

NURSING ORIENTATION for Home Health

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Angelus Home Health

Updated 4/10/15

What is home health?

- Provides nursing, PT, OT, ST, MSW and CHHA services for patients at home
- Patients need to be homebound
- Patient has a need for skilled care
- Works under MD orders
- 100% Covered by Medicare A/B and contracted HMOs (Scan, Caremore, IEHP)
- We can also arrange for DME, pharmacy, RT, labs and x-rays at home

Angelus Home Health

- Mission

- Angelus Home Health mission is to provide you quality health care in the comfort of your home, make you thrive, well, and independent. We assure to protect your privacy with dignity, and respect and respect

- Goals

- To instruct the patient/family on care needed to be able to transition smoothly from an inpatient facility to home, management of new and current diseases and be able to continue to live at home independently
- We focus on patient/family satisfaction !!!

What makes home health different?

- Unlike the hospital or SNF, nurses attend to patient's needs in their homes
 - Respect patient's property and consider their culture
- Focus is patient care and instruction
- Family is part of the plan of care for the patient
- Nurses need to be comfortable visiting patient's homes and working by his/herself
 - Good nursing assessment and decision making
 - Nurse and patient safety is always a priority!

Visit Guidelines

- Follow your calendar and frequency
 - If problems arise, such as scheduling conflicts or extra visits needed, please call the office to get help or approval first.
 - **NO MISSED VISITS!!!**
 - Always make appointments with pt/PCG and keep them.
 - If you don't have a calendar/485, call the office and ask for one.

485/Plan of Care

- The 485/plan of care will have all the information you need to care for your patient and do your documentation
- It will have patient's info, MD info, medications, SN interventions needed (ex. wound care), reportable parameters, limitations, diet, goals and 60 day summaries for recertification
- Make sure you follow the plan of care
- If you need to do something for the patient that is not included in the 485, please let CM know first as everything you do for the patient needs a MD order

Understanding SN Frequencies

- Flexible scheduling between you and patient as long as they follow the frequency and they are not back-to-back days
- Front loading: ex 3w1, 2w2, 1w7
- For SOC (1st episode) - first and last visit is for the RN
- Recertification (2nd or more episode)-only last visit is for the RN

Sample Calendar

03/15/2016

Scheduled Visits Compliance Review

Patient: MOUSE, MICKEY

MR#: 12345

Episode: 09/01/15 - 10/30/15

SOC: 03/05/15

Discharged: 09/30/15

August / September							
	30	31	1	2	3	4	5
SN	1	1				1	
HA							
PT							
MS							
OT							
ST							
OTH							

September							
	6	7	8	9	10	11	12
SN		1			1		1
HA							
PT							
MS							
OT							
ST							
OTH							

September							
	13	14	15	16	17	18	19
SN		1	1	1		1	
HA							
PT							
MS							
OT							
ST							
OTH							

September							
	20	21	22	23	24	25	26
SN		1	1				
HA							
PT							
MS							
OT							
ST							
OTH							

September / October							
	27	28	29	30	1	2	3
SN			1	1			
HA							
PT							
MS							
OT							
ST							
OTH							

October							
	4	5	6	7	8	9	10
SN			1				
HA							
PT							
MS							
OT							
ST							
OTH							

October							
	11	12	13	14	15	16	17
SN			1				
HA							
PT							
MS							
OT							
ST							
OTH							

October							
	18	19	20	21	22	23	24
SN			1				
HA							
PT							
MS							
OT							
ST							
OTH							

October							
	25	26	27	28	29	30	31
SN			1				
HA							
PT							
MS							
OT							
ST							
OTH							

November							
	1	2	3	4	5	6	7
SN							
HA							
PT							
MS							
OT							
ST							
OTH							

Total		
09/01/15 - 09/30/15		
SN	Planned	7
SN	Actual	6
HA	Planned	0
HA	Actual	0
PT	Planned	0
PT	Actual	0
MS	Planned	0
MS	Actual	0
OT	Planned	0
OT	Actual	0
ST	Planned	0
ST	Actual	0
OTH	Planned	0
OTH	Actual	0

Disc Employee ID#

Nursing Ethics

- Be courteous and respectful
- Proper attire, ID badge, good hygiene
- Proper introduction, explain purpose of the visit
- Build good rapport with patient and family

During the visit

- Wash hands before and after each patient
- Have proper equipment and supplies and disinfect between patients
 - Office will provide you with a basic wound care supplies, if applicable and upon request
 - You are responsible for other equipment such as BP cuff, stethoscope, thermometer, glucometer, pulse oximeter and weighing scale
- Each visit is at least **45-60 mins**
- Proper documentation

Bag Technique/Storage of Documents

- Clean and dirty side
 - Follow infection control measures
- Complete supplies and equipment at all times
 - Frequently missing supplies: CPR mask, BGM supplies
 - Extra forms, ex medication profile, flu shot consents, etc
- Proper storage/transportation of patient's documents/information
 - HIPAA
 - Opaque folder/binder in trunk or inconspicuous area of car

At each visit

- Ask about any recent changes in insurance coverage
- Do a complete head-to-toe
 - including the VS, BS (if diabetic), weekly weights (if CHF pt) and pain
- Skilled care needed
 - Wound care, Foley catheter care, G tube care, etc
- Medication reconciliation/check
 - Please note any changes in meds, write it on the medication profile and report to CM
 - If problems are noted, please notify the CM
 - Make sure they understand and comply with all their meds

At each visit

- SN Instructions
 - Provide written instructions for better retention
 - Use layman's terms, keep it simple and short
 - Breakdown complicated instructions into different sessions
- Ask what happened since your last visit
 - Report to CM, any falls, changes in medication, ER/hospitalization visits, MD appointments
- Address all of patient's needs and concerns
 - Listen to the patients
 - Make sure they are comfortable enough to share their problems
 - Acknowledge their needs but do not promise things like DMEs
- Make sure patients know who and where to call if they need anything
 - Call the office for any changes in patient's condition, patient's needs, problems with staff or services

Medications

- Make sure patients understand and comply with their medication regimen
- Report any issues with medications to CM/MD right away
- For new, changed or discontinued medications, please update the med profile
 - Write the medication completely, with start date and class
 - Ex: Keflex 500mg/tab 1 tab PO 4x daily x 7 days started on 4/5/15 for URI (class-F)
- For refills, please call the pharmacy a week before they ran out
 - If MD authorization is needed, pharmacy will usually take care of it. If they have problems getting the auth, then CM can help

Flu Season

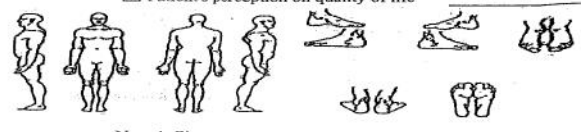
- October 1 - March 31
- Make sure patients get their flu shot
 - Whether from the MD ofc, pharmacy or home health
- Document when and where patient received it or if they refused it
- If your patient wants a flu shot, make sure they sign a consent and let the office know and pick up the medication from the office to administer at home

Wounds

- Wound measurement and treatment every visit
 - Document on notes
- Wound assessment page and picture once a week
 - Send pictures to medical records and after confirming receipt, delete from your phone/camera
- If wound does not improve in 2-3 weeks, please notify your CM for change in treatment
- It is YOUR responsibility to have the correct wound care supplies at the time of your visit
 - Give the office enough time to order special wound care supplies as we do not keep them in stock d/t prices and exp dates

Wound Assessment

WOUND ASSESSMENT	
Patient Name: _____	MR# _____ SOC Date _____
Assessment Date: _____	Treatment: _____
Wound Etiology <input type="checkbox"/> Surgical <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Pressure Ulcer <input type="checkbox"/> Diabetic or neurotrophic ulcer <input type="checkbox"/> Other: _____	
Anatomic Location of Wound: <input type="checkbox"/> Upper/lower chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Back <input type="checkbox"/> Sacrum <input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Other: _____	
Age of Wound: <input type="checkbox"/> Acute: post op < 7 days <input type="checkbox"/> Acute: post op > 7 days <input type="checkbox"/> Chronic: < 1 month <input type="checkbox"/> Chronic: > 1 month _____ cm diameter	
Size, Shape, Stage: Size: length _____ cm width _____ cm depth _____ cm Shape: <input type="checkbox"/> Oval <input type="checkbox"/> Round <input type="checkbox"/> Irregular <input type="checkbox"/> Other: _____	
Stage of pressure ulcer: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Unable to stage; ulcer necrotic	
Sinus Tract, Tunneling, Undermining: Fistulas: <input type="checkbox"/> None <input type="checkbox"/> Present: located _____ at _____ o'clock, _____ cm depth	
Exudate: Amount: <input type="checkbox"/> None <input type="checkbox"/> Scant <input type="checkbox"/> Moderate <input type="checkbox"/> Large Color: <input type="checkbox"/> Serous <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Sanguineous Consistency: <input type="checkbox"/> Thick <input type="checkbox"/> Purulent <input type="checkbox"/> Milky <input type="checkbox"/> Clear	
Sepsis: <input type="checkbox"/> Systemic <input type="checkbox"/> Local <input type="checkbox"/> Both <input type="checkbox"/> None <input type="checkbox"/> Odor present: _____	
Surrounding Skin: <input type="checkbox"/> Erythematous <input type="checkbox"/> Edematous <input type="checkbox"/> Intact <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Induration <input type="checkbox"/> Dry <input type="checkbox"/> Other: _____ <input type="checkbox"/> Discolored	
Maceration: <input type="checkbox"/> Not present <input type="checkbox"/> Present _____ cm, location _____	
Comments: _____ _____ _____ _____	
Edges, Epithelialization: Edge: <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Rolled Surgical incision: <input type="checkbox"/> Approximated <input type="checkbox"/> Open <input type="checkbox"/> Sutures/staples intact Epithelialization: <input type="checkbox"/> Present, _____ cm <input type="checkbox"/> Not present	
Necrotic Tissue: <input type="checkbox"/> Present <input type="checkbox"/> Not present Type: <input type="checkbox"/> Yellow slough <input type="checkbox"/> Black <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Stringy	
Tissue Bed: Granulation Tissue: <input type="checkbox"/> Present, _____ amount % <input type="checkbox"/> Not present <input type="checkbox"/> Moist <input type="checkbox"/> Dry	
Tenderness or Pain: Pain Scale Score: scale of 0-10 where 0 = no pain: _____	
Pain Present: <input type="checkbox"/> On touch <input type="checkbox"/> Anytime <input type="checkbox"/> Other <input type="checkbox"/> Only when performing wound care	
Pain Management: Specify method: _____ Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Status: Wound Status: <input type="checkbox"/> Improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Healing <input type="checkbox"/> Deteriorating* Initial assessment date _____ date _____ date _____ date _____ * Notify Physician*	
Supportive Therapy: <input type="checkbox"/> Compression <input type="checkbox"/> Off-loading <input type="checkbox"/> Pressure relieving mattress <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Patient's perception on quality of life	
Nurse Name and Discipline: _____ Nurse's Signature: _____	



Route Sheet

- Single page, if possible, use one for each patient (max of 10 visits per route sheet)
- Make sure information on you route sheet matches your notes
- Original copy goes back to the office with your notes. If you have an access to a scanner, it is advisable to scan all your route sheet just in case you misplace them.

Route Sheet



ANGELUS HOME HEALTH

10722 Arrow Route, Unit 304-A, Rancho Cucamonga, CA 91730

Tel: (909) 999-0587 ~ Fax: (909) 999-0026 ~ Email: angelushomehealth@hotmail.com

ROUTE SHEET

Patient Name:	<input type="text"/>	Medical Records No:	<input type="text"/>
Employee Name:	<input type="text"/>	Employee Signature:	<input type="text"/>

	Date	Visit Time In	Visit Time Out	G-Code	Specific Visit Code	Patient/Caregiver Signature	Comments
1				G01			
2				G01			
3				G01			
4				G01			
5				G01			
6				G01			
7				G01			
8				G01			
9				G01			
10				G01			

G-CODES

G0299 - RN Evaluations/Follow-up/Teachings
G0300 - LVN Follow-up/Teachings
G0159 - PT Maintenance - Eval / Follow-up
G0151 - PT Restorative - Eval / Follow-up
G0157 - PT Assistant Follow-up

G0160 - OT Maintenance - Eval / Follow-up
G0152 - OT Restorative - Eval / Follow-up
G0158 - OT Assistant Follow-up
G0161 - ST Maintenance - Eval / Follow-up
G0153 - ST Restorative - Eval / Follow-up
G0156 - CHHA Follow-up

SPECIFIC VISIT CODE

01 - Start of Care
02 - Follow-up
03 - Non-Visit / Refused
04 - Supervisory
05 - Administrative
06 - Recertification
07 - Resumption of Care
08 - Discharged
09 - IV Therapy
10 - Blood draw/Injections
11 - Wound Care
12 - Non-Billable Visit

*** Report only one code per discipline; report the G-code which reflects the service for which most of the time was spent during that visit ***

Med Rec: Initial _____
Audited Notes: _____

For Accounting Use Only:
Total - Transaction Count _____



Good Communication

- Report any changes in patient condition or issues to the office
 - Falls, changes in meds, MD appointments, issues with staff, change in insurance, etc
- Report any abnormal vital signs, BS or pain levels to CM or MD (depending on MD)
 - Do necessary intervention before calling
 - Do not leave the patient unstable
- Make sure your verbal report matches your notes

QUESTIONS ???

- Please do not hesitate to call the office/case managers for any questions regarding your patient, your visits, your plan of care, or anything pertaining to your patients.
- We have on-call staff 24/7
- Angelus Home Health
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Rancho Cucamonga, CA 91730
Tel: (909)999-0587 Fax: (909)697-2179
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