

Employer-Employee Relations, Resident Care, Abuse, Neglect & Misappropriation

Your Life on the Job – Your Employment

- I) Your job life:
 - Responsibility to Employer & to each other
- II) Resident Care Issue:
 - Quality of Care & Quality of Life

Responsibility to Employer / Each other

This is most fundamental. Resident care follows from this being done well. The policies, encouragements, work assigned are to enable you to work together and make the resident's lives as good as possible.

To Employee:

- Be at work on time.
 - People rely on your coming in on time to be relieved..
- Don't call out on short notice – very hard on others you work with.
- Don't call out without cause.
- **Dress** like you are showing your residents respect – this is their home, not yours. Wear appropriate clothing (scrubs ideal in health care), speak appropriately, don't shout, put down or insult patients - even by implication. An unheard insult is still an insult.
 - **You might wonder if dress is not just an old fashioned concept. OK to dress casual – Just reflect your care for the home and yourself.**
- No alcohol, no drugs, no marijuana – not in use, not on site. (*smoking - 20ft. outside by LAW*)
- Commitment to expectations of the job;
 - Sign and date all medical/clinical documentation
 - Follow medication administration procedures
 - Follow your residents times
 - Stay attentive – know if med. requires parameters – Vitals, Blood Sugar w/insulins, and be sure to deliver as scheduled.
 - Document a patient med refusal! Circle initials and note on back.
 - We can request discontinuance if no apparent need for the med.
 - Do NOT give another patient's medication (regardless of circumstance) to a resident who does not have their meds – CALL your ON-CALL every time if in this position and DOCUMENT THAT YOU HAVE MADE THAT CALL on that patient's ADLs (nurse's notes).
 - Be sure signature is on back of every MAR page – write it in on all pages first of month.
 - Keep a clean cart
 - Copy MAR list for appointments
 - Be sure the MAR is complete
 - FAX all new or changed medication orders to Diane
 - Do not run out of medications – reorder on time!
 - If run out of Med, or miss Appointment, call your On-Call and DOCUMENT reason & attempts to avoid in ADLs.
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 - Keep a clean resident! – Comb or Brush hair, cut nails, bathe per schedule.

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We have a problem with missed appointments in one of the houses. So as a reminder, if someone returns from an appointment, go out of your way to ask if another was scheduled. If they give you an appointment card, BE SURE to post it to the appointment calendar.

CELL PHONES – Do not spend time on your cell phone at work, unless calling a home or contact or very briefly otherwise (check email). Do not peruse Facebook, Instagram, Twitter, or other personal sites.

- There is always something to do with residents – talk to them, think about how to get them engaged in something other than ‘bearded men making bootleg whiskey in the Appalachians’, or ‘pulling crabs out of the Bearing Sea.’
 - Know resident schedules for your shift – showers, appointments, etc.
- **CHAIN OF COMMAND – Very Important**
 - Call the ON-CALL (NOT DIANE) for all issues – including staffing no-shows, resident issues like resident behaviors with staff or other residents.
 - Do Not call Diane unless instructed by On-Call unless an emergency.

To your colleagues:

- Understand you are part of a **TEAM**.
 - Keep a clean house – Day/Night shifts have defined responsibilities
 - **Rounding:** Oncoming shift has a right to point out what was not done by the outgoing shift – **it isn’t personal** – the employer requires this. Your other employees in the house will respect your positive response.
 - **In fact,** Point out what you were not able to get to so the following shift can cover, as an exception (of course).
 - Both residents and other home members rely on you doing your part. And your employer expects it, requires you to strive to do well. Self-respect, pride in your work, is your own internal motivator.
 - You don’t have to like everyone you work with. But you need to be civil.
 - Use your Supervisor or On-Call for significant concerns. If your supervisor is the issue, speak to Diane. That is her expectation.
 - Good Teams develop over time).
 - ...they happen by everyone doing what they should!
 - ...and that comes (I believe) from personal self-respect for the work one does.
- Don’t talk negatively about another staff member, or what they do or do not do, in front of a resident. If you have a problem with another’s performance or you feel angry, take it into a back room and resolve it respectfully.

To your Patients:

- Do showers as scheduled, nails, brushing hair and cutting facial hair.

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- Snacks at 10 and 2, and ACTIVITIES!
 - Have an Activity Log & note
 - Mischief comes of boredom.
 - APPOINTMENT DAY is the day for residents to get out and into life.

Abuse, Neglect (also Misappropriation or Exploitation = Theft)

Abuse can be physical or verbal. Both are prohibited.

- Physical abuse is obvious.
- Verbal abuse includes name calling, insults of mental or physical ability, OR a comment taken by a resident as an insult, or as demeaning. Whether actual or implied.

Neglect is the failure to provide needed care. It can be on purpose, or unintentional - like not remembering to provide a significant medication, or just don't get to a blood pressure when called for, etc. Also constituting neglect would be instances of, for example;

- Not being in licensed area of the building assigned to work when you are supposed to be.
- Not providing a meal because 'too busy'
- Not being alert to resident whereabouts
- Not satisfying a resident need where possible

In the area of resident neglect, be conscious always of whether what you are doing constitutes the failure to provide. If you are alone and you sleep, that is abandonment. If you work with another on multiple day shifts and you doze off briefly, be sure your partner knows and assumes the oversight of patient needs – and wakes you if necessary. This is an area in which working with another, and keeping communication open and frequent, is absolutely critical.

Golden Acres is a licensed provider of assisted living by the state of Maine. Regulations govern how we deal with abuse and neglect – most importantly, we simply aren't to have any. If you become involved in an accusation of neglect, progress notes and documentation you make at the time, and having followed your chain of command, will be critical.

Learn how to be vigilant always – be aware of who is outside and look to see everyone is safe, especially at night and especially in the winter; note safety issues and address them (loose cords, cloth on the floor); construction in progress and sharp instruments.

On the other hand – know your company policy and be sure your residents do as well, particularly important to be sure problematic residents (those who may make spurious accusations, change their story or in some other manner, aware or not, inconsistent in what they say or do) know company policy also. Telling residents policy which may circumscribe their behavior is NOT neglect or abuse. It is expected of a good provider.

Learn how to deal with your difficult residents. Some residents in residential care are have difficult behaviors and poor habits. Some have fits of rage, or are inappropriate in behavior in some manner. You do not have to be verbally berated or touched. Let the resident know you will return when they are appropriate and leave the room.

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Confidentiality

Privacy of resident records is regulated by federal law (**HIPAA** – Health Insurance and Portability Act). Medical records, or anything with personal medical information on it, have to be kept confidential.

- Clinical Chart – isolated or locked when not in use AND you are present, if a public area
- MAR – To be locked in cart if not in use
- No cheat sheets with names and times – keep these with MAR

Besides Records, confidentiality also applies to talking about a resident's condition.

- The only person you can talk to about a resident's medical condition is one "**With a Need to Know**". Only on site – do not talk about residents away from work.
- Family members OK to know about a residents situation – but ask resident for permission, unless an acceptable current practice.
- No one else w/o clear permission can have resident information. If a person is not to receive resident information there will be a note in their chart.
- NO information regarding someone you think doesn't need to know, not a family member and maybe does not have resident's best interests in mind
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Again, confidentiality includes talk outside of the building about residents, off the clock.

Residents have access to their charts by law. Do not tell a resident they cannot see their own information. If a guardian or personal representative asks to see a resident's chart, they too can see it.

Get verbal permission for a family member unless you know they have permission, but best to document you asked the resident anyway. Also ask if they have a concern you can help them address.

Dietary

There are planned meals for each day, and we need to prepare those on menu, having one substitute. If you cannot make the scheduled meal, provide something of equivalent or similar quality (nutrient value, e.g., a meat for a meat). There should be a substitution list that you would use to note the change – IS THERE IN YOUR GOLDEN ACRES HOME?

The state expects something of equal nutritional value to be offered if the planned meal is not served – e.g., meat or protein in place of fish – there is a dietary manual in house for this purpose.

Cleanliness

The house should be clean. The Night and Day responsibility list covers that.

Responsiveness

If a resident asks for something, they deserve a response. If they complain about something to you, they will be talking to others if something is not done.

A comment that you'll let them know in response to a concern - that you passed the issue along, when they can expect something will happen or a response given, or whatever may be pertinent - is good. Do not ignore complaints. If administration should get involved, let us know.

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Smoking

It is Maine state law that employees and residents cannot smoke in a health care facility. Smoking must be at least 20 ft. from a facility. We have a Smoking Policy which states this.

It also highlights that if a resident has been assessed to be unable to smoke independently, a staff member must be present when they smoke. This means that they may not be able to smoke as much as they want, or had smoked before.

We also have a Golden Acres Smoking Policy page which highlights this information. It also addresses how we are to handle the resident who smokes in his or her room, or who we have reason to believe smokes in their room. This policy needs to be distributed to your residents and signed by the resident. If they refuse to sign, write "Refused to Sign" and sign the form yourself, as you normally would. This form then is to be filed at the back of the admission contract.

Staff Sign-In Sheet

Know if your facility has a staff sign-in sheet. You are to sign in when you begin working and sign out when you leave. If you leave the premises for any reason, then you must sign in and out again. This is the house method of having employees confirm their presence.

Resident Sign-Out Sheet

There must be a resident sign-out sheet, and there will be expected to be one or more entries any day a resident leaves the facility alone or with a family member or friend, other than appointments. This is part of our need to know resident whereabouts. If the resident tells you they are leaving (to have a smoke or go for a walk), put them down – then be sure you notice when they return.

Exit Door Alarms

Know if your home might have an exit door alarm. If so, it must be active at least from dusk to dawn, during any snowstorm or bad weather, or whenever you will be spending time in a part of the facility that doesn't allow you to frequently monitor resident's whereabouts. People have frozen to death leaving health care facilities in Maine just because of a lack of vigilance, and alarms that were in place and activated. We get embroiled in our multiple tasks and tend to assume all is well with residents who have stepped out until we hear otherwise.

30-Minute Walkthroughs

The expectation here is that about every 30 minutes you walk through briefly upstairs and down, and in this process note if there are any residents needing assistance or at risk because of environmental hazards or, for instance, their position on near the edge of the bed. Especially be sure to know that you have seen every resident who, because of their physical disability or situation, or a potential excessive consumption of alcohol or angry behaviors, may be outside the facility without your having been aware in spite of best efforts.

Look out the windows, stay alert. If there is a snowstorm, know you have every resident in house and perform more thorough walk-about. General awareness in this sort of situation, even with a periodic walk-about, is just not enough.

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Administrative Oversight

A person serving as an administrator will review certain documentation periodically, especially the MARs, the ADL completions, occurrence of incidences and Incident Reports and progress notes, staff sign-ins and resident sign-outs and other documentation. He or she will also speak to residents about their experiences and care, and may become involved in resolution of a particular difficulty, or want to review the process involved. Do not be surprised if an administrator asks about any particular of the business or reviews any documentation.

There may also be periodic night call-ins or visits by administrative personnel to ensure appropriate staffing, communication throughout the facility and resident care.

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Attestation

I was present during this training, understand it fully, and have been given a chance to ask questions or discuss any portion of it. I understand these to be requirements of the job and performance expectations of the House. The topics covered include:

- Employer Expectations
- Employer-Employee Relations
- Relations among Staff Team Members
- Resident Quality of Care (personal care) and Resident Quality of Life (Activities & Environment)
- Professionalism in Dress and Attire
- Confidentiality as a legal requirement

I also received the Abuse, Neglect and Misappropriation Policy and have been given a chance at presentation to discuss issues related to

- Abuse
- Neglect
- Misappropriation
- Confidentiality as a legal requirement
- Mandatory Reporting

Certain operational protocols were discussed, which included at least:

- Staff sign-in
- Resident sign-out
- 30-minute safety checks
- Administrative night drop-ins and call-ins
- Smoking policy
- Exit alarms

Signed:

Name

Date