HOME CARE PROFESSIONAL BOUNDARIES

INSERVICE

EXPERT HOME CARE, INC.

www.pnsystem.com *305.818.5940*

EXPERT HOME CARE, INC.

Professional Boundaries in the home care workforce

"Boundaries are present in many aspects of our daily lives. Speed limits, office ours, dress codes, joke telling, and eye contact are all examples of boundaries. In interpersonal relationships, boundaries serve to maintain one's identity, protect one's personal space, and allow for harmonious interactions with others.... Professional boundaries are essential to protect the patient's comfort level and sense of safety, and to ensure the patient's best interests always remain the overriding consideration. When professional boundaries are violated, patients may experience confusion, shame, self-doubt, anger, sadness, or mistrust. ...."

The home healthcare professions have never been static in terms of their own disciplinary boundaries, nor in their role or status in society. Healthcare provision has been defined by changing societal expectations and beliefs, new ways of perceiving health and illness, the introduction of a range of technologies and, more recently, the formal recognition of particular groups through the introduction of education and regulation. It has also been shaped by both inter-professional and profession-state relationships forged over time.

Our field healthcare workforce accounts for the greatest proportion of spending, and holds the key to the quality of healthcare delivery, despite the importance of the workforce, there is a lack of a coherent theory to underpin workforce development. This in-service aims to contribute to the current understanding of our workforce development by describing ways that our field healthcare workforce can evolve as a result of the pressures on inter-professional boundaries.

Why is the workforce changing?
The changes are believed to be the result of developments in technology, education, research evidence and new systems of purchasing, on-line access, internet, organizing and regulating the workforce. Recently, disciplinary boundaries have come under new pressures as a result of staffing shortages in home health, nursing, therapy and the allied health professions.

Objectives:
1. Identify the meaning of, and importance of establishing, and maintaining professional boundaries.
2. Identify how to maintain confidentiality and protect personal and medical information belonging to the Agency
3. Identify our Home Care Program requirements related to documentation and maintenance of documentation for the Agency
4. Identify information and reportable events to be reported to the Case Manager (CM) and the correct time frames for reporting.
5. Identify the specific actions that are not acceptable behaviors and are not permitted under the Agency Policy & Procedures.
6. Identify what is impermissible involvement in patient's legal matters and identify limitations of a staff as caregiver - not decision maker, and exceptions listed in the Conditions of Participation.
7. Identify State, Federal and Accreditation standards of care, regulations and laws.

Introduction:
In our home health care setting, licensed staff work one-on-one with their patients and often spend many hours in the patient's home. It is not surprising that boundary issues occur more frequently in the home care setting as oppose to other areas such as an emergency department or medical-surgical unit. Our field staff face many challenges as the patient's often require long term and sometimes intensive care within their homes. Some of the many attributes that our

licensed health care staff possess are compassion, empathy, and the desire to advocate for their patients. There can sometimes be a fine line between utilizing these attributes to provide care for the patient and violating professional boundaries. This in-service is designed to educate our field staff on maintaining professional boundaries.

The Importance of Establishing and Maintaining Professional Boundaries:
Professional boundaries are necessary to perform objective assessments, carry out orders appropriately, make professional clinical decisions, provide education, and exercise good clinical judgment to determine and meet the needs of the patients.
Without professional boundaries the staff's judgment becomes impaired and can prevent them from delivering adequate and appropriate care, recognizing potential health and safety risks, and communicating appropriately with other members of the health care team such as the physician, case manager, and other professionals (we encourage inter-discipline coordination of care).
An example of this would be the nurse who has provided care for a patient for 5 years and has developed a friendship with the patient. The nurse visits the client frequently off the clock and they go out in the community together. The nurse has gotten to know the patient on a personal level. The nurse notices the patient has become very depressed about her disease progression, but the nurse doesn't think much of it because the patient has shown signs of depression in the past. The patient has informed the nurse that she is ready to die and just doesn't want to go on any longer. The nurse who believes she knows the patient well and thinks she is just venting, tells the patient that she is just having a bad day, and tomorrow will be better. The nurse doesn't ask any further questions and doesn't report the comment to any one. She arrives the next day for her schedule and finds the patient dead in her bed surrounded by pills with a suicide note next to her. Had this nurse maintained professional boundaries, when she heard the patient state that she was ready to die, the nurse would have assessed the patient further to determine whether or not she was in crisis and whether or not the patient had a suicide plan. The nurse would have intervened by contacting the Agency, police, patient's physician, and case manager. The nurse would have collaborated with the rest of the team members to ensure the health and safety of the patient. Instead, the blurred line between the professional nurse and the patient's friend prevented her from seeing clear warning signs that the patient was suicidal.
Probably the easiest way to maintain boundaries is to establish them immediately. The nurse sets the stage of how the staff – patient relationship proceeds. If the staff comes in to the patient's home and begins talking about his/her personal life and financial situation to the patient, the patient receives a message from the staff that "anything goes". If the staff refrains from discussing his/her personal issues and keeps the conversation focused on the patient and the patients health needs the patient will typically follow that lead. The maintenance of professional boundaries is not only necessary to protect the welfare of the patient but also the staff. The staff's who become very comfortable with patients and discuss personal issues often find themselves receiving advice and assistance from the patient. The focus then shifts from the patient to the staff, leaving the staff in a position that he/she may miss something, not provide adequate care, or even place the staff in a position of finding him/herself accepting monetary assistance from the patient. All of which can put the staffs professional license and staff agreement in jeopardy.
The old adage "Familiarity Breeds Contempt" bears a lot of weight in the home care setting. When professional boundaries are not maintained the level of respect the staff and patient have for each other diminishes and often leads to disputes, disagreements, arguments and quite often, "contempt" for one another.
In order for the staff to participate in our Home Care Program, the staff must comply with the conditions set forth in the State, Federal and Accreditation Standards/Regulations. The staff should familiarize him/herself with the conditions of participation and also educate the patient on

the conditions which will assist in maintaining professional boundaries.
The Conditions of Participation contain program rules that if violated, often lead to the deterioration of professional boundaries. This in-service will review the conditions of participation, regulations and laws that relate directly and indirectly to the maintenance of professional boundaries.

Confidentiality:
HIPAA or the Health Insurance Portability and Accountability Act, was signed into law by President Bill Clinton on August 21, 1996. This Federal law prohibits the release of health information without the patients consent. It is the staff's responsibility to protect the personal and health information of the Patient.
Maintaining the patient's confidentiality is important in maintaining professional boundaries. The Agency's staff is only permitted to share the patient's protected health information with other team members listed on the Care Admission documents.
The staff may not release any personal, medical, or billing information with any one other than the above mentioned members without written, signed consent from the patient and then the case manager should be made aware of the release of information.

Documentation:
Copies of all documentation must be maintained with in the patient's home and the staff must retain the originals. Documentation within the staff's home should be kept in a secure, locked location where other members of the household or visitors to the home do not have access. All documentation must be kept for a minimum of 7 years. Documentation that is saved to a computer or portable media device such as a disc or flash drive must also be stored in a manner that other people can not access, for example, portable media devices should be locked up with the documentation.
Documentation shouldn't be saved to computers unless the staff is the only one who will have access. Although the copies of documentation must be left in the patient's home, the patient does have the right to discard the documentation if he or she chooses. The staff should urge the patient to keep documentation and maintain it in a secure place within the patient's home where he/she can access, but is not easily accessed by other people coming in and out of the home. The patient can then determine whom, if anyone, he or she would like to share the documentation with.
Documentation must reflect but is not limited to the following:
* The patient's name and date of service.
* Arrival and departure times.
* Tasks performed / not performed
* Dated signature of staff
* Dated signature of patient or other representative verifying service was completed.
* Documentation must be completed by the staff and signed by the patient by the end of the visit in which services were rendered.

Maintaining well organized documentation within the patient's home gives the patient a sense that the staff is committed to professionalism and delivering quality care. Maintaining well organized documentation with in the staffs home enables the staff to review and compare past notes and 485's / plans of care easily and comply with documentation requests made by representatives of the Agency Nursing department.

Reporting Information:
In the case of any significant finding, case conference or in-home incident, and in the event that the case manager can not be reached within 24 hours, the staff should then contact the case

manager's supervisor. If the event occurred after hours or on the weekend or holiday, the staff still needs to report the event to the Agency DON. There is a Agency's supervisor available 24 hours per day, 7 days per week, every day of the year, including all holidays. It is the staff's responsibility to ensure that events are reported within the above listed time frames. Once the initial report is given the staff must then fax, email, or mail written documentation of the event to the case manager within 5 days of the incident. This can be a written narrative and / or nurse's note if the nurse's note details the event. Depending on the event, further documentation may be requested. The following list includes but is not limited to events that must be reported to the Case Manager within the above timeframes.

* Health and Safety Issues (Abuse, Neglect, Exploitation, Abandonment, Theft, Inappropriate Service Delivery, Medication Errors, Illegal Activity, Accidents /Injuries, staffs practicing beyond their scope of practice, death and/or any other issues that affect or have the potential to jeopardize the health and safety of the patient.
* ER / Urgent Care visits. Hospital and/or Long Term Care Facility admissions (this includes scheduled and unscheduled), Surgical Procedures – inpatient and outpatient.
* Any change in condition or care needs, This includes physical and/or emotional status such as a decline in the patient's condition requiring a need for increased services and also an improvement in condition requiring a need for decreased or end in skilled service.
* Any change in caregiver status. Decline in health, hospitalization or death of a caregiver or change in caregivers.
* Any change in environmental conditions affecting the patient such as utility outages or disconnection, flooding, break-ins, people within the home participating in illegal activity, etc.
* Any referrals made to protective agencies such as Adult or Child Protective Services, Law Enforcement, and AHCA. This should be reported whether the staff made the referral or someone else made the referral. The staff must also report any active / open cases with the Agency's officials.
* Patient consistently declining services. The patient has the right to decline services and may do so from time to time, however if this is occurring on a consistent basis, this must be reported.
* Patient noncompliance with physicians orders, medication / treatment regime, diet, safety recommendations, All Services Plan (POC).
* Patient behaving inappropriately toward the staff. This includes verbal and physical abuse, inappropriate and/or sexual conversation, comments, or actions.
* Patient's requests conflict with the Plan of Care. This might apply if the patient is asking the staff to work more hours than authorized.
* Staffs violating any of the Conditions of Participation.

In addition to reporting the above events, the staff must also report and provide in writing a 15 day notice to the case manager as well as the patient. This provides the case manager time to secure services for the patient. If circumstances exist that places the staff at risk, the case manager must be notified. The case manager can determine if a 15 day notice can be waived, however the staff must report the issues to the case manager immediately. In addition, if the 15 day notice is rescinded by the staff, the case manager needs to be informed. If the staff fails to notify the case manager, the case manager is unaware and will continue to work on securing an alternate staff. Remember, any time the staff discharges a patient from his/her care, the staff must write a discharge summary. This summary should be submitted to the case manager, DON, physician, and maintained in the patient's chart, is also required to notify the DON of any change in staff's address and / or contact information. This must be done within 30 days of the change.

This is done not only for billing purposes – to ensure the staff's reimbursement is going to the right place, but also to ensure the case manager / patient can reach the staff. In addition, the staff is required to participate in Case Conference.

Case Conferences are set up by direct in the office, phone contact and then the staff is notified

via the phone, text or e-mails. If the staff has not updated his/her phone and address, the staff may not receive the notification and may possibly be out of compliance.
Reporting accurate information in a timely manner to the Case Manager is vital in ensuring the health and safety of the patient. There will be patients who do not want the information listed above to be reported to the Agency. Patient's have many reasons for not wishing to share information. Sometimes it is fear based. Fear of going into an extended care facility or assisted living, fear of family discovering that the patient is not doing as well as they thought or fear of losing independence.
There are also patients who may be engaging in illegal activities such as illegal drugs, or misusing prescribed medications. There are also patient's who are simply private people who do not wish to share information. The staff may be asked by the patient who has fallen; "please don't tell your case manager, Agency". Requests such as these place the staff in a difficult position. The staff wants to maintain the trust of the patient but the staff knows that he/she is bound by the staff agreement to report such occurrences. The best course of action for the staff would be to talk to the patient about why he/she doesn't want this reported. The staff may be able to relieve the patient's fears or explore some of the concerns the patient has regarding informing the case manager of the occurrence. The staff should be truthful with the patient and inform the patient that he/she has to report the occurrence to the case manager/Agency. If the staff honors the patient's request not to report an occurrence to the case manager, the staff has violated the Conditions of Participation as well as professional boundaries. The staff must maintain objectivity and comply with reporting mandates. The patient may be unhappy with the staff and it is possible that the patient will decide to replace the staff. As this may be an unfavorable outcome for the staff, failing to report an occurrence may have a far worse outcome for the staff, which can include Cease and Desist / Notice of Deficiencies, referrals to the professional licensing board, such as the Florida Nursing Board and even Adjudication (removal of staff license). Reporting concerns and issues enables the Case Manager to identify whether or not a health and safety issue exists and enables him/her to implement safety / prevention plans, increase or decrease services as needed, or identify other providers within the community that may be able to assist / meet the patient's needs. Let us refer back for a moment to the example of the patient asking the staff not to report a fall. If this patient sustained a fall because he/she had an unsteady gait and the staff notified the case manager, the case manager could then authorize physical therapy to work on improving the gait or obtain assistive / adaptive devices. Now imagine the staff did not report the fall. The patient continues to ambulate with an unsteady gait. The next fall occurs and the patient hits his/her head on the sink and sustains a life threatening head injury and then dies. The nurse failed to maintain professional boundaries, and by doing so, failed to protect the patient. The nurse may have prevented this death by simply reporting a fall.
In addition to reporting such events to the case manager, it is also necessary for licensed staff to report such events to the patient's physician and if applicable law enforcement and county protective agencies such as child or adult protection services.
If the staff is an LPN, the LPN must also report such events to his/her RN supervisor.

Impermissible Actions and Behaviors:

The Conditions of Participation outline actions and behaviors that are not permitted by the Agency's Staff to participate in during the hours of service delivery to the patient. These include but are not limited to:

Ingesting the patient's food and/or drink, or using the patient's personal property without the patient's offer and consent

The staff should not eat or drink food and beverages belonging to the patient unless the patient offer's. It is recommended however that the staff declines any offers from the patient as this can provide opportunity for the professional boundaries to be crossed. The staff should bring his or

own food and drinks to the home in a cooler to avoid using the patient's refrigerator. The staff should also avoid bringing foods requiring cooking or heating so the staff does not use the patient's stove or microwave. The staff may not use the patient's personal property unless utilization of that property is required in order to deliver services to the patient.

Bringing children, pets, friends, relatives, other patients or anyone else to the patient's place of residence.

It is never permitted to bring any person or pet to the patient's home. No children, friends, relatives, pets/animals, other patients on the waiver program, repair/maintenance people, sales people, or any other person no matter what the circumstance. If the staff finds that he or she has no baby sitter, bringing the child to work is never an option. The staff must notify the patient and case manager that he or she will be unable to work and assist the patient in implementing his/her back up plan. If the patient asks the staff to bring children, pets or other people to the home, the staff must respond by professionally declining and explaining that it would not be appropriate and is against the rules. If the staff becomes aware of a repair or other service needed by the patient and knows someone who will do this at a minimal or no cost, the case manager should be notified and that contact information provided to the case manager. The case manager can then discuss this option with the patient. It is not appropriate for the staff to make this connection for the patient. Bringing other people to the home is a breech of confidentiality and violates HIPAA law, Florida Home Care Conditions of Participation and Professional Licensing Board rules. Some common examples of this rule violation include:

*The staff doesn't have a baby sitter and brings his / her child to work.

*The staff brings her husband over to change a lock, or wire a light fixture.

*The staff arranges for a friend or relative who is a plumber to come over and unclog a drain at no charge.

*The patient is friends with another patient and asks the staff to pick him/her - up on the way to provide service.

*The staff gets a new puppy and brings it over to "cheer up" the patient.

This rule also includes the staff being dropped off to and picked up from work by another person. If driven to and from work, the staff should make arrangements to be dropped off and picked up a far enough distance away from the home so the driver does not know which home the staff is entering and exiting. (The driver is never permitted to enter the home of the patient). Even if the driver does not know the name of the patient, he or she does know the address of an Agency's Patient and this is also a breech of that patient's confidentiality. This can also put the patient at risk because other people then have knowledge that a person with physical or medical disabilities lives at that address leaving the patient vulnerable to exploitation, theft, or even violence.

Even at the request of the patient, these actions are *never* permitted. These actions not only breech confidentiality and leave the patient vulnerable, but they also degrade the professional boundaries. The patient may begin to view the staff more of a friend than a professional service staff.

Taking the patient to the staff's place of residence

The patient's environment is set up for that patient's needs and is very difficult to reproduce in another care setting. It is difficult to ensure the health and safety of a patient in the staff's home. Many patients require equipment and supplies to meet their care needs, if these things are forgotten or damaged in transport the patient can not receive needed care. A Staff can not maintain professional boundaries once the patient has visited his/her home. Care provided at the staff's home can be viewed by the patient as a friendship instead of a professional relationship. The staff is paid to provide care solely to the patient during service hours, if care is provided in the staffs home, the staff may be tempted to throw in a quick load of laundry, or fix a

snack for the kids when they come home from school, or other personal tasks which take away from the care the patient should be receiving. If the staff ever has reason to believe that the patient's home environment is not appropriate for the patient or unsafe, taking the patient to the staff's home is never an option. The correct course of action is to notify the case manager and contact county protective service agencies and/or police if environment is dangerous enough to warrant such involvement.

Use of illegal drugs or chemical substances / alcohol and medications causing impairment.

The staff is not permitted to use illegal drugs or chemical substances. Professional licensing boards such as the Florida Board of Nursing also prohibit the use of illegal drugs and/or chemical substances. In addition, the staff is not permitted to consume alcohol or take medications that may in any way impair the staff during service delivery. This includes over the counter medications that may make the staff drowsy or affect the staff in a way that prevents him/her from providing safe and appropriate care. The staff is also not permitted to provide services when he/she is medically, physically or emotionally unfit to do so. This can include medical conditions that are not controlled and exacerbation may prohibit the staff from providing care, physical conditions such as injuries that prevent the staff from delivering safe and appropriate care, and emotional issues or conditions can impair the staff's judgment when providing service, for example if the staff has experienced a death in the family the staff can be deeply emotionally affected and this could hinder the ability to provide appropriate care. The staff is responsible for using good professional judgment and being able to recognize his/her own limitations. If the staff is unable to provide care for any of the above reasons, the patient and case manager must be notified and staff should assist with implementing the patient's back up plan.

Discussing religion or politics with the patient and others present in the care setting

This is not a good idea in any job but discussion of religion and politics is not only inappropriate, but also prohibited when providing care for the Agency's Patient. The topics of religion and politics are probably the most argued topics in the world. The staff should avoid sharing with the patient any political or religious beliefs or try to sway the patient's beliefs. The patient may choose to make his/her beliefs known to the staff. The staff must be respectful of the staffs beliefs, the staff can listen to the patient, but it is not the staff's role to share his/her own beliefs with the patient. Keeping religious and political views private is necessary in maintaining professional boundaries. If the staff and patient share their different religious and political beliefs with each other, disagreements or arguments can ensue, leaving bad feelings and disrespect for one another.

Discussing staffs' personal issues with the patient and others in the care setting.

It is not always an easy task to keep discussions of personal issues out of the equation when providing care to a patient. The patient will ask personal questions in an attempt to get to know the person who is coming into his/her home to provide care. It is expected that the staff recognize how much information is appropriate. The staff should disclose necessary information to the patient, such as contact information, credentials, experience, much as one would provide any employer when applying for a job. As the staff – patient relationship continues, patients often make small talk and ask more personal questions, such as; "are you married", "do you have children", "what do you like to do in your spare time?" It is okay to disclose minimal information, such as "yes I am married." Inappropriate conversation would be, yeah I'm married,

but not for long, we argue all of the time." The staff must always remember that the patient is often dealing with multiple medical diagnoses and their own personal issues and stressors. The staff should not add to patient's stress and worry by disclosing his/her own personal issues. This takes the focus away from the patient and places it on the staff. This is probably the most common violation of professional boundaries.

Exploitation

The staff is prohibited from behaving in a manner that takes advantage of or manipulates the patient, patient's family or authorized representative or Program resulting in personal gain for the staff. Some examples include but are not limited to, identity theft, using patient's credit/debit/food stamp card for personal use, creating debt for the patient/family, having cell phone/ utilities/ credit in the patient's name etc. This also refers to the staff telling the patient a "sob story" and gaining sympathy from the patient to the point that the patient or patient's family may offer assistance. An example of this is the staff who tells the patient that he/she is financially struggling and needs more hours. The patient asks if he/she can help. Together they devise a plan to let the case manager know that the patient's health is declining so the staff can get more hours or visits. The Agency's case manager authorizes more hours/visits and the staff begins providing services that are not actually necessary. This scenario manipulates the patient, The Agency's Program and is also Medicare, Medicaid, Insurance Fraud which can lead to criminal charges. The patient should never be treated as an opportunity for the staff to gain anything beyond reimbursement for the services provided. The patient / patient's family are typically grateful for the services provided under the Home Care Program and often feel compelled to show their gratitude, the staff should never take advantage of, manipulate or exploit the patient/family in any way.

Money and Gifts

The Licensed staff may never accept, obtain or attempt to obtain money or anything of value, including gifts or tips from the patient or household /family members of the patient. This includes borrowing money, requesting and/or accepting gas money, using the patient's credit/debit/food stamp card (even if the money is paid back).

The staff is not permitted to accept tips or gifts, he/she receives reimbursement for services rendered and can not accept anything beyond that. This can be especially difficult at Christmas or on birthdays. It is important that the staff set the boundaries early into the patient-staff relationship and make sure that this has been addressed so that the patient doesn't give gifts and the staff doesn't feel obligated to accept a gift. Many patients are on a fixed income and can not afford to lend or give money to staffs or even purchase gifts. The staff should never disclose that he/she is short on money which will eliminate the patient to feel obligated to offer a loan. In addition, the staff should never lend or give money, or give gifts to a patient. If the staff finds that the patient has no money for food or medication, the staff must notify the case manager right away. Giving and receiving money / gifts changes the dynamics of the professional staff-patient relationship and boundary crossing occurs.

Selling / purchasing products or personal items

The staff is not permitted to sell products / items to the patient nor is he/she permitted to purchase products / items from the patient. This includes cosmetics, home décor, and catalog sales as well as personal items such as clothes, furniture, electronics, and jewelry. Purchasing and selling items involves exchanging money which can lead to misunderstandings and disagreements, especially if the product purchased was not as expected, broken, or not received. The only exception to this rule is if the staff who is buying or selling products to / from the patient is the patient's family member and the transaction takes place when services are not being provided.

Abuse

The staff is not permitted to engage in any behavior that causes physical, verbal, mental, and emotional stress or abuse to the patient. The staff must remain professional toward the patient. The staff must refrain from engaging in arguments, yelling, cursing or any inappropriate remarks that causes the patient stress. Failure to maintain professional boundaries often leads to the patient and staff developing a familiarity with each other. Frequently, individuals who are friends or overly familiar with one another become irritated by comments and behaviors, leading to arguments, yelling, cursing and other unprofessional dialogue. The staff must never hit, slap, smack, or any other physical forms of abuse. If the patient is verbally abusive toward the staff, the staff must notify the case manager to assist with the situation. If the patient is physically abusive toward the staff, the staff should file a police report and notify the case manager. If the staff maintains professional boundaries with the patient he / she are much less likely to engage in these behaviors. Staffs who engage in abuse toward a patient may face Adult/Child Protective Agency and Law enforcement investigations, criminal charges, referrals to professional licensing boards, and adjudication (removal of staff number)

Sexual Conduct

Staffs are not permitted to engage in sexual conduct or conduct themselves in a manner that could reasonably be interpreted as sexual in nature. Regardless of whether or not it is consensual by both staff and patient, it is prohibited. Most staffs reviewing this rule think that they would never violate this rule. Keep in mind that this rule also refers to flirting, telling "dirty" or sexual jokes, calling the patient inappropriate nick names such as "sexy, hottie, baby, etc.", provocative conversation, body language or clothing, physical contact not related to patient care such as hugging and kissing, discussing intimate relationships, pursuing a romantic relationship or implying that there is an intimate interest, such as comments like "If I weren't married, I would .... ", and being involved in any romantic or sexual relationship with the patient. In addition, given the technological advances with communication devices it is necessary to also mention that texting / "sexting" any sexual dialogue and/or pictures, sending emails with sexual content and pictures or any other communications of a sexual nature is also prohibited. Consequences can involve law enforcement involvement, referrals to professional licensing boards, and adjudication (removal of staff number).

Leaving the patient's home during service hours, visits, non schedule compliance.

The staff is not permitted to leave the patients home during services hours/visits for any purpose not related to the provision of services, non schedule compliance, without notifying the patient's emergency contact person, identified caregiver and/or case manager (CM). Leaving the patient's home without the above notification is abandonment. There are times when the patient requests that the staff run errands, pick up medications or transport the patient to an appointment. These are services that the staff is paid to provide (if is in the Care Plan). The staff is not permitted to go to the pharmacy to pick up medication for the patient and while there do his/ her own shopping. Emergencies do arise. There may be an occasion where the staff has an emergency and can not finish his/her shift. If this occurs, prior to leaving, it is the responsibility of the staff to notify the patient, case manager / supervisor / on-call of the need to leave and ensure that the patient's back up plan has been activated. It is the responsibility of the staff to ensure that prior to leaving the patient's needs have been met and his / her health and safety is not in jeopardy.

Usage of the patient's vehicle

Many patient's have a car, van or other vehicle that he/she permits the staff to drive to take the

patient on appointments, shopping, errand running or out in the community. The staff must never use the patient's vehicle for his/her own personal use, or take the vehicle home with him/her.

Activities to avoid during service delivery hours

There are several activities that the staff should avoid during service delivery hours/visit as they can distract and detract from the delivery of adequate and appropriate care.
These activities include, but are not limited to the following:
* Watching television, playing video games, or using the computer. The patient may be watching a program or playing video games, but even with an invitation to sit down and participate, the staff should not participate and politely decline. The only exception to this may be the patient who uses a game console for part of a therapy program, or a staff presenting education material in the format of a DVD, computer program, or internet. (This does not apply to the staff who brings a laptop to perform electronic charting as long as the laptop is used exclusively for that purpose)
* Making / receiving personal communications
Use of cell phones and other communication devices should be avoided during service hours/visit, however if this is unavoidable the staff must use professional judgment and maintain professionalism. Communications should only be made or received during service hours if it relates to the care of an Agency's Patient or program, or there is an emergency. Then, communications should be kept brief and returned after service hours whenever possible. If the communications must continue during service hours/visit, the staff must be mindful of what is said in front of the patient and keep the conversation professional and maintain confidentiality of other patients.
* Socialization with individuals other than the patient, unless it is care related.
Conversation with family members or other individuals with in the home should be kept to a minimum with focus remaining on the patient.
* Providing care to others in the home.
Care is only to be provided to patients on the Agency's Home Care Program with authorization from the case manager. Care of siblings, children, parents, or spouses of the patient not enrolled in the Agency is not permitted. The staff must notify CM if put in this situation by patient or patient's family. (This does not refer to group billing where service can be performed for up to 3 patients in the same environment and authorized by the case manager).
* Smoking in the home.
The rule states no smoking in the patient's home without consent. It is recommended however, that the staff not smoke in the patient's home, even with permission from the patient.
* Sleeping.
This is prohibited. The staff may never sleep during any visit for any reason, even with the permission of the patient or patient's family. The staff is unable to provide care or monitor the patient while sleeping. If the patient is compromised to the point that he/she requires nursing care through out the night, then a sleeping staff is neglecting the patient. Staying awake can be difficult for staffs working night hours. It is often difficult to stay awake when the patient and household are sleeping. The staff must stay awake. If the staff can not stay awake during night services, he/she should not accept cases with night hours. A nurse sleeping during a visit puts the patient's health and safety in jeopardy.

Patient's personal relationships and legal matters.

Any involvement in the patient's personal relationships and/or legal matters is not permitted. The staff should not give advice, interject personal opinion or comments, or influence the patient's decision making. The staff is required however, to report any personal issues that the

patient reports that may jeopardize his/ her health and safety.
The staff is also prohibited from being designated to serve or make decisions for the patient in any capacity involving a declaration for mental health treatment, durable power of attorney, financial power of attorney, or guardianship pursuant to court order.

Conclusion:

Having the opportunity to work as a Licensed Agency Staff in the Florida Home Care Program allows for great flexibility, good pay, and the opportunity to meet and care for some of the most diverse and interesting people in our Area of Services. The staff has the ability to positively impact the Home Care Patient's quality of life on a daily basis. Caring for and providing care to individuals who live with medical and physical disabilities is both admirable and honorable. Establishing and maintaining professional boundaries enables the staff to delivery care in a professional and appropriate manner that reflects the integrity of the staff and his/ her profession.

Discussion:

Accreditation Standards
AHCA Regulations and Laws, Minimum Standards
CMS Regulations and laws