

Insightful In-
Services
February 2024
Standards of
Care



DON's Know Before You Go (DON - Director of Nursing)



NEVER MIX MEDS (SPIKE A VIAL/TRANSFER MED INTO A BAG, DILUTE, OR RECONSTITUTE) UNTIL YOU HAVE ESTABLISHED ACCESS. IF THE PATIENT HAS A PORT OR PICC, MAKE SURE YOU ARE GETTING GOOD BLOOD RETURN, AND THE ACCESS DEVICE IS FLUSHING WELL BEFORE TOUCHING THE MEDS.



ALWAYS MAKE SURE YOU HAVE EVERYTHING YOU NEED TO COMPLETE THE VISIT FROM START TO FINISH BEFORE YOU DO ANYTHING. PLEASE DO NOT ACCESS THE PATIENT, DO NOT SPIKE/MIX MEDS, DO NOT PRE-MEDICATE THE PATIENT UNTIL YOU ARE SURE YOU HAVE EVERYTHING YOU NEED.



VITALS: YOU MUST TAKE A MINIMUM OF ONE SET OF VITALS (TEMP, HR, RR, AND BP) AT EVERY VISIT EVEN IF JUST A SIMPLE LAB DRAW.

If an infusion visit- vitals are to be taken Q 15 minutes X 4 hours and with each rate change, then hourly and post infusion. Notify Agency if vitals are abnormal.

DON's Know Before You GO Video

- <https://youtu.be/fSs8zHJMeOY>
- Check out this link for the full DON's Know before you go.

- **NEVER** copy previous visit notes or document things that did not happen.
 - For example, you see a patient every week for their infusion
 - **DO NOT** copy/paste information from previous visits.

You will eventually get caught and this is not only grounds for termination, but it may have to be reported to the nursing board.

- Another example, you have been seeing a patient for a very long time and his/her vitals are always fine.
- It is not appropriate to skip taking them and fabricate vitals for the visit.

Again, this is grounds for immediate termination, and you are putting your hard-earned nursing license in jeopardy.



DRESS CODE and HOME ETIQUETTE

- An ID badge should be always worn in the home.
 - If you misplace your HHC badge, wear your hospital/work badge until your HHC badge can be found/replaced.
- Any scrub set is acceptable.
- Jeans or scrub pants paired with an HHC t-shirt or sweatshirt is also acceptable.
- **Masks are required to be worn during ALL visits.**
- Refrain from expressing non-clinical related opinions or discussing polarizing topics (religion, politics, etc.).
- Do not speak negatively about the patient's pharmacy or complain about pharmacy supplies.
 - We partner with, and work for the pharmacies dispensing medications & supplies. The patient should see a united, joint effort between our agency and the pharmacy.
- Politely decline offers for food or other conveniences.
- Avoid smells. Do not wear perfumes, lotions or other strong-smelling cosmetics.
 - Do not enter a home smelling of cigarette smoke. Consider keeping a spare change of scrubs as needed in your vehicle.
- You CANNOT leave a patients home while they are infusing to get food or for any other reason.
 - For long infusions, it is appropriate to bring a snack or lunch. Bring ready-to-eat items.



ENTERING THE HOME

ALWAYS INTRODUCE yourself.

“Hi, my name is _____, and I am the nurse with Helms Home Care.

WASH YOUR HANDS.

- Ask the patient for a sink with soap and water.
 - If the patient does not have soap or water, verbally explain that you will use hand sanitizer in lieu of soap and water.
 - Do not use hand sanitizer in lieu of hand washing without explaining this to the patient. It is very important that the patient see and understand your hand sanitizing etiquette.
 - **Lack of hand washing is the #1 complaint in home care.**



CALLING YOUR PATIENTS

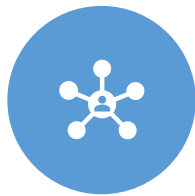
Always confirm a scheduled visit within 24 – 48 hours of the visit day and time.

This is important to confirm that the patient has remembered the visit, and that the patient has received their shipment/supplies/medication from the pharmacy.

- Confirming your visits within the time frame required, allows you to discover any issues that may be a barrier to the visit taking place, including insurance hold, hospitalizations, schedule changes, meds/supplies not received, etc.
- If you are running late or need to reschedule an appointment, call your patient as soon as possible.
 - Communicate with the Agency changes in your visit dates and why. If re-scheduling becomes a conflict and you are unable to complete a visit, let the agency know ASAP. Generally, you should communicate and schedule directly with your patients to be most efficient with everyone's time.
- If a patient calls you directly with medical related questions, please direct them to their provider or pharmacy.



PROFESSIONAL COMMUNICATION



Always speak professionally and respectfully. Even when you are comfortable with a patient/family, you are a professional providing a service.



Avoid indicating to the patient that you are “new” to home care, or you have “never” seen or done something. While this may be true and make you feel better, it causes unnecessary fear for the patient.

When you are unfamiliar with a supply, pump, or clinical process while in the home, kindly excuse yourself and call us.



DO NOT call the Pharmacy or MD unless Helms staff has asked you to.



The office (Care Coordinators and Management) are the liaison between you and the Pharmacy.



Do NOT take verbal orders in the field- please ask the provider to call our office to give the verbal order.

LINES/ACCESS

PICC/Central/Port dressings must be changed every 7 days.

If we can't go on Day 7, strive for Day 6, avoid Day 8.

****If dressing is NOT changed on day 7 the RN MUST make agency aware of reason for late visit.****

Clinical Supervisor must send a message to the MD office to make aware dressing is being changed late.

- PICC line dressing supplies vary by pharmacy and may look different from patient to patient.
- If supplies are not present (such as a missing bio-patch), or running low, please notify us asap.
- PICC line dressing changes should include changing of end caps, bio-patch, and stat-lock/securement device. Your narrative must include the cleansing agent used, if skin prep was used, securement device type changes, site condition and type of dressing applied.

Peripheral IV.

- A peripheral IV is good for 72 hours before it must be assessed (unless pharmacy orders say differently. At this time, the IV must either: (1) be discontinued, (2) changed out for a new IV, or (3) documented that the IV is patent, flushing, and void of redness, pain, or swelling.
- When attempting to start a peripheral IV or access a port, call our office when access is not achieved after (2) attempts. Depending on the pharmacy, 2 or 3 attempts is the max allowed.



Start of Care and Dressing Change

- **PICC/Central/Port dressings must be changed every 7 days.**

When doing SOC- look at the dressing date. Change dressing if next visit is not in the next few days. Dressing cannot go over 7 days.

Note the arm circumference and PICC length from insertion site on your visit note.



OBSERVE, REVIEW, VERIFY

OBSERVE & REVIEW SUPPLIES before starting an infusion.

- It is important for you to verify (with your hands and eyes) that all needed supplies and medications are available, appropriate, and in usable condition.

VERIFY THE ORDER/DOSE/MEDICATION

- Always verify you are providing the appropriate dose per the MD order, that the meds are usable (not expired; not cloudy/tainted; and at the appropriate temperature).
- IF the orders in the home are different from the orders in your files **STOP** and reach out to Agency for help.
- Your documentation should always include the name of the medication along with the dose, route, expiration, lot number(s), and rate/method in which a medication is administered.
- DO NOT leave the narrative section of the visit note blank. If there are no issues with the visits, it can be as simple as: “Dressing change completed using sterile technique, cleansed with CHG, skin prep applied, Securement device applied, Bio Patch placed and covered with Tegaderm dressing. Extension set and micro-claves changed. Labs drawn per orders in (1) gold, (1) purple, and (1) blue tube. PT educated on care and has no concerns at this time.”



Gloves



- Don gloves as often as possible during home visits.
- Even when gloves may not be required or necessary, they provide an added appearance of professionalism that keeps patient's minds at ease.
- Sterile gloves; for sterile procedures, dressing changing, port access, etc, are sent by pharmacy.
- Non sterile gloves are provided in your car kit - Use this link to request car kit supplies [Supply Request \(RN Car Kit\) \(helmshomecare.com\)](https://www.helmshomecare.com)
- Supplies are shipped from Charlotte NC on Monday Wednesday and Fridays via USPS. Please order in plenty of time, noting it takes 5 – 7 business days for orders to be filled and shipped.

- For any therapy, medication or clinical process that you are unfamiliar with, please alert our staff, if possible, prior to visiting the patient.
- Our clinical team can walk you through various clinical processes, pumps, supplies, and medications prior to the visit to ensure you are knowledgeable and competent.
- If you are at a patient's home and still unfamiliar or unsure, CALL US! Let the patient know you are "getting clarification" and get us on the phone to help. Do not alarm the patient, Do not guess, Do not assume, or Do not wing-it.
- **Check out our Resources Page for information on different medications, pumps, delivery methods etc.**
 - [Helms Home Care Resources Page](#)
- If you are scheduled to see an IVIG patient, you must complete training prior to your first IVIG infusion visit.



Please Respond Promptly

**Check your Teams at
least every 24-48
hours.**

**The Agency reaches
out for many reasons,
please respond
promptly.**

**Failure to respond
after 72 hours could
result in your patient
being restaffed.**



Teams Tagging and Tickets

If you send a message via Teams without the proper tag, the person you are trying to reach **will NOT** get a notification and your message **will NOT** be seen.

@teamhelp-carecoordination

- To be used for all care coordination issues: Orders, Next visit dates/cancellations
 - **BEST** practice is to always use this tag

@teamhelp-Clinical/@Clinical Supervisor

- (Monday-Friday 8am-4pm ONLY)
- To be used for Clinical related issues
- IV/PICC/Port trouble shooting, Clarification of orders, patient adverse events

DO NOT USE @teamhelp-labs

- This is an internal tag used by the office staff for lab related requests

@teamhelp-HRandPayroll

- Pay roll and HR questions

CHAT

- Do not use for urgent matters
- Do not add a group of people

@teamhelp-visitnotes

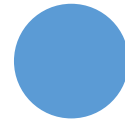
- Visit note issues or need a note back to make corrections

- PLEASE DO NOT message Laura Helms**
- most issues can be resolved by a CC or the Clinical team
 - If Laura needs to be involved the office will reach out to her directly.



Videos to help with Teams

- [Introduction to Teams](#)
- [Helpful Tags in Teams](#)
- [Posting vs Replying in Teams](#)





HHC After-Hours Ticket/Request

DO NOT use this form Monday - Friday from 8a to 5p (unless it is an observed holiday and HHC offices are closed).

Requests are handled in the order they are received and prioritized by urgency of need.

Return communication will be provided via MS Teams.

Your Name (First and Last)*

Please enter your full name as it appears in Microsoft Teams.

Request Details*

Please provide details on the specific need/question. Include visit dates/times, and lab facilities as applicable to the need.

Patient's Full Name (If Applicable)

Please enter N/A if it is not a patient specific need.

Type of Request*

How to submit an After-Hours Ticket

Use this link to submit a Nurse Ticket

<https://helmshomecare.monday.com/boards/2169849066/views/46813083>

- We have a team of after-hours clinical and care coordination personnel to assist.
- Using this ticket system will ensure your message is seen and addressed ASAP.
- Urgency of request is asked and will be responded to accordingly.
- TeamHelp-Clinical and Clinical Supervisor hours are Monday-Friday 0800-1600 after office hours use this ticket for clinical assistance.

Next Visit Dates and Lab Locations

- At the end of your visit - send a message to [@TeamHelp-Carecoordination](#) listing your next visit date with pt
- If you take labs, send message to [@TeamHelp-CareCoordination](#) to let them know where you dropped off labs.
- Example [@TeamHelp-careCoordination](#) Labs were dropped off at LabCorp 123 main St, City, NC and next visit date is 02/02/2024



Lab Requestions

Please remember that "FAX LAB REQ REQUEST" is an option on the **HHC After-Hours Ticket/Request form**.

Please submit the form with the request prior to your visit to avoid last minute requests.

Please note that the ***best*** and most efficient lab drop off process is for you to have a printed Lab Requisition and Order in hand with the specimen when you drop it off.

However, when this is not possible, we are happy to fax this information to the specified facility on the day of your visit. To ensure that we can do this, it is important that you tell us what day, time and facility you will be using no later **than 4 – 24 hours prior to the visit**.

Physician's Name (Last, First) _____ Physician's Authorized Signature _____
 Patient's Address _____ Phone _____
 City _____ State _____ ZIP _____
 Name of Policy Holder (if different from patient) _____
 Address of Policy Holder _____ APT # _____
 City _____ State _____ ZIP _____

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service
Highest Specificity REQUIRED

PRIMARY BILLING PARTY		SECONDARY BILLING PARTY	
Insurance Carrier *	Insurance Carrier *	Insurance Carrier *	Insurance Carrier *
ID #	ID #	ID #	ID #
Group #	Group #	Group #	Group #
Insurance Address	Insurance Address	Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person	Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient	Relationship to Patient	Relationship to Patient
Employer Name	Employer Name	Employer Name	Employer Name
*If Medicaid State	Physician's Provider #	Workers Comp	Workers Comp
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Responsible Party: PATIENT
 I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.
 Patient's Signature _____ Date _____

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)
 Refer to Determining Necessity of ABN Completion on reverse.

ORGAN OR DISEASE PANELS
 See reverse for components

322744	Acute Hepatitis Panel	90074	CEL
322758	Basic Metabolic Panel (8)	90048	CEL
322000	Comp. Metabolic Panel (14)	90053	CEL
303754	Electrolyte Panel	90051	CEL
322755	Hepatic Function Panel (7)	90076	CEL
303756	Lipid Panel	90061	CEL
235010	Lipid Panel w/LDL:HDL Ratio	90061	CEL
221010	Lipid Panel w/TG:HDL Ratio	90061	CEL
343925	Lipid Panel w/HDL Cholesterol	90061	CEL
361946	Lipid Cascade	90061	CEL
363676	Lipid Cascade with Rx to Age Sex Reverse	90061	CEL
322777	Renal Function Panel	90069	CEL

HEMATOLOGY

005009	CBC w Diff w Plt	95026	LAV
028142	CBC w Diff w Plt	95027	LAV
008058	Hemostasis	85014	LAV
005044	Hemoglobin	85018	LAV
005249	Platelet Count	85049	LAV
005033	RBC Count	85041	LAV
005026	WBC Count	85048	LAV
015173	Differential/Total WBC Count	85048	LAV

ALPHABETICAL/COMBINATION TESTS

006049	ABO and Rht	82040	LAV
001081	Albumin	82040	LAV
001107	Alkaline Phosphatase	84075	CEL
001545	ALT (SGPT)	84460	CEL
001396	Amylase	82150	CEL
164855	Antinuclear Antibodies	86038	CEL
001123	AST (SGOT)	84460	CEL
000810	B ₁₂ and Folate	82716	CEL
001099	Bilirubin, Total	82247	CEL
001040	BUN	84520	CEL

ALPHABETICAL/COMBINATION TESTS CONT

001016	Calcium	82310	CEL
006627	C-Reactive Protein (CRP), Quant	86140	CEL
120766	Carbonyl C-Reactive Protein (CRP)	86141	CEL
007419	Carbamazepine (Tegretol)	80156	CEL
002139	CEA	82378	CEL
001065	Cholesterol, Total	82465	CEL
001370	Creatinine	82565	CEL
007385	Digoxin (Lanoxin)	80162	CEL
004515	Estradiol	82670	CEL
004599	Ferritin	82728	CEL
028480	FSH and LH	82021	CEL
001958	GGT	82977	CEL
001818	Glucose, Plasma	82947	CEL
001032	Glucose, Serum	82947	CEL
004416	HCG, Beta Subunit, Quant	84703	CEL
000456	HCG, Beta Subunit, Qual (Serum/Pregnancy)	84703	CEL
001925	HDL Cholesterol	83718	CEL
001453	Hemoglobin A1c	83036	LAV
006734	Hep A Antibody, IgM	86709	CEL
006395	Hep B Surface Antibody	86706	CEL
006510	Hep B Surface Antigen	87340	CEL
144065	HIV Ab w/Rht to Ab Verification	86803	CEL
083935	HIV-1/2, 4th Generation	87389	CEL
180836	Hypoflor Urea Breath	83013	CEL
180764	Hypoflor Stool Antigen	87338	CEL
001321	Iron and IBC	8366	CEL
001115	LDH	83615	CEL
001057	Lithium (Eskalith)	80178	CEL
007708	Lithium	83735	CEL
001537	Magnesium	83735	CEL

ALPHABETICAL/COMBINATION TESTS CONT

006189	Mononucleosis Test, Qual	86308	CEL
884247	NMR LipidProfile	80118	CEL
007823	Phenobarbital (Luminal)	80184	CEL
007401	Phenytoin (Dilantin)	80185	CEL
001024	Phosphorus	84100	CEL
001180	Potassium	84132	CEL
004465	Proctolin	84146	CEL
010322	PSA	84153/80103	CEL
480947	PSA, Free: Total Ratio	84153	CEL
005199	Prothrombin Time (PT)/INR	85610	CEL
020321	PT and PTT Activated	85610	CEL
005207	PTT Activated	85730	CEL
006502	Rheumatoid Arthritis Factor	86431	CEL
006072	RPR	86592	CEL
006197	Rubella Antibodies, IgG	86762	CEL
005215	Sed Rate, Westergren	86652	LAV
001198	Sodium	84295	CEL
004226	Testosterone, Total	84403	CEL
070001	Testosterone Women/Children	84403	CEL
007336	Theophylline	80198	CEL
330015	Thyroid Cascade Profile	84436	CEL
001149	Thyroxine (T ₄)	84436	CEL
001974	Thyroxine (T ₄), Free	84433	CEL
082345	T ₄ p/u/Screening Cascade	84479	CEL
001172	Triglycerides	84479	CEL
002188	Triiodothyronine (T ₃)	84480	CEL
001156	T ₃ Uptake	84479	CEL
004259	TSH, 3rd generation	84443	CEL
001057	Uric Acid	84650	CEL
003038	Urinalysis	81003	CEL
081950	Vitamin D, 25-Hydroxy	82306	CEL

MICROBIOLOGY

ENDOCRINE THROAT URINE
 STOOL URETHRA
 OTHER SOURCE

008649	Aerobic Bacterial Culture	87070	CEL
008482	Fungus Culture	87101	CEL
008334	Genital Culture, Routine	87070	CEL
008540	Gram Stain	87205	CEL
188132	Gp B Strip Detect, NAA	87195	CEL
188135	Gp B Strip Detect, NAA Rht to Assess	87195	CEL
180810	Lower Respiratory Culture	87070	CEL
182949	Occlusal Blood, Facial, IA	82274	CEL
008623	Ova and Parasites	87175	CEL
008144	Stool Culture	87175	CEL
008169	Stool Culture, Group A	87081	CEL
008342	Upper Respiratory Culture, Routine	87070	CEL
008847	Urine Culture, Routine	87086	CEL

NuSwab® Tests (check only one)

180039	NuSwab® Yeast (YG)	87205	CEL
180021	NuSwab® Yeast Plus (YG+)	87205	CEL
180060	Bacterial Vaginosis, NAA	87798(8)	CEL
180055	C. albicans & C. glabrata, NAA	87481(8)	CEL
180010	Candida Species Profile, NAA	87481(8)	CEL
183194	Chlamydia/Gonorrhea, NAA	87291	CEL
183190	Chlamydia	87291	CEL
183160	Chlamydia, Swab	87798(8)	CEL
180809	Genital Mycoplasmas, Swab	87798(8)	CEL
180806	HSV 1 & 2, NAA	87520(8)	CEL
188052	Trichomonas vaginalis, NAA	87661	CEL

ENHANCED REPORTING

910343	Chronic Kidney Disease Report		
910385	Cardiovascular Risk Assessment Report (Must order with 361946-Lipid Cascade, 884247-NMR LipidProfile, or lipid panel)		

† = ID / Susceptibility at Additional Charge
 ‡ = Confirmation at Additional Charge
 § = Also available with Actima™ urine

Clinical Information/Comments

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANEL/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

Equipment Links

- Ideas for affordable nursing equipment
 - Nursing Scissors [Scissors](#) \$15
 - Wrist BP Cuff [BP Cuff](#) \$20
 - Wrist BP Cuff [Wrist BP Cuff](#) \$17
 - Non-contact Thermometer [Thermometer](#) \$10
 - Forehead Thermometer [Thermometer](#) \$7
 - Water Resistant Tote Bag [Tote Bag](#) \$25
 - [Nurse Tote Bag](#) \$17
- * Prices are estimates ONLY*

Helms will reimburse up to \$35 for BP cuff/Thermometer ONCE

