



1

2020 In-Review



- Detroit Free-Press Top Workplace - Top 5
- Initiated Hospice Service-Line with plans for first patient in 2021
- Logo update
- Office relocation to 24255 West 13 Mile Rd Suite 250 Bingham Farms, MI 48025
- Achieved a Home Health Compare Hospitalization Rate below State/National Average - 15.3%
- PDGM
- Achieved Preferred Provider Status: Beaumont Health, Reliance ACO, Envision Medical Group, DMC
- Finish the Year 4-star Quality/Patient Satisfaction
- COVID-19

2

Disaster Preparedness - COVID-19

- Current State - National, State, Local, OCI
- Guidance Overview
- ALF guidance - 13 beds or greater, other community partners
- Self-screen
- Clinical Care - PTG Emerging Infectious Disease
- Employee Testing
- Patient Testing
- Vaccination Planning
- Key Clinical Reminders

3

Disaster Preparedness -ALL

- Disaster Plan - Patient Orientation Book
- Planning for a disaster - Patient Orientation Book
- Triage/Disaster Code
 - Priority 1 - high risk pt, establish contact w/in 24 hour - typically dependent on electric source and/or no outside/friend/family assist; daily care required
 - Priority 2 - establish contact w/in 48 hrs; lives in private home with or with out a significant other of similar conditions; has access to outside sources, connected (phone, email, etc); no electrical device;
 - Priority 3 - establish contact w/in 72 hours; lives in a facility that would manage disaster needs; lives home w/family who serve as primary support/caregiver around the clock
- "811"

4

Infection Prevention and Control

- COVID-19/Respiratory Infections
- PPE Situation Update
- Mask Mandate - HCP's medical grade mask
- Handwashing
 - Soap/Water - 20 seconds, visibly soiled/dirty, cdiff
 - Hand Sanitizer - Rub until dry
- Sanitization
- Bag Technique Review
- SEPSIS Screen - nearing 100% compliance all disciplines! WOW! Great Job!
- Admission Kit Tools: Infection Control Stoplight, Handwashing Instructions, Wound Care Instructions, Sepsis Screening Tool, COVID-19 Resources
- Fit Testing

5


Quality Assurance/Performance Improvement - QAPI update



- Sepsis Screening
- COVID-19 Emerging Infectious Disease - Results to Come
 - Clinician self-screen done w/temp
 - Pt/cg screen
 - *Clear documentation of "negative screen", clear documentation of cg - cg 1, cg2 etc.
 - COVID-19 Handoff
- Effects of Comprehensive Care Planning on Hospitalization Risk Reduction - Results to come
 - Phase 1 PTG Roll-out - June 2019
 - Phase 2 PTG Hardwire - Mid August 2019
 - Phase 3 PTG/PDGM + Phase 2 - January 2020
 - Phase 4 QA/call in focus of care, PTG set-up - April 2020
 - Phase 5 All above, plus coding involvement - Sept 2020
- Respiratory Health QAPI - Hold March 2020

Comprehensive Results to come by end of year 2020 and will send out to ALL Staff

6

Patient Satisfaction - 4 Stars

-  Declines in communication, teaching/training (medicines, falls, pain), and scheduling visit

Big Deal - Publicly reported data; this truly reflects "YOU" and the agency as a whole
-  Patient/caregiver emails
-  Rocket Referrals/Google Review

7

New Trainings 2020 - Year in Review
Questions Refreshers

- COVID-19
- SEPSIS
- PTG

8

2021 To Come...

- CHAP Survey Year
- 5-day RAP
 - Review...what does this mean?
- Hospice - includes survey - employees interested in hospice please reach out to Erik Wilson and Betsy Posby
 - Medical Director: Dr. Andrew Adair
- COVID-19 Mass Vaccination - what does this mean?
- QAPI continuation of previously discussed
- 2021 Paperless Project

9

The 2021 Paperless Project



- No HARD COPY mailings for patient paperwork
- No PINK carbon copies
- ALL Admission/Paperwork directly into Wellsky or Forcura
- Taking FORCURA to the next level
- Save more trees
- Create more efficiency
- Improve timeliness of misc paperwork: Admission paperwork, NOD, teaching sheets etc.
- Improve use of technology while keeping a human level approach to patient care

10

Key Clinical Reminders COVID-19 – Optimal Care Inc. December 15, 2020



<p style="text-align: center;"><u>Incident Leadership</u></p> <p>Incident Command/Infection Control, Staff/Pt testing/Vaccines: Erik Wilson (517) 206-0559 *Direct all COVID or suspected concerns to Erik *Direct all COVID transfers to the hospital to Erik</p> <p>Supplies: Ashleah Hargrove (ordering) (248) 723-9613 Kasia Dryja (curbside pick-up) (248) 250-3682</p> <p>Business Continuity Coleen Murphy-Deorsey (734) 560-5800, Administrator Chris Kissel (248) 723-9613</p> <p>Clinical Manager Phil Loughheed (810) 938-8201</p> <p>Scheduling (includes COVID holds) Michelle Pipper (248) 377-2750</p> <p>Community Relationships (Facilities, physicians, etc) Jenni Myrick (248) 915-0309</p> <p>Social Work/Mental Health Sue Probert (248) 794-3094</p> <p>*If you ever have an infection control and/or COVID-19 policy/procedure question Contact Erik Wilson – NEVER GUESS, ALWAYS ASK FOR GUIDANCE</p>	<p style="text-align: center;"><u>ALL Staff Monitoring:</u></p> <p>Must perform temperatures 2x's daily</p> <ul style="list-style-type: none"> Document in each clinical visit note your previous temperature Document “no COVID related s/sx”; IF COVID RELATED S/SX DO NOT SEE PATIENTS, Report to Erik Wilson (517) 206-0559 Healthcare providers are considered essential, if you have a COVID exposure you may continue to work pending no s/sx. ALL providers are required to mask for all visits. <p>ALL STAFF: IF YOU ARE SICK, STAY HOME! For health care providers/essential employees, if you have any of the following symptoms:</p> <ul style="list-style-type: none"> Unexplained cough Shortness of breath Fever greater than 100.0 <p>If you have any symptoms DO NOT REPORT TO DUTY you must self-quarantine and do the following:</p> <ul style="list-style-type: none"> Notify Erik Wilson Obtain a test for COVID-19 If positive, follow current CDC/MDHHS guidance for isolation/return to work for health care providers (Erik will give you this information; https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html) If negative COVID-19 test you may return to work once illness symptoms are resolving. <p>Routine Staff Testing is available every 5 days on the following schedule: Monday, Friday, Wednesday, Monday, Friday, Wednesday etc., exceptions around holidays. Contact Erik for testing. You may also obtain testing from other outside sources (CVS, Walgreens, urgent care etc). Routine testing is not required by Optimal Care but may be required by certain community partners.</p> <p>Key Resources: https://www.michigan.gov/coronavirus/ https://www.cdc.gov/coronavirus/2019-nCoV/index.html</p>
<p style="text-align: center;"><u>Standard Infection Control QUICK Reminders</u></p> <ul style="list-style-type: none"> Handwashing – 20 seconds soap and warm water; use Hand Sanitizer when available; always wash hands for CDIFF or when visibly soiled/dirty; avoid touching your face Masks – Clinical staff must wear medical grade mask each visit. Encourage patients/cg to mask during visit if physically able; COVID +/-suspected pt/cg should be masking; Exchange mask at least daily. iPADS – no patient signature, do not take iPADS in COVID-19 positive or respiratory illness homes Bag/Equipment Technique Non-COVID/Non-Suspect – separate single use items from multiuse items, wash hands prior to each bag entry, rolling bags stay on floor otherwise bags go on barrier or clean hard surface, disinfect all equipment after use Bag/Equipment Technique COVID/Suspect – take only what is needed in home; if unable to use single use equipment disinfect all equipment; Cool ideas: fanny pack, fisherman coat, 2 plastic bags (1 to carry in, set equipment on, clean equipment, 1 to carry out your clean equipment); We do have limited single use equipment for COVID pts Waste – COVID + PPE can go into general waste; soiled materials that are hazardous must be disposed of in spill kit and taken to office to be discarded in hazardous waste Swabs – are available, please see Erik Wilson for testing/training Infections – report positive infections or suspected infections to Erik Wilson Vaccinations – keep up to date with vaccination status for HCP’s and high-risk patients. PPE protocol summary chart for COVID/Non-COVID patients; DON/DOF PPE training upon request (next page) 	<p style="text-align: center;"><u>COVID-19 Clinical Care and Documentation</u></p> <p>CTT screens all patient where contact is made prior to SOC</p> <ul style="list-style-type: none"> Screening is found on CTT handoff If unable to reach patient, SOC clinicians MUST screen ASAP upon contact with patient Document screening w/in the COVID goal <p>ALL PATIENTS must have a COVID-19 goal</p> <ul style="list-style-type: none"> The COVID-19 interventions and goal must be documented on each visit with findings DO NOT COMPLETE THE COVID-19 GOAL UNTIL DISCHARGE <p>ALL COVID positive or suspected positive patients will have:</p> <ul style="list-style-type: none"> COVID handoff via communication note w/precautions and stepwise guide for infection control Purple sticky in COVID-19 information Requested testing results if coming from inpatient Infection monitoring/surveillance from IC and QA Education materials attached Respiratory/COVID goal <p>REMOVING COVID ENHANCED PPE PRECAUTIONS: Follow guidance on the COVID-19 Communication handoff of isolation lift precautions; if there is any doubt, questions or concerns please case conference with Erik Wilson for further direction</p> <p>Emergency/Disaster Plans Please indicate if patient is COVID-19 + or suspected positive on EP plans and HCPT for EMS/Hospitals</p>

COVID-19 PPE Protocol Summary Chart December 15, 2020



Protocol A Patient (positive, lower-risk, less PPE)	Protocol A PPE (Contact and Droplet Precautions)
<p>Must meet all criteria:</p> <ul style="list-style-type: none"> At least 10-20 days based on severity of illness since onset of symptoms, if unknown onset symptoms, 10-20 days from positive test (day 1 starts day after symptom onset or day after positive test) (mild-moderate=10 days, severe to critical=10 to 20 days) 24 hours since fever is resolved w/out use of fever-reducing medications Overall improvement in health (improved cough, shortness of breath) 	<ul style="list-style-type: none"> Surgical Mask (May wear N95 + face Shield) Gloves Shoe covers when available Head cover when available <p>*Patient must mask</p>
Protocol B Patient (positive, higher-risk, more PPE)	Protocol B PPE (Initial home care visit use contact, droplet, and N95 than follow CTT generated handoff precautions)
<p>Meets one of the following criteria:</p> <ul style="list-style-type: none"> Evaluated and diagnosed and treated as COVID-19 in the ER, Clinic, Hospital and released home (Treat and Release) Patient reports symptoms on pre-visit screening, at initial assessment, and/or during any time on service with the agency Diagnosed with COVID-19, develops respiratory symptoms, or has suspected COVID-19 while on service 	<ul style="list-style-type: none"> N95 + Face Shield Gown Gloves Eye protection Shoe cover, when available Head cover, when available <p>Move to protocol A once patient meets Protocol A criteria</p> <p>*Patient must mask</p>
Protocol C Patient (negative patient but positive household member)	Protocol C PPE (Contact and Droplet Precautions)
<ul style="list-style-type: none"> Patients who may be negative but have household member/family/homecare companion living in the same home with lab confirmed COVID-19 OR COVID-19 symptoms (fever, cough, SOB) Clinicians should ask symptomatic household member to stay in a separate room away from the patient and the visiting professional; if the household member must be present they must keep a social distance of 6ft and have a mask on. 	<ul style="list-style-type: none"> Surgical Mask (Recommend wear N95 + face shield) Gown Gloves Shoe covers when available Head cover when available <p>*Patient must mask; Household member must socially distance and mask</p> <p><i>For subsequent visits, screen the patient for COVID-19 symptoms. If the screening is positive, follow protocol B.</i></p>
Protocol D Patient (negative, lower-risk, less PPE)	Protocol D (General COVID Prevention Precautions)
<ul style="list-style-type: none"> COVID-19 negative patient and negative household member 	<ul style="list-style-type: none"> Surgical Mask (recommend wear N95) Gloves <p>*Patient must mask</p> <p><i>For subsequent visits, screen the patient for COVID-19 symptoms. If the screening is positive, follow protocol B.</i></p>

CDC guidance for DON/DOF PPE can be accessed electronically at: <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

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Protocol D Patient (negative, lower-risk, less PPE)	Protocol D (General COVID Prevention Precautions)
<ul style="list-style-type: none"> COVID-19 negative patient and negative household member 	<ul style="list-style-type: none"> Surgical Mask (recommend wear N95) Gloves <p>*Patient must mask</p> <p><i>For subsequent visits, screen the patient for COVID-19 symptoms. If the screening is positive, follow protocol B.</i></p>

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HOW TO MANAGE COVID-19

SYMPTOMS VARY WIDELY FROM MILD TO SEVERE ILLNESS, AND MAY APPEAR 2-14 DAYS AFTER EXPOSURE. IF YOU HAVE THESE SYMPTOMS, YOU MAY HAVE COVID-19:

- | | | | |
|---------------------------------|------------------------------|------------------------|----------------------|
| ❶ Fever or chills | ❷ Headache | ❸ Fatigue | ❹ Nausea or vomiting |
| ❺ Cough or difficulty breathing | ❻ New loss of taste or smell | ❼ Muscle or body aches | ❽ Sore throat |
| ❾ Shortness of breath | ❿ Congestion or runny nose | ⓫ Diarrhea | |

THE WARNING SIGNS: The Centers for Disease Control and Prevention (CDC) recommends **seeking medical attention immediately** if you develop the following **warning signs:**

- ▶ Trouble breathing - shortness of breath when at rest or walking short distances (12-15 feet)
- ▶ Persistent pain or pressure in your chest
- ▶ New onset of confusion or unable to arouse
- ▶ Bluish lips or face

Note: This list is not all inclusive. If you are unsure if you should be tested for COVID-19 or seek medical attention, you should consult your physician. The CDC offers an interactive "Self-Checker" guide online at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

HIGHER-RISK INDIVIDUALS:
Older adults and persons with severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing serious complications from COVID-19 illness.

HOW COVID-19 SPREADS: AVOID BEING EXPOSED TO THIS VIRUS

- ▶ The virus is thought to spread mainly from **person-to-person**, through close contact with one another (within about 6 feet) by respiratory droplets produced when an infected person coughs, sneezes or talks.
- ▶ Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.
- ▶ The virus may also be spread by **touching contaminated surfaces** and then touching your face with unwashed hands.

PROTECT YOURSELF - AND OTHERS

- ❶ **Clean your hands often.**
 - Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place or after blowing your nose, coughing or sneezing.
 - If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- ❷ **Avoid touching your eyes, nose and mouth with unwashed hands.**
- ❸ **Avoid close contact.**
 - Avoid close contact with people who are sick.
 - Put distance between yourself and other people - at least 6 feet apart.
 - Stay home as much as possible.
- ❹ **Cover your mouth and nose with a cloth face cover when around others**
 - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- ❺ **Cover coughs and sneezes**
 - Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
 - Throw used tissues in the trash and immediately wash your hands.
- ❻ **Clean and disinfect** frequently touched surfaces daily.
 - This includes tables, doorknobs, light switches, counter tops, handles, desks, phones, keyboards, toilets, faucets and sinks.
 - If surfaces are dirty, clean them using a detergent or soap and water prior to disinfection.



Home Care – Severe Sepsis Screening Tool – Flow Sheet. Patient Name:

MR:

Date (Time is in visit note)							
Section 1							
1. Does the medical history, physical exam, or other findings suggest infection? Or Is there an infection present?							
If NO, STOP. Negative Sepsis Screen							
If YES, proceed to 2a-e.							
Section 2							
2a. Temp ≥ 101 or ≤ 96.8							
2b. HR >90 beats per minute							
2c. RR >20 breaths/minute							
2d. Systolic BP < 100 mmHg							
2e. New onset MS change, confusion/disorientation greater than baseline							
Less than 2 options checked, STOP. Negative Screen.							
2 or more above selected, patient screens positive for possible sepsis. RN continues on to section 3a-d.							
All other disciplines call primary RN or office RN							
Section 3							
3a. CV dysfx: SBP < 90 mmHG or 40mmHG below baseline							
3b. Resp dysfx: O2sat < 90 or new/increasing need for O2 therapy to keep sat > 90							
3c. Neuro dysfx: severe MS change <u>from baseline</u> (confusion, agitation, severe lethargy, difficult to wake)							
3d. Perf. dysfx: mottled skin (patchy red/purple discoloration on trunk/extremities); cap refill ≥ 3 sec (while hand above heart level)							
1 or more options check, patient screens positive for SEVERE SEPSIS: Review AD, call 911, notify physician, give report to EMS/ED (SBAR comm note)							
No Options checked, still possible sepsis but not severe: SBAR conference with physician for action plan; Case conf. with DON/Clinical Manager; PRN visit within 2 days; attempt for physician office visit or UC of choice							
Initials/Credentials							

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Initials/Credentials							

Patient Name: _____ **Patient ID:** _____

DOB: ____/____/____ Male Female **Home Phone:** _____ **Cell Phone:** _____

Emergency Contact Name (out of home): _____

Relationship: _____ **Phone:** _____ **Alternate Phone:** _____

Physician: _____ **Phone:** _____ **Pharmacy:** _____ **Phone:** _____

Patient Instructions: Identify a safe place and how to prepare the home to minimize damage. In the event of an emergency or disaster, take your emergency supply kit to your safe place and notify your out-of-home emergency contact of your location and condition. Contact emergency officials by calling 911 if you are injured or you feel your life is in immediate danger. If evacuation is needed, notify Optimal Care, Inc. and see your emergency preparedness instructions in Section D

STEP 1: Review the services/needs that are being provided for the community-living patient. Use the blank lines to enter additional services/needs. Indicate the availability of a caregiver.

MEDICAL PROCEDURES/ TREATMENTS	ADL/SUPERVISION/ COMMUNICATION/ TRANSPORTATION	EQUIPMENT MANAGEMENT	CAREGIVER AVAILABILITY
RESPIRATORY <input type="checkbox"/> Ventilator <input type="checkbox"/> Oxygen <input type="checkbox"/> Suction <input type="checkbox"/> Nebulizer <input type="checkbox"/> Tracheostomy care NUTRITION <input type="checkbox"/> Enteral nutrition <input type="checkbox"/> Parenteral nutrition <input type="checkbox"/> Elimination <input type="checkbox"/> Ileostomy/colostomy <input type="checkbox"/> Urinary catheter indwelling/intermittent <input type="checkbox"/> Dialysis INFECTION <input type="checkbox"/> Contagious <input type="checkbox"/> MRSA, VRE, C Diff SKIN <input type="checkbox"/> Wound care OTHER <input type="checkbox"/> Clinical assessment for _____ <input type="checkbox"/> Palliative care <input type="checkbox"/> _____ <input type="checkbox"/> _____	ADL <input type="checkbox"/> Bedbound/paralyzed <input type="checkbox"/> Feeding/eating assist <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Toileting assist SUPERVISION <input type="checkbox"/> Dementia/Alzheimers <input type="checkbox"/> Mental illness COMMUNICATION NEEDS <input type="checkbox"/> Aphasia <input type="checkbox"/> Deafness <input type="checkbox"/> Non-English speaking Preferred language _____ TRANSPORTATION <input type="checkbox"/> No car <input type="checkbox"/> W/C access or handicapped-accessible van <input type="checkbox"/> Other transportation issue (e.g., difficulty getting to street from high-rise building) <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Oxygen <input type="checkbox"/> Oximeter <input type="checkbox"/> Ventilator <input type="checkbox"/> Nebulizer <input type="checkbox"/> Apnea monitor <input type="checkbox"/> Suction machine <input type="checkbox"/> CPM machine <input type="checkbox"/> Ventricular Assist Device <input type="checkbox"/> IV supplies/pump <input type="checkbox"/> Feeding tube <input type="checkbox"/> Wound VAC <input type="checkbox"/> Wheelchair <input type="checkbox"/> Hospital bed <input type="checkbox"/> Commode <input type="checkbox"/> Generator in home <input type="checkbox"/> Walker/Cane <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Caregiver available and provides assistance <input type="checkbox"/> Caregiver available but needs training/support <input type="checkbox"/> Caregiver available but not likely to provide assistance (e.g., paid caregiver) <input type="checkbox"/> No caregiver available/lives alone MEDICATION MANAGEMENT <input type="checkbox"/> Patient-controlled analgesic pump <input type="checkbox"/> SQ or IM injections <input type="checkbox"/> IV medications <input type="checkbox"/> Narcotic medications <input type="checkbox"/> Oral medications <input type="checkbox"/> _____ <input type="checkbox"/> _____

STEP 2: Based on the services, equipment needs, and caregiver availability listed in Step 1, what level of care is most appropriate for the patient if the usual services/equipment are not available?

- Highly-skilled medical management (e.g., hospital)
- Mid-level medical management (e.g., nursing home)
- Special needs shelter (if available)
- Alternate housing with family/significant other or general population shelter
- Remain at home with telephone contact (if telephone contact is interrupted consider higher level of care)

STEP 3: Based on the needs listed in Step 1, how long will this patient be safe in the home if the usual services/equipment are not available?

- Level I** - Less than 24 hours (due to skilled nature of needs, no trained caregiver available, and/or extensive equipment needs)
- Level II** - 1-2 days (due to limited caregiver assistance/support and/or limited supplies/equipment)
- Level III** - 3 days or longer (due to an available and trained caregiver and/or no supply/equipment needs)

Clinician Signature/Title

Date/Time

Clinician Signature/Title

Revision Date/Time

Clinician Signature/Title

Revision Date/Time

Clinician Signature/Title

Revisions Date/Time

SECTION D. Disaster Preparedness

DISASTER PREPAREDNESS PLAN

In the event of a natural or man-made disaster, inclement weather or emergency, we have an emergency plan to continue necessary patient services. We will make every effort to continue home care visits; however, the safety of our staff must be considered. When roads are too dangerous to travel, our staff will contact you by phone, if possible, to let you know that they are unable to make your visit that day. Every possible effort will be made to ensure that your medical needs are met.

All patients are assigned a priority level code that is updated as needed. The code assignment determines agency response priority in case of a disaster or emergency. These codes are maintained in the agency office, along with information which may be helpful to Emergency Management Services in case of an area disaster or emergency. You will be contacted for medical attention:

- Level I** - Within 24 hours
- Level II** - Within 2 days
- Level III** - Within 3 days or longer

In case of bad weather or other situations that might prevent our staff from reaching you, turn to your local radio or TV station(s) or check local news websites. Listen/watch for official information and follow the instructions provided by emergency response personnel. Based on what is known about the threat, you may be asked to take shelter, go to a specific location or evacuate the area. Please notify our office if you evacuate to another location or an emergency shelter.

POWER OUTAGE

If you need help in a power outage and our phone lines are down:

- Call 911 or go to the emergency room if you have an emergency.
- Call your closest relative or neighbor if it is not an emergency.

LIGHTNING

If you are inside:

- Avoid tubs, faucets and sinks because metal pipes conduct electricity.
- Stay away from windows.
- Avoid using phones with cords except for emergencies.

If you are outside:

- Avoid natural lightning rods such as tall trees in open areas.
- Get away from anything metal.

SECTION G. Treating and Preventing Common Health Problems

STOPLIGHT TOOL FOR MONITORING YOUR INFECTION

You are receiving this tool because you have an active infection, a recent infection or remain at high risk for infection. **The infection(s)/infection risk we are concerned about include:** _____

Always use this stoplight to check in with yourself or if you are not sure what to do:

	IF...	THEN...
GREEN ZONE	<p>ALL CLEAR (GOAL)</p> <ul style="list-style-type: none"> • Temperature is 97-99 degrees Fahrenheit • No difficulty in breathing (You take 12-20 breaths per minute.) • Your heart does not feel like it is racing (Your heart rate is below 90.) • Appetite is good • You are feeling and acting like yourself • You are taking care of your infection or using infection prevention as described 	<p>DOING GREAT! (NO ACTION NEEDED)</p> <ul style="list-style-type: none"> • You have no symptoms or infection • Your medication/treatment plan is working • Continue with your scheduled doctor appointments • Continue with good hand hygiene • _____
YELLOW ZONE	<p>CAUTION (WARNING)</p> <p>If you have any of the following:</p> <ul style="list-style-type: none"> • Fever with temperature is greater than 100.8 or less than 96.8 degrees (or you may just feel feverish or cold) • You feel differently than you normally do or someone notices you may be acting differently • Chills and/or feeling warm • Shortness of breath but can tolerate it • Nausea and/or vomiting • Not eating or drinking, or eating and drinking less • Pain/burning/odor with urination • Wounds: rash, puss-like fluid, redness and/or pain present • Cough, increase in phlegm • Flu-like symptoms 	<p>ACT TODAY!</p> <p>You may be at risk for Sepsis</p> <ul style="list-style-type: none"> • Call us first! We have a nurse on call 24/7 at (248) 723-9613 • Or call your doctor: _____
RED ZONE	<p>EMERGENCY</p> <ul style="list-style-type: none"> • Your heart feels like it is beating really fast • You cannot catch your breath or you are breathing very fast • Extremely confused, unresponsive or lifeless • Extreme pain that you cannot tolerate • Pale or discolored skin 	<p>ACT NOW!</p> <ul style="list-style-type: none"> • You need to be seen by a doctor <u>right away</u> • Go to the nearest emergency room or call 911

WOUND CARE

General Instructions for Wound Care:

1. Wash hands and prepare supplies you will need on a clean surface.
2. Wash hands and apply gloves and carefully remove dressing.
3. Throw away dressing and wash hands.
4. Put on gloves, and clean the wound from inner surface of wound to outer surface, disposing of dirty materials.
5. Remove gloves, and wash hands.
6. Put on clean gloves, and perform wound care.
7. Dispose of any leftover dirty materials and gloves.
8. Wash hands.

WOUND (TYPE/LOCATION)	CLEAN WOUND WITH	APPLY FOLLOWING DRESSING	HOW OFTEN TO CHANGE

Monitor and Report Complications:

- | | |
|--|---|
| <input type="checkbox"/> New or increased redness around the wound | <input type="checkbox"/> New or increased wound pain |
| <input type="checkbox"/> White or wet skin around the wound | <input type="checkbox"/> Change in color of the wound drainage |
| <input type="checkbox"/> New or worsening swelling around the edges of the wound | <input type="checkbox"/> Wound has enlarged or become harder to manage |
| <input type="checkbox"/> New or more yellow color around the wound | <input type="checkbox"/> New or worsening odor after cleaning (foul or sweet) |
| <input type="checkbox"/> New or more black color around the wound | <input type="checkbox"/> Dressing is wet between required changings |
| <input type="checkbox"/> Bleeding in the wound that will not stop | |

SKIN CARE: HEALING AND PREVENTING PROBLEMS

Quick Tips to Prevent Pressure Injury:

- Check your skin daily and report any reddened, opened or blistered areas. If anything does not look right, please let your health care provider know.
- Keep your skin clean. Always clean urine, sweat or feces off of your skin. Use recommended creams that create a barrier between your skin and excess or unnecessary moisture.
- Keep active and mobile. Pressure injuries occur due to decreased oxygen and blood flow to the skin. This is caused by sitting over boney areas for extended periods of time.
- Getting the right support or cushions under high risk areas will provide pressure relief.
- Keep up good nutrition and hydration. Your healthcare provider will establish a sensible diet and appropriate fluid intake with you. Poor hydration/nutrition may make skin fragile.
- Never double brief. If you can tolerate it, avoid briefs in bed and use underpads or peripads.
- Have a caregiver help turn you in bed and help shift your positions.
- Change positions in your chair or bed every 1-2 hours.
- When moving from bed to chair or chair to bed, lift yourself and do not slide.
- Never use doughnut cushions. They cause more harm by cutting off blood supply to the skin.
- Report damaged or ineffective cushions to your healthcare provider.

A Nutrition Plan for Skin Health:

- Eat enough calories to stay at a healthy weight (Recommended 2000-3000, unless otherwise indicated)
 - Calories recommended for both prevention and healing: 30-35 kcal/kg body weight
- Include protein, vitamins and iron in your diet. Drink a lot of fluids each day (Recommended 8-9 cups of water unless you have fluid restrictions)
 - Protein recommended for both prevention and healing: 1.25-1.5 grams/kg body weight

URINARY HEALTH

It is important that we help you prevent a urinary tract infection (UTI). If you currently have an infection, we want to make sure you heal in your home. Our goal is to ensure that your urinary health remains in good condition and that you feel good.

Check in:

- I am at risk for a UTI I am currently being treated for a UTI I am concerned I have a UTI
 I have a UTI, and my current antibiotic treatment is: _____

Some people have a higher risk of getting a UTI than others. Your risk factors are:

- Incontinence
 Female anatomy
 Low water intake
 Sexual intercourse
 Urinary tract problems
 Menopause
 A block in the urinary tract by kidney stones or enlarged prostate (traps urine in bladder)
 A suppressed immune system from _____
 A recent urinary procedure _____
 Catheter use

If you have a UTI concern, call your health care provider or call us first at (248) 723-9613.

Tips to treat and avoid a UTI:

- **Drink plenty of liquids, especially water.** This will keep bacteria out of your urine. It may not hurt to add cranberry juice to your diet as well.
- **Females should always wipe from front to back.** This will keep bacteria out of the area where urine comes out of the body.
- **If you cannot always get to the bathroom in time, check your brief every 2 hours and change when wet or dirty.** If urine or feces sits in your brief, it can enter the urine tract.
- **Empty your bladder soon after intercourse.** Drink a full glass of water to help flush bacteria out.
- **Avoid potentially irritating feminine products.** They can irritate the urine tract.
- **Always wash your hands after going to the bathroom.**

At risk? Monitor the following signs:

- Strong smelling urine
- New back or side pain
- Urine that looks cloudy
- Burning when you urinate
- Little to no urine in a day
- Strong, constant feeling or urge that you have to urinate
- Urine that looks red, bright pink or cola-colored (a sign of blood in the urine)
- Pelvic pain in women (typically center of the pelvis and around the area of the pubic bone). Ask your nurse or provider to show you where your pelvis and pubic bone are located.

5 KEY STEPS TO MANAGING HEART HEALTH

Step 1: Know your Diagnosis: Heart Disease Heart Failure Hypertension
 Stroke Abnormal Heart Rate High Cholesterol Other

Step 2: “Check in” and “Monitor” yourself everyday:

GREEN ZONE	<p>GOOD TO GO!</p> <ul style="list-style-type: none"> • No problems breathing • Able to do YOUR normal activity • No new or increased swelling in stomach, legs, ankles or feet • No increase in weight more than 2 lbs • No chest pain • Healthy, low fat-sodium diet 	<p>ON THE RIGHT TRACK...</p> <ul style="list-style-type: none"> • No symptoms • Conditions under control • Continue daily monitoring activities • Continue to weigh daily if you retain fluid • You feel good!
YELLOW ZONE	<p>SYMPTOMS PRESENT!</p> <ul style="list-style-type: none"> • Short of breath with activity, or while laying down • Coughing with regular activity • Trouble sleeping • Swelling in stomach • Weight gain of 2-3 lbs in a 24 hour period or 5 lbs in 1 week • Chest discomfort 	<p>WARNING...</p> <ul style="list-style-type: none"> • Monitor symptoms • Let your health care provider know ASAP for new or worsening symptoms, we may need to change your medicine • Optimal Care Nurse: (248) 723-9613
RED ZONE	<p>DANGER SYMPTOMS!</p> <ul style="list-style-type: none"> • Trouble breathing at rest • Feeling weak, light-headed, dizzy or faint • Constant, pounding headache • Uncontrolled weight gain • Loss of appetite • Chest pain/tightness that does not go away • Slurred speech • Changes in mental status • Sudden onset numbness/tingling in arms/legs • Sudden loss of use of arms/legs 	<p>EMERGENCY! ACT NOW!</p> <ul style="list-style-type: none"> • See your doctor right away • If you feel it is life-threatening, call 911 <p>Dangerous symptoms may represent possible:</p> <ul style="list-style-type: none"> • <i>Heart attack</i> • <i>Stroke</i> • <i>Worsening Heart Failure</i> • <i>Worsening Heart Disease</i> • <i>Life threatening heart rate condition</i>

**Any Questions or Concerns?
 Call us first. Nurse available 24/7
 (248) 723-9613**



2020 SOC CHECKLIST

Patient Name: _____ MR# _____ SOC Date: _____

MANDATORY: Please Upload Documents to Forcura (scan capture) in the following order:

- 2020 SOC Checklist with completed information
- Admission Consent

Signed by Patient

OR

Signed or to be signed by the legal representative

Clinician to identify how the patient rights/responsibilities and DC policies were provided:

- Representative present at the SOC visit and written copy provided via admission book
- Chose to review electronic copy *prior to or at* the SOC visit www.optimalcareinc.com
- Was given an electronic copy via email prior to the SOC visit (Confirm on CTT form)
- Was mailed a copy prior to the SOC (uncommon method, confirm with CTT)

Disaster Plan

Medication List (Photo of **ANY CLINICIAN RECONCILED** list that includes **Medications, Route, Dose, Frequency, Purpose**. The list must also identify which medications, if any, are administered by the agency. If the pt does not have a list, utilize the tool in the admission booklet to create a patient med list.)

High Risk Medication and Side Effects

Home Care Planning Tool

Agency Transfer Form (CTT will notify you if this needs to be obtained)

Additional HELPFUL Materials Utilized at Start of Care (order of upload does not matter)

- Medical Emergency Plan and, if applicable, Behavioral Emergency Plan
- Hospital/SNF DC paperwork
- Stoplight Tool _____
- Sepsis Screening Tool
- HEP (Therapy staff only)
- Wound Pictures
- Patient/Clinician Schedule
- Other: _____

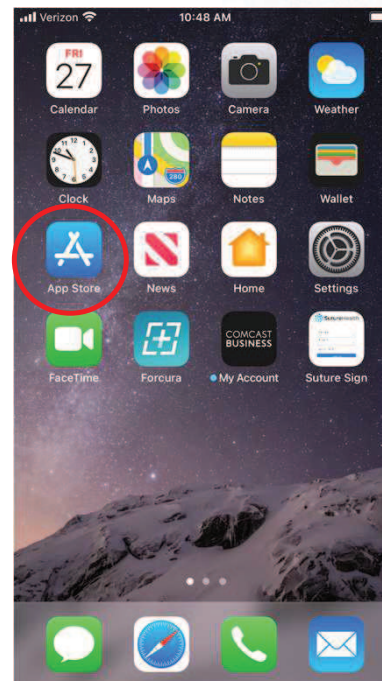
*****NO HARD/PINK COPIES ACCEPTED, ELECTRONIC SUBMISSION ONLY*****



Forcura

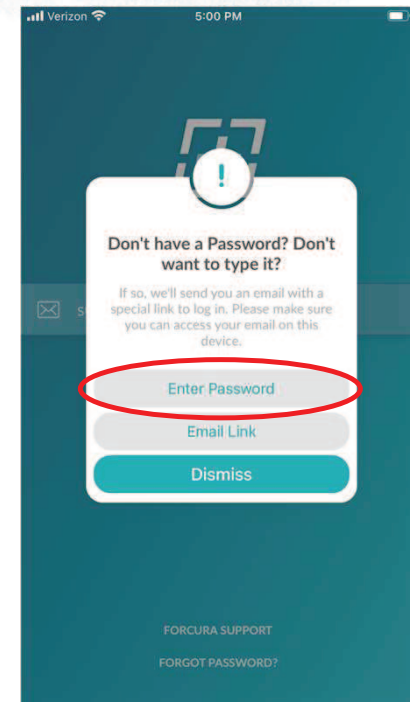
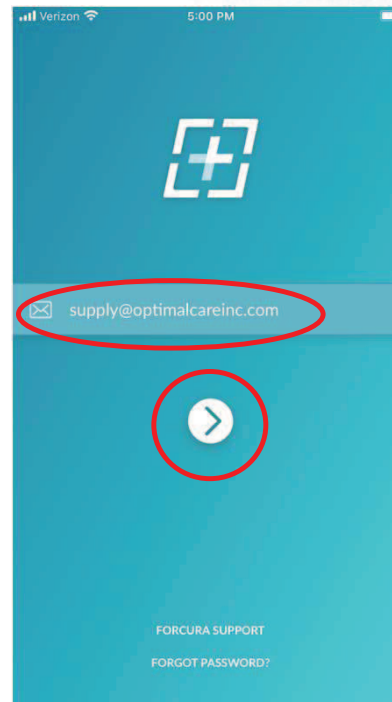
Downloading the Forcura Application

- Select the App Store
- Select the search function
- Type in Forcura
- Select “GET”
- Once downloaded, select OPEN to access the Forcura App
- The app will be displayed on your home screen



Logging into Forcura

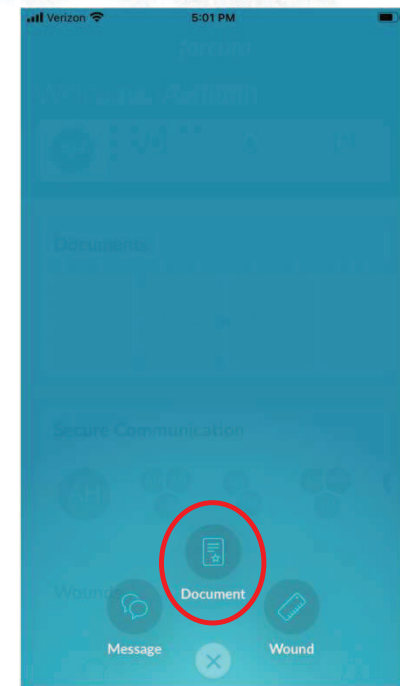
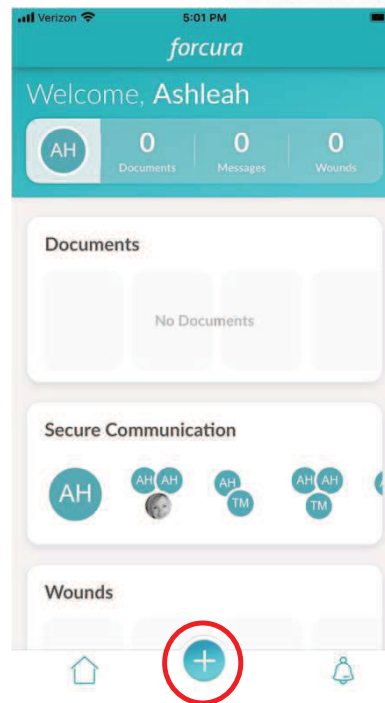
- Select the middle box area to type your personal email address.
- Select the white arrow.
- Select Enter Password.
- Enter your password in the middle box area.
- Select the white checkmark.
- If you are unsure of your password or need your password reset, contact Ashleah.



Uploading Documents

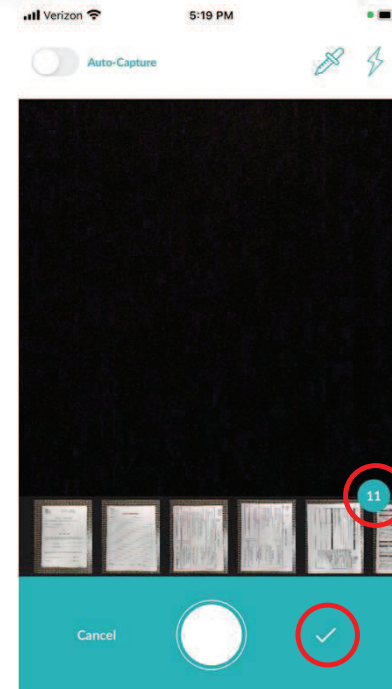
Uploading Documents in Forcura

- Once you log in to the app, your home screen will look like the screen to the left.
- Select the plus sign at the bottom middle, which will bring you to the second screen.
- Select Document



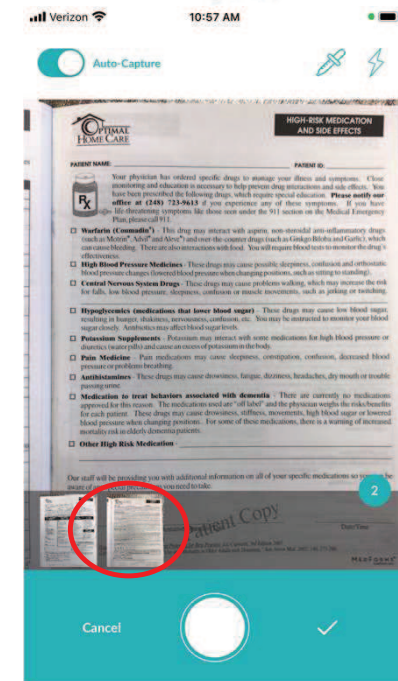
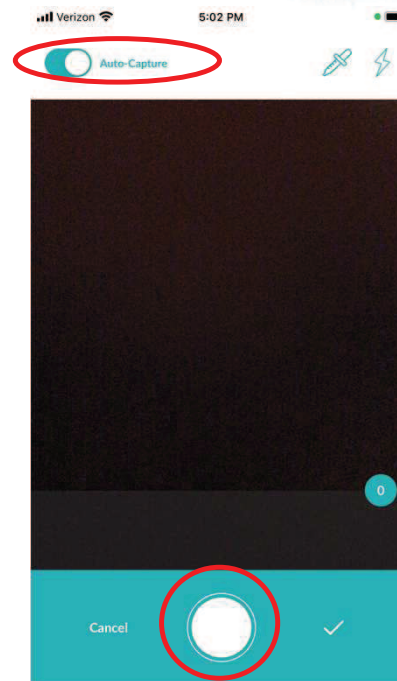
Uploading Documents in Forcura, Cont.

- Forcura allows for multiple documents to be uploaded. You can see the number of documents captured in the small teal bubble.
- When you complete photographing all documents, select the white checkmark.
- You will be asked to Name Document.
- **Always** include the patient's Last and First Name, a Brief Description of Upload and Date of Service. ex:
 - Doe John SOC 11/27/20
 - Doe Jane HEP 11/27/20
 - Jones John ROC 11/27/20
 - Jones Sally Comm. Note 11/27/20
- Do NOT upload more than one patient's documentation at a time



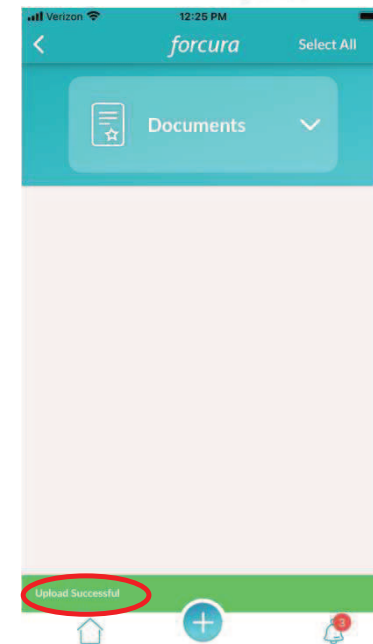
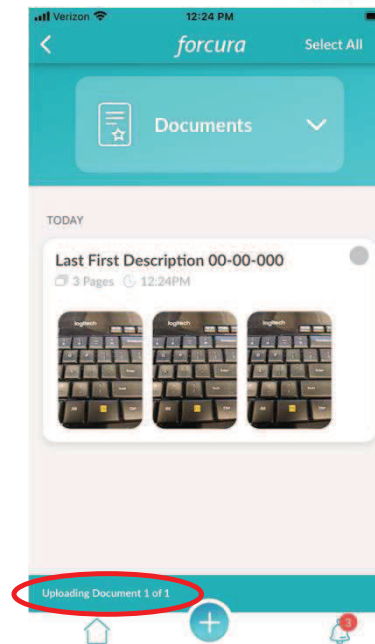
Uploading Documents in Forcura, Cont.

- Select the auto-capture button to turn it off. When you do so, the button will turn gray.
- Select the white circle to capture the picture
- You can select the small thumbnail of each picture to view in larger scale, edit, or delete the page.



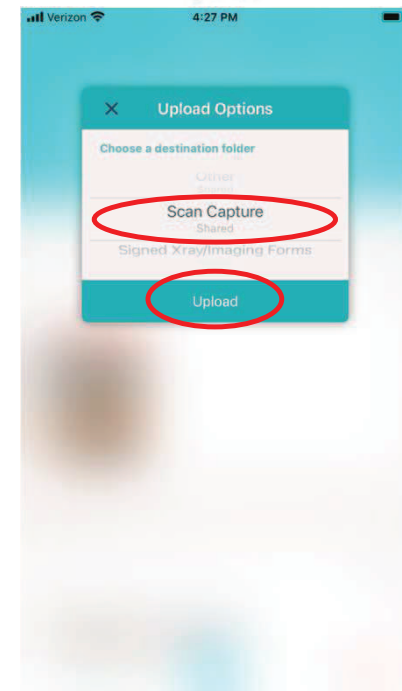
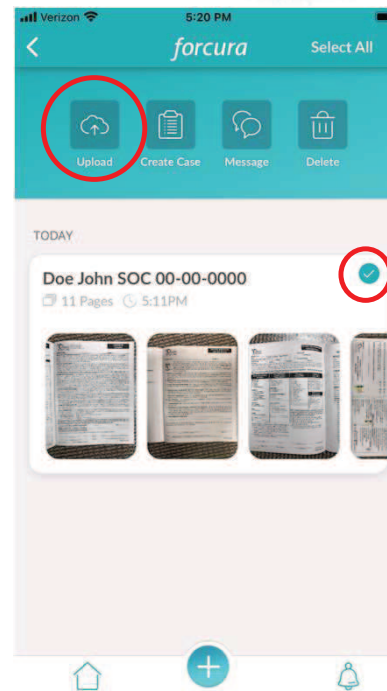
Uploading Documents in Forcura, Cont.

- Select the gray circle in the upper right corner of the named document. When selected, circle will turn teal with a white checkmark.
- Select Upload
- Select Scan Capture under upload options and then select upload.



Uploading Documents in Forcura, Cont.

- A dialogue box will appear indicating the number of documents being uploaded. Do not leave the screen until the dialogue box says Upload successful. (ie: Uploading Document 1 of 1)
- The document will disappear from the screen once it has been sent.
- If you have poor connection at a patient home, your document will save at this screen to send at a later time that day.



Uploading Documents in Forcura, Cont.

- When you take document pictures
 - Be sure you are in a well-lit area, free of shadows.
 - Be sure the picture is clear and not blurry.
 - Be sure the entire document is captured in the picture.
 - Be sure your document is straight and easy to read with little background.
- Remember the document you upload will be the only document we have on file and will be used as the legal document. The pictures need to look presentable.

Uploading Documents in Forcura, Cont. We are going (mostly) PAPERLESS

Start of Care Documents that **Must** be Uploaded – upload in following order
(may be uploaded to Wellsky or Forcura)

- SOC Checklist
- Admission Consent signed by you **AND** patient/advocate. If not signed give name and address (email, snail mail, or fax #)
- Patient Individualized Disaster Plan
- Medication Profile
- High Risk Medication and Side Effects
- Home Care Planning Tool
- Statement of Home Care Services/ Agency Transfer (CTT will notify if needed)

Uploading Documents in Forcura, Cont. We are going (mostly) PAPERLESS

Additional Helpful materials to be Uploaded
(may be uploaded to Wellsky or Forcura in any order)

- Medical Emergency Plan and if applicable, Behavioural Emergency Plan
- Hospital/SNF DC paperwork
- Stoplight Tools
- Sepsis Screening Tool
- HEP (therapy staff only)
- Wound Pictures
- Patient/Clinician Schedule

Uploading Documents in Forcura, Cont. We are going (mostly) PAPERLESS

Additional items that may be uploaded
(may be uploaded to Wellsky or Forcura)

- Dementia with Behaviors Intervention Assessment
- Managing your Medicine at Home
- Managing your Fall Risk at Home
- Communication Note(s)
- HHCCN
- ABN
- NOMNC

Uploading Documents in Forcura, Cont. We are going (mostly) PAPERLESS

- Effective immediately, all paperwork will need to be uploaded digitally via Forcura or Kinnser.
- You will be responsible for making sure all necessary documents are uploaded to the patient chart.
- Office staff will send SOC uploads to WellSky daily Mon-Fri.