



Professional Home Health Care, Inc.



“Life was meant to be lived.”
- Eleanor Roosevelt

Professional Home Health Care, Inc.

About PHHC

January 2016

PROFESSIONAL HOME HEALTH CARE, INC.

About PHHC

Welcome to Professional Home Health Care (PHHC)! We are happy that you have chosen to join a progressive, committed staff of professionals in providing quality care to those in need of home health services.



TRAINING OBJECTIVES

At the conclusion of the training on this manual the participant will be:

- Familiar with the history and core values of PHHC;
- Acquainted with home health care services, payers, and issues;
- Knowledgeable of our ethical beliefs;
- Knowledgeable of client's rights and responsibilities;
- Knowledgeable of employee rights and responsibilities;
- And, able to pass the "About PHHC" test.

INTRODUCTION

These guidelines are designed to acquaint you with PHHC and the services that we provide to our clients. This manual will also give you information on the different types of team members that PHHC has on staff and the key services that they perform. This manual is not all-inclusive, but is intended to provide you with a summary of PHHC. This edition replaces all previously issued editions.

No employee guideline can anticipate every circumstance or question. After reading this information, if you have any questions, please talk with your immediate supervisor. Also, the need may arise to change the guidelines described. PHHC reserves the right to interpret or change them without prior notice.

Professional Home Health Care, Inc.

About PHHC Manual

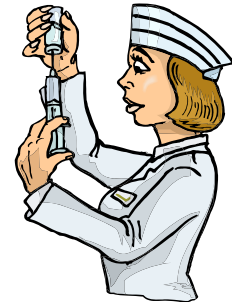
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I. HOME CARE

A. WHAT IS HOME CARE?

“HOME CARE” is the delivery of direct services in the home of the client. The first program to provide in home services in Europe began in Germany in 1892. It proved to be a good idea and was copied in London in 1897. After World War II, the governments of European countries were deeply involved in a variety of ways with the growth of home care services. The International Council of Home Help Services was founded in Holland in 1959.



The beginning of homemaker – home health aide services as we know them in our country was at the start of the last century. Over 100 years ago, “visiting cleaners” were sent to the homes of sick and poor mothers in New York City to supplement the nursing services they were also receiving. About 20 years later, in Detroit, Michigan, one of the first programs for “visiting housekeepers” was started. These persons taught mostly inexperienced and low-income mothers about nutrition and how to prepare food.

Several national conferences were held between 1959 and 1965 to discuss the issues about the need for home health services and to set guidelines that would help ensure efficient and safe care. In 1962 the National Council for Homemaker Services was established. In 1965 the Medicare law was passed, which caused huge growth in much needed home health aide services. It was at that time the term “home health aide” was adopted. In 1982 the National Council changed its name to the National Home Caring Council to show a really broad concept of home care. In 1986 the Council merged with the Foundation for Hospice and Home Care in order to provide a strong and unified voice for home care and to promote the accreditation of agencies providing that care.



One of the most influential factors with the significant increase in certified agencies since the early 1980s has been “Diagnostic Related Groups” (DRG). In an attempt to curb increasing hospital costs incurred by the Medicare program and the increasing numbers of elderly clients requiring hospitalizations, DRG or diagnostic related groups were created. The two results of the DRG system were a decrease in a client’s length of stay in the hospital and an increase in the use of home care services to these clients. Also, because Medicare would not cover hospitalization for some conditions, many clients were not admitted to a hospital and a home health company provided needed care in the home. Following the federal government’s lead with the Medicare programs, Medicaid and private insurance companies began restricting payments for hospitalizations, thus increasing the need for home care services. The growth of home care agencies was significant from the late 1980s to the mid-1990s when home care benefits were decreased. In 2000 a new Medicare reimbursement plan called the Progressive Payment System (PPS) was implemented and Medicare home care services were further decreased.

B. SERVICES OFFERED BY PHHC

Our clients receive non-medical care from personal care providers. They also receive medical services from registered nurses, certified nurse aides, therapists, and social workers. These medical services are known as “skilled” services, since they require the skills of a licensed professional.

WHO receives HOMECARE services from PHHC and WHY? Our clients are often elderly individuals, or persons with disabilities and injuries, who are homebound due to medical problems. These individuals are not able to perform care for themselves without assistance from another person. Some of our clients live with family members and others live alone. The assistance PHHC offers allows our clients to remain living in their homes rather than being in a live-in facility.

WHEN are services provided? A physician, with the staff of PHHC, develops a plan of care for the client and determines the need for skilled services. After reviewing the medical condition of the client, visits will be scheduled through PHHC to provide the necessary services and care as prescribed by the physician. A Personal Care Coordinator and the client determine personal care and homemaking service needs.

HOW does PHHC provide quality services in the home? PHHC strives to be the best provider of home health care by carefully selecting employees, training and supervising them in a consistent fashion, and setting high standards of safe, respectful care. Our training program will help you to know what we consider to be good quality care and how you can contribute to our team of excellent service providers.

HOW do clients choose PHHC as their company? Many clients find out about PHHC by word of mouth, from neighbors, friends or relatives. Several are interested because they know and trust an employee with PHHC. Doctors, social workers, and the yellow pages are other common referral sources.

HOW would someone begin receiving services from PHHC? Once the client has chosen PHHC, someone calls PHHC to request the start of care. The caller could be the doctor, nurse, social worker, family member, or the client. The appropriate person in PHHC gathers identifying information. This information is called the INTAKE.

C. TEAM MEMBERS & THEIR RESPONSIBILITIES

➤ **Personal Care Provider (PCP):** the personal care provider services vary from basic homemaking to simple personal care such as bathing.

➤ **Home Health Aide (HHA; Certified Nurse’s Aide):** the duties of a home health aide include medical services such as bathing, taking blood pressure and pulse, checking respiration, complicated transfers, and working with passive and active range of motion. He or she also supplies Foley catheter care, special diets and enemas, maintains oxygen equipment and respiratory tubing, and reinforces the care plan as directed by a registered nurse.



- **Care Manager**: Care manager will provide assistance with long term care planning, transition planning, long distance caregiving communication, and care planning.
- **Licensed Practical Nurse (LPN)**: the licensed practical nurse provides nursing care prescribed by a physician. Duties might include administering medication and injections, wound care, enemas, Foley catheter care, and teaching.
- **Medical Social Worker (MSW)**: the medical social worker helps both clients and family members cope with the financial and emotional stress of illness. He or she provides crisis intervention and counseling, and is aware of the many community resources that may be helpful.
- **Occupational Therapist (OT)**: the occupational therapist evaluates the needs of the client who has a physical impairment and develops an appropriate rehabilitation program and therapy. Occupational therapists deal with the functional problems of daily activities like getting dressed and cooking meals.
- **Certified Occupational Therapist Assistant (COTA)**: under the general supervision of an OT, performs treatment in accordance with the Plan of Care developed by the OT.
- **Physical Therapist (PT)**: the physical therapist evaluates the needs of the client who has a physical impairment and develops an appropriate rehabilitation program and therapy. A physical therapist develops and assists with treatments and plans for walking, exercise, strengthening, endurance, posture and back safety, and can provide treatments such as electrical stimulation to muscles and joints.
- **Physical Therapist Assistant (PTA)**: under the general supervision of a PT, performs treatment in accordance with the Plan of Care developed by the PT.
- **Registered Nurses (RN)**: the registered nurse provides nursing care prescribed by a physician. Duties might include observation and assessment, administering injections, intravenous therapy, venipuncture, wound care, catheterization, respiratory care, teaching, care planning, and coordination of services.
- **Speech Therapist (ST)**: the speech therapist evaluates the needs of the client who has a physical or cognitive impairment and develops an appropriate rehabilitation program and therapy. Speech therapists work with people who have problems with eating, swallowing, and speaking.

The staff listed on the previous page is the Care Team. There is also a Support Team in the office that includes the Care Coordinator, Personal Care Coordinator / Service Coordinator, Secretary, and On-Call Service Coordinator.

II. PAYORS

A. MEDICARE

PHHC provides Medicare services and complies with all regulations established by the federal program. This federally funded program is intended for clients with good

rehabilitation potential, short term, but is not intended for use with chronic, maintenance clients, or for health promotion.

Exceptions to the general rule:

- “chronic” care

Medicare pays a set amount of reimbursement for a 60-day period for the following primary skilled services:

- Skilled Nursing Care
- Speech Therapy
- Physical Therapy
- If at least one of these primary services is needed, Medicare will also pay for:
 - Occupational Therapy
 - Home Health Aide Services
 - Medical Social Services
 - Medical Supplies and Equipment

Medicare is generally for acute care but will pay for services for an unlimited amount of time if the following criteria are met:

- The services must be ordered by a physician.
- The services must be reasonable and medically necessary to the treatment of an illness or injury.
- The client must be homebound.
- The client must need a skilled primary service.
- Skilled nursing and/or home health aide services must be provided on an intermittent or part-time basis.
- The client must have restorative potential if ongoing physical, occupational, or speech therapy visits are planned.

Medicare Features

- Pays a set amount for 60 days of services – called PPS or Prospective Payment System.
- Funded by Federal Government: “Social Security Health Insurance”; “Title 18”.
- Administered by Health Care Financing Administration (HCFA), now called Centers for Medicare & Medicaid Services (CMS).
- Audited by Colorado Department of Health Care Policy and Environment through a contract with HCFA.
- Billed to Medicare through the federal Home Health Care program through Cahaba (our “Fiscal Intermediary”).
- Criteria for eligibility:
 - Must qualify for Medicare A by: Social Security quarters paid, 65 years or older or disabled longer than 2 years.
- Criteria for coverage:
 - Homebound
 - Medical necessity/need for skilled service
 - MD orders for service
 - Intermittent/part-time
- Typical services: “Skilled” RN, PT, ST, OT, MSW, and /or CNA

B. MEDICAID

Medicaid is a state program funded by the federal government (52%) and the state of Colorado (48%). There are numerous programs within the Medicaid program, including the following listed below. All other options must be explored and eliminated before billing Medicaid for services.

- “Medicaid” – Straight or Skilled: includes Acute, Long-term, and Long-term with an Acute Episode.
- HCBS (Home and Community Based Services) – nursing home diversion program providing Homemaking or Personal Care assistance. This program has many sub-programs including Mental Illness (MI); Elderly, Blind and Disabled (EBS); Brain Injured (BI), Person Living with AIDS (PLWA).
- Home Care Allowance (HCA) – a stipend program in which clients purchase their own HOME CARE.



In accordance with the Colorado Medical Assistance Act, the State Department, by rules and regulations, shall establish a Medicaid Program to provide necessary medical care for the categorically needy.

The program provides the following federally required benefits: inpatient hospital services, outpatient hospital services, home health care, family planning, physician services, and rural health clinic services.

Medicaid Features

- Funded by the State with Federally matched monies (TITLE 19).
- Administered by the Colorado Department of Health Care Policy and Financing.
- Audited by the Colorado Department of Health Care Policy and Environment.
- Criteria for Coverage:
 - Homebound (may require assistance to get up and dressed, then spend the day out of home, in a wheelchair, still considered homebound by Medicaid).
 - Medical necessity for skilled service
 - Physician orders for service
 - Intermittent/part-time
- Typical services: “Skilled” RN, PT, ST, OT, CNA (MSW not covered)
- Miscellaneous: Unlike Medicare, CNA services can be provided without “skilled” RN or PT.

C. OTHER PAYORS

1. **Managed Care Organizations (MCO)**

MCOs, including HMOs (Health Maintenance Organizations) are a combination of an insurance company and medical services. MCOs receive a set amount of money per member per month and agree to provide agreed upon health care benefits. All care provided for MCO’s must be pre-authorized.

2. Private Duty

Some clients pay for home care services privately in order to support their goal of remaining safe in their own home.

3. Commercial Insurance

Home care for some clients is paid by traditional commercial insurance companies. Rules for home care coverage vary greatly by insurance company, but generally MSW, PCP, and sometimes CNA services are not covered.

Services Available (and Paid for) by Different Payors

HOME CARE PAYORS							
(Disciplines) Service Lines	Medicare	Straight Medicaid (Home Health)	HCBS (Home and Community Based Services)	HCA (Home Care Allowance)	MCO (and other insurance companies)	Commercial Insurance	Private Pay
Skilled Nursing (RN/LPN)	YES	YES	NO	NO	YES	YES	YES
CNA (Certified Nursing Aide)	YES	YES	NO	NO	YES	MAYBE	YES
PCP (Personal Care Provider)	NO	NO	YES	YES	NO	NO	YES
Therapist (PT, PTA, OT, COTA, ST)	YES	Acute only	NO	NO	YES	YES	YES
MSW (Medical Social Worker)	YES	NO	NO	NO	NO	MAYBE	YES



III. COMPLIANCE

In the most basic sense, corporate compliance is a commitment from the Board of Directors, senior management, and all employees to obey the law and follow all internal policies and procedures. PHHC has made this commitment by developing a compliance program supported by operational processes to prevent, detect and correct wrongdoings within the organization. This program consists of internal controls and procedures that are designed to evaluate operational practices, minimize both legal and business risks, and implement corrective action programs.

PHHC's compliance program will ensure that we are in compliance with a variety of entities, including Medicare/Medicaid, the Conditions of Participation, OSHA, the Workers' Compensation Act, in addition to State and Federal agencies.

The compliance plan includes:

- A commitment from management to be in compliance to rules and regulations set by various agencies.
- Personnel policies that address employee's potential fraudulent behaviors, including standards of conduct, annual performance reviews, discipline for fraudulent behaviors, and discipline counseling for failure to report criminal conduct.
- A Comment Process is available for employees to anonymously report fraudulent activities.

PHHC asks all employees to comply with all regulations established by various entities, to become active in maintaining compliance, and to report fraudulent activities when aware of them.

IV. FALSE CLAIMS ACT

The federal False Claims Act and other federal and state laws prohibit submission of a knowingly false or fraudulent claim for payment to the United States or state government. These laws also prohibit knowingly making or using a false statement to get a claim paid or approved.

Professional Home Health Care, Inc. maintains detailed policies and procedures for preventing, detecting, and eliminating fraud, waste, and abuse. These policies include compliance education, auditing and monitoring, enforcement of compliance standards, and a process for employee reporting of suspected non-compliance or false claim related activity. To review the details of these policies and procedures, please contact PHHC's Compliance Officer.

V. ETHICS

Ethics is the study of the nature of morals and moral choices made in human relationships. As home care has grown, the ethical dilemmas that home care faces becomes more numerous and complex. This section outlines PHHC's policies regarding the ethical treatment of clients and employees responsibilities.

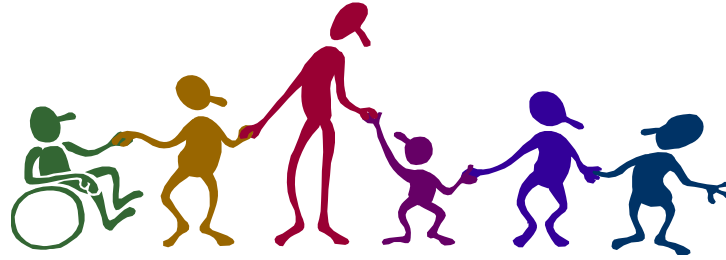


A. PHHC CODE OF ETHICS

The purpose of the Agency Code of Ethics is to establish an ethical guide for company practice. PHHC's code of ethics includes:

1. Clients' rights are clearly identified, defined and honored including the right to have families participate in care.
2. Clients are always informed of their rights, including the right to make advance directives.
3. All of our policies, functions, and processes are based on the rights of the client.
4. Our admission, transfer, and discharge processes acknowledge the client's requests, needs, and individual circumstances.
5. When differences exist between the client's needs, laws and regulations, and/or our policies, the rights of the client are considered.
6. All staff are oriented to and trained to understand and honor client's rights.
7. All staff understands and follows the agency's ethical code of behavior.
8. When staff does not wish to participate in a client's care due to cultural values or religious beliefs, PHHC's process ensures both the rights of the staff and client are honored.
9. PHHC will honor any client's resuscitation or withdrawal of life sustaining care wishes when PHHC has been properly notified.
10. There is a process for obtaining and renewing do-not-resuscitate orders.
11. There is a process for the resolution of conflict of care decisions.
12. PHHC actively solicits and seeks to resolve client complaints.
13. PHHC bills only for services provided to the client.
14. All written company materials distributed to clients and the general public truthfully describe our services and relationships.
15. PHHC has a compliance program to assure compliance with all applicable regulations.

B. CULTURAL DIVERSITY AND HEALTH CARE



Learning Objectives

- Identify some culturally sensitive approaches to communication.
- Identify general characteristics related to healthcare for certain cultural groups.
- Identify ways to work with interpreters and clients.

Introduction to Cultural Diversity and Health Care

- Acquiring Cultural Competence
- Starts with Awareness
- Grows with Knowledge
- Enhanced with Specific Skills
- Polished through Cross-Cultural Encounters

A Culturally Sensitive Approach to Asking About a Health Problem

- What do you call your problem?
- What do you think caused your problem?
- Why do you think it started when it did?
- What does your sickness do to you? How does it work?
- How severe is it? How long do you think you will have it?
- What do you fear most about your illness?
- What are the chief problems your sickness has caused you?
- Anyone else with the same problem?
- What have you done so far to treat your illness: What treatments do you think you should receive? What important results do you hope to receive from the treatment?
- Who else can help you?

Trends in Population Growth

- According to the U.S. Census Bureau, the U.S. had a population of 296.4 million in July 2005 consisting of 67% White, 14% Hispanic, 13% Black, 5% Asian, 1.5% Indian/Alaskan Native and 0.3% Hawaiian
- The U.S. Census Bureau projects that by 2050 approximately half of the nation's population will be from cultures other than White, non-Hispanic. (U.S. Census Bureau, 2004, U.S. Interim Projections by Age, Sex, Race, and Ethnic Origin).

Cultural Profiles – Broad Generalizations

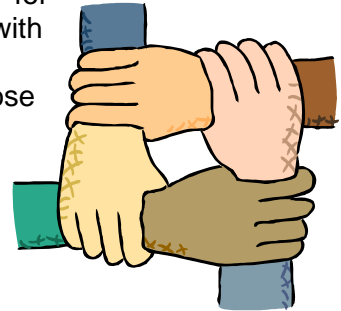
CAUTION: These are broad generalizations and should not be used to stereotype any individuals.

Hispanic

- ❖ Allow family members to express their love and concern by spending as much time with the client as possible. Allow them to assist client with ADLs if client is reluctant to do self-care.
- ❖ Realize that they may be reluctant to discuss emotional problems outside the family.
- ❖ Modesty may be important, especially among older women. Try to keep them covered whenever possible.
- ❖ Accept that older, more traditional wives may defer to husbands in decision-making, both for their own health and that of their children. Involve the family in decision-making.
- ❖ Expression of Pain - Clients may tend to be expressive (loud), though varies with audience (males may be more expressive around family members than around health care professionals).

African American

- ✚ Religion is an important part of the lives of many African Americans. Clergy should be allowed to participate when appropriate. Privacy for prayer is important. Healthcare practitioners may offer to pray with client if all parties involved feel comfortable with it.
- ✚ Family structure may be nuclear, extended, or matriarchal. Close friends may be part of kin support system.
- ✚ Father or eldest male may be the spokesperson.
- ✚ Expression of Pain - Varies widely. May be equally acceptable to be loud or stoic.



Middle Eastern

- Direct eye contact with members of the opposite sex may be interpreted as a sign of sexual interest, particularly from female to male.
- Be patient with "demanding" family members; they may see it as their job to make sure that the client gets the best care possible.
- Personal problems are usually taken care of within the family; they will probably not be receptive to counseling.
- It is usually appropriate to speak first to the family spokesman.
- Sexual segregation is usually extremely important. Assign same-sex caregivers whenever possible, and maintain a woman's modesty at all times.
- Accept that the husband may answer questions addressed to his wife.
- Expression of Pain - They often tend to be loud and expressive, especially after someone has died, and when they are in pain.

Russian

- Provide frequent updates on client treatments and progress to help allay the anxiety of family members.
- They may expect nurses to be friendly, warm, caring, and to "feel" for them.
- They may speak loudly and seem abrasive. This was necessary in Russia to get attention in the healthcare system.
- Make direct eye contact, be firm, and be respectful, address clients as "Mr." or "Mrs."

- The gender of the provider is usually not an issue, but they may prefer to have a family member of the same gender present when performing personal care.
- Expression of Pain - They tend to have a high pain threshold and stoic attitude regarding pain. Encourage appropriate pain management and pre-medicate prior to dressing changes.

Asian

- Allow family members to fulfill their familial duty by spending as much time with the client as possible and by providing nontechnical care.
- Accept that wives may defer to husbands in decision-making. Involve the family in decision-making.
- Realize that sons may be valued more than daughters.
- Recognize that Asian culture is hierarchical; tremendous respect is often accorded to the elderly.
- Expression of Pain - Clients may not express their pain. Offer pain medication when the condition warrants it, even if client does not request it. Insist upon giving it when necessary.

Anglo Americans

- ◆ Privacy is important.
- ◆ Direct eye contact is expected. But try to avoid excessive direct eye contact with members of the opposite sex to avoid any hint of sexual impropriety.
- ◆ Emotional control is expected.
- ◆ Will want nurses to provide psychosocial care.
- ◆ Decision-making by individual for self, or by either parent for child.
- ◆ Husbands and wives may have equal authority.
- ◆ Independence valued; self-care will generally be accepted.
- ◆ Expression of Pain - Clients will generally tend to be stoic, although will want pain medication.

Native Americans

- Loudness is often associated with aggressiveness and should be avoided.
- Direct eye contact may be avoided out of respect and/or concern for soul loss/theft.
- Due to history of misuse of signed documents, some may be unwilling to sign informed consent or advanced directives. Older adults may prefer the term "American Indians" over "Native Americans."
- Extended family is important, and any illness concerns the entire family.
- Expression of Pain - Stoicism is highly valued, and clients may not express their pain, other than by mentioning "I don't feel so good" or "Something doesn't feel right." If client reports feeling "uncomfortable" and is not given pain relief, s/he generally won't ask again. Offer pain medication when the condition warrants it, even if client does not appear to be in pain.

Working with Interpreters

- ✓ Use language to identify the interpreter as the go between, not as the person to be blamed, e.g., the interpreter might say, "The doctor has ordered tests and this is what he says"
- ✓ Minimize jargon, e.g., "machine to look at your heart" instead of "EKG"
- ✓ Recognize that Nonverbal communication is 60% of all communication.
- ✓ Nodding may indicate politeness, not comprehension – clarify the situation.
- ✓ Bilingual interviewing takes at least twice as long as monolingual interviews!

Key Points to Remember

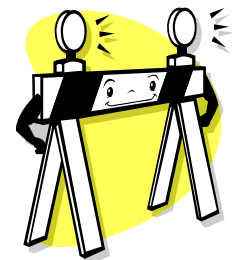
1. Learn and use a few phrases of greeting and introduction in the client's native language. This conveys respect and demonstrates your willingness to learn about their culture.
2. Tell the client that the interpreter will translate everything that is said, so they must stop after every few sentences.
3. When speaking or listening, watch the client, not the interpreter. Add your gestures, etc. while the interpreter is translating your message.
4. Reinforce verbal interaction with visual aids and materials written in the client's language.
5. Repeat important information more than once.
6. Always give the reason or purpose for a treatment or prescription.
7. Make sure the client understands by having them explain it themselves.
8. Ask the interpreter to repeat exactly what was said.
9. Personal information may be closely guarded and difficult to obtain.
10. In some cultures it may not be appropriate to suggest making a will for dying clients or clients with terminal illnesses; this is the cultural equivalent of wishing death on a client.
11. Avoid saying "you must..." Instead teach clients their options and let them decide, e.g., "some people in this situation would..."



Cultural Diversity and Health Care
*It is because we are different
that each of us is special.*

C. COMMUNICATION BARRIERS

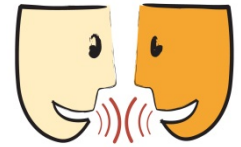
Effective communication is an essential part of understanding, enjoying, and being successful in our everyday lives. Understanding what others communicate and the ability to pass on information effectively are critical to personal and professional success. As healthcare workers, we must be able to clearly convey and receive information to/from patients and team members. However, at times there are barriers that block our understanding.



There are three types of barriers to effective communication in the workplace: content, delivery and reception.

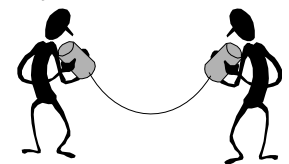
1) Content Barriers. The content of your communication needs to be appropriate to the skill and knowledge of your audience, or it may be misunderstood. Content barriers include the following:

- Lack of basic communication skills. The receiver is less likely to understand the message if the sender has trouble choosing the right words and arranging them correctly.
- Insufficient knowledge of the subject. If the sender lacks specific information about something, the receiver will likely receive an unclear or mixed message. Can you explain complicated terms and ideas in a simple way?
- Information overload. If you receive a message with too much information, you may put up a barrier because it is coming so fast that it is difficult to interpret. When communicating with another person, pick two or three important things to emphasize, instead of overwhelming your receiver with an avalanche of information.
- Emotional interference. An emotional person may not be able to communicate well. If someone is angry, resentful, joyful or fearful that person may be too preoccupied with emotions to send or receive the intended message. If you don't like someone, for example, you may have trouble "hearing" them.



2) Delivery Barriers. The manner and place that you choose to deliver your message can make the difference between good communication and a missed opportunity. Delivery barriers include the following:

- Physical distractions. A bad phone connection or a meeting in a noisy area can hurt communication. If an e-mail or letter is not formatted properly or contains grammatical and spelling errors, the receiver may not be able to concentrate on the message.
- Conflicting messages. Communication that contains conflicting messages may be difficult for the receiver to interpret. For example, a supervisor may request a report immediately, without giving the report writer enough time to gather the proper information. Should the report writer emphasize speed in writing the report or accuracy in gathering the data?
- Channel barriers. If the sender chooses an inappropriate channel of communication, the receiver may not understand the information. For example, giving detailed instructions over the telephone instead of writing them down may be frustrating for the person receiving the message.



3) Reception Barriers. If a message is not designed for its audience, the communication will not meet its goals. Additionally, not providing a timely opportunity for feedback can result in both resistance and misunderstanding. Reception barriers include the following:

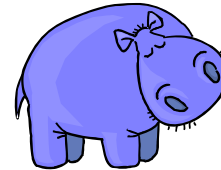
- Lack of knowledge. If a receiver is unable to understand a message filled with technical information, communication will break down. For your audience to understand your information, you must design your message for that audience.
- Not allowing for feedback. Because communication is a two-way process, the sender must try to get a response from the receiver. Face-to-face, oral discussion is the best type of communication, because feedback can be both verbal and nonverbal. When two communicators are in separate places, they must make sure to ask for meaningful feedback.
- Inadequate feedback. Delayed or judgmental feedback can interfere with good communication. If your health care provider were to give you instructions in long, complex sentences without giving you a chance to speak, you may pretend to understand the instructions just so you could leave the stress of the conversation.

- Physical and/or mental challenges. Be aware if the receiver has hearing, visual or cognitive impairments or other health issues which may interfere with his ability to give or receive messages. Tailor your communications to individual needs. Ask your supervisor for support and information if you are experiencing difficulty communicating with a client with special needs.

To avoid barriers to effective communication in the workplace, you should ensure the following:

- Your message is well-organized and easy to understand
- You choose a good location and method
- Your message is free of conflicting information
- Your message allows for questions, two-way communication and feedback.

D. PROFESSIONAL TIPS on HIPAA



What is HIPAA?

HIPAA stands for the Health Information Portability and Accountability Act. The HIPAA Privacy Rule is the more common name for the Standards for Privacy of Individually Identifiable Health Information. It was created to protect the privacy of health care clients.

What is Covered?

Both privacy and security are key. HIPAA covers information that is stored or transmitted electronically. HIPAA covers the confidentiality of some health information.

Civil Rights

Federal civil rights laws and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, together protect clients' fundamental rights of nondiscrimination and health information privacy. Civil Rights help to protect clients from unfair treatment or discrimination, because of their race, color, national origin, disability, age, sex (gender), or religion. The Privacy Rule protects the privacy of clients' health information; it says who can look at and receive health information, and also gives clients specific rights over that information.

Privacy Protected by HIPAA

HIPAA protects privacy for clients by letting them know their rights, limiting how health information can be used, and demanding security of records (paper, electronic, other).

HIPAA allows clients to:

Get a copy of their records, ask for changes in their records, and limit how their information is used.

What is included in HIPAA?

A client's health information includes anything that applies to a health condition. It is protected if the client can be identified.

What is PHI?

PHI = Protected health information. Name, address, phone number, Social Security number, driver's license number, date of birth, admission date, etc.

What forms are included in HIPAA?

All forms of protected health information must be kept private—written, spoken, electronic.

What is allowed?

Some disclosure of health information is allowed, others are not. Talking about a client in public is not; asking the client's physician for an order on the client is allowed.

Reasonable Safeguards

Employees (you) and PHHC must take reasonable steps to keep client information private.

Notice of Privacy

PHHC gives clients notice of their rights, including their rights under HIPAA. This form is called the PHHC Client Admission Agreement Form.

Things to be aware of:

Information you say aloud, computer screens (monitor), copies of medical records (shred), faxed information, cell phones, etc.

Your Role

All employees have a role in protecting client health information. All employees must always safeguard the confidentiality of client information (name, address, diagnoses, etc.).

When you must disclose:

PHHC must disclose information to the client when the client asks for his/her personal health information, and when some government departments (i.e. DHHS) ask for it.

What are you allowed to disclose?

PHHC staff may disclose client's health information to treat a client (to the MD) and to get payment (to the payer). Or if the client says it's ok.

Other Disclosures

Disclosure of health information is also allowed when required by law (court order), to health officials to prevent or control disease, in case of domestic abuse, to help law enforcement (suspicious death, missing person), to funeral directors, for organ donation, to meet workers' compensation laws, in disaster relief, etc.



Do's

Do be conscientious in protecting our clients' information. Do avoid speaking about clients in hallways or other public areas. Do share information with other medical professionals when needed to treat a client.

Don'ts

Don't share "PHI" with people who don't need to know (friends, neighbors). Don't share PHI you are not authorized to share. Don't let privacy issues keep you from treating the client properly. Don't leave messages about a client's health on an answering machine.

Computers

Use assigned passwords (do NOT share them with others), log off when you leave the room, and turn off monitors so they are not visible to others.

Do Your Job

HIPAA does not prohibit you from doing your job. You can send and receive medical information to the client's doctor and other care givers. Generally you can speak with the client's family (unless the client has restricted you from doing this).

E. RIGHTS OF THE CLIENT

The Client's Bill of Rights is the foundation for providing home care. PHHC fully supports all aspects of client rights, and each client who is admitted to services by PHHC is given a copy of his or her rights as a client. These rights are discussed in detail with the client, and often with family members or the guardian upon admission and annually. Thereafter, any family member or guardian, in addition to the client, has the right to exercise any of the rights on behalf of the client. If you ever have any reason to suspect that a client is being abused, exploited, or neglected, report what you know immediately to your supervisor, and it will be reported in confidence.



PHHC hopes that beginning the relationship with a client by informing them of their rights will open the lines of communication between the clients and PHHC. We want to create an atmosphere of good will and trust between our clients and our company. It is the responsibility of the registered nurse or personal care coordinator to make clients aware of these rights. It is the role of all employees to uphold the client's rights.

F. VICTIM ABUSE

People who are ill, elderly, or disabled are often not able to protect themselves from persons who might take advantage of them or harm them. This harm could happen because of neglect or because of deliberate wrongful behavior. There are laws – local, state, and federal – that have been enacted in order to protect the rights of these people who may be at risk. Many organizations have adopted policies that guarantee these client rights. As a company, it is our responsibility to protect our client's rights as customers and to protect their rights as individuals through other means as necessary.

In Colorado, more than 4000 incidents of adult abuse, exploitation or neglect are reported each year to local county departments of social services and long term care ombudsman and many more go unreported. For many, a caregiver or member of the family causes the abuse, exploitation, or neglect. Often the victim is totally dependent upon the abuser and is afraid to complain for fear of counterattack.

PHHC employees must report the abuse of clients if they are aware that such abuse has occurred. Any abuse or suspected abuse should be reported to your supervisor who in turn will contact social



services and the local police department. Employees will also be asked to assist in completing an Occurrence Report. Additionally, the incident is documented in the client's record.

The following are signs that may indicate abuse, exploitation or neglect are occurring:

Physical Abuse

- Frequent injuries such as bruises, burns, broken bones, especially when the explanation for the cause of injury does not seem believable.
- Over medication and sedation.
- Multiple bruises in various stages of healing, particularly bruises on inner arms or thighs.
- Victim appears frightened or withdrawn.
- Victim has been locked in a room or tied up.

Emotional/Psychological Abuse

- Sudden, dramatic change in victim's behavior: appears withdrawn, depressed.
- Caretaker won't let victim speak for him/herself.
- Caretaker scolds, insults, or threatens victim.

Sexual Abuse

- Evidence of sexually transmitted disease.
- Irritation or injuries to mouth, genitals, or anus.
- Victim gets upset when changed or bathed.
- Victim appears fearful when with a particular person.

Neglect

- Filthy living environment
- Lack of medical attention

Financial Exploitation

- Unusual activity in bank account, sudden large withdrawals, expenditures that are not consistent with victim's past financial history.
- Use of Automated Teller Machines by person with no history of using ATMs or who cannot access one due to disability.
- Signing over rights on legal papers without understanding what papers mean.
- Eviction for nonpayment of rent, house in foreclosure, utilities shut off, lack of food, clothing, or personal supplies.
- Title to home signed over in exchange for promise of "lifelong care."



G. CLIENTS RIGHTS & RESPONSIBILITIES

Each client admitted to PHHC is given a copy of his/her rights as a client. These rights are discussed in detail with their family, and/or guardian. They can exercise any of the rights listed below.

Clients Have the Right to be Fully Informed (prior to or at the time of admission):

- Of these rights and all the rules and regulations regarding their role and responsibilities.
- Of the services available through PHHC and the related charges for services not covered under Title 18 or 19 of the Social Security Act or other third party.
- That no person shall be refused services because of age, race, religious preference, sex, handicap, marital status, and/or national origin.

Clients Have the Right:

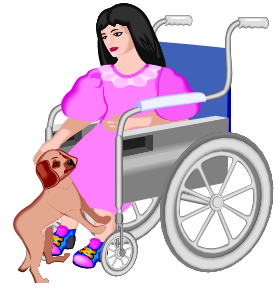
- To be treated with consideration, respect, and full recognition of their dignity and individuality, including privacy in treatment and in the care of their personal needs.
- To make decisions about their care and to develop "Advance Directives," this may include decisions about life support.
- To accept or refuse medical treatment including experimental research.
- To be advised, in advance, of any changes in the plan of treatment.
- To be transferred or discharged only for medical reasons, their welfare, in the event of an unsafe environment, or if they should refuse treatment. They also have the right to be informed of alternatives to being transferred or discharged.
- To be given advance notice of discharge or transfer to assure on going well being and treatment. (These actions will be noted in their record.)
- To be assured confidential treatment of their personal and clinical medical/treatment records.
- To approve or refuse the release of their personal and clinical medical/treatment records to an individual outside PHHC, except in the case of transfer to another health care institution or as required by law or third party payment contract.
- Request restriction on certain uses and disclosures of their medical information; amend their health information; or receive an accounting of disclosures of their health information.
- To expect their property to be treated with respect.
- To voice grievances and recommend changes in policy or service to PHHC and/or an outside representative of their choice. This right is free of restraint, interference, coercion, discrimination, or reprisal.

Clients of PHHC have a right to be informed of their rights and responsibilities before service (care) begins.

Client Responsibilities:

- To provide, to the best of their ability, information about their health, including current medical conditions, past injuries, hospitalization, medications, and physical and mental capabilities or limitations.

- To contact their doctor for changes in their health or medical condition.
- To notify PHHC of any changes in their health or medical condition and any orders their doctor may have prescribed.
- To notify PHHC if they do not understand or agree with those services being provided.
- To keep appointments as scheduled. If they are unable to do so for any reasons, notify PHHC as soon as possible.
- To inform PHHC, upon admission to a hospital, or at any later date if they have Advance Directives (the document that states their wishes should they become suddenly or critically ill).
- To be considerate of, and show respect for, the rights of those health care staff who will be providing services in their home.
- To maintain a safe home environment free of violence for PHHC employees, including removal of safety hazards (guns, dangerous animals, threatening family members or friends, etc.) from the care giving area.



Clients may contact the Colorado Home Health Hotline at 1-800-842-8826. (This is a 24-hour message service by the State of Colorado for the purpose of receiving complaints and questions that have not been resolved by PHHC or to lodge complaints concerning the implementation of the advanced directives.)

H. ADVANCED DIRECTIVES (DNR)

PHHC respects the client's right to form advanced directives regarding medical care. At admission, clients are informed of this right. Advance directives include those considered applicable by law and may be designated as "do not resuscitate," "do not intubate", or "911 for transport only" medical orders, living will, or medical durable power of attorney. Clients are not required to have advance directives. Care or services will not be withheld if advanced directives are not formulated or made known.



Client advance directives are to be respected and carried out by agency staff to the extent of the law as it relates to the provision of home care services. All staff providing care to the client are informed of the presence of or any changes in advanced directives through the "DNR process." Copies of the living will or medical durable power of attorney are included in the home care record when applicable. A copy of the physician order for "do not resuscitate", "do not intubate", or "911 for transport only" are placed in the home care record.

DNR = Do Not Resuscitate

I. RIGHTS OF THE EMPLOYEE

PHHC will every effort to respect employee's rights. As a result, employees are informed of policies and procedures related to their employment and the client services they provide, and job performance is reviewed with each employee on a regularly scheduled basis. Each employee has the right to call attention to circumstances he/she feels may be of concern, create a problem, or need correction.

Employee complaint resolution:

PHHC has a process for resolving conflict of significant employee complaints. PHHC will implement the following process for complaint resolution if needed.

PROCEDURE:

- Step 1. The employee shall first discuss the matter with his/her immediate supervisor. An opinion (or decision) shall be made within 3 working days by the supervisor.
- Step 2. If the outcome is not to the employee's satisfaction, a review may be requested verbally by the employee to the next level of supervision within 3 working days.
- Step 3. If satisfactory resolution is not reached, the problem must be submitted in writing to the President for a decision. This shall occur within 5 working days of Step 2. The President will respond in writing within 5 working days.
- Step 4. Should the decision of the President fail to satisfy the employee or supervisor, a hearing may be requested before an Ad Hoc Committee of 2 Employee Advisory Committee members and 3 staff members (appointed as needed by the President). The request must be made in writing to the President within 5 days of the President's decision. The outcome of the hearing shall be considered final and made within 5 days of the hearing.

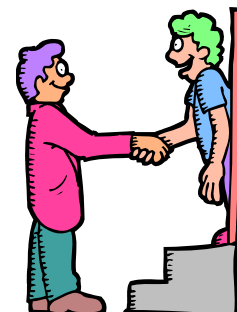
Using the Complaint/Grievance procedure shall not jeopardize the employee's job security.

A file other than the employee's personnel record shall be maintained.

J. EMPLOYEE ETHICAL CODE OF BEHAVIOR

Employees of PHHC are expected to understand and respect the rights of clients. You must agree to respect and support the clients' rights to care by:

1. Learning and demonstrating an understanding of client rights by participating in orientation, training, and ongoing education.
2. Providing accurate and truthful information to clients to allow them to make informed decisions.
3. Encouraging and allowing the client and family to participate with decisions about care and service.
4. Behaving in a manner that conveys respect.
5. Protecting personal privacy during care.



6. Listening to concerns and complaints, as well as resolving and communicating them appropriately.
7. Acting in a manner that does not harm.
8. Holding any information (written or spoken) in confidence.
9. Reporting unsafe care conditions appropriately.
10. Appropriately reporting changes in client circumstances that influence care or service.
11. Reporting any observed or reported physical client injuries.
12. Reporting to my supervisor client care situations that are in conflict with my cultural values or religious beliefs.
13. Complying with all applicable regulations (e.g. Medicare/Medicaid, Conditions of Participation (COP), OSHA, Workers' Compensation Act, and other State and Federal government agencies).

Welcome to PHHC!

