



The policies in this handbook are not intended to constitute a contract. HopeBridge reserves the right to amend, add to, repeal or deviate from any or all of the rules and regulations described in these policies wherever we believe it is necessary or desirable to do so.

Ignorance of the following materials is no excuse for violations of company policy.

# **HOPEBRIDGE TEAM MEMBER MANUAL**

## **WELCOME TO OUR TEAM!**

Dear Team Member,

HopeBridge Senior Services (A division of Focused Nursing Services LLC) provides health care services in the homes of our clients. More importantly, we are in the business of keeping clients happy and well in the comfort of their own homes.

As one of our carefully chosen team members, we have made a commitment to treat you with respect and to value your contribution. We welcome you to the special group of individuals who join us in providing quality home health care.

This book is our employee manual and part of your orientation process. You are required to know our policies and are accountable for the contents of this manual. This book will answer your questions about our operations and your job description.

Thank you for choosing HopeBridge and welcome to our family. We are honored that you have chosen to be part of our health care team!

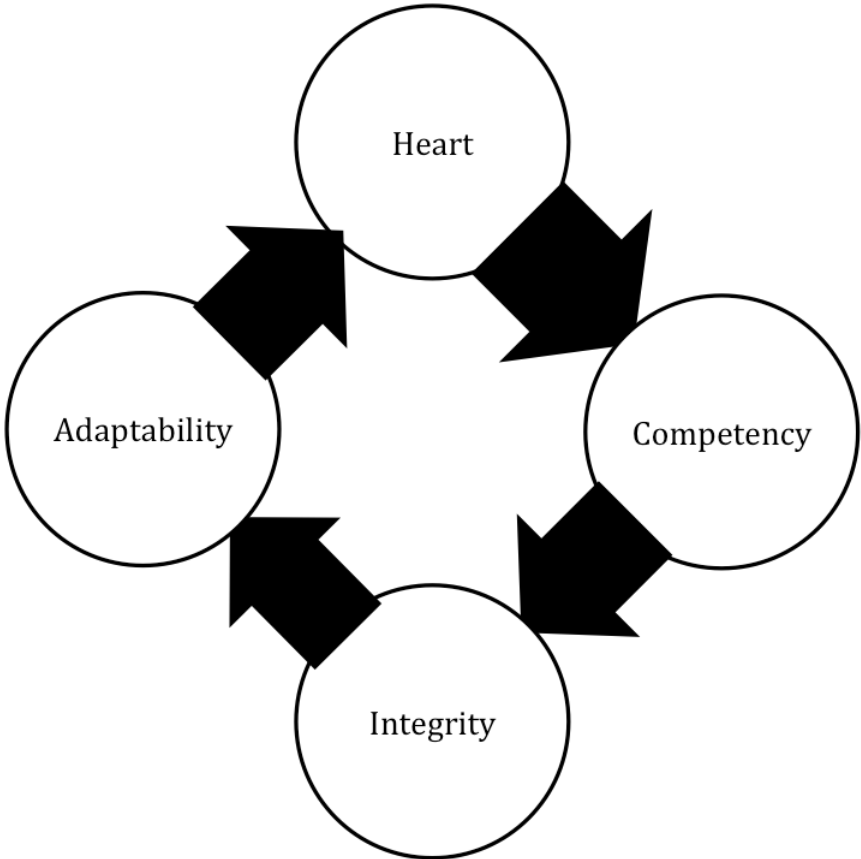
Sincerely,

Jonathan Eggleston, HopeBridge Administrator

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# CORE VALUES OF THE HOPEBRIDGE TEAM



**Heart:** The motivating factor, the foundation in relating with

**Competency:** The knowledge and capabilities to perform your job well

**Integrity:** The moral values of unity, honesty, decency, trustworthiness, fairness that an individual displays in work performance

**Adaptability:** The willing flexibility to adjust to learn new skills or new conditions

Each of these values correlates through character traits of the individual.

Heart + Competency = Trust, Confidence, Leadership

Competency + Integrity = Professionalism, Dependability, Reliability

Integrity + Adaptability = Boundaries, Absence of Fear, Rule-following

Adaptability + Heart = Compassion, Flexibility

The best teaching tool to promote these core values is by example of those in leadership. How these core values are exhibited in the work place with our clients and in relating to our co-workers will be evaluated on a continuing basis. New hires will be evaluated by these values during their first 90-day orientation period, approximately 3 times every 30 days. For employees beyond the orientation period, a review will be conducted annually.

# **EMPLOYMENT OPPORTUNITIES**

## **Employment and Non-Discrimination**

HopeBridge Senior Services provides equal opportunity for all employees and applicants for employment without unlawful discrimination on the basis of race, creed, religion, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or disability. Equal employment opportunity includes, but is not limited to hiring, promotion, transfer, demotion, termination and training.

## **OFFICE STAFF**

The office staff function is to assist you in doing your job in a concerned and competent manner. All office staff report directly to the Administrator.

## **Administrator/Alternate Administrator**

The Administrator and Alternate Administrator define the core objectives, scope of services, organizational direction and alignment, allocation of resources, assure regulatory compliance and have the final authority on all policies and procedures as well as disciplinary issues. They supervise both the nursing and non-nursing staff and oversee all personnel concerns. The on-call administrator and nurse line 24 hours a day is (509) 731-3901.

# **Director of Skilled Services**

Direct Supervisor: The Administrator

The Director of Skilled Services (DSS) is a Registered Nurse and assists the Administrator with developing care plans and supervises the client's medical care. He/She will provide instruction and special training as needed to caregivers. He/She is the liaison with the client's physician and coordinates care between the client, physician and other health care professionals. You must always speak directly to the DSS for any change in client condition, medication change, client accident or injury, or any other unusual occurrence that might jeopardize the client's well-being. The DSS assists with hiring staff and oversees all the House Managers. He/She is directly responsible for the care provided to all Home Health clients. Needs to pass a WA State background check.

# **Office Manager**

Direct Supervisor: The Administrator

The Office Manager is responsible for keeping the daily functions of the office running smoothly as directed by the Administrator. Office Manager will input all house schedules which are received by each House Manager. All direct care staff are to report to their House Managers for schedule questions and changes, not to the Office Manager. They onboard new employees into timekeeping systems, manage payroll, timesheet records, and billing. They are also responsible for up keeping client house books.



# **DIRECT CARE STAFF**

## **Registered Nurse (RN)**

Direct Supervisor: Director of Skilled Services (DSS)

The RN is utilized in accordance with the policies of the Washington State Board of Nursing, Nurse Practice Act, and other health care bodies for the purpose of providing professional, skilled and technical functions to HopeBridge clients.

### Responsibilities include:

1. Functions permitted and defined by the Washington Nurse Practice Act as it pertains to the RN
2. Carrying out orders from the Administrator and the client's physician
3. Documentation and summary of client care and events pertaining to the client's progress and development
4. Working with other members of the health care team for the purpose of providing sound and continuous client care
5. Participation in HopeBridge programs and in-services
6. Initiation of rehabilitative and constructive procedures to aid in the client's status and or progress
7. Maintains communication with appropriate HopeBridge staff to avoid misunderstandings

8. Completes a supervisory form weekly for each client to whom he/she is assigned
9. Other responsibilities that may be indicated orally or in writing that have to do with client care and the role of the Registered Nurse regarding individual cases

Qualifications include:

- Current Washington license to practice as a Registered Nurse
- A sincere and genuine interest in client care, home care, and compassion for the sick
- Six months experience as a RN preferred
- Needs to pass a WA State background check

## **Licensed Practical Nurse (LPN)**

Direct Supervisor: Director of Skilled Services (DSS)

The LPN is utilized in accordance with the policies of the Washington State Board of Nursing, and other health care bodies, for the purpose of providing skilled and technical functions to HopeBridge clients.

Responsibilities Include:

1. Functions permitted and defined by the Washington Nurse Practice Act as it pertains to the LPN

2. Carrying out orders from the Administrator and the client's physician
3. Documentation and summary of client care and events pertaining to the client's progress and development
4. Working with other members of the health care team for the purpose of providing sound and continuous client care
5. Participation in programs and in-services of HopeBridge
6. Initiation of rehabilitative and constructive procedures to aid in the client's status and/or progress
7. Maintaining communication with appropriate HopeBridge staff in an effort to avoid mistakes and misunderstandings
8. Other responsibilities that may be indicated orally or in writing that have to do with client care and the role of the Licensed Practical Nurse regarding individual cases

Qualifications include:

- Current license to practice as a Licensed Practical Nurse
- A sincere and genuine interest in client care, home care, and compassion for the sick
- Six months experience as a LPN preferred
- Needs to pass a WA State background check

# House Manager

Direct Supervisor: Director of Skilled Services (DSS)

The House Manager works under the supervision of the Director of Skilled Services and/or designated Registered Nurse.

## Responsibilities Include:

1. Provide supervisory support, assessment and evaluation of Home Care Aides assigned to client
2. Provides direct client care as assigned by the Registered Nurse and provides quality home health care services
3. Coordinates with the DSS to create, report and maintain the schedule for their individual house every two weeks
4. Assists in the home health care services that reflect the philosophy and standards of a quality home health agency
5. Leads his/her team with a servant leadership mentality, guided by the Core Values of HopeBridge
6. Create the schedules for each “house” they are assigned to

## Qualifications include:

- High school graduation or GED required
- Nursing aid certification (NAR or NAC) required

- Shall have one year of full-time experience in home health care in an institutional setting, such as a hospital or nursing home OR shall have one year, full-time experience within the last five years in direct client care in a home health agency setting
- Evidence of sympathetic attitude toward care of the sick
- Demonstrated ability to read, write, and carry out directions
- Evidence of maturity and ability to deal effectively with job demands
- Good verbal and written communications skills required
- Attends initial and annual in-services required for Home Care Aides
- Participates in professional meetings and trainings when directed
- A WA State background check will be conducted prior to being offered permanent employment with this agency
- Is able to work independently and closely supervised to ensure competence in providing client care

## **Certified Nurse’s Aide (NAC/NAR)**

Direct Supervisor: House Manager and Director of Skilled Services (DSS)

Nurse’s Aides are recognized as a key part of our home health care program. Certified Nurse Aides perform “hands-on” assistance with a client’s physical dependency needs as well as non-skilled medical procedures ordered by the physician and delegated in writing by the DSS or Administrator.

Responsibilities include, but are not limited to:

- Assist client with bathing

- Mouth and denture care
- Assist client to and in bathroom
- Assist client with ambulation
- Hair care
- Assist client in and out of bed
- Assist with dressing and undressing
- Housekeeping and meal preparation
- Assist client with wheelchair
- Vital signs
- Assist with cane, walker or crutch
- Assist with oxygen
- Measure intake & output (I&O).
- Reminders and assistance with medications

The following **MAY NOT** be performed by the Nurse's Aide **unless delegated** by a nurse:

- Tube feedings
- Catheter or colostomy irrigation
- Administration of any medication
- Change of ostomy device Wound care

The following **MAY NOT** be performed by the Nurse's Aide:

- Providing medical advice/direction or decisions

- Cutting fingernails or toenails (diabetic client)

Qualifications include:

- Is at least 18 years of age, of adequate physical & mental health to perform the job and free from communicable disease
- Is a high school graduate (or has a GED) and demonstrates the ability to read and write adequately enough to complete required visit forms and reports
- Can follow verbal and written instructions
- Current Nurse's Aide Certification or Registration
- Interpersonal skills necessary to work well with clients, families and co-workers

Needs to pass a WA State background check

If employed full time by HopeBridge Home Health Services (Focused Nursing, LLC), the employee are not allowed to work at other home health care agencies.

## **You Are Never Alone**

Communication between field and office staff is of primary importance to good client care. From House Managers to Administrators, it is our job to make your job easier and to provide the best client care.

You're never alone. After hours and on the weekend, the on-call Administrator or the on-call Nurse is available for problem solving and scheduling emergencies.

# **ASSIGNMENTS AND SCHEDULING**

## **Accepting Assignments**

With the exception of House Managers, you may accept or refuse being assigned to a new or different client without penalty, understanding that declining assignments may result in you not being able to work the amount of hours you desire. The House Managers will contact employees when openings become available and describe the skills, hours, duties, and special considerations. Questions are encouraged at that time. If you have no interest, let the House Manager know at the time of the call.

When you accept a case, we expect you to be fair and reasonable with scheduling. Don't accept cases if you know you cannot fulfill the requirements.

If you don't have the skills for a case, talk with the Director of Skilled Services. A training session may be arranged to give you instructions.

## **Scheduling**

Routine scheduling is generally completed and published two weeks prior to a scheduled shift. Schedules are published in a program called TSheets.

Employees that work for clients that have weekend coverage will be required to share the weekend hours. Employees are expected



to work every other weekend. Employees will also be expected to share holidays when care is required.

If you are going to arrive late, leave early, or need to reschedule a shift for personal reasons after the schedule is published, contact your House Manager to obtain approval for any change of shift. Upon approval, he/she will request a TSheets update. House Managers must obtain approval of their own schedule changes from the DSS. Upon approval, the DSS will request a TSheets update. Employees are required to notify their House Manager prior to the schedule being published of any vacation plans. All vacation time is subject to administrative approval. If you notify your House Manager more than two weeks in advance, you are not responsible for covering your missing shifts. Your House Manager needs to know well in advance when you are, and are not, available for work. It's your responsibility to know your schedule and know how TSheets works.

Unscheduled absences by employees do occur. When unable to work, CALL (don't text) your House Manager and inform him/her why you can't make it to work. Employees should never call the client directly if they are unable to work or need to change hours.

Sick leave policy is based on the expectation that you would have no greater than four (4) episodes of sickness in a twelve-month period. An episode is defined as a string of consecutive days where you have called in sick. Anything in excess of four episodes requires a doctor's note.

**Employees will not be paid for care that has not been scheduled in advance through your House Manager.**

Do not ask clients to change scheduled work hours for your convenience. If a client or family member wishes to change hours after you arrive, call the DSS for approval.

There is often a period of adjustment at the start of care as we work with the client and family to meet their wishes as well as provide the necessary care. During this adjustment time, there may be several staffing and/or scheduling changes as we work to find the solutions that best meet the needs of the client. These first few weeks of care can be stressful until schedules stabilize and the client's needs are clearly defined. Ultimately, things work best with a routine schedule and consistent staff.

While HopeBridge will make every effort to provide the full time or part time hours you request when hired, it is the nature of the home health care business and varying client loads that keeps us from being able to fully assure that you will receive those hours every single pay period. Sometimes you can work more than your assigned hours, if you desire to work the overtime, and sometimes we may not have enough hours to fill everyone's requested hours. Staff with higher levels of training will be less at risk for losing hours, as they can be staffed in a greater variety of situations.

# TIME KEEPING POLICIES

**We advise direct deposit as the preferred method of payroll delivery.**

TSheets is our time and attendance system and all new employees will be trained on it. Please follow these steps to enter your time in the TSheets app:

1. Open the app (It is a good idea to keep open as it will send you reminders about changes in schedule and notify you prior to shifts)
2. When arriving for a scheduled shift, open the schedule tab and click the clock in button on the shift.
  - a. Make sure the correct client and type of care is selected
  - b. Billable is always yes (except for office staff)

Starting time begins after you enter the client's home and begin to provide care. Your time card may only reflect time that the client is present in the home. If the client is not in the home when the shift is scheduled to start, call the House Manager or DSS immediately for instructions. For individuals who are frequently driving long distances, stipends can be afforded to offset travel cost. This is at the discretion of the Administrator.

An orientation meeting with the client and house manager will be arranged for the employee to learn the rules and expectations at each client's home. During this orientation, you will be going over specific care information, duties, getting to know your client and getting the "lay of the land." Orientation must be approved and documented as "orientation" and will be paid at a standard "orientation" rate.

Shift starting and ending times will be scheduled through your House Manager on TSheets. Any deviation from these times must be reported to the House Manager or DSS for permission prior to the care being delivered. Clock in and clock out times must be accurate and reflect care actually performed for the client by the employee. Any falsification, including but not limited to, times, days, signatures, care performed and level of care will be grounds for dismissal and may constitute felony health care fraud.

## **TEAMWORK**

Most clients have more than one employee working with them, so you need to be a team player. This includes supporting each other, sharing the work load fairly, adjusting hours when a problem arises and reporting any problems to the House Manager or DSS.

Plan on giving or receiving a report on your client, prior to ending or starting a shift. When you are reporting information to a family member or another employee, be thorough and to the point.

Remember, it's common for a client to have a "favorite" employee. If this happens, be particularly supportive of the others, keeping in mind it is the team effort that creates good continuity of care.

Never criticize your fellow employees or office staff in front of the client. If you're having a problem, inform your House Manager and they will intervene to resolve the problem. It's our job to give you the necessary information to provide client care. It's your job to discover the little things that help you succeed with each assignment.

# **NEVER LEAVE THE CLIENT ALONE**

Clients should never be left alone during scheduled working hours, whether you are in their home with them or in public. When you need to go to the bathroom, make sure the client is safe and engaged in an activity. Ask them to remain seated while you are out of the room. Go to the bathroom, wash your hands and return as quickly as possible. Breaks may only be taken when the client does not need active care and must be taken while still able to provide care when needed. You must always stay close enough to recognize and intercede if a medical emergency occurs.

If you leave the home at any time during your shift, you must have a qualified caregiver take over for you and you must “clock out.” Your time card should reflect the time you were out of the home and your documentation should reflect who assumed care for the client during the time you were gone.

Occasionally, a client might order you to leave. Don’t leave. Explain that you must call the House Manager and do so immediately! If you are physically threatened or in danger, you may leave the premises but immediately notify the House Manager and call 911 if you have been harmed in any way.

# SAFETY

We are concerned about safety! Our employees and clients matter to us. Use safe procedures at all times when you are providing client care. The safe way is always the correct way to do each job. Shortcuts often equal someone getting hurt.

The following are some basic rules to assure your safety in the home setting:

- Hand-washing, or the use of alcohol-based sanitizer, is required upon arriving at the client's home, upon leaving the client's home and any time you have had contact with suspected unsanitary surfaces. Hand washing is required after using the bathroom or any time your hands are visibly soiled. A personal protective equipment kit will be distributed to you and one will be kept at the work site in reserve.
- Use safe lifting techniques. Lifting in-services are mandatory each year but are always available for review. Contact the DSS if you need to be trained on a specific client or piece of equipment.
- Arrive at work well rested, clean and in good health. Report any infections if you feel ill. Keep health tests up to date.
- Dress properly. Loose fitting clothing, jewelry, high heels and sandals can cause accidents. Wear low heeled, rubber-soled shoes.

- Always follow the care plan and your job description. If you do not know something, DO NOT GUESS! Call the House Manager or DSS for instructions. Do not operate equipment without authorization.
- When driving, seat belts are mandatory. Do not eat, drink, smoke or use a cellular phone while driving. Obey all traffic laws at all times. When driving your car, it must be properly insured, maintained and in safe operating condition.
- Pick up clutter underfoot. Wipe up spills completely as soon as they happen. Never climb on ladders or chairs. Keep your feet on the ground.
- Correct or report unsafe conditions or actions immediately. Make safety your business.
- Do not pet, play with, or otherwise encourage interaction with animals in the home. All animals have the ability to bite and scratch. If possible, keep pets out of the room when you are doing personal care.

When an injury, accident or exposure occurs, call the House Manager or DSS as soon as possible (always within 24 hours) and follow up with a written statement within 72 hours.

Urgency is NEVER a reason to neglect safety. Take responsibility and keep a safe environment.

## **Body Mechanics**

Employees lift and move clients, supplies and equipment every day. If not performed correctly, these activities can result in serious injury or damage to you or your client.

### **DO:**

1. Make sure you have good posture.
2. Maintain a wide base of support. Stand with your feet about 12 inches apart.
3. Bend your knees, not your back. This will put pressure on the leg muscles which can better absorb the pressure. Use the stronger and larger muscles of your body. These are the shoulders, upper arms, thighs and hips.
4. Hold objects close to your body when lifting, moving or carrying them.
5. Avoid unnecessary bending and reaching. Leaning and reaching may strain your back and muscles.
6. Avoid lifting when possible. Push, slide, or pull heavy objects when you can.
7. Turn your whole body when you change directions.



## **DON'T:**

1. Twist your neck, back or upper body
2. Bend your back
3. Strain if the object is too heavy
4. Jerk at objects or make sudden moves
5. Try lifting anything you are unsure you can handle
6. Lift heavy objects when you are weak or dizzy

**Always ask your House Manager or DSS when in doubt before moving or lifting any object or client!**

# CARE PLANS

A client binder is in the home of each client. A nursing plan of care is in each binder and it outlines the care you are to provide and how it is to be provided. Care plans may differ in format and content, but all should clearly outline your role in the home.

Care plans are developed by the Administrator and Director of Skilled Services in conjunction with the doctor, family, and client. Any suggestions you have to update the client care plan are appreciated. If you do not find a care plan or client binder in the home, please call the House Manager or DSS before providing care.

You are to provide the care as it is outlined in the care plan. If the client or family requests care that is not on the care plan, or the care needed is not on the care plan, please contact the House Manager or DSS immediately and report the need for changes to the Administrator. Do not provide care that is not on the care plan without the Administrator's approval.

Documentation of your activities and care provided is required each time you see a client and must be completed before you leave each day. Caregivers should maintain **clear and accurate** records for care provided. Documentation must be thorough, concise and reflect the care plan goals. Please do not insert opinions or interpretations of the client's behavior. Merely describe what you have observed. Our records are legal documents admissible in a court of law.

## **Reason for the Care We Provide**

There are several reasons a client may need our services and most payment sources (insurance, Medicare, guardians, family members, etc.) are very specific about what they will pay for. It is important to know the reason for the care and who pays for what services. Examples include: Medicaid will pay for care while the family is at work but requires the family to provide the client's care while they are at home. Insurance companies generally will only pay for skilled care that the family is not trained or able to provide. Please make sure you are aware of the "why" we are providing care and contact the office if the family's circumstances have changed.

## **Interpreter Service**

We have a language line service that will be available to anyone who is working with a client who is not able to speak a language you can understand. How to use:

- Dial 1888 808-0908
- The PIN is 32134878
- Say the language for which you want translation
- You will be connected to an interpreter, who will then call the house phone so please have the home phone number ready
- The interpreter then calls the house phone (or another cell phone) and then you can start the conversation
- We are charged per minute for the service, so please use the time with the service efficiently

# GUARDIANS & GUARDIANS AD LITEM

Some of the clients we work with are under the care of legal guardians. The guardian can be in charge of the person only, or the person and the estate. The legal status of the individual will be made clear during the initial orientation. If you were working with a client who has a legal guardian, you need to be especially careful with whom and how you talk about the client's condition. Just because someone is free to come and visit the client, does not mean that you are free to share information about the client. If the visitor has questions regarding care, medications or anything at all, refer them back to the guardian. Understand that when there is a court-appointed guardian, there are legal issues that can't always be shared with staff by the guardian.

**When speaking with guardians, please do not give your own opinions about the individual.** You are free to share observations like "Mrs. X can't remember that I was here the entire day with her yesterday," as that is an observation. Your opinion would be to say "Mrs. X has very bad memory loss and shouldn't be left alone." It is your job to protect the client's legal rights and personal dignity, balancing that against the client's need for safety, and the guardians need for clear and detailed information free from bias.

# DOCUMENTATION POLICIES

## General Documentation Policies

All care must be documented at the time it is provided and must follow the “care plan” that is located in the client’s binder located in his/her home. Documentation sheets should be reviewed each time the employee enters the home, paying special attention to any changes in the client’s condition that could affect the client’s care. Please leave no space in the documentation where additional information could be added to the chart at a later date. Cross out any additional space between entries. Call the House Manager or DSS immediately if you cannot locate the client binder in the home.

When a “condition change” is observed, call the House Manager or the DSS. A condition change is a change in physical, psychological, or mental status, or something you observe with the client that is not on the original care plan such as level of assistance needed, client injury, or any other client concern.

**Call the House Manager or DSS immediately if the client is not at home or does not answer the door when you arrive to provide care.**

Write neatly and legibly. If an error is made, line through it once, write the correct information beside it, date and initial. Never erase, white out, or write over previous notes. If an entry is forgotten, write it as a “late entry.”

## **Skilled Nursing Documentation (RN, LPN, Therapies)**

All skilled care requires documentation each time the client is seen and at least hourly when providing extended hours. Documentation will be done at the residence when care is given and must be completed before the employee leaves the home each day or visit.

Nursing notes must be clear, concise and complete. Remember, if you did not document it, you did not do it! All notes must be dated, time of day recorded (no military time) and each entry signed as you have signed your “Signature Page.” Do not leave any blank areas. Draw a line through all unused spaces. If you have a concern that needs to be documented, but you don’t want it left in the home, contact the House Manager or DSS for instructions.

Arrangements are made on an individual client basis for collection of notes. Please clarify with the House Manager or DSS what arrangements have been made for each client in your care. Notes must be incorporated into the clinical record in the office within 14 days of the day they are written. Submit all paperwork per HIPAA guidelines.

Observe the following guidelines regarding documentation:

- Nursing notes are maintained on all clients each day services are rendered. Entries must be made each time care is given.
- All care provided including assessments, condition changes, behavior, and mental status should be reflected in the notes.

- Notes must reflect nursing care, client activity and significant family interaction. HopeBridge may not be paid for services done with poor documentation.
- Observation must be specific and objective. Do not state opinions or make judgments.

At the beginning of the shift:

1. Record the time and date shift begins and from whom you received the report
2. Check and document all equipment for function, appropriate settings and availability, including emergency equipment
3. Perform and document brief head to toe assessment of client including involved systems (respiratory, GI, musculoskeletal, etc.) vital signs, blood pressure and equipment. This assessment may be performed later in the shift in some cases. Check with the DSS.

At the end of the shift:

1. Recheck and document equipment settings and condition
2. Document time, date, how the client was left, and who assumes responsibility for care
3. Check to make sure all sheets/notes are signed, numbered, and dated

4. Last shift of the week: Cross off all unused lines on the sheets. The new week begins with a new sheet of notes.

Client binders, notes, medication sheets, flow sheets, and other types of materials are distributed by the House Manager. If your supplies are low, call the House Manager. Be sure you receive enough materials to last two weeks. Care plans, schedule sheets, emergency numbers and special instructions are in the binder and should be reviewed each time you provide care.

Remember that nursing documentation is legal, confidential and just as important in a home setting as it is in an institutional setting. Please make every effort to be thorough, complete, and accurate in all documentation you provide.

## **Nurse's Aides Documentation**

Nurse's Aides complete in home documentation to provide information about the day's events. This documentation corresponds to the care plan written by the Administrator and Director of Skilled Services and is found in the client binder. Work from the care plan when completing your daily documentation.

Complete in home documentation as the care is provided, sign and date it at the end of each day you provide care. All signatures must match your "Signature Page." The House Manager will submit all paperwork weekly to the office, per HIPPA regulations.



# **Policy and Procedure Manual**

The Policy and Procedure Manual, which describes all the functions of the organization, as well as the procedures followed by the organization, are available upon request at the main office.

# EMPLOYEE BENEFITS

## Wages

Experience, skill level, type and location of case and other factors influence your rate of pay. Employees are paid every other week. At the start of employment and after any position change, the employee is put on a mandatory 90 day probation period. A 90 day probation period consists of 90 work days and at least 514 hours worked.

## Holiday Pay

After 90 days of employment, when you work a recognized holiday shift, you will be paid one and one half (1 1/2) times your regular rate. A recognized holiday shift is one of the following:

Memorial Day (7a.m. - midnight)

4th of July (7a.m. – midnight)

Labor Day (7a.m. – midnight)

Thanksgiving (7a.m. – 7a.m.)

Christmas (7 p.m. Eve of 24<sup>th</sup> – Midnight of 26<sup>th</sup>)

New Year's Day (7p.m. Eve of 31<sup>st</sup> – 7a.m.)

If you have questions concerning holiday pay, clarify it before you work the shift.

## Breaks

All team members are required to take breaks during their shifts while still following the plan of care and maintaining client safety.

These breaks include 10 minute paid rest breaks for every 5 hours worked and a 30 minute paid lunch break. Breaks may only be taken when the client does not need active care and must be taken while still able to provide care when needed. You must always stay close enough to recognize and intercede if a medical emergency occurs. Office staff is awarded same breaks, except their lunch break is unpaid.

## **Overtime**

Hours worked over 40 hours per week are paid at one and a half (1 1/2) times the regular rate of pay.

## **Evaluations**

Yearly evaluations for all staff are completed based on date of hire. Evaluations done by your House Manager, DSS and Administrator after the first 90 days will determine whether or not you become a permanent employee.

## **Health Benefit**

HopeBridge offers a group, voluntary, limited benefit medical health plan. This plan is eligible to employees who have worked 6 months or longer and work an average of 20 hours or more per week. The limited health benefit plans are designed to provide basic health care services. Enrollment is at hire and at open enrollment January 1st. Please contact the Administrator for additional information or with your desire to participate. This program is a Limited Medical Health Benefit and is not intended or recommended to replace any comprehensive program of insurance.

In an ongoing effort to provide health care programs at an affordable premium, plans and/or benefit programs may change.

## **401K**

HopeBridge offers enrollment for all eligible employees two times a year, January 1st and July 1st. You will be eligible to participate for purposes of salary deferrals when you have completed one (1) year of service and have attained the age of 21. You will have completed a year of service if, at the end of your first twelve months of employment, you have been credited with at least 1,000 hours of service. If you have worked for HopeBridge previously and have questions regarding how plan participation or eligibility may individually have an impact on you, please call the Administrator to find out more.

## **Training/Education/In-Service**

The DSS will assign each employee required in-services, both during orientation and on an ongoing basis. If you would like special training surrounding client care, please direct those requests to the DSS.

All employees are required to have 12 hours of in-service each year to maintain their certification and employment.

All employees must have in-service requirements current and be ready to work to receive unemployment benefits, temporary disability benefits through workers compensation or to be considered for a pay increase.

## **Liability Insurance**

All categories of employees are covered by liability insurance for hours scheduled that are actually worked providing care to the scheduled client. This insurance protects the employee and this agency. For your own protection, we encourage licensed personnel to have individual malpractice insurance as well.

## **Workers Compensation**

Work-related injuries or exposures are covered by Worker's Compensation and must be reported at the time they occur. Employees that require medical treatment beyond first aid are required to contact the DSS to document the injury prior to being seen by an approved physician. With more serious injuries that require immediate attention in an emergency room setting, the DSS should be made aware as soon as possible.

A written statement of the events leading up to the injury will need to be submitted by the employee within 72 hours of the time of the injury or within 72 hours of your release from treatment in a hospital.

Employees not working due to workers compensation injuries will be required to call the House Manager or DSS daily to report their medical status unless they are in the hospital.

Beginning one week after an employee has begun treatment for a work-related injury that prevents them from performing their regular job, they will report to the local office daily. They will be assigned to work within their restrictions at the discretion of the

House Manager or DSS.

Failure to follow the guidelines above may result in forfeiture of disability benefits. HopeBridge believes it is our responsibility to assist our employees in the process of getting well. It is our goal to keep our valued employees active and productive and not facing a loss of income during work-related injuries.

## **Employment Insurance**

Any employee filing or collecting employment insurance benefits must be available to work. Your license or certification must be up to date, your physical or TB current and a copy of all of the above items must have been provided to the local office. Quarterly in-services, CPR and first aid training must also be up to date including completion, with a passing grade, of all tests.

Any employee collecting employment insurance benefits from HopeBridge is required to call the DSS to report their work availability. Failure to do so will be reported to the local employment agency and may affect your benefit payments.

Refusal to accept work offered within the service area that you have previously accepted employment with HopeBridge may also affect your benefit payments.

## **Family and Medical Leave Act**

Although not mandated, the Family and Medical Leave Act provides up to 12 weeks of unpaid leave for certain medical and family-related reasons, after the employee has maintained

employment for at least 12 months. Unpaid leave must be granted for any of the following:

**Basic Leave:**

1. For incapacity due to pregnancy, prenatal medical care, or childbirth
2. To care for the employee's child after birth, or placement for adoption or foster care
3. To care for an employee's spouse, son or daughter, or parent, who has a serious health condition
4. For a serious health condition that makes the employee unable to perform the employee's job

**Military Family Leave Entitlements:**

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave to address certain qualifying necessities. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period.

# EMPLOYEE POLICIES

## Absences and Tardiness

Unreported or excessive absences will not be tolerated. Tardiness is an issue of respect to your co-workers, as it results in not honoring their time. Excessive tardiness and/or unexcused or excessive absences may result in reprimand and/or termination of employment.

## Staffing Limitations

You may work no more than sixteen (16) hours in any one twenty-four hour period. Exceptions are made by the Administrative staff and are only approved for emergency situations. If you are requested to work more than sixteen hours in any twenty-four hour period, make sure that the House Manager is aware of all the hours you are working.

RNs, LPNs, and Nurse's Aides may not routinely work over 40 hours per week. Overtime requires administrative approval **in advance** and cannot be used for routine scheduling.

## Personal Appearance and Dress Code

You represent HopeBridge when you are in the client's home so appearance is important. Daily bathing, clean clothes, clean hair and good oral hygiene are the minimum requirements. Please do not wear perfume, cologne or heavily-scented lotions due to potential client allergies and sensitivities.



Wearing regular, modest clothing is appropriate. Shirts and slacks, skirts or dresses are fine as long as they are neat and clean. Make sure what you wear fits properly and you can perform your duties in it. Wear low heeled, rubber-soled shoes. Short shorts, miniskirts, tattered clothing, tight-fitting clothing, low-cut clothing, sleepwear, T-shirts with advertisements or obscene language and midriff tops are not appropriate. Scrubs may be acceptable for some clients. Check with your House Manager. We reserve the right to ask you to cover large, visible tattoos at the discretion of the Administration.

Jewelry should be kept simple, practical and to a minimum. Jewelry represents a safety hazard, so it must be worn with discretion, i.e. wedding rings, rings without large mountings, small earrings or studs. Visible piercings, except for earrings, should be removed when providing client care. Both professionalism and safety should be considered when wearing jewelry.

## **Nametags**

Nametags are to be worn while providing client care, unless noted otherwise in the plan of care. We will allow one replacement per calendar year for free. Thereafter, the cost (\$7) will be deducted from your paycheck.

## **Professional Behavior**

You are a health care professional and are expected to always behave in a professional manner in a client's home, as well as with the client in public. Your language, attitude and behavior should

always be courteous and professional even if the client is not acting in a reasonable manner. You must use personal restraint in difficult situations and report any concerns to the House Manager or DSS immediately.

Failure to maintain professional behavior may violate a client's rights and may be grounds for immediate termination.

## **Gossip**

We have a strict “no gossip” policy. When employees share their concerns and frustrations with their peers or subordinates instead of going up the chain of command to those who can actually fix the problem, they create chaos for everyone. Gripes go “up” and praise and guidance go “down.” If a team member is caught gossiping, he/she will be warned once. Afterwards, he/she will be subject to termination.

## **Courtesy & Respect**

Employees are expected to be courteous to clients and others in the home at all times. Clients and their families will not be subjected to yelling, foul language, sexual misconduct, discrimination, threats or battery of any kind by the employee. HopeBridge will investigate all such allegations and, if substantiated, will be grounds for discharge.

If the employee experiences any of the above behaviors from the client or others in the home, he/she is to report it to the House Manager or DSS immediately.

## **Personal Relationships/Professional Boundaries**

Employees are expected to maintain a professional relationship with all clients while providing care. Do not discuss your personal lives with clients, give them your phone number or address, or have contact with them outside of your work hours. Do not offer to assist them with additional needs or call them for any reason outside of your regularly scheduled hours.

Understand that you are employed as a care giver, not a handyman. If a client requests more than 3 hours of intensive cleaning/re-organizing, etc., out of an 8 hour day, please notify your HM immediately.

Personal relationships outside of the workplace disrupt the professionalism needed to assure the client's needs are the sole priority of care. The line between work and friendship often becomes blurred and can lead to fraud, abuse and violation of the client's confidentiality.

Please notify the House Manager or DSS immediately if a client asks you to do anything outside your normal work hours or indicates they want to pursue a friendship outside of work. Also notify your House Manager or DSS if you see a need the client may have that is not being met.

## **Drug-Free Workplace**

The use of, or being under the influence of, alcohol, marijuana, and/or illegal drugs while on duty is grounds for immediate dismissal. If you are taking medication ordered by a physician that may affect your job performance, please inform the House Manager or DSS before accepting work.

In an effort to maintain the safest environment for both client and employees, HopeBridge services will promote, monitor, and enforce a drug-free work place. Administration may request drug testing at any time or administration may do random drug testing at any time. Drug tests are routinely done with any on-the-job injuries.

It is strictly prohibited for any HopeBridge employee to be involved in an unlawful manufacturing, distribution, possession or use of a controlled substance in the work place or client's home. This type of conduct will not be tolerated and will result in an immediate discharge of that employee.

## **Drugs and Alcohol in the Home**

In an effort to maintain the safest environment for both client and employee, HopeBridge will promote, monitor and enforce a drug-free work place. Please report any illegal drug, marijuana, or alcohol use in a client's home to the House Manager or DSS immediately.

You may not provide care in a home where illegal drug activity is occurring. Excessive alcohol use by the client during hours of care is prohibited as well as excessive use of alcohol by individuals in the home during times of care. If a client has a guardian in place, please do not allow the client to purchase intoxicating substances without the written permission of the guardian.

Call the House Manager or DSS immediately if you suspect illegal drug activity or excessive alcohol use in the home by anyone.

## **Sleeping**

Hourly employees may not sleep or nap while on duty. Sleeping is grounds for immediate dismissal. If it is allowed in the client's plan of care, employees covering night shifts may sleep during the night while the client is sleeping but they must have a procedure in place to monitor the client and provide for their safety and needs.

## **Smoking**

We understand that some staff and clients do smoke. This is a subject that must be handled carefully in order to ensure the client's comfort and safety. If you do smoke, please ask your House Manager for the general guidelines in regards to how smoking is handled in the individual client homes in which you are working.

## **Telephone Use and Communication**

Please limit the use of your cell phone to essential and work-related calls while on duty in a client's home. When the client is awake, you need to be actively engaged with him/her and not on your phone.

In Home Health, communication and information safety is of the utmost importance. When texting, please only use the client's initials. **DO NOT** use client names, i.e. "JJ is going to be out of the house at that time." Please make sure that your phone is secured with a password lock or fingerprint scan lock to prevent client-sensitive information from getting out.

Text messaging is to be used only for non-health related questions. Never text information about the client's health or condition. If the information that needs to be communicated is complicated or could be misunderstood, pick up the phone and call. A 15-minute text conversation can be dealt with in a 5-minute voice call with less risk of miscommunication. Client-specific or health-related information communicated in-person or by phone should then be documented promptly in the client's binder.

Communication is an important part of what we do, but please be sensitive about how and when. Limit non-urgent texts to team members who are not currently working to the hours of 8am to 6pm. Non-urgent issues include things like: schedule questions and changes that are over 24 hours in advance or issues that will not affect client safety or well-being if not addressed immediately. If the matter is urgent, by all means reach out and ask. But if not, please respect the fact that we all need our downtime.

Never place a personal, long distance call on the client's bill. When answering the phone at a client's home, answer it by saying "Mr. or Mrs. X's Residence." Clients are required to have a working telephone in the home for emergency use. Notify the House Manager immediately if one is not available. Do not give the client your telephone number and do not contact him/her directly. All communication with the client should come through the House Manager or DSS.

## **Use of Field Laptops**

HopeBridge will often use in-home laptops to allow the staff to complete continuing education and for the House Managers to communicate with the office. The laptops, as well as the wireless routers, are strictly for business-use only. They are monitored remotely to ensure compliance. Any unauthorized use will be cause for disciplinary action.

## **Personal Visits**

**It is never permissible for an employee to bring another individual, including children and pets, into any client's home for any reason.** Personal visits are not permitted during working hours. If you need to be picked up or dropped off by another person, do not allow them to enter the client's home or have any personal information about the client.

## **Gifts and Favors**

Do not accept gifts of any kind from the client, including gifts of money or "tips." Do not remove anything from the client's house without permission from the House Manager or DSS. Do not accept or give "loans" of money or possessions to clients. In the instance that you will need to handle money for the client, notify the House Manager or DSS for instructions. This might need to be added to the client's care plan and additional documentation may be necessary.

## **Dependents in the Home**

Employees are not responsible for anyone in the home other than the client(s) assigned to them by HopeBridge Services. If you are left in the home with individuals other than the client who require care or supervision, call the House Manager or DSS immediately.

## **Pictures**

Do not take pictures of clients or their families without permission from the House Manager or DSS. The only exception is when an employee needs to use photographs as a way of communicating a client's condition to healthcare providers.

## **Social Media**

Social media is a great way to connect with friends, but unfortunately it can cause a lot of problems in the health care field. Please do not post any information about clients or stories about individuals that you are working with. Please do not "friend" or "follow" any current or past clients. This protects all of us from inadvertently breaking client confidentiality.

## **Where Care May Be Provided**

The primary location of care is in the client's home or where the client is currently residing. **Care may never be provided in the employee's home.**

## **Automobiles and Transportation**

Any employee who will be transporting a client in their own



private vehicle needs to be cleared to do so, including verification of a current driver's license, current insurance, a driving record review and proof that his/her vehicle is in good, working condition. The client being transported must have documentation in place that he/she agrees to being transported by an employee.

Any trips out of the house need to be solely for the benefit of the client, and never for the primary benefit of the employee. Please be especially careful with the client as you are out in the community. You need to be especially alert for the possibility of falls and/or other injuries. If you are going to go over 15 miles away from the client's home, you need to have express written permission from the family, including a plan explaining when the client will be leaving and returning home. This cannot be an impromptu outing.

Arranging transportation to and from work is the employee's responsibility.

## **Privacy & Confidentiality**

Information regarding the diagnosis and treatment of a client is **private and confidential**. Employees should only discuss client information when reporting to other employees/caregivers or when reporting concerns to other team members.

Never discuss other clients with your current client. Even if clients know each other, information must be kept confidential. If a client continues to ask about other clients, notify your House Manager or DSS.

Do not discuss a client's diagnosis or treatment (or any other medical information) with his/her family members unless they are assuming the care of the client.

Do not give **anyone** a client's name, telephone number or address.

The client's folder should be kept in a secure location determined by the client and House Manager or DSS. Make sure it is secured before you leave the home each day and do not disclose its location to anyone.

Concerns regarding a potential violation of a client's privacy should be reported to your House Manager or DSS immediately for investigation. Violation of a client's right to privacy may be grounds for immediate termination.

## **Non-Harassment Policy**

In keeping with the spirit and the intent of Federal and State law, HopeBridge strives to provide a comfortable work environment. We are committed to a workplace that is free of discrimination and harassment based on race, creed, religion, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or disability. Same sex harassment is also unlawful. Offensive or harassing behavior will not be tolerated against any employee. In addition, those in the supervisory or managerial position will be responsible for taking proper action to end such behavior in their work areas. In an effort to prevent sexual harassment and other forms of harassment from occurring, this policy against harassment will be communicated to each employee.

No employee of this company is exempt from this policy. Every HopeBridge employee has the right, as well as the responsibility, to communicate any harassment allegations directly to the House Manager or DSS.

## **Prohibited Behavior**

Offensive conduct or harassment that is of a sexual nature or based on race, creed, religion, color, national origin, sex, sexual orientation, disability or any protected status is prohibited. This includes but is not limited to:

- Physical action, written or spoken language and graphic communications
- Expressed unwelcome and unwanted physical contact
- Demands or pressure for sexual favors

The above mentioned conducts are prohibited forms of harassment when any or all of the following is/are true:

- There is a promise or implied promise of preferential treatment or negative consequence regarding employment decisions or status
- Such conduct is intended to, or has the effect of, creating an intimidating, hostile or offensive work environment or unreasonably interferes with a person's work performance

## **Theft**

Unauthorized removal of anything from a client's house or property is theft and you will be prosecuted. We will not tolerate

theft and it is grounds for immediate dismissal.

All allegations of theft made by a client will be referred to the local police department or sheriff's office for investigation. If contacted by the agency or the local authorities you will need to cooperate fully with the investigation. Failure to cooperate in a criminal investigation will be grounds for dismissal.

## **Disciplinary Actions**

Harassment is considered a form of employee misconduct. Violation of this policy will subject an employee to disciplinary action, up to and including immediate termination. Any employee who has knowledge of such behavior and yet takes no action to report it (or in the case of supervisors and managers, to end it) is also subject to disciplinary action. Each employee will be held responsible for their actions and must maintain compliance to this policy, accepting full liability of all damages and associated legal costs if determined culpable of an offense.

## **Retaliation is prohibited**

Complaints made in good faith will not be held against an employee. Under no circumstances will an employee be penalized for the valid reporting of improper conduct. It is our goal to stop unlawful behavior and prevent it from reoccurring.

## **Resignations**

Should you plan to leave the agency, a two (2) weeks written

notice is required for resignation. Failure to adhere to this policy will prevent us from providing you with a reference and will make you ineligible for rehire.

## **Verbal & Written Reprimands**

Except in a case where the Administrator concludes the circumstances warrant discharge, a progressive discipline procedure will generally be used in an effort to give employees advance notice of unacceptable performance and an opportunity to correct the problem. Under this approach, the employee will be counseled concerning the unacceptable behavior and a verbal reprimand will be issued. If the unacceptable behavior still continues, the employee will be discharged.

Examples of the types of conduct for which a reprimand may be issued, but are not limited to:

- A pattern of malicious talk, undermining coworkers and creating a unproductive work environment
- Unwillingness or failure to satisfactorily perform the duties of your job
- Unsatisfactory work performance
- Cancellations without proper excuse or notice, or excessive tardiness
- Leaving an assignment without proper approval or relief from next caregiver
- Failure to report to work as assigned without notifying your supervisor

- Failure to schedule or staff any client without notifying your supervisor
- Failure to report a missed shift or visit to a supervisor
- Poor work effort or attitude
- Minor insubordination
- Working or scheduling overtime without prior authorization from your supervisor
- Accepting gifts or tips from your client or client's family members without prior approval of your supervisor
- Failure to abide by the HopeBridge's employee dress code
- Discussing personal problems with a client
- Failure to abide by HopeBridge's policies or procedures
- Providing a client with another HopeBridge employee's telephone number or personal information
- Failure to follow requirements for the storage, transportation, treatment or disposal of infectious wastes
- Failure to use Universal Precautions when the employee has direct contact with blood or other bodily fluid

The preceding list is not all-inclusive. Other types of unacceptable conduct may occur for which reprimands may be issued.

Furthermore, under the circumstances of a particular case, a written reprimand may not be issued. The exercise of discretion by the Administrator of HopeBridge is not a waiver of the agency's right to issue a written reprimand to the same employee or any other employee for the same type of offense in the future.

# Discharge

HopeBridge reserves the right to terminate employment at any time and for any reason. A substantiated report of an employee causing client endangerment will result in immediate termination.

Additional grounds for immediate termination include:

- Submitting a false reason for absence from work
- Placing false or misleading information on an application for employment or other HopeBridge records
- Theft, destruction or waste of agency or a client's property
- Serious insubordination
- A pattern of malicious talk that undermines the cohesiveness of the organization (Gossip)
- Rudeness, discourtesy, verbal or physical abuse of any client, client's family member, visitor, or HopeBridge employee
- Failure to obtain and submit to requested health tests, employee drug screen, physical examinations, license or certification as required by license regulations
- Use, possession, or appearing under the influence of intoxicants or controlled substances on working time
- Two (2) complaints of poor work performance from client or client's family members which the Administrator determines to be valid complaints
- Sleeping on duty (except when allowed within written plan of care)
- Excessive cancellations or other absences

- Hiring privately with a client without prior written approval of HopeBridge administrator
- Signing the client’s name or any other person’s name for any reason
- Dishonesty, including being untruthful to anyone
- Performing techniques beyond the employee’s level of training or qualification
- Loss or restriction of appropriate license or certification to practice
- Falsification of any HopeBridge record, including timekeeping
- Violating a client’s “rights”
- Failure to cooperate in a police investigation

The preceding list is not all-inclusive. Other types of unacceptable conduct may occur for which immediate discharge may occur. Furthermore, under the circumstances of a particular case, a written reprimand may be issued rather than immediate discharge or no disciplinary action may be taken. The exercise of discretion by the Administrator of HopeBridge is not a waiver of HopeBridge’s right to discharge or discipline the same employee or any other employee for the same type of offenses in the future. If you quit without giving two weeks notice, you will be ineligible for rehire and we will not be able to give you a positive reference.



# CLIENT RIGHTS

Our clients have a “Client Bill of Rights” mandated by federal law and we expect you to understand and comply with these rights. Our clients are special people who have the right to retain their lifestyles and routines. Treat them with the dignity they deserve. It is our responsibility as health care providers to recognize and encourage our client’s need to maintain their autonomy and individuality. Included here is a copy of our “Client’s Bill of Rights.” Please review it carefully. Violation of a client’s rights is grounds for dismissal. Clients of HopeBridge Services have a right:

- To appropriate care regardless of sex, age, race, religion, national origin or source of payment
- To be informed, in advance, and to participate in planning of: (1) care and treatment regarding the care to be furnished, (2) any changes in the care to be furnished, (3) the disciplines that will furnish care and (4) the frequency of care proposed to be furnished. The client’s family/guardian or legal representative may exercise the client’s rights when the client has been judged incompetent or the client is a minor
- To participate in the planning of care and to be advised, in advance, of any change in the plan of care before the change is made. They also have the right to privacy and confidentiality concerning medical treatment.

- To have access to, or receive a copy of, their clinical record upon written request. A written authorization of release of information shall be required when not authorized by law
- To voice complaints/grievances regarding treatment or care that is (or fails to be) furnished or lack of respect for property without reprisal or discrimination for same and be informed of the procedure to voice complaints/grievances with HopeBridge Services. Complaints or questions may be registered with the Administrator. HopeBridge will investigate the complaint and resolution of same
- To be free from verbal, physical and psychological abuse and to be treated with dignity and to have their property treated with respect
- To decide what medical treatments they want or do not want. They may choose someone they trust to make these decisions for them if they become unable to make them themselves. They record these decisions in a document called an Advance Directive.
- To know the extent to which payment may be expected from Medicare, Medicaid or any other federally-funded program known to HopeBridge Services and to know the charges for services that the client may have to pay
- To be advised orally and/or in writing of any changes in expected payer sources and charges that the individual may have to pay. HopeBridge Services will advise them of

these changes within 30 days from the date HopeBridge Services becomes aware of the change

- To know HopeBridge policies and procedures regarding Universal Precautions in the home setting
- To have, upon written request, in advance of furnishing care, a listing of all individual's or other legal entities who have an ownership or controlling interest in the agency
- To contact the Washington State Department of Health concerning the Implementation of Advance Directive requirements, to lodge complaints regarding treatment/care or to discuss questions or concerns regarding local home health care agencies

# CLIENT CARE GOALS

## **Physical, Rehabilitative Goals:**

We implement and pursue a care plan that includes helping the client improve their physical health and condition. The care outline may specify ambulation, range of motion and other forms of toning and conditioning that your client needs. Clients may need assistance in bathing, cleaning, and grooming to maintain a feeling of optimal well-being. All care is to be provided as directed on the care plan. Any changes need to be reported to the DSS immediately.

## **Family, Home, Environment Goals:**

The home is the focal point of attention for the client and the care of the client. Special attention needs to be given to the client's lifestyle, condition of the home, atmosphere, and other factors that influence whether the client is happy or unhappy at home. Again, we strive to develop a plan which incorporates these considerations in the interest of providing complete and total client care.

## **Emotional, Personal, Mental Goals:**

Many clients live with personal problems involving depression, anxiety, confusion, and pain. Efforts to reduce or alleviate these problems are undertaken for the sake of making them as happy and comfortable as possible. **IMPORTANT:** Don't bring your own problems to work. Your client needs a pleasant atmosphere and probably has enough to deal with already.

# EMERGENCY PROCEDURES

In the event of an extraordinary occurrence, call the House Manager or DSS immediately. Some examples are:

1. Client injury or illness
2. Injury or illness to yourself
3. Unusual or dangerous client/family behavior
4. Any occurrence requiring police or emergency service
5. Change in client condition
6. Failure of Universal Precautions or an incident of exposure to blood, bodily fluids or other infectious waste

When you call, answer all questions thoroughly and follow instructions carefully.

Document what took place and what was done, and send your documentation to the House Manager or DSS within 24 hours of the incident.

## **Fire, Police, Ambulance**

Call for help! Emergency telephone numbers are in the client binder and should be readily accessible while you are in the home providing care. Most areas use 911 for all emergency services. While waiting for help to arrive, try to provide the best assistance you can according to the situation and your abilities. Contact the House Manager or DSS as soon as possible.

## **Medical**

A nurse is always available for non-urgent medical concerns. For true medical emergencies (heart attack, stroke, or any other life-threatening situation), the emergency medical system in the area should be activated by calling 911. Other emergency numbers are in the client binder.

Provide any emergency interventions noted in the care plan until help arrives and document the care provided as soon as possible.

## **Client Death**

Take the following steps in the event of suspected and possible client death. The only exception would be when you have specific instructions and you are attending to a terminally ill patient with an expected death.

1. Call 911 or the emergency number (located in the Client Binder) to get help
2. Provide whatever emergency intervention you can
3. Notify the office and follow instructions
4. Stay in the home until the Administrator, DSS or House Manager instructs you to leave
5. Document all occurrences when time allows

# UNIVERSAL PRECAUTIONS

To help protect you from risks that can come from working around infectious diseases, you are required to know about these possible hazards. “Universal Precautions” are measures taken when caring for all clients, not just those with diagnosed communicable diseases. Emphasis is placed on employee’s personal protection. The components of Universal Precautions are the wearing of gloves, gowns, masks, goggles, and thorough hand washing when there is the possibility of contact with body fluids, especially blood. Universal Precautions is mandatory when caring for all clients. We know that these precautions take some extra time and effort to use but they will become second nature to you. Remember, Universal Precautions aren’t meant to make your life more difficult, they are meant to save it.

## **Training and Equipment**

We will provide training and equipment to each employee to implement Universal Precautions when the employee’s duties require them to have direct contact with blood or body fluids. At the time of the initial assessment, the assessing nurse will determine the client’s “at risk” factor and leave a supply of the appropriate equipment in the home and instructions in the care plan for the employee’s use. The assessing nurse will also make sure the home has disposable tissues, plastic garbage bags, and either bleach or 70% Isopropyl Alcohol available for use if the client is determined “high” or “low” risk.

It is then the responsibility of the House Manager in the home to make sure they have an adequate supply of equipment available at all times. Additional equipment will be provided by the durable medical equipment supplier of the family's choice. The employee will also be responsible to notify the DSS if the client has a condition change that may affect the client's risk classification. Additional protection may be necessary. Employees **MUST** protect themselves from direct exposure to blood or body fluids and items that are visibly contaminated with blood to prevent exposure to HIV, HVB, and other infectious agents. However, many potentially serious communicable diseases, such as cytomegalovirus or Hepatitis A virus are transmitted by body fluids such as saliva, urine, feces, in the absence of contamination with blood. For this reason, it is strongly *recommended* that the precautions be taken to prevent direct contact with all body fluids of all persons, *whether or not* the body fluids are visibly contaminated with blood.

### **Procedures to implement Universal Precautions**

Hand washing is mandatory, **BEFORE AND AFTER**, contact with clients. Hands should be washed thoroughly and immediately if they become contaminated with blood. This precaution should be observed regardless of whether or not gloves are worn. Frequent hand washing is a must. Hands should be washed thoroughly before and after personal care, before meal preparations, before assisting with medications and after handling any soiled clothing. Hand washing is the most effective way of preventing the spread of disease and infections, and is for you and your client's



protection.

Disposable gloves must be worn when touching/handling blood specimens, blood-soiled items, body fluids, excretions and secretions, as well as surfaces, materials, and objects exposed to them. Remove and discard gloves after each use. The use of gowns is recommended only if soiling of clothing with blood or body fluids is anticipated. The use of protective eyewear, such as goggles, is recommended in situations in which the spattering of blood, bloody secretions, or body fluids is possible.

Visitor Precautions: Masks should be worn by visitors who have direct and sustained contact with a coughing client in the home or when a client needs to be suctioned.

General Household: Soiled linen should be washed separately in very hot water and standard detergent. No special precautions are necessary. Either reusable or disposable dishes may be used. Blood spills should be cleaned up promptly with a solution of 5.25% sodium hydrochloride (household bleach), diluted 1:10 with water (prepared daily), or 70% Isopropyl Alcohol.

Trash Disposal: Articles contaminated with blood or body fluids should be placed in a leak proof plastic bag and disposed of in the normal manner.

Venipuncture & Injections: Extraordinary care should be taken to avoid accidental wounds from needles and other sharp instruments. Injections and blood draws should be planned to minimize invasive

procedures and should be carried out by experienced personnel. The “click-lock” or needle-less extension tubing should be used for all types of intravenous therapy when available. Blood and other specimens should be labeled prominently with a warning, such as “bloody/body fluid precaution.” The label should accompany the specimen through all phases of processing until its ultimate disposal. If the outside of the specimen container is visibly contaminated with blood, it should be cleaned immediately with disinfectant, such as freshly prepared (once daily) 1:10 solution of sodium hydrochloride (household bleach) or 70% Isopropyl Alcohol. Specimens should be placed in a second bag (impervious) for transport. This container or bag should be examined carefully for leaks or cracks. Environmental surfaces contaminated with blood or other body fluids should be cleaned in the same manner. **NEEDLES SHOULD NEVER BE RECAPPED, BENT, OR BROKEN. USED NEEDLES ARE TO BE DISPOSED OF IN A RIGID, PUNCTURE-RESISTANT CONTAINER.**

Cardiopulmonary Resuscitation in the Home: Disposable “Ambu bag” devices are to be available at the bedside to prevent mouth to mouth contact between the resuscitator and the client. If resuscitation is needed by a client and the resuscitation bag is not available, the decision to withhold or provide direct mouth to mouth resuscitation rests solely on the judgment of the individual employee.

Workers with weeping or exudative lesions or dermatitis, which

cannot be securely covered, shall refrain from both direct client care and from handling clean or soiled client equipment.

Linen, clothing or other materials that are visibly contaminated with blood or bodily fluids shall be placed in bags or containers that are impervious to moisture before transport for cleaning. Gloves shall be worn, when handling these materials.

If a client's diagnosis, laboratory analysis, or medical condition as determined by a physician's order requires additional contamination control or isolation, those specific measures apply in addition to this rule.

### **What To Do If Exposure Occurs**

Exposure is defined as direct contact with blood or body fluids of one person with the skin or mucous membranes of another person. Scientific evidence indicates that only direct contact with semen, vaginal secretions, blood, or visibly blood contaminated body fluids carries a potential risk for HIV transmission. Moreover, only direct contact with blood has been implicated in occupational acquisition of HIV infection.

1. The employee should wash the affected area immediately and thoroughly. If an eye or mucous membrane (mouth) is contaminated, rinse with water for fifteen (15) minutes.
2. The incident should be immediately reported to the DSS. While vomitus, saliva, urine, tears, and feces have not been implicated in the transmission of HIV or HBV infections (with the exception that human bites have transmitted HBV),

other communicable diseases may be transmitted by these fluids and reporting of the incident to the office is required.

3. An incident report should be completed within 24 hours. The report should include the circumstances of the incident, blood or body fluid source's name, and what protective clothing and precautions were used at the time of the exposure.
4. The DSS will perform an evaluation and follow up with the employee. Exposed employees will be counseled about the risk of acquisition of HIV and other relevant communicable diseases, receive information about prevention of transmission, and be offered voluntary serologic testing.
5. All persons will be informed of their test results and should receive appropriate counseling; seropositive persons will be referred for further medical assistance.
6. If a person is exposed to body fluids or blood of an employee, that person should be informed of the exposure (without identification of the employee) and procedures similar to those outlined above should be followed.

### **Handling Spills of Blood or Body Fluids**

The following precautions contain the necessary elements for handling spills of blood or other body fluids. In the event of a spill of blood, body fluids, or body tissues, the employee will:

1. Wear impermeable gloves
2. Remove visible material with disposable absorbent towels
3. If cleaning a hard surface, flood with a solution of one part household bleach to ten parts water, or use an approved household disinfectant

4. Re-clean area with fresh towels
5. In cleaning a rug or carpet, use a sanitary absorbent agent according to the directions
6. Place all soiled towels and gloves in a leak-proof bag or container and dispose of in the usual manner\*
7. Wash hands
8. Notify the nursing supervisor of the spill

\*Items used in handling spills that are contaminated with small amounts of blood, such as paper towels, cotton balls, bandages, and gloves, are not considered infectious waste unless they are commingled with infectious waste. Items so saturated with blood that they could be considered "liquid" or "semi-liquid" are defined as Infectious Waste and therefore, must be considered infectious waste and handled according to Infectious Waste Policy in the Policy and Procedure manual.

For all health care workers who have reason to believe that they are at risk of HIV infection, it is strongly **recommended** by the Washington State Department of Health that they know their HIV status.

Hepatitis B is a serious condition which can result from blood or body fluid contact. HopeBridge will pay for the Hepatitis B series for any employee who wishes to have it, if it is not covered otherwise by other insurance policies you may have.

# FRAUD AND ABUSE PREVENTION

## ETHICS STATEMENT

HopeBridge Services is committed to providing quality services to clients in the home care setting according to all Federal, State and Local laws and within applicable regulatory guidelines. The Administrative Staff have implemented the following policies to show our commitment to a comprehensive program to prevent fraud and abuse in the agency and to comply with the Federal Deficit Reduction Act of 2005 and other state and federal laws as part of the nationwide effort to reduce fraud and abuse in our health care programs.

**We will strive to provide quality home care to our clients in an honest and ethical manner and expect all employees to provide care based on these principles.** HopeBridge expects its employees to do everything they can to prevent and detect false claims and potentially fraudulent behavior in the workplace. Every HopeBridge employee is considered a mandatory reporter when it comes to any suspected neglect, abuse or exploitation.

**The definition of a “Mandated Reporter”** is “an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider.”

**The duties of a "Mandated Reporter"** are: "When there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, mandated reporters shall immediately report to the Department-- RCW 74.34.020(4) defines department as "the department of social and health services." The employee is responsible for reporting all incidents to Washington Adult Protective Services and Elder Abuse at 866-363-4276.

All job performances and all written documentation will reflect a true and accurate picture of the care provided to clients by our employees. Failure to comply with these standards will result in discipline and/or discharge. HopeBridge has a zero tolerance policy towards fraud and abuse. **If you know, or suspect, fraud and /or abuse, you must notify the Administrator immediately.**

## **HOME HEALTH CARE FRAUD**

### **What is Fraud as it Relates to Home Health Care and the False Claims Laws?**

Simply put, fraud is making claims for services that have not been provided. Functionally, it means intentionally falsifying any document for the purpose of being paid.

### **Am I Committing Fraud?**

There are many examples of how fraud can occur in home health care. The following are examples of how home health care employees can become involved in fraud.

- 1) **Submitting time cards (claims) for visits not made.** The employee documents that a visit was made to provide necessary services when it was not.
- 2) **Submitting time cards (claims) that include time that was not used to provide approved services.** The employee completes care at 1:45 pm but puts 2:00 pm on the time card so they will get paid for the additional time.
- 3) **Misrepresenting services provided.** The employee documents care that was not given in order to justify the visit or provides services not covered by the payer source.
- 4) **Misrepresenting (or lying about) the client's condition.** This can include many things but always involves documenting inaccurate information about the care the client needs and/or receives in order to receive more services for the client than he/she needs.

**Employees who make these mistakes, intentional or not, may be well meaning, but it is still fraud in the eyes of the law and claims made based on this fraudulent information violate both Federal and State “False Claims” laws.**

Fraudulent activities are a risk to the employee's job and to the future of the agency. Employees must guard against participating in fraudulent activities themselves and must be committed to reporting suspected fraudulent activities of other employees or clients.



## **What is Being Done to Combat Health Care Fraud?**

The cost of health care fraud in the United States has been rising at an alarming rate. Fraud has become such a problem that the Federal and State governments have enacted the Federal False Claims Act and the Indiana False Claims Act. As proud members of the home health industry, and as taxpayers, we all have an obligation to understand these laws and to enforce them to help combat fraud.

### **TITLE 31 3729. FEDERAL FALSE CLAIMS ACT**

#### **(a) Liability for Certain Acts. Any person who-**

- (1) knowingly presents, or causes to be presented, to an officer or an employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval;
- (2) knowingly makes, uses, or causes to be made or used a false record or statement to get a false or fraudulent claim paid or approved by the Government;
- (3) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid;
- (4) has possession, custody, or control of property or money used, or to be used, by the Government and, intending to defraud the Government or willfully to conceal the property, delivers, or causes to be delivered, less property than the amount for which the person receives a certificate or receipt;
- (5) authorized to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true;
- (6) knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge the property; or

(7) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government, is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person, except that if the court finds that-

(A) The person committing the violation of this subsection furnished officials of the United States responsible for investigating false claims violations with all information known to such person about the violation within 30 days after the date on which the defendant first obtained the information;

(B) Such person fully cooperated with any Government investigation of such violation; and

(C) At the time such person furnished the United States with the information about the violation, no criminal prosecution, civil action, or administrative action had commenced under this title with respect to such violation, and the person did not have actual knowledge of the existence of an investigation into such violation;

The court may assess not less than 2 times the amount of damages which the Government sustains because of the act of the person. A person violating this subsection shall also be liable to the United States Government for the costs of civil action brought to recover any such penalty or damages.

**(b) Knowing and Knowingly Defined.** For the purposes of this section, the terms “knowing” and “knowingly” mean that a person, with respect to information- (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information,

And no proof of specific intent to defraud is required.

**(c) Claim Defined.** For purposes of this section, “claim” includes any request or demand, whether under a contract or otherwise, for money or property which is made to a contractor, grantee, or other recipient if the United States Government provides any portion of the money or property which is requested or demanded, or if the Government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

**(d) Exemption from Disclosure.** Any information furnished pursuant to subparagraphs (A) through (C) of subsection (a) shall be exempt from disclosure under section 552 of title 5.

**(e) Exclusion.** This section does not apply to claims, records or statements made under the IRS Code of 1986.

## **Title 31, 3730(h)\* “Civil Actions for False Claims”** is the federal law and it states:

(h) Any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of the lawful acts done by the employee on behalf of the employee or others in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status such employee would have had but for the discrimination, 2 times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys’ fees. An employee may bring an action in the appropriate district court of the United States for the relief provided in this subsection.

Remember, reporting suspected fraud and abuse is a condition of your employment and failing to report may result in termination of your employment.

## **What is “Zero Tolerance”?**

HopeBridge is taking a “zero tolerance” approach to fraud and abuse. This simply means that intentional fraud and abuse will not be tolerated. All HopeBridge employees must follow this policy or face termination.

## **How do Employees Make Sure Federal and State Laws are Not Being Violated?**

1. Employees should support all the laws designed to protect home health care clients and must report any changes in client care, needs or any other irregularities noted.
2. Time cards must be completed accurately, signed appropriately and submitted with the matching clinical documentation.
3. Clinical documentation must be complete, accurate and comprehensive to assure care has been provided as required. Inaccurate documentation must be corrected in a manner that meets documentation standards and agency policy.
4. Supervising nurses will assess clients to assure employees are providing appropriate care.
5. Employees will only submit claims from time cards that have been properly completed.

6. Employees are notified in writing, through in-services and personnel policies that any fraudulent behaviors, such as falsifying time cards or recording care that has not been provided will result in immediate termination.

These steps are necessary for a “zero tolerance” approach to fraud and false claims. All employees must support them.

## **What Do My Clients Need to Know?**

HopeBridge and their employees should also help inform the public about health care fraud. In protecting the client, we also protect ourselves. Share these important “dos and don’ts” for avoiding health care fraud with your clients.

- Don’t ask the employee to do things that are not on the client’s plan of care. Contact the DSS or Administrator if the plan of care needs to be changed.
- Don’t refuse the “hands-on” care that is on the plan of care. Most care is approved because the client needs “hands-on” assistance – if it is not needed the care will need to be reduced.
- Don’t contact the physician to request care you don’t need or accept care you don’t need.
- Don’t give out your Medicaid/Medicare numbers to people you don’t know.
- Do contact HopeBridge Administration at 509 731-3901 if anyone asks you to sign inaccurate or falsified information regarding services that you did or did not receive.
- Do avoid health care providers who tell you that the item or service you need is not usually covered but they know how to bill to get it paid.

# What Can I Do?

As a HopeBridge employee, there are a few simple things you can do to prevent fraud and false claims.

1. Remember that clients are our valued customers. They expect:
  - a. Safe practice
  - b. Appropriate and timely care
  - c. Respect
  - d. Compassion
  - e. Fair and accurate billing
  
2. **Always be honest and accurate in your documenting and reporting.** Falsification of time cards and/or client care documentation is the major cause of potential “false claims” in home care.
  
3. **Be part of HopeBridge’s team effort to combat fraud.** Report changes in care, suspicious or unusual activity and any suspected fraud or abuse to the Administrator immediately. If your concerns are not addressed, call the WA Department of Health Quality Assurance Commission at (360) 236-4700. There are both state and federal laws that protect you, the employee, when you report fraud in the workplace.

# CONCLUSION

Home care is one of the fastest growing and most exciting places to be in the health care field today. In no other field do you, as our employee, get the opportunity to help others with chronic and acute illnesses live up to their highest potential in their own homes.

But with this opportunity also comes the huge responsibility to make sure the care we provide is safe, appropriate, medically necessary, and delivered in an honest and ethical manner.

HopeBridge Senior Services expects all employees to adhere to all Federal, State and Local laws, regulations and standards when providing client care. We are so thankful that you have joined our team, and we hope to make this the best job you've ever had.