



**Annual Mandatory Education
2024**

Throughout the year, Inspired Homecare provides ongoing educational opportunities. ALL employees are also encouraged to seek out their own independent learning experiences on-line or attending workshops or conferences to meet their **required annual education hours**. “Annually” is defined as each calendar year. External education must be pre-approved by the Executive Director.

ACHC Accredited offices

- **12 hours - Aide:** Refer to Home Health and Personal Care Aide Annual Educational calendar and Federal Requirements. This includes the 2 hr. Annual Mandatory Education and 10 additional hours available through Inspired Homecare.
- **8 hours - Non-Clinical Staff:** Refer to Non-Clinical Business Support Annual Educational calendar. This includes the 2 hr. Annual Mandatory Education and 6 additional hours available through Inspired Homecare or from a pre-approved external source.
- **12 hours - Clinical Staff:** Refer to Clinical Annual Educational calendar. This includes the 2 hr. Annual Mandatory Education and 10 additional hours available through Inspired Homecare or an approved external source.
- **12 hours - Part-Time, PRN and Contract Staff:** This includes the 2 hr. Annual Mandatory Education and 10 additional hours obtained by an outside source and submitted for their personnel file. Clinicians may obtain the 10 hours from other sources OR *may utilize the Relias Education on their own time* to complete the hours required by ACHC.

All Other Offices

- **12 hours - Aide:** Refer to Home Health and Personal Care Aide Annual Educational calendar and Federal Requirements. This includes the 2 hr. Annual Mandatory Education and 10 additional hours available through Inspired Homecare
- **2 hours - Non-Clinical staff:** The Annual Mandatory Education is required.
- **2 hours - Full-time Clinical staff:** The Annual Mandatory Education is required.
- **2 hours - Part-Time, PRN and Contract Staff:** The Annual Mandatory Education, will be paid, any *additional education* hours will be **on their own time** and will not be paid. Clinicians may utilize the Relias education.

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Topics for professional and personal growth are plentiful, but each year we are all required to refresh our knowledge on issues regarding the safety and well-being of both our clients and employees. This issue of Inspired University provides an overview of topics required by health care regulations and standards.

Infection Prevention

Coronaviruses (COVID 19) has changed our lives, but many of the tools we need to protect ourselves and others aren't new.

Coronaviruses already cause illness ranging from the common cold to more severe diseases such as Severe Acute Respiratory syndrome (SARS). But in 2019, a new coronavirus was identified and named Coronavirus Disease 2019 or COVID 19. By March 2020, it had rapidly spread worldwide and the World Health Organization (WHO) declared a pandemic. The end of pandemic may 2023, but the WHO continues to coordinate the global response.

COVID-19 spreads mainly through close contact from person to person usually within about 6 feet. It can however be spread by **airborne transmission** within enclosed spaces with inadequate ventilation. When people with COVID-19 cough, sneeze, sing, talk, or breathe they produce **respiratory droplets**. When the droplets are inhaled by others or deposited on mucous membranes, for example the inside of the nose and mouth, infection can occur.

Symptoms of the virus range from mild to severe, and may appear **2-14 days after exposure to the virus**. Some of the most common symptoms of COVID 19 include but **are not limited to**:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Seek emergency medical care immediately if a person presents with:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

If seeking emergency medical care, call 911 or call ahead to your local emergency facility, depending on the signs and symptoms. Notify the operator that you are seeking care for someone who has or may have COVID-19.

Each year millions of Americans suffer from infections such as flu and intestinal viruses. The Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC) recommend that precautions be used by **all** people in **all** settings in order to protect yourself **and** those with whom you come in contact. ***During this COVID pandemic, those precautions take on an even greater importance!***

**Need
TO KNOW**

People *can also spread* the virus even when *they do not show any symptoms*. That's why precautions are necessary under **ALL** circumstances in order to slow the spread of this disease.

Wear a mask that covers your nose and mouth and fits snugly to the sides of your face and is secure under your chin whenever you will be around other people in public.

- Wear masks with two or more layers.
- Masks should be worn by people two years and older.
- Masks should NOT be worn by children younger than two, people who have trouble breathing, or people who cannot remove the mask without assistance.
- [For the general public] do **NOT** wear masks intended for healthcare workers, for example, N95 respirators.



CDC **does not recommend** the use of face shields alone  or single layer gaiters. 

Before putting a mask on, wash your hands or use hand sanitizer. Do **NOT touch the mask when wearing it.**

Cloth masks should be washed regularly.

- Include your mask with your regular laundry.
- Use regular laundry detergent and the warmest water setting for the cloth used to make the mask.
- Use the highest heat setting and leave in the dryer until completely dry. If mask is made of 100% cotton, it may shrink on a high heat setting.

Stay at least 6 feet apart (about 2 arm lengths) from others and avoid crowds. The more people you are in contact with, the more likely you are to be exposed to COVID-19.

Avoid indoor spaces with others as much as possible, particularly ones that aren't well ventilated. It may be harder to stay 6 feet apart in indoor spaces.

Properly ventilate indoor spaces by bringing outdoor air in as much as possible. During colder months, put on a sweater, lower your thermostat and open windows for at least 15 minutes each day. In general, being outdoors and in spaces with good ventilation reduces the risk of exposure to infectious respiratory droplets.

Frequently wash your hands with soap and water for 20 seconds or use hand sanitizer with at least 60% alcohol especially after you have been in a public place.

Routinely clean and disinfect frequently touched surfaces. Wipe items such as countertops, keyboards, telephones and remote-control devices with an antibacterial wipe before using and use hand sanitizer when you are done.

When caring for clients or family members, all equipment should be cleaned immediately after use. Small items, *except thermometers*, should be washed in hot, soapy water, rinsed and dried with clean towels. Household disinfectants, germicidal liquids or wipes or diluted bleach may be used to wipe off the equipment.

- Clean thermometers** according to the manufacturer's instructions or by wiping it top to bottom with alcohol before and after each use. Use a twisting motion to create friction. Allow it to air dry and replace back in its storage container.
- Stethoscopes** may also harbor bacteria. Consider the stethoscope as an extension of your hand and clean the bell or diaphragm with alcohol following each use.
- If **non-disposable equipment** comes in contact with blood and/or body fluids a 1:10 dilution of bleach must be used to clean it. Double bag used paper towels and dispose of them in the trash.
- Surfaces** that come in contact with feces such as commodes, bath tubs or rectal thermometers can become contaminated with *C. Difficile*, bacteria that causes watery diarrhea, nausea, abdominal pain/tenderness and fever. Unless properly cleaned with a 1:10 bleach solution, it can remain active for months. Hand washing with soap and water is also important. ***Alcohol based hand wash is not as effective in killing C. Difficile.***

As COVID-19 rapidly spreads across our country, hospitalizations and deaths are rising. The changes to our lives have been difficult but the precautions we take are vitally important to prevent the spread of COVID 19 to our family, friends and community.

And to make matters worse...it's flu season!

The Corona Virus (COVID 19) has changed our lives but let us not forget the need to protect ourselves and others from Influenza (Flu), and RSV (respiratory syncytial virus). This season, both potentially deadly viruses will be spreading throughout the country and health experts are concerned what impact that will have on our population, especially seniors.

The Centers for Disease Control and Prevention (CDC) strongly recommends that **everyone** 6 months and older, with very few exceptions, should get the flu vaccine.

The CDC estimates that during the 2022-23 season, the US experienced about 360,000 hospitalizations and more than 21,000 deaths from flu alone. Added to the increasing number of COVID-19 and RSV cases, our health care system's ability to meet our needs will be overwhelmed.

The more people vaccinated for flu; the more people protected. The more people protected from the flu the more we can reduce hospitalizations and help conserve our medical resources.

The flu vaccine is safe and effective where studies have shown that adults 65 years and older who received the high dose vaccine had fewer influenza infections. You may experience mild side effects such as pain, redness or swelling at the injection site, headache, muscle ache and fatigue but the vaccine **does not** contain live virus and **does not** cause the flu. It's important to know however, that immunization does not occur for about two weeks after receiving the vaccine so continue to use all standard precautions to help protect yourself from catching the flu from others who may already have it.

When you receive a flu vaccination, you are not just protecting yourself but also all those with whom you come in contact including the friends and family you love. Flu vaccines are readily available at pharmacies, health departments and your physician's office. Don't delay. **This could be your most important flu shot ever!**

A Reminder for Direct Care Providers (OSHA):

Hazard Label and Signs

- Hazards will be communicated to organization personnel by the proper use of labels and signs, according to applicable laws and regulations.
 - Biohazard warning labels will be affixed to containers of regulated waste; refrigerators, and freezers containing blood specimens or other potentially infectious material; and other containers used to store or transport blood or other potentially infectious materials.
 - Labels will be fluorescent orange or orange red, with lettering or symbols in a contrasting color.
 - Red bags or red containers may be substituted for labels.

Hand Hygiene must be performed:

- After all client contact even when skin appears to be intact.
- Between tasks on the same client to prevent the cross contamination of different body sites.
- Immediately after gloves are removed.
- When inserting any invasive devices.
- After contact with equipment or other hard surface in the client care area.
- When hands are visibly soiled with blood or other body fluids even when gloves are worn.

Sharps Precautions

Sharps include needles, syringes, razor blades, broken plastic or glassware and any other edge capable of cutting or piercing the skin. Always assume that ALL sharps are contaminated and use with care.

If you self-administer an injectable medication or have close contact with a family member who does, deposit all needles and syringes directly into a puncture-proof container.

NEVER DO THE FOLLOWING...

- Place a needle cap in your mouth to remove it.
- Recap or bend needles.
- Force a needle or syringe into a sharps container or attempt to pull one out.

- You may place sharps in a glass or clear plastic container that may be recycled or returned to a store. Seal the container with tape, mark it with a warning label and place it in the trash or dispose of it according to your state regulations.

If you experience a needlestick or sharps injury or are exposed to the blood or other body fluid, do the following immediately.

- Wash needlesticks and cuts with soap and water.
- Flush splashes to the nose, mouth, or skin with water.
- Irrigate eyes with clean water or saline.
- Report any work-related incident to your supervisor.
- Seek medical treatment.

Always keep sharps out the reach of children and confused adults and always dispose of them in a puncture-proof container after use.

Personal Protective Equipment (PPE) is the "last line of defense" against bacteria and viruses. PPE is provided to all direct care staff in order to protect them from exposure but some pieces may also be used when caring for a family member. PPE includes, but is not limited to:

- Antimicrobial soap
- Alcohol-based hand hygiene products as available
- Surgical Masks
- N95 face mask/respirator as available
- Face Shields/Masks
- Goggles / Safety Glasses
- Gloves (latex or vinyl in all sizes)
- CPR masks/devices, pocket masks or other ventilation devices
- Non-permeable disposable gowns
- Aprons/Gowns
- Shoe Covers

PPE must be carried into every home for every clinical visit. Easy access is important when preparing for known contamination and even more important when faced with an unexpected event.

- Remove all contaminated personal protective equipment before leaving the worksite and place it in designated containers for disposal or decontamination and cleaning.

Resources:

Centers for Disease Control <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://www.cdc.gov/flu/index.htm>

LET'S RECAP...

10 things you can do to manage your COVID-19 symptoms at home

Accessible Version: <https://www.cdc.gov/coronavirus/2019-nCoV/if-you-are-sick/steps-when-sick.html>

If you have possible or confirmed COVID-19:

1. **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



6. **Cover your cough and sneezes** with a tissue or use the inside of your elbow.



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



3. **Get rest and stay hydrated.**



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a mask.



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



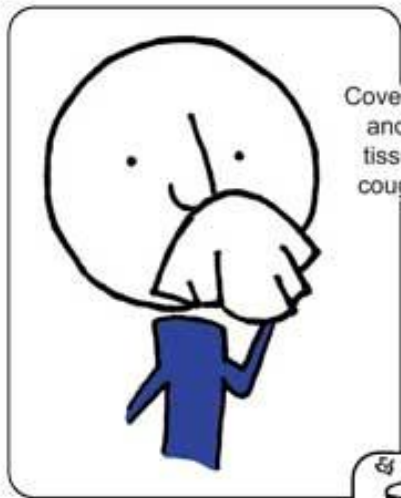
15.11632-8 07/21/2020

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

To help prevent airborne infections such as cold or flu, cover your mouth and nose when you cough or sneeze.

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or
cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds

or
clean with alcohol-based hand cleaner.



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www.health.state.mn.us





Safe Driving: Aggressive, Distracted & Bad Weather Driving Basics

Aggressive driving is defined by the National Highway Traffic Safety Administration as the behavior of an individual who "commits a combination of moving traffic offences so as to endanger other persons or property." But why do people drive aggressively, how so we prevent ourselves from driving aggressively and what can you do when confronted by an aggressive driving.

Extreme weather conditions can also cause anxiety for many people. Police and auto clubs say the most dangerous time to drive in the rain is right after the rain has started. Some tips for driving in the rain, snow and ice will be given so that safety can be maintained.

What is aggressive driving?

- ❖ Exceeding the speed limit
- ❖ Following too closely or "Tailgating"
- ❖ Erratic or frequent lane changes
- ❖ Running "Red Lights"
- ❖ Disregarding stop signs or railroad crossing signals
- ❖ Eating, Drinking, or taking on the phone



What causes people to drive this way? There are three main causes

- ❖ **Environmental conditions** are things that affect you as a driver that often time you can't control. Examples of these are:
 - Traffic congestion
 - The weather
 - Time Constraints
 - Noise levels
- ❖ **Emotions** are the root of aggressive driving especially stress.
 - Family Issues
 - Money trouble
 - Work
- ❖ **Substances** are last cause of aggressive driving
 - Illegal and prescription drugs and alcohol impaired thinking, actions, motor skills, and ability to react to things.
 - These substances can also be triggers for emotions, frustration, anger, and stress.

So, how do we control aggressive driving?

- Check your emotions
- Relax
- Concentrate
- Drive the posted speed limit
- Find alternate routes
- Use public transportation
- Give yourself some extra time or just be late

And...how do we deal with aggressive drivers?

- Get out of the way!!
- Put your pride aside
- Avoid eye contact and gestures
- Report serious aggressive driving



Tips for driving in the rain:

- Drive slowly, especially around curves
- Avoid sharp moves
- Steer and brake gently
- Slamming on the brakes can send you into a skid

Tips for reduced visibility:

- Maintain a slow, safe speed
- Turn your wipers and headlights on
- Drivers tend to follow the taillights of the car in front of them
- If you have to pull over, pull as far off the road as possible

Tips for hydroplaning:

- Tires lose contact with the road surface, so properly inflated tires and good tread are a must.
- Slow down!
- Drive in the tire tracks.
- Don't brake or turn too quickly.
- Ease up on gas.
- Gently brake.
- Keep your hands on the wheel at all times.

Be Prepared!

- Make sure you have a good pair of wiper blades. Experts say wipers should be changed twice a year or every 6,000 miles.
- Tires made for the rain are great. Properly inflated tires and good tread are a must.
- Use rain repellent on your windshield.
- Make sure brakes and lights are in good working condition.

Tips for snow and ice conditions

Don't drive if you don't have too!

Wait until after the snow plows have made their rounds.

Scrape off windshield, windows, mirrors lights.

Use wipers and defrosters.

Slow down, follow the lines, stay in the tracks.

Stay alert & focused, reduce distractions.

Keep your lights on.

Safe driving techniques on snow and ice

Reduce speed.

Leave 3x more space than usual between you and the car in front of you!

Use low gears to keep traction.

Don't use your cruise control.

Accelerate, steer and brake carefully.

Use extra caution on bridges, overpasses and rarely used roads.

Don't pass snow plows or sanding trucks. The conditions ahead of them are usually worse.

Avoid being overconfident in your driving abilities.



Safe driving techniques for skidding

- Don't slam on the breaks.
- Keep your foot off the accelerator.
- Steer in the direction you want to go.
- If your car is equipped with an Anti-lock Braking System (ABS) apply the brakes. It will automatically pump the brakes for you.
- Without ABS, pump the brakes yourself.



Tips for winterizing your vehicle

- Check your battery, brakes, belts and hoses prior to the winter.
- Add Antifreeze in order to lower the freezing point in your radiator.
- Make sure the heater and defroster are working prior to the winter months.
- Change your oil as recommended and the right oil is maintained during the winter months.
- Confirm that your tires are in good condition. Routinely check the tires for pressure, tread, sidewall wear.
- Have a back-up spare tire in good condition and a good set of snow tires if needed.
- Check and change your wiper blades twice a year or every 6,000 miles and add windshield washer fluid.

Be prepared during any ice or snow event, the following is a MUST

- ❖ At least a half of a tank of GAS
- ❖ A spare TIRE
- ❖ Wheel wrench
- ❖ Tripod-type JACK
- ❖ Snow Scraper
- ❖ Shovel
- ❖ Jumper CABLES
- ❖ Tow and tire CHAINS
- ❖ Bag of salt or Kitty Litter
- ❖ First Aid Kit
- ❖ Tool Kit



Reference:

Bad Weather Driving Basics by Colleen Kirk and Safe Driving: Aggressive Distracted by Tosin Morohunfola.

**But what about day-to-day safety tips
for family, friends and clients?**

Continue >>



15 Things YOU Can Do Today to Help Promote Patient Safety*

[applies to not only to our clients, but family members as well!]

1. One of the most important things you can do as a healthcare worker (or family member) is to **wash your hands** regularly and well. Keep your client (and yourself) safe from infection!
2. To safeguard against falls, **pay close attention to a client's stability** when ambulating. Make sure to watch for and document any mobility issues, confusion, dizziness, and environmental hazards such as extension cords.
3. During the winter season, make sure your clients are **adequately dressed** for the weather. Many elderly patients lose the ability to regulate their body heat.
4. Take note of all of the emergency exits and familiarize yourself with the **evacuation plan**.
5. (In the home) **take note of all doors and windows** and help your client create an evacuation plan in case of emergency.
6. Do you know how to use a fire extinguisher? It's important to learn all you can about **fire safety** including what type of extinguisher to use on different types of fires.
 - a. During the initial home visit, the admitting clinician will conduct a home safety check and based on the assessment outcome, education will include prevention tips and suggestions to reduce the risk of fires and potential hazards in the home. Client Education will be documented in the clinical record which may include, but is not limited to:
 - i. Development of a written emergency plan, including an escape route and designated meeting place.
 - ii. Installation of smoke detectors and routine maintenance.
 - iii. Causes of fire and fire prevention activities.
 - iv. Precautions to take when smoking.
 - v. Relocation of heaters away from passageways and flammable materials.
 - vi. Storage of flammable and combustible items away from the range and oven.
 - vii. Safe use of oxygen to reduce home fire risks.
 - b. If organization personnel discover a fire while in the home, the following steps should be taken immediately.
 - i. Remove anyone in IMMEDIATE Danger.
 - ii. Close the door to the room of fire origin, if possible.
 - iii. Get everyone out of the house.
 - iv. Notify the fire department.
 - v. Stay calm; don't panic.
 - vi. Remain with the client and family/caregiver.
 - vii. Notify the office.
7. Do you help prepare meals? Remember to always **disinfect cooking surfaces** especially after handling meat to avoid food poisoning.
8. Familiarize yourself with any **assistive devices** your clients may use such as walkers or wheelchairs. Inspect them regularly for loose bolts and screws.
9. If you notice that your client is suddenly confused or extremely irritable, **report it immediately**. Don't wait. Sharing information, you could protect your patient against a fall.

10. Encourage your patient's friends and family to become **involved in their loved one's care**. The more people who pay attention to your client's needs, the safer he or she will be.
11. For bed-bound clients, **adjust their position** every two hours, or *according to workplace policy*. Pay particular attention to bony areas, such as ankles, hips and knees.
12. When working in a client's home, **inspect any safety bars** in the bathroom to make sure they are securely attached to the wall.
13. Remember to always **maintain your clients' dignity** when providing personal care. Respect their privacy and tell them what you are going to do before you do it.
14. Check on your incontinent clients frequently and **help them to the bathroom** as often as needed. Rushing to the restroom can easily cause a nasty fall.
15. Stay informed about any **natural disasters** that may happen in your area—and know your role when it comes to patient safety.

* Relias In-services©.

As caregivers and family members, one of our most important roles is the protection of seniors from abuse, neglect and exploitation. *Elder abuse and neglect* are defined as physical, psychological and financial mistreatment of an elderly person. It may or may not be intentional however, an older adult often suffers from several forms of abuse and neglect at the same time.



Physical abuse is an act that results in bodily harm, injury, impairment or disease. It usually takes the form of hitting, slapping, pushing, punching, pinching, burning or striking with objects. It may also include sexual coercion or assault, incorrect positioning of the elder, forced feeding and improper use of physical restraints.

Some forms of physical abuse may be hard to identify such as:

- Rushing an elder or pushing too fast when helping them to walk.
- Roughly assisting a senior to a chair.
- Tying a wandering senior to a chair while you are busy.
- Giving an elder too much or too little medication.

Psychological abuse inflicts emotional pain or distress on its victims. It includes verbal scolding, harassment, intimidation, threats of punishment, deprivation, isolating them from family, friends or activities or treating them as if they were a child or infant. Depression, fear, hopelessness, withdrawal or isolation can signal psychological abuse.

Neglect refers to lack of attention to a person or their environment. Like abuse it may be physical, psychological or financial.

- **Physical neglect** is the failure to provide goods and services necessary for health and well-being. This may include withholding food or hydration, assistive aides or devices which would help assure their safety or assistance with hygiene or other activities of daily living.
- **Psychological Neglect** is the failure to provide social stimulation. That may include leaving the elder alone for long periods of time, ignoring them or failing to provide companionship or links to the outside world.
- **Financial neglect** is the failure to use available resources to sustain or restore the health and security of the older adult.

Financial abuse or exploitation (including misappropriation of funds) occurs when people take control of someone else's resources for their own gain through misrepresentation, coercion or actual theft. Financial abuse or exploitation may include stealing money or possessions, forcing the elder to sign contracts or assign power of attorney to someone who will not act in their behalf, charging the older adult for unnecessary service or services never rendered. Financial abuse can be difficult to identify because there are no obvious indicators and the victim may be unaware it is happening.

When should you suspect abuse or neglect? Often, the victim of abuse or neglect may not be able to reveal what is happening to them. Always be aware of the warning signs.

- **Physical abuse** should be suspected when the described cause of the injury isn't consistent with the injury itself or the elder and caregiver give conflicting stories. Physical evidence may include bruises, welts, lacerations, fractures, burns, rope or restraint marks. Injuries in various stages of healing can indicate ongoing abuse. Genital injuries may be symptomatic of sexual abuse. Signs of physical neglect may include dehydration, malnutrition, skin breakdown, poor personal hygiene or a dirty environment.
- **Psychological abuse or neglect** may be occurring with clients who are extremely withdrawn, depressed or agitated.
- **Financial abuse** should be suspected if the senior appears to be receiving an inadequate level of care despite adequate resources.

All clinicians are mandated reporters. Any clinician who discovers within the course of rendering care any suspected abuse, neglect (including awareness of an injury or suspicion or knowledge of self-abuse or neglect) or exploitation must immediately report such occurrences to his/her clinical manager in order to initiate the process for reporting to the proper authorities as applicable and in accordance with state law.

If you suspect abuse or neglect, you must take action...

Be an advocate for the elders in your care. Be alert for any signs, document what you see and report all suspected abuse and neglect to your manager.

Another responsibility is to be prepared for an emergency. Do you know the plan?

Continue >>

Emergency Management



When a client is admitted to care, a plan of care is developed based upon their needs and available resources. This includes instructions for emergency preparedness. **But emergency plans are not just for clients.** Everyone should have a personal emergency plan that includes multiple evacuation routes and the location of area shelters.

***Do you know the shelter locations and requirements in your community?
You and your family may need them someday!***

Prepare an emergency backpack or suitcase with supplies for at least 72 hours including:

- Medications, special dietary items and bottled water
- Personal identification, medical information and insurance documents
- Contact numbers including family and friends outside of your immediate area
- Glasses, hearing aids and batteries, prosthetics and any other assistive devices
- Bed sheets, blankets, pillow, extra clothing and personal hygiene items
- Emergency cash in small denominations
- Flashlight and batteries (remember hearing aid batteries!)
- Safety items such as a battery-operated radio, whistle and local map
- Books, magazines and quiet games for entertainment. Include a notepad and pen/pencils

Clients and family members with health issues should keep a current copy of their plan of care, any special orders such as “Do Not Resuscitate (DNR)” and a copy of all medical contacts in a marked envelope.

HOW IS AN EMERGENCY DECLARED?

Your Director or other designated manager will determine the level of emergency and, if needed, activate the plan with the management team. Unless otherwise notified, ***all Inspired Homecare locations and services will remain open and staff are expected to report to work.*** If the agency is closed, or there will be a significant delay in opening, staff will be contacted via a telephone tree or instructed to call an agency weather hotline. Radio and television announcements may also be made.

Remember

- *Be sure your cell phone is always fully charged!*
- *Revise your personal contact information with your manager whenever a change occurs.*
- *If you're not at home when an emergency occurs, contact your Manager immediately.*
- *If both land and cell phone communication is disrupted, report to your assigned office or the office closest to your location.*

An **anticipated emergency** such as severe weather, usually allows for advanced planning. Each designated manager will review the Emergency Policy/Plan and prioritize and schedule all essential visits or other assigned responsibilities. Any client scheduled for service during the day(s) in question must be called to review potential plans and/or activate their emergency plan. In the home setting, extra clinical supplies should always be available.



Primary referral sources and other community/business partners should be notified of the office's state of alert and review the plan for contact during the day(s) in question.

If an **unanticipated emergency** such as a fire or tornado occurs, the Director or other designated manager will call an emergency alert and contact the Management Team. If necessary, the office will be evacuated and the managers will report to a pre-determined site. The communication tree will be initiated to contact all scheduled staff to verify their safety and location. In the clinical setting, a Executive Director or Clinical Manager will triage all remaining clients to appropriate staff based upon their assigned acuity and disaster rating. **Acuity** indicates how quickly the client must be contacted or seen in the event of an emergency. Their **disaster status** reflects the client's ability to transfer or ambulate. This rating must be updated as the client's condition and needs change.

Remember ...

- **Office Fire Safety**, all personnel have the responsibility to:
 - Report conditions which could result in a fire
 - Know locations of fire alarm devices, fire and smoke barrier doors, fire extinguishers, and the fire exits
 - Know what to do when hearing a fire alarm sound
 - Know what to do when a fire, the smell of smoke, or odors of any burning substances are discovered
 - Storing items on shelves at least 18" away from ceiling, automatic detector or sprinkler head
- The organization will maintain a viable evacuation and relocation plan. Maps will be posted throughout the office.
- If any personnel discover a fire, the following actions will be taken immediately:
 - Evacuate anyone in immediate danger.
 - Close the door to the room of the fire origin, if possible.
 - Pull the fire alarm, if available.
 - Evacuate the building (*designated assigned area*).
 - Notify the fire department from outside the building.
 - Stay calm – don't panic.
- Fire extinguishers will be inspected and/or treated on a regular basis and as recommended by the manufacturers or more often as dictated by the local fire department.

- If you are out in the community during an emergency, contact your manager throughout the day to verify your safety.
- If a building has sustained damage, assess the level of safety before entering. If there is a safety issue e.g. possible gas leak or exposed electrical wires, **do not enter!** Contact your manager who will then contact the appropriate emergency or utility office.
- Contact the client/families to verify their status and review any actions to be taken.
- If damage has been sustained, but access is possible and the client is unharmed, the clinician should contact family members or designated others to assist with transport to a safe area. Note and report the address and phone number of where the client will now be located.
- If the client is injured or requires immediate medical attention the clinician will contact an emergency transport service. The clinician will remain with the client until transportation is provided and report the client's status and destination to the Clinical Manager/Executive Director.

Inspired Homecare requires each office to *test its emergency management plan* at least annually during an actual emergency or a planned exercise. Activated plans must be critiqued and evaluated to identify deficiencies and opportunities for improvement. Unannounced Fire drills will be conducted at least annually. Remember communication is extremely important. We take emergency preparedness very seriously; a review is completed at the time of hire and annually.

Each day, we all face potential health and safety hazards.

Don't wait for an injury to occur, be proactive.

Reduce personal and external hazards by being informed, prepared and responsible.



Patient/Client Rights are Everyone's Responsibility

Patient/Client rights are guaranteed by state and federal law. Whether providing direct care or meeting a client's needs by telephone, **every** employee is responsible for safeguarding these rights.

The Center for Medicare and Medicaid Services (CMS) implemented a revision to the Home Health Conditions of Participation (COPs) on January 13, 2018. Included are requirements related to client Rights and Responsibilities. The client/caregiver must be provided written and verbal **notice within 2 days and signature by 4 days**. The Rights and Responsibilities must be available in a language the client can understand. If there is a communication barrier, special devices or interpreters must be made available. If the client cannot read the statement of rights, it must be read to them. All questions, expectations, preferences and needs must be thoroughly discussed and documented. If the client is considered *legally* incompetent, a family member or other representative may be designated to exercise their rights as allowed by state law.

We are **all** obligated to protect the **patient/client's right*** to:

- Choose and communicate with your home health provider and, upon your request, be advised of the ownership of the Agency you have chosen. You shall be admitted to service only if the agency has the ability to provide safe and professional care at the level of intensity needed.
- Written and verbal notice of your rights and responsibilities during the initial assessment visit before the initiation of treatment or before receiving care. Your rights will be honored and information on the same will be made available through written and verbal communication to home care staff, other organizations and the interested public. Your family or guardian may exercise your rights if you have been judged incompetent to make your own decisions.
- Receive appropriate care and all services outlined in the plan of care without discrimination. All services will be provided without regard to race, color, creed, religion, sex, sexual orientation, age, national origin, disability or veteran status. Receive the same level of care, treatment and services at all agency locations based on their diagnosis, treatment needs, care planning and all other aspects of care in accordance with physician orders, client consent and parameters established by insurance or other payment source.
- Be free from mental, physical, sexual and verbal abuse, neglect and exploitation, including injuries of unknown origin, misappropriation of funds or property by any agency employee, volunteer or contractor.
- Receive reasonable continuity of care and services that are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. All care and services are provided by staff who are properly trained and competent to perform their duties.
- Be advised of the agency's policy and procedure for admission, continuation of service, eligibility determination, transfer and discharge.
- Be fully informed in advance about service/treatment/care to be provided including purpose, limitations, anticipated risks, benefits and outcomes, any barriers to achieving outcomes, the disciplines that furnish care, frequency of visits and any modifications to the service/plan. If denied services for any reason, you have the right to be referred elsewhere.
- Choose a healthcare provider, including an attending physician.
- Be advised both verbally and in writing, before care is initiated, of agencies policies, eligibility criteria, service charges and the extent to which payment for services may be expected from Medicare or other third-party reimbursement sources and the extent to which payment may be expected from you. In the event of a change in fee for services that you are personally responsible for, you and your representative (if any) will be notified of these changes as soon as possible, in advance of the next home health visit. The agency will comply with the patient notice of requirements.
- Participate in planning and/or changing your plan of care, receive all services outlined in your plan of care, identification of your treatment goals and to accept or refuse services

or treatments within the confines of the law and to be informed of the consequences of your decision or action. You have the right to review all health records unless it is medically contraindicated in the clinical record by your physician.

- A copy of your plan of care will be provided upon request.
- Receive proper written notice, in advance of the specific service being furnished, if the agency believes that the service may be non-covered care; or in advance of the agency reducing or terminating on-going care.
- Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to: Completion of all assessments; the care to be furnished based on the comprehensive assessment; establishing and revising the plan of care; the disciplines that will furnish the care; the frequency of visits; expected outcomes of care, including patient-identified goals, and anticipated risks and benefits; any factors that could impact treatment effectiveness; and any changes in the care to be furnished.
- Receive information about your medical condition which will enable you to make informed decisions about the services to be provided and to participate in the development of your plan of care. You also have the right to refuse any medication or treatment. In such cases we may be required to obtain a written statement from you stating that you have given this decision careful thought and releasing the agency and your health care team from all responsibility resulting from your decision. We will always encourage you to speak to your physician for advice and guidance.
- Be informed of the names and responsibilities of staff members responsible for and providing your care, treatment or services and the frequency they will be provided and be able to identify staff members through photo identification.
- Receive a reasonable response to your requests of the agency. You have the right to receive this information in a language or form that is understandable to you. Translation services are available upon request or if you are hearing impaired, by dialing 711.
- Information regarding the agency's on-call services and the accessibility and availability of supervisory staff.
- Receive written information on your right to formulate advance directive for medical care including applicable state laws.
 - Have your pain assessed. You can expect:
 - That your reports of pain will be believed
 - Information about pain and pain relief measures
 - Concerned staff committed to pain prevention and management
 - Health professionals who respond quickly to reports of pain
 - Effective pain management

(i) In the case of a home health agency, in advance of the individual coming under the care of the agency. The [HHA](#) may furnish advance directives information to a [patient](#) at the time of the first home visit, as long as the information is furnished before care is provided.

(ii) In the case of [personal care services](#), in advance of the individual coming under the care of the [personal care services provider](#). The personal care [provider](#) may furnish advance directives information to a [patient](#) at the time of the first home visit, as long as the information is furnished before care is provided.

(iii) If an adult individual is incapacitated at the time of admission or at the start of care and is unable to receive information (due to the incapacitating conditions or a mental disorder) or articulate whether or not he or she has executed an advance directive, then the [provider](#) may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and [procedures](#) to the family of the incapacitated individual or to a surrogate or other concerned persons in accordance with State law. The [provider](#) is not relieved of its obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow-up [procedures](#) must be in place to provide the information to the individual directly at the appropriate time.

An advance directive is a document by which a person makes a provision for health care decisions in the event that, in the future, he/she becomes unable to make those decisions. Advance directives are centered on the principle of allowing a beneficiary the right to die and death with dignity. With an advance directive, you can express how much or how little you want done for you when you are no longer able to make these decisions. It may include, but is not limited to:

- A Living Will – a signed, witnessed (or notarized) document called a “declaration” or “directive.” Most declarations instruct health care providers to withhold or withdraw medical interventions from its signer if he/she is unable to make decisions about medical treatment
- Durable Power Of Attorney For Health Care – a signed, witnessed (or notarized) document in which the signer designates an agent to make health care decisions for the signer if the signer is temporarily or permanently unable to make such decisions
- Combination Advance Directive – a signed, witnessed document which contains specific written directions that are to be followed by a named agent

The CMS-3819-F Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies Interpretive Guidelines §484.60(a)(2) state that information related to any advanced directives must be included in the beneficiary’s plan of care. This would be the initial plan of care and subsequent plans of care. Please become familiar with the laws as outlined for your states as the directives are applicable to all 50 states and the District of Columbia

- Receive no experimental treatment nor participate in any research without your documented, voluntary informed consent.
- Participate in discussion and/or resolution with agency staff and your physician regarding client-related ethical issues that may arise during the course of care.
- Voice grievances about your care that is, or fails to be provided, lack of respect for property by anyone providing services and/or suggest changes in the service or staff without fear of reprisal, discrimination, coercion or unreasonable interruption of care. Your complaints will be investigated thoroughly, and you will be advised of the outcome. Each state also has a toll-free number you may call to make inquiries or complaints. You may also use this hotline to lodge a complaint about the implementation of the Advanced Directives requirements. See Problem Solving Procedure located in this guidebook.
- Be informed within a reasonable time of anticipated termination of services or transfer to another agency, including any financial benefits to the referring agency.

- Have your property and person treated with respect, consideration, dignity and full recognition of your individuality and right to privacy. We will notify you and seek your permission if an additional person needs to be present during one of your home visits for purposes of education, supervision or safety.
- Confidentiality of the clinical and financial records maintained by the agency and to be advised of the policies and procedures regarding accessing and/or disclosure of clinical records and the need for appropriate written consent.
- Be informed of your rights regarding the collection and reporting of OASIS Information.
- Be assured of the agency's commitment and accountability to client rights and responsibilities and the integration of the same into its policies and procedures.
- A copy our last inspection report from the proper accrediting organization. You, your spouse, relative or guardian may request a copy of the report. In Florida the Agency for Health Care Administration may be contacted.
- Be advised of the names, addresses and telephone numbers of the Federally funded and State-funded entities that serve the area where the patient resides.
 - Agency of Aging
 - Center for Independent Living
 - Protection and Advocacy Agency
 - Agency and Disability Resource Center
 - Quality Improvement Organization (QIO)

Patient/Client responsibilities:

- Give accurate and complete information to the best of your ability concerning your present complaints,
 - past illnesses, hospitalizations, medications, allergies and other pertinent items.
- Assist in developing and maintaining a safe environment for you and Agency staff.
- Inform the Agency when you are not available for a scheduled visit.
- Participate in the development of your plan of care.
- Identify a willing, able and available authorized caregiver to assist you and be responsible for your care between Agency visits.
 - This person may be a family member, friend or paid caregiver.
- Participate in pain management with your nurse or therapist by:
 - Asking what to expect regarding pain management
 - Discussing pain relief options to develop a physician approved pain management plan
 - Helping to assess your pain
 - Reporting if your pain is not relieved
 - Discussing any worries, you have about taking pain medication
- Comply with your developed or updated plan of care.

- Request further information concerning anything you do not understand.
- Discuss concerns and problems with an Agency staff member.
- Cooperate with your doctor, the home health team and other caregivers.
- Inform the Agency of the existence of, or any changes to your advance directive, plan of care or medical conditions.
- Treat Agency personnel with respect and consideration.

***NOTE:** This is a summary of the client's Rights and Responsibilities. Please refer to your service Admission Guidebook or folder for a complete listing of all client rights. Please see your manager if you have questions.



Clients also have the right to freely voice their grievances.

Inspired Homecare wants to provide extraordinary service in our communities and to all people we serve. We believe in upholding our Core Values and living our Service Principles in all of our interactions. If a concern is brought forward, we take this seriously and want to do everything we can to recover service and restore trust with those we serve. Use our L.E.A.R.N. from Concern method to build a culture of trust and excellence:

Listen. Actively listen in order to hear the words and the message. What are the real issues?

Empathize by showing you understand their concern or problem. Handle yourself using your own authentic, professional language.

Apologize for their dissatisfaction. Hearing the words "I'm sorry" can begin to repair the relationship. (*"I'm sorry this happened. I know this makes your day difficult."*)

Respond. Take all complaints seriously and do not make excuses. If you are unable to resolve the matter immediately, offer potential solutions and actions. If you do not know how to respond or it is unclear what they want, simply ask them. By the end of the discussion, be sure that they understand what has or will be done. Take immediate action to win back the customer's confidence in our care and services.

Next Steps. Always let the person know what the next steps will be. Provide the name and contact information needed to follow up on the issues they have relayed to you.

When a complaint occurs, report the event to your manager immediately. An unresolved complaint must be investigated by the manager within (5) days and every effort made to resolve it. The client must be contacted within ten (10) days. If further investigation is needed, the Director of Operations or Regional Director of Operations will continue the investigation. Once a resolution has been implemented, always follow up to be sure it has been completed and meets the needs of the individual.

The client's admission guidebook provides guidance to clients and families regarding the complaint process. If the client believes that the concern has not been adequately addressed, state and other toll-free numbers are provided. Although all client/families have the right to contact the state to lodge a complaint, all efforts should be made well in advance to avoid the need for such action.

Cultural Awareness and Communication Barriers

“Inspired Homecare ensures that all clients have access to culturally sensitive and competent quality health care with consideration for the diverse, multicultural, multi lingual... populations served”.

Contacts with people of other cultures, races and ethnic histories occur every day. **Culture** is a learned pattern of customs, beliefs, values, and behaviors socially acquired and transmitted through symbols, rituals, and events that may be misinterpreted unless their origin and value are considered and understood. Each person within a culture is unique and their experiences, beliefs, values and language affect their interactions and relationships. Whether caring for clients, speaking with family members or interacting with co-workers, we must put aside what we may *believe* to be true and *develop a willingness to learn and appreciate* the cultures of others. A lack of cultural awareness and sensitivity may create misunderstandings and mistrust.

To promote cultural awareness and respect:

- Be aware of your personal limitations. Lack of knowledge, stereotyping, prejudices and incorrect cultural beliefs can jeopardize your relationship with the client and caregivers.
- Never make assumptions. Ask questions respectfully or consult with an expert or cultural guide when cultural issues need clarification.
- Do not generalize. Individual personality traits, history and experience are as important as the culture of which the person is a member and must be taken into account.
- Identify cultural beliefs regarding the status of family members such as women, the elderly and children.
- Do not impose your personal beliefs on the client.
- Address clients/family/caregivers by their formal title e.g. Mr. or Mrs. unless directed otherwise.
- Avoid casual conversation that may suggest a lack of respect or professionalism.
- Avoid slang expressions, acronyms and technical language which may be misunderstood.
- Speak slowly and clearly. Engage in polite social conversation before addressing specific issues in order to build trust.
- Stay alert for signs of discomfort or embarrassment and redirect your conversation as appropriate. Be sensitive to cultural differences related to verbal and non-verbal communication, touching, personal space, eye contact and hand gestures.

Culture plays a vital role in our ability to effectively communicate with others. Cultural awareness and sensitivity will help broaden our effectiveness and reach positive outcomes.



But what happens if the client speaks another language?

Although someone may speak English, do they truly understand it? Ask them what their primary language is and their level of comfort with the English language. **Language assistance** must be provided at no cost to the client/family through the use of assistive aids, competent bilingual staff or contracted interpreters, technology and/or telephone interpretation services. A notice with multi-language tag lines is included in the admission folder to alert individuals with limited English proficiency (LEP) to the availability of language assistance services.

If an interpreter is needed, try to select one who is the same gender as the client especially when personal matters need to be discussed. The use of family and friends should be avoided unless specifically requested by the client and after the agency has offered an interpreter at no charge to the person. Anyone under the age of 18 years cannot be used to interpret.

Every clinical and business office must maintain a current list of staff who speak other languages, *including sign language.* This list must be reviewed and revised annually. When available, employees who speak the same language should be assigned to work or speak with non-English speaking clients. If an interpreter is not available, the CTS Language Link is our contracted translation service provider.

Call 1-877-737-4999



Your manager will provide you with the account and location codes.

People with Limited English Proficiency (LEP) or disabilities including those who are deaf, hard of hearing, blind or have other sensory or manual impairment must also have equal access and opportunity to participate in our services, activities, programs or other benefits.

- For persons who use sign language, a qualified interpreter must be provided. Video interpreter services via computer may be utilized if available.
- Hearing and speech impaired individuals who have access to a TDD device can make calls to the agency through a relay service that facilitates communication between TDD and non-TDD users. Agency personnel may also contact the client by using the relay service by dialing **711**. The relay service number must be posted in every office.
- Written materials and communication devices such as white boards or flash cards may be used as appropriate.
- Qualified readers, large print materials and recorded information may be used for clients with impaired vision.
 - Communicate information concerning treatment, benefits, services, waiver of rights and consent for treatment by reading aloud and explaining the forms to the client.
 - Staff will assist those who have difficulty in handling print materials by holding the materials and turning pages as needed.



Tying it all together....

Professional Boundaries and Ethical Practice

Doing the Right Thing

We believe that by **doing the right thing**, always acting in the best interest of people, we optimize results and deliver the best care possible.

Every employee has an obligation to protect the needs and rights of our customers. While client relationships apply primarily to clinicians and home health aides, the central issues of professional boundaries and ethical practices also applies to referral sources, business relationships and perhaps even to the care of a relative, friend or neighbor.

Professional boundaries separate our professional behavior from other behavior or actions. These boundaries may occasionally be crossed in order to meet a specific need such as sharing a short personal story to emphasize a point, but the relationship must then return to its proper limits.

Boundary violations however are an abuse of power. They are a betrayal of trust which exploit or victimize the client or other customer. Warning signs that professional boundaries may have become blurred or violated include:

- Personal disclosures
- Unwelcomed physical contact
- Any sexual comments
- Blurring of professional and social relationships
- Discussion of prayer or politics
- Giving or receiving of gifts

Boundary violations are never acceptable.

In the client setting, avoid talking about personal issues. Avoid talking about how hard it is to pay your bills OR how bad the other “nurse, therapist or aide” is OR how others are calling out and you have to do so much. No complaining to the patient.

In the office setting, it may be difficult to define "appropriate" office behavior. To be safe, act as though your personal microphone is always on. Don't say or do anything you wouldn't want heard or repeated.

Other guidelines include:

- Avoid topics that might make someone uncomfortable including physical appearance, health, race, religion, politics and financial matters. Office “humor” can be offensive.
- Refrain from gossip. Those who talk to you about others will also talk about you.
- Keep personal conversations to a minimum. Turn “off-topic conversations” back to work-related tasks, projects and assignments.
- Treat email as broadcasted news that can be read, printed and never retracted. Think before you speak and **always** think before you hit the 'send' button.

- Be cautious in developing friendships with co-workers. An office friendship may interfere with objectivity and the ability to freely express issues or problems. If the friendship ends, what will happen to the working relationship?
- Be respectful of all co-workers, supervisors or subordinates and maintain a professional behavior in the work place even if a co-worker is also a personal friend.
- Develop an awareness of personal boundaries and physical space.
- Respond rather than react. A response is planned and controlled while a reaction is immediate, emotional and may later be regretted.
- If you have a problem with a co-worker, speak directly and privately to the other person, never behind their back. Choose a neutral place away from your work area for your discussion.

Professional boundaries must be honored in order to protect the rights and trust of those we work for and with. At some point, each of us may face an ethical dilemma, either in our professional or personal life.

Healthcare ethics are the principles, beliefs and values that guide us in making choices about medical care. At its core is our sense of right and wrong, client rights and the obligation we have toward others.

“Morals” and “ethics” are often used interchangeably however they are not necessarily the same. Our “morals” are personal and based upon our own traditions, customs and frequently, faith-based beliefs. “Ethics” relies on our ability to separate our personal beliefs from clinical decisions.

Ethical Issues common to health care include:

- Non-adherence to plan of care or refusal of treatments/interventions
- Withholding or withdrawing treatment
- Unsafe home situations and client safety
- Choosing to stay in a neglectful or abusive environment
- Over- or under-treatment by a physician/family/caregiver
- Competency, decision making and informed consent
- Family/caregiver participating in medical decisions
- Confidentiality and client privacy rights
- Care of clients without insurance or other payment sources
- Ethical business practices that include marketing of services, admission practices, transfer practices, discharge practices, and billing practices.

Every employee has an obligation to:

- Respect the client’s decisions and values.
- Support the client’s efforts to advance their own good.
- Do no harm either intentionally or unintentionally.
- Be fair and consistent in our care.

Discuss any ethical concerns with your immediate manager. Your manager can activate the agency or corporate based ethics committee if necessary. To assure confidentiality, committee discussions will not

include client or staff names but instead utilize identification numbers or initials and all minutes are kept in a secure file.

In addition to safeguarding your clients' rights and well-being, every Inspired Homecare employee has an obligation to obey the rules and regulations that govern our health care services.

A **Corporate Compliance Program** is a formal process used by an organization to help prevent and detect violations of laws and regulations and health care fraud and abuse.

Fraud is an intentional misrepresentation made by an individual or organization which results in unauthorized benefits, for example submitting for payment for work that hasn't actually been done. Fraud can result in criminal prosecution, civil liability, and administrative sanctions.

Abuses are actions that don't involve intentional misrepresentations but are still improper conduct. For example, billing Medicare or Medicaid for a service that has been provided but is not necessarily reimbursable according to payment guidelines.

Some of the laws used by the federal government to fight against healthcare fraud and abuse include:

- **The False Claims Act** prohibits submitting a false claim for payment or approval. If done so, the provider must repay all of the reimbursement and are subject to fines up to \$11,000 for *each claim form filed*.
- **The Anti-Kickback Statute** prohibits individuals or organizations from receiving kickbacks, bribes or rebates in return for a referral. Violations carry fines up to \$25,000 per violation, imprisonment for up to five years and exclusion from government health care programs.
- **Physician Self-Referral (or Stark Act)** prohibits a **physician** (or an immediate family member) who has a "**financial relationship**" with an agency from **referring** clients to the entity for "designated health services" covered by Medicare & Medicaid, unless an exception is available.

Agencies are monitored through record reviews and surveys. An investigation can be started if there is evidence that a violation has occurred.

Inspired Homecare strives to conduct its business according to the highest ethical standards and prevent fraud and abuse, but we need your help. It is expected that employees:

- *Will perform their duties to the best of their abilities while obeying all laws, regulations, policies and procedures which apply to their workplace and federal healthcare programs.*
- *Shall not make gifts or payments to community residents.*
- *Shall not seek or receive [gifts] from anyone in a position to make a referral to Inspired Homecare services. If a gift or item of any value is promised or given in return for a referral, this is illegal behavior... Any employee found to knowingly engage in this type of activity will be subject to immediate termination.*
- *Shall not knowingly and willfully seek out or receive kickbacks, bribes or rebates, directly or indirectly, in return for a referral.*
- *Have a duty to report any conflict of interest which may violate the agency's Code of Conduct. Reporting should be done promptly through a report to the Compliance Officer or designee. Reporting may be done anonymously.*
- *Shall not disclose medical or personal information except as allowed by policies and procedures.*

The Health Insurance Portability and Accountability Act (HIPAA) is broad federal legislation that includes rules to protect the privacy and confidentiality of client information including their name! Protected health information (PHI) is any information that can be used to identify the past, present, or future healthcare of an individual or the payment for that care. HIPAA also protects:

- The reason the client is sick or in the hospital
- The treatments and medication he or she receive
- Caregivers' notes
- Information about past health conditions

The agency is permitted to use some PHI without specific client consent, **if it is to be used for** treatment, payment, or healthcare operations or is required by law.

Our clients have a right to expect we will keep their information confidential. As employees, we come in contact with many forms of client information. Always follow the “need to know” rule. Ask yourself “do I need to see or discuss client information to perform my job”.

If the answer is “Yes”, you have nothing to worry about.

If the answer is “No” ...



Remember...

- The lunchroom, elevator or any social media site are **not** the place to discuss the medical condition or other aspects of a client's care.
- Information you have access to **must not** be the subject of conversation with family, friends or neighbors.
- Always** use e-mail, telephones and Internet services in the proper manner. **NEVER** discuss your clients unless acting in your professional role. **NEVER** use your personal email or text when discussing Protected Health Information.

Even when using Inspired Homecare email, steps must be taken in some circumstance to protect our clients' information. Our Communications Environment: Acceptable Use policy states:

Email Usage

- Any email being sent outside of Inspired Homecare, over the Internet, that contains confidential information or PHI must be encrypted using a Inspired Homecare approved encryption method.
 - Email containing security numbers must be encrypted using Inspired Homecare approved encryption method, even when being sent on the Inspired Homecare internal network.
- Email Equipment and Software Standards
 - **Users are prohibited from using personal email accounts and web-based email** (e.g. Yahoo Mail, Google Gmail, Time Warner, etc.) to transmit or receive confidential information or PHI.
 - Mobile Devices. Users communicating with Patients via mobile device-based software may only utilize Inspired Homecare approved software with all required security measures.
 - Instant Messaging/Real-Time Communication. **CURRENT POLICY TEXT** Users shall only communicate with Patients using Inspired Homecare standard instant messaging/real-time Communication software or programs.

- Users shall only communicate with patients using Inspired Homecare standard instant messaging/real-time Communication software or programs.

It is the responsibility of every employee to ensure that Personal Health Information (PHI) is protected. This applies to all documentation where PHI is visible, including email services. To ensure that we are HIPAA compliant our system utilizes an email encryption product (TrendMicro)



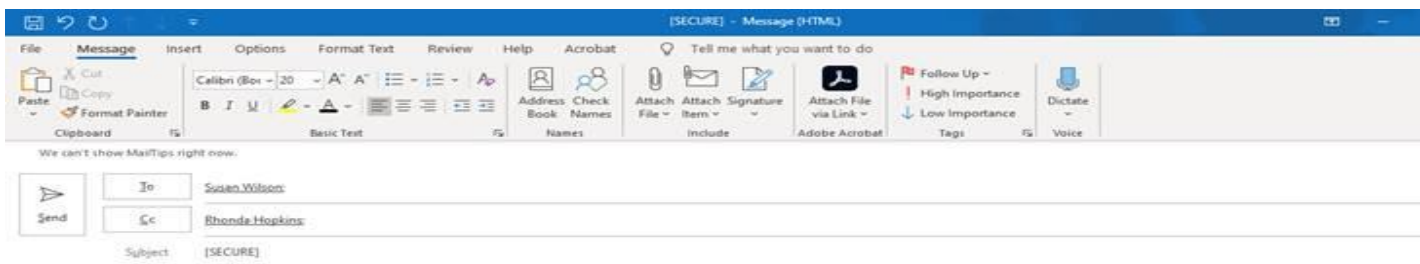
It is not necessary to encrypt email to agencies housed on our email systems (any address with a Health at Home, Care Partners or Inspired Homecare.com extension).



For contacts with **external agencies, clients or other outside contacts:**

- **All** emails containing PHI must be encrypted.
- This includes other agencies, active, discharged or potential clients and other outside contacts such as regulatory or accreditation bodies, auditors, etc.

When you include **[SECURE]** in your email subject, the email is encrypted. When your email is sent, the Trend Micro will identify if the receiver system is secure. If secure, it will retrieve the security key from the receiver system and send your email. If not secure, it encrypts the email and notifies you via email that additional steps may be needed.



TO SEND Encrypted Email – you **MUST** follow these instructions or the email will **NOT** meet HIPPA standards of compliance.

- On the **subject line** of your email,
 - **Start** with a **beginning square BRACKET [**
 - **Followed by** the **word SECURE**
 - **An ending square BRACKET]**
 - **Followed by** whatever the title would be of your email
- When completed, below is an example of what the subject line would look like.
 - **[SECURE]** Case Conference

Violations of confidentiality and privacy policies can result in disciplinary action up to and including discharge. It can also lead to personal civil penalties of up to \$25,000 per person and criminal penalties of up to \$250,000 and/or 10 years in prison.

What is YOUR Role?

If you know of any violation of our existing operations, clinical or confidentiality policies it is your obligation to bring the violation to the attention of your supervisor, compliance representative, Privacy Officer or Compliance Officer. Reports may also be anonymously submitted through the Action Line.



What happens when I call?

You will speak to a live person 24/7 who is NOT a direct Inspired Homecare Employee

Do I have to give my name?

No. Your call can remain anonymous.

What if I don't know all the details?

Give what you can. You can always call back with more information.

Are the calls recorded?

No. It is a 3rd party taking calls and they are not recorded.

Can I get in trouble?

No. Our Code of Conduct as well as Compliance Policy prohibit retaliation.

**Inspired Homecare Corporate Compliance Officer
Demetra Ally, RN, BSN**

Compliance Hotline: 1-800-527-2848

The **Standards of Conduct and Ethical Behavior** and the **Corporate Compliance Handbook** provide further expectations for ethical behavior. If unethical conduct on the part of the organization or any of its members is suspected, all employees have direct access to the Corporate Compliance Officer.

Compliance is the responsibility of every employee!



**To successfully complete this course, please proceed to the Post Test.
You must achieve a score of 85% or more.**