

# **Home Health Field Guide for Field Clinicians, Intake Nurses, and Schedulers**

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# **Table of Contents**

Introduction

## **Section 1: Intake Nurse**

- 1.1 Overview
- 1.2 Documentation
- 1.3 Insurance
- 1.4 Standards

## **Section 2: Scheduler**

- 2.1 Overview
- 2.2 Tools
- 2.3 Terms
- 2.4 Documentation
- 2.5 Standards

## **Section 3: Field Clinician**

- 3.1 Overview
- 3.2 Tools
  - 3.2.1 Tools
  - 3.2.2 Red Bag Disposal Guidelines
  - 3.2.3 What to put in a red bag
  - 3.2.4 What not to put in a red bag
- 3.3 Medical Clearance
- 3.4 Documentation
- 3.5 Standards

References

Glossary

## **Introduction:**

This field guide serves as a guidebook for three positions within the Home Health industry: field clinicians, intake nurses, and schedulers.

NOTE: This guide is not intended to be used by professionals who work within the Home Health industry, but do *not* serve in these positions.

This guide is intended to serve as a quick reference guide for each position to consult throughout the course of day-to-day operations of their jobs.

This field guide is separated into three distinct sections. Each section focuses on a different position within the home health industry. Section 1 focuses on the responsibilities and advice for intake nurses, sometimes called the intake coordinator. Section 2 focuses on the scheduler and how they can best perform their job. Section 3 focuses on the field clinician and their responsibilities in regards to the patients they care for.

## **Section 1.1: Intake Nurse Overview**

The intake nurse, sometimes called an intake coordinator, is responsible for admitting patients within the Home Health organization that they work for. They administer paperwork, verify insurance, and refer patients to service providers. They coordinate with the family and the family's doctors to develop plans for treatment. They often serve a similar role to a receptionist at an office job.

Intake nurses are usually licensed vocational nurses (LVN). In 2018, per the Occupational Outlook Handbook, most LVN's earned an average salary of \$46,240 per year at \$22 an hour.. Typically, their education is a one-year specialized program that can be found in most vocational schools and community colleges.

As intake nurses will often be giving directions and information to patients, they will need to be able to communicate complex information clearly so they can explain the paperwork to patients, identify common problems and give advice to the patient for how to avoid those bureaucratic issues, and explain the reasons and needs behind their decisions to accept, reject, or refer a patient and their paperwork to both patients and doctors.

An intake nurse will also be responsible for transferring and discharging patients from their facilities.

## **Section 1.2: Paperwork**

The intake nurse's job is to make sure that information about patients gets to where it needs to go, be that hospitals, doctors, or referred providers. For that reason, it's vital that an intake nurse not only understand paperwork, but master it so that information never gets misplaced and sent to the wrong destination.

For this reason, this manual recommends an intake nurse develop a strong sense of organizational skills and create an organizational system that they can use to pull up information quickly.

Some organizations and employers may have their own preferred systems and methods of organization. In that case, it may not be necessary for an intake nurse to create their own system, but rather understand and master the organization's own.

Some common organizational systems include; by time (date, month or year), by alphabet, or by recency (ie, which document was requested most recently by either a patient or a provider).

Whether the nurse is left to develop their own system or asked to learn their organization's, becoming adept with that system will help that nurse to provide a top-level quality of service to both patients and healthcare providers with their ability to provide accurate and up to date information.

While the world is moving into an ever-increasing digital age, a nurse should still be prepared to use both digital and paper archival systems within their organization, as there remain advantages and disadvantages to both, and as such, some organizations will prefer one over the other, and will often ask their employees to be familiar with both styles.

The following table, Figure 1.1, describes the pros and cons of digital vs paper for archival purposes.

## Digital Vs Paper

Table 1.1: Cons and Pros of Digital Vs Paper for Record Keeping

Pros of Digital	Cons of Digital
Easy to use Convenience Makes file sharing between organization and providers easier Cloud sharing and backup can help ensure documents are archived	Requires functioning computers and usually internet access; can fail in the event of a power outage Vulnerable to hacking Difficult to learn if not already familiar with the basics of computer operation Expensive to invest into if not already in use
Pros of Paper	Cons of Paper
Cannot be hacked Not reliant on electricity or cloud storage; remains available if either of these fail for any reason Easier to organize and locate; electronic files can become cluttered and difficult to sort through while paper records can remain organized	Easy for papers to get loose and mess up otherwise careful organization - and potential lose vital information Take up physical space and require additional resources (filing cabinets, folders, paperclips, etc)

## Section 1.3: Insurances

Part of the intake nurse's job is to determine and verify the health insurance of their patients. It can be helpful to be familiar with common insurance providers so that the nurse knows how to contact the provider to confirm and verify a patient.

Some common health insurance providers in the United States include;

- ☐ United Healthcare
- ☐ Blue Cross Blue Shield
- ☐ Aetna
- ☐ Cigna
- ☐ Humana

The easiest way for a nurse to verify that a patient has insurance coverage is a member card. This will be a card the patient has containing information relating to their status in that insurance agency, whether they have dependents, what plans they have, and what benefits they qualify for. Blue Cross Blue Shield offers patients its own plan member cards; however, not all companies do.

The most effective way to check a patient's coverage is to input their information into the system of the relevant insurance provider. Most insurance providers will offer a convenient way for nurses and other hospital staff to verify a patient's status, usually through means of an online search with that patient's information made available to health organizations.

Not all providers will provide equivalent care and plans. Some providers may offer dental insurance or vision insurance on their plan, or they may require the patient to outsource that plan to another provider, often a specialty provider focusing on that field. It is the responsibility of the nurse to check, ensure, and verify that a patient is on the appropriate plan for the coverage that patient is seeking.

## **Section 1.4: Standards**

The standards of an intake nurse are to ensure that information goes where it needs to, and in a timely fashion. Delays in reports, misplaced documentation, or bad bedside manner are all things that could reduce patient satisfaction. To avoid this, a nurse must, like any position, take their responsibilities seriously and maintain a strict sense of professionalism in all they do. In addition, they must, as stated, maintain a sense of organization and develop ways to quickly, but accurately pull up information relating to patients and cases.

## **Section 2.1: Scheduler Overview**

A Home Health Scheduler manages the schedule for both patients and the caregiving agency. The schedulers match clients with patients based on the history and overall health of the patient, as well as the type of care provided by available medical professionals. The scheduler makes informed decisions by thoroughly evaluating which caregiver to assign to a patient. In addition to the role of scheduling, this position is also responsible for ensuring overall customer satisfaction. A majority of the position will take place over the phone. It can be thought of as the “face” of client-staff relations. Their responsibilities are responsible for much of the foundation for the Home Health Care agency.

## **Section 2.2: Tools**

Plans of care (POCS) are the write ups for the medical history of each patient. In this report, the scheduler has access to the patient’s preferred person of care and treatment, allowing the scheduler to make accurate recommendations for their scheduling. Information to take into account is whether a patient has visited a specific practitioner before or if their symptoms line up with a specific physician’s field.

Proficiency with communication tools such as content management systems and phone reception are essential. Each agency provides a database for staff members to access and receive/share information. Maintaining the content in the database is an essential task of a scheduler, as caregivers need to receive regular updates of patient services and when and where their services are needed. The proficiency to handle high-call volume is another skill a scheduler needs to ensure patient satisfaction.

## **Section 2.3: Terms**

In order to competently perform in this position, the Scheduler must be aware of terms that are specific to the agency. A clear understanding will allow for less confusion to take place between staff members and clear communication when informing the client of their services.

### *Payer verifications:*

As most patients are required to use insurance companies to cover their treatments, they will be required to provide this information for the scheduler to access and verify. Any changes made to payment options and/or company dynamics need to be verified for a smooth payment process and transition into treatment without stalling

### *Scheduling:*

Staff (doctor, nurses, etc.) must be selected before the date of the patient's appointment and not upon arrival.

### *Authorizations:*

The relationship between the patient's insurance company

### *Visitation:*

The types of visits needed by the patient are important for an accurate treatment. Be sure to verify which stage of visitation the patient has already received and/or is needing. Types of visits include but are not limited to:

- Admission visit
- Routine discipline visits
- Recertification visits
- Supervisory visits

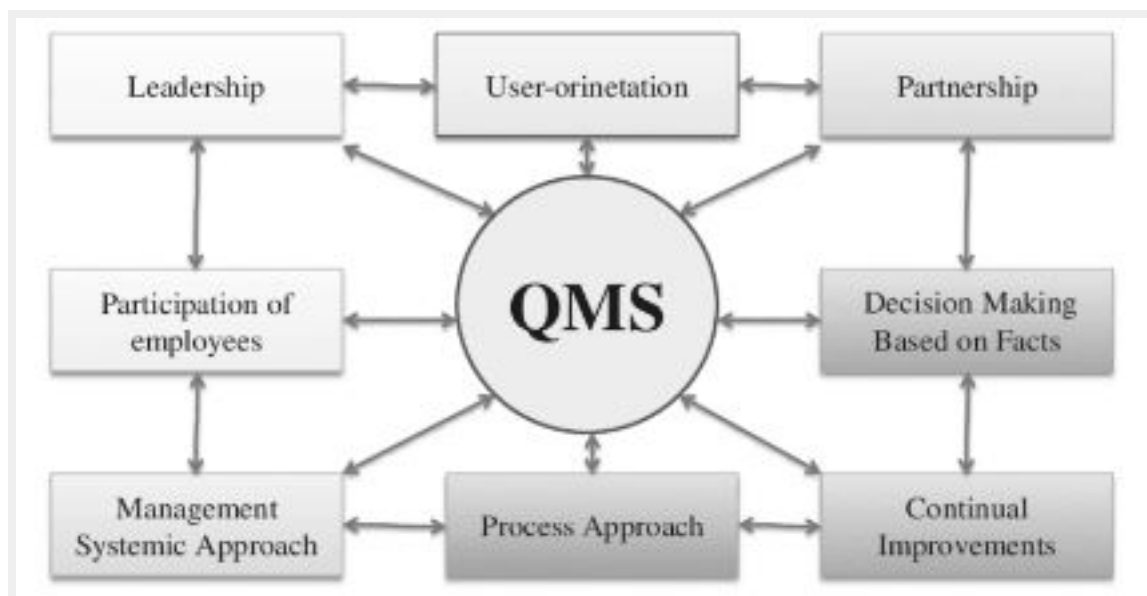


## Section 2.4: Documentation

A Home Health Scheduler assumes the role of information manager. Cross-referencing patients' and practitioners' information is a task that requires consistency. On the patient's end, the scheduler must access and store medical history, payment plans, and client service agreements. For the practitioner, the scheduler must keep record of their availability (sick time, vacation, or any form of leave) and be aware of their assigned clients.

## Section 2.5: Standards

Being on track for the patient visitations is a main priority for the scheduler. Failure to be present for a scheduled visit not only puts the agency at a loss of service, but the client is also put at risk in their health due to lack of treatment. When possible, the scheduler should prevent such issues from occurring by being aware of missing information and possible obstacles between the client and provider. Providing customer satisfaction in their preferred caregiver and time of service is key to maintaining client relationships. Staff functionality can be upheld through detailed communication of changes in patient care, as well as changes in availability.



In maintaining a consistent and optimal way of managing scheduling between patient and caregiver, a schedule should keep in mind the key components of a Quality Management System (QMS). The approach will be beneficial to the survival, development, and success of the relationship between staff and patients.

## **Section 3.1: Field Clinician Overview**

A field clinician is a licensed clinician in charge of a patient's medical treatment. Intake nurses can attend a patient's care and assist with paperwork, but it is the field clinician who is in charge of beginning, operating, and ending treatment in response to patient needs. They are the ones who prescribe medication, do lab work, take samples, and make diagnoses and recommendations for treatment. They have an important role to play in the home health industry, as they are analogous to doctors and therefore a good "jumping on point" for patients who need a point of reference to understand the difference between home health and more traditional hospital and clinic visits. Per the Occupational Outlook Handbook, the median annual wage for healthcare practitioners was \$66,440 in May of 2018.

As the field clinician is essentially a doctor in all but name, it is important they have some degree of completed medical training. An intake nurse and scheduler do not necessarily have to understand all the medical complexities of the human body, but as the clinician is going to be in charge of diagnostics and prescription and administering some treatments, it is important that they are properly trained in identifying the signs of disease, infection, and chronic conditions. They must also be able to carry out a surgery by themselves in the event of a medical emergency for their patient.

Because of all this, the field clinician must be prepared and complete more training than a nurse or scheduler. But they can also expect higher salaries than these other positions as a result of this "skill ceiling" that they must reach before agencies entrust them with the care and treatment of their patients.

### **Section 3.2.1: Tools**

#### *Drug Guide:*

A field clinician is expected to have a working understanding of most pharmaceutical drugs. However, with vast and ever increasing amount of medication available for a variety of conditions, constant research into developing new medicines by companies, and the occasional recall of medicines found defective or contaminated, the clinician maintaining an encyclopedic knowledge of all drugs at all times is utterly impractical.

A drug guide allows a clinician to quickly refer to the drug by name to determine if it might be an appropriate prescription for a patient. It also allows them to identify if a patient has used a drug improperly, (such as taking a medication with or without food and water, or too often), or common side effects which may be the cause of discomfort for the patient.

A drug guide can come in either digital or paper forms. Paper has one disadvantage that it cannot be as up to date as an electronic version,

#### *Stethoscope:*

A stethoscope is used to check the patient's breathing and heart rate. They are common use in everyday doctor's appointments, but using them is still an important process and one that requires care to execute correctly. The process of using a stethoscope is called auscultation.

First, the stethoscope's ear pieces must fit the user's ears clearly so that they can hear sounds from the heart or lungs. Then the chestpiece must be applied facing the patient with just enough force to lightly press on their chest. How the chestpiece functions can vary from stethoscope to stethoscope depending on make and manufacturer.

#### *Catheter:*

A catheter is a soft hollow tube which is passed into the bladder to drain urine. It is required in the case when a patient cannot empty their bladder in a usual way.

#### *Medical Halogen penlight:*

It is required to see into eyes, ear canal, and other natural orifices, and to test for pupillary light reflex and other diagnostics.

#### *Reflex Hammer:*

Used to test motor reflexes of the body by softly connecting a mallet-shaped tool with joints.

#### *Suction Device:*

Used to suck blood and other secretions in order to remove excess materials that may obstruct view.

### *Instrument Sterilizer:*

Use to sterilize equipment in absence of an autoclave as a field clinician will have limited supply of equipment.

Other suggested tools are:

### *Scissors:*

Field Clinicians may want to carry a pair of sharp scissors with them, in the event that an emergency removal of clothes becomes needed, such as defibrillation of a patient whose heart has stopped. It is not intended for the same function as office supplies, and needs to be sharp so it can cut through the clothing in a timely manner.

### *Watch:*

Another piece of needed equipment is a watch with a second hand so that the clinician can track the amount of seconds between a patient's heartbeat or breaths to better determine their diagnosis.

They should also carry hand sanitizer and alcoholic wipes for disinfecting both their hands and surfaces to prevent the spread of disease and reduce the risk of infection.

Clinicians should also carry writing supplies such as pen and paper with them to make records of diagnosis and treatments for their patients.

## **Biohazard Container and Waste Disposal Procedures**

A biohazard container is a container for containing medical waste that carries risk of transmission of diseases. These and other things can carry germs and spread disease if not handled properly and with care. Do not use the biohazard container for everyday trash, such as candy wrappers.

The following list from U.S Bio-Clean.Com contains steps and procedures for disposing of medical waste.

### **3.2.2 Disposal Guidelines**

- Dispose of biohazardous waste in red bags. Only biohazardous waste should be placed inside red bags for disposal.
- Dispose of items such as plastic vaginal speculums, used specimen swabs, used glucose test strips, urine dipsticks, blood-soaked drapes and gloves, and anything contaminated with OPIM in a red bag.
- Check the integrity of the red bag before lining it in the medical waste bin.
- Contain sharps in a closed and locked sharps container before placing them in a red bag.
- Segregate and label human pathological waste before putting in the bag.
- Make sure to seal the red bag after removing it from the waste disposal bin.
- Wear personal protective equipment (gloves, apron, face mask and eye protection) when handling, changing or transporting red bags.

### **3.2.3 What To Put in a Red Bag:**

- Human bodily fluids, including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva that contains blood (i.e., from a dental procedure), any bodily fluid that is visibly contaminated with blood, and all bodily fluids where it is difficult or impossible to differentiate between bodily flu.
- Any unfixed human tissue or organ from a human.

### **3.2.4 What Not to Put in a Red Bag:**

- Chemicals, such as formaldehyde, corrosives, alcohol, waste oils, solvents and developer
- Radioactive waste
- Materials that contain lead
- Pharmaceutical waste
- Hazardous waste, such as batteries, heavy metals and light bulbs
- Human remains, such as cadavers, complete torsos and fetal remains

- Compressed gas cylinders, inhalers or aerosol cans, even if the container is empty
- Chemotherapy waste
- Glass thermometers, sphygmomanometers and any medical device or solutions containing mercury
- Mercury-containing dental waste, such as non-contact and contact amalgam products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings or empty amalgam capsules
- Uncontaminated solid waste such as food wrappers and beverage containers — place these items in a regular trash bag
- Empty intravenous bags and tubing, unless visible blood is present

### **Section 3.3 Medical Clearance**

As field clinicians are the direct one on one point of contact with the patients, they should have a medical clearance for this. It is the field clinicians' responsibility to ask an appropriate agency for medical clearance and take all necessary steps to meet requirements to start working from the very first day of appointment with the patient. Typically, the requirements for medical clearance are not as demanding in terms of time and cost. However, some agencies will require an extensive set of requirements for medical clearance, i.e. background check and drug test.

### **Section 3.4 Documentation**

As a field clinician is the first hand observer of the situation and diagnosis of the patient, they should maintain documentation, both for personal reference and to provide copies to other health management personnel.

The clinician should take note of all the vitals, disease symptoms, and any anomalies from the very first visit. From them, the clinician should then make notes every other visit. This ensures that even when the clinician leaves their position, their successor will be able to familiarize themselves with the patient's situation and provide proper care for each patient.

The field clinician's use of medical devices for the patient will also be required by the medical billing department to charge the patient or those responsible for financial care.

### **Section 3.5: Standards**

As with any position in the home health industry, a field clinician must treat patients equally and with dignity. This includes respecting any special requests made on account of the patient's religion or other beliefs and values, respecting the patient's privacy, and providing the best care possible to the patient.

Like registered nurses (see Section 1), a field clinician must use the skill of active communication to provide the best service. They must be able to communicate with the patient about their options for treatment of diagnosis, what their diagnoses are, and that the patient understands their options. People skills beyond communication are also called for, as the clinician must be able to maintain a friendly demeanor so that the patient feels comfortable asking questions, and trusts that the answers given by the clinician are accurate and up to date and give information with the latest in medical advancements.

Part of the clinician's responsibilities is that they are expected to keep up with the latest medical developments. This includes new or ongoing research, new treatment, and new medications. And, when appropriate, to make use of them in their treatment of the patient if it is safe to do so, or if the patient is willing to receive untested treatments..

The clinician is also responsible for ensuring the best care with the most efficient use of resources and costs, so that the patient never receives medical bills that are in excess of what the patient needs. The clinician also ensures the safety of the patient by making sure they are treated in a safe and secure environment, with sterilized and appropriate tools for any procedures..

Importantly, the clinician must also be an advocate for the patient. If the patient's rights are threatened, either by medical professionals or by family members, the clinician should do what they can to ensure that the patient's own wishes are respected first and foremost. This includes any request made by the patient in their right mind, last rites, spiritual or religious observations, and decisions to begin, terminate, or pause treatment.



## References

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<https://www.cheapnursedegrees.com/faq/what-is-an-intake-nurse/>

<https://irch.com/paper-vs-electronic-records-pros-cons/>

<https://www.adctoday.com/blog/intro-your-stethoscope>

## Glossary

**Admission** - the act of placing an individual under treatment or observation in a medical center or hospital.

**Admission visit** - the patient's first visit at the start of care.

**Autoclave** - a device that uses steam to sterilize equipment and other objects.

**AFC** -Adult Foster Care- a system in which adults are placed into group or private homes where they are taken care of by caregivers.

**Benefits** - benefits are specific areas of Plan coverages.

**CMS** -Centers for Medicare and Medicaid- a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards.

**Co-insurance** - the amount the patient is obligated to pay for covered medical services after they have satisfied any copayments or deductibles required by their health insurance plan.

**CoP** - Conditions of Participation - a set of stringent health measures designed to regulate how hospitals and other medical establishments utilize Medicare aid.

**Co-payments** - the set or fixed-dollar amount that the patient is required to pay each time a particular medical service is used.

**Deductible** - the cumulative amount that the patient must pay annually before benefits will be paid by the insurance company.

**Dependent** - an individual who receives health insurance through a spouse, parent, or other family member.

**Diagnosis** - the identification of a disease or condition through examination.

**Discharge Planning** - required by Medicare and JCAHO for all hospital patients. A procedure where aftercare services are determined prior to discharge from the inpatient facility. Discharge planning is usually begun upon admission to the facility.

**Drug Formulary** - varying list of prescription drugs approved by a given health plan for distribution to a covered person through specific pharmacies.

**Formal Authorization** - represents the payer's approval for reimbursement of services to be provided for a specific time frame.

**Formulary** - The panel of drugs chosen by a hospital, MCO, or other health plan that is used to treat patients. Drugs outside of the formulary are only used in rare, specific circumstances.

**Generic Drug** - a chemically equivalent copy designed from a brand-name drug whose patent has expired. Typically less expensive and sold under the common name for the drug, not the brand name.

**Health Risk Assessment** - a set of questions designed to identify personal health risks and suggest lifestyle modifications to reduce risks.

**HIPAA** - Health Insurance Portability and Accountability Act -a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.

**HHA** -Home Health Aide - a nurse aide who has been tested and proven competent in home health skills. Home Health Aides are able to work in the private home.

**Home Health** - short-term nursing, rehabilitative, therapeutic, and assistive home health care services. These services are provided to adults and seniors who are recovering after a hospital or facility stay or need additional support to remain safely at home and avoid unnecessary hospitalization. Through the Medicare Home Health benefit, a limited amount of up-to-one-hour visits are provided by registered nurses, physical therapists, occupational therapists, speech language pathologists, home health aides, and medical social workers.

**Home Health Care** - medical or non-medical services that safely support people in the comfort of home.

**Insurance** - a system under which individuals, businesses and other organizations, in exchange for a premium, are promised payment for losses resulting from certain dangers as specified in a contract.

**Intermittent Care** - home health aide services provided for up to 28 hours per week, any number of days per week, so long as they are less than 8 hours per day.

**JCAHO** -Joint Commission on the Accreditation of Healthcare Organizations- this is the peer review organization which provides the primary review of hospitals and healthcare providers. Many insurance companies require providers to have this accreditation in order to seek third party payment, although many small hospitals cannot afford the cost of accreditation.

**Live-In Care** - care provided by a non-relative living in the client or patient's home.

**LPN** -Licensed Practical Nurse - a nurse who cares for people who are sick, injured, convalescent, or disabled.

**Long-Term Care** - long-term care is health care services provided for an extended period of time to patients of all ages with severe chronic diseases or disabilities involving substantial functional impairment.

**LVN** -Licensed Vocational Nurse - a nurse who cares for people who are sick, injured, convalescent, or disabled.

**Medicaid**- government entitlement program for the poor who are blind, aged, disabled or members of families with dependent children (AFDC). Each state has its own standards for qualification. A federally aided, state-operated and administered program which provides medical benefits for certain indigent or low-income persons in need of health and medical care. All states but Arizona have Medicaid programs.

**Medicare** - An entitlement program run by the Health Care Financing Administration of the federal government through which people aged 65 years or older receive health care insurance. Part A covers hospitalization and is compulsory benefit. Part B covers outpatient services and is a voluntary service.

**Pending Authorization** - internal visit approvals used until an authorization request has been approved and issued to the agency by the payer.

**PTs** - Physical Therapists - movement experts who optimize quality of life through prescribed exercise, hands-on care, and patient education.

**PTA** -Physical Therapy Assistants- provides physical therapy services under the direction and supervision of the physical therapist.

**Provider** - facility or practitioner who, for a fee, dispenses healthcare services or supplies to the public.

**Recertification visit** - a visit (or visits) to recertify the patient eligibility for continued service.

**RN** - Registered Nurse - a nurse who provides and coordinates patient care, educates patients and the public about various health conditions, and provides advice and emotional support to patients and their families.

**Routine discipline visit** - subsequent visits made by nursing, therapy, a home health aid and/or a social worker.

**Skilled Nursing Care** - medical care provided at home or in a facility by a registered nurse, licensed practical nurse, doctor, or technician.

**Supervisory visits** - visits for CNA, LPNs, COTAs and PTAs by RN case manager or appropriate therapist.