- A grievance is…………………...
  - Any formal or informal written or verbal expression of dissatisfaction with care or service that is expressed by the client/family that is **not solved at that time by staff present**.
  - Any written complaint or complaints of Abuse/Neglect/Harm/Fraud/Non-Compliance
- If a client/client family calls the office with accusations of injury caused by the caregiver
  - Notify Administrator/Alt Administrator ASAP
  - Notify their RNCM so they can complete a visit to assess the client
  - If an emergency, advise them to call 911
  - Encourage them to involve local law enforcement if applicable
  - Obtain written statement from caregiver.
    - If it is an accusation of abuse from family: Notify APS, PCP, local law enforcement if applicable.
- If a client/client family calls the office with accusations of theft
  - Notify Administrator/Alt Administrator ASAP
  - Encourage them to call the Police and file a report. Obtain copy if report was filed
  - Obtain a written statement from the caregiver regarding the allegations
  - Follow-up with any clients that the caregiver works with to confirm if they are having any issues

Grievances/Complaints

- Branch Manager to ensure all documentation is in place in Matrix -- *all documentation should be in real time and not back dated (use "late entry" if necessary)*

- All grievances/complaints should be logged in matrix as "complaint/grievance".
  - All follow up associated with those entries should also be labeled as "complaint/grievance".

- BM to add date, name, nature of complaint, etc. to the Grievance QAPI log

- Administrator will review documentation and complete the grievance form

- For cases involving employees: Please report through the link: https://helpathome.navexone.com/ or by calling 1-844-769-0288.
  - They will triage and help guide your investigation. Be sure to cc your AL and Administrator on communications and make sure they are invited to any meetings.

Hospice and Us

Benefit for the client --- Goal is for both of us to be in the home and work together to meet the client's needs!

- Call Hospice for Coordination of Care -

  1) What is their payor source? (They must be billing Medicare. If not, the client/family must choose us or Hospice).

  2) What is their primary diagnosis code? (Their ICD-10 code must be different than ours. If not, the client/family must choose us or Hospice.

  3) What disciplines are ordered and when are they planning to be in the home?

  - We must make a Change of Condition visit with client. Update the Plan of Care.
    - Has the client's code status changed?
      - If so, obtain copy of code status, obtain order for code status and update Plan of Care and update Service Plan.
  - Will need to coordinate the schedule to not duplicate services.
  - We will decrease our PA services by # they are providing UNLESS it is detrimental to their care.
    - Call MD for order to keep hours the same as authorization.
  - Will the hospice MD take over signing our POC? Are they now the client's primary physician?
  - We will need Business Agreement with Hospice (Hospice will be Primary).

*** Please Notify your Administrator of any clients with Hospice Services***

Hospice and Us

Hospice clients --- expected decline/changes of condition:

Our orders say – HHA will call 911 for emergencies. Hospice has different protocols because their Goals and Interventions are not the same as ours. Their goals are to manage symptoms at home.

- No 911, nothing heroic. Hospice may have to discharge the client if they go to the ER or be admitted to the hospital.
- Make sure you and the HHAs have the Hospice's after-hours emergency number.
- Coordinate with Hospice and the client/family. What can we do to help facilitate their end of life wishes?
- Suggest having an in-depth care conference call with Hospice RN!

The HHA must be able to recognize an emergency.

- You must speak with the HHA, document their education
- In case of a TRUE emergency - the HHA will continue to call 911, then call the RN (Us) and then we will call Hospice RN.
- Typically, for a situation UNRELATED to their hospice diagnosis -- fall with injury, profuse bleeding, stroke symptoms. Tell EMS they are on Hospice!
- We will call Hospice first (not 911) for other items blood in urine, wounds, blood sugar, blood pressure, new confusion, etc. since that can typically be managed at home. Hospice must be told that this will continue to be our process.

Update the service plan to reflect HHA direction on when to call you VS when to call 911.

- Obtain orders for new parameters if needed. (Example: BP less than 90/50).
- *** very detailed service plan with Hospice Specific details ***

Update/Reminder

Change to PA Payer in Matrix
- Each branch will have their own PA payer going forward --- please ensure as you complete admissions you are selecting the Payer with your branch name listed in ()

Give Back Time: In 2023, we left 12,000 hours unused. Please use this opportunity to help your community
- Imagine the impact we could have in our communities if we all took advantage of this program!!!!

Give Back Time Program
(See complete details in the Employee Handbook Page 27)

- An allocation of **eight (8) hours of Give Back Time** will be provided to each active, regular, full-time admin employee at the beginning of the calendar year to volunteer time providing **services for a registered 501© (3) organization** through the Give Back Time program.
- **Use-it-or-lose-it** program, all unused time will be forfeited at the end of each calendar year
- **New hires** with a start date after January 1st of the current calendar year, but prior to October 31st of that same year will be eligible to use eight (8) hours of Give Back Time within their 1st year of employment.

Using Give Back Time

- **Employees are able to use "Give Back Time" in full hour increments, with a minimum of four (4) hours per volunteer activity**
- Request/Approval for the use of time under this program will follow the same process in place for requesting other paid time off
- Include organization/event information as to how the time will be used
- **Your manager reserves the right to deny requests based upon business necessities and may ask that you reschedule your time.**
- You are encouraged to **use Give Back Time during your regularly scheduled work hours** as part of your standard workweek.

Additional Resources

- Find Help online specific to zip code
  - [findhelp.org by findhelp - Search and Connect to Social Care](findhelp.org)

- Dynamic health
  - Education and resources available to ANYONE in organization
  - Great patient education and tools to help build POC
  - Rebeca Riehle will be hosting a call to dive deeper into this
    - June 5th at 2pm
      - [Dynamic-Health-Mobile-App-Handout_11.11.21 1.pdf](Dynamic-Health-Mobile-App-Handout_11.11.21_1.pdf)

Jeopardy Review Game

*** Branch Managers feel free to participate!

- 13 teams --- winner gets lunch!
  - Jasper
  - Columbus/Bloomington
  - Bedford
  - New Albany
  - Evansville
  - Terre Haute
  - Avon/Greenwood
  - Indy East
  - Muncie/Winchester
  - Anderson
  - Richmond
  - Lafayette
  - Seymour

Closing Follow Up

- I am considering hosting our next Recharge meeting in person
  - Please reply to the poll in the chat of this meeting

- I will send out the recorded call from today along with the slide deck for your review and any additional forms/resources mentioned on the call.

THANK YOU
for all you do