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healthcare®

AVEANNA HOME HEALTH THERAPY ORIENTATION

CLINICIAN RESPONSIBILITIES

Clinician Responsibilities-Agenda

- Core Values and Mission Statement
- Customer Service
 - Best practices
 - How to handle complaints
 - Concierge mentality
- Working with your branch and clinical expectations



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Core Values - Who We Are as an Organization

- Compassion
- Team Integrity
- Inclusion
- Trust
- Innovation
- Compliance
- Fun
- ***Our mission is to revolutionize the way homecare is delivered, one patient at a time.***



Customer Service

- Best practice is to schedule all patient appointments 24 hours in advance
 - After multiple attempts to contact the patient, including emergency contact, clinician may be requested to travel to patient's home
- Give patients an arrival time of up to 2 hours
 - A clinician should provide arrival time updates to patients as appropriate
- Patients must be informed of anticipated treatment frequencies
 - This is not only a best practice, but also a Medicare requirement
- Avoid using the patient's bathroom as it is a private residence
- Infection control is important
 - Please use the company provided supplies, and not patient's supplies, to clean your equipment and sanitize your hands
 - Use company supplied soap or hand sanitizer and your own paper towels to sanitize hands

Customer Service

- Follow company policy regarding infection control and pandemic protocols
- Even if a patient gives permission to remove PPE, please follow policy
- Refer to Policy 4.19.13 COVID-19 Policy for details
- At this time, as a COVID precaution, we are observing these guidelines:
 - Due to medium to high community transmission risk, please wear an N95 mask
 - If a patient is symptomatic and/or COVID positive, please continue to wear an N95 mask and wear additional PPE as directed, including face shield and gown



Customer Service

- Be cognizant of HIPAA when discussing any patient information
- Confirm with the patient before discussing their health information in front of others
- Methods to promote positive experiences with a patient can include:
 - Greeting the patient with a smile
 - Addressing them by their preferred name
 - Asking them how they are doing
- Refrain from complaining about items such as traffic delays, office issues, scheduling, etc.



Customer Service

- Closed toed shoes should be worn in the home
- To prevent risk from a work-related injury, shoes should never be removed in the home
 - A patient may ask you to remove them due to various reasons, but inform them of your safety concerns
- Verify if there are any animals in the home before arrival.
 - Intake should document this and clinicians will see it as a PointCare alert
 - However, for any clinician who does the SOC, it is always best for the clinician to ask patient if they have an animal in the home when calling to schedule appointments
 - When the clinician arrives at the patient's home, confirm if there are any animals in the home with the patient at that time as well



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Customer Service

- **HCAHPS: Patients' Perspectives of Care Survey**

- Hospital Consumer Assessment of Healthcare Providers and Systems
- Our company performs customer service calls to patients to ensure that our services are going well
- Medicare requires Home Health agencies to be assessed on our customer service through surveys from a third-party vendor. These surveys are mailed to the patient post discharge, and they have 34 questions asking about the quality of service that we provided



Customer Service - HHCAHPS

- **Listening**
 - Listen attentively to the patient's concerns. Make good eye contact, speak at their eye level, teach back/return demo technique
- **Be respectful and courteous.**
- **Speak in easy-to-understand terms**
 - Avoid complicated explanations and medical jargon
- **Be gentle**
 - Practice patience and empathy when working with patients
- **Answer questions timely**
 - Do not ignore a patient's questions. If you do not know the answer, let the patient know that you will work on getting the answer. Follow up within 24 hours



Customer Service

- Never bring anyone to the home that is not cleared by the company
- Never accept food, drinks, or gifts from a patient
- In the admission booklet, we have an anonymous hotline for complaints
 - Complaints should be resolved within 3 days
- If you have concerns about a patient's homebound eligibility, please direct them to your clinical supervisor or executive director before discussing with the patient
- Homebound exceptions:
 - Doctor appointments, Church, Hairdresser



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Customer Service - Complaints

What are complaints?

- Complaints consist of treatment or care that fails to be furnished or is furnished inconsistently or inappropriately
- This includes mistreatment, neglect, or abuse (verbal, mental, sexual, and/or physical), injuries of unknown source, and/or misappropriation of patient property, by anyone furnishing services on behalf of the agency.

COMPLAINTS



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What happens after a complaint?

- Agency staff must report findings immediately to their Executive Director and appropriate authorities in accordance with state law.
 - The timeframe for initiation of the investigative process is 3 business days. The patient should receive a response upon completion of the investigation of the complaint.
 - The individual designated to respond to the complaint is the Executive Director
- Both the existence and resolution of the complaint will be documented
- Investigative measures will be implemented based on the complaint, and intake information is obtained from the appropriate source
- Appropriate authorities are informed if warranted
- Corrective action is specific and directly related to the complaint
- Patient and family rights are protected
- Complaint management is incorporated into the QAPI (Quality Assessment and Performance Improvement) manual

Working with the Branch and Clinical Expectations

- Home Care is 24 hours a day, 7 days a week, 365 days a year
- Think of us as a hospital without walls
 - Staff are expected to participate in helping the branch with weekend and holiday on-call rotations.
 - Staff are responsible to meet weekly productivity and be available during the branches operational hours to serve their patients
 - Staff are expected to be flexible, and if needed work outside of their normal geographical area at times
- For unplanned absences, contact your direct supervisor as soon as possible to ensure patient coverage occurs.
- Follow the physician's plan of care/485 with regards to frequency and treatments
 - A plan of care cannot be changed or updated by the clinician without receiving physician approval
 - If changes need to occur, please contact the physician's office to obtain new orders
- Check supplies in between patient visits to ensure that you have an adequate amount and be sure to check expiration dates

Working with the Branch and Clinical Expectations

- Company policy is to complete and sync your daily visit documentation within 24 hours
- Perform a Selective Refresh once a week
- Compliance with regulations is expected when it comes to care provided and documentation of that care
- Point of service documentation:
 - Document as much as you can in the home
- Involve and inform your patient:
 - Let them know you are tracking pertinent treatment details and functional progress



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Working with the Branch and Clinical Expectations

- If a patient is unable to keep an appointment, the expectation is the visits will be moved to another day within the Medicare week to ensure compliance with the plan of care
 - Medicare week takes place from Sunday to Saturday
- There should be no missed visits early in the Medicare week
 - Sunday, Monday, Tuesday, Wednesday
- If you are unable to see the patient, contact the office to see if another clinician could cover the visit
- Two clinicians cannot treat a patient at the same time. There are no co-treatments
 - If another clinician arrives at the house, they will need to reschedule. When one clinician arrives as the other is leaving, check to make sure there are no overlapping times

Working with the Branch and Clinical Expectations

- Clinicians must participate and communicate with formal and informal conferencing (i.e. SOC conferencing, Eval calls, Case conference)
 - Reports must be submitted timely so we can send orders to physician and develop plan of care within 24 hours
- Communicate regularly with the branch regarding patient needs or sharing of patient information
 - Do not ignore messages from branch sent via Teams, phone calls, or emails
 - It is understandable that you may not be able to respond right away as you may be involved with patient care, but please respond ASAP
- Collaborate with other disciplines on the case to discuss visit frequency, focus of care, and patient needs/goals
 - Talk to other teammates, not just supervisors. The goal is to have patient centered care plans
- Case conference attendance is **NOT** optional
 - It is an integral part of patient care coordination. If you cannot attend in person, then contact the branch to call in reports beforehand or join in on the conference line.

Working with the Branch and Clinical Expectations

- Patient Advocacy
 - Any concerns regarding a patient such as vital sign measurements outside of parameters, exacerbated/newly onset SOB, and/or patient need for DME, contact the physician's office to discuss.
- If you are working in an assisted living facility (ALF), do not treat a patient in a certified outpatient clinic space.



Working with the Branch and Clinical Expectations

- Not all Orthopedic physicians follow the same approach with surgeries, so please review physician protocols in the referral attachments before you see a patient
 - If you do not see a protocol, contact the branch immediately, or speak to a fellow therapist that can help you
 - Always err on the side of caution if the protocol is not present until you have the information
 - Do not perform a standardized test that would violate physician protocol and potentially harm the patient
- Do not advise the patient that they may have a surgical discrepancy
 - For example, stating to the patient it appears one leg is shorter than the other, following a surgical intervention
- Do not touch a body part if you do not have orders to treat it
 - For example, if a patient tells you that they have a headache, do not perform a cervical distraction procedure

Working with the Branch and Clinical Expectations

- Do not reuse TheraBand/TheraPutty. Distribute individual portions to patients and leave in home
- If you check out a modality from your branch, please return it after patient care, so that it can be used with other patients.
 - If you do not return it, you will become liable for the device
 - Clinicians will be competencied on modalities i.e. Estim, Ultrasound, Vital Stim
- Therapy Re-Assessments are “at least every 30 days”
 - Schedulers will and can schedule this visit before 30 days, if the plan of care is greater than 30 days
- Supervisory visits for assistants are once every 60 days and the therapist will complete these on the Re-Assessment visit or if the plan of care is less than 30 days at discharge

Working with the Branch and Clinical Expectations

- All non-visit activity pay will be reviewed by branch for approval
- It is up to clinician to enter mileage in HCHB
- In order to get paid timely, all documentation must be completed within 24 hours
- Each plan of care is reviewed
 - Estimated frequencies and durations will be reviewed for medical necessity.
- All OASIS and Admissions will go through a quality review with recommendations
 - Please respond to the quality team in a timely manner
- Lastly, HAVE FUN!

HAVE FUN



DO GOOD

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