

# EMPLOYEE HANDBOOK



*Welcome to our Team*





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# SECTION ONE

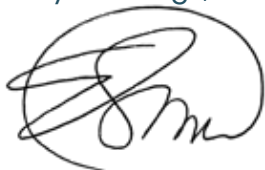
## GENERAL ORIENTATION

### Welcome

I'd like to personally welcome you to the Legacy Team, we are SO GLAD you are here! At Legacy we believe that each employee who we have the honor of working with is a gift and we know that you will play an integral part in achieving our goals. It is such an exciting time at Legacy as we continue to grow and pioneer new ways of helping senior citizens in our communities and beyond. Home Health is an ever-changing field, and we are committed to ensure that Legacy Home Health Care remains on the cutting edge of healthcare. We pride ourselves in exceptional, personalized patient care as well as improved patient outcomes and all while placing a high priority on employee job satisfaction. We value you and we know that having a good work life balance is essential to your quality of life. We are all about helping you be the best you can be, at work and at home! Please know that we welcome your feedback and we always have an open-door policy. You are our most important asset, and we could not bring our essential services to the patients that we love without your commitment to our team, so again, welcome! We are so glad you are here!

Within the pages of this guide, you will find important information to guide you as you grow in your new roll. Please don't hesitate to reach out if you have any questions.

Many Blessings,



Betsey Murphy, RN, BSN  
Owner/President





## OUR MISSION

*At Legacy Home Health Care it is our Mission to enable patients in our community to remain healthy and safe within the comfort of their homes. We are dedicated to preventing unnecessary hospitalizations by providing exceptional home health services!*

# SERVICE AREAS

We serve all of **North Florida**, including

## REGION 3 OFFICE

**Starke**

904.964.3712 *phone* | 866.530.1994 *fax*

### Serving Counties

Alachua | Bradford | Citrus | Columbia  
Dixie | Gilchrist | Hamilton | Hernando  
Lafayette | Levy | Suwannee | Union

## REGION 3 BRANCH LOCATION

**Palatka**

386.312.7411 *phone* | 866.494.1511 *fax*

Serving Putnam County

## REGION 4 OFFICE

**Keystone Heights**

352.478.7030 *phone* | 352.478.7035 *fax*

### Serving Counties

Baker | Clay | Duval | Flagler  
St. Johns | Nassau | Volusia

## REGION 3 BRANCH LOCATION

**Ocala**

352.421.5616 *phone* | 352.201.3408 *fax*

### Serving Counties

Lake | Marion | Sumter

### OFFICE HOURS

Monday - Friday  
9 am - 5 pm

### EMAIL

[info@legacyhhc.biz](mailto:info@legacyhhc.biz)

**RN Available by Phone 24/7**

**[legacyhhc.biz](http://legacyhhc.biz)**



**HIPPA NOTICE:** Do not send or receive unencrypted or non-secured messages containing Protected Health Information (PHI) as defined by HIPPA law. Please use fax or phone for correspondence LICENSE NUMBERS: HHA299994720 and HHA299994948.



# HOURS OF OPERATION

**Monday–Friday  
9:00AM–5:00PM**

**A NURSE IS AVAILABLE  
24 HOURS A DAY,  
7 DAYS A WEEK.**



# BENEFITS

## 401K

available to all employees after 90 days of employment.

## Health Insurance

available to all full time and modified full time employees after 60 days of employment.

## Dental/Vision/ Life Insurance

available to all full time and modified full time employees after 60 days of employment.

## Supplemental Insurance

plans through Colonial Life available to all employee's 60 days after employment.


## Paid Time Off

Full Time and Modified Full Time employees are eligible for PTO--1 week accrued in the first year; 2 weeks accrued in the second year and three weeks accruing beginning after 5 years.

We also provide 24 hours of paid sick time to full time employees. The time does not accrue year to year and cannot be cashed out.

## Paid Holidays

6 major holidays included.



*At Legacy we want to  
take care of YOU  
as you take care of others.*



## HR—Q&A

### **Q: How do I know if I am eligible for benefits?**

*A: All benefits are available to full time and modified full time employees. Some benefits are eligible to PRN as well. (disability/vision/dental/401K)*

### **Q: What holidays are observed at Legacy Home Health Care?**

*A: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. If you are Full Time, you will be paid 8 hours (6 units) for the holiday; if you are modified FT you will be paid 6 hours (4.8 units). If you are PRN, there is no compensation for holidays.*

### **Q: Who do I ask if I have questions about benefits, leave or payroll?**

*A: HR department can be reached on Connecteam via chat.*

### **Q: How does paid time off and leave work?**

*A: If you take a full day off, you must use PTO--notify your CTL and contact HR on Connecteam.*

#### **Bereavement:**

*3 consecutive days for qualifying family member--FT/MFT staff only*

#### **FMLA:**

*You must be employed with the company for at least one year or have worked at least 1250 hours to qualify. In using your FMLA, you may take up to 12 weeks of unpaid leave in a 12-month period. FMLA requires a 30-day notice and FMLA paperwork must be completed by employee and their physician.*

# BENEFITS

## Vacations

- 1.** Full-time, modified full-time and regular part-time employees receive Paid Time Off (PTO). Once an employee has completed six months of employment, he/she will be able to use PTO that has been accrued with the approval of the Administrator or the individual's supervisor. Seniority determines the granting of conflicting requests. PTO must be used in whole hours.
- 2.** Allowable PTO will depend on the employee's length of time with the Agency and the employee's job position and will be explained at the time of hire. The Agency will have the right to change the allotment of PTO, but it will not decrease allowable PTO except in extraordinary circumstances.
- 3.** PTO will accrue for:
  - a.** Regular hours worked
  - b.** Vacation Days
  - c.** Holidays
- 4.** PTO will not accrue for:
  - a.** Overtime hours
  - b.** On call time
  - c.** Unpaid leaves of absence
  - d.** Conversion of sick time upon resignation
- 5.** Modified full-time and regular part-time employees will accrue PTO hours prorated for paid hours. For example, if an employee is paid for half of hours of a normal work week, he/she will earn one half of the full-time benefits.
- 6.** If employment status changes from full, modified full or regular part-time to irregular part-time, the PTO previously earned

may be used with the permission of the President/CEO, but no additional PTO will be earned. If employment ends during irregular part-time status, any remaining PTO will be forfeited.

- 7.** If an employee resigns, adequate written notice must be provided in order for the employee to be eligible to receive the benefits that have been accrued. In addition, the employee must work during the notice period. We consider adequate notice to be twice the normal vacation allowance or two weeks whichever is less. If the employee does not comply with this policy, the employee will forfeit accrued benefits.

## Holidays

- 1.** The Agency recognizes these holidays:
  - a.** Christmas
  - b.** New Year's Day
  - c.** Memorial Day
  - d.** The Fourth of July
  - e.** Labor Day
  - f.** Thanksgiving
- 2.** If an employee is a full-time, modified full-time or regular part-time employee and is required to work on holidays, he/she will be paid time and a half for the time worked on the holiday, if an hourly employee. Salaried and per visit clinicians will be paid the additional unit rate for visits made on the holiday plus the holiday pay.

*For example, if a clinician's required productivity is 30 units per week (full time), then they will be paid 6 units for the holiday PLUS the per visit rate for the visits done ON the holiday.*

## ATT Discounts

Legacy Employees are eligible for cell service discounts:

To find out what discounts are available, contact AT&T customer service and provide the following:

**Foundation Account Number (FAN) 60915972.**

proof of employment such as a recent paycheck stub or employee badge

*\* Nurses may qualify for up to 25% off. Make sure to let the sales consultant know if you are a nurse so they can enter whichever discount is greater.*

## Leaves of Absence

1. If an employee is full-time, modified full-time or regular part-time and has completed the probationary period, he/she will be eligible to apply for a leave of absence. The request must be made with at least two weeks' notice and must be approved by the Administrator.
2. Leaves of absence are unpaid.
3. Examples of allowable, but unpaid leaves of absence include:
  - a. Education
  - b. Maternity/Paternity/Adoption
  - c. Personal
  - d. Military (active duty)

4. No leave of absence extending beyond 30 days will be granted except for military duty.
5. If an employee needs to extend the time that is allowed for the leave of absence, a request for extension must be submitted in writing and approved. Otherwise, the extended leave will be considered as an automatic resignation. We cannot guarantee that a job will be available after 30 days leave of absence.
6. During the leave of absence, unless such leave of absence is the result of Military obligations, the employee will not be eligible for any wage or benefit increase that that he/she might have otherwise been eligible for, and annual merit reviews will be delayed by the amount of time of the leave.

## Bereavement Leave with Pay

Bereavement leave will be granted if an immediate family member dies. Immediate family is defined as a husband or wife, children, mother or father, brother or sister. Three days of leave are permitted with pay.

## Jury Duty

An employee will not be paid for days missed during jury duty. Some employees may be exempt from duty.

# BENEFITS

## Military Duty Leave

If the Reservist is required to attend training during days that the agency is open, The Agency's policy is to pay the Reservist the difference between what he or she is normally paid by the Agency and what he or she is paid by the military.

If an individual is inducted into Military Service or if a Reservist is called to active duty, re-employment rights for the employee are protected by Federal law and the individual will continue to accrue seniority and be entitled to the benefits associate with such seniority when he or she returns from active duty.

## Medical Leave without Pay

Employees may be granted unpaid sick leave if the need for such is substantiated by a physician. Accumulated paid personal time off will be used first.

## Personal Leave

Unpaid personal leave may be granted if an employee needs such for a personal emergency and is considered above average in work performance and has achieved above average evaluations.

## Educational Leave

An employee may be granted unpaid, educational leave when it is for the purpose of enabling the employee to obtain educational training necessary for the betterment of the service rendered to the Agency.



## Family Medical Leave Act (FMLA)

Employees who have completed 12 months(s) of employment and have worked 1,250 over those previous 12 months may be granted a leave of absence without pay upon the birth or adoption of a child, to care for an immediate family member (spouse, child, or parent) with a serious health condition, to take medical leave when the employee is unable to work because of a serious health condition.

Employees may also take up to 26 work weeks of leave to care for a “member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness” FMLA permits a “spouse, son, daughter, parent, or next of kin” to take the Military FMLA.

Such leave must begin within six months of the birth of the child and/or placement of a child for adoption.

FMLA may not exceed 12 weeks in a 12-month period. Employees will be required to substitute their accrued sick or vacation time for all or part of their parental leave. In addition, benefits, such as paid time off and holidays, will not accrue while employees are on a parental leave.

Employees seeking FMLA must provide a minimum of 30 days’ advance notice of their intent to take parental leave and the anticipated date of their return. Employees may not accept other employment or apply for unemployment insurance while on parental leave. Acceptance of other employment while on leave will be treated as a voluntary resignation from employment.

We will make a reasonable effort to return you to the same or a similar position upon your return from leave subject to our staffing and business requirements.

This leave may run concurrently with any other leave where permitted by state and federal law.

[For more information about FMLA, visit this site](#)

## Other Benefits

The agency, at its discretion may establish other specific benefits for its full-time benefits for its full time employees.

## COBRA Insurance

COBRA, the Consolidated Omnibus Budget Reconciliation Act, lets qualified workers keep their group health insurance for a limited time after a change in eligibility.

### Learn how COBRA works

COBRA applies to most private sector businesses with 20 or more employees. It requires an employer's group health insurance plan to continue after qualifying life events. These include:

- Termination or a reduction of a covered employee's hours
- Divorce or legal separation from a covered employee
- Death of a covered employee
- Medicare eligibility for a covered employee
- Loss of a child's or dependent's health insurance coverage under the plan

### Qualified beneficiaries under COBRA include:

- An employee
- Spouse
- Former spouses
- Dependent children

### Find out if you are eligible for COBRA

Three basic requirements must be met for you to be able to elect to continue coverage under COBRA:

- Your group health plan must be covered by COBRA.
- A qualifying event must occur.
- You must be a qualified beneficiary for that event.

### How to get COBRA coverage

When a qualifying life event happens, you or your employer will notify the health plan. The plan will send an election notice that you will have 60 days to respond to. If you elect to take COBRA coverage, your employer may pay a portion of or the full amount of your insurance premium.

[To get more information about COBRA benefits, read this publication from the U.S. Department of Labor \(DOL\).](#)

[Learn about COBRA insurance and how to get coverage | USAGov](#)



## Find Your “Why”

At Legacy Home Health Care, it is very important to us that all employees have purpose and fulfillment in their roles within the team!

We encourage all team members to “Find Your Why”. Here are some of our team members responses:

*“When I see a patient after we’ve cared for them and they tell me what a difference we’ve made, that is my why”*

---

*“Knowing that other members of my office team need me to do my part, that is my why”*

---

*“Having an opportunity to support and encourage our clinicians in the field, that’s my why”*

---

*“Knowing that my grandparents biggest desire as they aged was to remain at home and now seeing them in all of our patients, we get to help them do that! That is my why.”*

## Payroll

Payroll is processed each Friday for the previous week. Our week runs Sunday-Saturday.

All visits should be in a "submitted with signature" status by Monday morning at 9am for the prior week. If visits are returned for your review, you must review and resubmit within 24 hours.

Any visit that is not in a submitted with signature status by Monday morning at 9am, will be subject to a reduction in pay penalty. It is vital to the operations of our company and the continuity of care for our patients that you are submitting all documentation within 24 hours of the visit.

Mileage is paid according to the number of miles from one patient home to another (or office to patient home) on the Wellsky visit form. Please ensure that this information is accurate as we do audit this information.

Non-Visit Time/Orientation/Training should be recorded on a paper form and submitted to Payroll department to be added to paycheck.

If you have discrepancies in your paycheck, please reach out to HR immediately so we can resolve.

Missed Visits--*we do not reimburse for missed visits, so it is important that you make every attempt to reach your patient for scheduling prior to driving to their home.* IN THE EVENT that a clinical team leader ASKS you to drive by a patient's home, you will be reimbursed for that mileage by asking the CTL to report the mileage to payroll.

If you are driving over 50 miles, one way to visit only one patient, we will add an additional \$30 to your pay for that visit. In order to document this change, please reach out to your CTL and ask them to contact the HR department regarding the circumstances.

PTO can be seen on your paystub each week--sent electronically through WorkForce.

**Please be advised that falsifying information in any way is grounds for immediate termination.**

**Any visit that is not in a submitted with signature status by Monday morning at 9am, will be subject to a reduction in pay penalty. It is vital to the operations of our company and the continuity of care for our patients that you are submitting all documentation within 24 hours of the visit.**

## Workforce

You will receive information on how to review all paycheck info on the Workforce site. Each week you'll receive an email notifying you that your paycheck has been processed.

## HR

### **The following courses are required annually:**

- **Emergency/disaster training**
- **How to handle complaints/Grievances**
- **Infection control**
- **Cultural diversity**
- **Communication barriers**
- **Ethics training**
- **Workplace (OSHA) and patient safety**
- **Patient rights and responsibilities**
- **Compliance Program**
- **Biohazardous Waste**
- **Blood borne Pathogens**
- **HIPAA**

In addition, a background check, professional license check, and MVR check will also be conducted annually.

Home Health Aids need to complete 12 hours of continuing education annually.

It is each employee's responsibility to ensure that CPR and individual CEU's as required by state board are satisfied.

Employee's will be notified by HR when their anniversary is coming up and what items need to be obtained. If the items are not obtained by the end of the anniversary month, the employee will be placed on hold and unable to work until items are obtained for HR record.

## Attendance

1. Our ability to provide security for all our jobs depends largely upon employee punctuality and regular attendance. If an employee finds it necessary to be absent or late for any reason, it must be reported in a timely manner to the Administrator of the individual's supervisor.

**More than 6 unplanned absences in a rolling calendar year is considered excessive and may be grounds for termination.**

2. Regular attendance during scheduled hours of work, reporting to work on time and continuing to work until the end of the work period are expected.
3. Unplanned absences must be reported as early as possible to the Administrator. An after-hours on call person is available. Failure to follow through with a phone call is inexcusable and may result in nonpayment. Notification is required each day an employee is absent unless the management is notified when the employee will return to work. If an employee cannot return when expected, it is his/her obligation to again notify the Agency prior to the expected return date.

# TOBACCO, ALCOHOL & DRUGS

## Tobacco

1. Our Agency seeks to foster the health and safety of all its employees and visitors. Tobacco products pose a significant risk to the health of the user. Additionally, in sufficient concentrations, side-stream smoke can be hazardous to non-smokers in the work environment. We are committed to ensure that each employee has a safe and healthy working environment and to create and maintain tobacco-free workplaces.
2. All applicants and employees are hereby notified of the tobacco-free workplaces. The use of tobacco related products is prohibited in all areas of the facility.
3. Anyone wishing to smoke must smoke outside the office area with the door closed, either during their Lunch Break or during one of their 15-minute breaks. All employees shall abide by the terms of the tobacco-free workplaces policy as a condition of employment.

## Alcohol and Drugs

1. Our Agency recognizes that substance abuse in our nation and community exacts staggering cost in both human and economic terms. Substance abuse can be reasonably expected to produce impaired job performance, lost productivity, absenteeism, accidents, wasted materials, lowered morale, rising health care costs and diminished interpersonal relationship skills. We are committed to solve this problem and to create and maintain an ALCOHOL and DRUG-FREE workplace. Violation of this policy will be cause for immediate dismissal.
2. The Agency does not presently perform routine drug testing on its employees but may do so at its discretion. If the Agency determines that drug testing is in the best interests of the Agency, all employees will be notified in writing of our intention to require drug testing on specific or all categories of personnel having contact with patients/clients. Drug testing is conducted using urine samples.



# ACCIDENTS & INJURIES

## Accidents and Injuries

The Agency is concerned about employee safety and the safety of clients. If an accident occurs, an employee **MUST** report it immediately to the Agency no matter how minor it may seem. The Clinical Manager will obtain details of the accident, investigate and complete the required paperwork. All accidents and incidents, **WHETHER EMPLOYEE OR CLIENT RELATED** require reporting. Failure to notify the Agency of an accident or incident could result in reduction of benefits up to and including discharge.

### Emergencies and Disasters

Employees, for the benefit of their own safety must learn what to do in case of an emergency. Each employee must become familiar with the Agency's Disaster Plan, a copy of which is maintained in the office.

### Personal Protective Equipment (PPE)

The Agency makes available PPE Kits for all Field Staff. It is the responsibility of staff members to utilize these kits to avoid injury and reduce exposure to possible infection.

### Personal Protective Equipment Kits

Personal Protective Equipment Kits (PPE Kit) are available at each office and contain the following:

- Barrier Safety Goggles
- CPR Shield Face Barrier
- Fluid Resistant Gown
- Gloves
- Biohazard Bag
- N95 or similar TB Respiratory Mask
- Sharps Container

**The Agency makes available PPE Kits for all Field Staff. It is the responsibility of staff members to utilize these kits to avoid injury and reduce exposure to possible infection.**



# ACCIDENTS & INJURIES

## Work Related Injuries

### What to do if you are injured while at work?

Call the office and speak to your Clinical Team Leader as soon as possible.

Your Clinical Team Leader will instruct you on the nearest approved clinic/ER for assessment. Please use the information below to report the incident to our Workers Comp Company. Send your treatment paperwork (DWC-25 form) by email to the HR department:

**Scott.Crook@legacyhhc.biz**

**Benchmark Insurance Company**

**1-800-342-1741**

Policy Number:

**TWFL0000329000**

Legacy Home Health Care



## Field Safety

- 1.** The safety of field staff is of primary importance. If in any way this safety would be compromised, the case, after all efforts to resolve the issues have been exhausted, will be closed and the patient and/or responsible caregivers will be notified.
- 2.** If there are ongoing unsafe situations in the home or area which the field staff observes, this should be brought to the attention of the supervisor as soon as possible. Examples include:
  - a.** Drug dealing.
  - b.** Firearms, which are visible and available.
  - c.** Persons in the home or its proximity who exhibit violent or agitated, threatening behavior.
  - d.** Environmental issues, such as vermin, animal droppings, etc.
  - e.** Open flames near oxygen cylinders.
  - f.** Animals that are not locked away.
- 3.** If injury occurs involving an animal attacking a patient or employee, the following procedure will be implemented:
  - a.** The employee will alert his/her supervisor immediately regarding the injury.
  - b.** The incident will be reported to the county animal control office.
  - c.** The patient's physician will be notified (if the patient is the one who is injured) and the orders of the physician will be carried out.
  - d.** If the patient is the one who is injured the incident will be documented in the patient's clinical record.
  - e.** An Incident/Accident Report form will be completed and submitted to the Administrator.
  - f.** If the employee is the one injured, he/she will go to the emergency room of the hospital of choice for treatment.
- 4.** A patient care conference, with the participation of all appropriate disciplines will be held to discuss the situation and any appropriate actions which could be taken.
- 5.** Documentation will include a description of the situation, any discussions and communications with the patient, caregiver, organizational staff, community resources, etc. and any actions to be taken.
- 6.** If a decision is made to discharge the patient, the following steps will be taken:
  - a.** The patient will be notified by administration of the decision to discharge, the reason and the date of the last visit by certified mail.
  - b.** Whenever possible, the patient will be given time to secure other modes of care or placement.
  - c.** The physician involved, and any appropriate referral source or community resources will also be informed by telephone and certified mail.
  - d.** A summary of the situation attempts to resolve it, and the action taken will be documented and placed in the chart.
- 7.** Make sure all car doors are locked, including driver's side, when driving.
- 8.** The windows should be rolled up most of the way. If someone tries to break into your car, honk your horn repeatedly.

**If there are ongoing unsafe situations in the home or area which the field staff observes, this should be brought to the attention of the supervisor as soon as possible.**

# FIELD SAFETY

- 9.** Before getting into your car, check the back seat and floor for someone hiding there.
- 10.** Keep nursing bag, purse, wallet and/or other valuables out of sight in your car.
- 11.** Be cautious in elevators; if you are at all suspicious of a passenger, wait for the next car.
- 12.** If you are nervous about an individual situation, discuss it with your supervisor and request a staff person to accompany you.
- 13.** If a situation appears dangerous you may leave. Advise your supervisor of the problem.
- 14.** The Agency will discontinue a case if a staff person's safety is a concern.
- 15.** If you feel unsafe, make visits early in the morning or have the manager accompany you.
- 16.** If you do not want to be seen carrying your bag, put your supplies in a paper bag.
- 17.** If someone attempts to rob you, do not resist or hesitate to give up your bag. Write down what you can remember about the assailant. Call the police immediately and notify your supervisor.
- 18.** Screaming "FIRE" rather than "HELP" might bring more assistance.

**If you are nervous about an individual situation, discuss it with your supervisor and request a staff person to accompany you.**

- 19.** Be alert for pickpockets in crowds. When you take out your wallet, be as discreet as possible in handling your money.
- 20.** Report sexual harassment to the Administrator.
- 21.** Follow Agency policy and procedures concerning transfers, ambulation, disposal of needles and wastes, hazardous spills, etc., when in the patient/client's home.
- 22.** Ensure that the DME Agency posts "NO SMOKING" signs when oxygen is in use and secures the cylinder safely, so it will not fall over.
- 23.** Ensure that cords for appliances and/or equipment, such as humidifiers, fans, suction equipment, etc., are kept out of the way. If a cord must run across the floor, tape it securely in place so that it will not cause anyone to trip.
- 24.** If the patient is not at home at the prearranged time, ask a neighbor or resident manager if they know the whereabouts of the patient or family. (Patient may have had a doctor appointment). If unable to gain information, call the Agency for further instructions.

## HIPAA

1. Each employee is made aware the standards of confidentiality that must be maintained under HIPAA regulations.
2. Each employee will become familiar with the pertinent sections of the Agency's HIPAA Privacy Manual.
3. HIPAA training is an essential part of employee orientation and each employee is required to take HIPAA in-service on hire and annually.
4. Further each employee is required to execute an Employee Confidentiality Agreement of Patient Health Information and Personal Information in Accordance with HIPAA Regulations. This signed document will be part of an employee's permanent record.

**HIPAA training is an essential part of employee orientation and each employee is required to take HIPAA in-service on hire and annually.**

**Each employee will complete a Confidentiality and Non-Compete Agreement which prohibits the release of proprietary information or its use by an employee. This agreement will survive the resignation or termination of the employee.**

## Confidentiality and Non-Compete Agreement

1. In the course of his or her employment each Agency employee will become privy to confidential information that does not meet the strict definition of protected information under HIPAA but is nevertheless confidential.
2. Such information will be proprietary to the Agency and to the Agency's operations. The release of such information to outside parties will constitute a breach of trust with the Agency and be a basis for summary termination.
3. The use of such information by an employee for his or her own benefit will also be a basis for immediate termination.
4. Each employee will complete a Confidentiality and Non-Compete Agreement which prohibits the release of proprietary information or its use by an employee. This agreement will survive the resignation or termination of the employee.
5. The agreement further prohibits the employee from competing with the Agency for a period of one (1) year after his or her resignation or termination. This prohibition includes having the employee undertake a similar function with any competing Agency located within a 25-mile radius of the Agency and the establishment by the employee of a competing entity servicing the Agency's service area.\*

*\* This only applies to full time employees.*

# PROFESSIONAL CONDUCT

## Professional Conduct and Standards

Employees are expected to conduct themselves in a professional manner when they represent the Agency.

Accordingly, the following guidelines should be observed:

- 1.** Due to the nature of our service, personal appearance and cleanliness are of extreme importance. Employees are expected to be neat, clean and conservative in dress and accessories.
  - a.** Employees are not required to wear uniforms, but their attire must be professional and tasteful. No clogs or open toe shoes are to be worn. Clean attire is to be worn whenever on duty.
  - b.** Registered Nurses are not required to wear a uniform but are expected to dress in a professional manner.
- 2.** Each employee will receive an ID badge when beginning his/her first assignment. The employee is expected to WEAR IT AT ALL TIMES while on duty.
- 3.** Personal calls are discouraged, and receipt of personal mail is prohibited.
- 4.** No employee may release any protected information pertaining to a patient/client. The only person authorized to release such information is the Administrator or the Administrator's designee who must strictly follow HIPAA and Agency procedures before doing so. Failure to adhere to Agency standards with respect to this confidentiality will be cause for disciplinary action up to and including discharge.

- 5.** Employees are also prohibited from disclosing any information having to do with the Agency business that is deemed to be proprietary or confidential. Failure to adhere to Agency standards with respect to this confidentiality will be cause for disciplinary action up to and including discharge.
- 6.** Employees are discouraged from doing anything for one patient that they cannot or would not do for all of their patients. It is very important to keep the patient/staff relationship on a professional level.

## Gifts

- 1.** Employees are discouraged from taking gifts from patients. To prevent situations which may arise with elderly patients who may or may not always be fully cognizant of what they are doing.
- 2.** The Agency is fully aware of the desire of patients to show appreciation of the staff by offering small tokens of their appreciation. This is especially noticed at end of year holiday time.
- 3.** It is not the intent of the Agency to prevent such tokens of appreciation. However, some patients, or their families, may not agree on what is a small token, or a family heirloom.
- 4.** All staff members are expected to notify the office immediately if a patient offers a gift.
- 5.** No staff member may under any circumstance accept money from any patient.
- 6.** No gift having a value of more than \$20.00 will be accepted by any staff member. When there is a question of whether the value may exceed \$20.00, the determination will be made by the Administrator.

## Sexual Harassment

It is the policy of this Agency not to condone or permit any sexual harassment of our personnel. This would be in violation of Title VI of the Civil Rights Act of 1964 and it is against our policy for any employee, male or female, to sexually harass other employees by:

- 1.** Making sexual advances, requests for sexual favors or other verbal physical conduct of a sexual nature as a condition of an employee's employment.
- 2.** Making submission or rejection of such conduct the basis for employment decisions affecting the employee.
- 3.** Creating an intimidating, hostile or offensive working environment by such conduct.
- 4.** Sexual harassment may take different forms. Examples of several types of forms are:
  - a.** Verbal sexual innuendo, suggestive comments, jokes of a sexual nature, sexual propositions or sexual threats.
  - b.** Non-verbal sexually suggestive objects or pictures, graphic commentaries, suggestive or insulting sounds, leering, whistling or making obscene or suggestive gestures.
  - c.** Unwanted physical contact, including touching, pinching, brushing against the body, coerced intercourse or assault.
- 5.** If an investigation into a sexual harassment complaint concludes that an employee violated this policy by sexually harassing another employee, a management representative will be made available to receive the complaint and will immediately investigate the charge and make appropriate recommendations for disciplinary action.
- 6.** The management representative investigating the complaint will be of the same gender as the employee making the complaint.

# PATIENT RIGHTS

## Patient Rights

1. To be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care. Informed consent and patient participation to take place initially and as any changes occur during the episodes of care.
2. To choose a health care provider.
3. To access necessary professional services 24 hours a day, 7 days a week. This care will be appropriate and professional care relating to physician orders.
4. Be informed, both orally and in writing in advance of care being provided, of the charges, including payment for care/service expected from the third parties including Medicare, Medicaid, or any other federally funded or aided program known to the organization, charges for services that will not be covered by Medicare and any changes for which the patient will be responsible.
5. To language assistance through the use of competent bilingual staff, staff interpreters, contracts, formal arrangements with local organizations providing interpretation, translation services, or technology and telephonic interpretation services free of charge.
6. Receive information about care/services covered under the Medicare Home Health benefit.
7. Participate in and be informed about and consent or refuse care in advance of and during treatment.
8. To make decisions about medical care,

accept or refuse medical care, patient resuscitation, and surgical treatment.

**Patients have the right to make decisions about medical care, accept or refuse medical care, patient resuscitation, and surgical treatment.**

9. To participate in, be informed about, and consent or refuse care with respect to:
  - a. Completion of all assessments
  - b. Care to be furnished, based on the comprehensive assessment.
  - c. Establishing and revising the plan of care
  - d. The disciplines that will furnish care
  - e. The frequency of the visits
  - f. Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits
  - g. Any factors that could impact treatment effectiveness.
  - h. Any changes in the care to be furnished
10. Receive information about the scope of services that the HHA will provide and specific limitations on those services.
11. Participate in the development and periodic revision of the plan of care.
12. Receive information of transfer and discharge policies and procedures.
13. To be advised that the agency complies with Subpart 1 of 42 CFR 489 and receive a copy of the organization's written policies and procedures regarding advance directives, including a description of an individual's right under applicable state law and to know that the Agency will honor the patient's advance directives in providing care.



- 14.** Be informed of patient rights under state law to formulate an Advance Directive.
  - 15.** Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
  - 16.** Have patient's family or guardian exercise the patient's rights when the patient has been judged incompetent.
  - 17.** Be able to identify visiting personnel members through proper identification.
  - 18.** Be free of mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of patient property.
  - 19.** Voice grievances/complaints regarding treatment or care that is (or fails to be) furnished, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination or reprisal and to know that grievances will be resolved, and the patient notified of the resolution within 30 days. Receive the contact information for the agency Administrator including the name, business address and business phone number.
  - 20.** Have grievances/complaints investigated regarding treatment or care that is (or fails to be) furnished, or lack of respect of property.
  - 21.** Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
  - 22.** Be advised of Agency's Policy and Procedure regarding the disclosure of clinical records.
  - 23.** Choose a health care provider, including an attending Physician.
  - 24.** Receive appropriate care without discrimination in accordance with Physician's orders.
  - 25.** Be informed of any financial benefits when referred to an organization.
  - 26.** To be informed verbally and in writing and before care is initiated of the organization's billing policies and payment procedures and the extent to which:
    - a.** Payment may be expected from Medicare, Medicaid, or any other federally funded or aided program known to the organization
    - b.** Charges for services that will not be covered by Medicare
    - c.** Charges that the individual may have to pay
- Patients have the right to receive appropriate care without discrimination in accordance with Physician's orders.**
- 29.** Be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act.
  - 30.** Be informed of anticipated outcomes of care/services and of any barriers in outcome achievement.
  - 31.** To be advised that the agency complies with Subpart I of 42 CFR 489 and receive a copy of the organization's written policies and procedures regarding advance directives, including a description of an individual's right under applicable state law and to know that the Agency will honor the patient's advance directives in providing care.

# PATIENT RIGHTS

**32.** To receive advance directives information prior to or at the time of the first home visit, as long as the information is furnished before care is provided and to know that the Hotline number **1-888-419-3456** may be used to lodge complaints regarding the implementation of the Advance Directive requirement.

**33.** To be advised of the toll-free home health agency hotline for the State of Florida and the purpose of the hotline to receive complaints or questions about the organization. The State of Florida Home Health Hotline Number is **1-888-419-3456**. The number is operated 8AM to 5PM daily to receive complaints or questions about local Home Health Agencies.

You may also register complaints in writing to:

**Director of Health Facility Licensure and Certification Division**

Florida Department of Human Services  
P. O. Box 149030, Mail Code Y981  
Tallahassee, Florida 78714-9030

**34.** To be informed of the toll-free adult/elder abuse hot-line **1-800-96ABUSE (22873)** used to report abuse, neglect or exploitation.

**35.** To be informed of the toll-free child abuse hot-line **1-800-792-5200**.

**36.** Medicaid fraud means an intentional deception or misrepresentation made by a health care provider with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under federal or state law related to Medicaid.

**37.** To report suspected Medicaid Fraud, please call the Attorney General toll-free

at **1-866-966-7226**. Find out if you are eligible for a reward. Callers may request to remain anonymous.

**38.** Be advised of the names, addresses and telephone numbers of the following federally funded and state-funded entities that serve the area you reside in for:

- a.** Agency on Aging
- b.** Center for Independent Living
- c.** Protection and Advocacy Agency
- d.** Aging and Disability Resource Center
- e.** Quality Improvement Organization

**\*\*Provided in the Patient Information Booklet**

**39.** To be advised of the contact information for the Agency's Administrator:

Elizabeth Murphy, Administrator  
**Legacy Home Health Care, Inc.**

7384 SR 21  
Keystone Heights, FL 32656  
**352-478-7030**

**Patients have the right to be informed of the toll-free adult/elder abuse hot-line 1-800-96ABUSE (22873) used to report abuse, neglect or exploitation.**

## The Patient has the responsibility:

- 1.** To provide, to the best of his/her knowledge, accurate and complete information about:
  - a.** Past and present medical histories.
  - b.** Unexpected changes in his/her condition.
  - c.** Whether he/she understands a course of action selected.
- 2.** To follow the treatment recommended by the particular handling of the case.
- 3.** For his/her actions if he/she refused treatment or does not follow the physician's orders.
- 4.** For accruing that the financial obligations of his/her health care are fulfilled as promptly as possible.
- 5.** To respect the rights of all staff providing service.
- 6.** To notify the agency promptly in advance of an appointment or visit you must cancel.
- 7.** To become independent in care to the extent possible, utilizing self, family and other sources.
- 8.** To pay for care or services not covered by 3rd party payers.
- 9.** To comply with the rules and regulations established by the agency and any changes subsequent to the rules.

**Patients have the responsibility to become independent in care to the extent possible, utilizing self, family and other sources.**



# ELECTRONIC SIGNATURES

## Electronic Signatures and Visit Verify

When using the EMR, you will be prompted to create a pin that will represent your electronic signature.  
**Please safeguard your electronic signature pin.**

**During the patient visit, you will need to obtain the patients signature as verification of the visit.**



*To do this, please click on the small red house icon to the right of the task in your hotbox.*

This will open up a screen and ask you to allow location information, a second screen will ask you to verify patient information and a third screen will open for the patient to sign

**Please ensure that location services are enabled.**

**If you do NOT have cell service in the patients area, please use a paper form to collect the signature to verify the visit.**

--patients can easily sign with finger or stylus.



*Click save and this will log the necessary signature.  
You will notice that the house now has a check mark inside.*

This is an important step because many of our patients are forgetful and this allows us to verify your visit when they may forget that you were present.

## Corporate Compliance

Legacy Home Health Care, Inc. adheres to standards set forth by Federal, State, Local and Accrediting Bodies.

Legacy Home Health Care, Inc. has approved written vision and mission statements that contain the Agency's operating purpose, philosophy and operating ethics. The vision and mission statements are distributed to all employees, volunteers and members of the Agency's Governing Body. The mission may be amended only through proper approval by the Agency's governing authority.

The vision and mission statements apply to and govern all the activities of all its programs.

Compliance with Federal, State and Local Law

The Agency will be an established entity with legal authority to operate within the state of Florida.

The Agency will obtain all required licenses and/or permits required to operate within the state of Florida.

The Agency will take all reasonable steps to ensure compliance with all applicable federal, state and local laws to include but not limited to:

1. Local and state licensure
2. The American Disability Act
3. Equal Employment Opportunities Act
4. Fair labor Standards Act
5. Title VI the Civil Rights Act of 1964

**Please report any corporate compliance concerns to the administrator. Concerns can also be reported anonymously using the drop box at any location.**

6. Occupational Safety and Health Standards (OSHA)
7. Medicare Regulations
8. Medicaid Regulations
9. HIPAA
10. US Food and Drug Administration (FDA), if applicable
11. Drug Enforcement Administration (DEA), if applicable
12. Other laws and regulations as applicable to the care/ service provided by the Agency.

The Agency will post all required federal and state posters in a prominent location.

In the absence of the Administrator and the Clinical Manager are not on the premises during designated business hours, a staff person must be available to answer the phone and the door and must be available to contact the Administrator and the Clinical Manager by telecommunications. This individual can be a clerical staff person.

Please report any corporate compliance concerns to the administrator. Concerns can also be reported anonymously using the drop box at any location.



# EMERGENCY PREPAREDNESS

## Emergency Preparedness

### Emergency Management Plan:

The objective of the Emergency Operations Plan is to effectively prepare for, manage an emergency and restore the Agency (HHA) to the same operational capabilities as pre-emergency levels.

During an impending emergency we will call on all staff to help prepare our patients to remain safe. We do not make visits during unsafe conditions, so it is important to establish an emergency plan with patients upon admission. This helps us all be prepared.

Legacy Home Health Care's Comprehensive Emergency Management Plan can be found at the reception desk and on the employee bulletin board.

**During an impending emergency we will call on all staff to help prepare our patients to remain safe. We do not make visits during unsafe conditions, so it is important to establish an emergency plan with patients upon admission. This helps us all be prepared.**



## Patient Grievance Procedure

### Definition

A grievance is a concern relating to patient care conditions or to relationships between a patient and the Agency or a caregiver in which the patient believes that he/she has been wronged and wants the wrong corrected. It is regarding problem areas in the delivery of care which appear to threaten the health and well-being of the patient.

### Policy

All patients will be informed of their right to voice a complaint/grievance against anyone furnishing services on behalf of the Agency.

All patients will receive verbally and in writing the Agency's process for receiving, investigating and resolving complaints.

All patients receive the state regulatory hotline number, the AOs telephone number as well as the appropriate person/department within the Agency to contact regarding a complaint/grievance regarding services furnished by the Agency and/or concerns regarding the implementation of Advance Directive requirements.

The Agency will investigate any complaint made by patient or patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the Agency. Both the existence of the complaint and the resolution of the complaint will be documented.

A summary of grievances, complaints and concerns will be reported to the Governing Body quarterly.

Patient grievances, complaints and concerns will be included in the (PI) annual report.

**Any employee receiving a complaint/grievance will complete and submit a report to the Administrator. If the complaint is received after business hours, the supervisor on call will be notified and the complaint form will be submitted the next business day.**

Agency staff will be educated on patient grievance policies at orientation and annually thereafter.

All complaints/grievances are retained for a minimum of three years.

### Procedure

1. When a patient is admitted to the Agency, he/she is to be given an admission packet that includes a copy of the Agency Bill of Patient Rights and Responsibilities. This policy indicates that grievances are to be filed with the Agency Administrator. The fact that the policy was given to the patient is to be recorded in the clinical record.
2. All grievances and concerns are to be dealt with by the Administrator or his/her designee.
3. Any employee receiving a complaint/grievance will complete and submit a report to the Administrator. If the complaint is received after business hours, the supervisor on call will be notified and the complaint form will be submitted the next business day.
4. When a grievance is received, whether written or verbal, it is to be documented in the patient's clinical record by the Administrator or his/her designee. It is also to be noted in a log kept by the Administrator.
5. The resolution of the problem is also to be documented in the same manner.

# PATIENT GRIEVANCE

- 6.** Each written grievance received is to be responded to in writing by the Agency within ten (10) days.
- 7.** Grievance received after hours, on weekends and holidays and whenever the office is closed are handled on the next business day.
- 8.** Each written or verbal grievance received is to be responded to in writing by the Administrator within ten (10) days. This information is reviewed by the Administrator and a complaint form is completed by the Administrator. Each person involved is interviewed by the Administrator who then evaluates all collected information.
- 9.** After thorough evaluation, The Administrator makes a determination and formulates a decision notifying all persons involved. All information regarding activities, investigation, analysis, resolution and outcomes are documented in the Administrator's log and in the patient's chart.
- 10.** The response is to explain the decision rendered by the Agency and it is to notify the patient of his/her right to appeal.
- 11.** A copy of the outcome is to be filed in the clinical record and noted in the Administrator's log.
- 12.** If the patient files an appeal, it is to be reviewed and responded to by a member of the Governing Body within thirty (30) days of its receipt by the Agency.
- 13.** The response to the appeal is to be filed in the patient's clinical record and noted in the Administrator's log.





# SECTION TWO

## CLINICAL ORIENTATION

### Welcome

Welcome to the Legacy Home Health Care Team! You are now officially a member of our Legacy family, and this family prides itself on keeping patient care the very top priority. We hope that you find the next section of our handbook as a useful tool to be able to accomplish quality patient care with excellence. We believe that the more information you know, the more effectively you will be able to perform your job, thus resulting in our patients continuing to receive optimal care. As Director of Clinical Services, it is my desire to provide all employees with the tools and education to feel confident in their role here at Legacy. By having the knowledge, tools and support from the team, not only are we able to provide exceptional patient care, but we are also able to provide YOU with the employee job satisfaction that we desire for each of our employees to find. You are welcome here and we are thankful to have you as a part of our team.



With Kind Regards,

Lindsey Carroll, RN  
Director of Clinical Services

## Biohazard

1. Warning labels shall be affixed to containers of regulated waste. Refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in this standard.
2. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in contrasting color.
3. Labels should be fixed as close as feasible to the container by string, wire adhesive, or method that prevents their loss or unintentional removal.
4. Red bags or red containers may be substituted for labels.
5. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirement.
6. Blood or other potentially infectious materials must be placed in a properly labeled container.
7. Labels required for contaminated equipment shall also state which portions of the equipment remain contaminated.
8. Regulated waste that has been decontaminated need not be labeled or color coded.
  - a. Biomedical waste bags and sharps containers shall be labeled with the generator's name and address unless treatment occurs at the generating facility.
    - i. *If a bag or sharps container is placed into a larger bag prior to transport, the label for the exterior bag shall comply with all local, state and federal regulations. Sharps containers are exempt from the labeling requirements of paragraph.*
    - ii. *Outer containers shall be labeled with the transporter's name, address, registration number, and 24-hour telephone number prior to transport.*
  - b. The transporter may provide labels for bags or sharps containers that are generator-specific, such as bar codes or specific container numbers.

## Infection Control

Infection Control includes hand hygiene, and bag technique. Please reference Continua Training courses for more information

# PRECAUTIONS

## Standard Precautions

Standard Precautions combine the features of universal precautions and body substance isolation. Standard Precautions apply to all patients regardless of their diagnosis or suspected infection status. Standard Precautions apply to the following:

- Blood
- All body fluids, secretions and excretions, except sweat, whether or not they contain visible blood
- Nonintact skin
- Mucous membranes
- Hand Hygiene

## Personal Protective Equipment:

Personal Protective Equipment (PPE) is used to protect staff from contact with infectious agents, and to prevent staff from carrying these infectious agents from patient to patient.

### Gloves:

- To be worn when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin and other contaminated items, i.e., equipment. Gloves do NOT take the place of hand hygiene. Hands are to be washed after removing gloves.
- Gloves should be changed between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.

### Gowns:

To be worn during procedures and patient-care activities when contact with blood, body fluids, secretions or excretions is anticipated to prevent soiling or contamination of clothing and to protect skin. Gowns are to be removed before leaving the patient's environment.

**Personal Protective Equipment (PPE) is used to protect staff from contact with infectious agents, and to prevent staff from carrying these infectious agents from patient to patient.**



# MEDICATION ADMINISTRATION

## Medication Administration Policy

### Purpose:

To provide guidelines that will enable the staff to safely administer medications to patients/clients.

### Policy:

Medication may be administered by RNs and LPNs in accordance with their skill, training, applicable state regulations, and established Agency policies and procedures.

### Procedure:

- 1.** The administration of medications will be performed only in accordance with written and signed orders from the patient/client's physician.
- 2.** Orders will be taken by a skilled nurse in either verbal or written form and will include the following information:
  - a.** Complete name of the patient/client
  - b.** Rate of administration
  - c.** Complete name of the medication
  - d.** Special instructions or precautions, if indicated
  - e.** Strength of the medication
  - f.** Standing orders in case of drug related adverse reactions, if indicated
  - g.** Dosage to be administered
  - h.** Laboratory testing to be routinely obtained
  - i.** Frequency of administration
  - j.** Other information based on the patient/client's unique medical needs
  - k.** Route of administration
- 3.** The nurse will routinely monitor all medications to determine the continued appropriateness of medications being administered to the patient/client.
- 4.** Medication profiles are updated at least every 60 days and whenever there is a change in the medication regimen.
- 5.** Monitoring should determine the following:
  - a.** Patient's response to therapy
  - b.** Contraindications
  - c.** Significant side effects
  - d.** Actual or potential drug interactions
  - e.** Level of understanding
  - f.** Patient/client compliance
  - g.** Allergies
  - h.** Any observations will be documented in the clinical record
  - i.** Patient compliance with medication regime
  - j.** Medications currently associated with laboratory monitoring
  - k.** Changes in the patients' condition that contraindicates continued administration of the medication
- 6.** If parenteral antibiotics or other medications as indicated are administered in the home, an anaphylaxis kit must be in the home, if physician orders.
- 7.** The nurse will not administer medication if such medication is determined to be harmful, contraindicated, expired, improperly labeled, contaminated or there is not a physician's order. If a medication is withheld, the physician will be promptly notified, and the events documented in the clinical record.

# MEDICATION ADMINISTRATION

- 8.** If a determination is made that the medication may no longer be appropriate, the physician will be contacted, and the necessary orders received.
- 9.** Information relevant to the discussion with the physician and the orders obtained will be documented in the clinical record.
- 10.** If a patient/client expires, all medications become the property of the patient/client's family who will be responsible for their disposal.
- 11.** When administering the initial dose of a new medication, the nurse has the right to decide on an individual basis whether or not to administer the initial dose. If the dose is not administered, the physician should be contacted, informed why the medication was withheld and asked what should be done. The clinical record will reflect this discussion and the resulting outcome.
- 12.** The following must be reviewed prior to administering the first dose in the home:
  - a.** The date the patient/client last received the medication.
  - b.** The history of being allergic to this class of medication.
  - c.** Orders have been received outlining the steps to take and the medication(s) to be given and what to do should an anaphylactic reaction occur.
  - d.** Giving the first dose in the hospital, physician's office or other has been considered and has been rejected.
  - e.** The route of administration has been specified.
  - f.** The location and phone numbers for emergency support have been identified and a procedure to utilize these facilities has been developed.
- 13.** After injectable or intravenous medication is given for the first time:
  - a.** The nurse administering the medication must stay with the client/patient at least one hour after the administration of the medication to ensure the client/patient has tolerated the medication well and observe side effects.
  - b.** The appropriate monitoring of the client/patient after the first dose is administered.
- 14.** If a patient/client refuses to take a medication, the following procedure should be followed:
  - a.** Ask the patient/client why the medication is being refused.
  - b.** Determine if the patient/client understands the purpose and actions of the medication and the potential effect of refusing the medication.
  - c.** Determine if the patient/client is willing to accept the potentially adverse outcome of refusal.
  - d.** Clarify any misconceptions or misunderstanding stated by the patient/client.
  - e.** If the patient/client continues to refuse, inform the patient/client that the physician must be called. If patient/client still refuses, contact the physician.
  - f.** Document all conversations and actions in the clinical record.
- 15.** Patients/clients and/or family/caregivers may be instructed on the administration of injectable medications only with a written physician's order. All instructions will be documented in the clinical record.
- 16.** Flu and pneumonia prevention injections may be given at the discretion of the Agency.

## Objectives Of Quality Assessment & Performance Improvement Plan

- 1.** To administer and coordinate the Agency's QAPI program which is designed to ensure all quality improvement activities are implemented.
- 2.** To evaluate the delivery of well-coordinated care to patients.
- 3.** To provide and validate comprehensive optimal level of safe and effective care/ services at reasonable cost.
- 4.** To improve access to community services.
- 5.** To evaluate the appropriateness and outcome of care provided by staff/contract personnel.
- 6.** To monitor and ascertain compliance with Agency policies and procedures and state and Federal regulations.
- 7.** To identify problems, establish a plan and take action to resolve, reprioritize if necessary and reevaluate results.
- 8.** To evaluate staff performance, delivery of care, documentation and patient outcomes and the Agency's mechanism for addressing them.
- 9.** To evaluate patient and staff education.
- 10.** To determine patient and physician satisfaction of rendered services.
- 11.** To identify opportunities to improve patient care using ongoing collection and screening and evaluating information about the outcome of customer satisfaction surveys.
- 12.** To minimize risk exposure to staff and/or Agency.
- 13.** To oversee the effectiveness of the program and detection of trends, patterns of performance or potential problems that may affect different areas of the organization.
- 14.** To develop effective information systems to communicate quality assessment and improvement activity outcomes to Agency staff and committees.
- 15.** To ensure patient and staff confidentiality throughout the quality assessment and improvement process.
- 16.** To ensure performance-based credentialing for each professional and paraprofessional caregiver.
- 17.** To evaluate the scope, organization and effectiveness of the quality improvement program ensuring that actions taken are within the mission and goals of the Agency.
- 18.** To identify the need for revisions in patient care services, policies and procedures.
- 19.** To identify the extent to which the Agency program is adequate, effective and efficient in the use of all manpower and financial resources.

## QAPI Activities For Monitoring And Evaluation

Care or services monitored will include, but are not limited to:

1. Services/care that occur on a high frequency volume.
2. Evaluation of systems designed to support clinical operations.
3. Compliance with clinical practice standards and recognized professional standards.
4. Evaluations based on measurable objectives, patient outcomes and cost effectiveness.
5. Services/care that present a potential for risk of serious consequences.
6. Services/care that have shown problem-prone tendencies.
7. Routine collection of information covering all aspects of care.



## Ethics

### Ethics Committee

The Governing Body has appointed a sub-committee to deal with ethical issues. These issues may pertain to patients or staff. The committee meets when an ethical issue arises. The minutes of the Ethics Committee are presented to the Governing Body for their approval. Any employee faced with an ethical issue should contact his/her clinical team leader for guidance.

## Cultural Diversity & Communication Barriers

1. The Agency will provide care to patients and families regardless of their cultural background and beliefs.
2. Cultural considerations for all patients/clients shall be respected and observed. Where such considerations impede the provision of prescribed health care or treatment, personnel shall notify the supervisor and physician in an effort to accommodate the patient/client.
3. Different cultural backgrounds, beliefs and religions impact the patient's lifestyles, habits, and view of health and healing. Employees must be able to identify differences in their own beliefs and the patient's beliefs and find ways to support the patient.

4. Upon admission, staff will identify the patient's individual beliefs based on their cultural background and develop the plan of care accordingly.
5. The Agency will not assign personnel unwilling to comply with the Agency's policy, due to cultural values or religious beliefs, to situations where their actions may be in conflict with the prescribed treatment or the needs of the patient.
6. Cultural diversity training will be completed for all employees at time of orientation and annually thereafter.

The use of interpreter services and/or technology platforms for interpretation will be used to ensure that patients are clearly communicated with in a language that they can understand.

**The Agency will provide care to patients and families regardless of their cultural background and beliefs.**



# DOCUMENTATION & DEVICES

## Documentation

### Submission Of Clinical Record Visits Documentation

All initial assessments must be submitted within 48 hours. All clinical visit notes must be submitted within 48 hours of providing service.

Therapy services must be initiated within 5 days of receipt of the referral.

### Documentation Guidelines

All Documents must be submitted with signature in EMR within 48 hours of visit completion.

(Visit notes cannot be submitted for payroll until "submitted with signature" in EMR.)

Payroll information will be pulled directly from Kinnser, however visits not completed by Monday morning at 9am may not be paid on the current check and may be subject to a late penalty reduced payment.

Payroll is processed weekly. Direct deposit is available and preferred. Paper checks can be picked up after 12noon on Friday's. (Please let the office know if you'd prefer to have check sent by mail)

## Legacy Issued Devices and Supplies

Upon separation of employment, the employee's final compensation will be made via paper check which can be picked up at the Keystone Heights location with the return of devices or supplies that belong to the agency. All devices must be in the condition that they were when issued.

**Payroll information will be pulled directly from Kinnser, however visits not completed by Monday morning at 9am may not be paid on the current check and may be subject to a late penalty reduced payment.**

**Payroll is processed weekly.**





## On Call Process

At Legacy it is important that we ensure that our patients have easy access to have their clinical questions and concerns addressed even after hours. We have an RN available for clinical questions 24/7.

ALL RN's (PRN and FT) will be expected to participate in the RN On Call rotation for their area.

During the On-Call assignment, all incoming phone calls will be forwarded to the Nurse On Call phone number. Please ensure that your voice mail states that you are the On-Call Nurse for Legacy Home Health Care.

All 6 major holidays will be designated according to RN preference on a first come, first serve basis. Holidays should be selected by February 15th for the year. If no selection is made for a certain holiday, an individual will be assigned based on who has not yet signed up for holiday/seniority/etc. And who falls next in rotation.

It is very important that the nurse on call is available, around the clock, during their assigned on-call schedule.

If you determine that you are NOT able to cover your on call for a particular time frame, please reach out to your fellow nurses on call to trade with them.



## What is OASIS all about?

The **Outcome and Assessment Information Set** is a tool used by the Center for Medicare and Medicaid Services (CMS) to:

1. provide a baseline assessment tool and
2. provide ongoing information for agency performance ratings, value of care provided and reimbursement.

## Top 4 areas that CMS uses OASIS information:

1. PDGM—patient driven groupings model—how we are reimbursed for patient care
2. Home Health Compare—publicly reported comparison of different agencies.
3. Star Rating—publicly reported rating given to agencies based on patient improvements made in several areas.
4. Value Based Purchasing—agency reimbursements are impacted based on outcomes/improvement scores

## Outcomes

Has your patient improved? If not, why not? The improvement should show in documentation.

## Goals and Interventions

Every Start of Care and Therapy Evaluation should include goals AND interventions that are patient specific. All follow up visits will use these interventions to carry out the plan of care.

## Orders

Every service that Legacy Home Health Care provides to the patient **MUST** be ordered by the physician. These orders take the following forms:

485/Plan of care--this is created when the SOC and evaluations are completed (as long as evals are completed within the first 5 days the frequency/goals and interventions will be included on finalized POC). It acts as a verbal order for services and is signed by the managing MD /ARNP/PA.

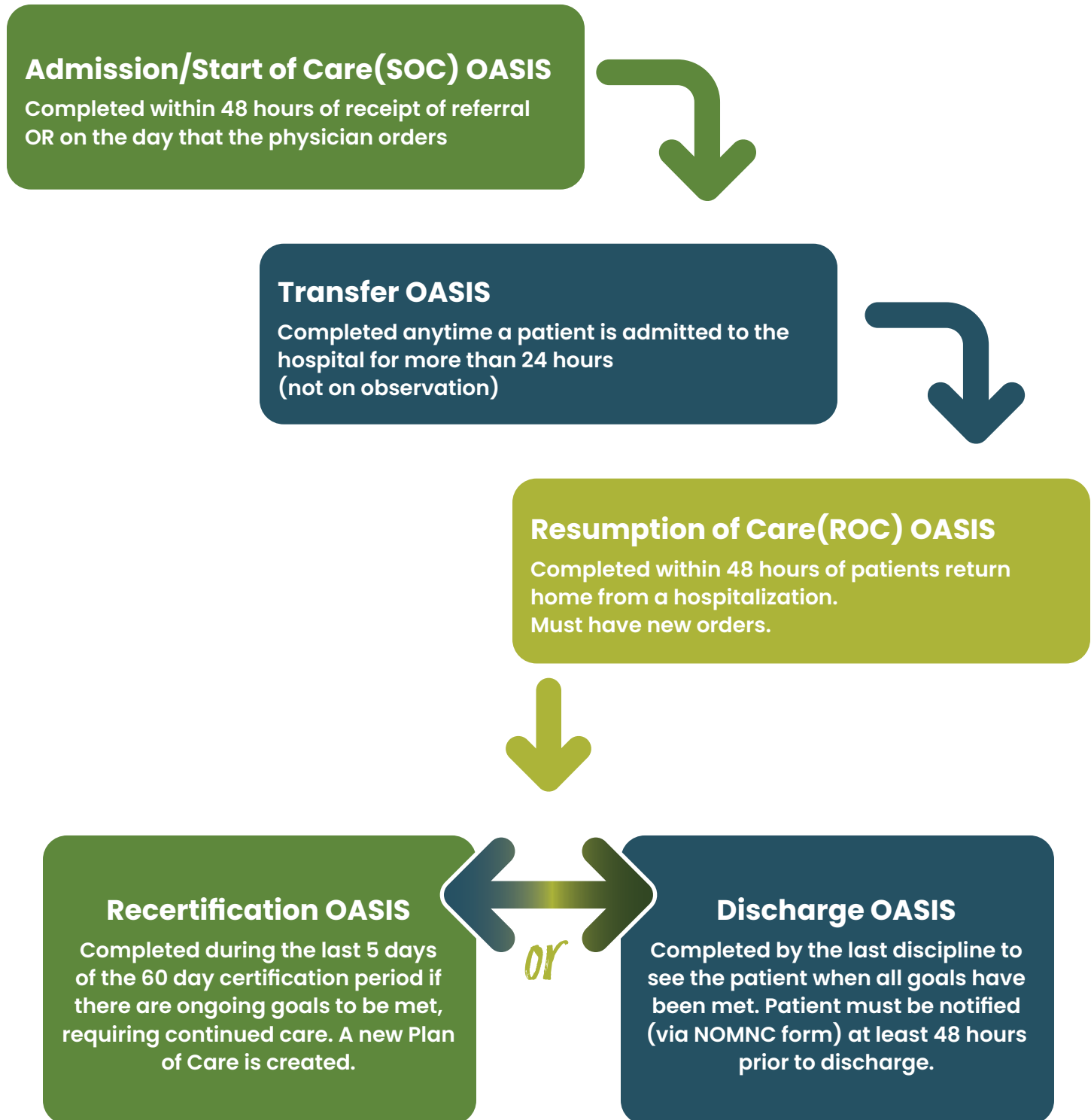
Post Hospital Order--this is created based on info that is included on the ROC assessment. It acts as a verbal order for services and is signed by the managing MD/ARNP/PA.

Verbal Order--this is a general order for services that were not included on POC/485 initially. This is sent to the managing MD/ARNP/PA for signature.

\*IT is important that wound care, medication administration, therapies, etc. are carried out exactly as they are ordered.

\*Please include specific orders pertaining to the patient's care under the appropriate section of the OASIS so that the orders are carried over to the POC and thereby become part of the verbal order.

## OASIS TimePoints



## Scheduling and Frequency

In Home Health, recommended frequency is entered by the RN/PT/OT/ST who is completing the assessment/evaluation. Frequency will be further approved by the Clinical Team Leader according to utilization guidelines and authorization restrictions. Once the frequency is approved, it is scheduled out by our scheduling department. Visits can be moved within the same week. If a visit needs to be missed, it **MUST** be due to patient circumstances, not personal clinician circumstances. All missed visits should be rescheduled as soon as possible.

### Frequency in home health is written as follows:

A number indicating how many times during a time period the discipline is going to visit the patient followed by a letter signifying what the time period is: W(week) or M(month) followed by a number indicating how many time periods will be included in total.

### Example

How many times this discipline will visit — **2**

During what time period — **week**

For how many time periods — **4**

**2 W 4**

The above example shows a frequency that indicates that visits by this discipline will be made two times per week for four weeks.

# ORIENTATION CHECKLIST

I attest to the receipt of the information regarding the following policies. I understand that in my roll with Legacy Home Health Care I am expected to strictly adhere to the policies.

---

## General Orientation Section One

- Welcome Message
- Vision Mission
- Service Area
- Hours of operation
- Company Benefits
- Payroll
- Attendance
- Tobacco, Alcohol and Drugs
- Accidents and Injuries
- Work Related Injuries
- Safety
- HIPAA
- Professional conduct and standards
- Sexual Harassment
- Patient Rights and Responsibilities
- Electronic Signatures
- Compliance Plan
- Emergency Management
- Complaints and Grievances

---

**employee signature**

---

**date**

## Clinical Orientation Section Two

- Biohazard
- Medication Policy
- Quality Assurance
- Documentation
- Devices
- OASIS
- Outcomes
- Goals and Interventions
- Order
- Scheduling and Frequency
- Technology
- Continuing education
- Standard Precautions
- Ethics
- Infection control
- Cultural diversity
- Communication barriers

---

**employee signature**

---

**date**

## Patient Testimonials

*"Excellent Care – timely and efficient!"*

*"Excellent personnel."*

*"They are the kindest, most loving and helpful, and most responsive."*

*"The nurse and physical therapists were great!"*

*"Friendly."*

*"Very good. With their help, I am walking. – The therapy helped."*

*"Very intelligent staff, very helpful."*

*"I love my Hometown Legacy."*

*"Very good care."*

*"I was impressed with them. I had many home health agencies and they are the best."*

*"Legacy is a new and welcome addition to our small town. We are very pleased with their services and staff."*



## Legacy Platforms

### **WellSky**

Electronic medical record. Notes are completed here, move your patients in same work week, mark visits missed, do visit verification, etc.

### **CareStitch**

Our communication platform. You will be automatically added to specific patient chats + will be able to see a thread regarding the patient. You can also utilize CareStitch to see where all of your patients are on a map, give available days for PRN clinicians, etc.

### **Connecteam**

Connecteam houses all of your HR documents. It can be used to remind you about things that need to be uploaded that may have expired, it is used for time off requests, and is used to communicate directly with HR regarding renewable items and annual inservice requirements.

## Continua Learning

You will be provided with log on information to access our learning portal. Within the portal you will find courses that are required upon hire and annually. It is your responsibility to check the portal regularly to ensure that all new courses are completed in a timely manner. Outstanding courses may prevent you from being scheduled to see patients. HR director will provide timelines for new hire courses. All clinicians complete annual learning in October—all courses must be completed by Oct 31.

You can also access free CEU's for completion of your license renewal through Continua. Continua reports to CEU Broker weekly for continuing education credits.

## Skills Competencies

All clinicians must have a field competency test upon hire and annually. The HR department will work with your clinical team leader to arrange for you to be checked off by a like discipline upon hire (prior to seeing patients independently) and annually during your anniversary month.

# LEGACY

Home Health Care

**The BEST Choice...**



## For our patients...

- ☒ Exceptional Communication
- ☒ Dependable Service & Quality Care
- ☒ Great Patient Outcomes
- ☒ Easy Referral Process
- ☒ Focus on Overall Wellbeing

**AND for you!**

- ☒ Exceptional Communication
- ☒ Great Benefits
- ☒ Positive Culture and Employee Appreciation
- ☒ Technology & Continuing Education
- ☒ Family Owned and Operated

**Starke • Keystone Heights • Palatka • Ocala**