# Professional Case Management New Employee Orientation Guide



Updated 3/31/2010

# Chapter 1 – Welcome to the Team

#### Welcome

Welcome to Professional Case Management. We are delighted to welcome you to our team. At Professional Case Management, or PCM as we refer to ourselves, you will find a highly specialized Home Health Services Company. While our services are specialized, our mission is simple: we are dedicated to delivering care that enhances the quality of life for our valued clients in the most private and healing of environments – their own home.

### We pride ourselves on being:

- A specialized home health care provider
- Dedicated support to clients with extensive treatment and long term care needs

### About PCM

PCM is the nation's premier provider of in-home nursing services for:

- Former Uranium Miners, and
- Former Nuclear Weapons Workers

Our allegiance to this group of veterans led us to establish the Cold War Patriots, a



non-profit organization dedicated to giving back to former workers.

Another group of distinguished clients for whom we provide care includes individuals with spinal cord injuries, traumatic brain injuries and other severe work related impairments.

### **Orientation Video**



Please follow along with the orientation video. At the conclusion of the video you will be instructed to complete a brief test to confirm your completion and comprehension of the topics covered.

# **Chapter 2 – Getting Started**

As a home care provider most of your time will be spent working independently, so good communication is vital to your success. Understanding the structure of our company will help you as you have questions or encounter new situations.

### PCM Departments

PCM is made up of several departments with whom you will have regular contact:

- Human Resources
- Staffing
- Clinical Operations
- Payroll
- Community Outreach

### Human Resources staff:

- Conduct the hiring process
- Will periodically contact you to ensure your required credentials, such as professional licensure and CPR, are up to date
- Are available to answer any general questions you have

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A New Employee Checklist contains items needed to complete the hiring process.

Most of the items must be received prior to starting work, so please carefully review the New Employee Checklist to ensure you have provided all the necessary items.

### Staffing Coordinators

Now that you are hired, your Staffer will be notified that you are ready to begin work. You will have frequent contact with your Staffer regarding your specific work assignments.

Staffing Coordinators are responsible for:

- Communicating with you regarding your availability
- Creating the schedule of care providers for our clients
- Making necessary adjustments to a clients schedule
- Responding to on-call inquiries related to scheduling issues

In order to receive work assignments, you will need to communicate your availability in a timely manner. Client assignments are a shared responsibility between you and your Staffing Coordinator. As a new employee, you should proactively make contact to ensure your scheduling preferences are understood.

### **Scheduling Procedures**



On an ongoing basis, there are several important procedures to follow regarding scheduling of your shifts:

- Inform Staffing Coordinator of preferences using email, phone, or the Caregiver Availability Form (example on right →)
- Provide availability by the 10<sup>th</sup> of the month, for example, April availability is due by March 10<sup>th</sup>
- Request vacation with at least 2-weeks advanced notice
- If your availability changes after the schedule is published, you are responsible for finding your own replacement

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• Our staffing requirements change frequently, so contacting your Staffer on a regular basis will help you receive more assignments

In general, the sooner you provide your availability and the more frequently you have contact with your Staffer the more likely you are to receive your requested schedule.

### Unexpected Schedule Changes

Occasionally, you may need to request an unexpected or last-minute schedule change due to illness or emergency. Every effort should be made to avoid these situations, as they put our clients at risk of not receiving the care they require.

### **Arriving late:**

• Immediately notify both your Staffer and the client if you expect to arrive late to a scheduled shift

### Unable to fulfill a shift:

• Please provide at least two hours advanced notice



During Business Hours	Outside of Business Hours
If you are calling <u>during normal</u> <u>business hours</u> , 8am to 4pm, Mountain Time, Monday - Friday:	If you are calling <u>before or after normal</u> <u>business</u> hours, when the office is closed:
Contact your Staffer directly by phone. If the Staffer is unavailable, ask to speak to another Staffer or to your Regional Director.	Contact the on-call Staffer by phone. You can reach your Staffer by calling 303-263-9165 or by calling the main toll free number 866-776-0127 and follow the appropriate prompts.
You may leave a voice message; however you must also speak to someone in person to ensure that efforts to replace your shift begin immediately. Also contact your local Case Manager regarding the situation.	If there is no answer, leave a message, and your call will be returned within 30 minutes.

It is essential that you follow these procedures to ensure that we have adequate time to meet the needs of our clients. Also, a no-call-no-show can result in disciplinary action up to and including termination.

Occasionally your Staffing Coordinator may contact you to see if you are available on short notice to fill a vacant shift. We understand that you may not always be able to assist in these situations, but your responsiveness to our inquiries is greatly appreciated.

### Clinical Team

As a member of the clinical team, you will report to a Case Manager and a Regional Director of Clinical Operations. Your immediate supervisor is your local Case Manager with who you have the greatest amount of contact. The Case Manager is a Registered Nurse who is assigned to one or more clients.

Case Manager Responsibilities

- Conducting the initial assessment on new clients
- Assisting in the development of the client's home plan of care
- Interacting with the client's treating physician
- Addressing client inquiries
- Direct supervision of all care staff, including RNs, LPNs and home health aides

### **Regional Director Responsibilities**

Your Regional Director is responsible for oversight of all clinical operations including:

- Providing oversight of all clinical operations
- Ensuring compliance with policies and procedures
- Providing regulatory compliance
- Providing quality improvement initiatives
- Addressing client issue resolution
- Conducting training workshops
- Oversight all direct case staff, including Case Managers

Direct all clinical related questions or concerns to your local Case Manager or your Regional Director. For life-threatening emergencies call 911 immediately.

### Other Departments

There are two other departments at the PCM home office with whom you may have contact:

- Payroll
- Community Outreach

The Payroll department is available either by phone or e-mail to assist you with questions regarding your paycheck.

The Community Outreach team regularly travels to assigned territories to provide education to local hospitals, physicians, and other community organizations about our services.

As you can see, communication with many different departments and individuals within PCM team is vital to your ongoing success and productivity.

Human Resources Summary



- If you know your credentials are expiring, proactively send in your renewal information to HR.
- Staffing Coordinators will assist you with your schedule and assign you to new clients
- Case Managers will be your immediate supervisor and your primary contact for clinical related issues or questions regarding the client
- Regional Directors have ultimate responsibility for all clinical operations and are available to assist you with clinical issues and ongoing training

If your credentials are expiring, send in your renewal information to HR. You can fax to 888-950-8989. If your credentials expire, you will be taken off the schedule until the proper renewal information is received.

# **Chapter 3 – Clinical Operations**

Regional Directors at PCM oversee of clinical operations and the supervision of all direct care staff and Case Managers. You will be assigned a director based on where you live. Most Regional Directors are based in the home office in Denver and frequently travel to our territories to meet with clients, staff, and conduct training workshops.

### **Providing Care**

The tools and information you need to get off to a productive start in providing care to our special clients include:

- Boundaries in Home Care
- Getting Started
- Documentation
- Safety
- Reporting
- Client Death

### **Boundaries in Home Care**

Providing care in the home setting is one of the most rewarding experiences for a professional caregiver, as you are able to witness firsthand the impact you are having on the client and their family. However, providing one-on-one client care in the privacy and comfort of a person's home also presents some unique opportunities and challenges.

Since a person's home is the most private and intimate of settings, it is vitally important we always:

- Respect our clients as individuals
- Remember we are a guests in the home
- Respect the values and norms of the client and family, even if they are different from the ones to which we are accustomed
- Maintain professional boundaries at all times

As the healthcare professional, the responsibility for maintaining the proper boundaries rests solely with you.

### Simple and common courtesies:



- Bring your meals to work with you in an insulated container for shifts longer than 8 hours
- Never bring friends, family, or animals to a client's home
- Never discuss personal or workplace problems with a client
- Smoking is discouraged, and is never permitted in the presence of the client
- While on the job, no personal calls

Remember in the home care setting you are the professional care provider, and it is your responsibility to ensure the needs of the client remain the top priority.

### **Getting Started**

Upon receiving a new assignment you will be provided an orientation to the specific needs of the client. The orientation may occur by telephone or in person and will be provided by either the Case Manager or another care provider who is familiar with the client.

Client Specific Orientation

• Contact your Case Manager to schedule your client specific orientation training



- Review the client's home plan of care before starting care
- Familiarize yourself with advance directives for the client
- All necessary supplies for care are in the home
- Contact your Case Manager with questions

### Dress Code

The dress code for employees providing direct client care is designed to ensure the health and safety of our staff and our clients. The following information should be used as a guide to appropriate clothing, footwear and appearance while on duty.

- Our standard uniform is medical scrubs. Some clients prefer you wear nonmedical, professional clothing. In these cases, contact your Regional Director for additional guidance.
- Standard uniform is medical scrubs.



- Clothing should always be neat and clean
- Wear closed, flat or low-heeled shoes
- Keep jewelry to a minimum
- Nails should be short, clean, manicured Artificial nails are not permitted
- Hair should be clean and well presented
- Refer to your employee handbook for the full dress code policy

Maintaining your personal hygiene is extremely important, as we work in close proximity to clients and their families.

### Arriving at the Client's Home

As the oncoming care provider arriving at the client's home, it is your responsibility to ensure you have complete and accurate information regarding your client. To ensure a smooth transition that protects your client follow these guidelines:

- Arrive early to receive an end-of-shift report from previous care provider
- Always review the home chart before starting care

If you ever have a clinical question, or find yourself uncomfortable with your ability to provide safe and quality client care, you should contact either your local Case Manager or Regional Director immediately.

In-home nursing gives the opportunity to provide one-on-one client care in an independent manner, but is important for you to be familiar with your scope of practice and to operate within appropriate limits at all times.

### Documentation

As you know, clinical documentation is required to record pertinent facts, findings, and observations about a client and is important in providing high quality client care. In addition to improving the quality of care we provide, documentation affects PCM's reimbursement for services provided.

### Quality Guidelines

Generally speaking, good documentation reflects good care. Here are some simple guidelines to ensure quality documentation:

- Always complete your shift charting while in the home. Never take the shift note home with the intent of bringing it back to the chart
- Ensure your handwriting is legible
- Avoid abbreviations
- Use only acceptable medical terminology



Chart at least every two hoursDocument according to plan of care

The home plan of care will list the client's active condition

The home plan of care will list the client's active conditions, proposed interventions, and goals. Use this as a guide to include in the client's clinical record.

### Safety

It is important you do your work safely, and that you assist your client in maintaining a safe environment and a safe workplace. By following these suggestions, you can greatly reduce your risk of accident or illness and improve your preparation for the unexpected.

- Think safety first always for both you and your client
- Follow client care instructions carefully
- Lift safely
- Ask for help if there is a hazard you can't resolve
- If you are injured on the job, notify your Regional Director as soon as possible, but no later than 24 hours after the injury



• Use the First Report of Injury form, in addition to notifying your Case Manager and Regional Director

In the home chart you will find a home safety evaluation. Please review the evaluation and periodically review it with your client.

### Standard Precautions

Protecting yourself from infectious diseases on the job requires knowing the facts, practicing good hygiene, and taking a few sensible precautions. The risk of transmission in a homecare setting is greatly reduced if standard precautions are followed each and every time.

- Wash hands often
- Use gloves to protect yourself
- Use gloves, gown, and mask as appropriate for:
  - o Droplet
  - o Airborne
  - Direct contact with blood or body fluids



Standard precautions mean treating all blood or body fluids as potentially infectious. You can't afford to take any chances, since it takes just one exposure to become infected with certain blood-borne diseases. Always report any unprotected contact incident to your Case Manager or Regional Director.

**Emergency Preparedness** 

Checking out your work area and preparing for emergencies with your client can save lives.



- Whenever a life-threatening emergency occurs, call 911. Provide the telephone number, address, nearest major intersection, and directions to the home
- Familiarize yourself with the emergency contact form located in the home chart. It contains a list of phone numbers that you will need to call in the event of a non-life-threatening emergency
- In the event an evacuation of the home is necessary to ensure the safety of the client, familiarize yourself and the client with the best procedures for evacuation
- On a regular basis ensure that smoke detectors are in place and working properly

Take time with each new client assignment to consider how you and the client will respond in an emergency.

**Reportable Occurrences** 

While working independently in the home, there are situations you may encounter that will require additional reports to your Case Manager or Regional Director. These include dealing with incidents, infections, suspected abuse or neglect, or complaints or grievances.

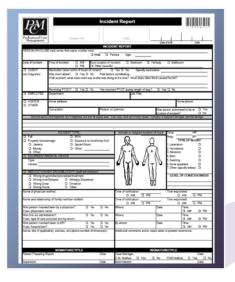
# Incident reports should be completed when an unexpected incident results in injury or adversely affects the client or an employee.



- Incidents should be reported immediately by telephone to the Case Manager or Regional Director
- Incidents should be documented on the Incident Report form.

### **Examples of reportable occurrences include:**

- Injury, endangerment, exploitation or mistreatment
- o Physical, sexual, or verbal abuse
- Misappropriation or misuse of a client's property or funds
- Drugs intended for use by clients diverted to use by another person
- Malfunction or misuse of medical equipment causing harm
- Medication errors
- Any occurrence that results in the unexpected death of a client
- Any criminal act toward the client
- o Procedure related incidents
- o Client falls
- o Spinal Cord Injury
- o Brain Injury
- o Missing Persons
- o Burns
- o Injury of unknown origin
- o Any serious incident or unusual occurrence



When completing the incident report, include only the facts and avoid making statements that affix blame, express opinions, or draw conclusions.

Infection Control and Prevention

Infection prevention is paramount, and hand hygiene is yours and your client's number one defense against infection. Reporting infections or infectious diseases is critically important in the surveillance, prevention, and control of infections among clients, employees and the community.

If a client has an infection or infectious disease identified after admission or if you have an infectious exposure, immediately report the occurrence to your Case Manager or Regional Director.



### All infections should be considered reportable.

Signs or examples of infections:

- Urinary tract infections
- Upper and/or lower respiratory tract infections
- Wound infections
- Peripheral or central venous access device exit site infections
- Fever of unknown origin
- Positive culture reports

Please refer to the Infection Prevention and Control Plan in the policy manual for more information or specifics for your state.

It is important to remember that the clients for whom we provide care often have a difficult time recovering from colds and flu. If you have a cold or other communicable illness, do not expose your client and contact your Staffer immediately.

Abuse, Neglect & Exploitation

Our clients have the right to be free from mental, physical, sexual, and verbal abuse, neglect and financial exploitation. As healthcare professionals we are obligated to report these occurrences.

### **Client Rights Violations**

All personnel providing service in a client's home are mandated to immediately report abuse, neglect, or exploitation (including suspected) of the vulnerable individual to the administrator or designee. All alleged incidents shall be investigated and documented within three business days.

If you suspect a situation involving abuse, neglect, or exploitation, immediately report the occurrence to your Case Manager or Regional Director. Specific guidelines for reporting are listed in your employee handbook.



Our clients and personnel have the right to voice complaints or grievances and request changes without discrimination, reprisal, or unreasonable interruption of service.

If the client has a complaint or grievance, encourage them to contact a Case Manager, Regional Director or Company Executive. All complaints or grievances will be investigated.

### **Client Death**

With our client population, you may be assigned to a case where death of the client is expected and imminent. Honest, open communication is important at the end of life to ensure the best possible quality of life. If you are assigned to one these cases, the Case Manager or Regional Director will provide additional guidance. When death is expected and imminent, you should maintain frequent contact with your Case Manager.

### In the event of client death:

- Familiarize yourself with the local reporting requirement when a death occurs in the home
- Contact your Case Manager immediately once death has occurred. The Case Manager will schedule a time to pick-up supplies and the clinical record
- Stay in the home until the proper notifications have occurred, including the Case Manager, family, and the physician
- Release all remaining medications to the family

# Chapter 4 – Payroll

Within this chapter is the information you need to know about how you get paid for the important services you provide. Let's get started by reviewing direct deposit.

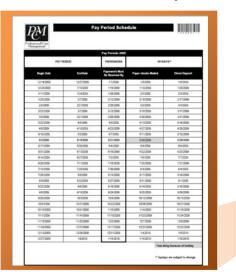
### **Direct Deposit**

- Highly recommended
- Automatically deposited in your bank account
- Fast and efficient
- Reliable no risk of lost mail
- Safe and confidential

The forms required to enroll in direct deposit were provided in your application packet. When submitting the completed forms, you must also provide a voided check. If you have any questions about these forms, contact Human Resources for more information.

Once you have enrolled in direct deposit:

- Your first paycheck will come as a paper check
- Once your account is confirmed, subsequent paychecks will be deposited automatically



Standard pay periods at PCM are every two weeks, unless the pay period falls on a holiday.

Payroll Items of Note:

- Your timesheet is due in the office by the Thursday before a pay day
- Paper checks are mailed on Monday
- Direct deposits are completed on Tuesday
- The payroll schedule also includes deadlines for submission of payroll documents



The documentation you complete as you provide care will also serve as your timesheet for payroll purposes, and will be used for PCM billing for services provided.

# 2010 Payroll Schedule



Revision Date 12/14/2009

### Pay Period Schedule



PAY PERIOD		PAPERWORK	PAYDAYS**		
Begin Date	End Date	Paperwork Must Be Received By	Paper checks Mailed	Direct Deposit	
12/13/2009	12/26/2009	12/31/2009	1/4/2010	1/5/2010	
12/27/2009	1/9/2010	1/14/2010	1/18/2010	1/19/2010	
1/10/2010	1/23/2010	1/28/2010	2/1/2010	2/2/2010	
1/24/2010	2/6/2010	2/11/2010	2/15/2010	2/16/2010	
2/7/2010	2/20/2010	2/25/2010	3/1/2010	3/2/2010	
2/21/2010	3/6/2010	3/11/2010	3/15/2010	3/16/2010	
3/7/2010	3/20/2010	3/25/2010	3/29/2010	3/30/2010	
3/21/2010	4/3/2010	4/8/2010	4/12/2010	4/13/2010	
4/4/2010	4/17/2010	4/22/2010	4/26/2010	4/27/2010	
4/18/2010	5/1/2010	5/6/2010	5/10/2010	5/11/2010	
5/2/2010	5/15/2010	5/20/2010	5/25/2010	5/25/2010	
5/16/2010	5/29/2010	6/3/2010	6/7/2010	6/8/2010	
5/30/2010	6/12/2010	6/17/2010	6/21/2010	6/22/2010	
6/13/2010	6/26/2010	7/1/2010	7/5/2010	7/6/2010	
6/27/2010	7/10/2010	7/15/2010	7/19/2010	7/20/2010	
7/11/2010	7/24/2010	7/29/2010	8/2/2010	8/3/2010	
7/25/2010	8/7/2010	8/12/2010	8/16/2010	8/17/2010	
8/8/2010	8/21/2010	8/26/2010	8/30/2010	8/31/2010	
8/22/2010	9/4/2010	9/9/2010	9/13/2010	9/14/2010	
9/5/2010	9/18/2010	9/23/2010	9/27/2010	8/28/2010	
9/19/2010	10/2/2010	10/7/2010	10/11/2010	10/12/2010	
10/3/2010	10/16/2010	10/21/2010	10/25/2010	10/26/2010	
10/17/2010	10/30/2010	11/4/2010	11/8/2010	11/9/2010	
10/31/2010	11/13/2010	11/18/2010	11/22/2010	11/23/2010	
11/14/2010	11/27/2010	12/2/2010	12/6/2010	12/7/2010	
11/28/2010	12/11/2010	12/16/2010	12/20/2010	12/21/2010	
12/12/2010	12/25/2010	12/30/2010	1/3/2011	1/4/2011	
12/26/2010	1/8/2011	1/13/2011	1/17/2011	1/18/2011	

\*\* Paydays are subject to change

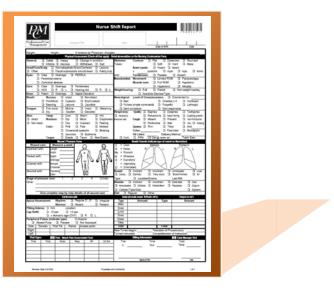
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Proprietary and Confidential

### **Timesheets**

Caregiver Timesheets vary:

- RNs and LPNs
  - Nurse Shift Report (example on right  $\rightarrow$ )
- Home Health Aides
  - Home Health Aide Report
- Personal Care Providers
  - PCP Report and Timesheet



Because your documentation is used for client care, payroll and billing purposes, there are several guidelines to follow when completing and submitting your timesheet.

### Accurate Documentation

- Complete all documents thoroughly
- Use the exact name on your IDs
- Avoid:
  - o Nicknames
  - Middle names
  - o Initials
  - o Abbreviations
- For the overnight shift, provide the date of the day you started work
- Paperwork is processed by an automated system

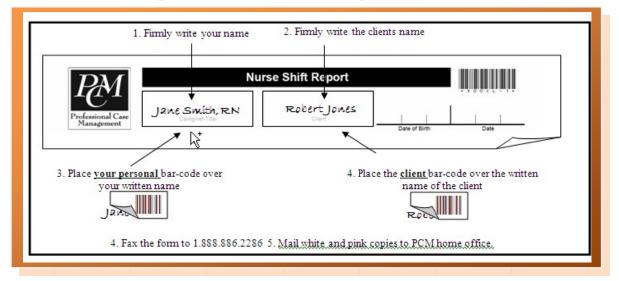
Because the documentation you submit is also used for billing insurance companies, clients, and third party payers for our services, accurate and honest reporting of all documentation is critical. Falsification of time spent is grounds for immediate dismissal.



### **Identification Labels**

After your first paycheck, you will be provided labels with a unique barcode which identifies you as an employee. These labels are to be used on all submitted documentation so the paperwork can be electronically processed.

- When completing your documentation, firmly print your full name and title in the box labeled Caregiver/Title
- Place your unique bar code label over the printed name



### Submitting Completed Forms

- Paperwork is submitted by mail in pre-paid envelopes
- We provide postage-paid envelopes in the client's home for your convenience
- If you need more postage-paid envelopes, please contact your Case Manager

Your documentation should be submitted legibly and immediately following the end of your shift to ensure it is included in your paycheck. Employees who regularly submit paperwork late may be subject to disciplinary actions.



### Pay Rate

At this point an HR representative should have already discussed your rate of pay with you. If you have questions about your rate of pay, please contact HR.

### Shift Differentials

Shift	Code	Day	Time
Day	DAY	Mon - Fri	7 am - 7 pm
Night	NIGHT	Mon - Fri	7 pm - 7 am
Weekend Day	WE-DAY	Sat - Sun	7 am - 7 pm
Weekend Evening	WE-EVE	Sat - Sun	7 pm - 7 am

**PCM Holidays** 

- New Year's Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- Christmas Day

If working on a holiday, contact Payroll with questions about your hourly rate.

### **Orientation Pay**

- You will receive one hour of pay for completion of the orientation video and test
- You must successfully complete the orientation test and complete your first shift to receive orientation pay (example on right →)

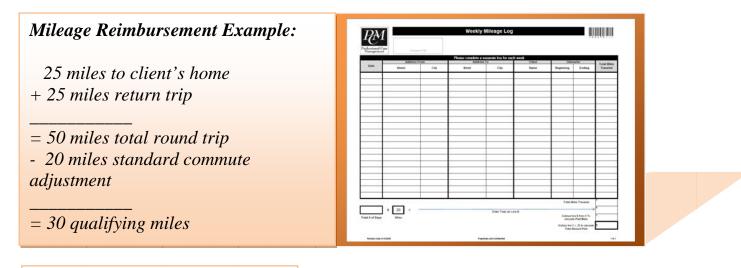


• If watching the orientation video for ongoing clinical documentation training class, talk to your Regional Director or Case Manager

### Mileage Reimbursement

Depending on the area in which you work and the type of service you provide, you may be eligible for mileage reimbursement or other travel incentives.

- Most employees qualify for mileage reimbursement
- Reimbursement is set at a per mile rate, minus a standard commute adjustment of 20 miles per round trip
- A separate Mileage Log Report should be submitted for each week worked
- Mileage Logs must be submitted weekly in order to be reimbursed.



### **Travel Incentive Bonus**

In special circumstances, we may offer a travel incentive bonus for caregivers who travel long distances, usually more than 60 miles one way. These travel incentives must be approved by Human Resources and are typically available only in areas where we have a severe nursing shortage.

In order to qualify for a travel incentive bonus:

- Must be **<u>pre-approved</u>** thorough HR
- Complete and submit a Travel Time Log for each week worked
- Travel Time Log instruction sheet will be provided by HR
- Travel Time Logs must be submitted weekly in order to be reimbursed.

**Contacting Payroll Department** 

We realize learning how to properly complete and submit your payroll documentation can be a bit overwhelming at first. If you have questions, please contact the Payroll Department at 1-866-776-0127, extension 4547 or by emailing payroll@procasemanagement.com.

# **Chapter 5 – Confidentiality, Compliance and Ethics**

There are three additional and very important topics that you must know.

Confidentiality, Compliance and Ethics

- Confidentiality in the home setting
- Confidentiality and non-solicitation agreement
- PCM corporate compliance program

### **Client Confidentiality**

Our clients have the right to confidentiality of all records, communications, and personal information. As a provider of home health care services, you may have access to sensitive and private information about your client and their family. Your client may share thoughts and feelings related to family issues, financial challenges, or other personal information.

Confidentiality is a serious issue for everyone and is especially important in the home care setting. You must make confidentiality a top priority and follow these guidelines:

- Only discuss client information with appropriate staff and caregivers
- Never discuss any client information with family or friends
- Never discuss client information in public
- Refer questions from others to your Case Manager



- Never discuss any details about one client's situation with another client
- You have an obligation to report potential harm to a Case Manager

**Confidential Company Information** 

Remember that HIPAA regulations apply in the home care setting. During the course of your work you may have access to confidential and proprietary company information as well.

### **Examples of confidential and proprietary information include:**

- Business procedures
- Referral sources
- Proprietary forms
- Training materials
- Client information
- Other information and materials

The above information is protected under the confidentiality and non-solicitation agreement you sign when becoming a PCM employee. (example on right  $\rightarrow$ )

# The agreement provides conditions regarding:

- The non-solicitation of clients and employees during and after your employment
- Your duties and obligations upon separation from employment



Be sure to familiarize yourself with the confidentiality agreement and your obligations. Contact Human Resources if you have questions.

**PCM Compliance Program** 

The reputation of our company depends on the personal integrity of every employee, and each of us is responsible for maintaining the trust of our clients. PCM is committed to promoting strong business ethics and accountability within the company and has an established Corporate Compliance Program.

The PCM Compliance Program aims to:

- Promote and monitor compliance
- Prevent submission of erroneous claims
- Combat fraudulent conduct

### Your Responsibilities

As a caregiver providing services in the home, you play an important role in sustaining our reputation of being an **honest** and **responsible** provider. Each employee is responsible for ensuring their own ethical behavior.

You can also help by identifying and reporting any illegal or unethical conduct. **PCM has established a confidential Compliance Hotline to report inappropriate or non-standard practices.** To make a report, call 888-916-8989.



PCM is committed to remaining current in professional standards of care, and to honesty in all dealing with:

- Clients
- Client families
- Insurance companies
- Third-party payers

Thank you for participating in the PCM new employee orientation. After the video ends, please complete the test designed to confirm your completion and understanding of the topics covered. Once the test is completed, please fax or mail the test to HR at 888-950-8989 or Human Resources, Professional Case Management, 1600 Emerson St. Denver, CO 80218.