



## Code of Conduct Compliance Training (Medical Staff)

### Why Do I Need Training?

Every year billions of dollars are improperly spent because of Fraud, Waste, and Abuse (FWA). It affects everyone – **including you**. This training helps you detect, correct, and prevent FWA. You are part of the solution.

Compliance is everyone's responsibility. As an individual who provides health or administrative services for Medicare enrollees, your every action potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.

As part of the Medicare Program, you must conduct yourself in an ethical and legal manner. It's about doing the right thing!

- Act fairly and honestly;
- Adhere to high ethical standards in all you do;
- Comply with all applicable laws, regulations, and CMS requirements; and
- Report suspected violations.

WellsBrooke's Standards of Conduct are located in the Standards of Conduct Policy as well as the Employee Handbook.

**Everyone** has a responsibility to report violations of Standards of Conduct and suspected non-compliance.

### What is Non-Compliance?

Non-compliance is conduct that does not conform to the law, Federal health care program requirements, or WellsBrooke's ethical and business policies.

### Non-Compliance Affects Everybody

Without programs to prevent, detect, and correct non-compliance, we all risk:

Harm to beneficiaries, such as:

- Delayed services
- Denial of benefits
- Difficulty in using providers of choice
- Other hurdles to care

Less money for everyone, due to:

- High insurance copayments
- Higher premiums
- Lower benefits for individuals and employees
- Lower profits



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### How to Report Potential Non-Compliance

- Talk to a Manager or Supervisor
- Call WellsBrooke's Hotline
- Make a report via the internet

### What Happens After Non-Compliance Is Detected?

After non-compliance is detected, it must be investigated immediately and corrected promptly. Internal monitoring will continue, to ensure no recurrence of the same non-compliance.

### What is Fraud?

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the control of, any health care benefit program.

The Health Care Fraud Statute make it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment for up to 10 years. It is also subject to criminal fines up to \$250,000.

In other words, fraud is intentionally submitting false information to the Government or a Government contractor to get money or a benefit.

### What is Waste and Abuse?

**Waste** includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

**Abuse** includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

### Differences among Fraud, Waste, and Abuse

There are differences among fraud, waste, and abuse. One of the primary differences is intent and knowledge. Fraud requires intent to obtain payment and the knowledge that the actions are wrong. Waste and abuse may involve obtaining an improper payment or creating an unnecessary cost to the Medicare Program, but does not require the same intent and knowledge.

### Health Insurance Portability and Accountability Act (HIPAA)

HIPAA created greater access to health care insurance, protection of privacy of health care data, and promoted standardization and efficiency in the health care industry.



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HIPAA safeguards help prevent unauthorized access to protected health care information. As an individual with access to protected health care information, you must comply with HIPAA. Violations may result in Civil Monetary Penalties. In some cases, criminal penalties may apply.

### **What Are Your Responsibilities?**

You play a vital part in preventing, detecting, and reporting potential FWA, as well as Medicare non-compliance. First, you must comply with all applicable laws. Second, you have a duty to the Medicare Program to report any compliance concerns, and suspected or actual violations that you may be aware of. Third, you have a duty to follow WellsBrooke's Code of Conduct that outlines our commitment to standards of conduct and ethical rules of behavior.

### **How Do You Prevent FWA?**

- Conduct yourself in an ethical manner;
- Ensure accurate and timely data/billing;
- Verify all information provided to you;
- Familiarize yourself with WellsBrooke's policies and procedures.

### **Report FWA**

Everyone must report suspected instances of FWA.

Do not be concerned about whether it is fraud, waste, or abuse. Just report any concerns to your supervisor or the compliance department. The compliance department will investigate and make the proper determination.

### **Correction**

Once fraud, waste, or abuse has been detected, it must be promptly corrected. Correcting the problem saves the Government money and ensures you are in compliance with CMS requirements.



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The success of our business is dependent on the trust and confidence we earn from our employees, clients and business partners. We gain credibility by adhering to our commitments, displaying honesty and integrity and reaching company goals solely through honorable conduct. It is easy to say what we must do, but the proof is in our *actions*. Ultimately, we will be judged on what we do.

WellsBrooke expects all employees to demonstrate the highest degree of integrity, responsibility and professionalism at all times. Acceptable conduct involves not only sincere respect for the rights and feelings of others, but also the assurance that personal conduct in both business and personal life avoids any actions that might be harmful to the employee, other employees, clients and the company or could cause unfavorable reactions from our current or potential clients or employees.

We all deserve to work in an environment where we are treated with dignity and respect. WellsBrooke is committed to creating such an environment because it brings out the full potential in each of us, which, in turn, contributes directly to our business success. We cannot afford to let anyone's talents go to waste.

At WellsBrooke everyone should feel comfortable to speak his mind, particularly with respect to ethics concerns. Managers have a responsibility to create an open and supportive environment where employees feel comfortable raising such questions. We all benefit tremendously when employees exercise their power to prevent mistakes or wrongdoing by asking the right questions at the right times.

WellsBrooke will investigate all reported instances of questionable or unethical behavior. In every instance where improper behavior is found to have occurred, the company will take appropriate action. We will not tolerate retaliation against employees who raise genuine ethics concerns in good faith.

For your information, WellsBrooke's whistleblower policy is as follows:

Employees are encouraged, in the first instance, to address such issues with their managers or the Compliance Officer, as most problems can be resolved swiftly. If for any reason that is not possible or if an employee is not comfortable raising the issue with his or her manager or Compliance Officer, WellsBrooke's President does operate with an open-door policy.

Management has the added responsibility for demonstrating, through their actions, the importance of this Code. In any business, ethical behavior does not simply happen; it is the product of clear and direct communication of behavioral expectations, modeled from the top and demonstrated by example. Again, ultimately, our actions are what matters.

To make our Code work, managers must be responsible for promptly addressing ethical questions or concerns raised by employees and for taking the appropriate steps to deal with such issues. Managers should not consider employees' ethics concerns as threats or challenges to their authority, but rather as another encouraged form of business



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communication. At WellsBrooke, we want the ethics dialogue to become a natural part of daily work.

WellsBrooke's commitment to integrity begins with complying with laws, rules and regulations where we do business. Further, each of us must have an understanding of the company policies, laws, rules and regulations that apply to our specific roles. If we are unsure of whether a contemplated action is permitted by law or WellsBrooke policy, we should seek the advice from the resource expert. We are responsible for preventing violations of law and for speaking up if we see possible violations.

Because of the nature of our business, some legal requirements warrant specific mention here.

### ***Competition***

We are dedicated to ethical, fair and vigorous competition. We will sell WellsBrooke's services based on their merit, superior quality, and competitive pricing. We will make independent pricing and marketing decisions and will not improperly cooperate or coordinate our activities with our competitors. We will not offer or solicit improper payments or gratuities in connection with the purchase of goods or services for WellsBrooke or the sales of its services, nor will we engage or assist in unlawful boycotts of particular customers.

### ***Proprietary Information***

It is important that we respect the property rights of others. We will not acquire or seek to acquire improper means of a competitor's trade secrets or other proprietary or confidential information. We will not engage in unauthorized use, copying, distribution or alteration of software or other intellectual property

### ***Selective Disclosure***

We will not selectively disclose (whether in one-on-one or small discussions, meetings, presentations, proposals or otherwise) any material nonpublic information with respect to WellsBrooke, its securities, business operations, plans, financial condition, results of operations or any development plan. We should be particularly vigilant when making presentations or proposals to customers to ensure that our presentations do not contain material nonpublic information.

WellsBrooke is dedicated to maintaining a healthy environment. A safety manual has been designed to educate you on safety in the workplace. If you do not have a copy of this manual, please see your manager.

### ***Conflicts of Interest***

We must avoid any relationship or activity that might impair, or even appear to impair, our ability to make objective and fair decisions when performing our jobs. At times, we may be faced with situations where the business actions we take on behalf of WellsBrooke may conflict with our own personal or family interests. We owe a duty to WellsBrooke to advance its legitimate interests when the opportunity to do so arises.



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We must never use WellsBrooke property or information for personal gain or personally take for ourselves any opportunity that is discovered through our position with WellsBrooke.

### **Here are some other ways in which conflicts of interest could arise:**

1. Being employed (you or a close family member) by, or acting as a consultant to, a competitor or potential competitor, supplier or contractor, regardless of the nature of the employment, while you are employed with WellsBrooke.
2. Hiring or supervising family members or closely related persons.
3. Serving as a board member for an outside commercial company or organization.
4. Owning or having a substantial interest in a competitor, supplier or contractor.
5. Having a personal interest, financial interest or potential gain in any WellsBrooke transaction.
6. Placing company business with a firm owned or controlled by a WellsBrooke employee or his or her family.
7. Accepting gifts, discounts, favors or services from a client/potential client, competitor or supplier, unless equally available to all WellsBrooke employees.

Determining whether a conflict of interest exists is not always easy to do. Employees with a conflict of interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their managers or the Compliance Officer.

### ***Gifts, Gratuities and Business Courtesies***

WellsBrooke is committed to competing solely on a merit of our products and services. We should avoid any actions that create a perception that favorable treatment of outside entities by WellsBrooke was sought, received or given in exchange for personal business courtesies. Business courtesies include gifts, gratuities, meals, refreshments, entertainment or other benefits from persons or companies with whom WellsBrooke does or may do business. We will neither give nor accept business courtesies that constitute, or could reasonably be perceived as constituting, unfair business inducements that would violate law, regulation or policies of WellsBrooke or customers, or would cause embarrassment or reflect negatively on WellsBrooke's reputation.

### ***Accepting Business Courtesies***

Most business courtesies offered to us in the course of our employment are offered because of our positions at WellsBrooke. We should not feel any entitlement to accept and keep a business courtesy. Although we may not use our position at WellsBrooke to obtain business courtesies, and we must never ask for them, we may accept unsolicited business courtesies that promote successful working relationships and good will with the firms that WellsBrooke maintains or may establish a business relationship with. Employees who award contracts or who can influence the allocation of business, who create specifications that result in the placement of business or who participate in negotiation of contracts must be particularly careful to avoid actions that create the



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appearance of favoritism or that may adversely affect the company's reputation for impartiality and fair dealing. The prudent course is to refuse a courtesy from a supplier when WellsBrooke is involved in choosing or reconfirming a supplier or under circumstances that would create an impression that offering courtesies is the way to obtain WellsBrooke business.

### ***Meals, Refreshments and Entertainment***

We may accept occasional meals, refreshments, entertainment and similar business courtesies that are shared with the person who has offered to pay for the meal or entertainment, provided that:

- They are not inappropriately lavish or excessive.
- The courtesies are not frequent and do not reflect a pattern of frequent acceptance of courtesies from the same person or entity.
- The courtesy does not create the appearance of an attempt to influence business decisions, such as accepting courtesies or entertainment from a supplier whose contract is expiring in the near future.
- The employee accepting the business courtesy would not feel uncomfortable discussing the courtesy with his or her manager or co-worker or having the courtesies known by the public.

### ***Gifts***

Employees may not accept gift, gratuities or payments from clients or their families. Employees may accept unsolicited gifts, **other than money**, from business entities, that conform to the reasonable ethical practices of the marketplace, including:

- Flowers, fruit baskets and other modest presents that commemorate a special occasion.
- Gifts of nominal value, such as calendars, pens, mugs, caps and t-shirts (or other novelty, advertising or promotional items).

Generally, employees may not accept compensation, honoraria or money of any amount from entities with whom WellsBrooke does or may do business.

Employees with questions about accepting business courtesies should talk to their managers or the Compliance Officer.

### ***Offering Business Courtesies***

Any employee who offers a business courtesy must assure that it cannot reasonably be interpreted as an attempt to gain an unfair business advantage or otherwise reflect negatively upon WellsBrooke. An employee may never use personal funds or resources to do something that cannot be done with WellsBrooke resources. Accounting for business courtesies must be done in accordance with approved company procedures. Other than to our government customers, for whom special rules apply, we may provide nonmonetary gifts (i.e., company logo apparel or similar promotional items) to our customers. Further, management may approve other courtesies, including meals, refreshments or entertainment of reasonable value, provided that:



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- The practice does not violate any law or regulation or the standards of conduct of the recipient's organization.
- The business courtesy is consistent with industry practice, is infrequent in nature and is not lavish.
- The business courtesy is properly reflected on the books and records of WellsBrooke.

### ***Accurate Public Disclosures***

We will make certain that all disclosures made in financial reports and public documents are full, fair, accurate, timely and understandable. This obligation applies to all employees, including all financial executives, with any responsibility for the preparation for such reports, including drafting, reviewing and signing or certifying the information contained therein. No business goal of any kind is ever an excuse for misrepresenting facts or falsifying records.

Employees should inform Executive Management and the Compliance Officer if they learn that information in any filing or public communication was untrue or misleading at the time it was made or if subsequent information would affect a similar future filing or public communication.

### ***Corporate Recordkeeping***

We create, retain and dispose of our company records as part of our normal course of business in compliance with all WellsBrooke policies and guidelines, as well as all regulatory and legal requirements.

All corporate records must be true, accurate and complete, and company data must be promptly and accurately entered in our books in accordance with WellsBrooke's and other applicable accounting principles.

We must not improperly influence, manipulate or mislead any unauthorized audit, nor interfere with any auditor engaged to perform an internal independent audit of WellsBrooke books, records, processes or internal controls.

### ***Accountability***

Each of us is responsible for knowing and adhering to the values and standards set forth in this Code and for raising questions if we are uncertain about company policy. If we are concerned whether the standards are being met or are aware of violations of the Code, we must contact the Compliance Officer.

WellsBrooke takes seriously the standards set forth in the Code, and violations are cause for disciplinary action up to and including termination of employment.

### ***Confidential and Proprietary Information***

Integral to WellsBrooke's business success is our protection of confidential company information, as well as nonpublic information entrusted to us by employees, clients and other business partners. Confidential and proprietary information includes such things as pricing and financial data, client names/addresses or nonpublic information about other companies, including current or potential supplier and vendors. We will not disclose confidential and nonpublic information without a valid business purpose and



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proper authorization. Client confidentiality must be protected. Employees may not give out their clients' phone numbers or addresses. WellsBrooke also does not condone employees giving their personal phone numbers or addresses to clients.

### ***Use of Company Resources***

Company resources, including time, material, equipment and information, are provided for company business use. Nonetheless, occasional personal use is permissible as long as it does not affect job performance or cause a disruption to the workplace.

Employees and those who represent WellsBrooke are trusted to behave responsibly and use good judgment to conserve company resources. Managers are responsible for the resources assigned to their departments and are empowered to resolve issues concerning their proper use.

Generally, we will not use company equipment such as computers, copiers and fax machines in the conduct of an outside business or in support of any religious, political or other outside daily activity, except for company-requested support to nonprofit organizations. We will not solicit contributions nor distribute non-work related materials during work hours.

In order to protect the interests of the WellsBrooke network and our fellow employees, WellsBrooke reserves the right to monitor or review all data and information contained on an employee's company-issued computer or electronic device. We will not tolerate the use of company resources to create, access, store, print, solicit or send any materials that are harassing, threatening, abusive, sexually explicit or otherwise offensive or inappropriate

Questions about the proper use of company resources should be directed to your manager.

### ***Employee responsibilities***

All professionally licensed personnel must retain their valid license and be prepared to present it.

When transporting clients in their vehicle, WellsBrooke employees must carry their valid driver's license, a valid vehicle registration and current proof of insurance. (Approval for client transportation must be received from WellsBrooke prior to transporting ANY client.)

We must project appropriate professional behavior and refrain from discussing with clients or their families information regarding our personal life, such as relationships, politics, religion or medical and financial information. Such disclosures may make the client or their family members uncomfortable, and therefore jeopardize our job. In the event that we feel that a personal issue may impact our ability to perform the duties of our job, a Client Care Coordinator should be called before having any conversation with the client on the topic. Discussions, with the client or their family, of issues relating to



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other WellsBrooke employees is prohibited. These matters should be discussed with a Client Care Coordinator.

During work hours we must provide clients with care as deemed necessary by their Care Plan, project a courteous and considerate attitude toward others, abstain from using profane or obscene language, refrain from smoking or taking smoking breaks, remain awake and alert at all times, maintain calm and reassuring behavior in all situations, seek clarification of assignments as necessary, seek assistance when unable to complete assignments and complete assignments in a satisfactory manner.

As WellsBrooke employees, we may not accept, take, or otherwise use any of the following from WellsBrooke clients: prescription drugs, non-prescription drugs, medical supplies or personal belongings of any kind.

WellsBrooke's clients should always be treated with respect. We must bring our own food and drink to work and eat only in designated areas of the clients' home. Consuming the clients' food or drink or use of their personal property without consent is not allowed. Trespassing in restricted areas of the clients' home is prohibited.

Dating of WellsBrooke clients is discouraged, as it may undermine the professional relationship that must be maintained between client and employee at all times.

It is prohibited to engage with the client in sexual conduct or in conduct that may reasonably be interpreted as sexual in nature, regardless of whether or not the contact is consensual.

WellsBrooke employees may not leave a client's home for purposes unrelated to care without notifying the WellsBrooke Client Care Coordinator. We may not perform any of our own personal care or business at a client's home, including but not limited to: Showering, doing laundry, cooking, making appointments, personal calls, texting or emailing. We may not engage in activities that distract from providing care, including but not limited to: Social media, television, computer or video games or providing care to individuals other than the client. WellsBrooke employees may not sell to or purchase from the client products or personal items.

WellsBrooke employees are prohibited from being designated to make decisions for the client in any capacity involving a declaration for mental health treatment, power of attorney, durable power of attorney, guardianship or authorized representative.



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### Do the Right Thing

Several key questions can help identify situations that may be unethical, inappropriate or illegal. Ask yourself:

- Does what I am doing comply with the WellsBrooke guiding principles, Code of Conduct and company policies?
- Have I been asked to misrepresent information or deviate from normal procedure?
- Would I feel comfortable describing my decision at a staff meeting?
- How would it look if it made the headlines?
- Am I being loyal to my family, my company and myself?
- What would I tell my child to do?
- Is this the right thing to do?

#### ***Information and Resources***

##### **President**

Cheryl Nagel

##### **Compliance Officer**

Holly Kelley



# Core Concepts Competency Manual (Medical Staff)

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## **Purpose of the Core Concepts Competency Manual**

To provide employees with a quality and safety framework in the areas of: Infection Prevention & Control, Safety Awareness and Emergency Responses, Personal Conduct & Ethics, Customer Service, Diversity, Patient Privacy, Body Mechanics, and Prevention of Workplace Violence. The Self-Study Module format allows review of the information and completion of a basic core competency evaluation. It provides a foundation for teaching and learning, and enables employees to safely function within the home care setting. It also allows clients to be confident that WellsBrooke employees are able to understand general policies and procedures that are universal to healthcare today.

### **Core Concepts Competency Manual Learning Outcomes**

The outcomes emphasize preparedness prior to entering client's homes. They are consistent with the Purpose of the Core Competencies – to enable employees to safely function, and clients to have confidence in the safety and basic foundational understanding of WellsBrooke's employees entering the home care setting.

1. Incorporate knowledge from the Core Concepts Competency Manual as a prerequisite for safe and responsible actions in the home care setting.
2. Engage and collaborate with members of the health care team – Patient, RN, HHA, Physician, etc. as necessary.
3. Demonstrate an understanding and appreciation of human diversity in the provision of nursing care.
4. Explore client safety, customer service, infection control, privacy, professional conduct, and violence prevention in the context of patient care.
5. Develop an understanding of current Core Concepts Competencies and the need for development and change in these competencies as best practices emerge and evolve.
6. Develop a commitment for continuous quality improvement and professional development.

### **Core Concepts Competency Manual Objectives**

After reading the Core Concepts Competency Manual and successful completion of the post-test, employees will be able to:

1. Develop an understanding of the Health Insurance Portability and Accountability Act and implications to patient care.
2. Identify essential professional and ethical characteristics of nursing personnel.
3. Establish customer service guidelines within the healthcare setting.
4. Examine key components to providing culturally competent care for all clients.
5. Understand the purpose of The Joint Commission National Patient Safety Goals.
6. Apply proper safe patient handling and best practice in order to prevent healthcare workers risk for injury.
7. Understand and identify the importance and proper technique of hand hygiene and personal protective equipment (PPE).
8. Apply the knowledge and practice of transmission-based precautions in clinical situations involving blood borne pathogens and tuberculosis to ensure a safe work environment.

9. Identify different Advanced Directives documents and components of Do-Not-Resuscitate Laws.
10. Identify fire, chemical and electrical safety guidelines.
11. Cite risk factors, prevention strategies, appropriate response behaviors that help to avoid or de-escalate workplace violence incidences.

## **Professionalism/Behavior/Conduct/Compliance**

### **American Nurses Association Code of Ethics for Nursing**

Nursing is a profession that has earned the public's trust. The importance of integrity, trustworthiness and honesty in nurses are very serious concerns due to the implications to patient safety. The American Nursing Association (ANA), and the National Association for Home Care & Hospice's Code of Ethics state that healthcare workers will practice with compassion and their primary commitment is to the patient. The healthcare worker's duties include but are not limited to, the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

### **Compliance**

A compliance program requires you to conduct yourself in an ethical and legal manner. It's about doing the right thing.

A compliance program requires you to:

- Act fairly and honestly
- Adhere to high ethical standards
- Comply with laws, regulations and policies
- Report suspected violations

### Compliance is EVERYONE'S responsibility:

If you suspect a compliance issue, you may report it by speaking to your supervisor, speaking to the compliance officer, or via the telephone hotline or email. Issues may include: suspected Fraud, Waste and Abuse; potential health privacy violation, and unethical behavior/employee misconduct.

WellsBrooke has a policy of Non-Retaliation. This protects employees who, in good faith, report suspected non-compliance.

### **Customer Service**

Customer service or "bedside manner" is one of the most important functions of the health care industry. Surveys confirm that patients who receive good customer service report better health outcomes and higher levels of satisfaction with their overall healthcare.

### **Compassion/Responsiveness/Restraint/Attention**

#### Compassion:

Compassion is an important aspect of healthcare customer service. People are sick, in pain and worried. Good customer service means understanding and empathizing with the patient in tough

situations and changing your approach to fit the patient's needs. Without compassion, you run the risk of further upsetting a patient, which can have detrimental effects on overall health outcome.

**Responsiveness:**

Good customer service in healthcare means providing an extra measure of responsiveness. Patients' needs should be met as soon as possible to avoid undue discomfort or worry. Oblige reasonable patient requests whenever possible, even if the request creates an inconvenience for you. If you cannot provide what the patient needs, explain why and offer an alternative.

**Restraint:**

Healthcare customer service also involves displaying a high level of professional restraint in dealing with a diverse array of people and situations. A patient who is nervous, sick or in pain may become defiant and argumentative, and may lose his/her temper easily, work to keep your responses to patients' requests cordial, empathetic and positive even if the patient is demanding or unruly.

**Attention:**

Paying attention to a patient's body language, tone of voice, and health conditions will help improve customer service in a healthcare setting. You must be able to tell when a patient is uncomfortable physically, mentally and emotionally in order to meet their needs. Missing important details can affect the outcome of care and is not good customer service.

**Customer Service Tips for Healthcare Workers**

- Communicate in simple terms and offer the patient opportunity to ask questions after explaining something.
- Give common courtesies – being polite, and asking about the patient's preferences or day.
- Maintain professional image
- Express interest and concern – remember to communicate respectfully and with empathy.

**Providing Population/Culturally Competent Care**

The steadily increasing diversity of the patient population and workforce in the United States has heightened awareness that all healthcare providers need to be more skilled in understanding and responding to differences. Race, age, gender, disability, religion, personality style, language, sexual orientation, and other cultural and socioeconomic factors influence health promotion and help-seeking behaviors. WellsBrooke is committed to creating an environment that is respectful of differences and consistently uses behaviors that communicate respect. All health care providers must learn to recognize, respect and work with patients across developmental stages, from different cultures and with different values, beliefs, practices and rituals. This will eliminate barriers to the delivery of health care and generate improved, measureable outcomes.

**Barriers to Diversity:**

People who have negative attitudes towards other people's differences often engage in negative behaviors, including:

- **Prejudice:** a preconceived feeling or bias without getting to know a person.

- **Stereotyping:** applying a certain belief to all members of a particular group.
- **Discrimination:** treating people differently and unequally just because they are a member of a particular group. Discrimination can take many forms – racism, sexism, ageism are all examples.

**Cultural Competence:**

Cultural competence supports the development of patient-centered care as well as family-centered care by providing individualized care that recognizes the patient’s preferences; values and needs, and respects the patient or designee as a full partner in providing compassionate, coordinated, appropriate, safe and effective care. Cultural competence includes the knowledge, skills, and attitudes necessary for providing quality care to diverse populations and the commitment to minimize the negative behavior of healthcare providers to cultural differences. Providing culturally competent care includes:

- A willingness to learn about other cultures.
- Knowing and understanding cultural norms, attitudes, and beliefs and culturally influenced health behaviors.
- Listening to patients carefully; asking questions sensitively.
- Valuing diversity.
- Recognizing personal biases, stereotypes, and prejudices. Eliminating stereotypes and generalizations. Avoiding words that suggest all or most members of a particular group are the same.
- Providing and interpreter so that the patient can participate in decisions regarding care.
- Learning verbal and nonverbal cues of other cultures.
- Implementing nursing care to meet the needs of patients based on cultural values and beliefs influencing health care and nursing practice.

**Health Insurance Portability and Accountability (HIPAA)**

**What does HIPAA stand for?**

**H** – Health

**I** – Insurance

**P** – Portability

**A** – And Accountability

**A** – Act

The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, along with state laws, mandate the privacy and security of Protected Health Information (PHI), the portability of health insurance and simplification of electronic billing.

**Components of HIPAA**

1. Transactions (codes used in billing)
2. Privacy
3. Security

### **What is the purpose of HIPAA?**

- Protects the privacy of an individual's health information.
- Ensures physical and technical security of an individual's health information.
- Governs the use and disclosure of an individual's health information for treatment, health care billing, research, marketing and other functions.

### **The Privacy Rule**

The HIPAA Privacy Rule establishes minimum safeguards to protect confidentiality of an individual's health information. The HIPAA Privacy Rule protects:

- An individual's health information in all forms; electronic, paper, spoken and whether past, present or future.
- The rule protects individuals, living and dead, and/or groups in both the public and private sector.

### **What is Protected Health Information?**

Protected Health Information is commonly referred to as PHI. PHI is defined as facts about an individual's past, present or future physical or mental health condition.

### What information is included in PHI?

Examples of PHI include:

- Demographic information: Name, Address, Social Security Number, Date of Birth, Telephone Number, Email Address
- Clinical information: Diagnoses, Test results, Procedures, Images or Photos, Past, Present, or Future Services
- Billing information: Medical Record Number, Employer Information, Charges, Collection Status

### **Safeguarding Patient Information**

Here are some ways that you can safeguard patient information:

Be aware of how PHI can be seen or heard by others:

- Limit conversations to private areas, NEVER in public places
- DO NOT leave records or documents unattended
- Never leave PHI in view of the public
- Protect printed/written PHI in ALL forms, i.e. prescription bottles, records, etc.

Take special precautions with recorded and electronic information:

- Turn monitors, tablets away from public view
- NEVER share your login information
- NEVER use someone else's login
- Choose a strong password – letters, numbers, and characters difficult for others to guess
- Protect tablets that contain PHI
- DO NOT open email attachments from unknown sources- could contain viruses

- Report suspicious emails
- Know and follow WellsBrooke's policies
- Only access PHI needed to do your job
- Provide only the PHI others need to do their jobs
- Maintain professionalism and patient privacy at all times
- DO NOT contribute to gossip or spread of rumors

## **Safety**

### **Accrediting Organizations**

The accrediting organizations seek to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. Accrediting and other safety-focused organizations evaluate and accredit more than 18,000 health care organizations and programs in the United States.

See insert for current National Patient Safety Goals.

### **Speak Up Initiative**

The "Speak Up" program is sponsored by accrediting and other safety-focused organizations and urges patients to get involved in their care.

- **Speak up** – patients have the right to ask questions if they do not understand or have concerns.
- **Pay attention** to the care they receive – patients have the right to make sure they are getting the correct treatments and/or medications.
- **Educate themselves** about their diagnosis, medical tests they are going to undergo and the treatment plan.
- **Ask** a trusted family member or friend to be their advocate.
- **Know** what medications they are taking and why they take them.
- **Use** a hospital or healthcare organization they trust.
- **Participate** in all decisions about their treatment.

### **Disaster Management/Emergency Preparedness**

*Disaster* = A situation that occurs when a disruption to a community, due to a natural or man-made hazard, results in many injuries, the loss of lives, or the destruction of a large amount of property.

*Emergency* = A situation resulting from a man-made or natural hazard, requiring a rapid response to minimize damage.

If a disaster occurs while staff is in the patient's home, staff must notify their supervisor of the situation and assist the patient to obtain help, when necessary. The staff will maintain contact with the office for updates and additional instructions, as possible.

Clinical staff does not need to report to the office, phone contact with the supervisor, or designee, is sufficient. When feasible, staff will maintain contact with the office for updates.

Staff does not make home visits during a time of acute disaster and emergency situations, which make it impossible to provide services. Arrangements will be made for patients whose condition warrants immediate care.

### **Fire/Electrical/Chemical Safety**

#### **Fire Safety:**

Fire safety becomes everyone's job. Patients should be instructed in the dangers of oxygen, smoking in bed and electrical equipment hazards. Patients should be encouraged to have a fire safety plan. The plan should include having a fire extinguisher in the home and outline an evacuation plan.

#### **R.A.C.E.**

**R**escue the patient or any person from immediate danger.

**A**larm. Call 911.

**C**ontain the fire and smoke by closing doors and windows.

**E**xtinguish the fire if it does not put you in danger. Extinguish with an appropriate fire extinguisher. If you cannot safely extinguish the fire, **e**vacuate the area.

#### **P.A.S.S.**

**P**ull the pin.

**A**im at the base of the fire.

**S**queeze the handle.

**S**weep back and forth.

#### ***Safe Oxygen Handling***

Includes:

- Refraining from smoking or open flames in the home
- Keeping oxygen cylinders in a secure, upright position
- Storing oxygen cylinders away from heat or direct sunlight

#### **Electrical Safety:**

Health care workers must often operate electrical equipment. When you are called upon to do so, follow these safety guidelines:

Use only electrical equipment that you have been trained to use. Report any malfunctioning equipment. Safe Medical Devices Act of 1990 - Amends the Federal Food, Drug, and Cosmetic Act (FDCA) to require medical device user facilities to report to the Secretary of Health and Human Services, the manufacturer, or both whenever they believe there is a probability that a medical device has caused or contributed to a death, illness, or injury.

If a patient reports that their medical device is not working correctly, or if they have been injured while using this equipment, you **MUST** report this information to your supervisor immediately. This

incident should be documented on the “Incident Report” form and given to your supervisor within 24 hours of the incident.

Keep electrical cords or connections away from water or other liquids.

Do not operate electrical appliances such as electric razors or hair dryers near oxygen devices.

Plug only one piece of medical electronic equipment into each outlet.

Do not attempt to fix outlet connections by bending prongs on the plug.

### Chemical Safety:

*The Hazard Communication Standard (HCS)* had been revised to align with the United Nations Globally Harmonized System of Classification and Labelling of Chemicals. Chemicals pose a wide range of health hazards (such as irritation, sensitization, and carcinogenicity) and physical hazards (such as flammability, corrosion, and reactivity.) OSHA’s Hazard Communication Standard (HCS) is designed to ensure that information about these hazards and associated protective measures is disseminated. This is accomplished by requiring chemical manufacturers and importers to evaluate the hazards of the chemicals they produce or import, and to provide information about them through labels on shipped containers and more detailed information sheets called *Safety Data Sheets (SDS)*. The SDS should include: (available in packaging or online)

- Identification
- Hazardous Identification
- Composition
- First-aid Measures
- Fire-fighting Measures
- Accidental Release Measures
- Handling and Storage
- Exposure and Controls/Personal Protection
- Physical and Chemical Properties
- Stability and Reactivity
- Toxicological Information

### **Abuse and Neglect**

Abuse and neglect are serious problems that health care workers could encounter. If you suspect a problem related to abuse and/or neglect, notify your supervisor immediately. Health care workers are obligated to report abuse/neglect to the Department of Human Services for follow-up. This can be done in writing or by phone.

### Abuse/Neglect in Children:

According to the most recent report of data from the National Child Abuse and Neglect Data System (NCANDS), in 2012, there were approximately 679,000 instances of confirmed child maltreatment. The overall national child victim rate was 9.2 to 19.6 child victims per 1,000 children. Maltreatment can take many forms, and some children can suffer from more than one type. Since 1999, the majority of children confirmed to be victims of child maltreatment experienced neglect.

### Consider the possibility of PHYSICAL ABUSE when the child:

- Has unexpected burns, bites, bruises, broken bones, or black eyes

- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Consider the possibility of NEGLECT when the child:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of EMOTIONAL MALTREATMENT when the child:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (ex. parenting other children) or inappropriately infantile (ex. frequently rocking or head-banging)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports lack of attachment to the parent

Consider the possibility of SEXUAL ABUSE when the child:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver

Types of Elder Abuse:

*Passive and Active Neglect:* With passive and active neglect the caregiver fails to meet the physical, social, and/or emotional needs of the older person. The difference between active and passive neglect lies in the intent of the caregiver. With active neglect, the caregiver intentionally fails to meet his/her obligations towards the older person. With passive neglect, the failure is unintentional; often the result of caregiver-overload or lack of information concerning appropriate caregiving strategies.

*Physical Abuse:* Physical abuse consists of an intentional infliction of physical harm of an older person. The abuse can range from slapping an older adult to beatings to excessive forms of physical restraint (e.g. chaining).

*Material/Financial Abuse:* Material and financial abuse consists of the misuse, misappropriation, and/or exploitation of an older adult's material (e.g. possessions, property) and/or monetary assets.

If a patient reports that their personal property has been lost, stolen or damaged, report it to your supervisor immediately so the claim can be investigated.

*Psychological Abuse:* Psychological or emotional abuse consists of the intentional infliction of mental harm and/or psychological distress upon the older adult. The abuse can range from insults and verbal assaults to threats of physical harm or isolation.

*Sexual Abuse:* Sexual abuse consists of any sexual activity for which the older person does not consent or is incapable of giving consent. The sexual activity can range from exhibitionism to fondling to oral, anal, or vaginal intercourse.

*Violations of Basic Rights:* Violations of basic rights is often concomitant with psychological abuse and consists of depriving the older person of the basic rights that are protected under state and federal law ranging from the right of privacy to freedom of religion.

*Self-Neglect:* The older person fails to meet their own physical, psychological, and/or social needs.

### Domestic Violence/Partner Abuse:

#### *What is Domestic Violence?*

Domestic Violence, also called Battery, Partner Abuse, and Spousal Abuse is a type of abuse. It involves injuring someone, usually a spouse or partner, but it can also be a parent, child or family member. Some types of abuse include the following:

- Physical abuse is the use of physical force to inflict harm, such as hitting, kicking/biting.
- Sexual abuse means any forced activity.
- Emotional abuse includes threats, constant criticism and put-downs.
- Controlling access to money and controlling activities are other abusive behaviors.

Domestic violence is a serious problem. It is a common cause of injury. Victims may suffer physical injuries such as bruises or broken bones. They may suffer emotionally from depression, anxiety, or social isolation.

#### *What Should I Know About Domestic Violence?*

Violence against a partner or a child is a crime in all states. According to the Centers for Disease Control and Prevention, one out of every four women and one out of every nine men in the United

States are victims of domestic violence at some point in their lives. Abuse happens to people of all races, ages, incomes and religions. It is hard to know exactly how common domestic violence is, because people often do not report it. There is no typical victim. It happens among people of all ages. It affects those of all levels of income and education. People who are hurt by their partners, parents or guardians do not cause the abuse. Alcohol and drugs do not cause abuse, although they can make the violence worse.

### **Preventing Workplace Violence**

Workplace violence, recognized as a specific category of violent crime, calls for distinct responses from healthcare workers, employers, law enforcement, and the community. Preventing workplace violence in healthcare is especially important. According to the Bureau of Labor Statistics, Occupational Injuries and Illnesses reported an estimated 154,460 nonfatal occupational injuries and illnesses involving days away from work during the 2003 to 2012 time period. The Healthcare and Social Assistance Industry accounted for over two-thirds of these injuries and illnesses each year.

Prevention strategies include but are not limited to: education to recognize the early signs of violent behavior and learning of proper intervention techniques to de-escalate situations.

#### What contributes to potential for violence in health care?

- Highly specialized interventions that can be confusing for patients and families
- Uncertain and highly significant outcomes
- Patients/families under the influence of alcohol and/or drugs
- High stress, unexpected emergency situations within families
- History of violence in response to stress
- Medical diagnosis that may be complicated by poor coping mechanisms
- Cultural issues and lack of staff sensitivity
- Attitudes of healthcare workers toward patients
- Lack of preparedness in healthcare workers to recognize signs of escalation
- Under-reporting and lack of management support

#### What are some appropriate responses that healthcare workers can/should take?

- Awareness – note person’s verbal anger, body language, patterns of behavior
- Assessment of contributing factors that could be leading up to violence escalation
- Be calm and caring – acknowledge feelings
- Respect personal space and promote personal dignity
- Be aware of surroundings and a safe exit route from the situation
- Set clear and simple limits but give the individual choices
- Avoid being argumentative, bossy, condescending, or giving orders
- Get help early...call 911
- Report any incident to your supervisor
- Avoid sensationalizing the situation with others...respect patient’s privacy

### **Safe Patient Handling and Mobility**

In order to establish a safe environment for healthcare workers and patients, ANA supports actions that result in the elimination of manual patient handling.

Myths: Smaller, lighter patients do not warrant use of SPHM. The National Institute of Occupational Safety and Health recommends no more than 35 pounds, under the best ergonomic conditions. It has been reported that healthcare workers lift the equivalent of about 1.8 tons in an eight-hour shift. Most injuries are a result of cumulative effects. RNs suffered 12,000 musculoskeletal injuries resulting in missed workdays in 2011, and nursing assistants experienced the highest rate of such injuries at 25,000—more than any other occupation.

Remember to:

1. Take responsibility for knowing how equipment works and its availability.
2. Assess the patient and the environment.
3. Gather the appropriate equipment.
4. Organize the physical environment and the equipment to ensure safe completion of the task. Pulling is easier on your back than pushing.
5. Coach the patient. Tell the patient what action you plan and expect from them.

When transferring a client to a bed, a chair, or the toilet, the client's strong side moves first.

#### The Value of SPHM:

- Improved quality of care
- Improved healthcare recipient mobility
- Decrease in healthcare recipient falls and pressure ulcers
- Increase in healthcare recipient satisfaction
- Increase in healthcare worker satisfaction
- Savings due to reduction in worker's compensation, patient falls, and pressure ulcers, and employee turnover.

### **Fall Prevention**

Falls are the result of patient-related factors (confusion, etc.), co-morbidities (hypotension, UTI, etc.), and the environment (wet floors, slippers, etc.)

Fall prevention strategies are based upon individual patient need

All patients regardless of fall risk should be oriented to the room environment

Routine safety interventions:

- Ensure the environment is free of hazards for falls
- Bed in lowest position
- Furniture neatly arranged
- Rest periods for tired patients

Additional Fall Risk interventions include:

- Patient and/or family education about fall prevention
- Assess patient's fall history

- Conduct a gait and balance screening
- Review medications and alcohol consumption
- Frequent patient observation
- Use of non-skid footwear
- Fall risk prevention in Plan of Care
- Provide diversion activity
- Assist/supervise patient when transferring, walking, or toileting

When caring for a patient in their home, part of checking for patient safety includes:

- Checking stairs to make sure they are free of clutter
- Making sure emergency numbers are written large enough for the patient to read them
- Setting a timer when cooking for the patient, to remind you that food is on the stove
- Immediately wiping spills from floors

### **Core Measures/Quality Assurance-Process Improvement (QAPI)**

The US Agency for Healthcare Research and Quality defines quality as “doing the right thing, at the right time, in the right way, for the right person – and having the best possible results.”

Core measures use evidenced-based medicine to perform patient care that has been proven to result in better outcomes for patients. Measures drive improvement, inform consumers and influence payment. *The Outcome and Assessment Information Set (OASIS)*. OASIS is a group of data elements that represent core items that are included in a comprehensive assessment for each adult home care patient. The OASIS is a key component of Medicare's partnership with the home care industry to foster and monitor improved home health care outcomes. The data are converted to rates that measure the quality of the home health agency's care. *OASIS documentation accuracy is key!*

Quality Assurance-Process Improvement (QAPI) uses data to not only identify quality problems, but to also identify other opportunities for improvement, and then set priorities for action.

### The National Focus Areas are:

Process of care measures show how often home health agencies gave recommended care or treatments that research shows get the best results for most patients.

Process Measures:

- Timely initiation of care
- Influenza immunization received for current flu season
- Pneumococcal polysaccharide vaccine ever received
- Diabetic foot care and patient education implemented
- Depression assessment conducted
- Drug education on all medications provided to patient/caregiver
- Multifactor fall risk assessment conducted for all patients who can ambulate

Outcome of care measures show the results of care given by the home health agency.

Outcome Measures:

- Improvement in ambulation
- Improvement in bed transfer
- Improvement in pain interfering with activity
- Improvement in bathing
- Improvement in management of oral medications
- Improvement in dyspnea
- Improvement in status of surgical wounds
- Acute care hospitalizations
- Emergency department use without hospitalization
- Re-hospitalization during the first 30 days of home health
- Emergency department use without hospital readmission during the first 30 days of home health

## **Infection Control**

Infection control addresses factors related to the spread of infections within the healthcare setting. Infection control is the discipline concerned with preventing healthcare-associated infections. It is an essential part of health care practice. The Federal Occupational Health and Safety Administration (OSHA) set regulations that instruct health care workers on important guidelines to create a safe work environment.

### **Standard Precautions**

Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. Body fluids that can transmit infection include: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid and amniotic fluid. Infection can enter your body through inhalation, through your eyes, nose and mouth, a break in your skin and through a contaminated sharp object. Standard precaution measures are to be used when providing care to all individuals, whether or not they appear to be infectious or symptomatic.

### **Hand Hygiene**

Washing your hands is the single most important way to prevent the spread of infection.

*When to use soap and water:*

- When hands look dirty or have blood, body fluids, or other substances on them
- Before and after eating
- After using the restroom

*When to use alcohol-based hand rub (or soap and water):*

- Routine cleaning of hands if not visibly soiled
- Before and after direct contact with patients

- Before inserting indwelling catheters, intravenous catheters, or other invasive devices that do not require a surgical procedure
- After contact with a patient's intact skin (ex. when taking a pulse or blood pressure and lifting a patient)
- If moving from a contaminated body site to a clean body site during a patient care
- After removing gloves or other personal protective equipment
- Before preparing/administering medications
- Before preparing or serving food
- After coughing, sneezing, or blowing and wiping the nose
- After contact with inanimate objects (including medical equipment) in the patient's home
- Anytime hands may be contaminated

Hand hygiene techniques:

*Alcohol hand rub:*

- Ensure hands are not visibly soiled
- Apply a palm full of alcohol-based hand rub and cover all surfaces of hands
- Rub hands until thoroughly dry

*Soap and Water:*

- Wet hands with warm (not hot) water and apply the amount of soap necessary to cover all surfaces
- Vigorously rub hands together for 15 seconds paying close attention to fingertips, nail beds, and between fingers
- Rinse hands thoroughly under running water
- Dry hands with a paper towel
- Turn faucet off with a paper towel
- Apply hand lotion as needed

*"My five moments for hand hygiene"*

1. Before touching a patient
2. Before clean/aseptic technique
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings

*Other aspects of hand hygiene:*

- Do not wear artificial nails when having direct contact with patients
- Keep natural nails short (no longer than ¼ inch beyond fingertip)
- Nail polish may be worn, but must not be chipped or broken and must be well maintained
- Jewelry should be kept to a minimum
- Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur

### **Personal Protective Equipment (PPE)**

Personal protective equipment (PPE) includes protective equipment for the eyes, face, hands, extremities, protective clothing, respiratory devices, and protective shields and barriers.

#### Types of PPE:

##### *Face, Masks, Goggles, and Eye Shields*

- Use when there is a possibility of exposure to the eyes from blood or body fluids
- Masks should cover the nose and mouth, be thrown away after each use or replaced if they become moist

##### *Protective Gowns*

- Gowns are worn to protect clothes when splashes and spills are possible

##### *Gloves*

- Use gloves when contact with blood or other potentially infectious materials, body fluids, mucous membranes, and non-intact skin, or soiled equipment, linen or surfaces could occur.
- Use for all cleaning and disinfecting
- Must be changed between patient contacts
- Use hand hygiene after removing gloves
- Take gloves off as soon as possible

##### *Respiratory devices*

- Approved respirators are to be used if caring for patients with suspected or confirmed TB

### **Safe Injection Practice**

Healthcare workers are the most frequently injured employees from needle sticks according to the Exposure Prevention Information Network (EPINET). *Data shows needle stick injuries occur most frequently due to unsafe needle devices, or improper handling and disposal of needles.*

#### To prevent needle sticks:

- Always engage safety device when available immediately after use.
- Place contaminated sharps in a labeled, puncture resistant container immediately
- Do not recap, bend, break, or hand-manipulate used needles
- Do NOT place needles in trash or linen
- Do NOT leave needles on bedside tables or furniture
- Do NOT overfill sharps container

#### If you are exposed to blood or body fluids via:

- A needle stick injury
- Splash to mouth, nose or eyes
- A sharps injury
- Non-intact skin

Immediately follow these steps:

- ✓ Wash needle sticks and cuts with soap and water
- ✓ Flush splashes to the nose, mouth, or skin with water
- ✓ Irrigate eyes with clean water, saline, or sterile irritants
- ✓ Report the incident to your supervisor immediately
- ✓ Complete the required incident reporting as instructed
- ✓ Always follow instructions for post-injury surveillance
- ✓ All information is confidential and you will receive appropriate instructions and counseling

**Patient Care and Vital Signs**

When caring for a client in the home and you are assigned to shop for groceries, plan meals and cook for a client it is important to know the client's food preferences and eating habits. You are expected to review the care plan and diet plan to take into consideration any special diet and to review the foods allowed. Menus should be planned for a full week and all recipes should be checked for ingredients. Create a shopping list to assist in remembering all items required and save all grocery receipts for the client and family.

Diabetic meal planning involves knowing the client's food preferences, encouraging the client to eat appropriate portion sizes, encouraging the client to eat at regular times and to eat the same amount of carbohydrates, protein and fat each day.

When assisting with housekeeping, dusting and vacuuming are done at least weekly, bathroom surfaces are cleaned daily, food preparation areas should be cleaned before and after food preparation and spills are wiped up right away.

Home health aides will remind and assist clients to take prescription medications or other non-prescription medications that have been previously set up by a family member or licensed professional.

To assist clients in avoiding dehydration, 6-8 cups (8oz.) of water daily are recommended. Signs and symptoms of dehydration may include, dry lips and mouth, difficulty swallowing, concentrated urine or decreased urine output, poor skin elasticity and confusion.

Vital Signs:

- Oral temp average: 98.6F
- Blood pressure average: 120/80
- Heart rate average: resting radial, 60-100 BPM
- Respirations average: resting, 12-20/minute, regular with both sides of the chest rising and falling equally

**Infectious Waste**

- All lab specimens must be transported according to policy.
- Handle laundry in a manner that prevents transfer of microorganism to others and to the environment.

- Soiled patient care equipment should be handled in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated, cleanse equipment after each use with an approved disinfectant and perform hand hygiene.
- Blood and other potentially infectious body substances in amounts sufficient that could cause infection should be discarded into red bags or containers labeled “Infectious Waste”

### **Blood borne Pathogens**

Blood borne pathogens are viruses, bacteria, and other microorganisms that are carried in a person’s blood and/or body fluids. These pathogens cause diseases such as HIV and Hepatitis B and C. exposure to blood borne pathogens by contact with blood or body fluids is an inherent risk with direct patient care. Keeping that exposure to an absolute minimum is important to your safety and well-being.

#### The OSHA standards for reducing risks of blood borne pathogens include:

- Disposal of used or contaminated sharps in sharp containers
- Use of standard precautions for all patients and all tasks that involve a reasonable likelihood for exposure to blood or body fluids
- Use of personal protective equipment
- Hand washing must be done after the removal of PPE, following contact with blood or other potentially infectious material, and/or prior to or following patient care.
- Containers used for transfer or disposal of anything contaminated with blood or infectious materials should display the biohazard label and be closable and leak proof.
- Avoid splashing, spraying, spattering, or creating droplets of blood or other fluids.
- Do not bend, recap, or break needles or sharps. Change sharp containers when contents reach fill line.
- Blood and other potentially infectious body waste that drip or flake when compressed is discarded in red bags or container marked with the biohazard label.
- Spills of blood or body substances must be contained and cleaned up immediately using PPE and an approved disinfectant.
- Do not eat or drink in patient care areas.

### **Transmission Based Precautions**

Infectious organisms can be readily transmitted from one person to another. Transmission-based precaution categories have been recommended by the Centers for Disease Control to prevent transmission of infections. Transmission-based precautions are used when the routes of transmission are not completely interrupted using Standard Precautions alone.

#### Category:

- Contact: Transmitted by direct or indirect contact with contaminated items.
- Contact-Enteric: Transmitted by direct or indirect contact with contaminated items.
- Droplet: Transmitted by large particle droplets generated by aerosolization (coughing, talking, etc.)

### Tuberculosis (TB)

TB is a communicable disease caused by a bacterium call Mycobacterium Tuberculosis. These microorganisms are spread through airborne transmission. TB precautions are used for patients with known or suspected pulmonary tuberculosis.

There are 3 stages of TB infections.

1. Exposure
2. Latent non-infection: in this stage a person will have a positive PPD skin test, but will not be contagious or display symptoms
3. Active TB disease: symptoms which may include a bad cough that lasts 3 weeks or longer, bloody sputum, weakness or fatigue, weight loss, fever, chills, and night sweats. *TB is contagious.*

### Clostridium difficile (C-Difficile):

Clostridium difficile, also known as C Diff, is a germ that can cause diarrhea. Most cases of C. diff infection occur in patients taking antibiotics. The most common symptoms of a C. diff infection include:

- Watery diarrhea      - Loss of appetite
- Fever & Nausea      - Belly pain and tenderness

C. difficile is generally treated for 10 days with antibiotics. People in good health usually do not get C. diff. People who have other illnesses or conditions requiring prolonged use of antibiotics and the elderly are at greater risk of acquiring this disease.

The bacteria are found in feces. People can become infected if they touch items or surfaces that are contaminated with feces, and then touch their mouth or mucous membranes. Healthcare workers can spread the bacteria to other patients or contaminate surfaces through hand contact. *Do not use an alcohol based hand sanitizer for a patient with C. diff.* It is recommended to use soap and water to remove the C. diff spores.

### **Multidrug-Resistant Organisms (MDRO)**

Multi-drug resistant organisms (MDRO) are common bacteria that have developed resistance to multiple types of antibiotics. These bacteria are present on the body of many people, including on the skin, in the nose or other moist areas of the body and in secretions. Antibiotic resistance often occurs following frequent antibiotic use or frequent exposure to a healthcare setting. For most healthy people these bacteria do not cause a problem. The most common MDROs are MRSA and VRE.

### Methicillin-resistant Staphylococcus Aureus (MRSA):

MRSA is a type of staph bacteria that is resistant to certain antibiotics called beta-lactams. These antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin, and amoxicillin. In the community, most MRSA infections are skin infections.

MRSA is mainly spread to other patients through people's hands, especially the hands of healthcare provider. Hands may become contaminated with MRSA bacteria following contact with MRSA – infected (or colonized) patients. If appropriate hand hygiene such as washing with soap

and water or using an alcohol-based hand rub is not performed, the bacteria can be spread when the healthcare provider touches other patients.

Vancomycin-Resistant Enterococci (VRE):

Enterococci are bacteria that are normally present in the human intestines and in the female genital tract and are often found in the environment. These bacteria can sometimes cause infections. Vancomycin is an antibiotic that is often used to treat infections caused by enterococci. In some instances, enterococci have become resistant to vancomycin and thus are called vancomycin-resistant enterococci (VRE). Most VRE infections occur in hospitals. VRE is spread from person to person. VRE can get onto a caregiver's hands after they have contact with other people with VRE or after contact with contaminated surfaces. VRE can also be spread directly to people after they touch surfaces that are contaminated with VRE.

## **Patient Rights**

Choices

The patients have a right to make choices regarding care that affects him/her. Protect your patient's right to choose by offering choices as you care for them.

Patient Identifiers

In home health care, patient identifiers can be the patient's name, date of birth and correct address.

Privacy

This is an important right! The patient has a right to privacy behind a closed door. Respect their privacy by always knocking/checking before entering and wait for a response. Make sure privacy is provided during care. Keep the patient's body as covered as possible while providing care.

End-of-life Care

Patients have the right to receive treatments to manage symptoms and keep them comfortable at the end of life.

### **Advanced Directives**

Living Will

A Living Will is a written, legal document that describes instructions on the kind of medical treatments or life-sustaining treatments an individual wants in the event they are no longer able to make decisions due to illness or incapacity.

A Living Will becomes effective when an individual becomes terminally ill and unable to express their wishes regarding healthcare or when the individual becomes permanently unconscious. Ohio Law requires that a Living Will created after December 15, 2004 must include a person's preferences about Anatomical gifts (organ and tissue donation.)

### **Healthcare Power of Attorney**

A healthcare power of attorney is a document which states who has been appointed to make healthcare decisions on behalf of another person when they are incapacitated. This becomes effective even if the person is only temporarily unconscious and medical decisions need to be made.

**Do-Not-Resuscitate (DNR)** Unlike a Living Will and Health Care Power of Attorney, a DNR order **MUST** be written and signed by a physician or an advanced-practice nurse after consultation with the patient.

The two options within the DNR comfort Care Protocol are the DNR Comfort Care (DNRCC) order and the DNR Comfort Care-Arrest (DNRCC-Arrest) order. With a DNRCC order, a person receives any care that eases pain and suffering, but no resuscitative measures to save or sustain life. With a DNRCC-Arrest order, a person receives standard medical care until the time he or she experiences a cardiac or respiratory arrest.

## Resources

- Advanced Directives Packet (2010). *Choices living well at the end of life*. 5<sup>th</sup> ed.
- American Academy of Family Physicians (2014) Domestic violence: *Protecting yourself and your children*
- American Nurses Association (2001) Code of Ethics for Professional Behavior
- American Academy of Orthopaedic Surgeons (2010). *Culturally competent care*
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# 2017

# Home Care National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

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## Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

## Use medicines safely

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

## Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

## Prevent patients from falling

NPSG.09.02.01

Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.

## Identify patient safety risks

NPSG.15.02.01

Find out if there are any risks for patients who are getting oxygen. For example, fires in the patient's home.



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This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at [www.jointcommission.org](http://www.jointcommission.org).