# VNS Staff Meeting August 16, 2023

# Agenda

- Welcome refreshments
- Introductions, Welcome Sarah Daugenti , RN
- Case conferences and communication
- Best Practice At SOC, Initial visits ROC and Recerts.
- ED and Hospital discharge- what is needed on the next visit
- ORDERS
- Wound Care pictures and measurements
- Review new work flow ( med reconciliation and request for MOLST/ DNR )
- Phone number policy
- On-call schedule
- Annual in-services
- Reminderly
- Questions/Answers
- Next meeting

## Case conferences

- Case conferences must occur
- Will include IDT members.
- Two weeks after SOC
- Prior to DC a patient.
- Prior to Recertification.
- Can occur anytime there is an issue concern or change.
- Please note we are discussing skilled need, reason for dc, ensure safe DC and compliance with visit frequency

# Case conferences cont.

• A LUPA stands for Low Utilization Payment Adjustment and is a per visit reimbursement to a home health agency when they do not meet a minimum visit threshold. This differs to the traditional reimbursement model for home health, which reimburses at a lump sum per 30 days.



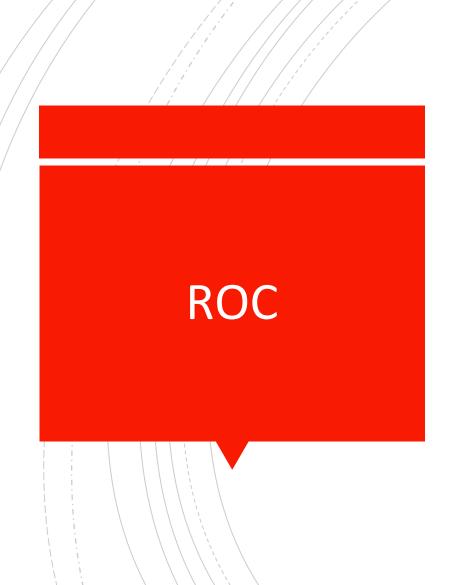
- Why the patient is being opened for services- what does the referral state?
- SN for medication management and education , wound care ? PICC ?
- PT/OT for strengthening, and balance due to falls? PT?OT for post operative knee or hip Fx. ?
- SN for cardio Pulmonary assessment by MD or is it post ED visit or post hospital stay
- SOC ensure that orders for each of the disease process are selected, if they are not please indicate in narrative note, the reason they were omitted.



- Must be homebound & document homebound status.
- Medicare considers you homebound if: You need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave your home, or your doctor believes that your health or illness could get worse if you leave your home".
- Frequency of services, obtain VO
- Medication reconciliation
- Summary / narrative should include all of the above

### **Initial Visit**

- Initial visit
- Will include f/u on medication reconciliation
- Orders are in place
- Teaching infection, medication interactions/side effects, when to call PCP, when to call us. Refer to SOC packet.
- Collaboration with Rehab director, Teaching needs, f/u needs, communication with PCP, to the visit frequency align with the patient's needs.
- Summary / narrative



#### Resumption of care

- After a patient has been hospitalized and is returning home
- Patients must be placed in transfer status during the admission.
- ROC visits, must include dc instructions, changes in medication regimen, teaching to dz/medication changes.
   Reconciliation of any discrepancies.
- Summary/ narrative.

### Recertification

#### Recertification

- Two weeks before Recertification Shirley will fax the medication profile to PCP
- Two days later, RN CM are expected to f/u with any med discrepancies and complete reconciliation.
- Case conference to identify continued SN, DC needs and plan to recert or dc.
- If not recertifying, document safe DC. Family educated, plan for next visits etc

# ED and Hospital discharge- what is needed on the next visit

- What to include in post ED or hospital discharge visits as required by VNS
- \*\*The items below are what any NYS DOH surveyor will look for when reviewing charts.
  - In the summary document reason for the visit which should be seeing patient for post discharge from ED visit or discharge from hospital stay. **Identify the hospital/ED by name**.
- Include the date of ED or hospital admission and date of discharge from ED or hospital admission.
- Document why patient went to ED or why admitted OBV or inpatient and what the discharge diagnosis was.
- Document any new meds prescribed or discontinued by hospital providers which is included in discharge paperwork.
- Do med teaching with teach back and document this.

# ED and Hospital discharge- what is needed on the next visit cont.

- Update the MARs in NDOC.
- Enter any new orders into NDOC such as: labs due, discharged with knee immobilizer, oxygen order, etc.
- Review discharge instructions with patient which should include any orders and include teach back and document this.
- Regarding provider follow up which is always in all discharge instructions:
- Document if patient has made the appointment and when it is or if patient is refusing to go and provide education with teach back and document this also.
- Add appointment to patient calendar.
- Report any pertinent findings during visit to PCP and document you did so. Enter an activity note for this phone call.

# Wound care

#### Wound care

- Wound measurement and pictures weekly and if there are can changes.
- All pictures are to be sent to LPN support Specialist email swestervelt@vnsithaca.org
- Pictures will be saved and uploaded to NDOC from email
- Wound vac every order must include, white or black foam, have suction, a physician / practice that will over Wound vac and wound care, can have 2 visits per week, the third will need to be wound clinic.

# Phone use and patient safety

#### Phone Use and Patient Safety

It is VNS policy that employee phone numbers are not given to our patients

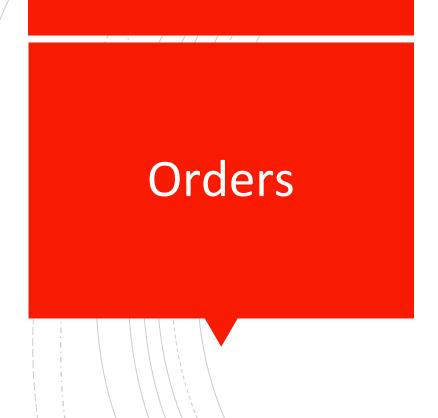
- This is for your safety as well as our patients
- If a patient has your cell phone number and does not reach us through the office number where there is a nurse on call 24/7- it puts you on call 24/7! You are responsible for handling these calls because you are the only one aware of the call.
- Each employee is given a cell phone to use for work
- These phones are set up with a caller identification that says VNS (not the caller number)
- If you text a patient the caller number is not blocked and the patient will have your phone number

It is also a VNS policy that you do not text your patients since this gives them your phone number.

- Use our centralized system to send texts to our patients.
- VNS has just secured a system called "Reminedly" where a text can be sent to patients from a
  computer and no phone number is exchanged. The number of users for this system is limited so
  if you need a text sent, please notify our LPN Clinical Support Team to send the text message.

## **Every visit**

- Refer to orders, they are the Plan of Care.
- Ask about, changes in medication regimen, additions or subtractions, any OTC, any concerns, issues.
- Any visit to the ED , Next MD / appointment
- Discrepancies must be documented including notification PCP , reconciliation ..
- Teach, teach, and once done can remove the order.
- Ex. When remove a PICC, the PICC line orders should be DC.



#### Orders

- Orders are the plan of care.
- SOC and Initial visits the MD orders must align with diagnoses.
- Teaching orders.
- Once teaching or treatment is completed, the orders must be DC.



- All medication orders must have name of medication, dose, frequency and end date (prednisone, anbx, etc)
- All IV medications need to include, name of medication, dose, solution and volume of solution, rate of infusion, frequency, end date and how to be infused. Pump etc.
- Include name and number of Infusion vendor.
- PICC line orders , orders for Blood draw dates
- PICC removed , must DC orders for PICC

## Reminderly

- Update on Reminderly
- Calls to let patients know of next day visits



# On call schedule

- Tara will be joining our team 8/21/23
- She will be covering M-F 5-8am
- Team will pick up Saturday 8am to 8am and Sunday 8a-8am
- Weekday coverage as needed 5p to 8 am
- Holiday begins at 8a.



# On call schedule

#### ON CALL CALENDAR

ON CALL TIME INCLUDES TWO DIFFERENT DAYS BUT THE DAY YOU ARE SIGNING UP TO COVER IS THE <u>START</u> DAY OF THE COVERAGE TIME WEEKDAY COVERAGE STARTS AT 5:00 PM ON THE DAY YOU ARE COVERING AND ENDS AT 8:00 AM THE NEXT DAY WEEKEND AND HOLIDAYS START AT 8:00 AM ON THE DAY YOU ARE COVERING AND ENDS THE NEXT DAY AT 8:00 AM.

|          |             |                 |     |                         |     | V | VEEKDAY            | ON CAL           | L             |                  |  |       |          | WEEKEND ON CALL             |             |     |                  |     | HOLIDAY ON CALL |        |                   |               |                   |
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# On call changes

- ON CALL TIME INCLUDES TWO DIFFERENT DAYS BUT THE DAY YOU ARE SIGNING UP TO COVER IS THE START DAY OF THE COVERAGE TIME
- WEEKDAY COVERAGE STARTS AT 5:00 PM ON THE DAY YOU ARE COVERING AND ENDS AT 8:00 AM THE NEXT DAY
- WEEKEND AND HOLIDAYS START AT 8:00 AM ON THE DAY YOU ARE COVERING AND ENDS THE NEXT DAY AT 8:00 AM.

# Annual in-services

- We will be working on Annual in-services
- Health assessments
- Supervisory visits
- Performance evaluations

### Next meeting

- We welcome topic ideas.
- Dynamic Health is a Educational resource program that CMC is going to make available us.
- More to come!

