

After-hours Standard Operating Procedure – DM

Mr. DM is a Priority 1 client and cannot be left in his home unattended for safety reasons. Should there be a lapse in coverage, a call out, or a no-call-no-show event the following outlines the appropriate steps to take.

**There is no reason to notify the management team of a call out, unless you need guidance on a specific circumstance that is not outlined below. For a scheduling issue, you should never call the Nurse Manager. The Nurse Manager should be called for clinical (medical) issues only, not scheduling issues.

Be sure to send an email following the event to the MA team so they are aware of what is going on. Please flag it as a priority with the subject line: “COVERAGE LAPSE AT DM”

Points of consideration:

- **Keep your eye on the time.** Depending on the circumstance, a decision will need to be made on transporting the client to Lowell General Hospital Saints Campus approximately **45 minutes prior** to the time the current caregiver needs to leave.
 - **If it is a call out situation**, and the caregiver on shift **can or cannot** stay, you will have until approximately 45 minutes before the caregiver needs to leave to obtain coverage.
 - **If it is a no-call-no-show situation**, you will need to determine the amount of time you have to obtain coverage based on when the current caregiver has to leave **and** the duration of time DM feels comfortable staying alone and/or his family will care for him.

In either of the above circumstance(s), BE VERY CLEAR in your communication to DM and/or his family on the timeline and specifically ask him how he would like to handle the situation if you are unable to obtain coverage before the current caregiver needs to leave.

NOTE: DM has the right to choose not to leave his home and to stay alone. If he chooses this option, be sure to very thoroughly and clearly document the conversation in the ABS call logger notes in his client file, noting that he has declined transport to the local ER for safety care and has been made aware that he does not have care for the specific period of time.

Please follow the protocol outlined below when handling after-hours coverage problems for DM.

If there is a Call Out or a No-Call-No-Show:

- 1. Immediately find out if the care provider on-shift currently can stay while you look for a care provider to take over.**

If the caregiver can stay, find out what time they are able to cover until.

If the caregiver cannot stay, determine how much time you have to find coverage for the open shift.

- 2. Immediately send an urgent Emitrr message to the DM care team, i.e., the care providers who have previously provided care to DM, to try to obtain coverage.**
 - If it is a nursing shift call out (LPN or RN), start by contacting DMs Nursing providers via Emitrr, then send message to the HHAs and CNAs to obtain coverage should you be unable to obtain nursing coverage.
 - If it is a non-skilled shift call out (HHA / CNA), send the Emitrr message to DMs HHA/CNA team of providers.
- 3. Notify DM and/or his family of the circumstance and what steps you are taking to remedy it.** Make sure you communicate the timeline of when you will communicate with them again.
- 4. Start calling every person on the DM care team, i.e., the care providers who have previously provided care to DM, to see if they can cover the open shift and/or any part of it.**
 - You may incentivize the shift by \$2/hr to obtain coverage.
 - Start with the people who are typically assigned to the affected shift. For example, if it is an 11p to 7a shift, start with the people who typically work 11p to 7a. If unsuccessful, call anyone else who has provided care previously.
 - If it is a nursing shift call out (LPN or RN), start by contacting DMs Nursing providers.
 - If it is a non-skilled shift call out (HHA / CNA), start by contacting the HHAs and CNAs.
 - Once you have exhausted outreach to DM's care providers who have previously provided care to DM, you will begin outreach to the rest of the bench of care providers should you still have some time to cover the shift before a decision to transport to the local Lowell General Hospital Saints Campus must be made.
 - Send Emitrr message to all CNAs, and HHAs notifying them of the open shift.
 - Start calling people who typically work the associated shift first, then begin calling others.

5. Communicate the status of the outreach (coverage status) to DM and/or his family.

- a. If you were able to obtain coverage, let DM and/or his family know when you expect the caregiver to arrive. Add the care provider to the shift in ABS.
- b. If you were unable to obtain coverage, and you are out of time, let DM and/or his family know that you will follow the protocol for having non-emergency personnel pick him up to transport him to Lowell General Hospital Saints Campus for safety care until his home care can be re-established.

**See below for more information on contacting the local non-emergency police department to initiate transport and safety care.

If a care provider who has NOT been to DM prior is willing to provide safety care:

If there is a caregiver who is willing to accept the shift, BUT he/she has NEVER been to this client before and has not been specifically trained for his care, please follow the protocol outlined below:

1. Notify DM and/or his family that you were able to obtain a care provider that can provide a safety presence, but who has not been trained in his specific care. Ask DM if he would like to have the care provider come to specifically provide safety care and basic personal care, etc. Communicate that this care provider **will not** be able to move him from his current location to another via the Hoyer lift as they have not received competency on the Hoyer lift, and that he will need to remain in his current location for the duration of the shift.

The list of what they can / cannot do during the safety care shift is provided below. The care provider will follow the POC for the client, but specifically cannot do what is listed below.

2. If DM agrees to allow a care provider who has not provided care before to provide safety and basic personal care, then schedule the shift in ABS and provide the care provider with the following information:

The care provider CAN:

- Assist client in position changes in current location per plan of care.
- Assist with personal care.
- Assist with light housekeeping.
- Assist with meal prep & feeding.
- Medication reminders
- Catheter emptying
- Call 911 in an emergency and/or the non-emergency line to obtain care.

The care provider CANNOT:

- Transfer the client via the Hoyer ceiling lift or otherwise.
- Transport the client.
- Assist in Range of Motion
- Assist with Cough assist machine.
- Assist with ostomy emptying or care.

3. If DM declines coverage by a care provider who has not yet provided care, follow the process for notifying local non-emergency EMS to provide transport to the local Lowell General Hospital Saints Campus.

If DM must be transported to Lowell General Hospital Saints Campus for safety care:

Once all coverage avenues have been exhausted and the decision to transport DM to the Lowell General Hospital Saints Campus has been made, please follow the following protocol:

1. Ensure DM and/or his family is aware of the plan and the anticipated timeline.
2. **Call the non-emergency line of the Lowell Police Department.**
 - a. **978-937-3200**
 - b. Tell the non-emergency dispatcher you are calling from BrightStar Care and that we provide care for DM who is a paraplegic and cannot be left alone for safety reasons. Let them know there is an unavoidable and unanticipated lapse in care coverage and that DM will need non-emergency transport to Lowell General Hospital Saint Campus for safety reasons. The Lowell Police Dispatch will coordinate the Non-emergency EMS transport directly.
3. **Communication with Lowell General Hospital Saints Campus**
 - a. **Contact Lowell General Hospital Saints Campus**
 - i. **978-458-1411**
 - b. Ask to speak with the emergency room (ER) department. Tell the ER personnel that you are calling from BrightStar Care and that we provide home care for DM who is a paraplegic and cannot be left alone for safety reasons. Let them know there is an unavoidable and unanticipated lapse in care coverage and that DM is being transported via ambulance for observation until home care can be reestablished. Let the ER personnel know that you will be calling them back once you have confirmed a time with the scheduled care provider that he/she will be at DMs home to receive DM.

4. About 1 hour before the scheduled start of the next shift, notify the care provider scheduled to care for DM of the events that occurred, and that DM is currently at the hospital for observation. Confirm the time that the care provider will arrive at the home.

- a. **Contact Lowell General Hospital Saint Campus ER** again to confirm the time the care provider will arrive at DM's home and ask them to coordinate transporting DM back home via ambulance. Ask them specifically to call you back with an ETA (estimated time of arrival) for DM to arrive home.

NOTE* BrightStar Care staff CANNOT pick him up.**

- b. Contact DM directly to let him know what time the care provider is scheduled to arrive at his home and that you have initiated transport with the ER. Ask DM to keep you posted on an ETA to home and/or if there are any delays in transport.
- c. Contact the care provider to notify him/her of the anticipated arrival time for DM to be home. Depending upon the availability of transportation, the time may vary. (The caregiver should be there no later than 30 minutes prior to the anticipated client arrival time). If there is ever a question, have them head to his home and wait for him to arrive.