Help at Home®

Care to Live Your Life.

Clinical Recharge

November 20, 2024

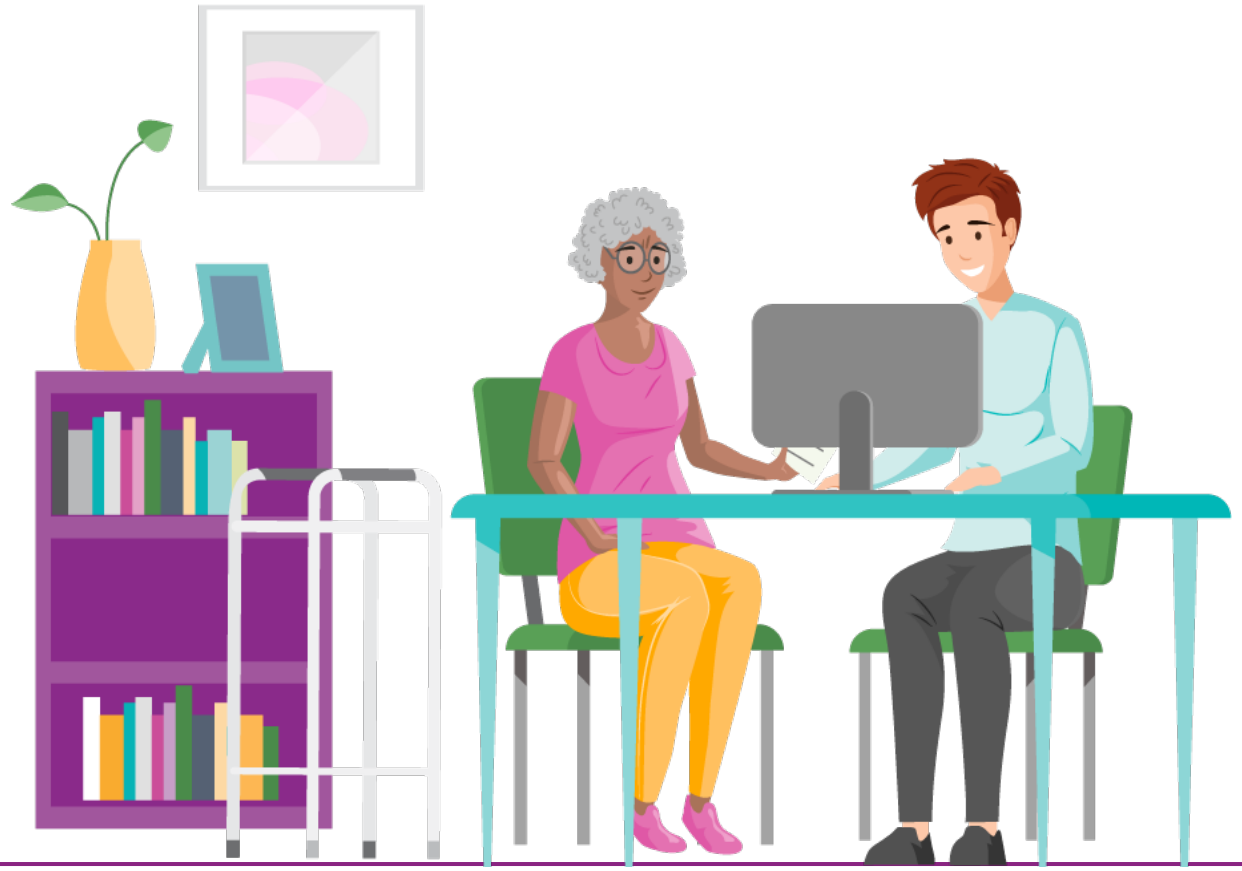
Quick Recap of 2024……

- Columbus license recertification was deficiency free
- Positive feedback received from IDOH during most recent Indianapolis license survey
- Added full time Alternate Administrator to the Indy license
- Improved our QAPI program and EPP to provide better outcomes for our clients
- Navigated the MCE changes starting in July – HH took the opportunity to shine!
- You all worked together to admit over 600 clients so far this year ♥
- Added 15 new nurses throughout the state

Welcomed New Faces in 2024

Kaley Watson – Evansville
Amy Holliday – Bedford
Courtney McIntosh – Columbus
Christy Mowery – Columbus
Michelle Fowler - Anderson
Tracey Dellinger - Anderson
Nellie Stiles - Bloomington
Annette Roulo - Lafayette
Amber Burden- Muncie
Rachel Davis - Muncie
Cheyenne Black - Muncie
Taylor Young – Terre Haute
Jami Llewellyn – Terre Haute
Angie Wilt - Winchester
Karen Fry – Indy Avon

Agenda



- Survey updates
- Incident Reporting
  - Internal and external
- COVID/Illness Trees
- Discharge
- Clinician of the Quarter 🎉

Survey Updates

- Columbus and Indy licenses both completed recertification in 2024
- Next license due for recertification – Evansville (survey window will open in Spring 2025)
  - Help preparing from internal nurse auditor Christine Newell
- Auditors on site are doing more independent investigating
  - Don’t be surprised if they call you, our caregivers, our clients, PCP offices, etc.
  - Nothing to worry about – they are just checking to ensure we are doing what we say we are doing ☺

Internal Incident Reports

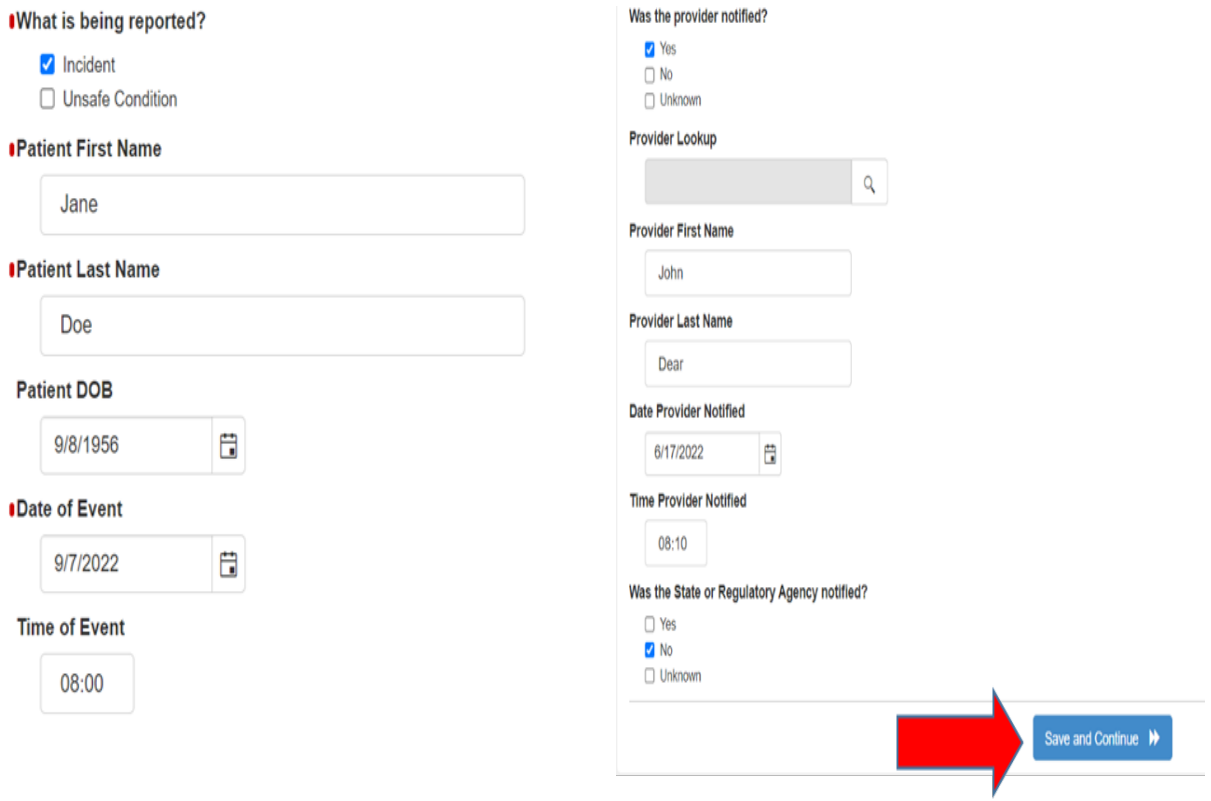
- Ambulatory Events
  - Adverse Drug Reaction
  - Fall (Most Common)
  - Laboratory (Should almost never be used)
  - Medical Equipment/Device
  - Medication
  - Patient Behavior

- Non-Clinical Events
  - Fire
  - Flood
  - Infestation
  - Security
    - Damage to patient personal property
    - Missing or damaged personal property (i.e. glasses, hearing aids, cellphone, money, etc.)
    - Unsafe Environment
      - (i.e. guns, weapons, gang violence, illicit drug activity, cracks in stairs, visible wiring, etc.)
  - Vehicle Accident

- Other
  - Death
  - Hospitalizations
  - ER visits
  - Any incidents that do not fall under Ambulatory Events and Non-Clinical Events

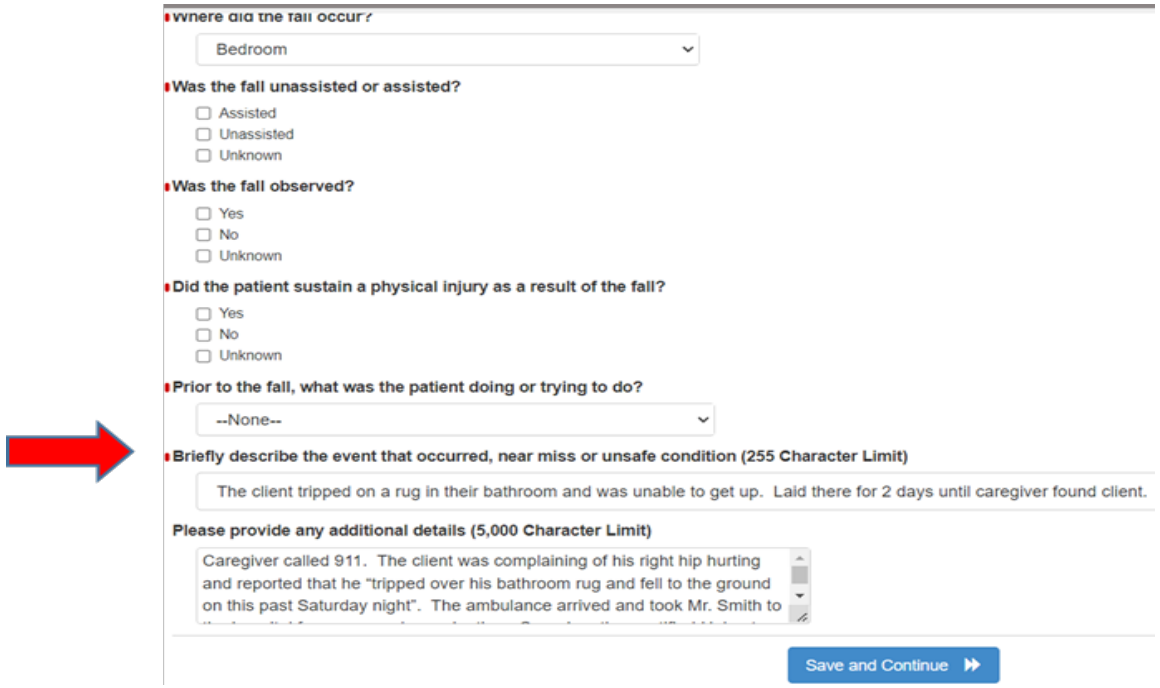
Completing an Internal IR

- When Riskonnect is opened, choose the type of event that is applicable.
- Double-click the icon that most relates to the incident that occurred.
- Once the page opens, fill out the specified information.
  - The first page is the same for all incidents
  - Anything with a red asterisk is required!



Completing an Internal IR cont…….

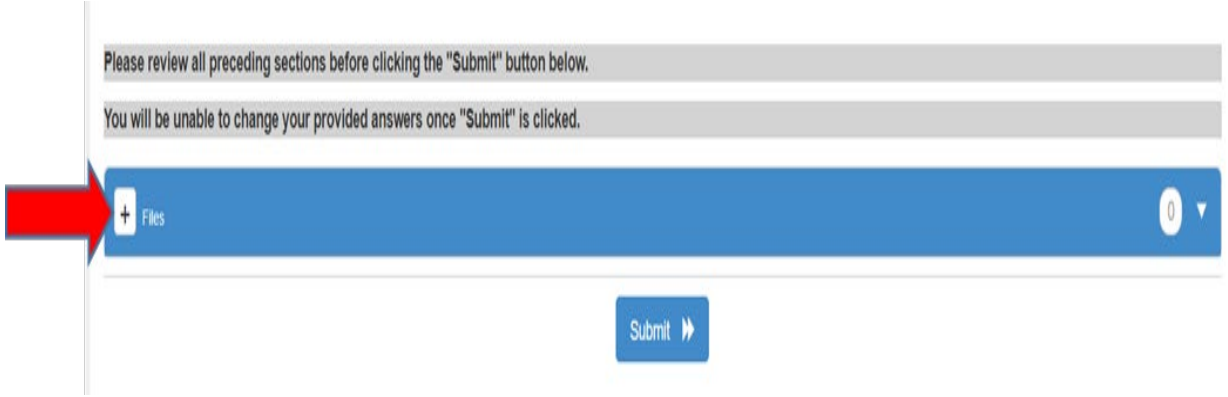
- Report what happened using accurate, specific, clear, and concise documentation.
- Describe the incident only using relevant facts and information.
- State all facts using who, what, when, where, how, and why the incident happened.
- Describe the outcome (how the client was after the incident happened-any harm, was their health effected, any damage occurred)
- Document steps taken to correct the immediate danger/hazard related to the incident



Example: Caregiver called 911. The client was complaining of his right hip hurting and reported that he "tripped over his bathroom rug and fell to the ground on this past Saturday night". The ambulance arrived and took Mr. Smith to the hospital for x-rays and examination. Caregiver then notified Help at Home office and Mr. Smith's family of incident. Caregiver removed the rug that Mr. Smith had tripped over and educated the family on fall prevention. Caregiver also asked the family if it would be possible to install or obtain an alert system for Mr. Smith to have in his home. Caregiver will be checking on Mr. Smith later today to see what follow up is needed.

Completing an Internal IR cont……

- Once all required fields have been complete, click save and continue.
- You will then be brought to the submission page. Review all sections and make any changes before selecting submit. Once a document has been submitted, you are unable to make any changes.
- After all information has been reviewed, click submit.



Completing an Internal IR cont…..

- https://riskonnecthah.my.salesforce-sites.com/SelectEventAmbulatory
- Once IR has been submitted, go to the patient's respective office QAPI Logs and enter all of the pertinent information.
- Explanation of Event
  - Be as detailed as possible (copy and paste your explanation from IR report)
- Follow-Up Needed and Date Completed
  - Add details
- Document details of the incident in communication
- All incidents documented and IR submitted within 24 hours of notification!

Falls Incident Log

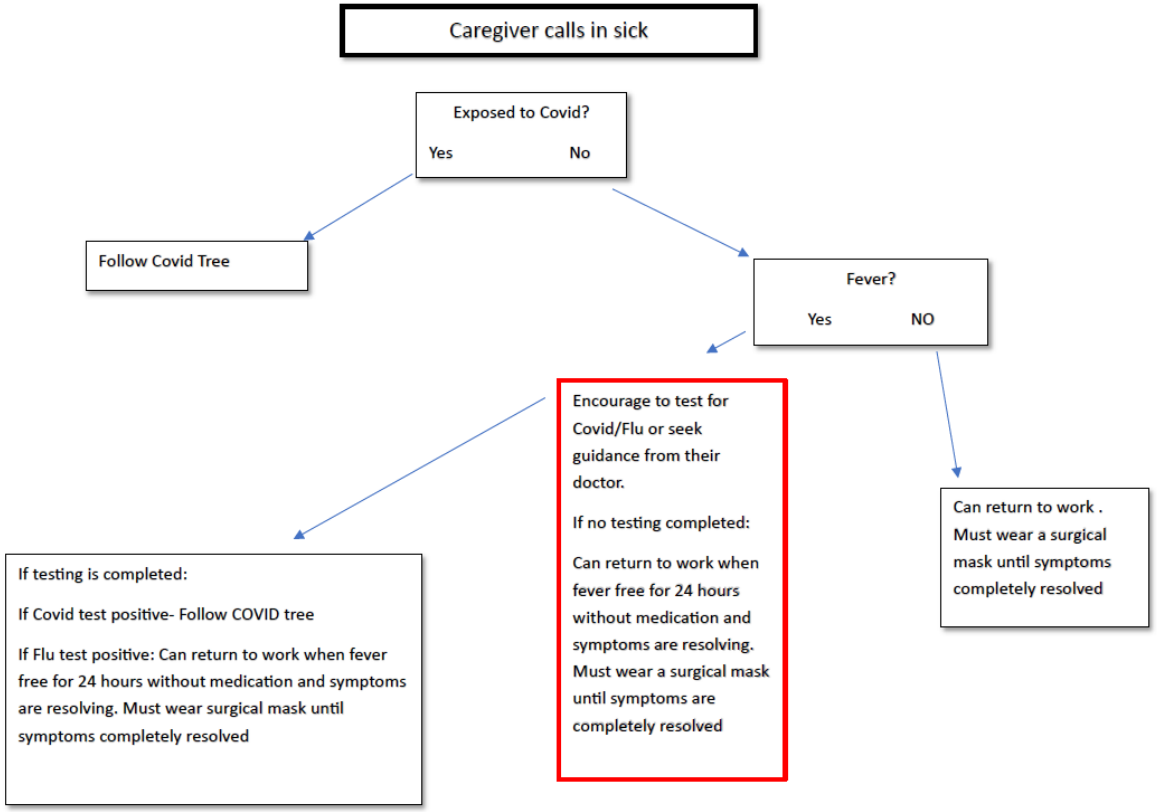
Office: [redacted] Qtr: 4 Year: 2024

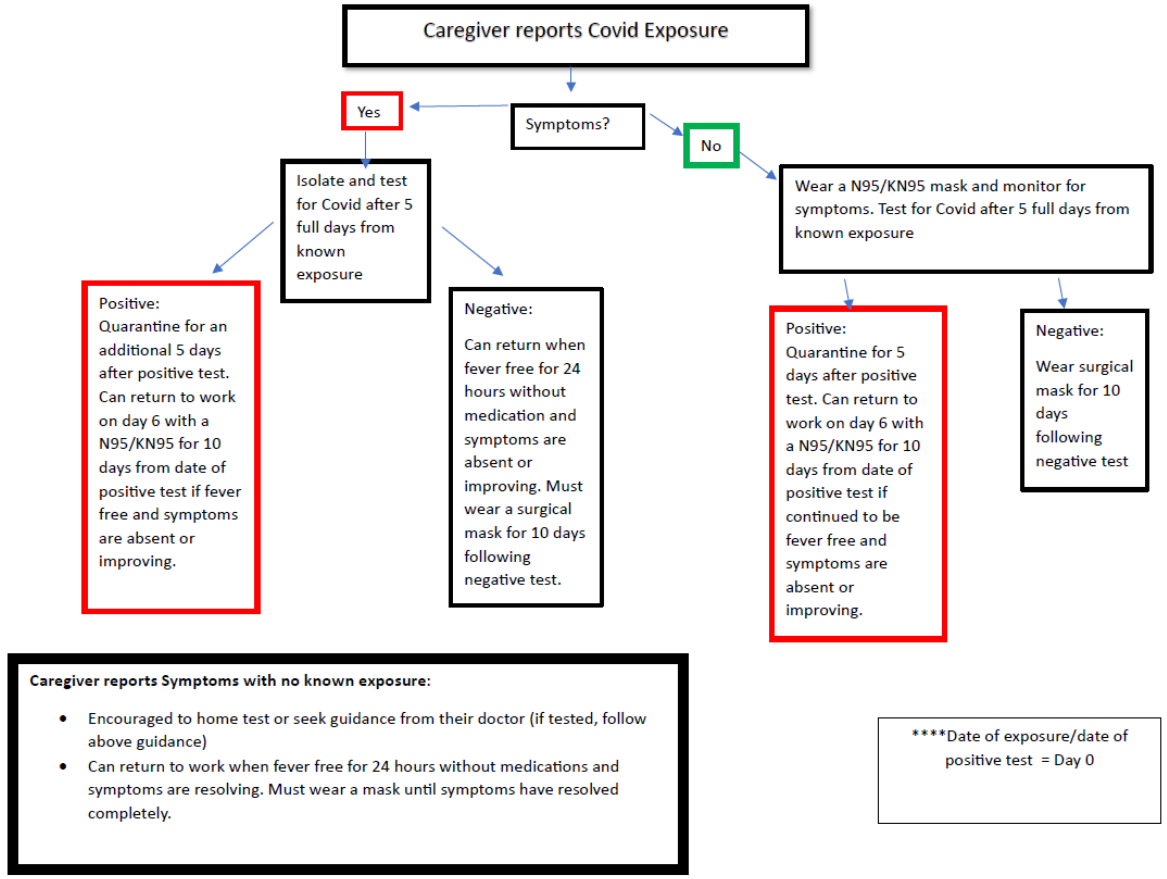
Name	Riskonnect #	Date	Explanation of Event	EMS Called	Transfer to ER	Injury	Treatment Needed	Caregiver Present	Name of Caregiver	Follow-up needed and date completed
[redacted]	AE-24-33894	10/4/2024	Patient states attempted to sit on toilet but missed seat, falling to floor	N	N	N	N	N		follow up done 10/7/24 as this is when patient informed RN of incident
[redacted]	AE-24-34987	24-Oct	Patient called RN 10/25 @10:15 am to report he fell at the dollar general yesterday late evening around 8p. Patient stepped on the bottom of a display causing him to loose his balance and fall twisting his ankle.	N	N	N	N	N	[redacted]	comnpleted 10/25
[redacted]	AE-24-35004	10/16/2024	Patient was attempting to move around bed and fell against wall	N	N	N	N	N	[redacted]	made aware of fall 10/22; follow up done 10/22
[redacted]	AE-24-35491	11/3/2024	On 11/3/24 at around 8pm patient got up from her recliner to ambulate to the restroom and lost her balance when she stood. She did have her rollator , but did not wait for a stand by assist. Most of patients falls have occurred when she stands and not as she is ambulating. Patient and husband were educated on the importance of having that stand by assist before she even begins to stand. Although husband could not physically catch the patient he could likely guide the fall back to the chair she stood from which could minimize injury. Dr. Ash is the patient's primary physician. Follow up visit completed on 11/4/24. Message was left on nurse line 11/4/24 @11:45 am explaining patient fall on 11/3/24. Although sore in the hips and legs patient is able to do full ROM and ambulate without difficulty. No bruising at this time and no skin abrasions.	N	N	N	N	N	[redacted]	completed 11/4/24

State/External Incident Reports

- State/external IR's are required for all PA HHA patients.
- When do state/external IR's need to be completed?
  - Similar to reasons for when an internal/Riskconnect report is required- alleged/suspected abuse, neglect or exploitation, patient death, home safety concerns, suspected criminal activity, injuries of unknown origin, serious injuries, etc.
  - Full list here- HCBS incident reporting- List of reasons for state IR.pdf
- Who completes the state/external IR?
  - If a patient has DD and/or waiver services with our agency- operations will complete the state IR
  - If a patient does NOT have DD and/or waiver with our agency- RN CM will complete the state IR
- Fill out the state IR by using this link
- Which payer do we select?
  - Select **Pathways** for patients who are >60 and are part of the Indiana Pathways programs- Anthem, United, or Humana.
  - Select **Health and Wellness waiver** for patients who are NOT part of the Indiana Pathways program- Patients with Traditional Medicaid, etc.
- Upload copy of the completed state IR in Matrixcare under the cert period when the incident took place
  - State IR's are submitted to Indiana Department of Health. An auditor should already be aware of any state IR's that were completed, so there is no need to keep a copy of a state IR outside of the patient's medical record.
- If you have questions about state IR's, refer questions to your administrator, QA nurse, or Amber Armuth. Branch Managers have experience with completing state IR's as well and can also help answer questions.
  - Completing state IR's is a recent change, so the nursing team is learning about them together

Illness / Covid Updates – Caregiver Exposure





Illness / Covid Updates – Caregiver Exposure

- Updates have been made to the Caregiver Covid and Illness tree. In addition to it, you will find a new Client Covid decision tree
  - Additional time requirements on wearing PPE have been implemented to align with CDC recommendations
  - Please ensure your branches have extra supplies on hand such as N95/KN95, eye protection, gowns, and gloves
  - Nurses: if your client tests positive make appropriate changes to the POC and service plan and add covid precautions. Send POC addendum to PCP.

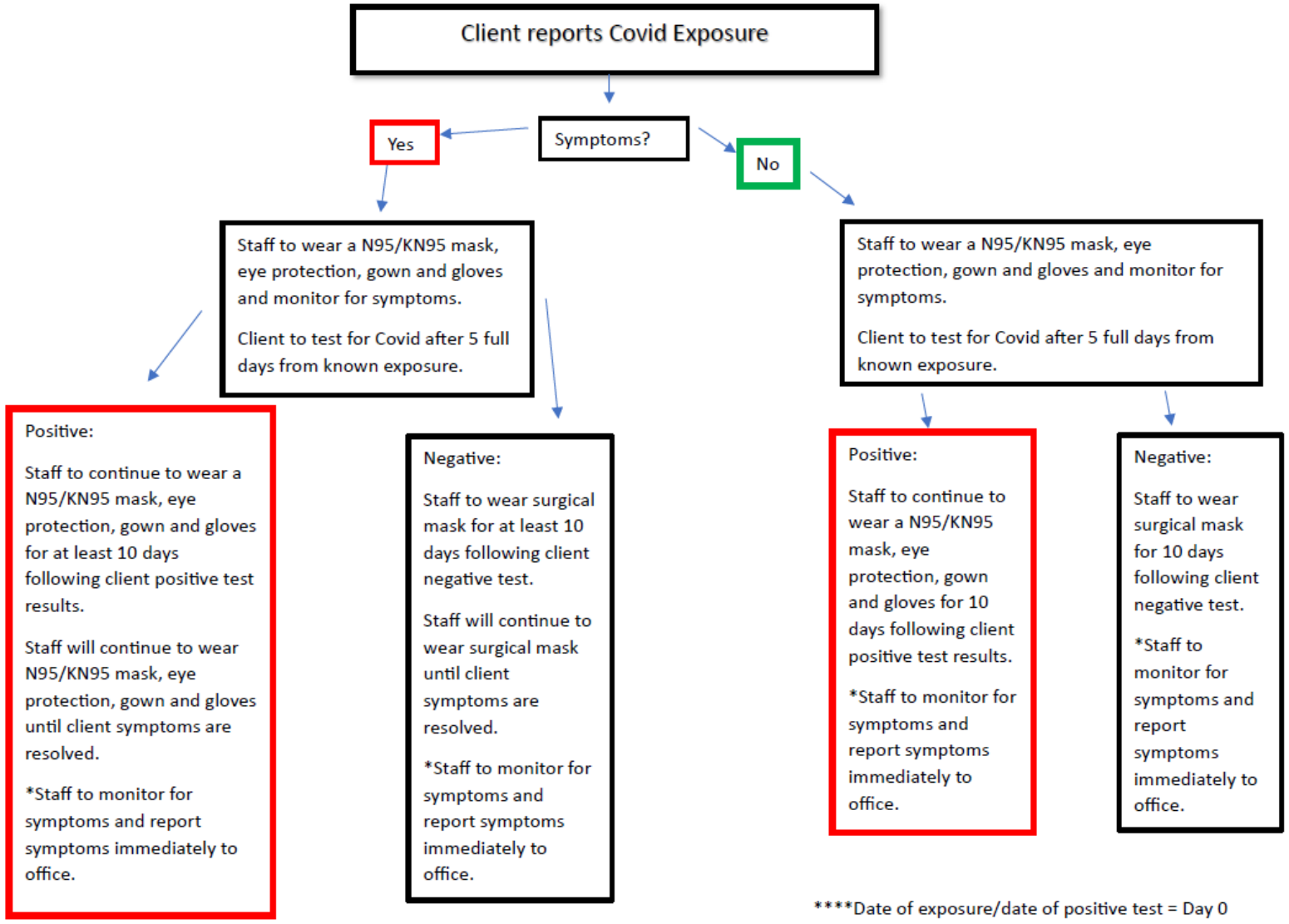
- Caregivers are not allowed to return to work until they are 24 hours fever free without medication and with symptoms resolving.
  - Caregivers must wear a surgical mask until symptoms have completely resolved

- Caregiver with a known covid exposure with symptoms must isolate and test for Covid after 5 days from known exposure
  - Positive: Quarantine for an additional 5 days. Can return to work on day 6 with a N95/KN95 mask for 10 days from the date of the positive test IF fever free for 24 hours and symptoms are improving
  - Negative: Can return to work when 24 hours fever free without medication and symptoms improving. Must wear surgical mask for 10 days following negative test.

- Caregiver with a known covid exposure without symptoms must wear an N95/KN95 and monitor for symptoms. Test for covid after 5 full days from exposure.
  - Positive: Quarantine for an additional 5 days. Can return to work on day 6 with a N95/KN95 mask for 10 days from the date of the positive test IF fever free for 24 hours and symptoms are improving
  - Negative: wear surgical mask for 10 days following negative test.

- If a caregiver reports symptoms with no known exposure, they are encouraged to do a home test or seek medical guidance. Once fever free for 24 hours without medication they must continue to wear a mask until symptoms have resolved completely.

Illness / Covid Updates – Client Exposure



Illness / Covid Updates – Client Exposure

- Client exposure with symptoms – Staff to wear N95/KN95 mask, eye protection, gown and gloves and monitor for symptoms. Client to test after 5 days from exposure.
  - Positive: Staff to wear PPE listed above for at least 10 days following positive test results and continue to wear until client symptoms resolve.
  - Negative: Staff to wear surgical mask for at least 10 days following negative result and continue to wear surgical mask until symptoms resolve.
- Client exposure without symptoms – Staff to wear N95/KN95 mask, eye protection, gown and gloves and monitor for symptoms. Client to test after 5 days from exposure.
  - Positive: Staff to wear N95/KN95 mask, eye protection, gown and gloves for 10 days following positive result.
  - Negative: Staff to wear surgical mask for 10 days following negative test.

- Caregivers should be instructed to monitor patient for worsening symptoms and report those to the office RN if they occur.

- Please review the following polices:
  - Infection Prevention and Control Plan_HAH.pdf
  - Infectious Disease Reporting_HAH.pdf

Discharges

Discharge planning starts at Admission. It remains a part of the client's care the entirety of their services.

•It is in the Patient's Right & Responsibilities
•It is addressed in the Comprehensive Assessment
•It is addressed in the Goals
•It is addressed with coordination of care delivery
•It is addressed with ongoing interdisciplinary assessments

Discharge is addressed continuously, not only when you are writing a discharge order.

The CoPs say a lot about discharges!
Fun fact – when "discharge" is searched in the CoPs, there are over 25 entries! Must be important!

Purpose:

- To facilitate the client's discharge or transfer to another entity.
- To ensure continuity of care, treatment and services when needed.
- To assure collaboration with the physician, client, family and other disciplines in planning for discharge from the agency.

Links to discharge process:
Client Discharge Process (Adaptive) – Help at Home Knowledge Center
Client Discharge Process (HAH) – Help at Home Knowledge Center

Discharges

Reasons for Discharge:

Not an exhaustive list

- Client is no longer in need of home care.
- Medical approval or supervision has been terminated or the physician fails to give or sign orders in a timely manner
- Client or Payer will no longer pay for services
- Client refuses service or chooses another home health company
- In facility at end of certification period
- Death
- On hold for more than one certification period

- Agency can no longer meet the client's needs:
  - Acuity
  - Staffing difficulties
- The patient and/or family have threatened agency staff, have weapons in the home or the home is in some other way an unsafe environment for agency staff.
- There is a threat to client safety due to unsafe home environment, family, or caregiver involvement and requires discharge to a facility
- Client behavior is disruptive, abusive, or uncooperative
- Client is non-compliant with the established plan of care.

Notice vs Immediate Discharges

Discharge VS Abandonment

To avoid charges of "abandonment" at the time of discharge agency documentation will include the following:

•Evidence that the decision was not made unilaterally. The client, family and physician participated in the decision to discharge client from the agency.

•Evidence that the client no longer qualifies for home care services or there is no payer source for ongoing services.

•If there are unmet needs and the agency is no longer able to meet those needs, documentation will demonstrate that appropriate notice was given (verbal and written) and referrals made as indicated.

•Documentation of all communication with the client, including the rationale for discharge, will be kept in the client file with copies sent to the primary physician.

•After a couple weeks without staff or you are without a staffing plan – it is time to have a conversation regarding a plan transfer their services. Document this!

- •Ex: Called client's wife at 2pm today and discussed continued lack of staffing due to no available staff in their location. Ads for HHA in their area unsuccessful. Wife currently meeting needs of her husband. Discussed with wife future plan for his needs which could include transferring his services to another home health agency with available staff in their area. Wife agreed to wait for another week in hopes an HHA applies that is willing to drive to their location. Wife denies knowing an informal caregiver agency could hire for his care. M Bundy, RN

•If there is a client that's falling in the non-compliance category, speak to them regarding risk for discharge. Must be documented!

- •Ex. Spoke with client regarding report received from HHA that she continues to smoke while wearing her oxygen. Discussed risk of fire and injury to herself and the staff making her home potentially unsafe. Client states she forgot and will try to not smoke near oxygen or while using. Educated client that this could ultimately lead to discharge of services due to lack of compliance with safety protocols. States understanding. M Bundy, RN

15- day Discharge Notice VS Immediate Discharge:

Agency must determine if 15-day discharge notice or Immediate Discharge is applicable. Always include the Administrator when a notice is given.

Per policy - the agency will notify all clients, the client's legal representative, or other individual responsible for the client's care at least 15 calendar days before the services are stopped. The fifteen (15) day period described does not apply in the following circumstances:

•Immediate discharge for health, safety, or welfare of the agency's employees would be at immediate or significant risk (administrator must be involved in this decision)
•Behavior of the client is disruptive, abusive, or uncooperative to the extent that delivery of care to the client or the ability of the agency to operate effectively is seriously impaired (administrator must be involved in this decision)
•Client request
•In facility at time of certification end
•Client services no longer reimbursable
•Client no longer has physician's order
•Death Death of a Client Checklist – Help at Home Knowledge Center

•Discharge notice –
Term Services Letter (HaH) – Help at Home Knowledge Center
Termination Discharge Letter (Adaptive) – Help at Home Knowledge Center

Discharges

Reminder:

Forms Needed:
•Discharge Order *__Discharge always ordered by a physician__*
•Discharge Summary
•Discharge Assessment (Or OASIS) except death
•Healthcare Compare (discharge to SNF, in-patient rehab facility, in-patient psychiatric facility, long term care hospitals and other home health agencies) typically all instances except death or a short-term hospitalization
•Discharge Notice (if applicable) sent to patient and sent to MD.
•Transfer Summary (if applicable)

*If services are transferring to another agency, complete the transfer form within 24 hours and send to receiving facility. Upload copy to attachments.

Client transfer Link:
•Client Transfer Policy (HAH) – Help at Home Knowledge Center
•Client Transfer (Adaptive) – Help at Home Knowledge Center

Tip: Ensure that documentation in discharge order, discharge letter, and discharge summary all have the same reason for discharge listed.

Process (include all steps!)

•Call PCP to confirm they agree with discharge and document in communications.

•Send DC order and upload to attachments

•Send DC summary to MD within 5 days and upload to attachments

•Attempt to conduct a discharge visit with the client. If no discharge visit is conducted, complete discharge assessment based on data from last in-home visit and their medical record. Upload to attachments.
* DC visit not applicable for client death or if there is a safety issue

•Send Homecare Compare report to client and upload to attachments, if applicable.

•If they receive other in-home services that we coordinate with, document conversations with those agencies of the discharge.

•Add your client discharge to the discharge QAPI log

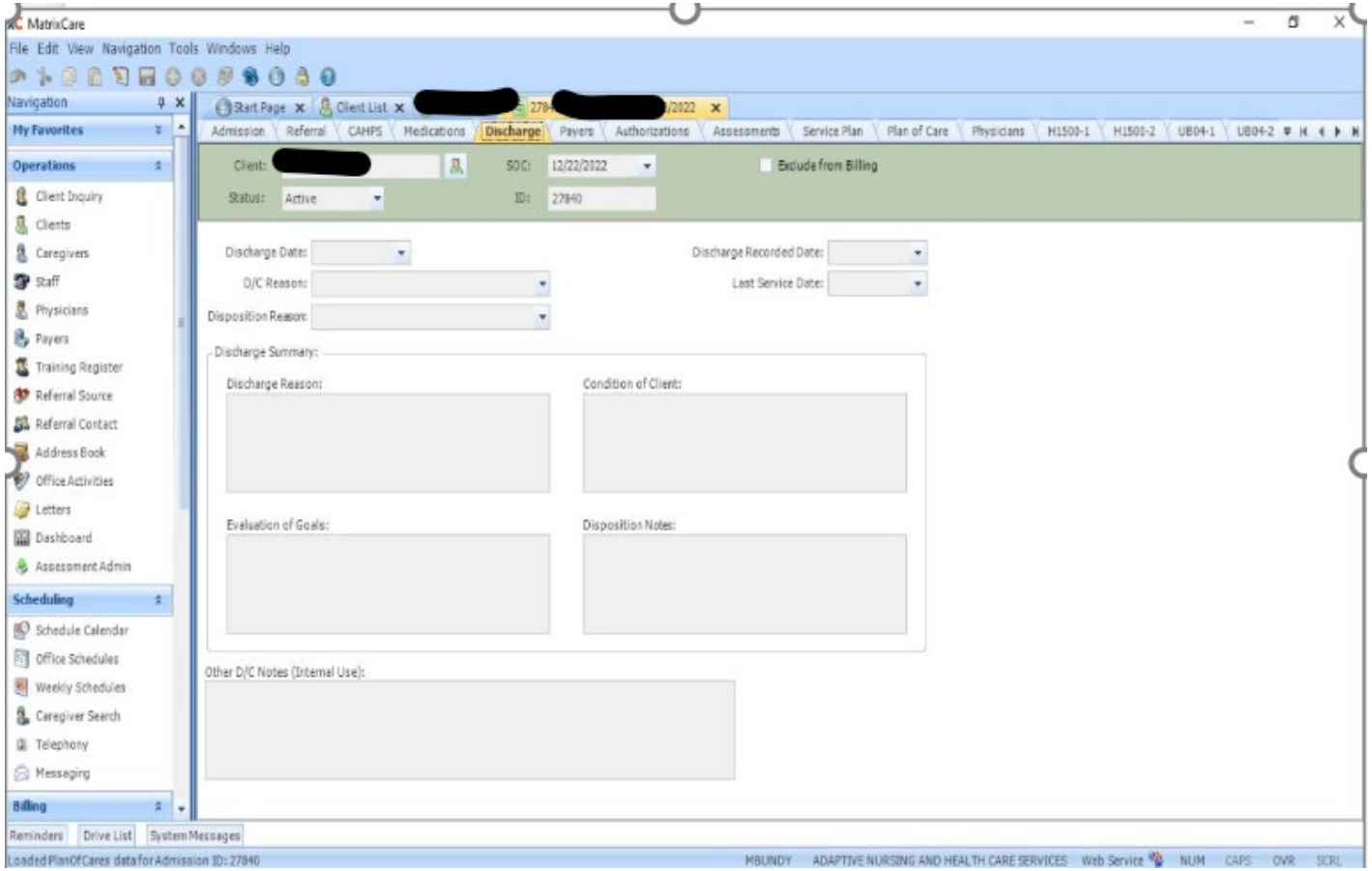
Discharge checklist (1) (2) 2.docx

Discharges

Due to MD within 5 days of discharge.

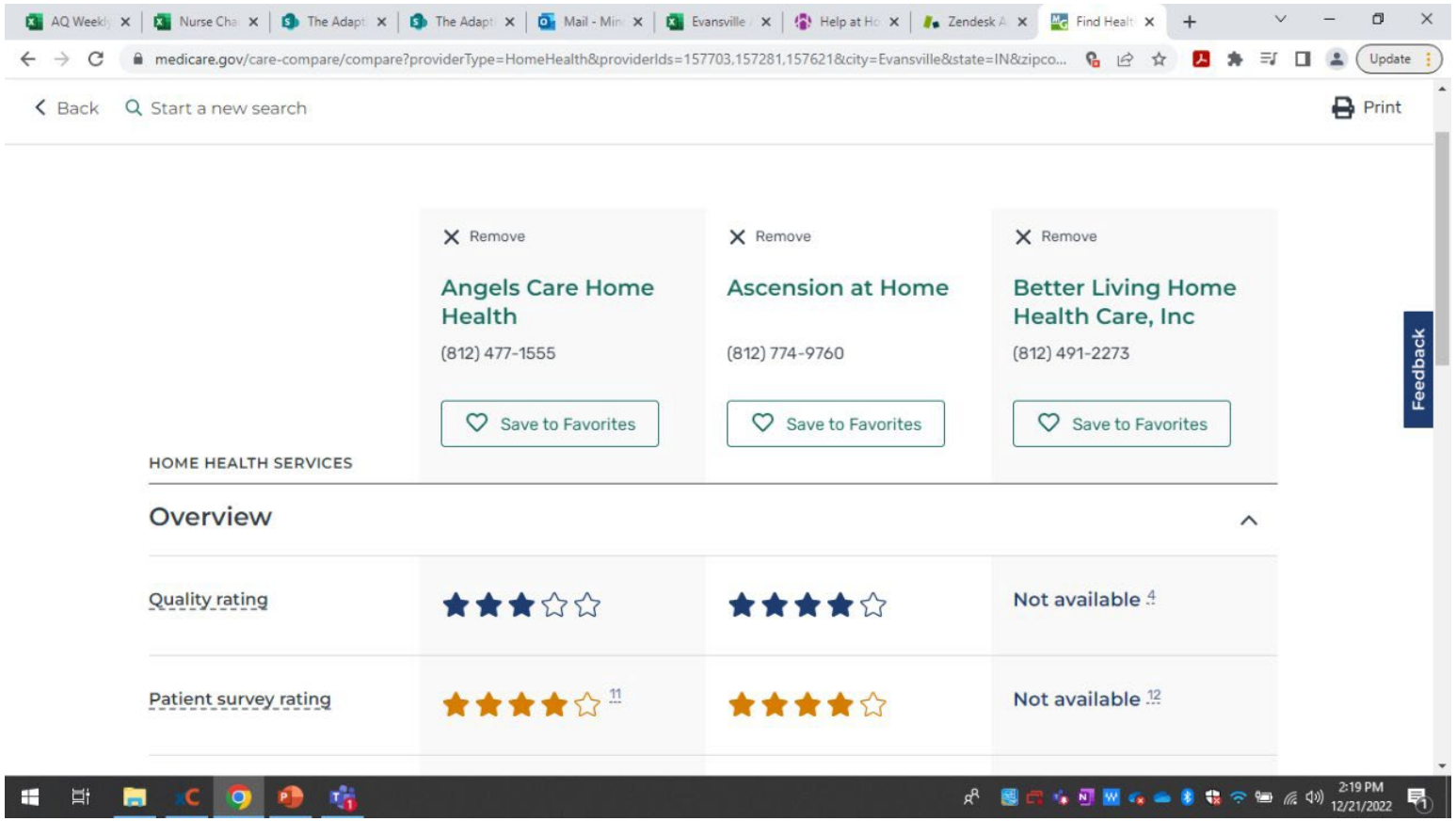
Be detailed in each box.

- Include all written/verbal instruction regarding the client's ongoing care needs and available resources provided to the client and family.
- Ensure that the treatment goals and client outcomes have been met or, if unmet needs are present, appropriate referrals are made to agencies/institutions to meet continuing client needs.
- DC reason – if using 'other', must be very detailed below.



Discharges

Healthcare Compare



Go to https://www.medicare.gov/care-compare/.

WHEN AN AGENCY HAS NOT YET BEEN CHOSEN (or we do not know).

If they are discharged to Nursing Facility, you will choose 3 Nursing Facilities to compare.

If they are discharging to another Home Health Agency, you will choose 3 Home Health agencies to compare.

Questions??????

Clinician of the Quarter

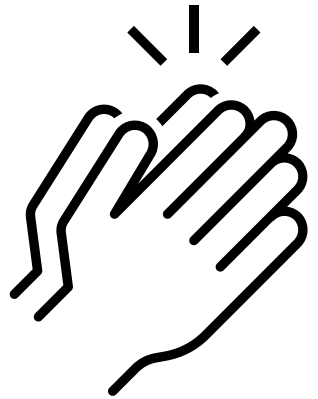
- **What???** Opportunity to show recognition and appreciation to a RNCM

- **When???** 1 RNCM recognized each quarter

- **How???**Nominated and voted on by Indiana Clinical Leadership
  - Takes into account the big picture
    - Attitude
    - Teamwork
    - Compliance
    - Chart audit scores
    - Caseload
    - Etc……

Clinician of the Quarter

Shout outs……

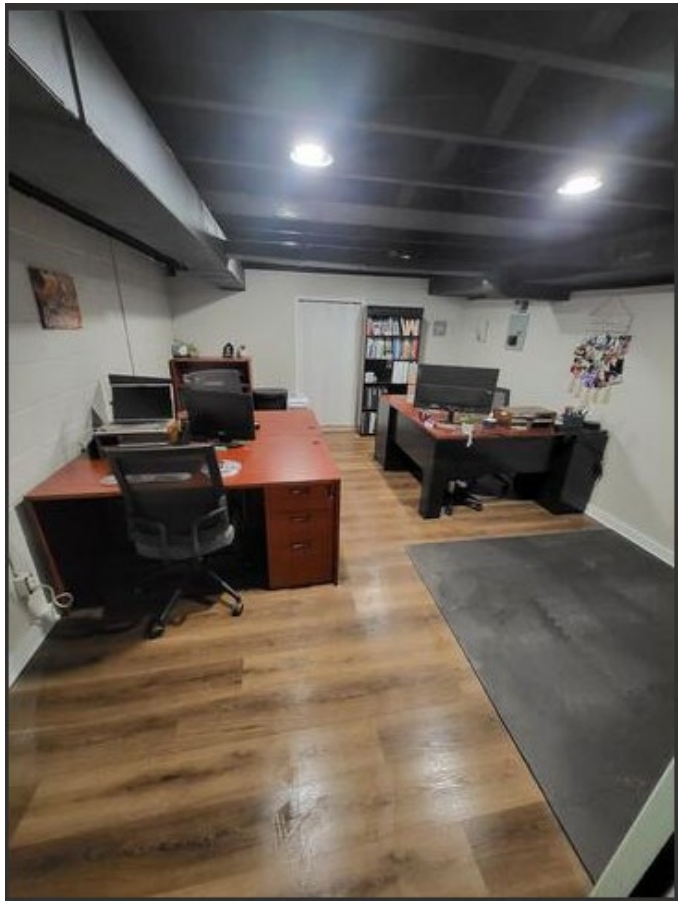


- **Tammy Corey Corps (Greenwood)**
  - “wealth of knowledge”, “great resource to others”, “excellent attention to detail”, “always willing to help out other offices”, “great team player”

- **Payton Yurt (New Albany)**
  - “all around great colleague”, “offers advice and is your biggest cheerleader”, “amazing advocate for her clients”, “documentation is always spot on”

- **Tiffany Lex (Terre Haute)**
  - “handles change with a good attitude”, “compassionate nurse”, “goes above and beyond”, “unwavering work ethic”

Q4 Winner……



Ashley Winkle (Anderson)

- Ashley goes above and beyond when it comes to her patients as well as her coworkers. Since Anderson does not have a physical office, Ashley has opened her home up to two new RNCMs. They work from her home daily and she is also precepting both nurses while maintaining a high caseload of her own. She is always willing to meet caregivers with PPE and the office staff are very thankful for her. Ashley did 10 admissions last quarter and 3 of those were for other offices. Ashley looks for opportunities to ensure clinical processes go smoother and shares her tips with others. She designed the PA pay sheet for both 13 and 26 weeks which helps eliminate errors in calculations. Ashley encompasses what Help at Home stands for by her service, accountability, teamwork, and innovation!
- Ashley goes above and beyond for all of her clients and coworkers. Often answering calls from clients after hours and on weekends with medical questions, HHA questions/concerns, etc. Ashley started precepting a new hire RNCM for the Anderson office in May, another new hire RNCM was hired in July and Ashley began precepting that individual also (we all know how hard it is to precept 2 individuals that are at completely different stages of orientations)! During this time, the Anderson office was also transitioning from brick and mortar to piloting work from home for all positions due to the flood in their office. Ashley knew an office space was needed for her and her preceptees due to the extensive training, etc. they would need in Matrix. Ashley recently had been remodeling her home and told her husband that their construction plans needed revamped and start on her intended office space and complete it first. Ashley and her husband worked on this office space and got it completed AND made space to welcomed both new hire RNCMs into their home to have an office space to work out of while being precepted.

Help at Home®

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